Mobile Alliance for Maternal Action

PANELIST HOW TO GUIDE:
REACHING MOM ON HER MOBILE PHONE

1 UNDERSTAND YOUR AUDIENCE:

INCLUDE A BROAD RANGE OF EXPERTS: The first stop should be engaging government health officials, doctors, traditional birth attendants and any others in your culture who deeply understand the women you are targeting and the overall health environment.

EDUCATE BENEFICIARIES WITH LOW MOBILE LITERACY: Novel approaches will be required to help address access issues for those without a household phone, or those with mobile phones living in areas with poor electricity or mobile network coverage.

TEST, TEST, TEST: Test everything with your target users. Go to where they are — their homes, sitting under trees, clinics — and be in their setting. Test every aspect of your messages from vernacular to the voices used for voice messages to the look and feel of your logo. The information you can get from spending time with target users IS what will make the difference between providing information and getting people to act on it.

LISTEN, DON'T JUDGE: Behaviors and beliefs around sex, pregnancy, childbirth and the rearing of young children are the aspects of life with some of the most deeply ingrained beliefs and complexities in all cultures. Understanding why people currently hold the behaviors and beliefs they do around health practices is essential in being able to craft respectful messages that address potentially dangerous behaviors and present healthier ones. Research shows that people can have the facts, but won't change behavior unless these more deeply rooted beliefs are addressed in a respectful way.

ENGAGE OTHER DECISION-MAKERS: Working with men, spiritual leaders, or traditional birth attendants – can help improve community knowledge of the critical danger signs and when women/children should seek timely care, and encourage them to engage in safe preventive health practices.

2 APPLY BEHAVIOR CHANGE THEORY:

CONTEXTUALIZE FOR SPECIFIC RECIPIENTS: This ensures that the right message reaches moms at the right time. Content should be personalized and customized based on the target audience (moms, partners, mothers-in-law etc.).

INCLUDE ELEMENTS OF EMPATHY AND HUMOR: Include information that is not purely medical/health information, but also some "feel-good" information (like how to interact & play with the baby).

USE SIMPLE LANGUAGE: It's so easy to use jargon or the technically correct term – but that may mean nothing to your audience.

MAKE AN EMOTIONAL CONNECTION BY ACKNOWLEDGING FEELINGS AND FEARS: For instance, "Congratulations on your pregnancy. This is a happy time, but you must have a lot of questions." – a simple statement that immediately puts a woman at ease, reassuring her that both her excitement and concerns are understood.

TAKE TIME TO BUILD A RELATIONSHIP WITH YOUR AUDIENCE: Information from a trusted source is taken more seriously.

TALK **TO** YOUR END USER, NOT **AT** HER: Talk about what she wants to know, not just what you want to tell her.

GIVE SMALL, ACTIONABLE STEPS: Make it easy to change behavior. Instead of saying "Pregnant mothers need an extra 300 calories a day," which means nothing to a woman who may be struggling to get enough to eat, say "You need an extra mouthful of food with every meal."

LOCALIZE! Local context is critical. What words do people use? What concepts are known, what are foreign? How do the realities of people's lives need to be reflected in the way you write?

3 DELIVER YOUR MESSAGE:

KNOW WHAT ELSE IS OUT THERE: Do a scan of similar messages or content, review it for relevance for your project and take what makes sense for your work and adapt from there. A major complaint in the international development world is that the wheel keeps getting reinvented. There is great value to partnering and leveraging the great work that already exists.

DEVELOP MESSAGES IN BOTH TEXT (SMS OR USSD) AND INTERACTIVE VOICE RESPONSE (IVR) FORMATS: Make the service accessible for both literate and illiterate moms. Understand how women access information on their phones and provide messages in the most accessible formats.

PROVIDE DIALECT BASED CONTENT: Languages may vary zone to zone within a country.

CREATE STAGE-BASED CONTENT (AGES AND STAGES): It is perfect for the bite-sized format of mobile. If you know how many weeks pregnant or how old the baby is, stage-based content will make each message easier to digest. Many things are age-specific, such as vaccination, family planning and exclusive breastfeeding, and are well-suited to this format.

SEND REMINDERS TO THOSE WHO HAVE MISSED SCHEDULED CLINIC VISITS: This can help improve antenatal and postnatal care attendance. SMS or voice alerts sent to community health workers on those who continue to default on care can allow for targeted outreach efforts.

KEEP IT SHORT: It is tempting to squeeze as much information as possible into one SMS, and the reality is that you have 140 characters, including spaces. Remember that you can talk to her 2-3 times a week, for 40 weeks of pregnancy and 52 weeks in the baby's first year. There will be plenty of opportunity, and this only works if she trusts you.

AND ABOVE ALL: KEEP EVALUATING. You're never done. Circle back to the tips above - testing, listening, including experts and scanning for similar work should be ongoing. Use that constant stream of information to continuously update and improve your content.