

mMitra in urban India

Partnership between MAMA Global and ARMMAN



- mMitra is a free weekly mobile phone voice call service in the **local dialect** that provides **timed and targeted** culturally appropriate preventive care information directly to the phones of the enrolled women, in their chosen language and timeslot, during antenatal period and infancy, in urban India.
- **Unique features of the service:**
 - **Specific** for the particular month of pregnancy or age of infant
 - **Weekly/ twice a week** voice messages at appropriate intervals
 - **Local dialect and culturally sensitive messages created through an iterative process**
 - Messages **tailored to the needs** of the population and address the cultural norms, myths, practices and nutrition specific to the urban poor.
 - Services can be used either from mobile phone or a fixed land line.

mMitra: 168835 women enrolled in Mumbai Metropolitan Region, Thane and Nasik



Home Visits
in slums



Hospital Visits



Health friends (Sakhis):
Partnership with 19 NGOs
Info collected:

- Gestational age
- Choice of 1 hour time slot
- Language preference
- Phone number

Pregnant women

Registration

Enrolment at 26 public hospitals

Women are enrolled in the
system and receive regular
calls
Total number of messages: 145
(duration of 60 – 90 sec)

3 tries for every message with missed call and call centre facility

During pregnancy:
twice a week

First week after birth:
once a day

Until infant is 3 months
old: twice a week

Month 4 – 12 of infant:
once a week

Study: mMitra – Going Beyond Awareness and Assessing Demand for Maternal and Infant Health Services in Mumbai



□ **Qualitative Study: Aim**

- To study the impact of mMitra Voice Call service on women's involvement in Health Care Decision Making
- To study the impact of mMitra Voice Call Service on Health Care Providers

□ **15 FGDs with subscribers of mMitra service**

- 7 groups with pregnant women: < 3 months pregnancy (2 groups); 3 – 6 months (3 groups) and 6 – 9 months (2 groups)
- Mothers with infants: 2 groups each for mothers with infants < 3 months of age, 3 – 6 months, 6 – 9 months, and 9 – 12 months.

□ **In depth Interviews with doctors and nurses from 6 municipal hospitals and maternity homes.**

Findings of FGDs with mMitra subscribers



▣ **Involvement in Decision Making**

- More say in decision making in nuclear families when compared with joint families
- More in control while taking decisions related to the children
- Age and status within the family related to decision making
- Type of family associated with access to care at home

▣ **Spousal Communication:** joint decision to have a child

▣ **Influencers and Gatekeepers: Mother-in-law and mother**

- Conflict with the advice given by doctor sometimes. However, women are asserting their rights.
- Mothers-in-law and other family members also listen to mMitra voice calls

▣ **Information received from mMitra services: beneficial**

▣ **Demand for health care services:** Improved awareness of need for antenatal and infancy visits, delivery at a hospital.

- Improved knowledge regarding sensitive topics like family planning leading to informed decision
- Seek more information from doctors propelled by the voice calls.

Findings of IDIs with health care providers



- ❑ **Women lack information and register in hospitals late (7th or 8th month)**
 - Doctors not able to counsel women due to lack of human resources and infrastructure

- ❑ **mMitra compliments service provided by health care providers**
 - Increased awareness of need for antenatal and infancy visits , reminds women to come for visits, patients come in at an earlier stage of pregnancy for care due to mMitra

- ❑ **Women are asking more questions**
 - Seek more information on vaccination, iron tablets, diet, rest, Janani Suraksha Yojana, medicine compliance
 - Demand services like immunization, blood tests and sonography

Implications and Significance



- ❑ mMitra can support adoption and maintenance of desired behaviours during pregnancy and infancy.
- ❑ Positive effect on awareness levels of women giving rise to queries
- ❑ However, doctor – patient interaction is key
 - Forbidding external affect of doctors and paucity of time may lead to queries being unanswered
- ❑ Solution: **Proposed Call – back service of mMitra**