

Evaluating the Impact of Digital Self-care on Contraceptive Uptake in Madhya Pradesh, India

The overarching goal of this research is to inform how digital platforms can expand access to family planning self-care by producing evidence on how well the askNivi chatbot, which refers users to relevant products and services, can support uptake of family planning.

In the next decade, over one-third of India's population will be between ages 18 and 29. This age group experiences the highest rates of unmet need for family planning and child birth spacing.¹ Educating this group about available contraceptive options and guiding them to sites where they can obtain additional counseling and family planning methods are essential components to voluntary use of family planning. But in India, only 18% of health workers reported ever talking to female non-users about family planning.² In Madhya Pradesh, this number is slightly higher, at 20%.³

The WHO defines self-care as “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker.”⁴ WHO has developed guidelines for self-care interventions, ranging from self-testing for HIV to self-administration of injectable contraception. With increasing phone ownership across the subcontinent and a developed digital landscape, digital tools for FP can support India's citizens to plan their reproductive lives, showing great potential to support self-care through the provision of information, tailored tools for method selection, individualized recommendations, links to services and contraceptive products, and follow-up support.

RESEARCH FOR SCALABLE SOLUTIONS

This research is supported by the USAID-funded Research for Scalable Solutions Project (R4S). R4S conducts implementation science research to improve the efficiency, cost-effectiveness, and equity of family planning programs in Africa and Asia.

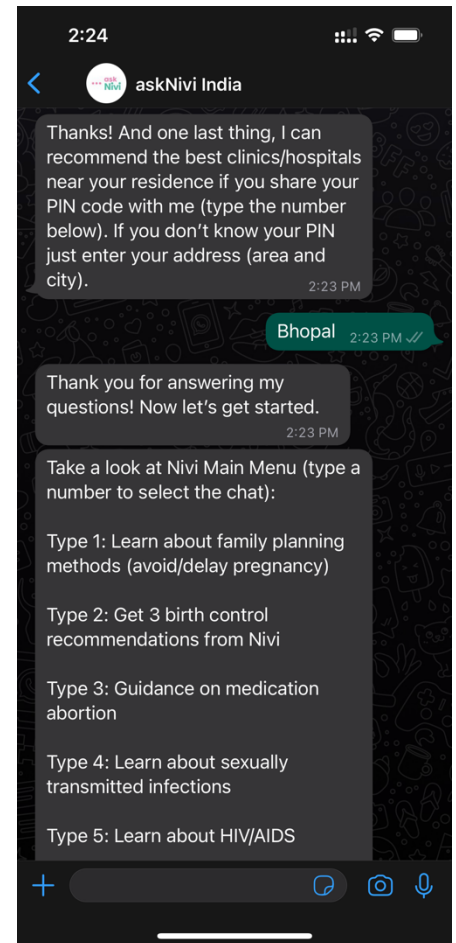
STUDY PARTNERS

- **FHI 360** provides strategic vision, technical leadership, and financial management and oversight of the overall implementation of the study.
- **Nivi** provides technical leadership on the study design, implementation, and analysis as well as access to the platform for research purposes.
- **USAID** provides funding, oversight, and guidance to the study team.
- **ChangeScape** provides technical leadership on study implementation, with a focus on data collection.

askNivi

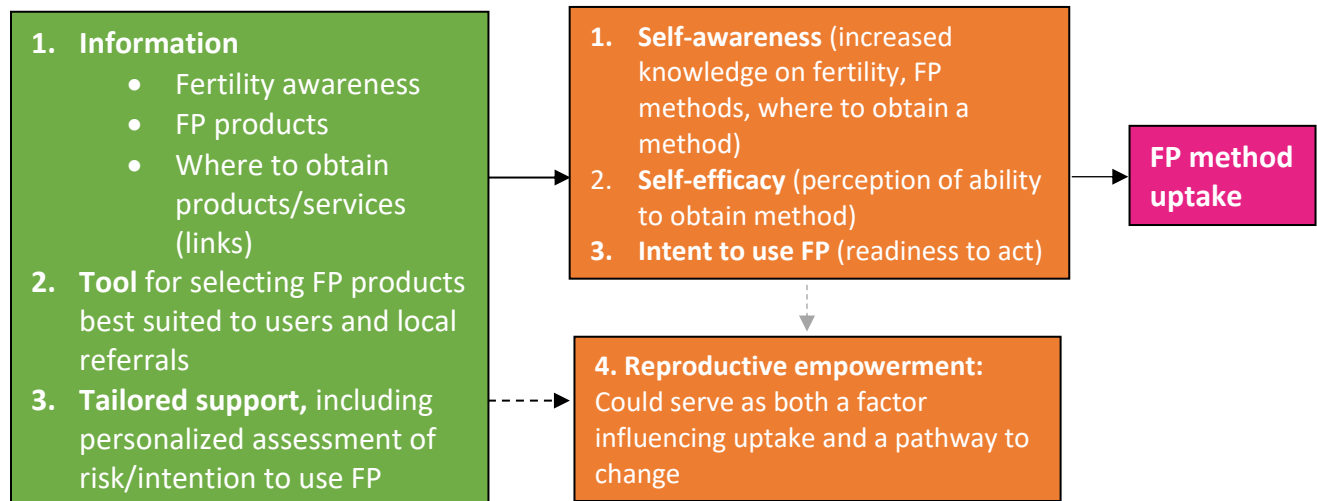
askNivi's text/dialogue-based service is available whenever and wherever people want to chat, via popular messaging applications such as Facebook Messenger and WhatsApp. In India, askNivi is currently available in English and Hindi and has been used by over 1.9 million users in 32 states and union territories with the largest numbers in Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Maharashtra, Gujarat, Delhi, Haryana, and Punjab. askNivi deploys its chatbot as a series of health journeys that determine baseline readiness and intent; provide relevant health information, assessments and decision support conversational tools; and referrals to services and products based on the user's expressed preferences. Referrals are to providers (at both public and private health facilities) and pharmacies (both brick-and-mortar and online), based on individual users' method options. Post-referral journeys range from feedback on experience with a provider or a particular method (satisfaction, side effects), to, should a user need it, assistance in finding a new method to maintain informed and voluntary contraceptive continuation.

To provide evidence as to how well askNivi supports women who have an unmet need to adopt a family planning method, FHI360 and partners will conduct this study within two metropolitan areas of Madhya Pradesh-- Bhopal and Indore. Bhopal, the capital of Madhya Pradesh with a population of approximately 2 million people, has the highest unmet need for family planning in the state.⁵ Indore is the most populous metropolitan area in Madhya Pradesh with approximately 3 million residents, and has the highest prevalence of oral contraceptive pill use in the state, a potentially important indication of access to and interest in FP methods that can be obtained through self-care strategies.⁵



askNivi Theory of Change

AskNivi for women with unmet need



› Study Objectives, Population, and Design

The evaluation of askNivi will generate rigorous evidence about the chatbot’s ability to increase knowledge and impact behavior change through contraceptive uptake. The innovative study involves multiple components and data collection methods to address two objectives:

Objective	Population (and approximate sample size)	Method/Design
1. Estimate the impact of askNivi on modern contraceptive uptake	Women with unmet need (n=~700)	Randomized control trial design, with data collected at baseline and at 2 months post-enrollment (RCT). Half of the participants will receive an encouragement to try askNivi; the other half will not receive an encouragement to try askNivi.
2. Understand the role of askNivi in supporting method uptake from a user perspective	FP adopters and non-adopters who use askNivi (n=16)	In-depth qualitative interviews with subset of RCT participants

The primary target population for this study is young women with an unmet need for family planning who can access digital health services. We will recruit women who meet the following inclusion criteria for the randomized encouragement design:

- Age 18 to 29
- Reside within selected residential localities within Bhopal and Indore
- Own a mobile phone and has an active WhatsApp account
- Literate (able to read and write in English or Hindi)
- Have an unmet need for family planning (unmet need defined as: women who are in relationships, not pregnant, are not currently using a modern contraceptive method, and do not wish to become pregnant 1) at all or 2) within the next two years or 3) do not know when or if they want another child)

Among women with unmet FP need, the primary outcome will be uptake of a modern contraception method within 2-months following randomization. Intermediate outcomes include self-awareness, self-efficacy, intent to use family planning, and reproductive empowerment. We anticipate data collection to commence by Fall 2023 and to last for approximately 5 months. To receive study updates, please contact sbrittingham@fhi360.org.

This study will provide critical evidence regarding the effectiveness of a client-facing digital FP tool on contraceptive uptake with implications for the digital health/family planning community in India and beyond.

References

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