# beyond bias›

The Beyond Bias project seeks to ensure that young people have access to empathetic, non-judgmental, quality counseling and provision of a full range of contraceptive methods regardless of their marital status or parity. To achieve this, Beyond Bias works to design and test innovative, scalable solutions that address provider biases, which prevent quality contraceptive counseling and services. Led by Pathfinder International, in collaboration with Camber Collective, YLabs, and BERI, this four-year project is active in Burkina Faso, Pakistan, and Tanzania, with funding from the Bill & Melinda Gates Foundation.

Despite years of progress by implementing organizations, governments, and donors towards increased adolescent and youth access to and uptake of sexual and reproductive health services, 23 million adolescents in developing countries still have an unmet need for contraception.

Too many adolescents and youth cannot access the sexual and reproductive health information, resources, and services they want and need, risking generations of poor sexual and reproductive health—particularly in developing countries.

There are many contributing factors to this problem—among them: deep-rooted beliefs, attitudes, and norms about adolescent and youth sexuality that put adolescents and youth at risk for poor sexual and reproductive health outcomes.

Health care providers aren't immune to these long-held beliefs, attitudes, and norms. In fact, because providers are typically members of the communities they serve, they often uphold the values and norms of their communities.

Some providers may be unwilling to serve unmarried young people with contraception, some may encourage newly married young women to have a child first before using contraception, and others may withhold certain methods that they deem inappropriate for adolescents and youth, such as long-acting reversible contraception. As a result, adolescents' and youths' health outcomes may be compromised.

### Moving beyond bias

The Beyond Bias project aims to ensure that young people, regardless of marital status or parity, between the ages of 15 and 24 have access to high-quality contraceptive counseling and services by designing and testing innovative solutions to provider bias in Burkina Faso, Pakistan, and Tanzania.

**URGENT NEED:**

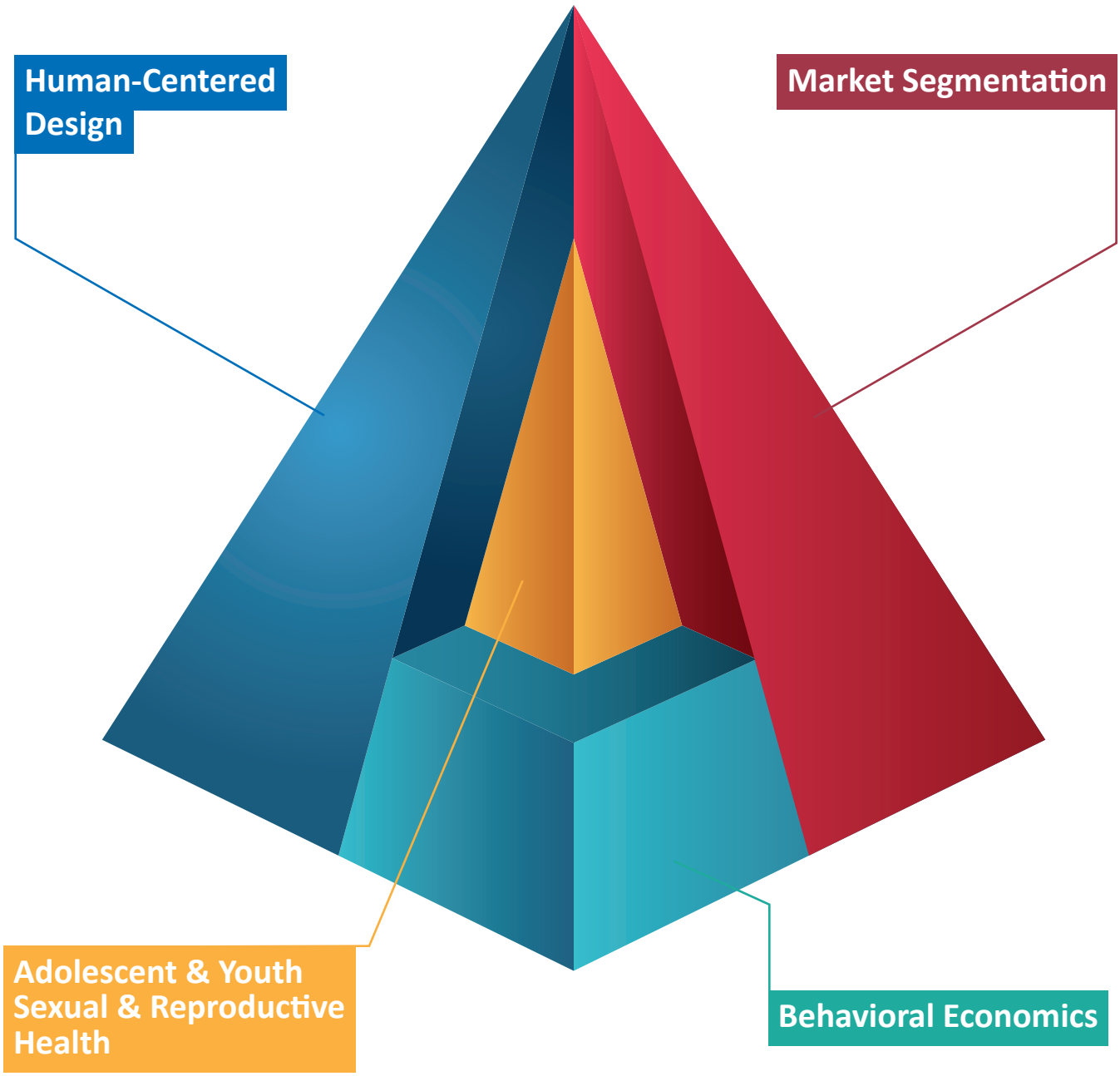
- Youth between the ages of 10 and 24 make up 25% of the world's population (UNFPA).
- 28 million sexually active adolescents in developing regions do not want a child within two years—and 60% of these adolescents have an unmet need for contraception (Guttmacher 2016).
- Bias—such as a belief that young, unmarried people should not be sexually active and that young, married women should prove fertility—can be drivers of judgmental and poor-quality sexual and reproductive health care.
- Percent of married women ages 15 to 19 who use a modern contraceptive method: 6% in Burkina Faso, 7% in Pakistan, 8% in Tanzania (DHS).

[1] Beyond Bias defines "provider bias" as judgmental, non-empathetic and/or low-quality provider behaviors targeted at a specific client subset that compromise the health outcomes of that client subset.

## Innovative approaches to persisting problems

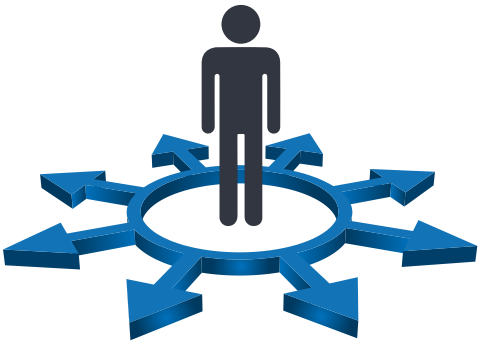
Provider bias is not a new problem, but it is a problem that requires new approaches. Beyond Bias is innovative because of its multidisciplinary approach: The project brings together experts in adolescent and youth sexual and reproductive health, behavior change communications, human-centered design, behavioral economics, and market segmentation to address this complex sexual and reproductive health problem. Some of these approaches are new to the field of global health and others less so, but the collaboration and complementarity of these approaches is where Beyond Bias's strength lies. Human-centered design—which focuses on seeing things through users' perspectives—and segmentation—which helps us understand the attitudes and beliefs driving users' behaviors—complement behavioral economics and standard global health approaches by enabling a more nuanced understanding of the drivers, manifestations, and outcomes of provider bias and helping us create tailored interventions to address it.

**Reduced provider bias / increased contraceptive uptake among adolescents and youth**



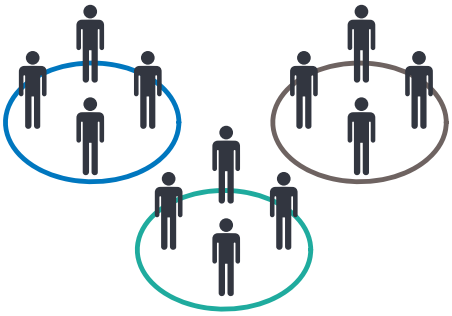
## Human-Centered Design

The goal of human-centered design is to create feasible and viable solutions that meet users' needs and desires by actively engaging users to understand what drives them to be attracted to products or services. Beyond Bias' human-centered design partner is **YLabs**. In partnership with Camber Collective, BERI and Pathfinder, YLabs employs a human-centered design approach to gain a contextualized understanding of provider behaviors and attitudes in Burkina Faso, Pakistan, and Tanzania. We engage providers and their communities to generate and test ideas to address bias. Further, ideas generated from the human-centered design process are vetted against existing evidence and informed by insights gathered from the design and segmentation research.



## Market Segmentation

Market segmentation helps those designing and selling a product or service to target messaging so that the product or service reaches the right people. Particularly in health and development, we've relied on demographic information—like age, sex, and nationality—to help design interventions. But this information doesn't tell us about the needs, attitudes, and behaviors that drive decision-making in different demographics. **Camber Collective** works collaboratively with Beyond Bias partners to understand what fuels provider behavior, and then develops behavioral and attitudinal archetypes of providers. These archetypes help us design specific interventions to shift provider behaviors and attitudes, thus reducing bias.



## Behavioral Economics

The field of behavioral economics grew from the realization that human beings do not consistently act in their own best interests. Put another way, human decision-making isn't always rational—there are factors that influence individuals to make decisions that don't align with their existing values or goals. Behavioral economics brings together economics and psychology to understand how people make decisions. By making small changes to contexts and environments within which we make decisions, behavioral economists aim to remove barriers to ensure that decision-making aligns with individuals' long-term desires and goals. **BERI** (Behavioral Economics in Reproductive Health Initiative) examines Beyond Bias' design from a behavioral economics lens to ensure that behavior change can be measured. BERI will also serve as the project's evaluator.


## Adolescent and Youth Sexual and Reproductive Health

Adolescents and youth make up approximately one-quarter of the world's population. This is a vulnerable population: adolescents and youth experience significant biological, physical, emotional, and behavioral challenges as well as several barriers to accessing quality sexual and reproductive health care. Investing in quality, youth-friendly sexual and reproductive health and addressing the structures and norms that impact adolescent and youth sexual and reproductive health could lead to the adoption of lifelong healthy behaviors. Health is a fundamental human right, necessary for the enjoyment of all other human rights. Pathfinder International has decades of experiencing working to ensure that adolescents and youth have access to quality, youth-friendly services that help them live their sexual and reproductive lives as they so choose. As the leader of Beyond Bias, Pathfinder International provides overall technical support and oversight to address provider bias and improve the quality of sexual and reproductive health care in Burkina Faso, Pakistan, and Tanzania.

## Beyond Bias Process

Beyond Bias' hypothesis is that by understanding what drives provider bias, small changes can be made to shift these biases and to thus remove provider-related barriers youth face when attempting to access sexual and reproductive care. As a result, young people will feel more confident and capable to make fully informed decisions around contraceptive use and will receive the contraceptive method of their choice—including long-acting reversible methods. Ultimately, there will be an increase in uptake of contraceptive methods.


### Phase 1

#### Design research and segmentation

In the project's first phase, partners aim to generate evidence on types and drivers of bias; to research and understand what form solutions should take; and to understand the behaviors and attitudes of providers to create targeted solutions. Through literature reviews, focus group discussions, in-depth interviews, and segmentation surveys, Pathfinder, YLabs, and Camber Collective will understand how bias manifests in Burkina Faso, Pakistan, and Tanzania, and will develop archetypes or "segments" to help focus solutions.

### Phase 2

#### Solution development and prototyping

In Phase 2, project partners will design and test different solutions based on the information collected in Phase 1. Project partners will rely on idea-generating meetings and prototyping of different solutions with providers and adolescents and youth to assess desirability, scalability, potential for impact, and feasibility among users. By the end of Phase 2, the project will have identified and prioritized solutions to implement in each country.

### Phase 3

#### Implementation and evaluation

In the third phase, the project will implement prioritized solutions in each country and will test whether these solutions successfully reduce provider bias through randomized-control trials, and quantitative and qualitative data collection.

### Phase 4

#### Documentation and dissemination

Project partners are conscious of certain challenges to implementation of this multidisciplinary approach. For example, there isn't much literature on whether and how human-centered design and behavioral economics work in sexual and reproductive health. Implementation itself is challenging with a multidisciplinary team—each partner comes with its own norms, priorities, and vocabulary. Beyond Bias is about more than provider bias and increased access to contraception. It's also about documenting experiences to contribute to the evidence on how to successfully implement multidisciplinary approaches within sexual and reproductive health. Further, documenting and sharing our successes and failures will help establish a transparent learning culture—one that is not stifled by fear of failure. With such honesty, collaboration, and creativity, we can learn from each other and collectively support adolescents and youth to reach their full potential.

Pathfinder INTERNATIONAL

CAMBER COLLECTIVE

BERI YLabs