



EXPANDING FAMILY PLANNING OPTIONS

CycleTel™ proof-of-concept results: Key considerations for design of mHealth interventions in FP/RH

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CycleTel™: The Concept



- mHealth solution for facilitating use of the Standard Days Method
- User sends the date of her menses
- User receives text messages with fertility status
- Additional messages support correct use, info on other RH issues
- Would pioneer the offering of a FP method via SMS

Standard Days Method[®] (SDM)

What is SDM?

- Identifies days 8 to 19 of the cycle as fertile
- Appropriate for women with menstrual cycles 26-32 days long
- Couples use condoms or avoid sex on fertile days to prevent pregnancy

Facts

- Modern natural family planning method
- 95% effective with correct use
- Included in international FP guidelines (WHO)
- Offered in over 30 countries worldwide

Value of Proof-of-Concept Testing

1. Confirm interest in the concept among target population
2. Ensure that the technology and content are appropriate for the environment and the intended users
3. Enable users to have input into the service and guide development of product



Target population: Lucknow, Uttar Pradesh



- Urban population of 2.7 millions
- 14% of women use traditional methods
- 16% of women have unmet need for family planning
- Previous research by IRH suggests that SDM is a feasible and desirable FP option

Components of Proof-of-Concept Testing

3 Phases	Objectives
Focus Group Discussions	<ul style="list-style-type: none">▪ Understand phone use patterns▪ Determine potential interest among target audience▪ Explore appropriate messaging and preferences for the service
Cognitive Interviews	<ul style="list-style-type: none">▪ Verify comprehension of messages▪ Adapt and finalize messages
Manual testing with ~30 couples	<ul style="list-style-type: none">▪ Enroll women for 2 cycles to assess feasibility, satisfaction and correct method use (using FrontlineSMS software)▪ Troubleshoot problems and determine how to improve service

Phase 1: Focus Group Discussions

54 participants interviewed:

- 4 groups of women (n=32)
- 2 groups of men (n=16)
- 1 group of couples (n=6)

All focus group participants:

- Married, age 18-28
- Owned a mobile
- Had need for FP



Focus Group Results

Finding 1:

Need and demand exists.

- Strong interest in natural methods, but incorrect knowledge of fertile days
- Both women & men interested
- Service fits within mobile phone use patterns

**“This is an idea that can change your life.”
-Male participant**

Finding 2:

Messages should be precise, non-technical.

- Preference for “safe/unsafe day” rather than “you can/cannot get pregnant today” to protect privacy
- Preference for messages only on unsafe days
- Prefer messages only at beginning/end of fertile window

**Phrase “fertile day”
perceived as degrading
to women.**

Focus Group Results

Finding 3:

SMS - in Hinglish – are best.

“Aaj
asurakshat
din hai.”

Hindi words spelled with Roman alphabet text preferred over voice message.

Finding 4:

Males may sign up for the service.

Half of the male respondents thought both partners should receive messages.

Finding 5:

Willingness to pay for a monthly service.

- Women: Rs 20-25
- Males: Rs 15
- Couples: Rs 30-35

Phase 2: Cognitive Interviews

GENERALLY:

- Confirmed comprehension of messages
- Facilitated refinement of messaging
- Confirmed punctuation & format of date

**18 participants:
14 Female
4 Male**

TECHNICALLY:

- English words were sometimes better understood than Hindi – e.g., “natural”, “date”
- Helpline should be given in one of the first messages
- Responding to “yes/no” questions easier than entering keywords (i.e. RED, DATE, AGREE)
- Limit message to 1 SMS (message becomes confusing if it’s broken into 2 SMS)
- Greetings (i.e. Great!) can confuse messages

Phase 3: Manual Testing – Steps and Status

1. Messages finalized.
2. Manual for software use created.
3. Monitoring and tracking tools developed.
4. Hired and trained project manager.
5. Feedback loop between IRH/India and IRH/DC established

Current status (after 2 recruitment rounds):

- 3 women completed the study.
- 17 women currently using CycleTel.
- 19 women completed admissions interview, but are non-users to date.
- **Reasons for non-use**: phone always switched off, do not complete CycleTel screening questions via SMS, want reimbursement for study-related SMS upfront, messages are inconsistently sent/received between carriers (Vodafone-Reliance-Airtel).

Manual Testing (In Progress) – Lessons to Date

- **Barriers to correct use:**
 - Many women who own mobile phones are not in the habit of writing and sending SMS.
 - Women must have sincere desire to avoid pregnancy using this service, otherwise lack commitment to send/receive SMS
 - Reoccurring confusion: (1) How to answer YES/NO keyword prompts (some reply with full sentences), (2) How/when to send date period begins, (3) some think they need to respond to every SMS
- **Connection issues** may occur between mobile providers.
 - **Expand target population** to include upper-to-upper-middle class women to determine usefulness for this audience.

Next steps for CycleTel

1. **Complete proof-of-concept (May-June 2010) testing and share results.**
2. Establish partnerships and explore other settings where CycleTel can be piloted.
3. If proof-of-concept yields positive results, secure further funding and develop software (Voxiva).
4. Test software with ~500 users in India, consider sustainability and marketing plans.
5. Expand CycleTel in India and adapt/launch innovation in other countries.

Considerations for FP/RH mHealth Applications

- **Screening:** Consider supplementing SMS screening with additional voice/hotline support.
- **Messages:** Reduce frequency of messages. Keep wording precise, non-technical. Keep concepts and instructions simple.
- **Behavior:** Do women in your target population “really” use SMS to create and send messages? Do they check their phones daily?



Questions? Ideas? Email me at pjha@irh.in