Snapshot: MAMA in Bangladesh
Including men in mobile services for women
In cultures where women's empowerment is a complex, challenging subject on both social and cultural levels, men can be the champions or detractors to any approach. MAMA tackles this issue by integrating men and other household members within their offerings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Aponjon</th>
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<tbody>
<tr>
<td>Country</td>
<td>Bangladesh</td>
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<tr>
<td>Date launched</td>
<td>Pilot: Sep 2011 – Live: Dec 2012</td>
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<td>Lead organisation</td>
<td>Dnet, a social enterprise promoting access to information through suitable media for citizens, particularly women and children.</td>
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<td>Primary sector</td>
<td>Maternal Health</td>
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More than 800 women die of childbirth or pregnancy-related complications every day, and 3.1 million newborn deaths occur every year.¹ There are 2.5 billion unique mobile subscribers in low- and middle-income countries (1.1 billion are women).²

To address this reality, the Mobile Alliance for Maternal Action (MAMA) was created as a global public-private partnership to deliver health education messages to new and expectant mothers in developing countries via their mobile phones. The objective of the Aponjon program (the local brand of MAMA in Bangladesh) is to reach three million pregnant women, new mothers and their families within three years, achieving sustained improvements in knowledge, healthy behaviors and health outcomes.

When subscribed to the service (via self-registration, a call centre or a community agent), pregnant women and/or mothers receive two messages every week, while other registered household members receive one. These

¹ MAMA: http://mobilemamaalliance.org/who-we-are

messages are timed to the mother’s gestational age or the baby’s birthdate and provide advice specific to the pregnancy cycle or baby’s age. Messages are also tailored to the recipient and the three main groups (women, husbands and other family members, e.g. mothers or mothers-in-law) all receive different messages tailored to their role (during the pilot, 80% of registered household members were husbands). Dnet designed this unique service through needs assessment research and formative research, including designing of the messages reviewed by BabyCenter.

Why target other household decision-makers?

Before the roll out of the program at national level, Dnet carried out a pilot and conducted substantial formative research to understand, among other things: mobile phone access and ownership among women, willingness to pay for the service, the role of other household decision-makers in enrolment and special content requirements to address men. The results of the pilot show the importance of including household decision-makers in the process:

- During the pilot, around 59% of women had their own mobile phone handsets; others had to rely on handsets belonging to other household members, making them the gatekeepers to adoption
- They are the economic enabler to adoption (97% of the phone bills are paid by the husband)
- Inclusion of other household decision-makers allows for better household practices in terms of nutrition, antenatal care visits, preparation for delivery and other types of care important for pregnant women
- When they see the value in the product, husbands are more inclined to grant their wives access to their phones (resulting in women’s increased technical literacy and comfort with the phone), though there is no data yet on increased female phone ownership
- Husbands showed a higher willingness to pay for the service than the women (See Figure 1), which is relevant considering they are the ones paying the bill in most cases

Figure 1: Willingness to pay for “Aponjon” service among target women and gatekeepers

(BDT=Bangladeshi Taka, ~0.013US$)
How to target other household decision-makers?

- **Product design**: Household decision-makers were considered in all steps in the process, from formative research (they were interviewed directly), to product development (messages tailored to them), to marketing (men appear in the advertisements).

- **Promotion**: The Aponjon project has been widely promoted on national media, with advertisements targeted to the whole family and not only the pregnant women and new mothers. One 15-day media campaign consisted of two TV commercials and a number of billboards. It reached ~8 million people, generated >20,000 calls to the call centre (44x the normal volume) and resulted in ~11,000 new subscriptions. During this campaign, the greatest increase in sign-ups happened in the household decision-maker category.

[Photo: Mobile Alliance for Maternal Action]

- **Trust**: Building trust in the service and advice provided is essential to get men’s buy-in; this was achieved through community agents who have experience on the ground. In many cases the husband encouraged the woman to sign up to the service after talking to a trusted community health worker.

**Adapting approach to the local context**

Understanding the context is essential to provide adequate targeting. Similar studies in the MAMA South Africa deployment have shown a different dynamic, with high mobile ownership among women and a more fragmented family unit (around 65% of MAMA’s target users are single mothers). Men are not seen as gatekeepers, thus the approach is geared towards recognising men in their role as responsible fathers. This is done through specific content for men on the mobile website (www.askmama.mobi), including a Good Dad guide, and blog posts by male bloggers on fatherhood.
Progress

Of the over ~448,000 current subscribers of Aponjon, ~380,500 are mothers and pregnant women, while ~67,500 are other household members. Aponjon is growing rapidly: in the month of March 2014 alone the subscriber base grew by 60,000 users.

Lessons learned

When developing a mobile offering for women, it is crucial to understand the social setting and the cultural norms that influence the target market of resource-poor women. This is true specifically in countries like Bangladesh, where other household decision-makers like husbands serve as gatekeepers to adoption of mobile services for women. In this case, targeting men in the development of women’s offerings makes sense both from a commercial and social perspective.

The Aponjon service is the perfect example of a holistic, yet focused approach to reaching women with life-enhancing health services by targeting these gatekeepers.

The pilot showcased numerous benefits stemming from this approach: first, husbands showed a higher willingness to pay for the service than their wives once they saw the value of the product – this translates into higher revenues for the operator and the service provider, and in better access to life-enhancing health services for new and expectant mothers.

Second, creating awareness amongst other household decision-makers about the specific needs of women during pregnancy resulted in improved nutrition and more frequent antenatal visits and better preparation for delivery, thereby having a direct positive impact on the women.

Finally, when these gatekeepers see the value in the product, they are more likely to grant women access to their mobile phones, resulting in women’s increased technical literacy and comfort with the phone.

Specific partnerships were crucial for DNet to ensure that other household decision-makers were considered in all steps of the product development process of Aponjon, that the service was marketed effectively, and that trust was built in the service, thereby increasing uptake.

Reported by MAMA
Note on partners

- **Dnet**: Social enterprise using ICT as a primary means for alleviating poverty, empowerment through access to information, civic participation, capacity development and employment generation (http://dnet.org.bd/)

- **BRAC**: BRAC Health has reached the under-privileged and deprived community through its frontline community health workers (CHWs); adopting a door to door service delivery approach. (http://www.brac.net/content/brac-bangladesh)

- **Info Lady**: A flagship program of Dnet, promoting ICT-based entrepreneurship for rural women (http://www.infolady.com.bd/)


- **SSFP**: The Bangladesh Smiling Sun Franchise Program (http://www.chemonics.com/OurWork/OurProjects/Pages/Smiling-Sun-Franchise-Program.aspx)
About the GSMA
The GSMA represents the interests of mobile operators worldwide. Spanning more than 220 countries, the GSMA unites nearly 800 of the world’s mobile operators with 250 companies in the broader mobile ecosystem, including handset and device makers, software companies, equipment providers and Internet companies, as well as organisations in industry sectors such as financial services, healthcare, media, transport and utilities. The GSMA also produces industry-leading events such as Mobile World Congress and Mobile Asia Expo.

For more information, please visit the GSMA corporate website at www.gsma.com.
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About Mobile for Development - Serving the underserved through mobile
Mobile for Development brings together our mobile operator members, the wider mobile industry and the development community to drive commercial mobile services for underserved people in emerging markets. We identify opportunities for social and economic impact and stimulate the development of scalable, life-enhancing mobile services.

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About the GSMA mWomen Programme
The GSMA mWomen Programme aims to increase women’s access to and use of mobile phones and life-enhancing mobile services in low- and middle-income countries. The programme objectives are to encourage the mobile industry to serve resource-poor women, increase the availability of relevant mobile services, and promote innovation to overcome adoption barriers. GSMA mWomen offers hands-on advisory and financial support to design and launch mobile services for women. The programme also generates and shares insights on the commercial and social value of serving women with mobile, as well as tools and evidence on what works.

Visit www.gsma.com/mwomen to learn more about how to participate.
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The GSMA mWomen Global Development Alliance is a programme in partnership with: