

[SYM2.03]

M-health as a future mode of health service delivery: Community experiences in Chakaria, Bangladesh

T. Sharmin*, A.M.Z. Akhtar, N.Z. Khan, S. Rasheed, T. Ahmed, S. Haque et al
International Centre for Diarrhoeal Disease Research, Bangladesh

Introduction: In recent times, mobile phones have opened a new horizon for ensuring access to health services remotely irrespective of the physical presence of a healthcare provider. This paper will explore the rural user's perspective on mobile phone use for seeking health care.

Methods: This is a mixed method study and both quantitative and qualitative data were collected from seven unions of Chakaria upazilla under Cox's bazaar district, Bangladesh. A survey of randomly chosen 2509 adult men and 2263 women was conducted. For qualitative data collection key informant interviews were conducted amongst purposively selected community members as well as with the village doctor. Quantitative data were analyzed by using univariate and multivariate statistical techniques using appropriate software. Qualitative data were analyzed manually.

Results: 37.14% of the total respondents were found sick in the last 14 days and among them 48.46% sought treatment. Among all the respondents who sought care through contacting the health care provider, mobile phone use was only 1.79%. Findings from qualitative data suggest that people strongly prefer face to face consultation when seeking care. Not only that, there are some factors such as type and condition of the sickness, socio-demographic status of the respondents, onset timing of the sickness and trust issues which shape the acceptance behaviour of mobile phone use for seeking health care.

Discussion: Although 45% of the respondents owned mobile phones, very few of them used it for seeking health care as face-to-face interaction in health care was important for the participants. Therefore, mobile phone health services could be reserved for situations when patients cannot visit the provider easily – conditions such as paralysis or delivery-related complications – because people are unable to walk, providers are unavailable, it is the middle of the night or political unrest limits travel. Many participants valued the social dimension of in-person medical care and they believed that mobile phone health services would be an inadequate substitute. Participants expressed frustration when they did not know who they were taking to and this led them to question their trust in their health professionals. They also believed that health professionals are obligated to follow up and check for any improvement. Therefore, it is important that mobile phone health services are responsive to these user experiences.

Keywords: mobile phones, access to health services, health care providers and clients