

Book Review: mHealth in Practice: Mobile Technology for Health Promotion in the Developing World

by Blog Admin

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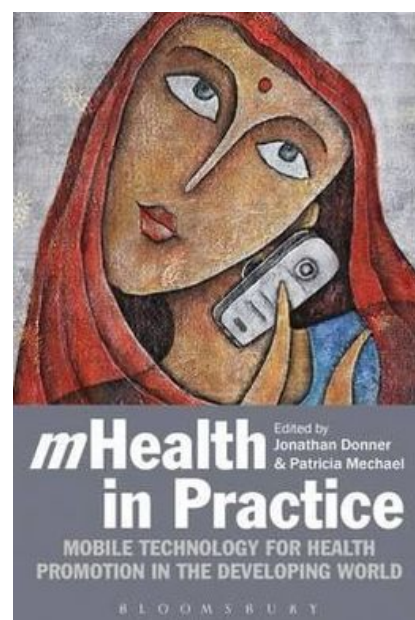
*There has recently been an explosion of interest around **mHealth**: the application of mobile communication technologies to support health initiatives in developing countries. This book aims to share research for better informed policy, programming, and investment in this area. **Kate Saffin** finds that this is a focused volume with contributions from leading researchers and practitioners, which aims to identify best practices in using mobile technologies to promote healthy behaviours and reduce unhealthy ones. Particularly useful for those working in the field attempting to design new campaigns, and academics involved in best practice and research.*



mHealth in Practice: Mobile Technology for Health Promotion in the Developing World. Jonathan Donner and Patricia Mechael. Bloomsbury Academic. November 2012.

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This book was born out of a roundtable event held in London at the end of 2010 hosted by the Technology for Emerging Markets Group (TEM) at Microsoft Research India, and the Center for Global Health and Development (CGHD) at the Earth Institute at Columbia University, which was called *mHealthy behaviours: using mobile phones to support and promote health behaviours in the developing world*. Attendees were drawn from NGOs, academic institutions and the private sector from around the world, and included those working on the ground and those involved with research. It was the first opportunity for this community to come together on this scale to share best practice, research, and communication and evaluation techniques. The editors of *mHealth in Practice* – [Jonathan Donner](#) and [Patricia Mechael](#) – organized that event and work at the two hosting institutions, and in the book they give an overview and systematic reviews of the current mHealth landscape followed by chapters dedicated to specific projects and their techniques and results.



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The rapid rise in interest in mHealth demonstrates how behaviour change has become such an important focus when the world's deadliest diseases are largely preventable and treatable, and how high the potential is of a form of communication that reaches communities that others can't, where other forms of outreach are not cost effective, and where few other channels for customized messaging are available. In the first decade of the 21st century, billions of people have purchased the first telephone of their lives and coverage for mobile communications in even the most resource-constrained settings is good and increasing.

As decades of examples and research in to behaviour change campaigns tell us, getting people to do things differently is not easy. Encouraging more healthy behaviours encompasses treating diseases and preventing them in the first place. Prevention has traditionally been a poor cousin of treatment in terms of research and investment, while every practitioner and economist has realised that the return on investment is huge. Mobile technology can help address issues that can effect prevention such as awareness and knowledge, promotion, myths and beliefs. It can also support diagnosis and treatment, appointment reminders, compliance, self- monitoring, and can strengthen the patient-health provider relationship. In this way it can be both general and individualized.

As with all campaigns though there is often a trade-off between universality and more tailored messaging and the book highlights that in the field on mHealth this can be seen in the sophistication of the content of the message. Although lots of people have mobile phones the type they have does vary. Examples are given of where decisions had to be made early on whether to be able to reach the lowest common denominator, and therefore a whole geographic area, with a simple text message, or to develop video content for healthcare providers which meant having to provide the phones too.

mHealth in Practice reminds us of the knowledge long practiced by advertising agencies- that it is dangerous to make assumptions and that focus groups with the people who are going to 'consume' the service early on will lead to better direction and design including language and context, and can generate useful ideas such as rewards and incentives: an example is giving phone credit for compliance with medication in the Adhere.IO tuberculosis programme in Nicaragua. The importance of message framing, being positive and using technologies to develop self-esteem and therefore motivation versus simple reminders is demonstrated in the results from smoking cessation campaigns in New Zealand and the UK, and maternal health videos used in India.

The interesting and relatively new application of gaming and competition is discussed in reference to an HIV/AIDS campaign in India, which allows the user "to learn new things, de-learn previously learned things and apply new things based on the cognitive learning, which leads to behaviour change in the virtual world, this retaining the changed behaviour in the real world." Types of games have included adventures, role plays and detective scenarios. The products have produced high rates of learning and have been robust in up-scaling.

The book is well presented and gives a solid grounding in the current state of play of mHealth and how practices and pilots so far relate to conventional change theory, and the weakness in these theories. It seems likely that the interactive and dynamic nature of mobile technology will help behaviour change theory to develop. The book details the novel aspects that the mobile industry brings to the table, and what is still left to understand through research, although it does have a tendency to repeat the same examples and evidence throughout, and have a few too many 'overview' sections. The in-country examples are very interesting and bring the theory to life.

This book will be particularly useful for those working in the field attempting to design new campaigns, and academics involved in best practice and research. Much of the change theory and documented decision making processes are applicable outside of the fields of public health and medicine, so will be useful to those studying or working in or with low and middle income countries, to promote positive behaviour changes.

Dr Kate Saffin has worked as a medical doctor in London, Sydney and Paris and is a qualified General Practitioner. Most recently she completed the Masters in Public Health at King's College London and has subsequently worked for a think tank and as a freelance researcher in public and health policy. She currently works in a policy role for a UK government department. Her research interests lie in international development and the intersections between health, the environment, economics and politics. [Read reviews by Kate.](#)

