

Summary of "Mobile video for patient education: The midwives' perspective" Prepared by Jakulina, UC Berkeley For illuminAid August 2023

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There is a widespread excitement surrounding the use of mobile devices to enhance the capabilities of peripheral health workers. Various projects have been initiated to provide healthcare workers with mobile devices, enabling them to perform a range of tasks. They include data collection on patients, sending reminders, submitting reports, following medical protocols, using medical devices for readings, educating patients, and participating in remote consultations. While many of these projects are still in the pilot stage, some are beginning to be deployed on a larger scale. For instance, the Indian state of Punjab has already provided mobile phones to 5,000 auxiliary nurse midwives, and there are plans to extend this deployment to all 43,000 health extension workers in Ethiopia. This advancement is expected to revolutionize healthcare delivery and accessibility for both health workers and patients. The question for which the answer was sought was "Does the extensive implementation of mobile devices have the potential to improve the performance of health workers and the healthcare system?"

The paper's primary focus was on assessing the acceptability of mobile devices by examining how they integrate into the workflow of nurse midwives during postnatal care (PNC) visits. There were three videos created on maternal nutrition, breastfeeding, and thermal care. Researchers adopted a multi-method approach, which involved three main components: ethnographic observations of nurse midwives (NMs) using mobile video during postnatal care (PNC) visits, conducting semi-structured interviews with NMs to gather insights into the video's impact on their work, and analyzing data logs from the mobile phones. This fieldwork was carried out over a month, specifically from January 2012 to February 2012.

Based on the diverse data sources collected, there was widespread acceptance of the mobile video among nurse midwives (NMs), and their overall response to its usage was predominantly positive. Analysis of video use statistics revealed that during the designated postnatal care visit (PNC1), the midwives played the video approximately 71% of the time, and during PNC2, the usage was about 27.2%. Notably, the videos were played in their entirety almost three-quarters of the time. Furthermore, the videos were used in both clinic and home visit settings, indicating consistent and continuous utilization throughout the study period, even when no observer was present. This data strongly suggests that the mobile video was seamlessly integrated into the NMs' workflow and became a regular part of their practice.



The majority of midwives expressed a positive impact of the mobile video, highlighting its ability to enhance exposure and engagement of the surrounding family in the counseling material. However, two midwives did raise a concern regarding the process of managing comments and questions from the group, which sometimes consumed more time, particularly from those individuals for whom the messaging was not initially intended. Despite its benefits, this aspect of group interaction posed a challenge for some midwives during the counseling sessions.

Also it was found that locally created video content plays a crucial role in fostering patient trust in video information. Specifically, certain factors such as the age, language, and appearance of the woman featured in the video were significant in establishing credibility among mothers, especially those who may be hesitant to listen to younger individuals who appear inexperienced. The video's symbolic credibility is strengthened by incorporating a range of contextual, visual, and verbal cues that hold particular meaning within the local community. By aligning the video's content and presentation with these culturally meaningful elements, it becomes more effective in gaining trust and acceptance from the target audience.

This study focused on examining a specific aspect of a mobile health intervention, which involved nurse midwives using mobile phone videos during postnatal care (PNC) examinations. The primary objective was to gain insights into the users' perspectives on this technology and assess whether they perceived it as beneficial and advantageous to their work. The study recognized that for mobile health initiatives to be sustainable, it is essential to ensure that the technology brings tangible and acknowledged benefits to the individual users, rather than solely focusing on the broader system-wide advantages. By understanding the users' experiences and opinions, the study aimed to contribute to the effective design and implementation of mobile health interventions that cater to the needs and preferences of healthcare providers, thus increasing the chances of long-term success and adoption.

The use of video to support health education and behavior change communication raises numerous open questions. The study observed positive outcomes in terms of the acceptability of videos and the willingness of nurse midwives (NMs) to utilize them during postnatal care (PNC) visits. For future research, it would be valuable to delve deeper into NM perceptions and patient engagement over time to better understand any potential novelty effects associated with the video intervention. Additionally, it is crucial to assess the actual impact of the videos on patient behavior and outcomes. In our study, researchers did not measure whether the videos contributed to increased uptake of the specific practices discussed in the videos. This information would be critical in evaluating the true effectiveness and potential benefits of using videos for health education and behavior change in the PNC context.