

Mobilising mobile

Cellphones by themselves are a very weak tool, but they can be used to link callers to empowering people and organisations, reducing the isolation that increases victimisation says Peter Benjamin.



Three facts about South Africa:

1. We have the greatest HIV pandemic in the world with more than 5.5 million people living with the virus;
2. SA is the most unequal country in the world (as measured by the Gini coefficient). Most HIV-positive people do not get adequate treatment and support, let alone treatment;
3. SA has the best technical infrastructure in Africa, especially the large cellphone usage – there are around 35 million¹ active cellphone users.

Cell-Life, a Cape Town based not-for-profit that develops technical systems for the HIV sector, is exploring how mobile technology can be of use in mass messaging around HIV.

The experience of being infected or affected by HIV is a state of multiple types of questions – from a research scientist investigating epidemiology and virology, to a person with the virus wanting to know about their body, the meaning of CD4 count and viral load, questions on sexual practice, childcare, nutrition, treatment and a host of others.

If the English phrase means anything, this information is “a matter of life and death”.

There are many organisations whose job is to produce professional content on HIV to answer this need for information – the Department of Health, Soul City, the Treatment Action Campaign, loveLife, Khomanani, HIV/AIDS Network and more

– but still there is a gap.

While various media are used (websites, TV, radio, leaflets, billboards, call centres, comic books, community centres), it is surprising how little use is made of cellphones.

In SA, over 70% of all youth and adults have a cellphone². There are 180 companies providing data services over the mobile network, known as wireless application service providers (Wasps). While there is a great deal of creativity in offering money-making services to download pictures of stars, music ringtones, pornography, love tips and the other games, gimmicks and gadgets, there are surprisingly few projects exploring how this amazing technology can be used for social benefit. Cell-Life is running a three-year project, funded by the Vodacom Foundation and the RAITH Foundation to do just this.

This project will explore how a range of cellphone services can provide information and communication services that are useful to people infected or affected by HIV. This includes subscription services for people infected or affected; public information by interactive SMS; social marketing using cellphones as a form of mass media that can be interactive and targeted; internal organisational services for HIV organisations (such as TAC and Soul City); ways of linking patients and health providers; ways of supporting self-expression and self-help for affected people; and supporting monitoring and evaluation of the pandemic.

A range of technologies are useful. SMS will definitely be used, as will the chat-type systems (such as Mxit using GPRS). We will experiment with push to voicemail, cellphone games, video and more. An open source server system is being developed to deliver this.

Social usage is more important than the technology – how can we use the tool of cellphones to support the self-organisation, treatment, education and action of the HIV-affected community? We will endeavour to make the system free to the end-user, or as cheap as possible (for example, people can request services via free Please Call Me messages, and then receive information through a voicemail which doesn't require literacy), and information will be in different South African languages.

The project is new and we are learning what is and is not possible. Cellphones seem to be useful in providing information when people want it (such as the address details of service providers), but is very weak at changing behaviour.

It is laughable to think that an SMS would make someone decide not to have unprotected sex when they are drunk and excited on Saturday night. However cellphones can increase the reach of behaviour change interventions (for example by notifying more people of a local HIV-awareness football game), providing a means of communicating for isolated people facing stigma in their local community, communicating with people who might be lost to follow up of health services, and linking people to services.

LoveLife is using cellphone social networking to link to young people in their “Make your move” campaign. Cell-Life will be offering HIV information to the over six million people on Mxit.

What we do not know is whether targeted cellphone services can affect the power relations that drive and exacerbate the pandemic. Most new infections are through unprotected sex between older men and younger women – and cellphones have been listed with cash and clothes as the three Cs that drive “transactional sex”.

Can cellphones be used as panic buttons to reduce rape, could women be empowered to negotiate safe sex or to get out of abusive relationships through networks accessible from their phone? Cellphones by themselves are a very weak tool, but they can be used to link callers to empowering people and organisations, reducing the isolation that increases victimisation.

Technology is a passive tool that reflects the dominant interests of the society. For the first time, literally a majority of people have an interactive digital means of receiving and sending information. As a society, do we want to use this staggering potential to receive advertising, horoscopes, ringtones, game shows and porn? Or can we find ways to use mobile to mobilise against the real challenges we face?

Endnotes

1. Wireless Application Service Providers Association, 2008.
2. World Wide Worx, 2008.