



Development Research Network



# MOBILE PHONES FOR MDGs on Maternal and Child Health in Bangladesh

Key Findings of Needs Analysis  
August 23, 2010



## Background

Target groups: Pregnant women, adolescent and mothers

Women & girls selected for this needs analysis:

1. Adolescent girls unmarried
2. Women married not conceived
3. Women first time pregnant
4. Women who had miscarriage
5. Mothers whole child dead
6. Mothers not falling in above categories



# Research

## Intervention locations:

- Bagerhat, Shagata, Purbodhola

## Research tools employed:

- Questionnaire, Interviews, Collected stories, Focus group discussions, Observations, Desktop research from existing sources

## Stakeholders:

- women, mothers, doctors, local opinion leaders, health authorities and kobiraj

## Sampling:

- 168 women interviewed.
- Statistically relevant to make the case for 95% confidence



# Population

## Profiling of sampling population

- Average size of the family: 6.7
- 83.33 % women are unemployed
- 55.36 % live below the poverty line (worse than national average 40.5%)

## Top three occupations:

- Traders (29.7%);
- Day labourers (16.67%);
- Farmers (16.17%)
- 
- Teachers (7.74%)



# Why maternal and women health?

MD Goals : 3 (gender equality); 4 (child health); and 5 (maternal health)

About 70 percent of mothers suffer from nutritional deficiency and anemia

Less than 40 percent of the population have access to basic health care,

67 percent of pregnant mothers do not receive antenatal care, 92 percent of deliveries take place at home and only 12 percent deliveries are attended by trained personnel.

## **Key project finding:**

91.07% of women interviewed suffer from maternal and / or women related health issues



## CONSULTATION – PATTERNS AND BARRIERS

### **Act of consultation is not simply a health issue**

- Decision for women and mothers to consult with doctors is an empowerment issue and it largely depends on support from family.  
Trust is important
- Equally important is – with or without support from family – access to affordable and trusted communication channels and sources



More than a third **never** consulted a doctor:

Never	36.90%
Yes – with varied frequencies	63.10%

Why women don't consult with doctors or health care workers

Reasons	in %	Barriers patterns
Prohibited	24.19	Empowerment issue
Could not go alone	11.29	Social norm and safety issue
Lack of money	11.29	Cost involved in travel and buying services
Far away	4.84	Distance



- Husbands prohibited the most with 16.13 %
- Top reason for this prohibition is 'No need and known what to do'
- **HOWEVER, All barriers patterns have potential communication solutions**



When asked women who have not tried using phone to access health services, 'what factor might influence them to contact doctors or health workers on phone', the answers were:

Availability of (or access to)doctor's phone numbers	39.78%
Knowledge about phone services	31.18%
Access to consult with female doctors / health care workers	21.51%
Availability of handsets	13.98%
Knowledge about the possibility of using phones to access health related services / advice	10.75%



Reasons for consulting with a doctor or health care workers over phone

Doctor is far away, it is better to consult over phone	38.46%
Perception about service is good	7.69%
Cost-effective	7.69%
Adequate for the purpose	23.08%
Situation was complicated, received advice to immediately hospitalize	23.08%

Those who consulted, preferred face to face : 55.36 %  
 A significant third of interviewee had no preference : 36.90 %  
 Minority favoured mobile phone consultation : 7.74 %



## **Access to doctors' phone numbers alone has major potential to improve health services**

- 39.78% of all women respondents who never tried using phones said they would have used phone services if they had access to doctors phone numbers
- 74.19% of all women respondents who have used phones to consult with doctors and health care workers were able to do so because they could find doctors' phone number in few minutes (39.78 instantly)
- When asked for the reason not to book an appointment in advance, 76.34% of all respondents women who did not use phones said they had no access to phone numbers.



## **Improving Access**

### **Building trusted pathways is important to improve women's access to health care workers:**

- 52.69% of women (highest) interviewed said, they took info-ladies advise to decide where to go to access health care services
- Other trusted sources were neighbours (49.46%), relatives (37.63%), health workers (21.51%) and doctors (9.68%)



## Improvement in health related governance issues will help improving women's access to health

Improving clinical appointments and regularising waiting lists are crucial issues for our target groups

### Admission time taken to get diagnosed:

- 15.05% got their admission within few minutes
- 17.20% took a day or more than a day
- 46.24% waited for at least a day to be seen by a senior Dr after being admitted

### Time taken to see the doctor after admission

- 67.74% waited less than hour (34.41% in few minutes)
- 16.13% waited for few hours



## Compliance & Accountability

72.04% women had to buy medicines from 'outside' (not from government owned pharmacy but from private pharmacists) because they were 'told' it was not 'free' doctor did not advise where to go (13.98%) not enough stock (4.30%)



## DISEASE MAPPING

- Prioritised as per user groups

Anemia	48.21
White discharge	32.74
UTI	20.24
Dismenorrhea/painful menstruation	18.45
Irregular menstruation	16.07
PMS	13.10
pain during intercourse	11.31



## An Access Revolution

Promising national level scenario

- Mobile phone in Bangladesh – 59.96 million
- Population – 145 million

Mobile teledensity at the family level remains high at our project sites:

- 35.12 % family owns at least 1 mobile phones
- 33.93 % family owns at least 2 mobile phones
- 81.55% of families of our respondents have mobile phone availability
- **BUT ONLY 39.88% of women have access to mobile phones**



## WHY MOBILE PHONE CAN STILL BE A PATH FOR OUR PROJECT INTERVENTION?

Type	Mobile	Radio	TV
People having private access (home or neighbours and no public access)	81.55%	13.69%	48.21%
People having no private access (or dependant on public access)	60.12%	86.31%	51.79%



90.07 % of respondents were positive about voice messages

31.13% of respondents were positive about SMS messages

Types of mobile phones	% of population
Mobile phone - with no internet and camera	31.55
Mobile phone – without internet but with camera	30.36
Mobile phone - with internet and without camera	10.12
Mobile phone – with internet and camera	2.98



## Women's perception of using mobile phones for health purposes

100% - All respondents were positive about potential use of mobile phones

- Remote consultation was identified as most important way of using mobile phone (82.14%)
- Receiving text alerts (28.57%)
- Assessing risk was next highest priority (15.48%)



## Transactional and opportunity costs were seen as important

**Reasons for use of mobile phones amongst target groups**

- overcoming distance 86.9%
- cost (towards travel and services) 72.02%
- time saving 63.69%
- convenience 22%

**NO WOMAN gave a negative reason that might arise out of using mobile phones**



## Suggested specific solutions / interventions

### Basic information through mobile phone can tremendously improve women's health

- Access to key information regarding health care services – e.g. sharing doctors and other health support workers' phone numbers

### Build trusted pathways

- Trust agents are important to convince target groups and health professionals to use mobile phones
- build trust through meetings/ informal gatherings
- info ladies, healthcare workers and teachers are potential target groups (already mentioned by women)



## Suggested specific solutions / interventions (II)

### Improve health systems through mobile phones

- Build mobile platforms to regularise appointments
- Potential mobile alert services to follow-through appointments and treatment (e.g. repeat prescriptions)
- Improve public awareness and transparency on citizens entitlement to 'public' prescriptions : potential mobile text based service that will authenticate whether their prescriptions are free under government health services

### Incentivise health professionals to use mobile phone services

- what is needed and how can we achieve this?

### Create content (voice and text SMS) as per prioritised disease mapping

- How can we do that? Who can be involved? How do we sustain this?



## Suggested specific solutions / interventions (III)

### **Create non-phone base (web and mapping tools) platforms to support mobile phones services**

- prescription eligible to be free under government scheme,
- disease mapping should be extended to non-phone platforms (outreach through other existing services)

### **Use of media to improve awareness on improving health systems**

- reward or highlight pharmacist as appropriate on issues related malpractice around public prescription

### **Build documentation and evidence to mount pressure on public policymakers**

- use the project to make the case for mainstreaming ICT policies (integrating information infrastructure with health infrastructure)



## Turning Findings into Actions

- Do you think we have other services that are important to you? [ based on the research findings] and What in your view should be priority services to improve women's health?
- What are the pressing communication challenges from your experience?
- As a potential stakeholder please list role you envisage in this initiative
- What strategy we collectively should adopt to make future partnership initiative successful?
- What are your proposed steps to take this discussion forward from your sector's perspective?

