HEALTH COMMUNICATION CAPACITY COLLABORATIVE

Smart Client and Smart Couple: Digital Health Tools to Empower Women and Couples for Family Planning

PART 1: BACKGROUND AND DESCRIPTION

September 2017

USAID FROM THE AMERICAN PEOPLE

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Cover photo: Woman listening to Smart Couple tool on mobile phone. © 2017, Caitlin Loehr, all rights reserved.

This report was made possible by the support of the American People through the United States Agency for International Development (USAID). HC3 is supported by USAID's Office of Population and Reproductive Health, Bureau for Global Health, under Cooperative Agreement #AID-OAA-A-12-00058.

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ACKNOWLDGMENTS

The Health Communication Capacity Collaborative (HC3) – funded by the United States Agency for International Development (USAID) and based at the Johns Hopkins Center for Communication Programs (CCP) – would like to acknowledge the following individuals for their contributions to this project:

- Caitlin Loehr, Allison Mobley, Joanna Skinner and Arzum Ciloglu from HC3;
- Dr. Stella Babalola and Olamide Oyenubi from the CCP research department;
- Akinsewa Akiode from the Nigerian Urban Reproductive Health Initiative;
- Regina Traore-Serie and Benjamin Soro from CCP Cote d'Ivoire;
- Desmond Nweke and Market Audits and Research Services (MARS), NIgeria;
- Clément Kouadio Kouame, researcher in Cote d'Ivoire;
- African Radio Drama Association (ARDA), Nigeria;
- Spot Line, Cote d'Ivoire; and
- Hope Hempstone, Rachel Marcus, Joan Kraft and Afeefa Abdur-Rahman from USAID.

ACRONYMS

FGD	Focus Group Discussion
FP	Family Planning
HC3	Health Communication Capacity Collaborative
IVR	Interactive Voice Response
SBCC	Social and Behavior Change Communication
SDA	Small Do-able Action
SMS	Short Messaging System
USAID	United States Agency for International Development

INTRODUCTION

This document provides an overview of the *Smart Client* and *Smart Couple* digital health tools developed by the Family Planning team of the Health Communication Capacity Collaborative (HC3) project. The tools provide users with entertaining content to help them become informed, empowered and confident users of family planning services and methods, or supportive partners of family planning users.

The content is delivered directly to the tool users' mobile phones with interactive voice response (IVR) technology. Both *Smart Client* and *Smart Couple* are made up of 17 voice calls, each of which includes different segments such as a drama, chats by the male and female hosts, a personal story and sample dialogue. In addition, after each call users receive a short message service (SMS) message either with a reminder about the key message from the previous call or a prompt to discuss content from the previous call with their partner.

The two tools share much of the same content, but there is a slight difference in the intended audience and additional content in the *Smart Couple* tool. Whereas the *Smart Client* tool is designed for female users, the *Smart Couple* tool is intended for couples. As such, the *Smart Couple* tool features additional content directed toward men and messages encouraging couple communication and equitable participation by both male and female partners throughout the process of deciding about and adopting family planning methods.

This is **Part One** of a four-part document. Part One provides the background for the tools, vision and objectives, details about the audience and behavioral objectives, and information about key aspects about the tools. Part Two is the *Smart Client* characters, scripts and SMS reminders. Part Three is the *Smart Couple* characters, scripts and SMS challenges, and Part Four provides guidelines for adaptation.

BACKGROUND

Women and men interested in planning their families often go through a process of deliberation and decision-making as they choose whether to adopt family planning, what method to use, where to obtain it and whether to continue using it. During this process, a woman or man may consider her or his own fertility desires, seek out information on family planning, talk with her or his partner, and discuss experiences with family and friends. At some point in this process, a client is likely to visit with a provider[1] – which is one brief, but important, point in time in this decision process.

Communication is a core skill running throughout this process – communicating with one's partner, communicating with family and friends, and communicating with a health care provider. In addition, communication between partners and joint decision-making has been linked to an increased likelihood that family planning methods will be used effectively and over the long term (Feyisetan, 2000; Hartmann, 2012; Lasee & Becker, 1997; Lozare, 1976; Oni & McCarthy, 1991; Salway, 1994; Sharan & Valente, 2002). However, women and men are often not equipped with the skills they need to

[1] The term "provider" is used in this tool to refer to any person that a client may obtain family planning from. This may include doctors, nurses, midwives, community health workers and pharmacists in the public or private sector. However, a central message for the audience is that a "smart client" should go to a provider for more complete information and FP options.

communicate effectively about personal and sensitive subjects – such as sex, fertility desires and using family planning methods – that may go against cultural taboos. Furthermore, where family planning is frequently regarded as a woman's issue, men may not want to be involved or may think they should not be involved throughout the process of adopting or continuing to use family planning, including initiating discussion with their partner, seeking information, attending counseling, choosing a method and supporting their partner in using their chosen method.

Many demand generation programs address the communication needs of female clients prior to visiting a provider, and encourage them to seek out family planning counseling. But those programs usually fall short in preparing the client to be active and engaged communicators during the counseling itself, nor do the programs encourage men to be active and engaged. Furthermore, in many countries and settings, efforts have been made to improve providers' communication skills and provide client-centered counseling (see Box 1), which has led to some improvement in client engagement, but the client is dependent on the provider to lead this process. This is troublesome given that social and gender norms often do not support engaged and empowered clients, especially female clients. As a result, female clients are often passive participants in family planning counseling, resulting in discussion and decision-making led by the provider. In other cases, such as cultures where gender and social norms around decision-making limit women's mobility outside of the home and control of money, men may ultimately make the decision about the use of family planning methods or women may defer to men to make a decision.

Client-centered family planning means that:

- Clients' needs drive the provision of family planning services;
- Providers tailor counseling to an individual client's needs;
- Clients are aware of their rights and have the knowledge they need about methods;
- Clients actively participate in the counseling; and
- Clients make the final decision of whether to use family planning, and which method to use.

The HC3 project, led by the Johns Hopkins Center for Communication Programs (CCP), is interested in increasing the number of family planning clients who are informed, empowered and confident – in other words "smart clients" – without relying exclusively on providers to direct and lead discussion and decision-making. We envision that "smart clients" will be part of a "smart couple" where both partners are informed, supportive and equally involved in making decisions and taking actions related to the use of family planning services and methods.

Given the global proliferation of mobile technologies and the success of their use increasing women's knowledge about their health (i.e., Mobile Alliance for Maternal Action (MAMA) in Bangladesh and South Africa, MOTECH in Ghana and Mobile for Reproductive Health (M4RH) Kenya and Tanzania) HC3 is using this technology to develop a digital health tool to prepare smart clients and encourage them to talk with their provider about contraceptive methods. This document outlines the HC3 *Smart Client* digital health tool approach, objectives, intended audiences and content.

PURPOSE

The purpose of the *Smart Client* and *Smart Couple* digital health tools is to inform, empower and promote smart clients and smart couples by reaching them directly, using mobile technology. These tools are intended to be adopted as an "add-on" component to existing family planning programs in resource constrained settings. They can be used in both demand generation and service delivery programs that would like to incorporate a client-focused intervention in improving client-provider communication. As such, the digital health tool would be especially appropriate for use alongside provider-focused interventions aimed at improving provider communication and counseling skills.

INTENDED AUDIENCES

The intended audiences for the digital health tools are women and men of reproductive age.

The primary audience for *Smart Client* is women, 18 to 45 years old, who are married or unmarried and live in urban and other areas where access to mobile phones is greater. They are low-medium education and income level and may be current, past or never users of family planning. Male partners are the key influencing audience. The primary audience of the *Smart Couple* tool is couples with those same characteristics.

The *Smart Client/Couple* mobile phone tools are designed to be broadly applicable and relevant to women and men of reproductive age with a wide range of demographic characteristics, all of whom may benefit from strengthening their smart client skills. Because the tool is designed to be used and promoted by a broader family planning program, all intended users are expected to have heard of family planning and been exposed to a family planning promotion program in some way. The story and message can however be tailored to be locally specific as needed.

BEHAVIORAL OBJECTIVES

The objectives are grouped according to the stage of the counseling visit.

	Objectives
Before Counseling	Increase the proportion of women/men/couples who have considered their needs and desires before visiting a family planning provider
	Increase the proportion of men who support their partners in seeking family planning counseling when needed
	Increase the proportion of women/men/couples who have discussed fertility desires and family planning with their partner
During Counseling	Increase the proportion of women/men who actively participate in family planning counseling
	Increase the proportion of women using family planning who feel confident to discuss problems and concerns with a provider
After Counseling	Increase the proportion of men who support their partners' use of family planning
	Increase the proportion of women who experience difficulties with a family planning method and return to a provider for additional counseling
	Increase the proportion of women/men using family planning who advocate the use of family planning to their friends and family

Profiles presented here illustrate both "before" and "after" archetypes of the intended audiences (see Table 1: Intended Audiences). The before archetype represents the audience being targeted with the *Smart Client* tool, showing typical beliefs and attitudes as well as barriers to overcome. As an intended audience, there is an assumption that she or he is not already performing the desired behaviors. The after archetype assumes that the *Smart Client* initiative has been successful, and this person is now performing the desired behaviors and meeting the initiative's behavior change objectives.

Table 1: Intended Audiences and Archetypes (before and after)

	Before Archetype	After Archetype
Female family planning intenders (new or re-initiating users)	She has heard about family planning and may be considering visiting a provider. She might have had a previous experience with family planning that was negative. She has some concerns and questions about family planning methods, such as effectiveness, safety and side effects but has not yet talked with a health provider about family planning. If she is in a relationship, she may not have discussed her fertility desires with her partner or talked about family planning because it is difficult to start the conversation, she doesn't want to appear uncommitted to the relationship and may have misconceptions about her partner's attitudes and beliefs on this subject. She is quiet with authority figures, since that is what is often expected of women. As such, she is used to letting doctors, midwives and nurses make all the decisions as she thinks they know best.	She feels confident to visit a provider and actively participate in counseling. She has thought about her fertility desires, questions and concerns about family planning methods before seeing a provider. She has also talked with her partner, if she has one, about what they want for their future and how birth spacing or limiting and using family planning can help them meet their goals. When visiting a provider, she shares her needs, desires and other information – both spontaneously and in response to the provider's questions. She also asks questions of the provider and seeks clarifications as necessary. She believes that the decision of whether or not to use family planning and what method to use is ultimately hers to make (alone or with her partner), with support and guidance from a provider, and makes the final decision herself. She returns to the provider to switch methods if the chosen method doesn't work for her.
Female family planning current users	She is currently using a method of contraception (traditional or modern), though it may not be the best fit for her body or lifestyle. She is having trouble using the method correctly or experiencing side effects or would like a long-acting or permanent method but is unsure what would work better for her or how to talk with a provider about method experiences or switching methods, and is thinking about discontinuing her current method. She has discussed family planning with her partner before, but finds it difficult to talk with him about the problems she is having now and what she or they could do differently to avoid pregnancy. She is quiet with authority figures, since that is what is often expected of women and because the last time she was at the FP clinic the provider didn't seem open to her questions. She is used to letting doctors, midwives and nurses make all the decisions as she thinks they know best.	She believes that she has a right to quality family planning counseling and feels confident to start a discussion about family planning with a provider. She has thought about her fertility desires, questions and concerns related to her current method or family planning in general before seeing a provider. She has also talked with her partner, if she has one, about what they want for their future and how birth spacing or limiting and using family planning can help them meet their goals. When visiting a provider, she shares her needs, desires and other information – both spontaneously and in response to the provider's questions. She can adequately describe the problems she is having and/or the side effects she is experiencing, and discuss possible alternative methods, including what methods she'd be able to use more easily and side effects of other methods she is considering. She also asks questions of the provider and seeks clarifications as necessary. She believes that the decision of whether or not to continue using family planning or whether to switch methods is ultimately hers to make, (alone or with her partner), with support and guidance from a provider, and makes the final decision herself

	Before Archetype	After Archetype
Male partners	He has a female partner and is interested in family planning, but isn't sure what his partner thinks, and he may have concerns or questions about family planning's effectiveness, safety and side effects, as well as about social perceptions of his partner as someone who uses contraception and about him as a man if people find out they are trying to delay/limit children. He does not know where to get more information since health talks and other mediums are usually targeted at women, and finds it difficult to discuss it with his partner since he believes decisions about what method of family planning to use to be a "woman's issue." Therefore, he finds it difficult to start the conversation with his partner. He is used to making all the decisions in the house, but his wife usually takes care of things for her health and the children, and he doesn't do much to support her in those kinds of things.	He thinks that family planning is safe, effective and acceptable and believes that open discussion about it demonstrates commitment to the relationship. He also thinks that men should be involved in family planning, and that it is acceptable for men themselves to use family planning methods. He has talked with his partner about what they want for the future and how birth spacing or limiting and using family planning can help them meet their goals. He encourages his partner to speak openly and honestly with a provider and helps his partner think through questions before attending a counseling session. He is willing to go with his partner for FP counseling, if that is what she wants. He believes that men and women should make decisions together about whether or not to use family planning and what method to use, and provides support to his partner in doing so.

SMART CLIENT/COUPLE APPROACH

Throughout the *Smart Client/Couple* tool, users are introduced to "smart skills," that, when practiced, will help them become informed, empowered and confident clients/couples. The three skills are: THINK, TALK and SHARE, and variations of these skills come up before, during and after counseling, such as:

- *Before counseling*, they **THINK** about their fertility desires; explore potential family planning methods that fit their life and needs; consider any concerns or questions they have about starting family planning or about their current method; discuss fertility desires and family planning with their partner, if applicable, and/or with family and friends; and are aware of their rights for voluntary family planning and quality counseling.
- *During counseling*, they **TALK** and actively participate in the discussion with their provider, raise concerns, openly provide information requested and ask their own questions. They also make the final decision (alone or with their partner) of whether to use family planning, which method to use and whether to switch methods or discontinue use if they are current users.
- *After counseling*, they feel confident to use the family planning method as intended, handle side effects, seek out information they need, continue using the method as long as they want to avoid/delay pregnancy or make the decision to switch to another method, and return to the provider with concerns or questions, to continue with a method or to get another method. They are satisfied users of family planning and **SHARE** and advocate with their friends and family.

Skills are reinforced through quizzes, which ask questions specifically about skills. In addition, in the *Smart Client* tool, the SMS reminders are typically based on a smart skill introduced in the call.

KEY ELEMENTS OF THE TOOLS

- **Channel.** The tool is delivered to mobile phones with IVR and supporting SMS. IVR is an automated telephone information system that speaks to the caller with a combination of fixed voice menus and data extracted from databases in real time. The caller responds by pressing digits on the numeric keypad of their telephone. IVR is used because it is accessible by anyone with a mobile phone, regardless of the type of phone, carrier or internet connection. It is also suitable for all literacy levels and can serve audiences who speak different languages. For the *Smart Client/Couple* testing and studies, an IVR platform from VOTO Mobile was used, however there are many different providers of IVR platforms to choose from (see Part Four for guidance on picking a platform).
- **Approach.** The tool is based upon Social Learning Theory,[2] which posits that people learn from each other through observation, imitation and modeling. The *Smart Client/Couple* tool therefore uses fictional role models, who demonstrate the desired behaviors and behavior change process in a drama format, as well as personal stories and examples of smart client or smart client dialogues. This allows the intended audience to observe an action, understand its consequences and become motivated to repeat and adopt it. The goal is to increase an individual's level of confidence in their ability, or self-efficacy, to take action whether that is discussing family planning with a partner, asking a provider questions or using contraceptive methods. While drama is a common approach used in behavior change communication, it is usually delivered via television, radio or community theatre. The digital health tool explores how drama can be delivered to mobile phones (via IVR), using shorter and simpler storylines and episodes while maintaining the fictional drama style.
- **User enrollment.** A program can enroll users in two ways: uploading contact information to the platform or self-enrollment. For example, if a service delivery program already has a client roster and wants to provide this tool to their clients, they can ask clients directly if they wish to enroll. The mobile phone tool can also be promoted directly to women and men through promotional materials in the community, requesting them to self-enroll by texting a short code or "flash" a number.[3]
- **User costs.** User costs will depend on the country context and technology platform used. In general, IVR is free to the user as they only receive calls and SMS messages. Through a reverse billing set up, all costs are therefore covered by the program, however this can get costly depending on the number of users. A program can also offer users the option to dial a local number to receive content on demand, but should inform users about any costs to make the call. Depending on the IVR platform used, it may be possible to set up the platform so that users pay a nominal fee to listen, therefore covering some of the costs of the calls.
- **Setting user preferences.** When users enroll in the system, they receive a call that asks them several questions, the answers to which will be used to set user preferences in the tool and also to collect data for each user. The tool specifically asks for the user's sex and preferred language, which are used to tailor the messages received. It is also possible to ask additional questions, such as whether they are new to family planning or a current user, what method they are using, and if they are

[2] Bandura, A. (1986). *Social Foundations of Thought and Action*. Englewood Cliffs, NY: Prentice-Hall.

[3] "Flashing" is a common practice in Africa whereby a user calls a number and hangs up quickly. The receiver then calls the person back at his or her own expense. Throughout the continent it is known as "flashing," "beeping," "missed call" or, in French-speaking areas, "bipage."

married or in a relationship. This information can be used for further tailoring and for monitoring and evaluation.

- **Calls.** The tools consists of 17 IVR calls[4]: an initial screening call, 13 regular calls and three quizzes. All messages are designed to be five to fifteen voice minutes in length, depending on user selection for optional content. In the *Smart Client* tool, users receive an SMS reminder about the key message from the previous call. In the *Smart Couple* tool, users receive an "SMS challenge" with a prompt intended to encourage couple communication.
- **Call format.** Each call consists of five (or six, for *Smart Couple*) types of segments. The first two segments play automatically when the call starts, after which users will be presented with the option of listening to the remaining segments. The segments include:
  1. **Brief welcome and introduction** to the story by friendly host characters, a female and male.
  2. **Short drama**, which follows a cast of characters over each episode.
  3. **"Friend-to-friend" chats**, in which the host "friends" deliver follow-up messages and tips related to the core message and the drama, and ask the user a quiz question. Some messages in this segment are tailored for male and female users, based on their user preferences set on enrollment or tailored to the user response to the question.
  4. **Personal story**. This is an optional segment, requiring users to "press 1" to hear the content. Personal stories, told by females and males, express diverse experiences with family planning that correspond to the key message of the episode.
  5. **Sample Dialogue,** is an optional segment, requiring users to "press 2" to hear the content. Sample dialogues feature a friendly provider and a client (or a couple), modeling what to expect during a visit to a family planning clinic and how to discuss needs, preferences and concerns.
  6. **Male personal story or dialogue.** This is an optional segment in the *Smart Couple* tool, requiring users to "press 3" to hear the content. Male personal stories may be complementary to the female personal stories, just told from the perspective of the male partners, or they may be unique stories expressing diverse experiences with family planning. A few calls do not offer personal stories but sample dialogues, between a husband and wife or between a man and provider, are offered instead.

  Three calls are a quiz only – asking users a few brief questions to reinforce key messages, evaluate user understanding of content and encourage user engagement.

- **Key messages.** The tools address messages related to smart clients throughout the full decision-making and communication process of considering, adopting and continuing family planning. Following the THINK-TALK-SHARE approach, the messages focus on the vision of informed, empowered and confident clients before, during and after family planning counseling. The following table outlines the key messages delivered in each call.

[4] See "Part Four: Adaptation Guide" for suggestions regarding the number of calls.

Call	Key Message
1	Questions to establish baseline level of confidence in talking with nurse prior to use of the tool
2	Introduction of the mobile phone tool and importance of couple communication
3	Couple communication, about fertility desires and intentions and aligning them with personal/family goals. Introduce the THINK, TALK, SHARE *Smart Client* approach.
4	Supportive partners and joint decision-making, including ways male partners can take on responsibility for family planning use (i.e., supporting partner, using a family planning method)
5	Finding a family planning provider
6	Exploring and choosing a family planning method (could include links to additional method information available via m4RH[5])
7	Preparing questions before talking with nurse. Write them down and take to the clinic.
8	**Quiz 1:** Summarize and evaluate understanding of "smart skills" before visiting a provider
9	Expressing feelings, concerns and preferences with a provider
10	Recognizing and dealing with provider bias
11	Asking questions and seeking clarification during counseling with a provider
12	**Quiz 2:** Summarize and evaluate understanding of "smart skills" during family planning counseling
13	Family planning method side effects and option to switch methods; supportive partners when using family planning
14	Social communication and personal advocacy
15	Talking with a provider about problems with family planning methods
16	Ongoing couple communication
17	**Quiz 3:** Summarize and evaluate understanding of "smart skills" when using family planning; final level of confidence in talking with nurse after using the tool

[5] http://m4rh.fhi360.org/

- **SMS reminders/challenges.** For the *Smart Client* tool, an SMS message is sent after each call to remind users about the "small doable action" (SDA) promoted in each episode. An SMS message is sent out to users of the *Smart Couple* tool as well, but the messages were framed as a "challenge" to the user to talk with their partner about a key message in the previous call.
- **Monitoring and evaluation.** A very short set of pre-test/post-test questions are built into the IVR scripts. These questions focus on use of family planning and confidence in talking with a family planning provider. A more in-depth evaluation of the tool is recommended when rolled out at scale (for guidance on methodology, see Smart Client/Couple User Study reports). Most IVR platforms offer built-in dashboards for collecting real-time data for ongoing monitoring of platform functionality and usage. An evaluation could be automated through the IVR platform, however if this is done, it is important to remember that listeners will likely not listen for very long amounts of time (see reports on User Studies for call durations and discussion of drop off).

TESTING THE TOOLS

The *Smart Client* and *Smart Couple* tools were developed and tested with audiences in Nigeria and Cote d'Ivoire throughout 2016 and 2017.

The scripts were first written in English and then translated into Hausa for the first round of pretesting in Kaduna, Nigeria. During focus group discussions, female participants shared feedback on the content – whether it was realistic, acceptable and relevant – as well as their thoughts on the tool overall.

Feedback from the pretest participants was incorporated into the tool and the full series of calls was recorded. After content was loaded onto the IVR platform (VOTO Mobile), HC3 conducted a prototype test of the tool with participants using their phones to understand listening patterns, technical issues with the platform and reactions about the content and accessing the tool. In addition, in-depth interviews were conducted with a sub-set of participants to gain further insights into their impressions and experience using the IVR tool.

This same process was repeated in Cote d'Ivoire with the content translated into French with changes to the names of the characters. Men were added to the pretesting and prototype testing to understand their perceptions of the content and their experience with the tool.

And finally following the completion of the pretesting and prototype testing, User Studies were carried out for both tools in Nigeria. These studies were designed to measure the impact of the tools on how users think, feel, act and intend to act, related to family planning (see *Smart Client and Smart Couple User Study Reports* here [https://healthcommcapacity.org/technical-areas/family-planning/smart-client-smart-couples/].

REFERENCES

Feyisetan, B. J. (2000). Spousal communication and contraceptive use among the Yoruba of Nigeria. *Population Research and Policy Review*, 19(1), 29-45.

Hartmann, M., Gilles, K., Shattuck, D., Kerner, B., Guest, G. (2012). Changes in Couples' Communication as a Result of a Male-Involvement Family Planning Intervention. *Journal of Health Communication*. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/22545820

Lasee, A., & Becker, S. (1997). Husband-wife communication about family planning and contraceptive use in Kenya. *International family planning perspectives*, 15-33.

Lozare, B. V. (1976). Communication between couples and decision-making in relation to family planning. *Philippine Population Research*, Makati, Philippines: Population Center Foundation, 307-322.

Oni, G. and McCarthy, J. (1991) Family planning knowledge, attitudes and practices of males in Ilorin, Nigeria. *International Family Planning Perspectives*, 17(2):50-54 & 64.

Salway, S. (1994). How attitudes toward family planning and discussion between wives and husbands affect contraceptive use in Ghana. *International Family Planning Perspectives*, 44-74.

Sharan, M., & Valente, T. W. (2002). Spousal communication and family planning adoption: effects of a radio drama serial in Nepal. *International Family Planning Perspectives*, 16-25.