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Family planning through mobile phones in India: Institute for Reproductive Health's CycleTel™

In India, nearly 36 million women aged 20–34 years want to delay or avoid a pregnancy, yet on average only 19% of them use birth spacing methods (1). For decades, India's family planning programmes have promoted permanent methods (female or male sterilization), neglecting to stress the importance of delaying first births and achieving healthy spacing of pregnancies (2). This negatively affects the health and well-being of women (especially young women), their children, and their families and communities.

Despite the proven benefits of family planning, women around the world are still lacking options. Many factors hamper access to family planning, including a weak public health infrastructure, limited availability and capacity of health workers, misconceptions and fears about methods, and inefficient supply chain systems.

CycleTel™ is an mHealth service that has been conceptualized and developed and is being scaled up by the Institute for Reproductive Health (IRH) at Georgetown University, in collaboration with a number of partners in India. CycleTel addresses the high unmet need for family planning in India by overcoming accessibility and availability barriers, and by providing an effective, acceptable method of family planning directly to women via their phones. CycleTel is the only service in the world that offers a family planning method through text messages (SMS).

How CycleTel works

CycleTel is based on the scientifically-tested, knowledge-based Standard Days Method® (SDM) of family planning, a fertility awareness method proven to address unmet need. SDM identifies the fixed set of days in each menstrual cycle when a woman can get pregnant, known as her fertile window. To use SDM, a woman tracks her cycle, and uses a barrier method or abstains from sex on her fertile days to avoid pregnancy.

CycleTel automates this process, alerting women of their unsafe (fertile) days each month via SMS. To enrol, women simply answer three screening questions to find out if they are eligible to use the method. They then enter the start date of their period each month to continue receiving personalized alerts based on their own cycle. CycleTel is currently available in English and Hinglish.

The target population for CycleTel includes women aged 18–34 in urban and peri-urban areas of India, where there is a high unmet need for birth spacing as well as high mobile phone usage. But anyone with a need for family planning who is eligible to use SDM can use CycleTel. IRH estimates that as many as 16 million Indian women are eligible to use CycleTel as their family planning method.

Supporting national public health programming

Family planning continues to be a policy priority for India. The Government is seeking new and innovative ways to reach women with family planning options. CycleTel is a direct-to-consumer service that exists outside the health sector. Thus it can reach women who are not being served by existing health services and offer them expanded access and choice. CycleTel also engages men in family planning use, thereby supporting gender equity.





CycleTel helps women use the Standard Days Method® (SDM) for family planning



To enrol, women answer three questions to find out if they can use SDM



Eligible women enter the start date of their period



CycleTel alerts women of their unsafe (fertile) days each month



Couples use a barrier method or abstain from sex on fertile days to avoid pregnancy



CycleTel also provides couples with actionable information about fertility awareness, family planning and reproductive health

Partnerships for support and sustainability

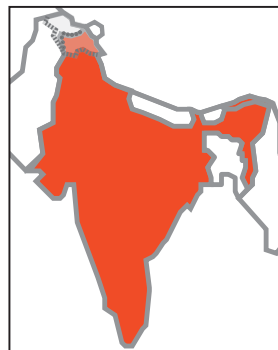
IRH will implement a partnership with Nokia Life, an SMS service that provides health, education and agriculture information to over 50 million Indians. The Nokia Life application is pre-installed on all Nokia devices, making it an automatic and integral element to all Nokia phone functionality.

This partnership provides an unprecedented pathway to future scale-up: it provides CycleTel with a customer base far beyond what IRH could amass by working with traditional family planning partners. This partnership also enables IRH to feature new informational messages on family planning, fertility awareness, and other critical reproductive health issues, targeted by age, gender and marital status. These messages will enable IRH to reach hundreds of thousands of users with new content, as well as to explore the effect these messages have on knowledge, attitudes and, ultimately, CycleTel uptake. The three-month-long fertility awareness messaging service will be available in 12 languages and will operate across all major mobile network operators in India; users will then have the ability to opt in for the CycleTel service.

Nokia Life supports the project with in-kind contributions, allowing CycleTel to leverage Nokia Life's existing user database, infrastructure and technology expertise.

IWG catalytic grant for mHealth programme scale-up

The Institute for Reproductive Health was awarded a grant to scale up the CycleTel service in India by the United Nations Innovation Working Group's (IWG's) catalytic grant competition for maternal, newborn and child mobile health (mHealth), managed by the United Nations Foundation. IRH was successful in the grant competition because it employs an effective delivery strategy for an evidence-based maternal health intervention, combined with creative



India



Number of CycleTel SDM users



Number of people accessing fertility awareness messages via CycleTel

By the end of 2016



50 000



350 000

financing strategies to promote sustainability – elements that are critical for mHealth tools to contribute to Millennium Development Goals 4 and 5.¹ Through IWG, IRH is receiving assistance from the World Health Organization's Department of Reproductive Health and Research to optimize scale-up of the CycleTel service while contributing to the mHealth evidence base and best practices on implementation and scale-up. Please visit <http://www.who.int/reproductivehealth/topics/mhealth/en/> or <http://www.unfoundation.org/features/mhealth/iwg.html> for more information.

Partners: HCL Services Ltd – (Nokia Life)

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¹ MDG 4 is to reduce child mortality; MDG 5 is to improve maternal health (www.unmillenniumproject.org/goals/gti.htm)

References:

1. International Institute for Population Sciences (IIPS). District level household and facility survey (DLHS-3) 2007–08: India. Mumbai: IIPS; 2010 (http://www.rchiips.org/pdf/INDIA_REPORT_DLHS-3.pdf, accessed 16 September 2014).
2. Visaria L, Jejeebhoy S, Merrick T. From family planning to reproductive health: challenges facing India. *Int Fam Plann Perspect*. 1999;25(Suppl):S44–S49 (<http://www.guttmacher.org/pubs/journals/25s4499.html>, accessed 7 August 2014).

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