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Journal Scan

Jennings L, Ongech J, Simiyu R, Sirengo M, Kassaye S. Exploring the use of mobile phone technology for the enhancement of the prevention of mother-to-child transmission of HIV program in Nyanza, Kenya: a qualitative study. *BMC Public Health* 13 (2013) 1131. <http://dx.doi.org/10.1186/1471-2458-13-1131>.

The use of Information and Communications Technology (ICT) has had a tremendous effect on health practice across the world. A sub-segment of this harnessing of communication technology is **mHealth** (mobile health) - the use of mobile phones to support medicine and public health practice.

This article which is illustrative of a trend in qualitative research examines community and health worker perceptions on use of mobile phones to improve communication with patients. The study provides insights into the specific content and forms of mobile communication required and acceptable to support PMTCT (prevention of mother to child transmission of HIV), which can be applied for health interventions in a vast country like ours.

A qualitative study consisting of focus group discussions (FGDs) with HIV-positive pregnant women, their male partners, and community health workers (CHWs), and in-depth interviews (IDIs) with facility based nurses is reported in this study. Information on five core themes was collected: current mobile phone use and ownership, perceived benefits and challenges of using mobile phones, views on priority messaging for PMTCT promotion, optimal design of PMTCT communication platform, and mobile-promoted male involvement for PMTCT. Suggestions were solicited about how mobile phones might help in mitigating challenges faced in supporting PMTCT.

To explore the views on priority messaging for PMTCT, twelve gender-tailored SMS mock-ups related to core PMTCT behaviours were presented. Participants were asked to read them, describe what was tried to convey, and make recommendations.

To examine platform design features, participants were asked how often, when, or how long and in what language they would like to receive SMS for PMTCT. Views were elicited on how phones could be used to encourage male participation in PMTCT. Stakeholder meetings with PMTCT advisors and program staff were also conducted to gather views on SMS mock-ups and tool development process.

The study reported here found that currently mobile phones are being used for a range of health-related purposes, primarily in context of voice calls. In India in 2012, there were 930 million mobile phone users with a teledensity of 79.28% which can be favourably exploited for health communication.

Nearly 5% of HIV infections in India are attributable to parent-to-child-transmission and there are nearly 49,000 pregnancies occurring annually in HIV-positive mothers. Only 16% of these pregnant women were tested for HIV, and only 22% of the children born eventually to these pregnant HIV-positive women were receiving ARV prophylaxis. This is definitely indicating an area needing intervention and attention which can be appropriately addressed through mHealth initiatives (http://www.unicef.org/india/hiv_aids.html. Accessed on 3 Jun 2014).

mHealth can potentially transform the PPTCT scenario in a country like India where the awareness of comprehensive correct knowledge about HIV transmission and prevention was 34% and 24% among males and females respectively (Behavioural Surveillance Survey, 2006). With the second largest mobile phone subscriber base in the world (TRAI), we need to explore the use of Information and Communications Technology for furtherance of health objectives. Wider application of mHealth in India would require similar studies to be conducted for various types of communication based interventions to study the form and content and also its acceptability to our clientele.

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Available online 16 July 2014

0377-1237/\$ – see front matter

<http://dx.doi.org/10.1016/j.mjafi.2014.06.010>