



Mobile for
Development

GSMA mHealth Gender Toolkit

Key principles and tips for reaching women





How to use this toolkit

This toolkit is a reference guide for mHealth VAS providers and partners, to help improve their services by making them more gender inclusive and to reach more female users.

The toolkit is divided into 8 sections:

- Sections 1 - 6 follow the product development process
- Sections 7 - 8 are additional resources

The toolkit is designed to be read both as one whole document, and as a standalone section: users can use particular sections only, if preferred.



1 Why women?

2 Market assessment

3 Product and service design

4 Pricing and bundling

5 Marketing and promotion

6 Monitoring and improving

7 Additional resources

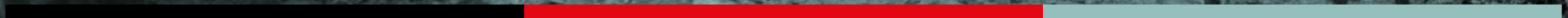
8 Gender checklist



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Section 1: Why women?

The business and the social
opportunity in serving women





Why women? The business opportunity

Women represent an untapped business opportunity in mHealth, with direct and indirect commercial benefits for the mobile industry.



REVENUE

Women represent the largest untapped market for the mobile industry: globally, **1.7 billion women** do not own phones. Targeting women could add **\$170 billion USD** to the mobile industry by 2020.



IMPROVED BRAND PERCEPTION

Women are often the **main communication channels of their communities, and trusted sources** of product recommendations. A brand that serves women is more likely to be seen in a positive way if female users are happy with it.



REDUCED CHURN

When women subscribe, it often means involving the whole family. Once an entire household signs up to a network, it is more difficult for them all to switch to a competitor. **Women who are happy with the service often become loyal to the brand.**



SPILLOVER

Women tend to use fewer mobile services than men. Developing a health VAS makes women more comfortable with using mobile generally, and can encourage uptake of other, profitable, services such as data.



The business case for VAS for women: some examples

REVENUE

Telenor India designed a specialised tariff plan aimed at women and their husbands.

The Bandhan Plan brought in **30% of all new customers in the footprint. 77% had switched from competitors, and Bandhan customers had a higher ARPU than other subscribers.**

IMPROVED BRAND PERCEPTION

Orange Mali launched a savings and maternal health insurance product for women, which helped create a more positive brand perception.

95% of female users said they would recommend Orange to their friends and families.

REDUCED CHURN

Telenor Pakistan's MyHealth maternal and child health VAS, aimed at a female segment, fostered high levels of customer loyalty.

The average monthly churn rate for the service was 8.2%, compared to 20% for all other VAS in Telenor's portfolio.

SPILLOVER

HNI and Airtel Madagascar's 321 gender VAS, aimed specifically at women, saw an increase in overall SMS usage for Airtel.

Female 321 users used SMS 140% more than the average Airtel subscriber.



Why women? The social opportunity

Focusing on women brings benefits not only for women and their children, but also wider communities and society.

IMPROVED NUTRITION AND HEALTHIER CHILDREN

Healthier mothers have healthier children. As the primary caregivers for the child, giving mothers information about nutrition and child care through mobile **can result in improved nutritional practices for mothers and children.**

REDUCTION OF MATERNAL AND CHILD MORTALITY

Giving life-saving information to women through mobile can **shape healthy behaviours that tackle the main causes of maternal, newborn and child deaths.** For example, information about safe delivery of babies and preventive postnatal care.

SOCIAL AND ECONOMIC EMPOWERMENT

Improved health outcomes for women can help to **strengthen their own agency and empowerment**, through increased knowledge, decision-making power, participation in society and markets, and income generation.

IMPROVED LIVELIHOODS FOR FAMILIES AND COMMUNITY

Empowered women's children are more likely to be healthy. **Women reinvest 90% of their income back into their families, and spend it on their children's education and healthcare.** One additional year of education increases a girl's income later in life by 10-20%.



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Section 2: Market assessment

Understanding your (female) users



Over 1.7 billion women worldwide don't own mobile phones.

Women are 14% less likely to own a mobile phone than men: this is 200 million fewer women than men.

What is the mobile gender gap?

The first step in designing your mHealth service is assessing your potential market. When considering women, first understand that women do not have the same access to mobile phones as men.

This gap is high in West Africa - Niger has a gender gap of 45%.

Women in South Asia are 38% less likely to own a mobile phone - 72% of women in South Asia do not own a mobile phone.

Women in Sub-Saharan Africa are 13% less likely to own a mobile phone - 27 million women do not own a mobile phone.

How do women use their mobiles differently to men?

If women do have access to mobile, they often use them in different ways to men.



There is a gender gap in mobile phone usage: low-income women tend to have more basic handsets than men, and often only use voice services.



Female users are much less likely than men to use SMS, or more advanced services such as mobile money or mobile data.



Women are much more likely to share or borrow mobile phones - they share with other female relatives, their husbands or communities.



Why do women have and use mobile phones much less than men?

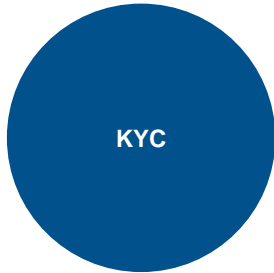
To assess your market, you also need to understand some of the reasons why this mobile gender gap might exist. There is no one universal reason for why women have and use mobiles much less - but there are several themes to be aware of.

Cost	<p>Women often have different price sensitivities, have much less disposable income than men and often have less control over their finances. This means they are more affected by mobile-related costs than men.</p>	Digital literacy	<p>Women, especially those in rural areas, often have lower technical literacy skills, because of lower levels of education. Therefore, they have lower confidence in using mobile and are more worried about making mistakes, and so have lower usage rates.</p>
Social norms	<p>Mobile access and use doesn't happen in a vacuum - if there are restrictions on women in society, these can be mirrored in their ability to access and use a mobile phone. Gatekeepers or decision-makers such as husbands can control how a woman uses her mobile, or if she owns one.</p>	Security and harassment	<p>In many communities, people worry that if women have mobiles, they will be harassed by men who obtain their mobile numbers or social media profiles. There is also a strong perception that mobile use leads to promiscuity in some societies, particularly for female users.</p>
Coverage	<p>Both rural men and women may face network or coverage issues, but women may have less freedom than men to travel to locations with better coverage, and so are more affected by it.</p>	Agent/operator trust	<p>In some communities there is a perception that mobile operators and their agents are not trustworthy. This is particularly true for women, who may need more help in using mobile services but who often don't trust the (predominantly) male agents.</p>



Who and where are your (female) audience? What are their needs and aspirations?

In order to build a user base that includes women, you need to be able to identify who your intended (female) users are and where they are. You also need to spend time with them to understand their needs, their aspirations and their interests, to help you design the service appropriately. There are several different ways to do this.



Some MNOs or VAS providers will know the gender of their users if they have this information at SIM registration. This data is not always reliable - often, a male family member will have registered a SIM card for his female relative under his name.



Existing sources such as health registries, national reports, mobile health clinics or partner NGOs may have databases. You can cross-reference these with subscriber data to identify existing users who may not be users of the service yet.



Analyzing large enough samples of data to identify patterns of behavior **can help you predict which users are likely to sign up for maternal health VAS services.** You can also get other information, such as gender or location.



Once you know who your potential users are, **spend time with them to understand them:** their world, their families, their knowledge sources, their wider community, their needs and their aspirations.



Understanding your female users with consumer insights: some tips

Women are not a segment. They have diverse lives, wants and needs. To really understand your market, and to design a service that is meaningful and appropriate for women, spend extended time with 10 - 12 potential users.

Ask in-depth questions and use personas to build a full picture.

- Ask women questions about their trusted sources of knowledge, their current nutrition practices, their experiences of pregnancy, their finances and control of finances, their decision-making power, their technology access and use
- Develop personas to understand and build empathy with your users

Talk to a variety of women, and include men.

- Speak to young and old, rural and urban, from different tribal groups or ethnicities. Get a diverse picture, for a service with inclusive features.
- Husbands, fathers and/or secondary caregivers are an audience too. A maternal health service often needs to engage fathers, and so we need to understand their lives as well.

Think cost-efficiently and creatively: it doesn't have to be expensive.

- Visit public locations and talk to people while they are there. Talk to female fruit sellers at markets, visit local clinics to talk to mothers waiting there.
- Be aware of any social norms: women may not be able to talk freely in a public place, or may not want to talk openly about sensitive topics while at a public health clinic.



There is a lot of data already out there: where is it?

Don't reinvent the wheel: there is a lot of information that already exists about women's use of mobile and other ICTs that could help you understand your market in more detail. Here are some data sets and toolkits already in circulation.

[GSMA Connected Women](#)

Country-level primary data on India, Indonesia, Mexico, Colombia, Niger, DRC, Kenya, Jordan, Egypt, Turkey, China

[BBC data portal](#)

Country-level primary data on Kenya, Nigeria, Sierra Leone, Bangladesh, Palestine, China, India, Indonesia, Myanmar, Nepal, Pakistan, Tanzania, Vietnam

[Financial Inclusion Insights](#)

Country-level primary data on Pakistan, Bangladesh, India, Benin, Ghana, Indonesia, Kenya, Nigeria, Pakistan, Rwanda, Senegal, Tanzania, Uganda

[Research ICT Africa](#)

Country-level primary data on Botswana, Cameroon, Ethiopia, Ghana, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda

[The Web Foundation](#)

Country-level primary data on Cameroon, Colombia, Egypt, Ghana, India, Indonesia, Kenya, Mozambique, Nigeria, Philippines, Uganda

[USAID](#)

USAID and mSTAR created a Gender and Survey Toolkit to help organisations collect data and insights on their female customers' mobile and ICT access and use. The toolkit has sample quantitative and qualitative tools, and guidance on how to analyse and use the data.



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Section 3: Product and service design

Tips for designing an mHealth service
with a gender lens

PARADISE
KINYOZI

Designing for a female user experience: key tips

Low-income women often have lower reading and writing skills, digital and technical literacy, and confidence than men, as well as more basic handsets and less experience using more complex services. Planning for a female user experience in service design can help bring in, retain and engage more female users:

Be device agnostic



Ensure that **any mobile content is device-agnostic and so it can run on any handset type**. Low-income women are more likely to only have access to mostly basic handsets.

Use audio



Using an audio platform can reach more women: literacy levels means they are less comfortable with SMS or written content. Use IVR to engage and retain female users. **Women also listen to radio on their phones**, often as a group within their household: developing an engaging mobile radio show is a good option to reach women in groups and with their families.

Signpost



Female users often need more support and guidance throughout the mobile service, to ensure they engage fully and to prevent dropoff. **Keep instructions clear, with main messages at the beginning of the instruction. Use signposts** (eg 'Next, we're going to....' 'After this, you will....').

Keep it simple



Female users often struggle with more complex features: complicated registration features or menu trees can discourage women and cause dropoff. **Keep user journeys and IVR menus simple. Minimise the number of registration steps and IVR options.**



Content creation: best practices for including women

Often, mobile health content is not designed specifically for women's needs as well as men's. Content ends up not being valued by female users, which in turn reduces their uptake and adoption.

Send appropriate and relevant messages	Do research into what content is appropriate to both female users and to their wider communities, and user test it. <ul style="list-style-type: none">• An mHealth service in Tanzania sent messages about expressing breast milk. This is considered taboo, and was not well-received by female users or their husbands.	Do research to understand what is relevant advice and what female users have the power to act on. <ul style="list-style-type: none">• For example, don't recommend that pregnant women eat meat if meat is very expensive and women have limited control over household finances. Instead, recommend lower-cost protein substitutes like beans or lentils, and send these messages to financial decision-makers too (usually men).
Think about language and literacy	Keep messages brief, simple and with clear takeaways. <ul style="list-style-type: none">• Take into account low-income women's lower levels of literacy, technical literacy and confidence when using mobile phones.	Use local languages that your female audience understands; use terms and expressions that women use locally to talk about health. <ul style="list-style-type: none">• HNI in Malawi and Zambia use 'healthy eating' instead of 'nutrition' in their mHealth service, as these words make more sense to users.
Don't reinvent the wheel	Use existing content banks that have been tried and tested on women. <ul style="list-style-type: none">• GSMA and partners have produced an open source nutrition knowledge bank for 8 countries that has been validated by Ministries of Health and can be repurposed: http://www.cabi.org/nutritionkb/	Partner with organisations that already deliver gender-sensitive content. <ul style="list-style-type: none">• MAMA is a global multi-sector public-private mobile maternal health partnership; it provides gender-sensitive content to in-country partners through their open-source maternal health content bank.

Creating audio content: key tips for including women

As low-income women tend to have lower levels of reading, writing and technical literacy than men, audio content rather than written content is a good way to reach them. There are a few things to keep in mind.

Voices and narrators	<p>Have female voices, or a mix; women often prefer female voices for health-related topics, rather than male. User test which ones they prefer, and test different ages.</p> <ul style="list-style-type: none"> MoTech's mHealth services in Ghana and Nigeria found a clear preference amongst female users for older female voices. 	<p>Use an older sister or female doctor narrator: women tend to trust content more if they are delivered by respected female figures.</p> <ul style="list-style-type: none"> Kilkari in India used a female doctor figure for maternal health advice. Tigo Tanzania and EduMe used a female teacher voice for their mobile business skills training service for women.
Storylines and characters	<p>Use entertainment and stories to increase appeal; audio dramas with recognisable health situations, music and/or local celebrities can work well in some countries. User test concepts to make sure it is appropriate for the context.</p> <ul style="list-style-type: none"> Girl Effect developed an audio drama using storylines, voice actors and music to teach adolescent girls about menstruation over their mobiles. 	<p>Use a mix of positive male and female characters and role models.</p> <ul style="list-style-type: none"> Show both mothers and fathers taking on active roles in child health.
Group listening	<p>Women often share phones, so design audio content to be played aloud in groups.</p> <ul style="list-style-type: none"> For example, audio for husbands and wives to listen to together at home; audio for NGO women's or adolescent girl groups to be played aloud in meetings; audio for sisters or cousins to listen to together. 	<p>Build in group interactions to encourage retention and to increase appeal.</p> <ul style="list-style-type: none"> Have a quiz at the end of the message that listeners can do together. Encourage husbands and wives to leave audio comments together at the end of a segment.



Appealing to men through male-oriented content and features

Men are often the decision-makers: they may be the ones who pay for the service, or give permission for their wives to spend money on the service. They may also decide whether or not a woman owns a mobile of her own. To enable women's access, you need to appeal to men as well, to gain their buy-in so that they see the service as valuable and important. It's also important also to appeal to men to include them more in their child's upbringing. Empowering husbands and fathers and changing their attitudes towards childcare is one of the main drivers of improved healthy behaviours.

Content for men

Create a complementary content channel for husbands or fathers, with specific information on how to be a good father. This can be a separate IVR line, or separate messages, or a separate app.

- In Myanmar, Ooredoo's mobile maternal health app for women, MayMay, was very popular among men who wanted to know more about childcare. Ooredoo created Pay Pay, a second app targeted specifically at men with content around how to be a good father.
- In Bangladesh, the mHealth service Aponjon sent out messages to three separate groups, with tailored content for each: pregnant women and young mothers; fathers; other family members such as mothers-in-law.

Encourage sharing

Design group listening activities and interactions for husbands and wives to listen to content together.

Add reminders into the messages, or at the end, for male users to share the content, messages or information with their wives.

- In Malawi, male users of Airtel's 321 nutrition service got very involved in the messaging, and wanted to discuss the message with their wives afterwards. Only 29% of users of the service were female, as few women in Malawi own mobiles. Reminding male users to share messages with their wives could be a good way to reach these women.



Key tips for user testing an mHealth product with women

Female users often have a different user experience to men. User testing your mHealth service with both women and men helps design and adapt for the female user journey, and helps avoid doing (expensive) iterations.

Mobile



Bring a mobile phone to the user test; women may not own their own mobile. Make sure it is a model they are familiar with. Bring additional top-up - If they are using their own phone, they may be anxious using their own credit.

Location



Go to the women, don't expect them to come to you. Women, especially younger ones, often have restrictions on their travel. Choose a neutral location near to their homes that is safe and secure, and comfortable for the women to speak freely.

Format



Conduct tests individually. Female users are often less confident and may be embarrassed to admit in a group if they find things difficult.

Facilitator



Use female facilitators to conduct the user testing, and think carefully about age and appropriacy. A much younger facilitator may not be appropriate for an older female user.

Partner



It can be harder to gain access to female respondents compared to men, because of social norms. **Partnerships with NGOs** can get access to women in their own environment.

Facilities



Provide childcare at the venue for mothers, so that they are not distracted during the test. Make sure there are **separate female toilets** available.



Product and service design for women: how did Kilkari do it?

Kilkari is a nationwide mHealth programme for new and expectant mothers, their families, and female community health workers in India, developed by BBC Media Action and the Government of India. They considered women in the product and service design by:

Content

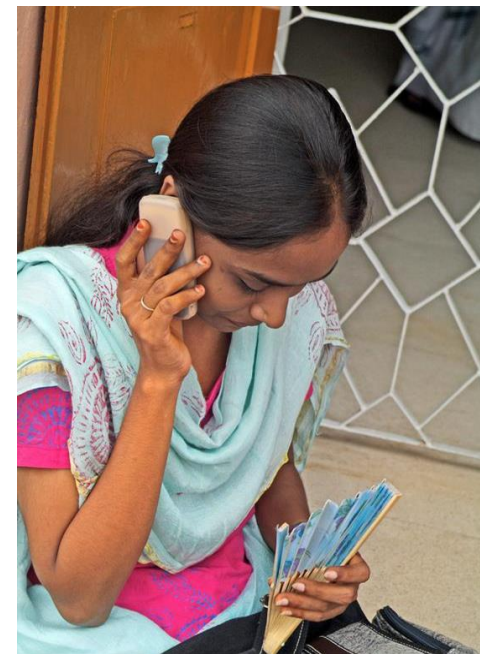
- 'Dr Anita', a female doctor voice, gave advice and information on maternal health. This gave the service credibility to female users through an authoritative, sympathetic female figure.
- Content was in multiple local languages, including tribal languages.
- Health concepts were appropriate so that local women would understand. For example, most women had never heard of an 'ambulance' and were unfamiliar with 'iron'.
- BBC Media Action partnered with the Ministry of Health and Family Welfare to develop appropriate and gender-sensitive messages.

Appealing to men

- Content and messages were developed for fathers as well as mothers, to not only make men feel responsible and involved in their family's health, but also to reduce women's barriers to access.

Platforms and user testing

- The platform used outbound IVR calls to reach more illiterate and semi-literate women.
- There were multiple rounds of user testing with both women and men.





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Section 4: Pricing and bundling

Key tips to ensure your prices are
appropriate for women



Pricing and bundling an mHealth service for female customers

Cost is the biggest barrier to VAS adoption for female users: they tend to have lower incomes than men, less control over finances, and are much more price sensitive. Creative pricing and bundling strategies can help overcome this cost barrier.

Transparent pricing	Female users often worry about their phone credit and how it will be spent. Be transparent with pricing: ensure it is clear how and when users will be charged, how much, how frequently and how to unsubscribe.	Freemiums	Offer free trial periods or a freemium version. This allows female users to test the service and decide whether it is worth a subscription. If a subscription is too expensive, they can still access some free content.
Tailored pricing	Use your customer data to understand female users' call patterns. Tailor your pricing features accordingly: offer step charging if users use the line for more than 3 minutes; offer discounts for off-peak hours, or discounted rates for female users.	Pricing for men	Offer specialised tariff plans for husbands and wives, or paired SIMs, or special discount rates for fathers. This can drive uptake for women, as men are often the gatekeepers to women's mobile access and use.
Bonuses	Offer an airtime bonus for users when they sign up to the mHealth VAS. This can drive uptake and adoption for female users, who might be concerned about their phone credit.	Bundles	Offer service bundles such as mobile money. Bundling an mHealth service with a mobile money savings wallet, for example, can increase perceptions of the value of the service to female users, if they see it as a way of saving for family healthcare.



Specialised tariff plans for men and women: what did Telenor India do?

In India, women's access to and use of mobile phones is much lower than men's: 72% of women are unconnected. Men are also the financial decision makers, particularly around use of mobile phones and services. To increase female uptake, Telenor launched the Bandhan Plan, where it sold a pack of two paired SIMs.

How it worked

- One of the paired SIMs was used by a woman, the other was marketed to be used by a male household member.
- Telenor offered a special tariff plan to the paired SIM owners: free calling between the two SIMs, and paired top-up, where if the 'male' SIM was refilled then the 'female' SIM automatically received an equivalent amount of free airtime, and vice versa.

Findings

- After 5 months, 97% of Bandhan sales were first-time Telenor subscribers.
- 33% of female customers were first-time mobile users, ever.
- Paired SIMs generated more ARPU than other Telenor subscribers.
- Male users were keen for their wives to use their mobile phones (and services more) in order for them to get their refills.





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Section 5: Marketing and promotion

Making sure your service reaches
women



Marketing and promoting your mHealth service to women

Traditional BTL marketing channels for mHealth services such as OBD, blast SMS and call centre campaigns can be problematic for reaching women: often women can't read the blast SMS sent out or answer calls, because of lack of access, low technical literacy, or concerns around security and harassment. Traditional point of sales places such as shops often don't work as they are not seen as a place to talk about maternal health.

To reach these women, marketing and promotion will need to be more creative, using some in-person approaches, and including community networks and marketing to men. Key strategies for reaching women include:



Using community networks and NGO women's groups



Marketing to men and secondary caregivers



Using female-friendly places and figureheads



Utilising a (female) sales agent network

Use community networks and NGO women's groups

Women often have trusted sources of information such as community health workers and NGO women's groups. Partnering with NGOs with a similar agenda means that you can tap into low-cost (or free) marketing and distribution channels through these NGO groups.

Train female community health workers

Trusted by both mothers and fathers, they already have access to the women in their own homes, which pregnant women and new mothers may not leave very often.

- In India, BBC Media Action offered an airtime incentive to female community health workers to promote the Kilkari mobile service to women and families during their home visits.
- In Uganda, Living Goods set up female health workers as microentrepreneurs, signing pregnant women and mothers they visited up to an mHealth information service, and earning a commission on any additional health products they sold.

Use NGO women's groups

Tapping into already-existing NGO groups can help reach more women. Group members can offer each other support and guidance in learning about, signing up, using and continuing to a mobile service.

- In Uganda, Airtel promoted their mobile money savings product through the NGO CARE's well-established female community savings groups.
- In Bangladesh, the NGO BRAC and Robi trained a few members of their ADP adolescent girls' group to be 'older sister' mentors to group members, offering guidance in how to sign up to and use a commercial mobile education service.



Marketing to men and secondary caregivers

Men and other family members are often the decision-makers on whether or not women use the service, and are also crucial in changing overall perceptions and behaviours around child health and nutrition. It is essential that they form part of the mHealth marketing strategy.



Have male figures in adverts and marketing materials as well as women

Promoting the service to families rather than just women, and portraying men as playing an active role in their child's health, can have a big impact on male, and therefore female, uptake of the service.

Gain male buy-in by using community health workers

As trusted sources of information, they can target families and encourage men to sign themselves and their wives up.

- In Bangladesh, the mHealth service Aponjon used community health workers. The health workers promoted Aponjon to fathers, who then told their wives to sign up.

Use female-friendly places, approaches and figureheads

Run rural activations and ATL activities in markets and community places

This can help reach women who may not have mobiles to receive OBD; it can overcome literacy issues with SMS blasts; it can reach wider families, men and secondary caregivers too.

- In India, BBC Media Action used street theatre, branded vans and community roadshows in local villages in Bihar to promote Kilhari to women and their families.

Use female brand ambassadors

This can be a highly respected community member, 'aunty' figure or a prominent local celebrity who can draw attention to the mHealth service.

- In Togo, Etisalat used female brand ambassadors who are prominent women in their communities, to recruit other women to be sales agents.

Promote the service in antenatal and prenatal health clinics

Women see them as a more natural place to talk about maternal health, and they are frequented by pregnant women and mothers.

- In Tanzania, the Ministry of Health is promoting their mHealth service, Wazazi, on TVs in health clinics while women are waiting for appointments.



Building and managing an effective (female) agent network

Mobile operator agents are invaluable for both field-level promotion and ongoing customer education and support. However, agents can also be a barrier to women's uptake and use of a VAS: their shops may not be seen as safe places for women to visit, or they may not be trained on female users' specific needs. Establishing a female-friendly agent network can be more effective and sustainable than other marketing channels in the long-term.

RECRUITMENT

- Leverage existing trusted networks already active in the community to recruit new female agents, such as health workers or community group leaders.

TRAINING

- Train all (male and female) agents on how to use the service and how to teach basic digital literacy skills to female users in particular.
- Provide agents with materials/ handouts that they can use to teach women about the service and how to use it.

INCENTIVES

- Incentivize agents to recruit and train female users, and to follow up with them to build trust.
- Encourage agents to embed themselves in community communication channels, such as attending women's group meetings, if appropriate.





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Section 6: Monitoring and improving your service

Ensuring you are measuring women's
use and experience





Monitoring and evaluation (M&E): key gender considerations

M&E can help you understand how your mHealth service is performing: the successes as well as the areas that need to change. It can also provide data for decision making and understanding whether or not the service is meeting its aims. It's really important to understand this for women as well. Often this is overlooked, as data tends to be aggregated for all users.

Collect gender disaggregated commercial data

- Try to collect **gender-disaggregated commercial data from MNO systems**.
- This should include female and male ARPU; female and male subscribers; female and male churn.
- **WARNING:** not all MNOs collect gender data and SIM registration by gender can be unreliable.

Understand female user profiles and experience

- **Collect gender-disaggregated data** in your business intelligence tools, for valuable insights for adapting your mHealth service.
- Collect this through **customer profiles and/or gender tagging**.
- When a user signs up for the service, **it's an opportunity to gather profile data at registration** including on gender, age and location.
- **Be aware of the user journey for registration**, and the technical literacy required for female users.



Business intelligence tools and tracking female users

BI Tool	What is it for?	What gender considerations are there?
User View	<ul style="list-style-type: none">Analyze how the (male and female) users engage with the service overallCan also help to understand how different events or agents generate user numbers and quality	<ul style="list-style-type: none">Store data on female users' first and last activity date and how often they access the service throughout service history, compared to menStore aggregated information about female subscribers' service use for entire service history, compared to men
Content View	<ul style="list-style-type: none">Analyze how (male and female) users engage with specific pieces or types of contentFor example, if many female users drop off at the same piece of content, there is probably an issue with that content	<ul style="list-style-type: none">Use gender tagging or customer profile data to capture insights about differences between content experience for men and womenSuggested metrics: content name or ID, percentage completed (for audio messages), amount of time spent on message
Service View	<ul style="list-style-type: none">Analyze a (male and female) user's journey through the service to understand where there may be pain points (e.g. where most users drop off)	<ul style="list-style-type: none">Use gender tagging or customer profile data across a menu structure, to give a good picture of men and women's journeys



How to tag your users by gender: what did HNI Madagascar do?

HNI's 321 service is an IVR information service across East Africa. Working with Airtel Madagascar, they introduced a low-cost and simple way to track male and female users, and understand any differences in user experience and journey.

How it worked

- When users dialled the short code, a voice prompt asked them to press 1 if they were female, or 2 if they were male.
- HNI were then able to identify and track female users on the service.

Findings

- Female users had a very different user journey, with different content preferences and dropoff points compared to men.
- Female users also showed an increase in SMS usage (spillover).
- A few users hung up after the gender question, or selected alternative genders on separate calls.
- HNI found that users thought there might have been different content channels for men and women, and so were curious to try the different ones. New instructions have been added to clarify.
- There was also an element of female phone sharing in households.





Conducting quantitative and qualitative research with women: key tips

Good M&E also includes in-person or phone customer feedback and outcome quantitative surveys, and qualitative focus group discussions or in-depth interviews with users. There are specific considerations for research with female users.

Survey questions



Surveys should have questions about **women's mobile access and use (eg sharing, ownership etc) and knowledge sharing** to understand how women access and use trusted information, to inform service design.

Security



For phone surveys, **women may not answer the phone to an unknown caller**. Sometimes in-person is better, or recruiting women through other means (community networks etc).

Phone sharing



For phone surveys, women may share phones, so **always ask at the beginning if you can speak to the mHealth service user**. It may be the wife of the phone owner, for example.

Timings



For phone surveys, **be careful of the timings of the phone calls**. Women may not have access to the phone at certain times of the day, and have less free time than men to speak on the phone due to housework and childcare duties.

Interview Questions



Qualitative research is very important to get a deeper understanding of feedback and experience, and shouldn't be overlooked. In your interviews with women, **ask about gender and power dynamics in the household / family..**

Literacy



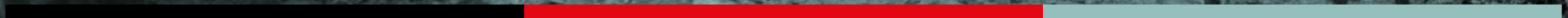
All research tools for women **should require as little literacy as possible. Use pictures, for example**. Women often have lower levels of literacy and education than men.



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Section 7: Additional resources

Useful reports and data sets





In addition to the other data sets and reports referenced throughout this toolkit, you may find some of these useful.

GSMA Connected Women (2015). [Bridging the gender gap: mobile access and usage in low and middle income countries.](#)

GSMA Connected Women (2014). [MAMA Bangladesh: including men in mobile services for women.](#)

GSMA mHealth (2016). [Kilkari: a maternal and child health service in India. Lessons learned and best practices for deployment at scale](#)

GSMA mHealth (2016) [The journey of Telenor MyHealth in Pakistan.](#)

GSMA mHealth and frog design (2017). [mHealth design toolkit. 10 principles to launch, develop and scale mobile health services.](#)

USAID (2015). [Mobile money for health. Case study compendium.](#)



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Section 8: Gender checklist

Assess the gender friendliness of your
mHealth service

PARADISE
KINYOZI



Market assessment	<ul style="list-style-type: none"><input type="checkbox"/> Do you know women's access to and use of ICTs in your context?<input type="checkbox"/> Do you understand your female audience's situation, needs and aspirations?
Product and service design	<ul style="list-style-type: none"><input type="checkbox"/> Can the service run on any mobile phone?<input type="checkbox"/> Have you considered using IVR or other audio channels?<input type="checkbox"/> Is the user journey simple?<input type="checkbox"/> Are instructions clear, with signposts?<input type="checkbox"/> Do you use a female 'voice' or female figure, and is it appropriate?<input type="checkbox"/> Have you considered using entertainment and/or audio dramas?<input type="checkbox"/> Have you considered group listening dynamics?<input type="checkbox"/> Are the messages simple, relevant and appropriate?<input type="checkbox"/> Are the messages easy to understand?<input type="checkbox"/> Is the service available in local languages?<input type="checkbox"/> Is there content and sharing instructions for men and secondary caregivers?<input type="checkbox"/> Have you done user testing with women as well as men?
Pricing and bundling	<ul style="list-style-type: none"><input type="checkbox"/> Is the pricing transparent and understandable?<input type="checkbox"/> Is there a free trial period or a freemium version?<input type="checkbox"/> Are there bonuses, bundles or tailored pricing?<input type="checkbox"/> Is there pricing for men?
Marketing and promotion	<ul style="list-style-type: none"><input type="checkbox"/> Are you using community distribution channels women's groups, health workers?<input type="checkbox"/> Are you marketing to men?<input type="checkbox"/> Are there female brand ambassadors?<input type="checkbox"/> Is there marketing in female-friendly spaces like health clinics?<input type="checkbox"/> Are there any incentives for agents to market to women?<input type="checkbox"/> Are you using female agents?
Monitoring and improving	<ul style="list-style-type: none"><input type="checkbox"/> Are you tracking gender of service users?<input type="checkbox"/> Are you collecting gender-disaggregated commercial data and KPIs?<input type="checkbox"/> Have you taken special steps to include women in any fieldwork?