

Preliminary Results of the Impact of a Free SMS Info Service on Family-Planning Knowledge in Kenya

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Mobiles for Reproductive Health (m4RH)

- Free service which provides information on family planning via SMS
- Funded by USAID Progress and designed and implemented by FHI360 in response to pervasive myths and lack of info about family planning
- Currently available in Tanzania (>170,000 unique users to date) and Kenya (> 60,000 unique users to date)
- Provides info on:
- Advantages, disadvantages, myths, and side effects for 9 methods of family planning
- Locations of nearby clinics offering family planning
- Short stories aimed at dispelling family planning myths
- Users request info by sending keywords to m4RH (content is not "pushed" to users)
- Currently available only in English

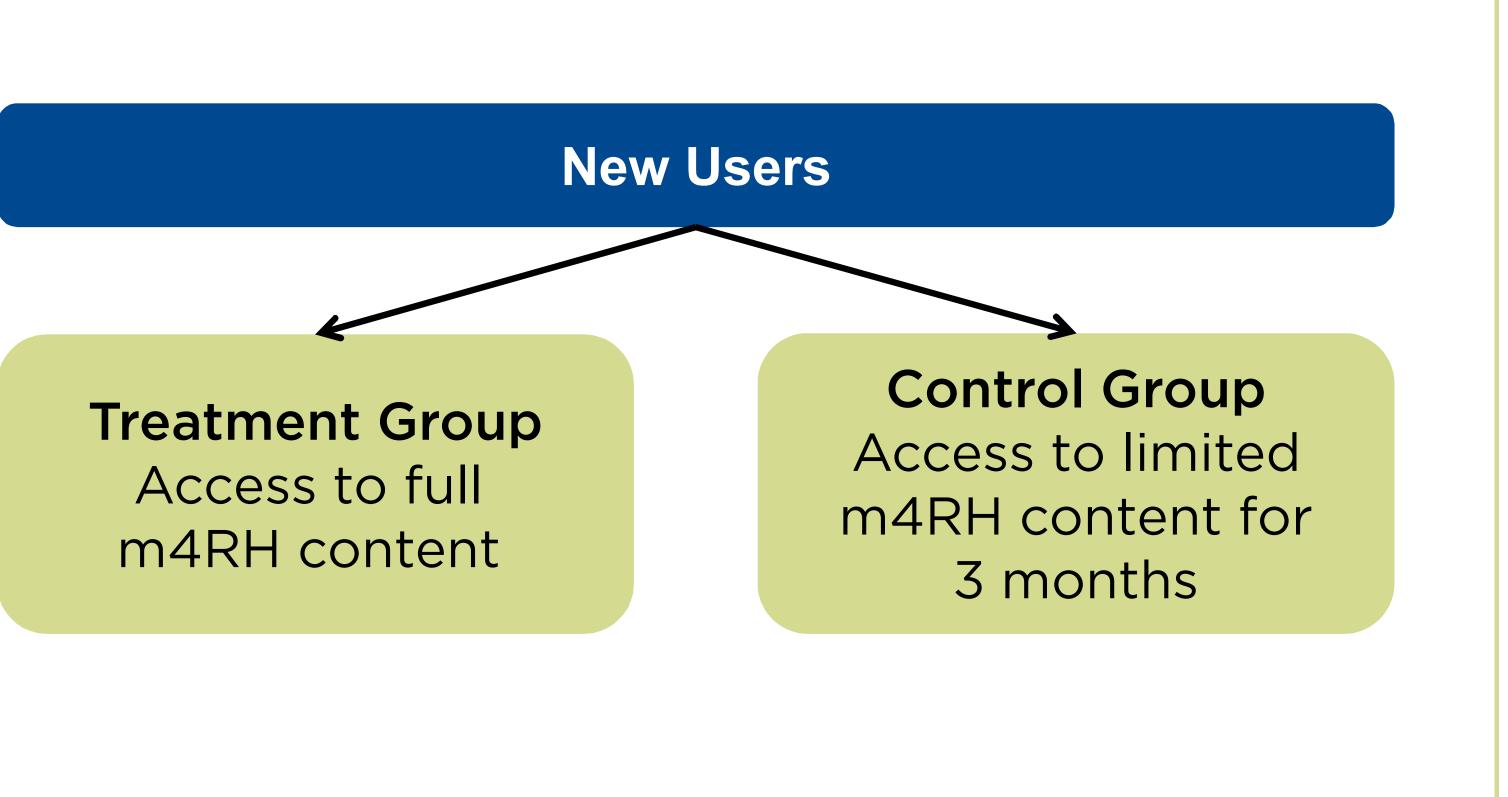


Research Question

What is the impact of accessing m4RH on knowledge of family planning methods and use of modern contraceptive methods? (Results for impact on use not yet available)

All new users randomly assigned to treatment or control m4RH users are identified by mobile number. When a request for info (e.g., general info on implants) is received from an unrecognized mobile number, the mobile number (user) is randomly assigned to treatment or control group.

- m4RH content
- receive full access)



Study Design

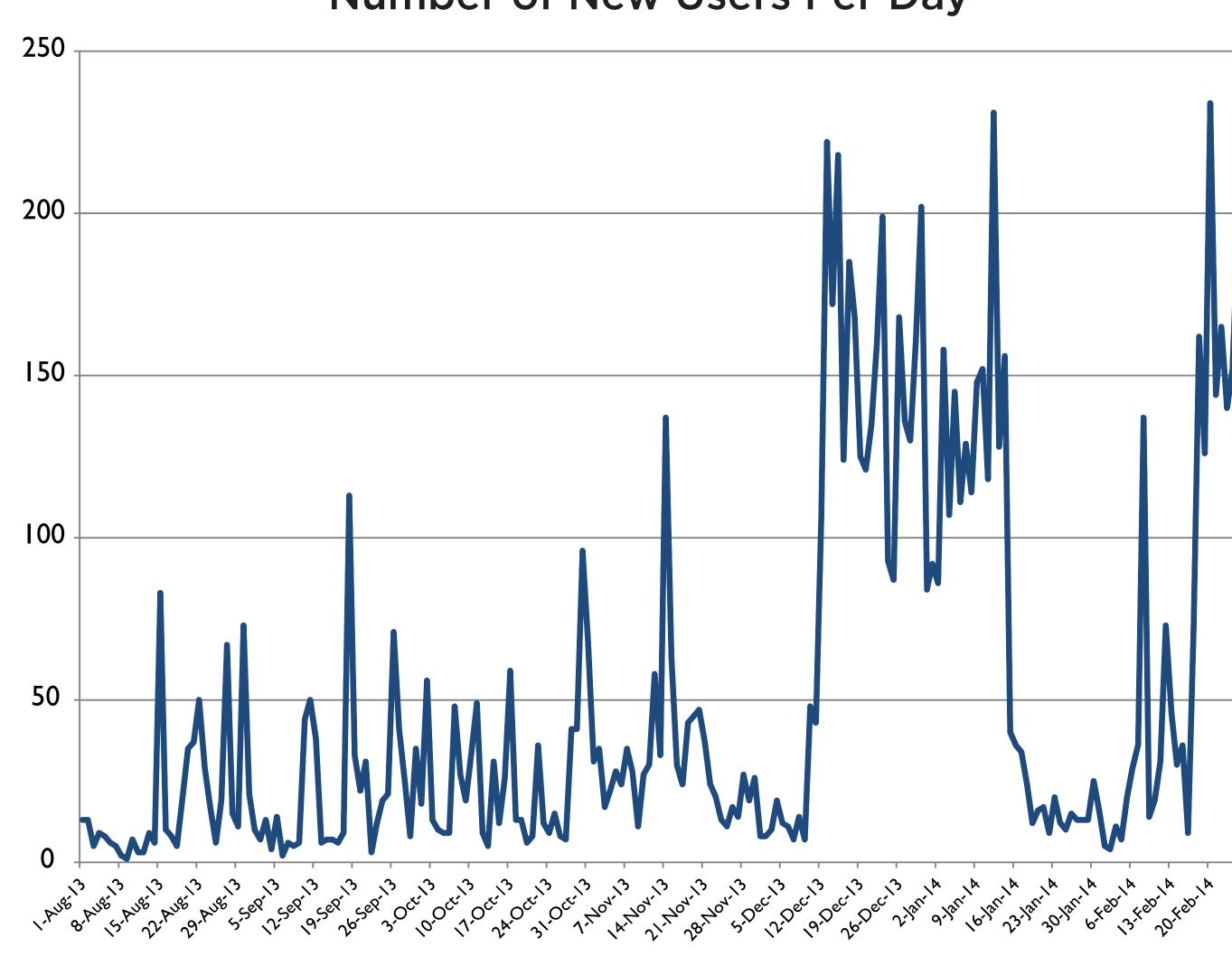
The m4RH system remembers treatment/control assignment and further requests for info from the same number are routed based on assignment

Users assigned to treatment group may access all

Users assigned to control group receive limited access to m4RH content for 3.5 months (and then

Data Collected Via SMS

- Questions sent directly to users over SMS. (To the author's knowledge, this is the first use of SMS to directly collect outcomes data for a randomized evaluation)
- Users asked questions on age, religion, education, and use of FP
- Users asked five questions to test knowledge of FP (Example question: "Can women avoid pregnancy for 6 months after birth if her period has not returned by breast feeding her baby?")
- Newspaper ads, partner outreach, radio ads, and TV ads led to a surge in new users



Number of New Users Per Day

Data Collection

Pilot SMS Survey

- Preliminary pilot conducted to determine feasibility of data collection via SMS and optimal design of SMS survey
- Pilot SMS survey sent to 1,393 new users
- Survey timing randomly assigned to either 3 hours after first contact or 8 AM next day
- Talk-time incentive for completion randomly assigned to low (50 ksh), high (100 ksh), or lottery

Pilot SMS Survey Results

- 40% of users start the survey and 21% finish. Response rate does not vary significantly between treatment and control groups
- Survey timing, incentive amount, and incentive type (lottery vs. guaranteed amount) had no effect on response rates
- Vast majority of responses were properly formatted and readable

Use of m4RH

- Users requested info on condoms significantly more than info on other methods
- 8000 6000 2000 —

Request for general info on method
Request for specific info on side effects, benefits, or disadvantages of method

Most Accessed Content

 Most users interacted with the system only once. A substantial minority of users returned for more info though

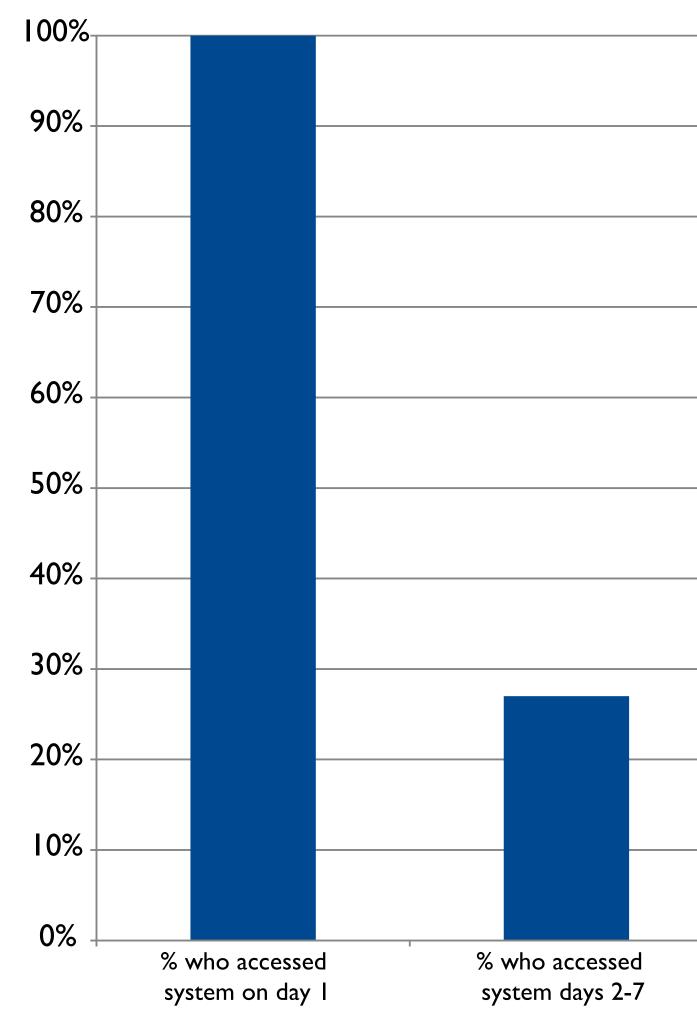
Use of m4RH over Time

% who accessed

system days 8-14

% who accessed

system days 15-30





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Characteristics of Users at Baseline

70.3% use contraception

Average age is 25

68.4% women, 31.6% men

90% have secondary or higher education

95% Christian

Preliminary Results Indicate m4RH Increases Knowledge of Family Planning

Estimates indicate statistically significant (p < 0.01) impact on knowledge of family planning. Mean number of questions answered correctly, out of 5, rose from 2.06 to 2.33, or 13%.

	Control	Treatment	Difference
Total knowledge questions answered correctly*	2.06	2.33	0.27 (0.055 standard error)

^{*} Regression adjusted means based with missing answers filled in using multiple imputation.

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