Leading mHealth into the Smartphone Age in Myanmar

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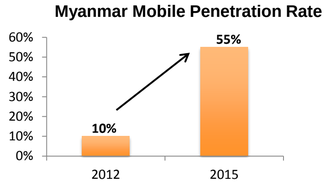
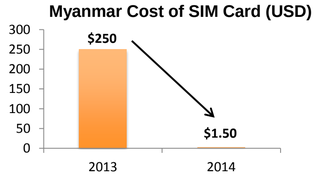
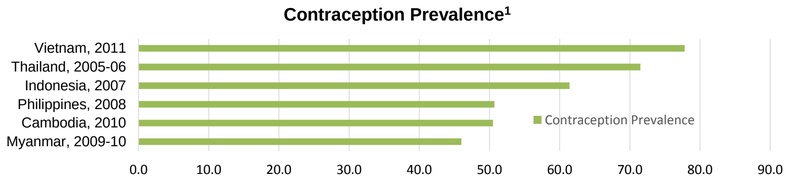
significance/background

Prior to the start of its democratic transition in 2012, Myanmar was known as one of the last "un-phoned" countries. In 2014, SIM card prices dropped from $250 USD to $1.50, driving Myanmar to leap-frog over feature phones and computers directly to smart phones. PSI/Myanmar (PSI/M) has launched two digital interventions – a Facebook page and mobile app – to capitalize on this advancement and make Reproductive Health (RH) and Maternal Child Health (MCH) information more readily available to women of reproductive age (WRA).





These interventions have brought essential RH/MNCH information to channels already widely used by the target audience. This is especially important in Myanmar, where contraceptive prevalence remains low[1] and reliable information about contraception remains scarce and highly sensitive. PSI/M helps WRA make informed RH/MCH decisions by providing contraception information and service referrals through the same channels WRA use to seek and share personal information.



program intervention/activity tested

The first digital intervention is the OK Quality Birth Spacing (OK) Facebook page launched in July 2014. The page has 2 goals:

1. Increase brand awareness for PSI/M's OK line of RH products, including condoms, oral contraceptives, injectables, and intrauterine devices.
2. Create a forum for WRA to discuss RH in public and private conversations.

Posts range from method comparison, user testimonials, and myth busting to inspirational and lifestyle messages.

The second digital intervention is Myanmar's first-ever maternal health mobile app, "maymay," launched in September 2014. maymay, meaning "mama" in Myanmar, targets expecting mothers and caregivers of children under three. The app was created in partnership with PSI/M, telecom operator Ooredoo, and local IT social enterprise Koe Koe Tech. maymay's content includes mobile-friendly health messages from the Mobile Alliance for Maternal Action (MAMA), plus original content by PSI/M. Health messages include reminders to exclusively breastfeed, nutrition tips, and warning signs. Within the app, app users can call PSI/M's RH hotline or find their nearest PSI/M provider.

These interventions are the building blocks of a continuum of care model, assuring women that PSI is committed from contraception to pregnancy to child health.

methodology

The OK Facebook page is managed by a PSI/M administrator, who posts messages on a weekly basis. Users can comment on posts or send private messages regarding RH concerns. The administrator and RH counselors respond to questions within 24-48 hours.

For maymay, PSI/M was the first to adapt the MAMA content into a mobile application. PSI/M conducted focus groups with women, men, and midwives to adapt MAMA's messages for the Myanmar context. PSI/M also worked with the Ministry of Health (MOH) to gain their approval, making maymay the first-ever consumer app to be approved by MOH. maymay is regularly updated based on ongoing usability testing. Through maymay, PSI/M actively promotes the importance of voluntary birth spacing and provides referrals to PSI/M providers.

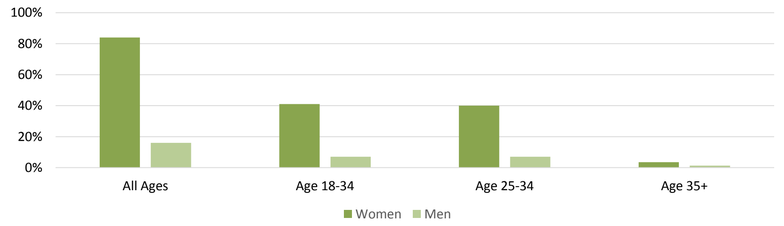
MAMA messaging has been utilized in other countries but only on SMS text-based platforms. maymay has a multi-functional menu that allows users to navigate through information of their choosing, including MAMA messages, contraception information, and contact information for PSI/M providers. The advantage of an app over an SMS program reaches beyond just content. The app provides PSI/M and its partners crucial user data in real time, allows 2-way, instead of just 1-way communication with user, and enables a sustainable revenue stream for the program in the form of in-app advertising.

maymay was created by:

results & key findings

The OK Facebook page now has over 120,000 members, 88% of whom are WRA. With the help of Facebook advertising, PSI has been able to quadruple the number of followers in the last six months. Since the page's launch, the administrator has had over 1,200 unique Facebook conversations about contraception and sexual health. Some of the most common questions relate to oral contraception and emergency contraception pills.

maymay has over 18,000 downloads since its launch. A phone survey conducted by Ooredoo with maymay users (N = 257) in December 2014 showed maymay to be a leading source of maternal health information for app users. 69% of respondents said maymay added value to their lives and 55% of female users reported that they have changed their maternal health practices due to information from the app. In late 2015, Innovations for Poverty Action will begin a double-blind study with over 1,000 pregnant Myanmar women to further determine the app's impact on health knowledge and behavior. maymay's messaging ranges from pregnancy warning signs (e.g. "Go to the clinic if you have a fever, vomiting, bleeding or pain when passing urine.") to breastfeeding (e.g. "Make a plan to breastfeed your newborn within the first hour.").



lessons/program implications

Myanmar's recent technology adoption is heightening the population's demand for information and changing the format in which they receive it. While the mobile network is still limited – only 55% of the population has access – coverage is expected to expand to 90% of the country over the next five years. PSI/M has been able to adapt quickly by delivering RH/MCH information through the same channels Myanmar is now using to communicate and connect.

Other developing countries are also starting to witness the transition from feature phones to smartphones, and the boom of social media. Like in Myanmar, mHealth implementers need to learn how populations embrace and engage with this new technology, keeping in mind lower health and digital literacy levels. These new channels, mobile apps and social media, can be instrumental in driving behavior change. Program developers and service providers must be agile and flexible to tap into the potential of these channels and deliver messages that are meticulously tuned to the target population's social and behavioral trends in order to achieve real impact.

[1] OECD. Health at a Glance: Asia/Pacific 2012. Retrieved 2015 at http://www.oecd-ilibrary.org/docserver/download/8112131ec016.pdf?expires=1440938670&id=id&accname=guest&checksum=50E15F58519EF93B82E6083C0491A4EE