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What is the minimum exposure to mobile messaging needed to improve maternal and newborn health knowledge, practices and demand for services in Bangladesh?

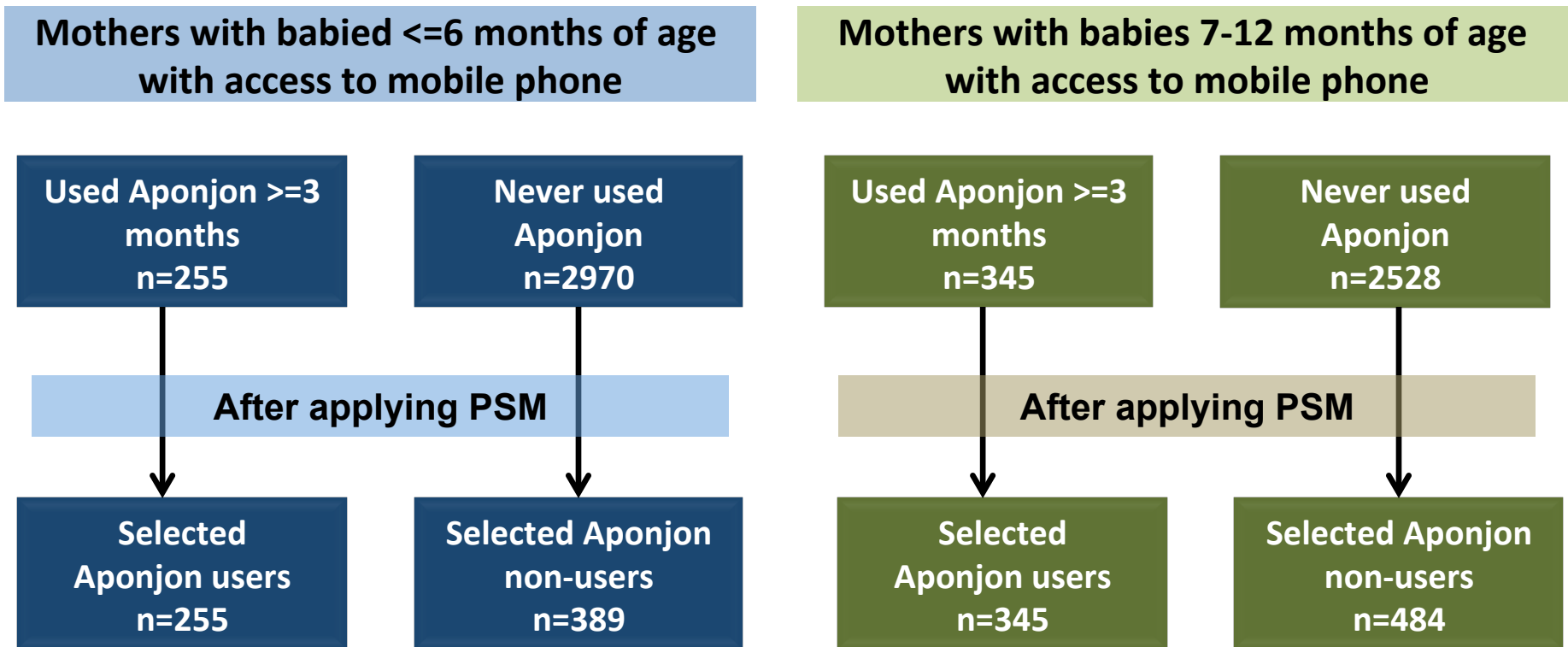


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Study design

A retrospective observational study with propensity score matching (PSM)

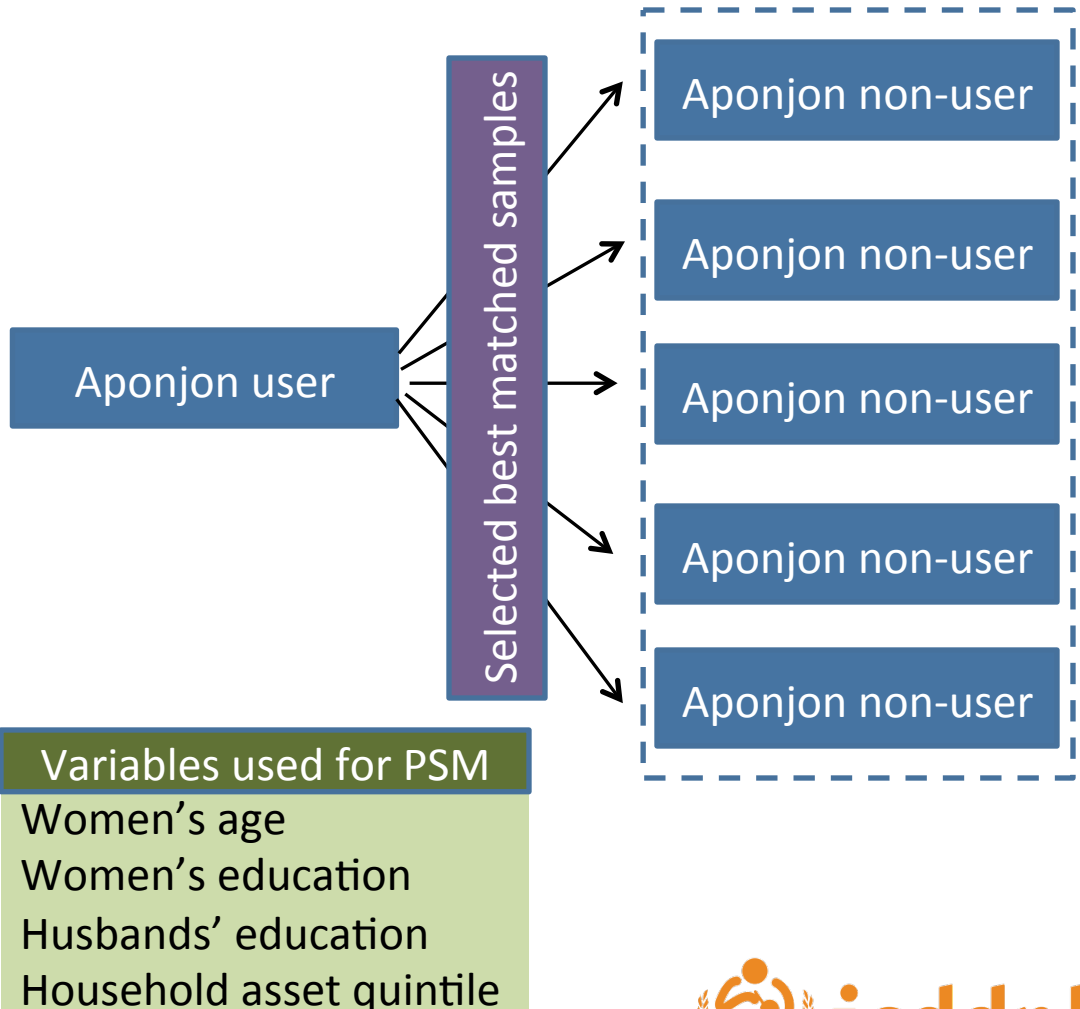


Why PSM ?



Aponjon mHealth
intervention

What is PSM?



Data analyzed in four domains

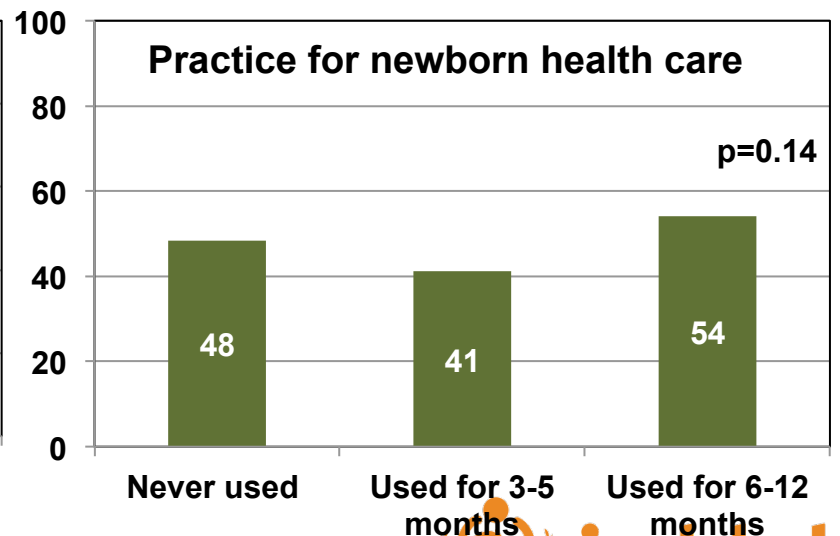
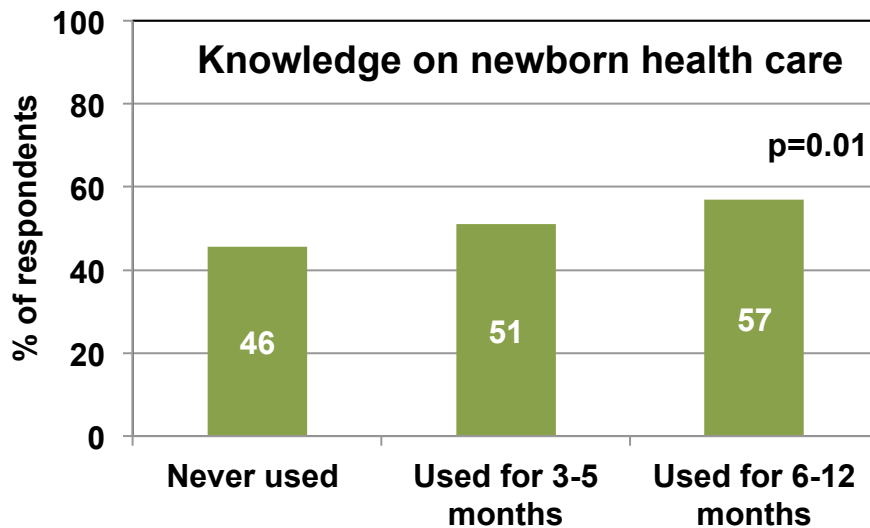
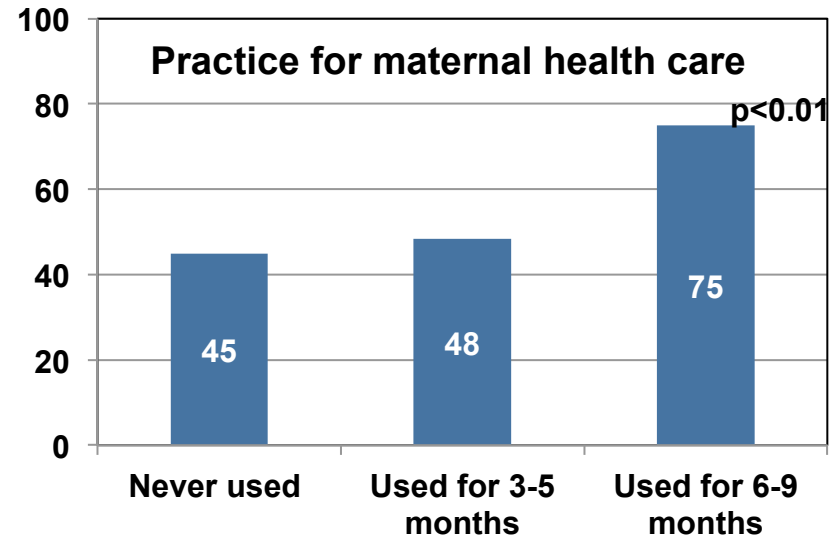
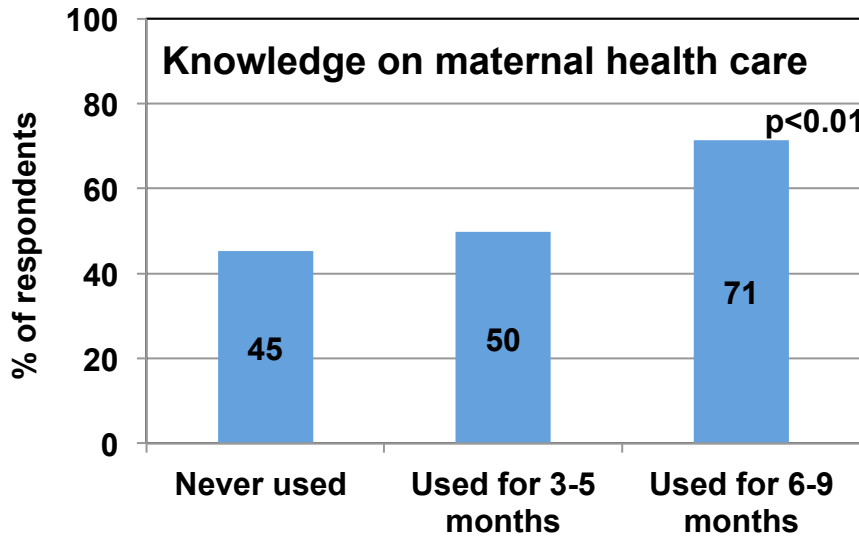
**Knowledge on
maternal health
(22 outcome variables)**

**Practice of
maternal health care
(19 outcome variables)**

**Knowledge on
newborn health
(23 outcome variables)**

**Practice of
Newborn health care
(12 outcome variables)**

Variations in obtaining high composite score in different domains related to duration of use of Aponjon



Adj. ORs (95% CI) of obtaining high composite score in different domains for duration of use of Aponjon

	Maternal health care		Newborn health care	
	Knowledge	Practice	Knowledge	Practice
Used 3-5 months	1.09 (0.67 - 1.76)	1.17 (0.73 - 1.87)	1.07 (0.58 - 1.96)	0.74 (0.4 - 1.34)
Used 6-9/12 months	2.37 (1.25 - 4.52)	2.68 (1.25 - 5.74)	1.40 (0.96 - 2.04)	1.03 (0.72 - 1.47)

Reference group: Non-users of Aponjon

■ Not significant

■ Significant

Conclusions

- **At least 6 months of use of Aponjon intervention was required for improved knowledge and practice of mothers on maternal health care**
- **The intervention also had an effect on improved knowledge on newborn health care with at least 6 months of exposure**
- **Further investigation is needed to detect if there is any association of Aponjon intervention with the newborn health care practices**

Acknowledgements

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