

A Facebook-to-WhatsApp hotline on contraception information for adolescents and parents in Mbare, Zimbabwe

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Introduction

Cultural and religious sensibilities render sexual health difficult to discuss in Zimbabwe. The MSF Mbare project, which provides youth-friendly sexual and reproductive health services, explored the use of digital health promotion (DHP) tools to promote services and healthy sexual behavior among adolescents, and to offer a confidential way for parents to discuss their child's use of contraceptives. We report outcomes from a campaign launched in September 2019 using digital channels (Facebook and WhatsApp) to confront the social barriers that make sexual education and contraception a taboo subject. The aim of the campaign was to increase the number of conversations about contraception with adolescents and their caregivers.

Methods

The campaign used an innovative combination of technological tools, DHP approach, and peer educator skills and experiences gained from face-to-face interaction. Patients were recruited through Facebook ads, featuring 104 different messages and images targeting adolescents and parents, in English and Shona. Ads were geotargeted to people living in Mbare Township, covering common questions and misconceptions around contraceptives use. After clicking on an ad, a WhatsApp conversation was started with a peer educator. The WhatsApp hotline operated Monday to Friday, 08:00-17:00. The peer educator responded to questions and supported the client, referring them to the adolescent clinic if needed. Data were protected by end-to-end encryption. Client confidentiality was mentioned to the client and no personal details of callers were requested or retained by the project; an escalation protocol was in place to refer callers in need of urgent support, who would be referred with their consent.

Ethics

This innovation project did not involve human participants or their data; the MSF Ethics Framework for Innovation was used to help identify and mitigate potential harms.

Results

During the 44 days of the campaign the hotline was operational, our ads reached 115 008 people in Mbare. We had 825 conversations with people (average 19 people/day), resulting in 96 (11%) clinic referrals out of a total of 904 clinic visits during the period; a positive result as it helped to increase the overall reach and acceptance of contraceptives. The hotline number was kept by clients for further questions and was passed among friends. 191 conversations were with parents responding to discussing questions around their children's sexual health.

Conclusion

The DHP campaign has potential as a means for clients to discuss sensitive topics. The campaign was initially planned to run for 1 month but was extended to 2 months due to positive results. The volume of conversations suggested a high interest in the target population. The campaign cost 867 USD; given the low cost and the positive results, the approach has been adopted to promote further

taboo topics such as post abortal care and drug abuse in adolescence. DHP can be recommended as a means to navigate societal norms and culture when addressing taboo medical topics.

Conflicts of interest

None declared.