Providing abortion care using mobile phones: the South African experience

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Mobile in South Africa

The South African mobile networks collectively reach over 90% of the country.

32.9M
UNIQUE SUBSCRIBERS

30.8%
Sub-Saharan Africa

64.6%
South Africa

Source: GSMA mhealth: mhealth feasibility South Africa 2014
The reach of mHealth (2)...

The case for mHealth remains compelling

Source: GSMA mHealth: Understanding the needs and wants of pregnant women and mothers. South Africa July 2014. Consumer report
South Africa: Shared access reduces the effect of rural/urban divide

Large difference in subscribers between urban and rural areas

Considerable shared access — may continue in rural communities for some time

Source: GSMA mhealth: In-depth landscaping of mHealth in South Africa. GSMA report June 2013
Phone usage and willingness to pay

Services/features used

Pre-pay for a number of messages

Opportunities......

- Strengthened services
- Support SMSs
- Improved access
- Self management
- Reduced stigma
- PAC
- Safe services
- iChoose WHEN

Self Assess
New ideas
m-ASSIST Project (2011-2012)

SMSs coaching through MA

2 weeks, from 1st appt

Self-assessment of abortion completion via mobile

2-5 questions
SMS request to do SA sent on Day 11

FP info:

• SMSs
• mobisite: m.ichoosewhen.org.za
• Available on Mxit (cheap+ data light)

Hi just a note that if you get a fever more than a day after you took the pills at home, and the fever lasts over 6 hours, please call or go to the clinic.
You may still be bleeding. That's OK. It's just a problem if you soak more than 6 maxi pads in 2 hours - then call or go to the clinic.
Hello! Just a reminder to take the pills you were given, 24 - 48 hours (1-2 days) after you took the pills at the clinic. Put a pill in each cheek and 2 under the tongue, and let them dissolve (break down) there. Take them without water! You can drink 30 min after.

Hi hope you're good. You may still be spotting (a bit of bleeding or brown bits). If you are bleeding like a normal period or more, make sure you tell them this at your clinic appointment.

Day 2 SMS

Day 13 SMS
SMS SUPPORT: OUTCOMES AT FOLLOW-UP CLINIC VISIT

Intervention N = 197; Control N = 184

% of women very well prepared for:

- **Bleeding**: OR: 2.9 (1.62 to 5.07)
- **Pain**: OR: 1.6 (1.02 to 2.59)
- **Side effects**: OR: 1.8 (1.07 to 2.89)
- **Process**: OR: 2.7 (1.20 to 6.04)
SMS SUPPORT: FEEDBACK

- 99% would recommend the SMS support to a friend undergoing MA
- 98% said the SMSs helped them through the MA process

“I always knew what is going to happen so that kept me going because if it was not for the SMSs I would have come back after 2 days. So they helped me a lot because I didn't even call the clinic. They were my hope.”

“Sometimes the SMSs comforted me. I felt the SMSs understood what I was going through. Felt like a friend"
Version: 3.0
Process Name: M-Assist: Self-Assessment (To be administered 10 days after misoprostol)

Start -> Please choose a language (English, Afrikaans or Xhosa)

Did you bleed? -> (Yes) Did you see any clots? -> (No) It probably went fine. Please go to your scheduled clinic appointment.

(No) -> (Yes) 4 – 6 weeks

How many weeks pregnant were you when you took the pills at the clinic? -> 7 – 9 weeks

Did you see any clots? -> Yes or Same

Was the bleeding heavier than a normal period? -> Yes or Same

Are you still bleeding like a normal period or more? -> Less

Was the bleeding heavier than a normal period? -> Yes or Same

Are you still bleeding like a normal period or more? -> (No) Sounds like things went well. Please go to your scheduled appointment.

Yes or Same -> Yes

Do you still feel pregnant? -> (No) Note: very probably successful

Yes

Note: might be incomplete

Sounds like you are still bleeding quite a bit. It is very important that you go to your scheduled appointment. Make sure you tell them about this.

End

Note: Very possibly ongoing

Please go to the clinic as soon as possible to check what’s happening.

Please go to the clinic as soon as possible to check what’s happening.
SELF-ASSESSMENT USAGE (COMPUTER LOG) AND SA RESULTS VS PROVIDER ASSESSMENT (AT FOLLOW-UP)

- 90% attempted SA
- 86% reached an endpoint
- SA correctly identified 66% as complete
- SA correctly identified 1 out of 3 as NOT complete
M-ASSIST STUDY CONCLUSIONS

- Aim: Can mobile phones improve medical abortion delivery by providing:
  
  - Support information and reminder SMSs during the abortion process **YES**
  
  - A self-administered questionnaire to assess completion of the procedure **ONLY PARTIALLY**
  
  - Information reinforcing family planning methods by SMS and on a mobisite **YES**
LIMITATIONS, BARRIERS AND CHALLENGES

- Limitations of basic phones
- Training needed for SA / registration
- Phone privacy
- System failure
- Scalability?
New study M-ASSIST+

- Support SMSs
- Enrollment at clinic visit 1
- Image: LSUPT result
- LSUPT + Paper checklist
- FU at clinic or over phone
- Validation of SA vs provider: need for care
- I choose when.co.za
- FP decision making?
Welcome!

We hope this info will help you take control...of *when* and if to have a baby.

You can fall pregnant from having sex *just once* with no contraception, if it happens during the woman's fertile time - and remember, sperm can live in a woman's body for up to 5 days. Take control and prevent an unwanted pregnancy!

Before you read on, note: only condoms prevent sexually transmitted infections (STIs) including HIV. So when using other contraceptive methods AND condoms you have the best protection.
Where to read about it?

Mobile phone messages to provide support to women during the home phase of medical abortion in South Africa: a randomised controlled trial

Deborah Constant, Katherine de Tolly, Jane Harries, Landon Myer

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Integrating Mobile Phones into Medical Abortion Provision: Intervention Development, Use, and Lessons Learned From a Randomized Controlled Trial

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Assessment of completion of early medical abortion using a text questionnaire on mobile phones compared to a self-administered paper questionnaire among women attending four clinics, Cape Town, South Africa

Deborah Constant, Katherine de Tolly, Jane Harries, Landon Myer

In press
THANK YOU

• FIAPAC

• Safe Abortion Action Fund

• Department of Reproductive Health and Research, World Health Organization

• Women’s Health Research Unit, UCT

• Karolinska Institutet - Prof K Gemzell Danielsson

• Cell Life, Cape Town