Mobile Phones for Maternal Health in Rural India

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1 CRITICAL REVIEW

The paper explores the Projecting Health (PH) Initiative under Bardzell's Feminist HCI lens and investigates the conventions and practices of mobile phone usage within the context of women in rural Uttar Pradesh [1] [2]. The Projecting Health initiative encompasses the dissemination of information about maternal and newborn healthcare to women with ASHAs and multimedia assistance. The authors review other related work that uses technological interventions such as mobile phones for communication, mobile content, pico projectors and sharing of different forms of multimedia. The study reveals how a lack of research on the users' ecology leads to wastage of government resources because the mobile phones provided confine the limits of what the users could do as the authors propose better alternatives. The dynamics of family structures are examined within the given context, and the patriarchal structure is apparent. Mothers-in-law and men in the family hold power to confine the daughter-in-law's freedom. The authors also highlight the importance of support from the various intermediary roles. They use the pluralistic approach from the FHCI lens to avoid generalising the user base and embrace their diversity. The authors also discuss the merits and demerits of private and public dissemination through mobile phones and video screenings and how it is vital to strike a better balance. An aspect that is particularly interesting is how there is a need for a more participatory approach that takes into account all the primary actors and intermediary stakeholders to create a more effective mechanism of diffusing information.

The authors adopt a feminist HCI lens that is extremely relevant given the power that other groups such as mothers-in-law and the men in the family hold over the daughter-in-law in a predominantly patriarchal setting. So, using the lens could help uncover specific insights that may have been otherwise subdued or overlooked. The research methods used for this study are a combination of qualitative and quantitative methods with semi-structured interviews, participant observation and focus group studies being a part of the former and survey is a part of the latter. A noteworthy aspect of the research design is using the repository of data from previous visits, which adds to the understanding and helps build a better rapport with the informants. Something that I found particularly interesting is the flocking of crowds during interviews. I would like to know how do researchers tackle such situations when they arise. The authors used iterative coding as a means to analyse the data procured from the user studies. I believe that using these research methods is justified because it provides rich insights into the target population and provides an overview of how generalisable the results can be.

Within the research, the authors highlight that due to the class and socioeconomic differences, they were perceived as "exotic species". However, I feel that a way to get around this problem and the resulting biases from user studies could incorporate someone local who could have been tasked with assisting in the research. Another way could have been for the authors to culturally immerse themselves with the locals by temporarily living with them so that the people from the village get acclimated with them. The survey and interview insights did not talk about the perspective of the mothers which was elicited in the abstract. I felt that there was a general lack of focus on this user group throughout the paper, given that they are the primary stakeholders for this research.

I was hoping for an explanation as to why mobile phones were chosen as the focus of the study, among other technological artefacts and other non-technical approaches to the problem at hand. The paper is not the first one to investigate mobile usage in rural settings in India. However, what makes this work novel is the added context of disseminating knowledge about maternal health, which could be considered taboo in India's social setting. The work can be built on by establishing how disseminating information in people with intermediary roles could be executed. The study could also be extended to the advocacy of maternal health information in more formal learning spaces. Another investigation that could be helpful is to find ways to create better access to the information provided and better ways of communicating and sharing this information. It is also essential to evaluate the quality of information being disseminated to avoid misinformation. A deeper investigation of how social and cultural conditioning may affect dynamics and access could also be explored to make the study more pluralistic.

REFERENCES

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