



Kenya: Evaluating the Impact of Mobiles for Reproductive Health

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Evidence Gaps in mHealth

- No studies to date on impact of mobile information on FP
 Most research has focused on mhealth implementation and usability
- Rigorous studies needed to make the investment case



SHOPS Evaluation of m4RH

- FHI360, funded through USAID PROGRESS project, developed m4RH
 - Free mobile information service
- FHI360 welcomed SHOPS independent evaluation, need for evidence of impact
 - Collaborated on research design
 - Facilitated agreement with m4RH technology partner to design study platform

Research question: What is the impact of accessing m4RH service on knowledge and on use of contraception?

What is m4RH?

- Free user-initiated SMS service on FP methods
 - Users request info, content is not "pushed" to users
- Formative research
 - Lack of available, credible information on FP
 - High mobile penetration
 - SMS messages private, low cost, easy to share
- Rolled out in Tanzania, Kenya, soon Rwanda
 - 60,000 users in Kenya



m4RH Content

- Information on nine methods
 - Facts and benefits
 - Myths, misconceptions
 - Side effect management
- Clinic locator
- Single language (English)
 - Swahili version planned but not funded



Role Model Stories Address Emotional Factors and Social Norms

Users can also choose to receive vignettes (sent daily) about "someone just like me"

Installment 1: Hi, I'm John. I'm a 29 yearold university student. Yesterday my girlfriend says she wants to use family planning. I don't know what this means and I'm embarrassed to ask her. My friend Tupa says if I support Amina, she will go fishing and I will lose her.

m4RH Outreach Partners Build Awareness of the Service

- Kenya partners
 - PSI
 - Marie Stopes International
 - Family Health of Kenya
 - GOK Department of RH
 - Tupange project
- Promotional activities
 - Community meetings, talk radio, print, TV ads, posters, palm cards



SHOPS m4RH Research Design

- Recruited study participants
 - 13,000 new users
- Random assignment for comparison
 - Treatment group: Full access to m4RH methods content
 - Control group: Access blocked for 90 days, provided general information about healthy living
- Data collection via SMS surveys, ended June 1
 - Analysis underway, final report by September

m4RH User Profile

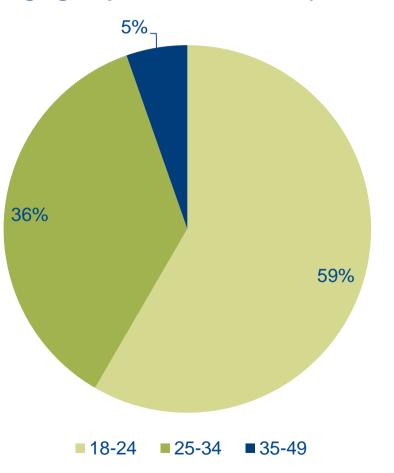
Young adults

Average age is 25 at baseline (under 18 were excluded from study)

- Large percentage of males
 68.4% women, 31.6% men
- Highly educated
 90% have secondary or higher (compared to 37%)

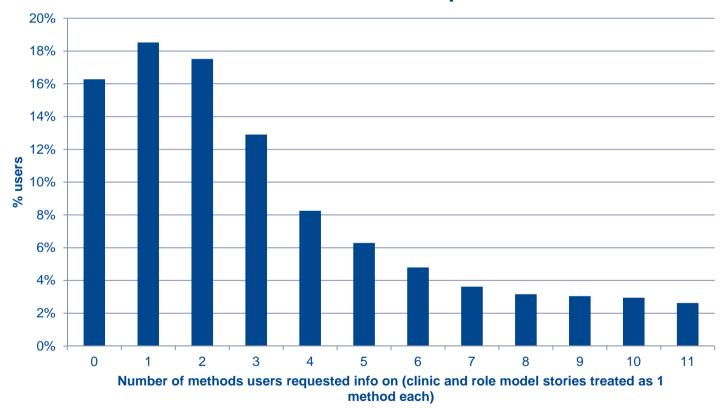
national rates)

Age groups of m4RH users (baseline)

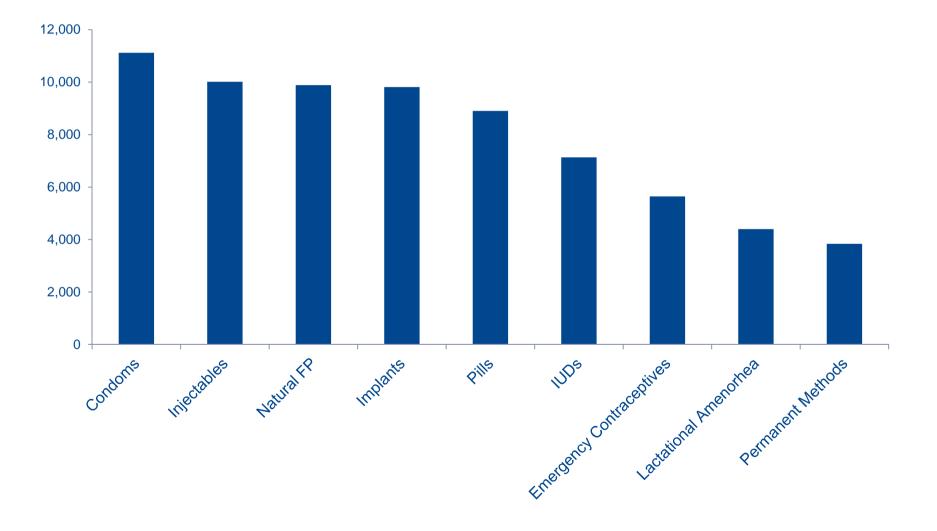


Majority of Users Requested Information on 2 or More Methods/Topics

Number of Methods Users Requested Info on



What Methods Were of Greatest Interest?



Preliminary results

Preliminary Results: Impact on Knowledge?

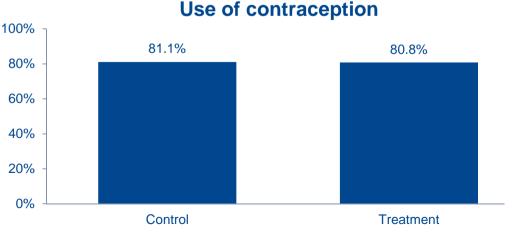
- Sample knowledge questions
 - When is a woman most likely to get pregnant?
 - About how long does IUD last before it needs to be replaced?
 - How many days after sex is EC pill effective?

- Statistically significant impact on knowledge
 - m4RH increased scores by 13%

Preliminary Results: Impact on Family Planning Use?

- Survey questions on use:
 - Do you or your sexual partner use contraception?
 - What type of contraception do you or your partner use?
 - Have you visited a clinic to discuss FP in the past month?

- m4RH access had no impact on use
 - No difference between treatment and control
 - Contraceptive use rate was high (81%) among all participants



Interpreting the Results

- Text messages are effective knowledge change tool, can complement other interventions
 - Knowledge is a factor in moving people along the continuum from contemplation to action
 - Cost effectiveness analyses are needed to compare m4RH to alternative FP educational interventions
- m4RH attracts primarily contraceptive users, a surprising finding (national prevalence rate is 46%)
 - Further analysis needed to understand implications





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