(re)solve IN BANGLADESH

CONTENTS

INTRODUCTION TO
(re)solve

1

WHAT IS (re)solve?

(re)solve PARTNERS

Launched in 2016, (re)solve is a four-year project funded by the Bill & Melinda Gates Foundation. It is led by Pathfinder International in partnership with Camber Collective, The International Center for Women, and ideas42, and is active in Bangladesh, Burkina Faso, and Ethiopia.

(re)solve combines expertise from consumer insights, behavioral design, and public health to discover what stops women from using contraception when they express a desire to avoid pregnancy, and yet do not use a modern contraceptive method.

(re)solve challenges current assumptions about contraceptive decision-making; tests new approaches based on local, contextualized behavioral insights; and generates adaptable, scalable user-responsive solutions that address unmet need for family planning.

PATHFINDER INTERNATIONAL uses large-scale *evidence-based* family planning programing approaches through existing country projects. These projects provide the platform from which (re)solve implements its solutions.

CAMBER COLLECTIVE uses a market segmentation approach to identify population segments marked by behavioral and/or attitudinal differences which inform solutions catered to each segment's needs. Camber identifies segments through large-scale, quantitative surveys.

IDEAS42 uses behavioral design to develop and test innovative solutions that reshape people's environment to positively influence their behavior. ideas42 designs for behavioral bottlenecks identified through qualitative interviews and observations.

INTERNATIONAL CENTER FOR RESEARCH ON WOMEN (ICRW) uses a gender-focused research and evaluation approach to determine the efficacy and impact of programs. ICRW is conducting process and impact evaluations of (re)solve solutions.

WHY IS (re)solve UNIQUE?

Although much progress has been made in addressing non-use of contraception through traditional behavior change programming, these programs are limited by assumptions about what prevents women from using contraception.

At (re)solve's heart is the conviction that one size does not fit all. (re)solve designs and customizes data-informed family planning solutions to the needs, motivations, and lived experiences of the women and girls we serve. We believe that women and girls deserve products and services designed for them.

Innovative approaches

+ **Segmentation & Consumer Insights**
+ **Learning Loops & Adaptation**
+ **Behavioral Design**
+ **Testing Solutions**

(re)solve DEFINITIONS

BEHAVIORAL BOTTLENECK: barrier that prevents an individual from making a decision or taking action that would otherwise meet their needs (i.e. using a contraceptive method to avoid unintended pregnancy).

CROSS-DISCIPLINARY APPROACH: mixing of various disciplines—public health/demography approaches, market segmentation, and behavioral science/behavioral design—that address the age-old question of why women at risk of pregnancy are not using modern contraception.

CONSUMER INSIGHTS: a field that focuses on interpreting trends in human attitudes, beliefs, and behaviors, which aims to increase the effectiveness of a product or service. Its main purpose is to understand why the consumer cares for the product or service, as well as their underlying mindsets, moods, motivations, desires, and aspirations that motivate and trigger consumer behaviors.

INSIGHT: data-driven understanding about behaviors or the drivers of behaviors related to contraception.

SEGMENTATION: the activity of dividing a larger population into sub-groups of people (known as segments) based on some type of shared characteristics such as shared needs, common interests, similar lifestyles or even similar demographic profiles.

BEHAVIORAL DESIGN: an approach that leverages insights from behavioral economics, social psychology, human-centered design, and other disciplines to develop and test innovative solutions that reshape people's environment to positively influence their behavior.

WHY WORK IN BANGLADESH?

TARGETED REGION

Dhaka

Non-use of contraceptives to avoid unintended pregnancies

Bangladesh has successfully reduced total fertility rate, and increased modern contraceptive prevalence. Men and women report a low ideal family size (2.3 and 2.2 children desired, respectively). Strategic demand-side investments by the government and development partners have transformed family planning into a national norm. Yet, high rates of unintended pregnancy pose a challenge for a large proportion of women.

Certain groups of women, especially those living apart from their husbands, have unique and often significantly higher need, but lower use of family planning methods.

We selected female garment factory workers in three districts of Dhaka Division based on the opportunity to focus on this unique sub-population of women that work and often live away from their families.

(re)solve seeks to better understand the needs of our target population, what the key behavioral dynamics are that define them, and what solutions may be effective in reducing their unmet demand for contraception.
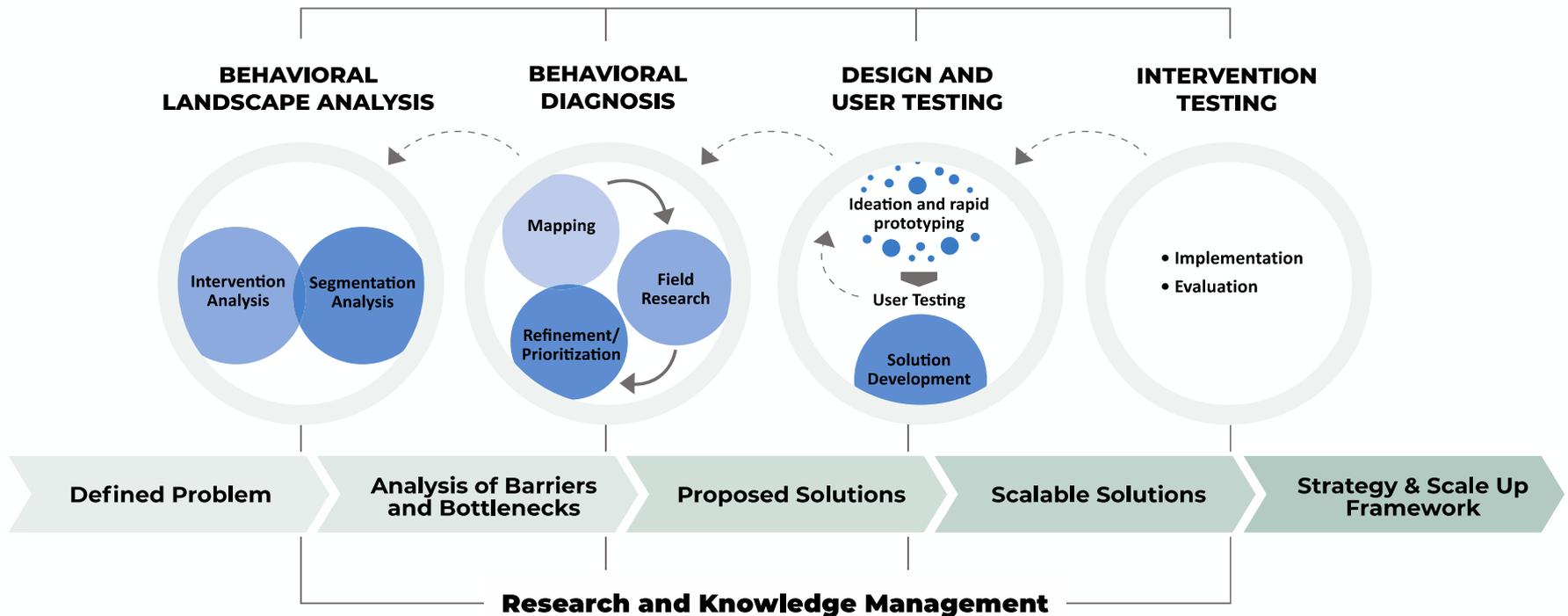
Pathfinder presence

(re)solve works closely with Marie Stopes Bangladesh (MSB), given its geographic reach in Dhaka Division in relation to garment factories and provision of family planning services. We also work with private pharmacies in communities surrounding the MSB clinics.

Pathfinder is implementing the USAID-funded Shukhi Jibon project in partnership with the Ministry of Health and Family Welfare. Promising solutions will be embedded and scaled within the mandate of this project.

WHAT IS THE (re)solve APPROACH?
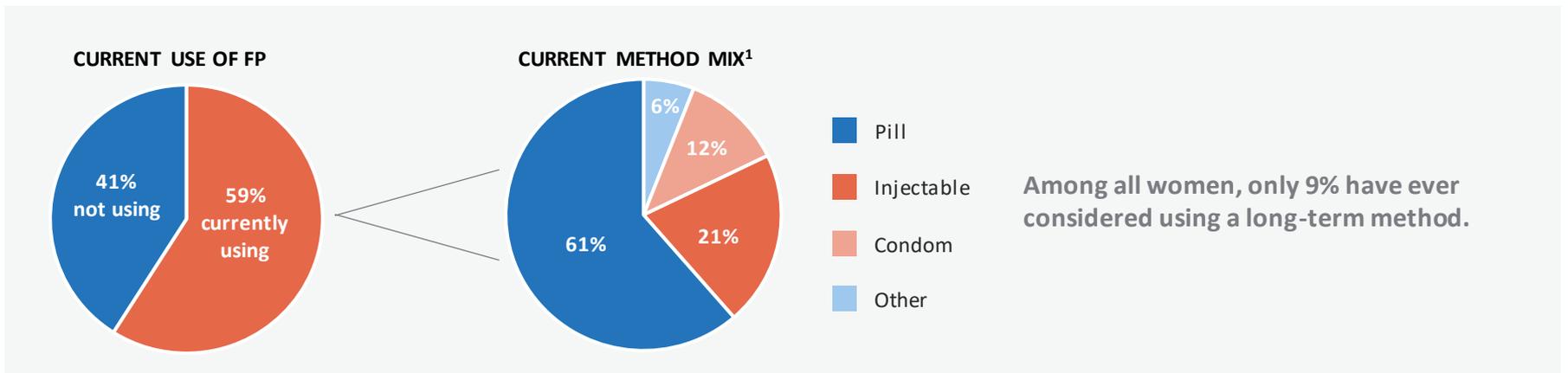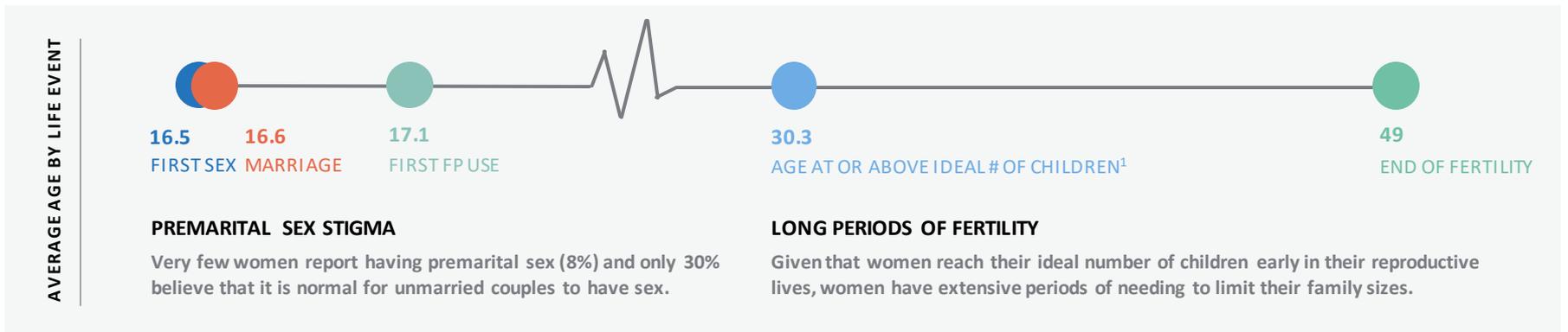
The (re)solve Framework

BEHAVIORAL LANDSCAPE ANALYSIS

- Intervention Analysis
- Segmentation Analysis

BEHAVIORAL DIAGNOSIS

- Mapping
- Field Research
- Refinement/ Prioritization

DESIGN AND USER TESTING

- Ideation and rapid prototyping
- User Testing
- Solution Development

INTERVENTION TESTING

- Implementation
- Evaluation

Defined Problem → Analysis of Barriers and Bottlenecks → Proposed Solutions → Scalable Solutions → Strategy & Scale Up Framework

Research and Knowledge Management

QUANTITATIVE ANALYSIS AND SEGMENTATION
IN BANGLADESH

2

+ **General insights from quantitative analysis**

+ **Goal of segmentation**

+ **Approach to segmentation**

+ **Segments identified**

GENERAL INSIGHTS FROM QUANTITATIVE ANALYSIS

First sex, marriage, and first contraceptive use occur early and very close in time, but given small ideal family size, women remain fertile for ~19 years after they reach their ideal. Yet, most women rely on short-acting methods, specifically oral contraceptive pills.
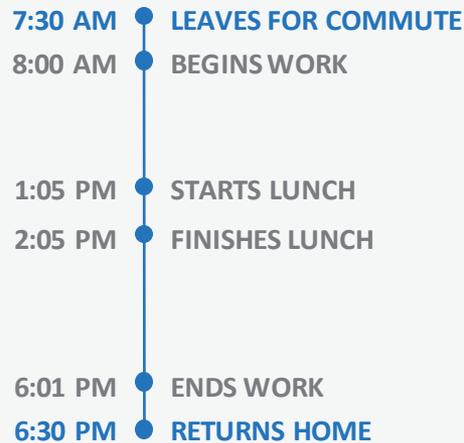
AVERAGE AGE BY LIFE EVENT

16.5 FIRST SEX	**16.6** MARRIAGE	**17.1** FIRST FP USE	**30.3** AGE AT OR ABOVE IDEAL # OF CHILDREN[1]	**49** END OF FERTILITY

PREMARITAL SEX STIGMA
Very few women report having premarital sex (8%) and only 30% believe that it is normal for unmarried couples to have sex.

LONG PERIODS OF FERTILITY
Given that women reach their ideal number of children early in their reproductive lives, women have extensive periods of needing to limit their family sizes.

CURRENT USE OF FP

41% not using

59% currently using

CURRENT METHOD MIX[1]

6%
12%
61%
21%

- ■ Pill
- ■ Injectable
- ■ Condom
- ■ Other

Among all women, only 9% have ever considered using a long-term method.

1 Average age in sample group that women reported being at or above their ideal number of children
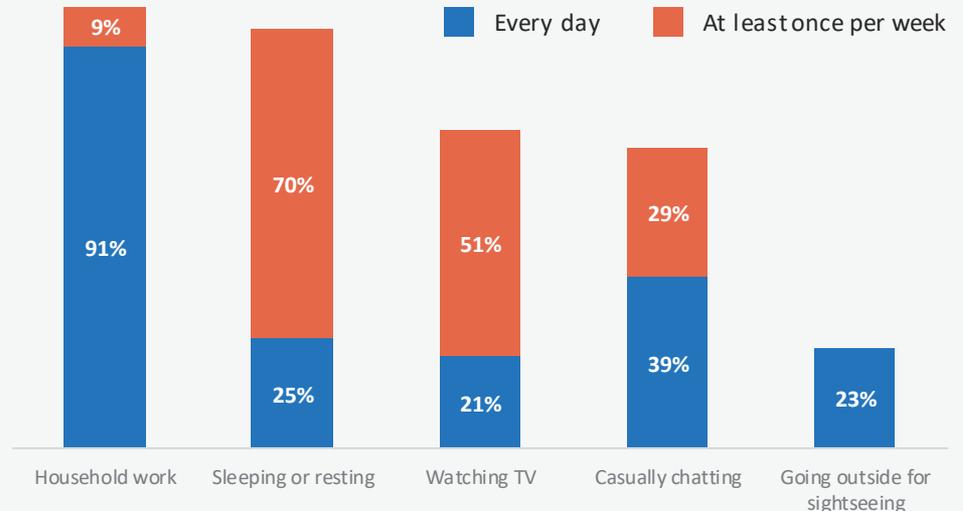
GENERAL INSIGHTS FROM QUANTITATIVE ANALYSIS

Garment workers have extensive work days and typically continue housework when arriving home, resulting in minimal leisure time. This scarcity of time makes it easy to miss taking oral contraceptive pills every day.

AVERAGE TIMELINE OF DAY

- **7:30 AM** — **LEAVES FOR COMMUTE**
- **8:00 AM** — BEGINS WORK
- **1:05 PM** — STARTS LUNCH
- **2:05 PM** — FINISHES LUNCH
- **6:01 PM** — ENDS WORK
- **6:30 PM** — **RETURNS HOME**

The average garment worker dedicates 11 hours of her day between work and commuting.

WHAT SHE DOES IN HER FREE TIME AFTER WORK

Legend: ■ Every day   ■ At least once per week

Category	Every day	At least once per week
Household work	91%	9%
Sleeping or resting	25%	70%
Watching TV	21%	51%
Casually chatting	39%	29%
Going outside for sightseeing	23%	

66% of women have a functioning TV in their home and 96% have a mobile phone.

GENERAL INSIGHTS FROM QUANTITATIVE ANALYSIS

Garment workers often do not use health facilities within the factories and most do not intend to in the future.

WHERE TRIED TO OBTAIN METHODS IN LAST 12 MONTHS[1]

86%	13%	9%	1%
Clinic outside factory	Clinic within factory	Pharmacy	Other

Women reported that factory clinics have a small variety of methods available. 54% of women were provided pills, 41% condoms, and 5% injectables.

WHERE NON-USERS INTEND TO OBTAIN METHODS[2]

92%	22%	81%	21%
Clinic outside factory	Clinic within factory	Pharmacy	Other
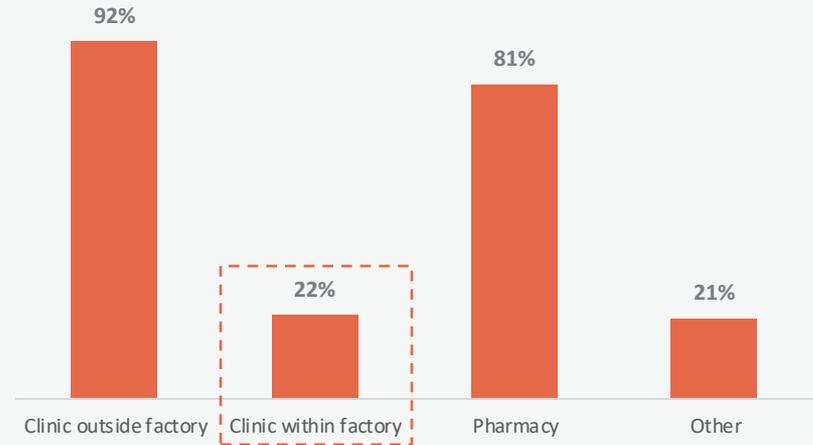
Non-users prefer clinics outside of factories or pharmacies for accessing FP – notably, factory clinics have low referral rates (23%) amongst current users of FP.

1 Denominator is women who tried to obtain methods in the last 12 months (i.e. excludes women who stated they were not provided FP methods), some women listed multiple locations; 2 Denominator is women who intend to use FP in the future, n=144, some women listed multiple locations; "Other" includes husband, friend, or market/shop

GENERAL INSIGHTS FROM QUANTITATIVE ANALYSIS

In addition, acceptance of menstrual regulation (MR) is high and the majority of women see it as a norm in their communities

ACCEPTANCE OF MENSTRUAL REGULATION

47%
Disagree

53%
Agree
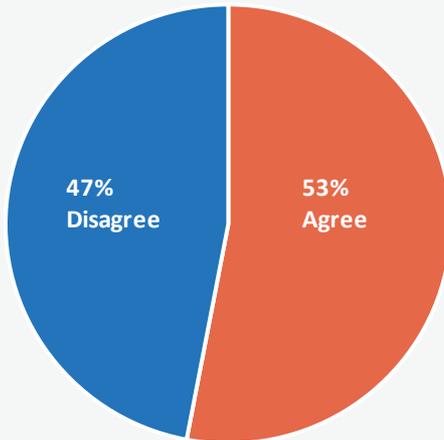
"Women don't have to use a FP method – because even if they get pregnant by accident, there are some options to get rid of the pregnancy."

PERCEIVED NORMS AROUND MENSTRUAL REGULATION[1]

6%
No, no one

51%
Yes, a lot

23%
Yes, a few

20%
Yes, some
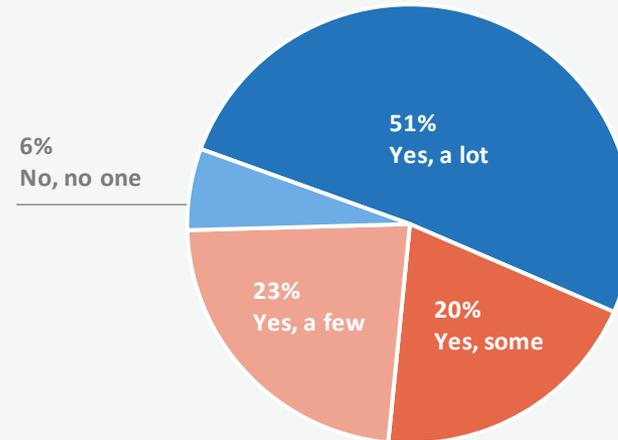
"Do you think any of the women you know have used menstrual regulation[2] in order to address an unintended pregnancy?"

1 Denominator is women who have heard of menstrual regulation; 2 Menstrual regulation "is a procedure that uses manual vacuum aspiration or a combination of mifepristone and misoprostol to regulate the menstrual cycle when menstruation is absent for a short duration" (Guttmacher), government regulation allows for MR procedures up to 10-12 weeks after a woman's last menstrual period

GOAL OF SEGMENTATION

(re)solve seeks to reach female garment workers who want to avoid an unintended pregnancy.

Through segmentation, (re)solve sought to better understand who the target populations are—that is, where the unmet demand[1] exists in Bangladesh—and what key behavioral dynamics define them.
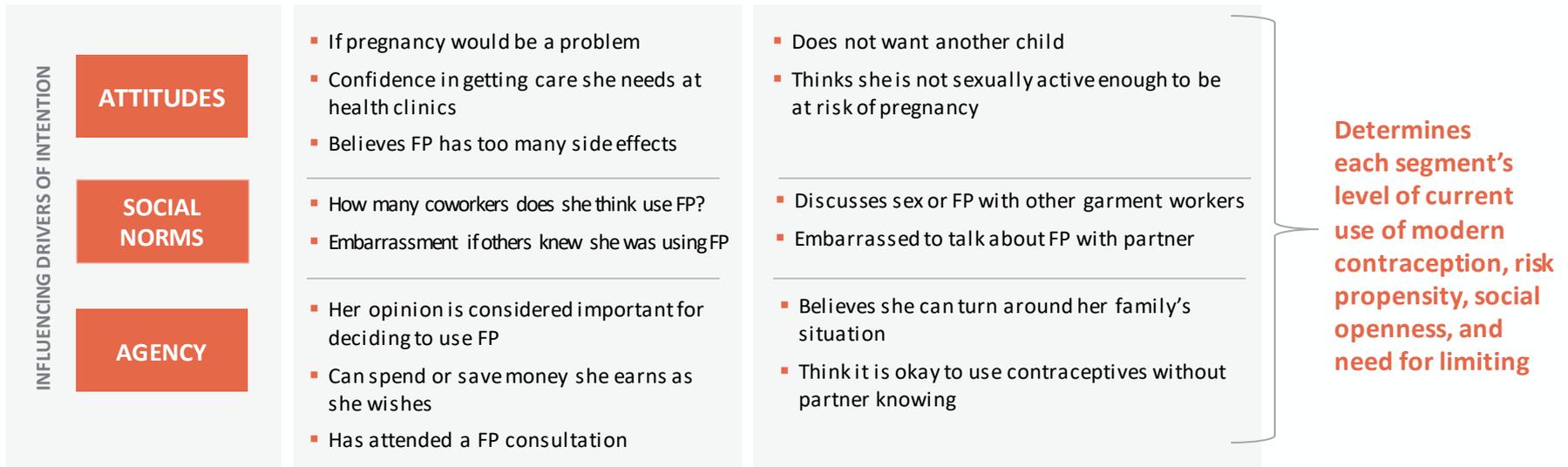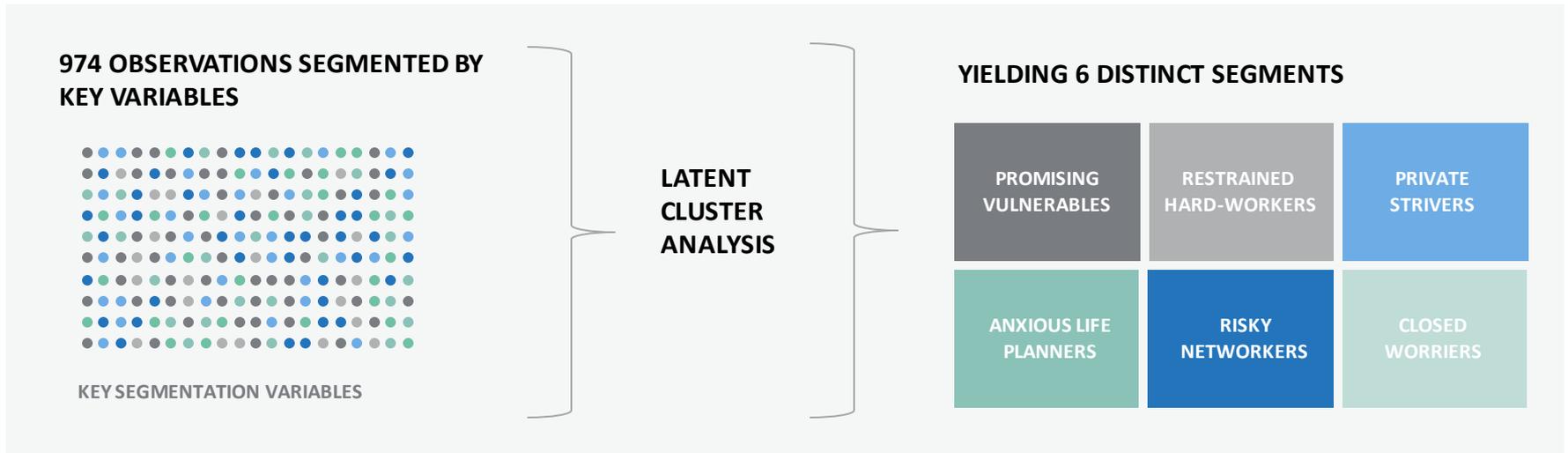
Segmentation, in this case, focused on the needs, behaviors, and attitudes of different subgroups within a population since those are determinants that have the most impact on behavior and addressing unmet demand.

1 Unmet demand constitutes those women who are sexually active, who say that pregnancy would be a problem, and are not using a modern contraceptive method.

TYPES OF SEGMENTATION

IMPACT ON BEHAVIOR

DEPTH OF RESEARCH METHODS NEEDED

DEMOGRAPHIC

PSYCHOGRAPHIC

BEHAVIORAL

NEEDS, BEHAVIORS, & ATTITUDES

Demographic & Health Survey focus

Focus of (re)solve segmentation
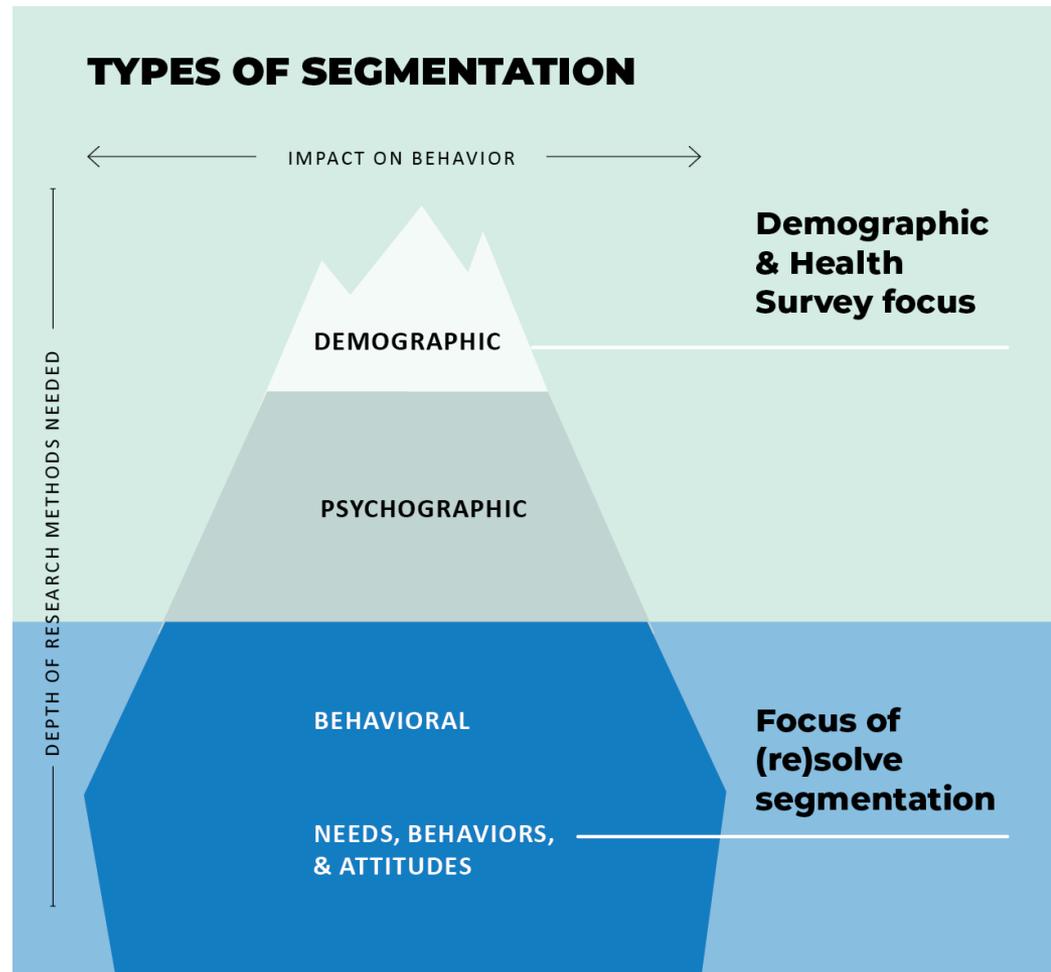
APPROACH TO SEGMENTATION

(re)solve identified six segments or archetypes based on demographics, personal agency, and attitudes and norms

974 OBSERVATIONS SEGMENTED BY KEY VARIABLES

KEY SEGMENTATION VARIABLES

LATENT CLUSTER ANALYSIS

YIELDING 6 DISTINCT SEGMENTS

PROMISING VULNERABLES	RESTRAINED HARD-WORKERS	PRIVATE STRIVERS
ANXIOUS LIFE PLANNERS	RISKY NETWORKERS	CLOSED WORRIERS

INFLUENCING DRIVERS OF INTENTION

ATTITUDES

- If pregnancy would be a problem
- Confidence in getting care she needs at health clinics
- Believes FP has too many side effects

- Does not want another child
- Thinks she is not sexually active enough to be at risk of pregnancy

SOCIAL NORMS

- How many coworkers does she think use FP?
- Embarrassment if others knew she was using FP

- Discusses sex or FP with other garment workers
- Embarrassed to talk about FP with partner

AGENCY

- Her opinion is considered important for deciding to use FP
- Can spend or save money she earns as she wishes
- Has attended a FP consultation

- Believes she can turn around her family's situation
- Think it is okay to use contraceptives without partner knowing

Determines each segment's level of current use of modern contraception, risk propensity, social openness, and need for limiting

SEGMENTS IDENTIFIED

(re)solve identified six segments or archetypes based on the following: attitudes, social norms, and agency. Women in each segment experienced these drivers of intention to different degrees. (re)solve used four multi-driver axes to compare segments:

CURRENT MCPR: Current use of modern methods

RISK PROPENSITY: Believes MR is a substitute for FP; thinks she can turn around life situation; not concerned about FP side effects; will use FP without informing partner

SOCIAL OPENNESS: Thinks most or all coworkers use FP; discusses sex / FP with coworkers; low embarrassment if other people knew she was using FP; low embarrassment to talk about FP with partner

NEED FOR LIMITING: Difference between actual and ideal number of children; states she doesn't want any more children

Our solutions address many of these drivers of intention and their variable influence across segments.

PROMISING VULNERABLES
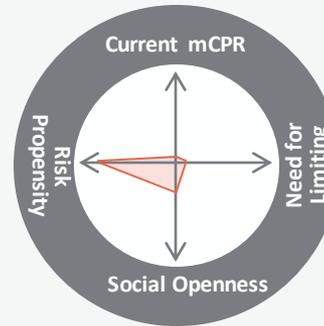
CLOSED WORRIERS
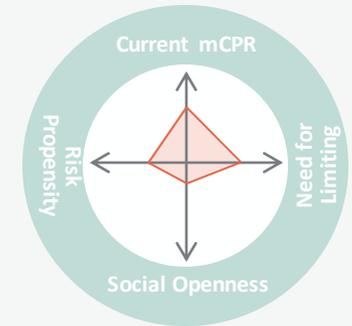
ANXIOUS LIFE PLANNERS
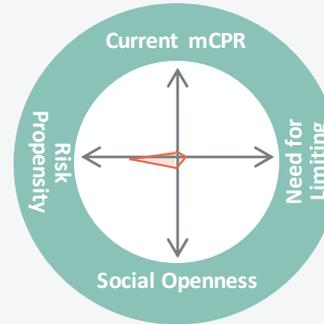
RISKY NETWORKERS
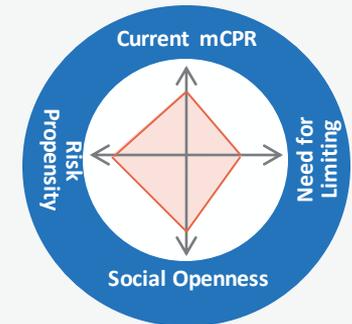
PRIVATE STRIVERS
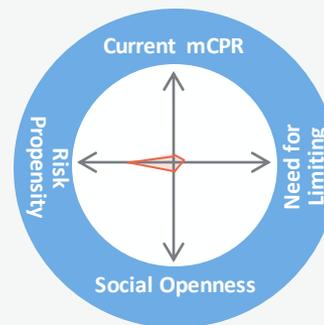
RESTRAINED HARD-WORKERS
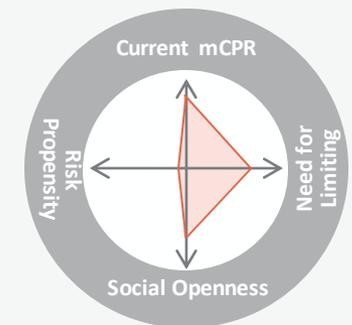
BEHAVIORAL DIAGNOSIS
IN BANGLADESH

3

+ **Goal of behavioral diagnosis**

+ **Approach to behavioral diagnosis**

+ **Multiple bottlenecks in Bangladesh**

+ **Mapping bottlenecks by segment**

GOAL OF BEHAVIORAL DIAGNOSIS

Generate hypotheses and test them empirically

Through the structured process of behavioral mapping we generate hypotheses on the behavioral drivers (bottlenecks) of nonuse which stretch our thinking. Qualitative research and observation enables us to test and refine these behavioral bottlenecks and their underlying drivers.
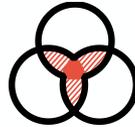
Enrich insights from segmentation

A mixed methods approach allows us to more fully understand the lives of girls and how they make decisions, not only about contraceptive use, but how these decisions fit into her life. Using a profiling tool to link respondents to segments helps us understand which bottlenecks affect which segments and where they may share challenges.

Establish direction for design

The ultimate objective of diagnosis is to set the direction for design. The underlying drivers that we identify as triggering bottlenecks are what we will be looking to change or affect through our designs. This allows us to move into design with evidence-based design challenges.

UNDERLYING DRIVERS are elements in the environment that trigger or contribute to the behavioral bottleneck.

APPROACH TO
BEHAVIORAL DIAGNOSIS

TYPE OF INTERVIEW	NUMBER*
Garment workers*	55
Partners of garment workers	20
Health providers	10
TOTAL	85

+

**5 observations
at health facilities**

*Segments represented: closed worrier – 23; risky networker – 24;
restrained hard-worker – 3; private striver – 2; promising vulnerables – 0;
anxious life planners – 0

Behavioral Mapping
Generate hypotheses around the behavioral bottlenecks that may be contributing to the problem of nonuse and underlying drivers that trigger those bottlenecks.

Instrument Development
Develop interview and observation guides based on the hypotheses generated during behavioral mapping.

Fieldwork
Conduct site visit in Marie Stopes Bangladesh clinics and surrounding communities.

Priority bottlenecks
Refine and prioritize the hypothesized bottlenecks and underlying drivers to target during design using evidence from fieldwork.
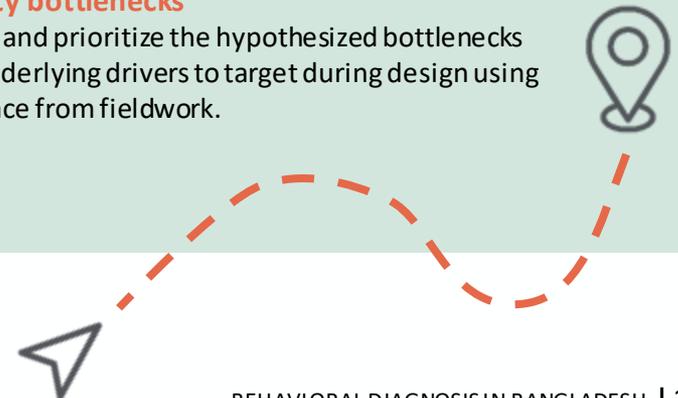
MULTIPLE BOTTLENECKS

**prevent garment workers from making and acting on decisions
to correctly use the contraceptive of their choice or switch methods**

I only take the pill on the days I have sex with my husband. I do not take the pill on the other days.

If I decide to stop taking the pill, I don't go back to see my health provider. Why would I? And, where's the time?

I finish work and household chores, and it's 1 am before I am in bed. I don't want to get up again to take the pill if I forgot.

I only have one child and want to have another. The IUD and implant are not for me.

My friend told me that you don't have to take the pill every day and you can take it only on the days you have sex and you will be fine.

Injectables made my friend infertile.

When I experience side effects, I stop using the pill. My husband uses a condom, but only sometimes.

I stop taking pills when I experience side effects. And then start again after I feel better.

Pills reduce my blood flow and that is a problem for me.

If I take a single tablet, I have to lie down because of headaches. I cannot get up, I cannot work.

I like getting pills from the pharmacist because he doesn't ask any questions.

If I get pregnant, I have other options.

Sometimes I remember to take the pill, sometimes I forget. I was on the pill and I still got pregnant.

Note: Examples of barriers reported by women
Illustrations by Jamie Hogan; hand lettering by Mahmudul Islam Forhad

MAPPING THE BOTTLENECKS BY SEGMENT

indicated that four segments experience most, if not all, bottlenecks

BOTTLENECK	Closed Worrier	Risky Networker	Private Striver	Restrained Hard-Worker
BOTTLENECK 1: Garment workers don't consistently use methods because there are no cues to remind them of consistent use.	X	X	X	X
BOTTLENECK 2: Garment workers don't appropriately use methods because they already believe they're using methods appropriately when they are not.	X	X	X	
BOTTLENECK 3: Garment workers don't appropriately use methods because the cost of doing so seems to outweigh the benefits.	X	X	X	
BOTTLENECK 4: Garment workers don't switch to another method when experiencing issues because they have limited options in their choice set.	X	X	X	

Note: Respondents from four of the six possible segments were interviewed in behavioral diagnosis

DESIGN &
USER TESTING
IN BANGLADESH

4

+ **Design process**

+ **Solutions**

+ **(re)solve progress in Bangladesh & plans for future**

DESIGN PROCESS

Photo by Jana Smith

The prioritized behavioral bottlenecks and underlying drivers served as the primary input to designing solutions that would support garment workers in adhering to their method or switching methods.

Ideation
In the first phase, ideation, we generated myriad potential solution ideas to address the findings from behavioral diagnosis. ideas42 staff generated design ideas individually. Afterward, we participated in group ideation exercises to generate additional ideas and strengthen existing ones.

Synthesis
During the next phase, synthesis, we first consolidated ideas and design concepts. The project then rated each overarching design concept across several criteria. As a set, the top selected ideas were prototyped for user testing.

Prototyping
Prototyping the designs involved elaborating on each idea at a greater level of detail. We then built rough prototypes of each idea using word processing or presentation software.

User Testing
User testing was conducted across 4 Marie Stopes Bangladesh (MSB) clinics and catchment areas. We showed the prototypes to garment workers, partners of garment workers, MSB clinic providers, and pharmacists.

We observed their simulated use in the clinical setting and gathered direct feedback, including reactions to the general concepts, their content and format, and acceptability and perceived usefulness.

Based on these conversations and observations, we iterated on prototypes, making changes to content and format on a daily basis.

Piloting
We conducted an additional and intensive stage of testing to see how the solutions would work together on a small scale for one month. We refined the solutions and the implementation processes and procedures based on the findings. During piloting, we collected qualitative and quantitative data to answer outstanding questions around feasibility, acceptability, etc.

(re)solve SOLUTIONS

eliminate multiple barriers for garment workers and pill users in Bangladesh

আকর্ষণীয় বড়ি অফার

THE ENHANCED PILL PACK

Create a hassle-free way for women to get the information they want on pill usage

Support women with reminder stickers for the home to encourage consistent pill usage

Help women manage side effects or switch methods by reaching her before her side effects are severe

THE PLANNING PROMPT

Help her finalize a clear plan for how she will remember to take the pill

Help her assign someone to remind her to take the pill daily

INTERACTIVE TRAINING MODULE FOR CASE-BASED COUNSELING

Emphasize to the provider the role they play in helping women manage side effects or find alternative and acceptable methods

EVOLUTION: PLANNING PROMPT FOR PILL USERS

1
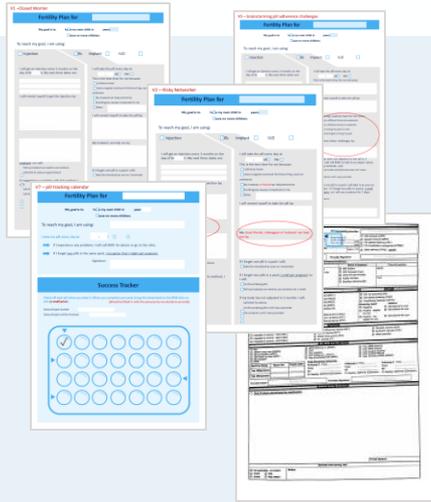
FEEDBACK

We user-tested various versions of the Planning Prompt including ones that asked the client about her fertility goals; one that provided incentives for consistently taking pills everyday; and another for considering a long-acting method. These versions addressed the unique needs of each segment.

Providers reacted favorably to the most basic version, which included prompts for when a client wants to take her pill, and documents her plan for taking a pill everyday.

All other versions were discarded because they required too much time to administer.

2

FEEDBACK

During piloting, we observed that health providers rarely used the open-ended section in the middle.

Providers suggested that we change the open-ended section and include multiple-choice options instead.

3

SOLUTION

The final version is designed to fit into the Health Appointment Booklet that each new client receives and retains.

EVOLUTION: ENHANCED PILL PACK

(The evolution of the sticker)

1

FEEDBACK

We user tested several versions of the stickers.

Women responded very positively to these. Some women preferred the discreet version, others preferred the more direct graphic (a woman taking a pill or the picture of a pill pack).

2

FEEDBACK

During piloting, we observed that women used the stickers in their homes.

We noticed that women peeled off not only the stickers, but also the section of the sticker with the hotline number.

Women told us that they liked having the number visible on the wall.

3

SOLUTION

In the final design, we added another sticker containing the Marie Stopes Bangladesh logo and the hotline number.

EVOLUTION: ENHANCED PILL PACK
(the evolution of the instruction sheet) + supportive communication

1
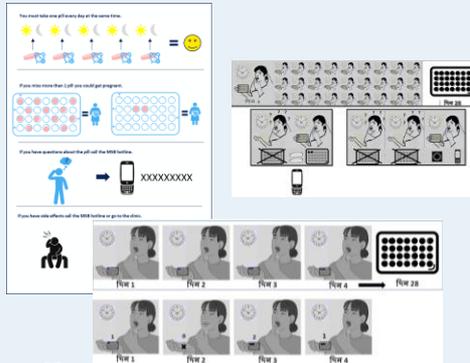
FEEDBACK

We user tested several versions of the instruction sheet with little no consensus on which version women clearly understood and preferred. Each version presented its own challenges.

The idea resonated with women, nonetheless, when we explained its purpose.

2

FEEDBACK

We user tested several versions of an "exclusive" invitation to the supportive communication service in a colorful envelope. The format that worked best was a simple description of the service without much detail of the offering.

We also eliminated marketing it as a "new offer" on the box cover since we heard that it may be perceived to be counterfeit.

3

SOLUTION

During piloting, we found that pill users and their husbands reacted positively to the content.

Initial results suggested that women were using the reminder stickers as intended. Take-up of the supportive communication service was relatively low in the pilot period so we expanded enrollment to the supportive communication service to include women calling the hotline on their own who use the pill rather than limiting it to women who received the invitation in their pill pack.

EVOLUTION: INTERACTIVE TRAINING FOR PROVIDERS

for case-based counseling

1

FEEDBACK

Providers liked the scenarios in the module and deemed their content appropriate.

Providers confirmed that they cannot type in Bangla but were open to a module where their responses would be recorded through dictation.

The Marie Stopes Bangladesh Training team and the Pathfinder Shukhi Jibon team liked the idea of a digital training tool, which could complement existing training on FP counseling and could be delivered.

2

FEEDBACK

We worked with a local development team to create and user test a training app with secure log-ins for users.

During piloting, we created scores for each provider and additional log-ins for quality assurance teams, who wanted to access the scores and recordings to track progress over time.
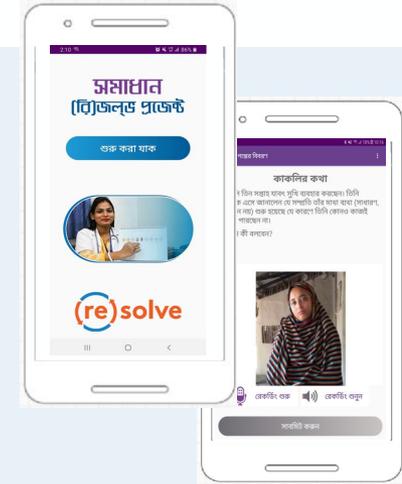
3

SOLUTION

The 'Somadhan' app is available on Google Play.

We designed it so that it can be rebranded and used by any other implementing organizations interested in tools for on-the-job training of providers counseling garment workers across the country.

SOLUTION: PART 1

PLANNING PROMPT FOR PILL USERS

The prompt introduces an opportunity for providers to help pill-user clients to create a "plan" for using and continuing oral contraceptives.

The card contains information on:

+ When she plans to take the pill everyday

+ Who she will assign to help remind her to take the pill (husband, friend, family member, colleague, etc.)

+ What she will do if she experiences side effects

SOLUTION: PART 2

ENHANCED PILL PACK + SUPPORTIVE COMMUNICATION FOR SIDE-EFFECT MANAGEMENT OR SWITCHING

The enhanced pill pack available at the clinic and neighboring pharmacies includes:

+ Pink envelopes that are distributed at clinics; blue envelopes at pharmacies

+ Reminder stickers to help women remember to take the pill

+ A visual instruction sheet to remind women to take the pill every day

+ Phone number for the Marie Stopes Bangladesh hotline to enroll in a free supportive communication service using integrated voice response. This service allows women to receive reminders to take the pill or information on how to correctly adhere to the pill and strategies to manage side effects

VISUAL INSTRUCTION SHEET
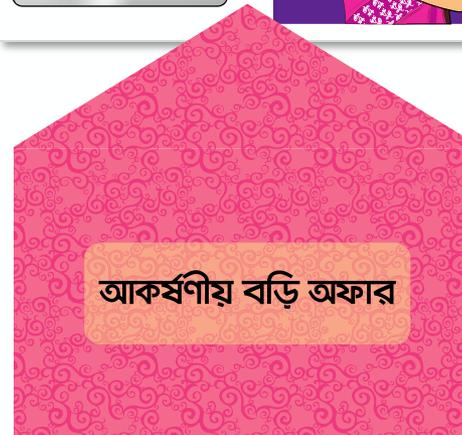
**INVITATION ENVELOPE**

REMINDER STICKERS

SOLUTION: PART 3

INTERACTIVE TRAINING FOR PROVIDERS FOR CASE-BASED COUNSELING

'Somadhan' ('to resolve' or 'solution' in Bangla) is a digital app that supports improved counseling through repeated scenario-based learning and feedback on responses.

The training module consists of:

+ Hypothetical scenarios of garment worker clients generated from behavioral diagnosis

+ A 'record' button records providers' responses to most closely mimic what a real counseling interaction would be like

+ After submitting their response, the correct counseling content is revealed allowing providers to quickly assess and highlight their response against the messages they need to communicate in that scenario
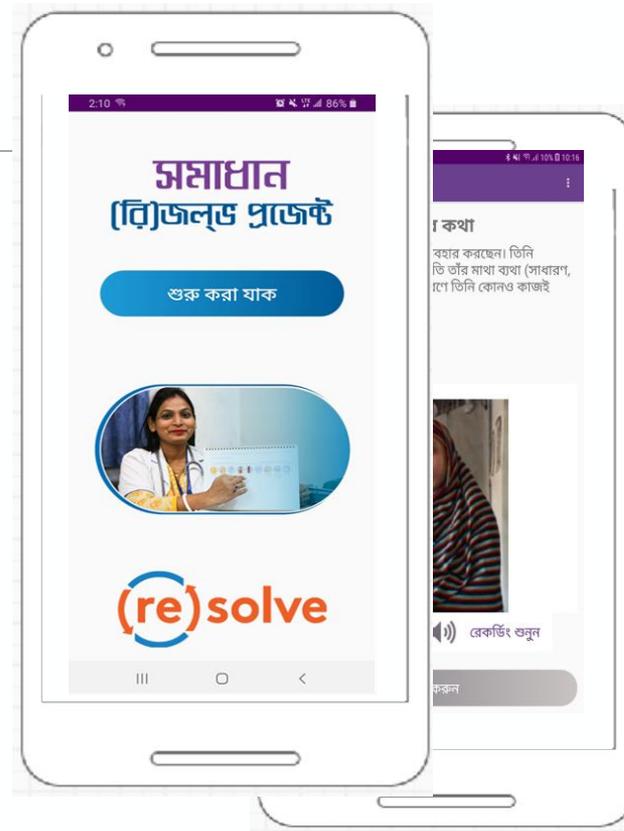
+ Quality Assurance/Training Team downloads recorded answers, evaluates and grades them

+ QA team identifies any gap in counseling responses and plans for refresher training

(re)solve PROGRESS IN BANGLADESH

& plans for future

We are scaling up our solutions through Pathfinder-led, USAID-funded Accelerating Universal Access to Family Planning, also known as *Shukhi Jibon*. The project provides support to the Ministry of Health and Family Welfare to strengthen health systems for increased accessibility of family planning.

Photo by Rahin Khandker

The work under (re)solve ended in Bangladesh in November 2020 due to the impact of the COVID-19 pandemic. We have, however, been able to work with the Directorate General of Family Planning to scale up our solutions through Shukhi Jibon.

As of March 2021, the DGFP is scaling up these solutions in 50 urban garment factories as part of the national Urban Health strategy. The Shukhi Jibon project will test the effect our solutions have on improving consistent use of oral contraceptives, discontinuation, and guided switching to other methods that women choose.

During this testing period, we will reach approximately 50,000 garment workers, an estimated 20,000 of whom currently use oral contraceptive pills. The government will scale up the initiative to a broader scale, in the next health sector program, with evidence of effectiveness from this testing phase.

(re)solve

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