Breakthrough ACTION Philippines

INSIGHTS REPORT

Examining and designing women-centered solutions to reduce contraceptive discontinuation in the Philippines

Submitted to: USAID

Submitted by: Breakthrough ACTION

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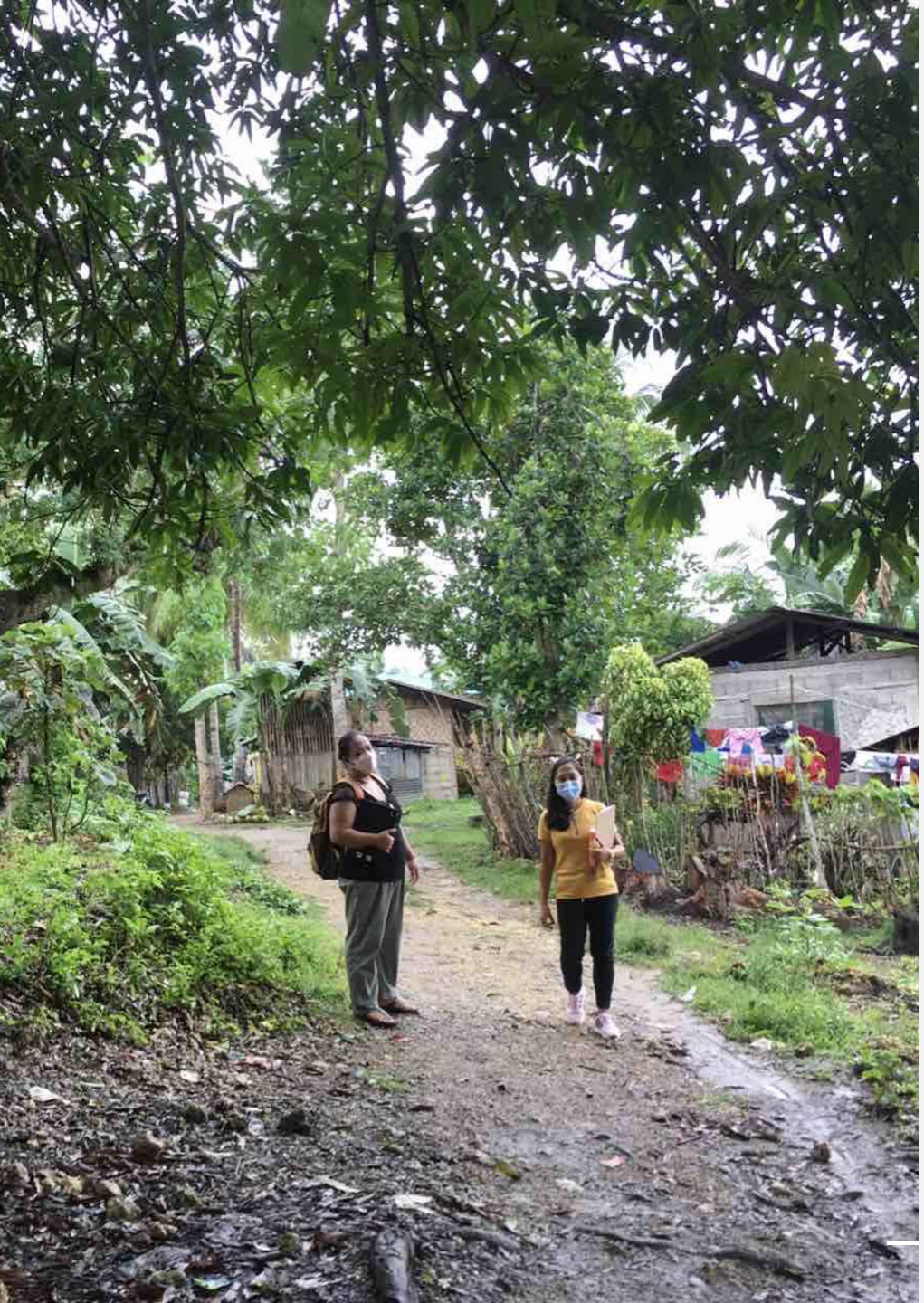
USAID FROM THE AMERICAN PEOPLE

Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE



Introduction

Between July and November 2021, the Breakthrough ACTION team (in conjunction with ReachHealth Philippines) embarked on a project to examine and design user-centered solutions to reduce contraceptive discontinuation in the Philippines.

This report introduces the intent and genesis of the project, culminating in a deep dive into the main findings uncovered during fieldwork i.e. themes and insights around the attitudes, behaviours and habits of users (and related influencers) leading to their discontinuation.

This report also ends with some preliminary opportunity areas for further exploration in the next few phases of designing, prototyping and testing.

Contents

Acronyms

BCC	Behaviour Change Communication	**LAPC**	Long-Acting Progestin-only Contraceptives
BHC	Barangay* Health Centre	**LARC**	Long-Acting Reversible Contraception
BHU	Barangay Health Unit	**MCH**	Maternal and child health
BHW	Barangay Health Worker	**PH**	The Philippines
CDT	Core Design Team	**POPCOM**	Commission on Population and Development
CHW	Community Health Worker	**SBC**	Social and Behaviour Change
DOH	Department of Health	**RHU**	Rural Health Unit
FP	Family Planning	**SBC**	Social and Behaviour Change
HCD	Human-Centered Design	**USAID**	United States Agency for International Development
HCP	Healthcare Provider		
HMW	How Might We		

*Barangays are defined as the smallest administrative division in the Philippines and is the native Filipino term for a village, district, or ward. In metropolitan areas, the term often refers to an inner city neighborhood, a suburb, or a suburban neighborhood

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PROJECT BACKGROUND

Project background

Contraceptive discontinuation has been documented in many countries and is an important indicator of unmet needs. While there is indication that improved quality of counseling at contraceptive initiation improves continuation, evidence is mixed.

Based on evidence to date, little is known about the decision-making processes leading to discontinuation.

Context

In the Philippines, there is even less research around the motivations, behaviours and impact of discontinuation.

There is thus an opportunity to:

- Use innovative methods to help understand the context and situations leading to discontinuation
- Use learnings and innovative ideas to inform future work addressing discontinuation
- Be a regional and global leader in addressing this activity through peer learning approaches

Posters on a wall in a Barangay Health Centre in Cam Sur, Luzon

The majority of Filipinos (81.4%) are Catholics, with implications on how families and women conceptualise family planning and child-rearing

Motorbiking around on fieldwork in Cebu, Visayas

Majority of households and barangays visited in the course of this project were of middle-low and low income households (C, D, E)

Aims of the Study

This study aims to address the following areas:

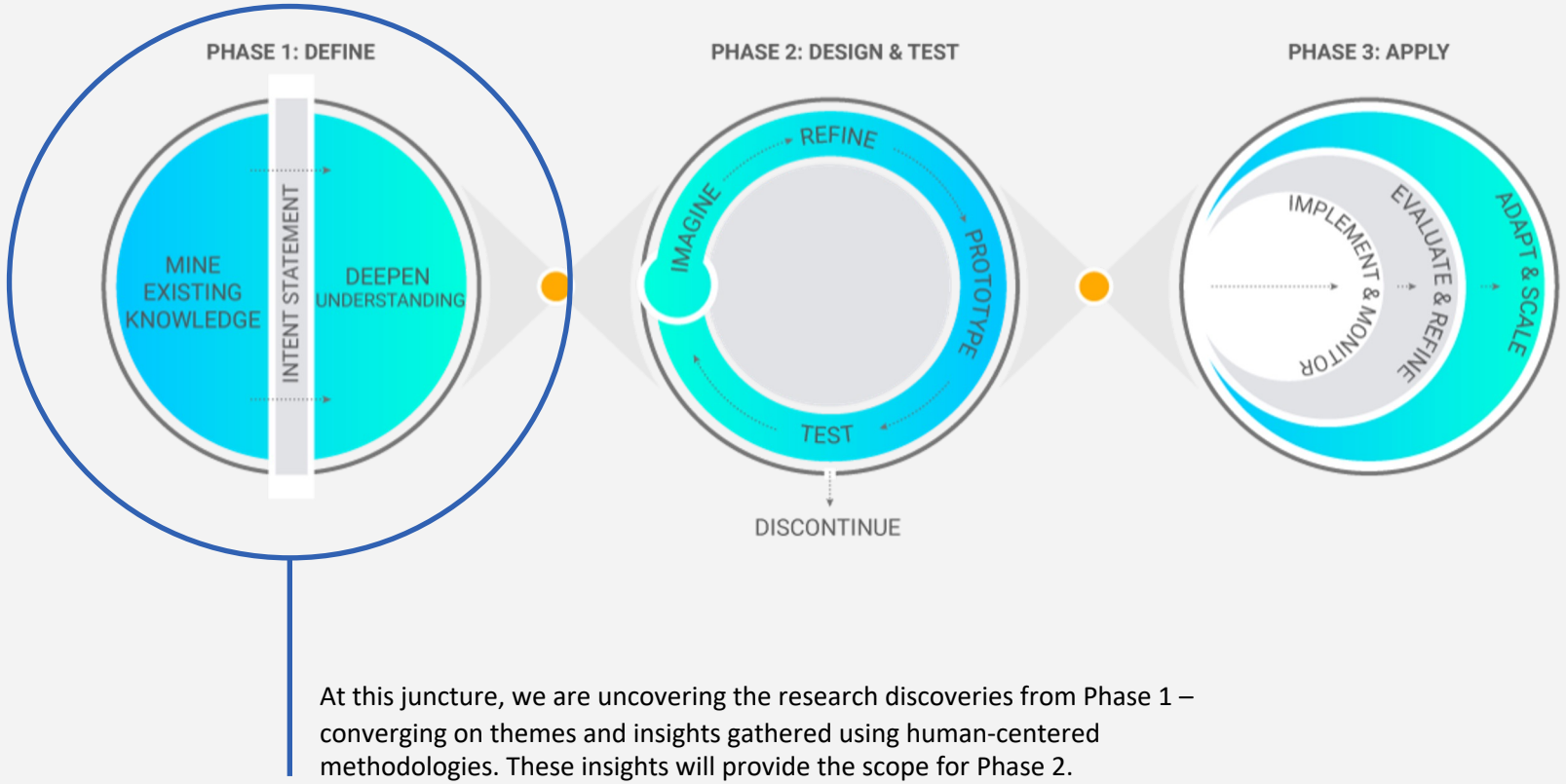
- To gain awareness of the Filipino woman's individual reproductive journey as a whole, including her views, biases, barriers and circle of influence.
- To identify potential barriers and areas for intervention within the Filipino woman's family and community.
- To understand how Healthcare Providers (HCPs) can pivot from a possible prescriptive mentality to one that is oriented on having an equal and sustainable partnership with the client.
- To identify potential areas within the HCP and client relationship; build empathy to improve interpersonal trust and communication as well as channels for support and assistance.

Note: In this report, we will be referring to the term 'discontinuer' to describe a user who has discontinued contraception

Guiding process - The SBC Flow Chart

The SBC Flow Chart process is one of divergence and convergence, iteratively exploring broadly, then deciding how to act in order to address a specific design challenge.

The implementation of the Flow Chart is done through three key phases: (1) Define, (2) Design and Test, and (3) Apply. These phases are linked by transitional stages where the strategy is developed and refined.



At this juncture, we are uncovering the research discoveries from Phase 1 – converging on themes and insights gathered using human-centered methodologies. These insights will provide the scope for Phase 2.

Overall Process – Define Phase

During **this first phase of the process,** qualitative information was collected while building empathy with the users through various research tools and techniques. The team analyzed the new research findings and learnings as “insights”, which are significant shifts in perspective that help to uncover unthought-of opportunities. Insights connect information and inspiration in new ways to perceive a situation in an unexpected way to gain an accurate and deep understanding of a person or a situation.

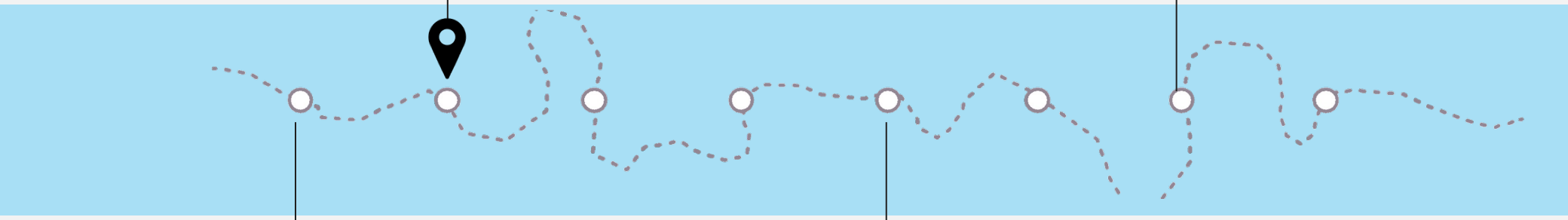
PHASE 1 | DEFINE

Goal

To have a deep understanding of the Filipino woman’s contraceptive journey, her experiences with healthcare providers, as well as her latent motivations, needs, fears and influences around contraceptive usage

1. Establish a shared vision of the **intent** of the activity, a common understanding of challenges and opportunities and collective action towards a shared solution.
2. Obtain in-depth **insights** into experiences, motivations and opportunities to reduce contraceptive discontinuation
3. Strengthen the **capacities** of teams and partners in Human-Centered Design (HCD).

Timeline of Project



DEFINE PHASE 2
DISCOVERY

- Capacity Strengthening Workshop for CDT
- Discovery Research Brief Session
- Fieldwork*
- Midpoint Synthesis Session (with researchers)
- Insights Generation Workshop
- Insights Report

Aug – Dec 2021

DESIGN AND TEST PHASE
IMPLEMENTATION TOOLKIT DESIGN & TESTING - MIDDLE/HIGH FIDELITY

Apr – July 2022

DEFINE PHASE 1
INTENT

- Inception Workshop
- Intent Workshop
- Core Design Team established
- Intent Statement

June - Aug 2021

DESIGN AND TEST PHASE
CO-DESIGN & TESTING SPRINT 1 - LOW/MIDDLE FIDELITY

Jan – Apr 2022

*Due to travel restrictions, field work was conducted with the help and collaboration of the ReachHealth teams across the three research locations i.e. Luzon, Visayas and Mindanao.

Intent Statement – At a Glance

CURRENT STATE

Project Context

High contraceptive discontinuation has been documented in many countries, including the Philippines (PH), and it is an important contributor to unmet needs. While many programmes focus on bringing in new users, maintaining those who have already adopted contraception at least once is not something that has received as much attention. Little is known about the decision-making processes leading to discontinuation.

Hence, Breakthrough ACTION will be conducting a HCD process in PH to explore the decision-making processes and service experiences around contraceptive adherence and discontinuation and identify specific touchpoints and/or opportunities to intervene.

DIRE LACK OF KNOWLEDGE AROUND DISCONTINUATION IN REGION

There is little data around hat is driving discontinuation in PH which is a barrier to effective and necessary Family Planning (FP). Little is known about what misconceptions users have around contraceptives.

GAP IN KNOWLEDGE OF USER'S POV

Taking a supply-driven approach in FP is currently insufficient to understand low demand – requires stronger understanding of the context, gaps and barriers faced by women and couples

GAP IN HEALTH INFORMATION SYSTEMS

Currently, discontinuers are not tracked adequately by health providers, there is little data on drop-outs, their intentions and nature of issues faced

AN OPPORTUNITY FOR SOCIAL AND BEHAVIOURAL INTERVENTIONS

With this research, more specific touchpoints can be identified to prevent discontinuation from taking place

Who is Involved

FUNDERS

USAID, Breakthrough ACTION, ReachHealth

GOVERNMENT REPRESENTATIVES

Department of Health, Commission on Population and Development (POPCOM)

Local Government Units

IMPLEMENTERS

Healthcare providers (HCPs), coordinators

INFLUENCERS

Partners, family members / elders, community leaders

USERS

Filipino women themselves

Intent Statement – At a Glance

HOW DO WE GET THERE?

Strategic Shifts

From	>	To
Reducing contraceptive discontinuation in PH		
Assumptions of the woman's reproductive journey i.e. transition points, circle of influence in woman's decision making around contraceptive usage	>	Awareness of the woman's individual reproductive journey as a whole i.e. her views, biases, barriers and circle of influence
Assumptions on the views and barriers of the woman's partner, family and immediate community around contraceptive usage	>	Identification of potential barriers and areas for intervention within the woman's family (including her partner) and community
HCPs having a prescriptive mentality when dealing with their clients	>	HCPs having an equal and sustainable partnership with clients (the woman)
Lack of knowledge around relationship dynamics and inconsistencies within HCP and client (the woman) relationships	>	Identification of potential areas for building empathy so it may lead to improving interpersonal trust and communication and HCP channels of support and assistance

Focussing Question

How might we understand the Filipino woman's contraceptive journey and improve the approach of healthcare providers to lower discontinuation?

Intent Statement – At a Glance

FUTURE STATE

Success from different perspectives

Women themselves will say:
I have autonomy and agency to make the best FP choices for myself and my family – this makes me more confident and stress-free. I do not need to depend on hearsay or blindly follow someone else's FP pathway.

I have the knowledge of the full range of contraceptive possibilities, risks and benefits. Thus, my decision making to start, stop or switch is based on what suits me best to achieve my desired outcomes.

Partners, family members around them will say:
We have more control over our finances, quality of life and future planning as a couple/family as we can make the best FP decisions for ourselves.
We feel a sense of pride and confidence in being able to plan for our families well – we have less fears or doubts when it comes to decision-making around contraceptive usage/switching.

Healthcare providers will say:
We see our clients as equal partners in our relationship with them and are committed to co-creating solutions with them instead of going with the solution we think is best.

We seek to establish relationships based on trust and communication, so our clients feel confident in approaching us for advice. This also enables us to prevent potential discontinuers by engaging with them prior to stopping their methods.

Healthcare administrators and policy planners will say:
We have consistent systems/strategies in place to track our client journeys in an organised manner. This enables us to create better client strategies moving forward with the rich evidence on hand.

2

RESEARCH APPROACH

Research Methodology

This research posed the challenge of addressing a taboo within three culturally different regions of the Philippines. Ethical research principles were followed to guarantee a safe and respectful research process that our respondents are comfortable with. Building empathy was paramount to ensuring participants felt secure and free to share what they really thought and felt.

Ethnographic research techniques were also employed to uncover the behavioural drivers and barriers of women, other players that influenced them such as family members, and potential collaborators such as healthcare providers.

These techniques included in-depth interviews, ethnographic observations (potentially self-ethnographic activities) activities and role play scenarios. The research participants were selected using specific pre-established criteria as well as a participatory approach, mobilizing persons who were contraceptive users to refer us to people within the communities that could be engaged.

Ethnographic in-depth interviews using empathetic listening

Stories-based interviews to draw out and engage respondents

In-field observations in user's natural environment

Research Criteria

PRIMARY TARGET AUDIENCE

- **Lapsers:** Have previously used but stopped for various reasons e.g. side effects, health reasons
- **Occasional lapsers:** Do not use contraception regularly
- **Exclusionary criteria:** This study excluded women NOT using any form of contraception for family planning reasons e.g. to have children
- **Socio-economic class of beneficiaries*:** Socio-economic class in the Philippines are classified by estimated monthly household income. For this study, we focused on those from classes C, D and E.
    - Class A: PHP 100,000 and up
    - Class B: PHP 50,001- 99,000
    - Class Upper C: PhP 30,001 - 50,000
    - Class Broad C: PHP 15,001 - 30,000
    - Class D: PHP 8,001 - 15,000
    - Class E: below PHP 8,000

SECONDARY TARGET AUDIENCE

The following secondary target audiences were also engaged as their relationships with the users helped unearth insights into the users' family planning decisions and their role as influencers.

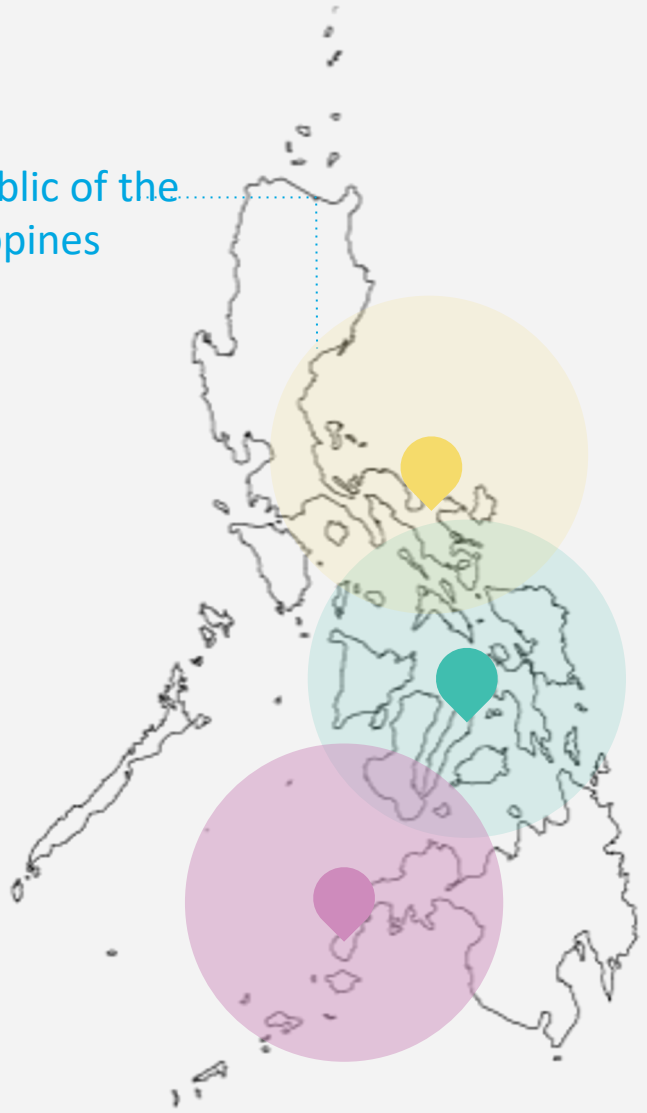
- Partners of contraceptive discontinuers
- Health Service Providers (HSP) / Healthcare Providers (HCPs)
- Community Leaders
- Close family member or peer (excluding partners)
- Municipal / Official representative within the town / region

***Source:**
http://2040.neda.gov.ph/wp-content/uploads/2016/06/AmBisyonNatin2040_Technical-Details-of-the-National-Survey.pdf

Research Criteria

		3 SELECTED REGIONS		
(n=60)	**Across regions (urban, peri-urban, rural - TBC)**	**Luzon (Region 5) (n=20)**	**Visayas (Region 7) (n=20)**	**Mindanao (Region 9) (n=20)**
	Socio-economic class of *beneficiaries*	C, D	D, E	C, D
User Type		Fair mix of past contraception methods, refer to Recruitment Criteria		
Beneficiary - Discontinuers (18-45 yo) (n=27)	Single with/without Kids (x3) Married without Kids (x1) Married with Kids (x5)	Fair Mix of: ● Short-Acting (injectables, condoms, pills) ● Long-Acting (IUDs, implants) ● Natural/None (withdrawal) **Usership: Discontinuers** 9	Fair Mix of: ● Short-Acting (injectables, condoms, pills) ● Long-Acting (IUDs, implants) ● Natural/None (withdrawal) **Usership: Discontinuers** 9	Fair Mix of: ● Short-Acting (injectables, condoms, pills) ● Long-Acting (IUDs, implants) ● Natural/None (withdrawal) **Usership: Discontinuers** 9
Partner (n=6)	Boyfriend / Husband / Partner (x2)	2	2	2
Collaborator (n=27)	Healthcare Provider (HCP) (x3) -CHW / BHW	3	3	3
	Community Influencer: (x4) - Barangay - Youth Group - Religious Youth Group Leader	Fair Mix of: -All types listed 4	Fair Mix of: -All types listed 4	Fair Mix of: -All types listed 4
	Close Family Member or peer influencer (x1) * Does not include husband/boyfriend	1	1	1
	Municipal/Official Representative (x1)	1	1	1

Geographic Scope



Three teams made up of local ReachHealth personnel and 3 hired qualitative researchers conducted activities in Luzon, Visayas and Mindanao.

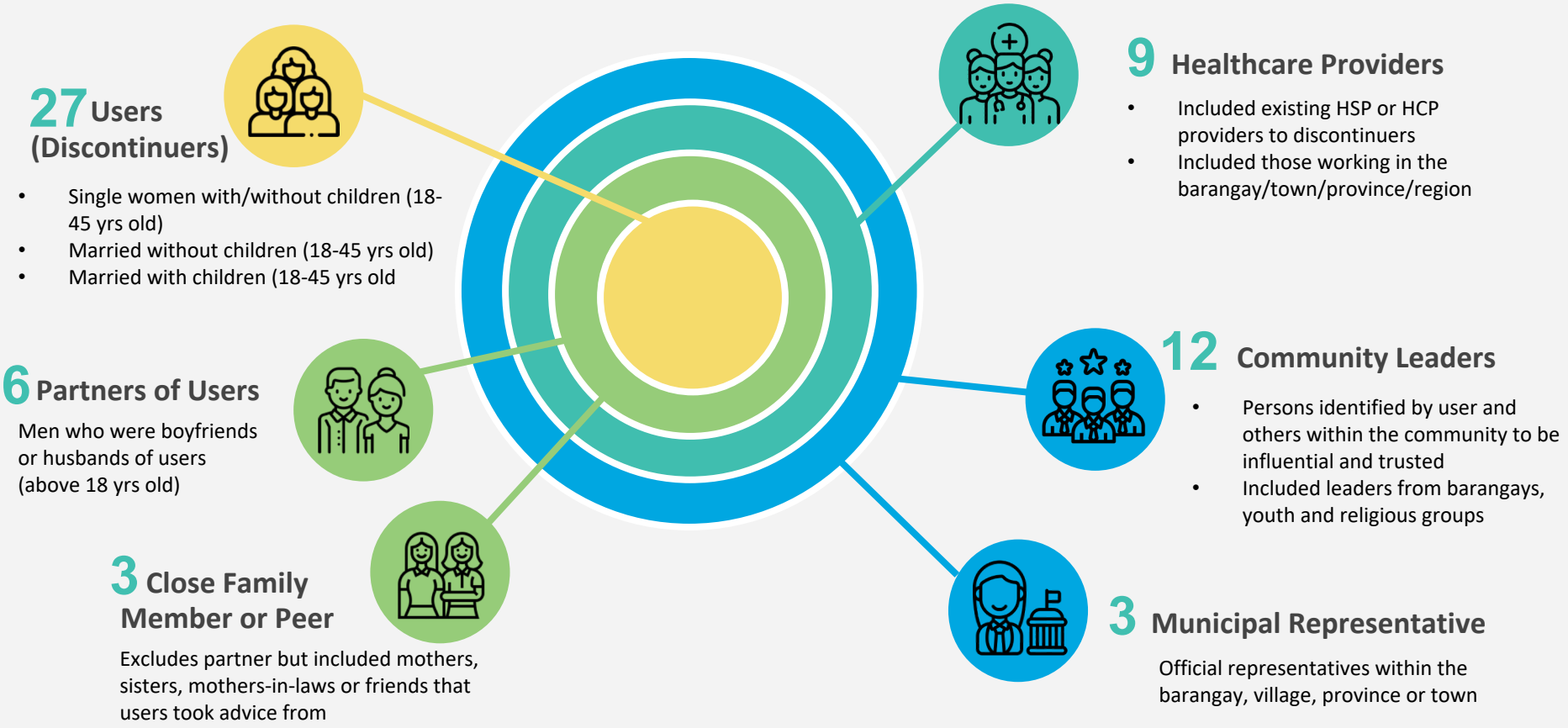
Due to the COVID-19 pandemic, Breakthrough ACTION (including ThinkPlace) team members based outside of the Philippines were unable to travel. Thus, fieldwork was conducted with the remote guidance of ThinkPlace HCD experts.

The Define Phase was led in:

- **Camarines Sur, Luzon**
- **Cebu, Visayas**
- **Zamboanga City, Mindanao**

Research Sample

The population engaged across the 3 regions were:



27 Users (Discontinuers)

- Single women with/without children (18-45 yrs old)
- Married without children (18-45 yrs old)
- Married with children (18-45 yrs old

9 Healthcare Providers

- Included existing HSP or HCP providers to discontinuers
- Included those working in the barangay/town/province/region

6 Partners of Users

Men who were boyfriends or husbands of users (above 18 yrs old)

12 Community Leaders

- Persons identified by user and others within the community to be influential and trusted
- Included leaders from barangays, youth and religious groups

3 Close Family Member or Peer

Excludes partner but included mothers, sisters, mothers-in-laws or friends that users took advice from

3 Municipal Representative

Official representatives within the barangay, village, province or town

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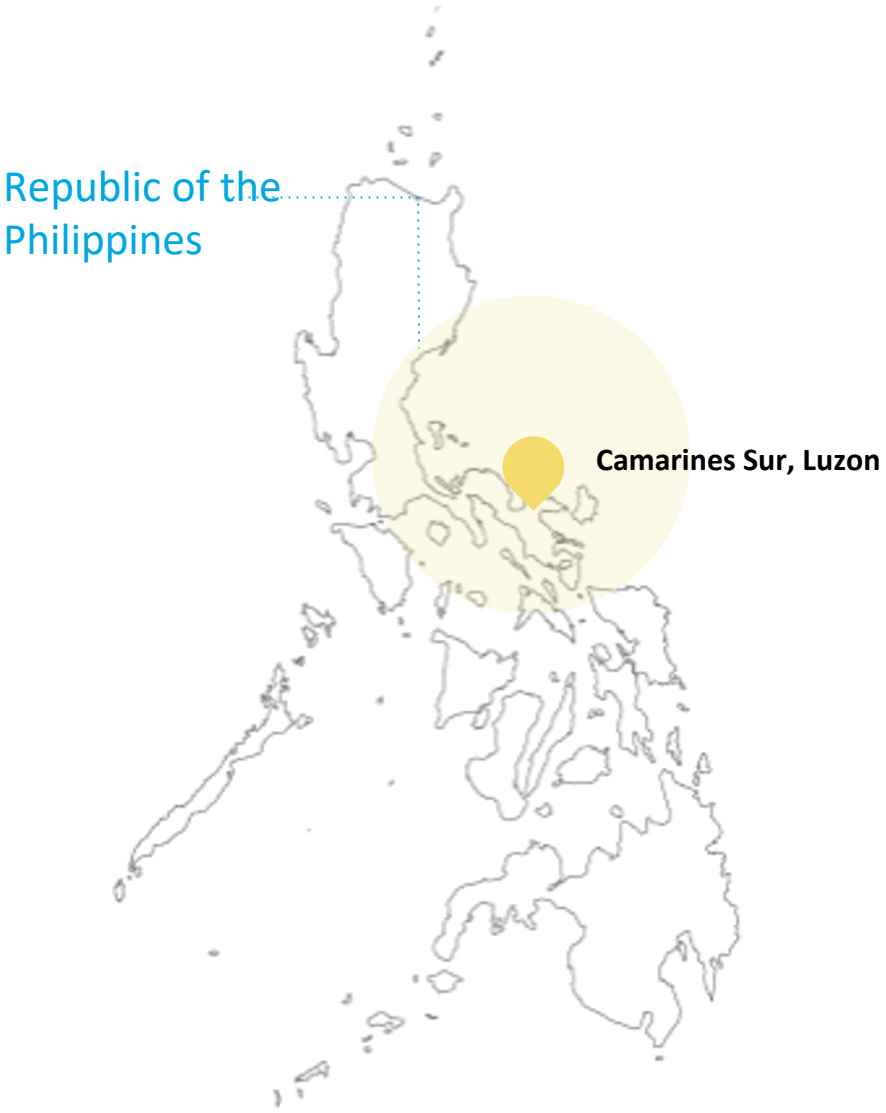
CULTURAL & CONTEXT SNAPSHOT

Cam Sur, Luzon



CAMARINES SUR, LUZON

Known as the “most competitive” city of the Philippines, Camarines Sur is Bicol region’s centre of commerce and industry and a trade centre for goods from Visayas and Manila. It was also cited as one of the best places for IT-BPO activities in the Philippines.

RESEARCH LOCATIONS

Villages/barangays visited:

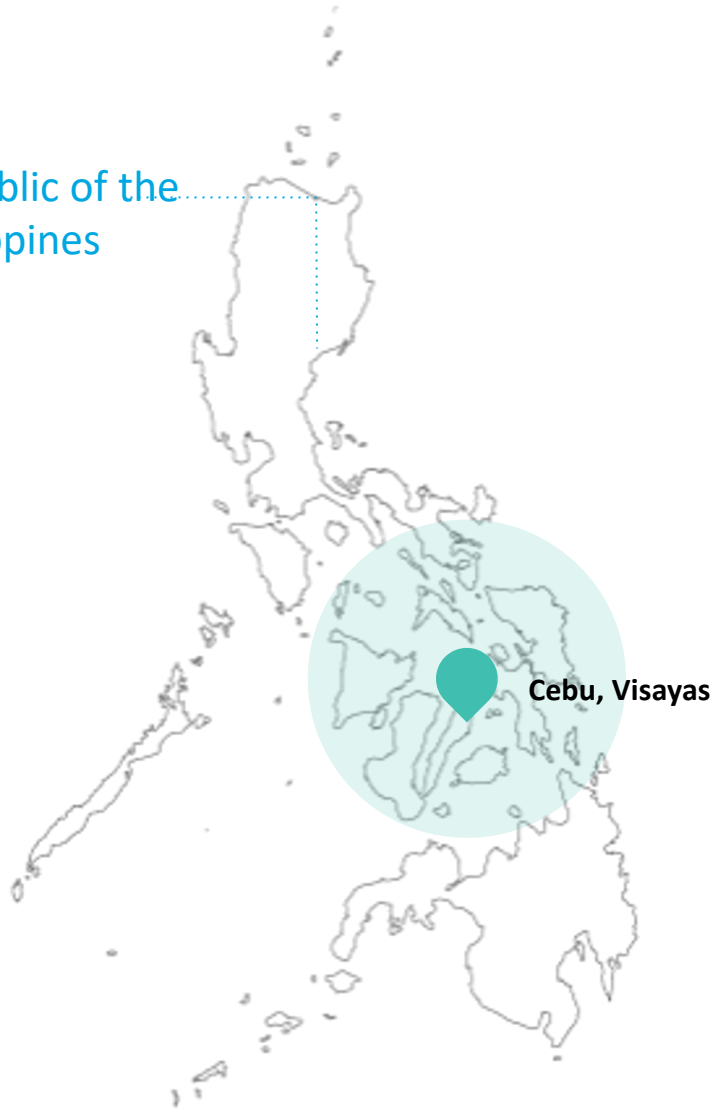
- Minalabac
- Tigaon
- San Fernando
- Barangay Santa Teresita, Canaman

PROFILE OF USERS

- Socio-economic classes D and E
- Some women hold own jobs or side hustles to support partner/husbands e.g., selling cosmetic products from home, temporary supermarket vendor stints
- Others are predominantly housewives
- Partners/husbands work in farms or as pedicab drivers

Source: https://naga.gov.ph/news/city-government/naga-romps-away-as-no-1-most-competitive-component-city-nationwide/, https://philippinescities.com/naga-city/, https://en.wikipedia.org/wiki/Naga,_Camarines_Sur

Cebu, Visayas



ALOGUINSAN, CEBU, VISAYAS

Aloguinsan is 73 km away from Cebu City, with 15 barangays in total. It is a laid back town, and proud of its eco-tourism. Those who have moved back to Aloguinsan love the town for its peacefulness and lack of traffic jams.

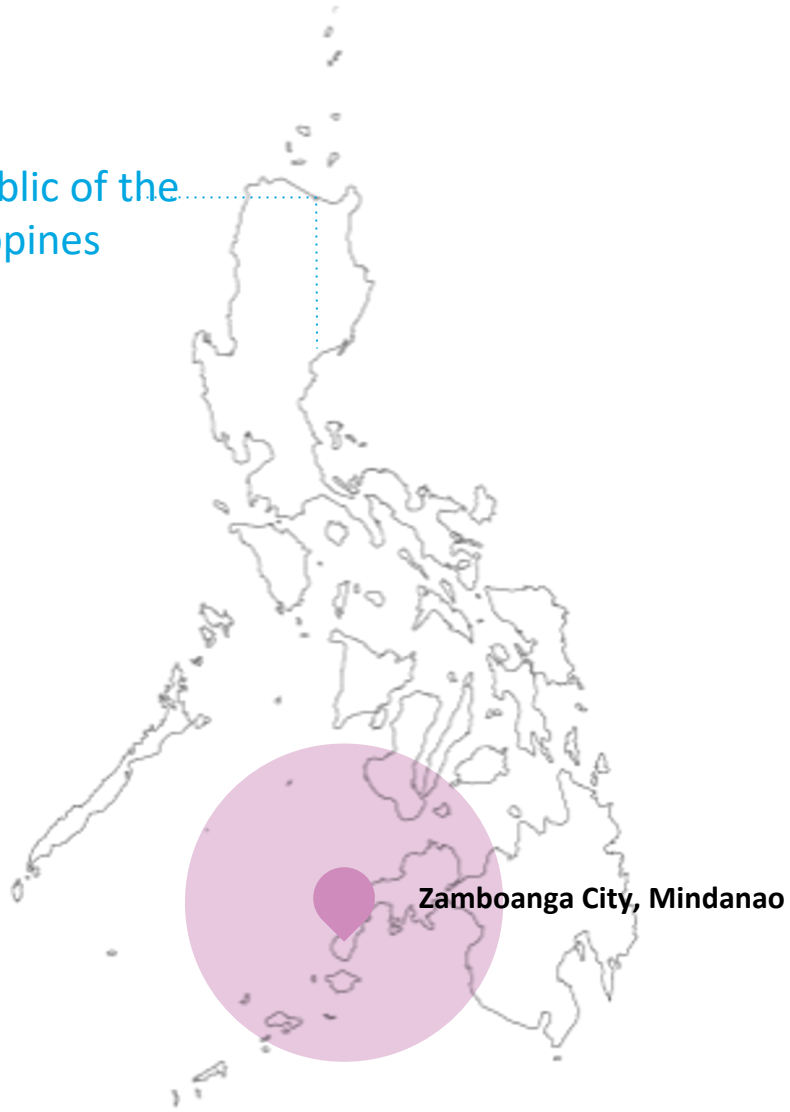
As a coastal town with water as the main lifeline, most townsfolk are involved in fishing and farming. While the younger generations have sought livelihood elsewhere, some have returned as they are used to the quietness and peace here.

PROFILE OF USERS

- Socio-economic classes C, D and E
- According to ReachHealth staff, teenage pregnancy is fairly common in Aloguinsan
- As a rural area, large families living together are not an uncommon sight

Source: https://www.travelingcebu.com/aloguinsan-municipality.html as well as anecdotal information from field researchers

Zamboanga City, Mindanao



ZAMBOANGA CITY, MINDANAO

Zamboanga City has historically been a multi-ethnic and religious population, marked by conflicts through generations. Most recently, the Zamboanga City crisis of 2013 saw a standoff between the MNLF and the national armed forces, with the city still undergoing rebuilding efforts today

RESEARCH LOCATIONS

Villages/barangays visited:

- Rio Hondo
- Santa Maria
- Santa Barbara
- Mampang

PROFILE OF USERS

- Socio-economic classes C, D and E
- Tensions between Christians and Muslims arise from time to time
- Sama, Badjau native communities falling behind economically
- Societal infrastructure still lacking due to armed conflicts, some impacting access to water, electricity etc.

Gender Dynamics in the Philippines

Historically, waves of colonialism (reinforced by religion) have entrenched the patriarchal system in the Philippines – in which the Filipino male is publicly acknowledged as the head and economic provider of the household, with his wife relegated to managing the private sphere i.e. children, finances and other domestic matters

Today, while the man is still seen as the proxy head of the family, there is greater acceptance of female empowerment in both public and private realms due to their economic weight i.e. Overseas Filipino Workers (OFWs) and more pervasive higher education qualifications, especially among the younger generations in the middle classes

IMPLICATIONS ON FAMILY PLANNING

1. Women possessed and owned the right to decide what was best for themselves, their bodies and their families
2. Across the 3 regions, users had different strategies involving their partners/husbands in the decision making. Across the board, most did not have any issues in supporting their user in FP-related decisions
3. Users possessed a matured level of knowledge of FP methods, benefits and side effects, aided by the sharing of information between their peers and familial communities

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THEMES & CORRESPONDING INSIGHTS

Lines of Inquiry

Below are the main Lines of inquiry (LOIs) which guided the Define Phase. They were the key and strategic questions that guided the team in conducting the discovery research in-field. In addition to these LOIs for the users, other ethnographic methods such as user-guided contraceptive journey maps and circle of influence maps were also used in each interview. (See example in Appendix)

Other LOIs produced for the 5 other profile types interviewed e.g. partner, HCP, can also be found in the Appendix.

Context

Sexuality, marriage and family

- What are the dynamics in her marriage/relationship and sex life?
- Who makes the final decisions when it comes to FP and other family matters?

Her reproductive journey

- What are her plans regarding children?
- What considerations, resources and support does she have with regards to children?
- Who are her influencers in decision making regarding FP?

Contraceptive Usage

Use of Contraception:

- What value does contraceptive usage bring to her life?
- How did she choose her contraceptive method and why?
- Who did she involve in this decision making?
- What expectations did she have around the method that were met and not met?

Discontinuation

- What made her decide to stop?
- How did she decide on when/how to stop?
- What changes did she feel since she stopped using FP?
- Does she have any plans to go back to FP?

Experience with HCPs

Credibility

- How does she source for information regarding FP?
- What services from HCPs does she currently use?
- What is the trust and communication like between her and her HCP?

Channels of Information

- Who does receive news from within the community?
- Who can she trust when it comes to news/information? What is credible or non-credible?

Major Themes and Insights: Users

From the fieldwork, research data reflected major themes and insights that have led the user to a state of contraceptive discontinuation, as well as her patterns of decision-making and major influencers behind these FP decisions.

1 RELATIONSHIP WITH FP

- Users are the main decision makers when it comes to FP, but husbands are informed/involved
- Users take initiative over their sexual and reproductive health
- Two different FP personas seen i.e. Hoppers vs Loyalists
- Strong rooted misperceptions due to reinforced communal beliefs

2 MOTIVATIONS + DRIVERS

- Financial benefits as the main driver behind FP and contraceptive usage
- Better quality of life as a twin driver with financial adequacy
- Secondary beautifying benefits provided by FP

3 USAGE: DECISION MAKING

- Strong cognitive biases due to groupthink and hearsay
- Cost and consistent access to FP as affecting longitudinal usage
- Varying decision-making journeys of users as affecting FP decisions

4 INFO + PURCHASE CHANNELS

- Trust as main variable determining hierarchy of information channels
- HCP as not the first port of call related to FP decisions
- Strong reliance on informal peer communities who may provide the wrong information

5 JOURNEY TOUCHPOINTS

- Need to map out key touch points i.e. drivers and barriers to understand where users exit their FP journeys
- Need to map out decision touchpoints involving other 'influencers' e.g. husbands to assess the extent of their influence

6 DISCONTINUATION

- List of side effects as causing general discontinuation
- Health side effects as the main cause of discontinuation
- Health vs Beauty as intermingled secondary causes for discontinuation
- Temporary discontinuation vs longitudinal discontinuation

*Hoppers are defined as users who hop and explore across different FP methods while Loyalists are users who stick to one FP method for their entire contraceptive journey

Major Themes and Insights: HCPs

From the fieldwork, research data reflected major themes and insights related to the current context of HCPs and service delivery vis-à-vis their role with regards to family planning within communities

7 HCP ECOSYSTEM

- Need to map out the ecosystem in which HCPs are located, to account for variables in various environments e.g. other players, HCP challenges

8 COMMUNITY PERCEPTIONS

- Community does not recognise / perceive HCPs as their first port of call when it comes to FP matters
- Lack of FP specialization
- HCP channel as predominantly to access free/cheap FP commodities

9 HCP CHALLENGES

- Multiple-hatting as part of the HCP functions
- FP as a downsized priority now during COVID-19
- 'High touch high effort' (high level of personal relationship building) HCP outreach method as unsustainable
- Lack of resources and manpower due to COVID-19 upheaval
- Lack of know-how

1 THEME 1: RELATIONSHIP WITH FP

I know what's best for me, and I make the final decision when it comes to family planning. I have sufficient information around FP methods, and I do my own research to help me decide on what I should do.

WHAT IT IS

- The majority of users were well acquainted with FP terminology and methods. There was no sense of apprehension or awkwardness discussing their concerns around contraceptive usage either, as such discussions are not uncommon among friends and female family members.
- Users in Zamboanga City were the exception as some came from more conservative Christian and Muslim households. In those circumstances, while FP is accepted societally, some users have to navigate around religious norms e.g. in the worst case, hiding FP commodities or strategically informing husbands on a need-to-know basis.
- Married users with children are especially savvy when it comes to FP knowledge, having experienced using at least one form of FP and encountering its pros and cons first-hand.

QUOTE

"I have the final decision on family planning because it is my body."
- Mindanao, 29 YO, Married with kids

"I suggested it (using contraceptives) to my husband because we were experiencing difficulties around taking care of our children. I told my husband that I want to practice FP. He agreed and admitted that it may be difficult to send them all to school."
- Luzon, 27 YO, Married with kids

1 THEME 1: RELATIONSHIP WITH FP

I am either a contraceptive hopper or a loyalist. If I have tried using more than one type of contraceptive, I am likely to continue exploring until I find a good fit for my needs. I heed the advice of the grapevine regarding FP i.e. some stories must be true if it is affirmed by others.

WHAT IT IS

- Exposure to a single or multiple FP methods determines if a user sticks to the same method even after suffering from side effects or jumps to another method
- Once a user has tried more than two FP methods, there is a tendency to explore a wider range of methods and find the best fit. Out of the users interviewed, younger users tended to be exploratory in their approach
- There is great trust in the communal grapevine among peers and/or the barangay that have reinforced misconceptions around FP. The common ones include:
  1. Blood congealed in the body makes you sick and predisposes you to cancer
  2. IUDs have a higher chance of rusting and rotting inside the body
  3. The uterus must rest whilst transitioning between FP methods
  4. Using FP will cause you to get more emotional or heated in general

QUOTE

"Some people say that if the implant doesn't get removed, you will never have your period again. And also if you get an implant, you are not allowed to work and lift heavy things."

- Visayas, 37 YO, Married with kids

"IUD was previously accepted within the community. Until there was an insertion malfunction incident, where a user experienced the thread being pulled off and cut, leaving other parts inside her. There have been a lot of talks and hearsays after that."

- Luzon, Midwife at RHU

Misconceptions spread through community ‘tsismis’ (gossip)

“There are really a lot of misconceptions about family planning and the use of contraceptives. One is if you have a cyst, you shouldn’t take pills. Another is you’ll varicose will be more prominent. Other beliefs include - IUD is automatically expelled from your body if you carry something heavy; if you use depo, your blood will congeal in your uterus and will lead to myoma. It’s frustrating that they don’t believe you no matter how many times you explain that those myths are not true.”

- Visayas, Barangay Health Worker

2 THEME 2: MOTIVATIONS + DRIVERS

I can see the tangible benefits of using FP in my life – I have a better quality of life and sufficient finances to provide for my family. I feel I have control and autonomy over my life and future. Additionally, there are some beautifying effects that FP brings about.

WHAT IT IS

- Without a doubt, users, their partners and immediate family see the financial value of FP as the strongest driver for continued usage. This is especially relevant in today's COVID-19 climate, where earning a livelihood is not a certainty
- Though the majority of women are housewives, they appreciate the quality of life which FP provides them i.e., more time and budget to provide for the household
- An implicit motivation is the sense of control and autonomy FP brings to the users in planning for their future e.g. birth spacing among children
- Secondary benefits of FP e.g. beautifying qualities in the form of acne control and better skin and hair were also mentioned as desirable and attractive to users

QUOTE

"You cannot get pregnant right away, that way you can really take care of your child."
– Luzon, 22 YO, Single with kids

"The use of family planning is to give me the decision as to when I want to have children and space out my pregnancies/childbirths."
- Visayas, 45 YO, Married with kids

"I will be able to pursue my education, have time for myself and attend to the needs of my children who are also going to school now."
- Luzon, 30 YO, Married with kids

3 THEME 3: USAGE: DECISION MAKING

There are many factors I take into consideration when embarking on using a contraceptive method. Through this decision-making process, I rely on the feedback of other women in my community/social circles.

WHAT IT IS

- There exists a differing hierarchy of choice when it comes to FP depending on the user's worldview, social circles and familiarity with FP methods
- 'Tsismis' (hearsay, village talk) is the most effective grapevine in pushing out recommendations, opinions and feedback regarding FP. One user's bad experience with a method can effectively dissuade all others in her community from attempting.
- Cognitive biases are at work due to village talk i.e., confirmation bias and conformity bias – in which a user might not be suffering side effects from an FP method, but stops due to perceived symptoms and the bad experiences of others
- Practical concerns e.g. cost and access and efficacy go hand in hand – users would prefer a longer efficacy period which is also consistently accessible and preferably free or affordable
- Based on personal experiences, users would also choose to switch to another method if they suffered physical side effects e.g. bleeding, hypertension, weight gain

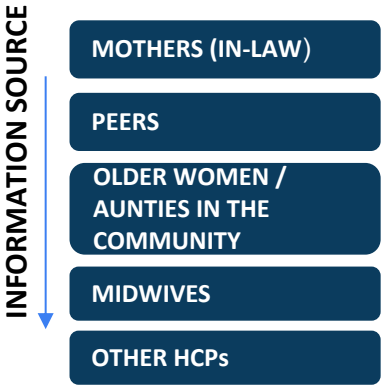
QUOTE

"I took pills but it is inconsistent because I keep forgetting. Then I chose implant which I took 3 months after 2nd childbirth. I didn't renew that. My husband lives away from me for work and now I choose DMPA (injectable) and will get it when I know my husband is coming home."
- Luzon, 30 YO, Married with kids

"I had an IUD for two years before removing it. It was because I was lifting heavy stuff such as pails of water and my aunt told me that the IUD might expel on its own."
- Visayas, 30 YO, Married with kids

4 THEME 4: INFORMATION SOURCES

I take my advice from a circle of trusted sources including family, peers and community grapevine. I do not go to the HCP as my first port of call.



WHAT IT IS

- Trust is the main variable that determines the value of information regarding FP choices and decisions – the user trusts those around her for other major life decisions, and so would also go to the same channels for FP related advice
- There is a strong reliance on informal peer communities and trust in the wisdom of the masses, especially from older female '*ates*' (aunties)
- Besides, medical professionals – those with accreditation e.g. doctors, nurses and midwives – are seen as legitimate and trustworthy. However, health workers who may have lower forms of accreditation are seen as less trustworthy
- Mothers and mothers-in-laws are the strongest influence in supporting the users via their own contraceptive journeys and choices

QUOTE

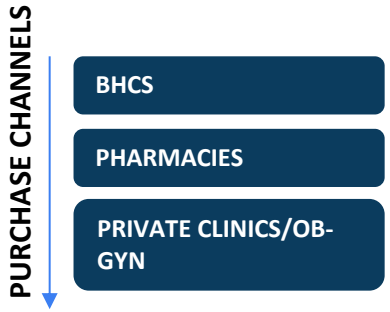
"It was my mother-in-law who told me to use family planning right after I gave birth."
- Mindanao, 35 YO, Married with kids

"It is my sole decision to use FP because I have not felt the concern of health providers regarding my apprehension about the methods."
- Visayas, 30 YO, Married with kids

"The youth here get information from their mothers, who listen to DYHP."
- Visayas, 38 YO, Married with kids

4 THEME 4: PURCHASE CHANNELS

When I purchase my FP commodities, I may choose to skip the Barangay Health Centre (BHC) as I can buy it myself elsewhere e.g. at the pharmacy



WHAT IT IS

- As FP commodities are free or charged nominally from BHCs, users will access them there first. For those who have access and the financial means to private clinics and pharmacies, these avenues give them more options that can be affordable
- Some BHCs are constantly poorly stocked and lacking in both supplies and personnel, especially in Zamboanga – leading people to seek other channels
- Pills are easily available for purchase at the pharmacies, and many women bypass any consultations with health providers to purchase off-the counter pills for themselves.

QUOTE

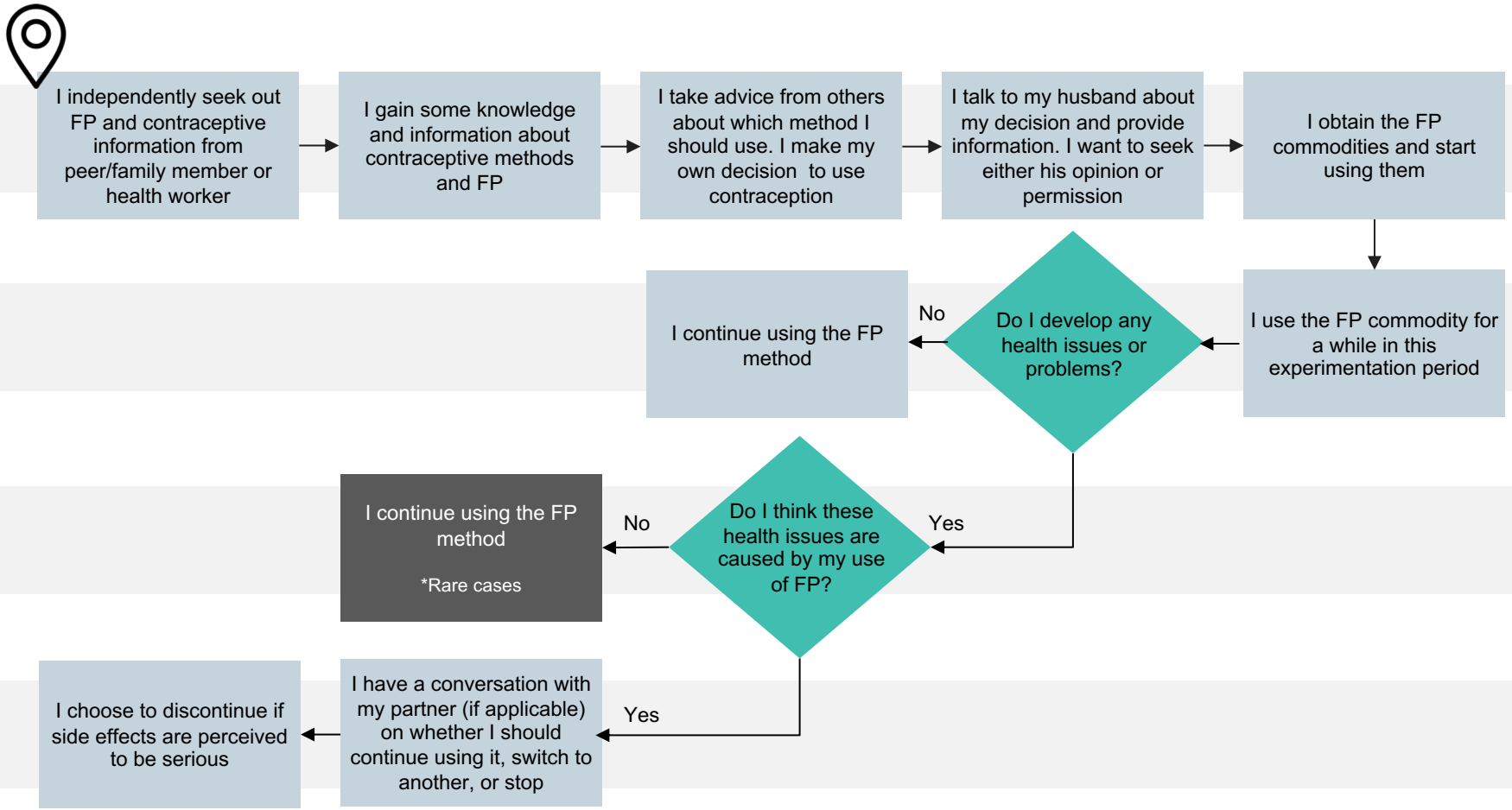
"I just went to the pharmacy and ask for advice from the pharmacist and I bought Trust pills, pink coloured ones."
- Visayas, 38 YO, Married with kids

"The highly sought after are pills, many people are asking for it. When this happens we joke around saying "Stop taking pills for now so that you will get pregnant, and we can have more to immunize." People buy their own instead but mostly prefer the brand given by the health center (FEMI)"
- Luzon, BHW Federation President

5 THEME 5: CONTRACEPTIVE JOURNEY

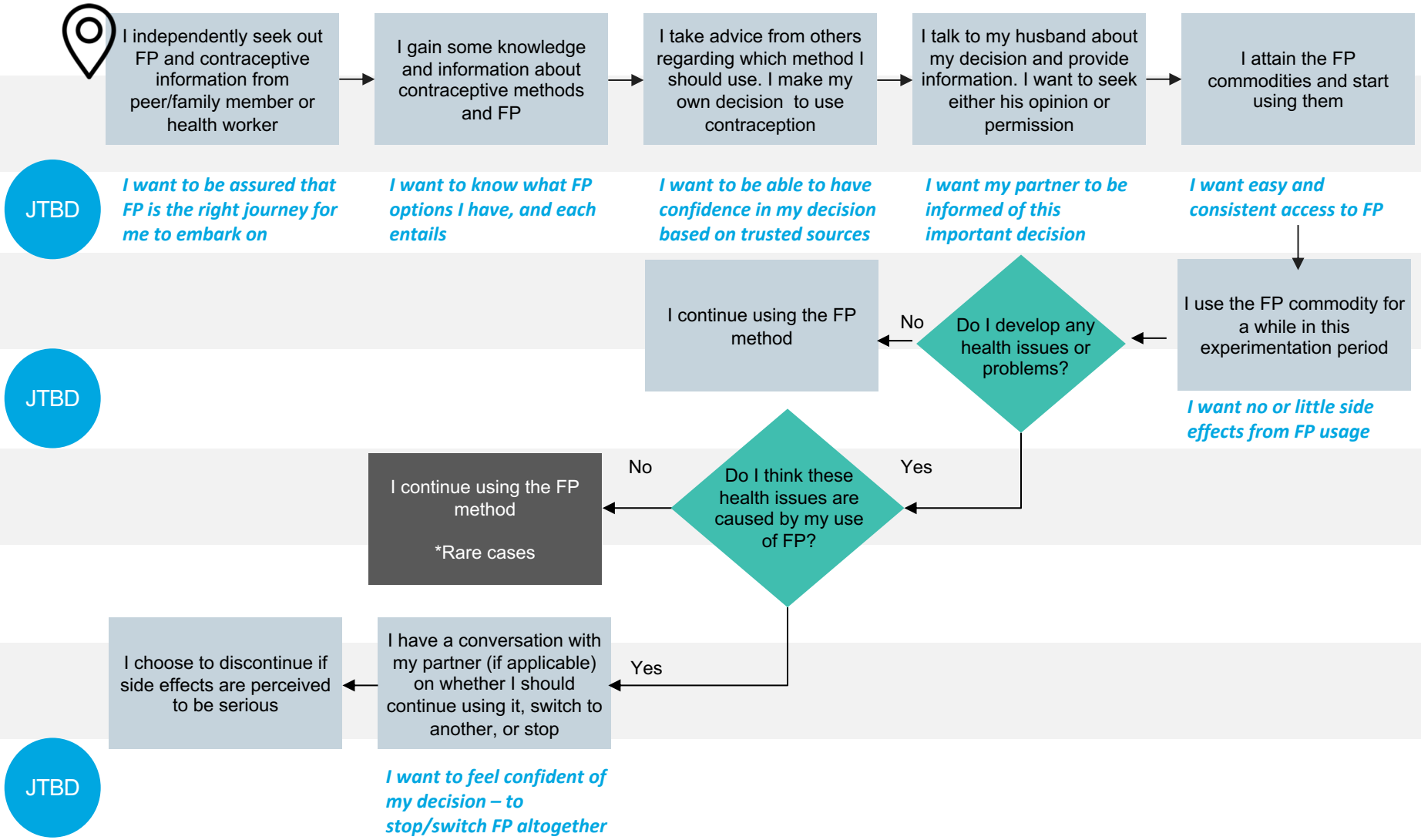
I may choose to stop, pause or switch depending on a variety of factors along my contraceptive journey.

While there may be deviations from the journey below, this is the typical contraceptive journey across user types which we observed



5 THEME 5: JOURNEY JOBS-TO-BE-DONE

Each Job-To-Be-Done highlights the user's need, be it emotional, social or economic etc. Each JTBD is also a potential intervention point in which a solution could be created to meet or address the user's needs.



6 THEME 6: DISCONTINUATION: HEALTH

I choose to discontinue FP due to the negative side effects I have suffered. I may (i) pause on current method (ii) stop and switch to another or (iii) stop FP permanently

WHAT IT IS

- Users typically stop using FP immediately if they feel that it is disrupting their daily life e.g., bleeding, hypertension, breathing difficulties and pain.
- Although not life threatening, those who experience changes in their physical appearance e.g., gaining or losing weight or changes in their constitution e.g., fatigue, exhaustion are also likely to pause on using FP as it is immediately seen as the cause of these bodily symptoms.
- A large proportion of users stopped using FP due to weight gain as it affected their self-esteem and emotional well-being.
- There is no exact timeline to discontinuation. Those on LARCs may choose to suffer through the disruptions if they are unable to remove the implant/IUD.
- For those on short-acting contraceptives, there is a tendency to stop and switch to another brand (within the same FP genre) which does not result in the same side effects.
- In many cases, the partner/husband would advice the user to stop using FP once she was experiencing any side effects.

QUOTE

"I used IUD after giving birth to my first child. I had side effects like fatigue and constantly losing weight. We had our second child which we didn't plan for. So I tried IUD again, hoping it will be ok this time. After my third child, I tried pills, but I got headache. Then I switch to Depo shot, but I stopped because I was having headaches and there is also no available stocks in the barangay."

- Mindanao, 35 YO, Married with kids

"I stopped using because I experienced difficulty in breathing and felt sick. My husband insisted that I discontinue and he will take charge."

- Luzon, 32 YO, Married with kids

"[experience in using] Dizziness except when breastfeeding. Tend to always sleep, feeling tired. After discontinuation, the side effects instantly disappeared."

- Luzon, 22 YO, Single with kids

An FP-Hopper's Journey

"I took pills for one month, then discontinued due to forgetfulness and inconsistency. Husband made a surprise visit and I got pregnant. Then I took the implant three months after my 2nd child, and I waited till it expired and didn't renew. My third method was a DMPA injectable and I only get it if my husband is coming home…"

- Luzon, 30 YO, Married with Children

6 THEME 6: DISCONTINUATION TEMPORARY VS LASTING

I have already experienced using one form of FP and will come back on another method if it is still effective and relevant in my life.

WHAT IT IS

- Temporary discontinuation is defined as a few weeks or months not longer than a year – users who are temporary discontinuers usually have not suffered life-threatening side effects and are looking to:
    - Explore or upgrade within current FP genre (usually short-acting contraceptives)
    - This is due to both push and pull reasons – many BHCs are short on certain popular FP commodities and at the same time, pharmacies are increasingly providing more affordable and premium FP options e.g. Diane as a premium and aspirational brand

- Longitudinal / Lasting discontinuation is defined as lapsing for longer than a year. Users may come back to FP after years. Reasons leading to such discontinuation are:

- Severe side effects coupled with stress and anxiety around FP in general
    - Experiences irregular menstrual cycle (menstruation stopped)
    - Plans to have more children in the next couple of years
    - Lack of consistent guidance in the form of a HCP
    - If user is reaching menopausal age or is not sexually active

QUOTE

"I was using pills. Then I switched to injectable. But I started to experience irregular menstrual cycle, so I stopped that. We are practicing withdrawal for now and I will only go back to using a method such as injectables or pills when I experience menstruation again."
- Luzon, 27 YO, Married with kids

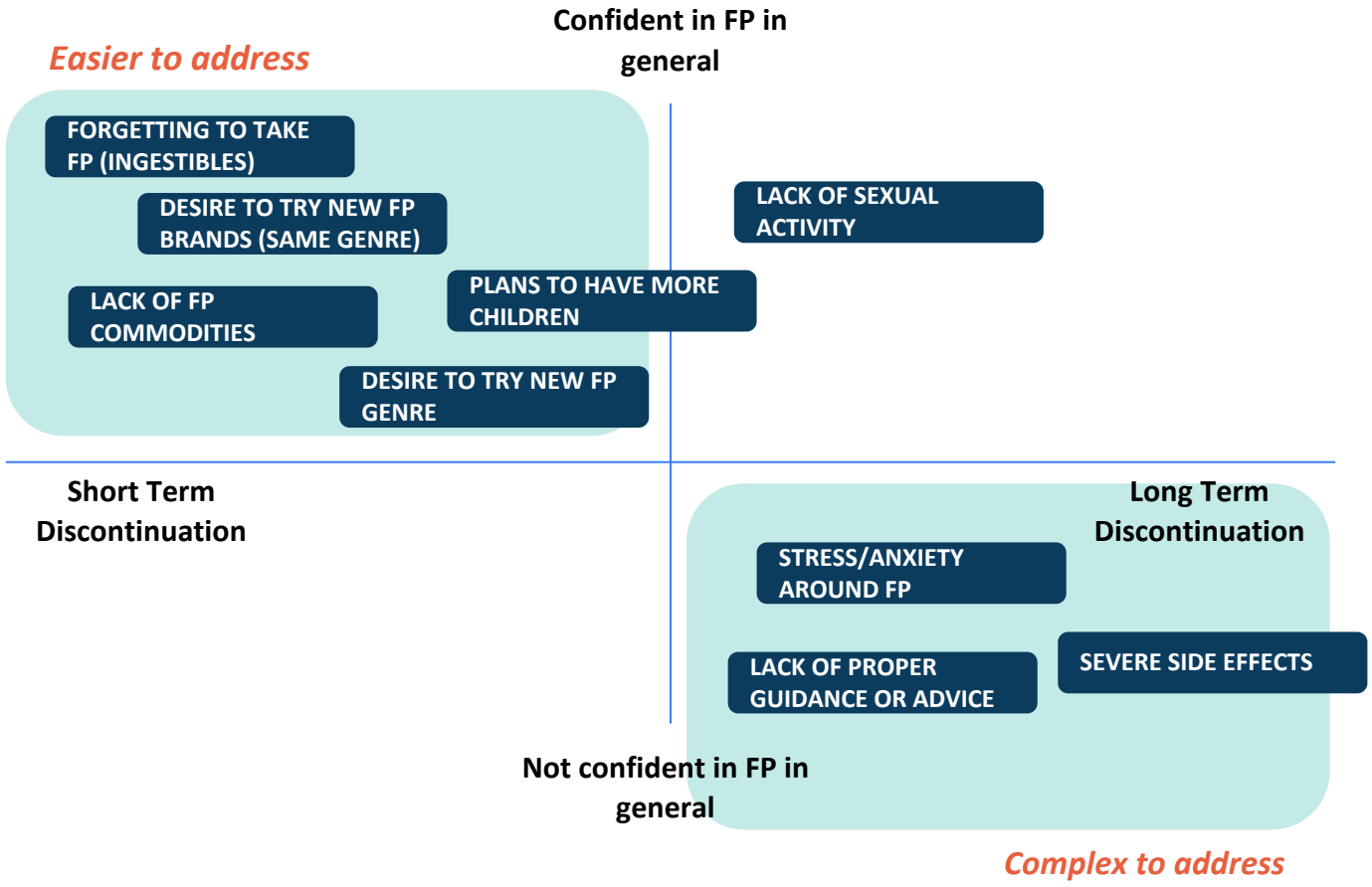
"I started using pills in Aug 2016, but started to get headaches and I go angry easily, had mood swings. Stopped in 2019 to have second child. Started to use in Nov 2020 but stopped again because I get headaches and I forget. Besides, my husband is away from me, we only meet on weekends."
- Mindanao, 29 YO, Married with kids

"While my partner is not yet able to travel back to the Philippines, I will not use FP for a while to rest my body from any side effects."
- Luzon, Single with kids 03

6 THEME 6: DISCONTINUATION SHORT VS LONG TERM

I may choose to come back to the same or different FP method depending on a variety of factors

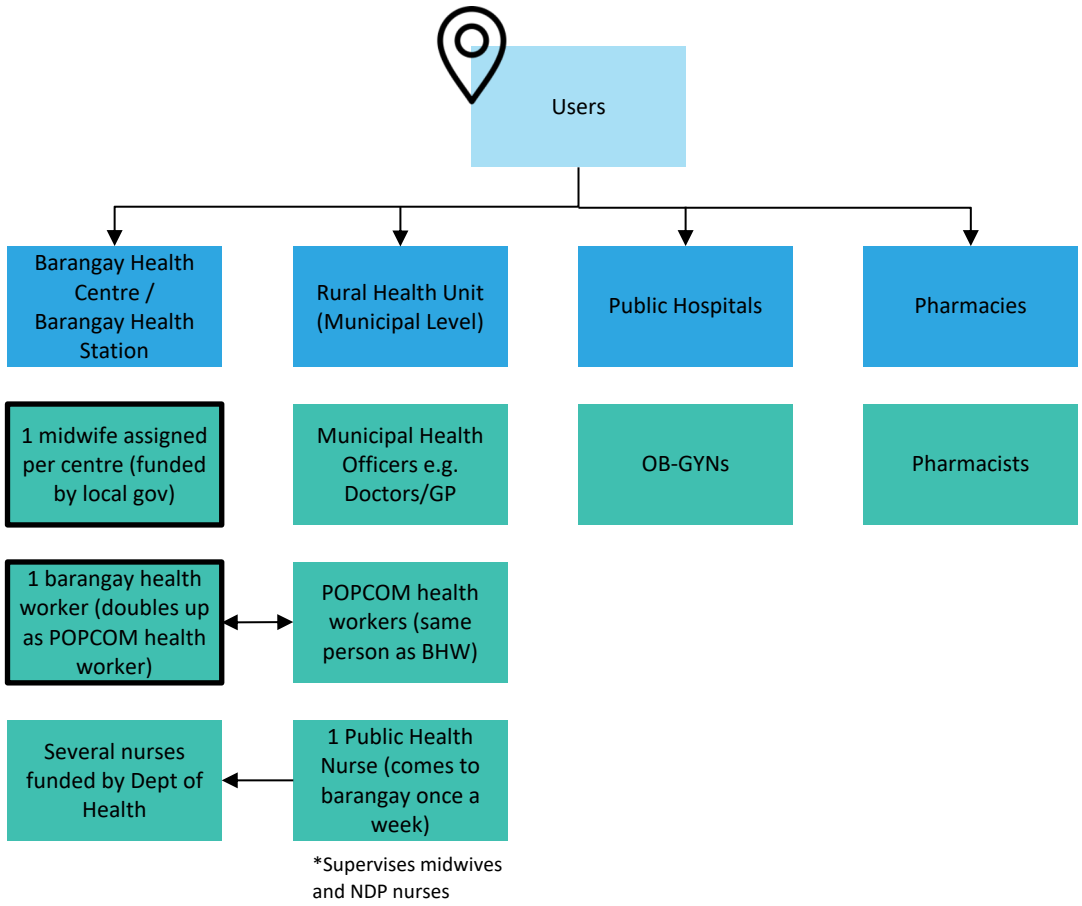
In general, most factors leading to discontinuation fall into two categories - one related around short term discontinuation and the other towards long term discontinuation. As follows, those leading to short term discontinuation are easier to address.



7 THEME 7: HCP ECOSYSTEM

I am only one part of a larger ecosystem, there are many structural constraints I am under

Many HCPs double up as the midwife at the BHC or as a POPCOM health worker. In addition, HCPs may go between BHCs and the RHUs depending on personnel availability.



QUOTE

"My primary responsibility is to attend to duty schedules such as check-ups of patients at the BHCs. I also have to attend to Locally Stranded Individuals (LSIs) affected by travel restrictions due to pandemic."
- *Luzon, Midwife in RHU*

"It is the midwife who is the authority when it comes to information relating to sex, relationships and family planning. Most of the time people come here for medicines, pills and for children's fever"
- Visayas, Barangay Health Worker

8 THEME 8: COMMUNITY PERCEPTIONS

I try my best to educate, provide advice and service the FP needs of the community, but they do not always seek us out or trust us

WHAT IT IS

- There is a deficit of trust among users and the HCPs that service the BHU/RHU. This is predominantly due to past bad experiences such as the quality of advice given or inconsistent follow-ups with the user
- MHOs/GPs are the medical gatekeepers that advice users to stop contraceptive use if there are side effects, but do not provide further support or advice on alternative options
- The legitimacy of the HCP is also questioned, as they may not be able to render more complicated health procedures. Although MHOs are the key touchpoints when health issues crop up, they may not necessarily be trained in FP or reproductive health
- Currently, many users approach the HCP or BHU/RHU to access FP commodities as they are either free or charged cheaply. However, in Zamboanga City, the constant lack of certain commodities e.g., injectables (Depo) also dissuades the user from returning
- Overall, there are also natural barriers to approaching the HCP e.g., existing fears around exposing their bodies to a stranger – which leads the user to choose non-invasive forms of contraceptives

QUOTE

"If they (healthcare providers) had just properly explained to me about IUD, I would have returned… Sometimes, I feel like they're just giving information, may not be the correct knowledge."
- Visayas, 30 YO, Married with kids

"There is no medium of sharing information in the barangay. You would not get any information if you did not go to barangay health center."
- Mindanao, 28 YO, Married with kids

"I trust the barangay Health Centre when it comes to information. But before believing anything, I have to ask more than one person about it just to confirm things"
- Luzon, 30 YO, Married with Kids

Addressing HCP challenges

“One is a more regular schedule for our nurses, even if it’s just 3 times a week. We pity our clients who come from remote areas and come here for consultation, but we can’t address their needs. We have to refer them to the RHU which is quite far from here and they don’t have money for transportation. Second, we need medical equipment such as BP apparatus. We used to have one donated by the Gov but it’s already broken.”

- Visayas, Barangay Health Worker

9 THEME 9: HCP CHALLENGES

With COVID-19, my FP-related scope of work has been deprioritized. I rely on word of mouth and a 'high touch high effort' outreach method, but this is unsustainable as I am stretched and lack resources

WHAT IT IS

- Multiple-hatting is part of the work scope as a HCP – if the HCP am not involved in FP, she may also be a midwife, handling immunisations and running between BHCs/RHUs if manpower is short
- With COVID-19, attention has turned towards vaccination drives, with FP lacking attention and manpower, especially with regards to ongoing outreach
- HCPs are naturally part of the barangays and rely on personal relationships to nurture trust with their clients. However, this 'high touch' method is unsustainable as it requires each HCP to be highly motivated and constantly available
- As HCPs are stretched, with little automation in their work, it is possible to lose track of follow-ups with clients i.e., requires initiative of client to make appointments
- A major challenge of HCP lies in the deficit of trust between themselves and clients – many would turn to their family members/peers even if this counters the official advice given by HCPs
- Another upcoming challenge HCPs face is connecting to the younger generation, who attain FP knowledge online and view HCP services as dated and irrelevant

QUOTE

"Lack of commodities and supplies is a challenge. Sometimes, I have to spend from my own pocket instead of letting the client stop contraceptive use."
- Luzon, Midwife at RHU

"Sometimes, the most challenging part is when I'm not able to address the questions of our clients, because my knowledge is not sufficient, particularly on family planning methods. I just tell them, "I'm sorry but I can't answer that. We'll just refer you to the midwife so you can consult her." I really lack training."
- *Visayas, Barangay Health Worker*

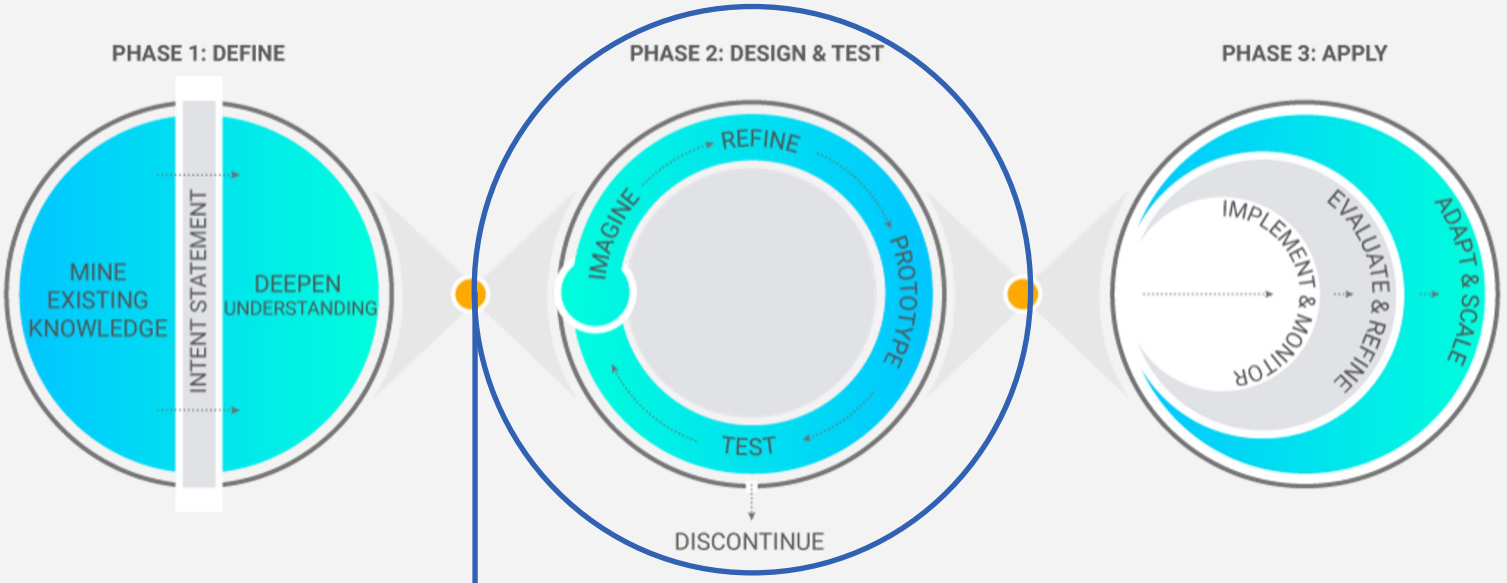
"Here at the center, we often serve up to 5 clients a day; sometimes, nobody comes. But at the RHU, we reach up to 50 clients a day. There are more services there and they are provided for free."
- Visayas, Barangay Health Worker

5

RECOMMENDATIONS & NEXT STEPS

What are *How Might We* statements?

"How Might We" (HMW) statements are questions that allow us to reframe our insights into opportunity areas while innovating on problems identified during user research. HMWs reword the core needs that were uncovered during user research, helping to explore and consider different avenues of innovation and perspectives, dive into understanding user needs and problems in a user-centered manner, rather than jumping straight into solutioning.



At this juncture, Phase 1 is completed, and we are converging on How Might We statements. This allows us to imagine opportunity areas while we innovate on the needs revealed during Phase 1, the research phase. These HMW statements will provide the baseline for moving into Phase 2 – in which ideas can be prototyped and tested/refined in field.

Synthesis: *How Might We* statements

USERS: RELATIONSHIP WITH FP

There are various factors for getting users to stay on FP and not lapse for a long-term period. At the crux of the issue, users must gain and have reaffirmed trust and confidence in FP. This is affected by variables such as (i) Structural Constraints (ii) Information Networks and (iii) Support Channels

1 STRUCTURAL CONSTRAINTS

Access to medical services, FP commodities and trained professionals is not consistent across the BHU/RHUs

HMW provide consistently good service and supplies across barangays?

2 RELIABLE INFORMATION

Users do not always receive reliable and accurate FP information from their sources

HMW ensure that accurate and consistent FP information gets disseminated to existing and potential users?

3 TRUSTED CHANNELS

Users do not have a consistent relationship with HCPs. Instead, they turn back to their info networks for ad-hoc advice and help when family planning challenges arise

HMW generate trust and confidence in HCPs by tapping on existing community networks and grapevines?

4 SUPPORT CHANNELS

Users do not have a consistent guide or companion on their family planning journey. This results in family planning decisions based on situational judgement of what/who the user knows

HMW provide and build a more consistent client-HCP relationship, so they are the first port of call for family planning matters?

Synthesis: *How Might We* statements

HCPs: CHALLENGES

HCPs are an integral part of the user's FP journey. However, there are current issues with providing good service that enables the user. As a general context, HCPs feel overstrained with the multiple responsibilities they hold and are unable to prioritise FP under COVID-19 conditions.

1 STRUCTURAL CONSTRAINTS

HCPs do not have sufficient time and energy to handle all the responsibilities they are tasked to. There is an ongoing manpower shortage.

HMW improve the efficiency and adaptability of HCPS e.g. restructuring the workload and responsibilities so that family planning continues to be a mainstay?

2 RESOURCES AND TRAINING

HCPs wished they had more training and medical capabilities to update their current skill sets. Add to that, many BHU/RHUs lack in infrastructure or proper facilities

HMW strengthen the exchange of knowledge and capabilities between HCPs, as well as building their confidence and motivation?

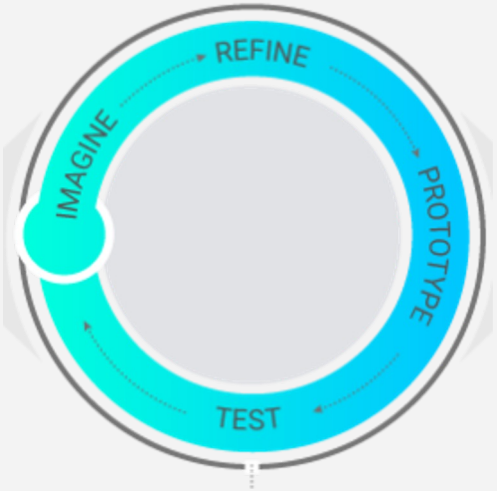
3 RELATIONSHIP BUILDING

The relationship between HCPs and clients is one marked by inconsistent follow-ups, lack of trust and confidence. There is also an increasing distance with younger users

HMW reimagine the HCP-client relationship of the future, one that is marked by trust and confidence across users of different age cohorts?

Next Steps - Design & Test Phase

PHASE 2 | DESIGN & TEST



The Design and Test phase builds on the opportunities and design strategy identified during the Define phase to **generate ideas and test early prototypes with target audiences**. The second phase of the SBC Flow Chart is a cyclical and iterative process that focuses on generating and refining ideas to suit a specific target audience and context.

From low fidelity to progressively higher fidelity, **prototypes will be iteratively tested and refined with users**.

Key activities to be undertaken during the Design and Test phase are described below.

Refine
Develop the ideas into something that can be built by identifying assumptions and designing the finer details of the concept.

Prototype
Build ideas into tangible prototypes that can be taken and tested with communities.

Test, M&E
Users interacted with the prototypes and provided feedback on the idea. At this stage, some concepts will be identified as undesirable, unfeasible or inappropriate.

6

APPENDIX

Appendix 1 : ***Intent Workshop***
https://app.mural.co/t/thinkplacesingapore2083/m/thinkplacesingapore2083/1628043872660/2e1b88f056311efb112a9da36c68466b6acbba38?sender=u573b5f915f24e94d80594774

Appendix 2 : ***Capacity Strengthening***
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Appendix 3 : ***Research Design Brief Workshop***
https://app.mural.co/t/thinkplacesingapore2083/m/thinkplacesingapore2083/1634546607035/8cac099c77405cd7c3e21c62dfe95b3b911d1de2?sender=u573b5f915f24e94d80594774

Appendix 4 : ***Mid-Point Synthesis Workshop***
https://app.mural.co/t/thinkplacesingapore2083/m/thinkplacesingapore2083/1636428890012/7732a2ba6d91e8ffec10dd61312952d8373c01c2?sender=u573b5f915f24e94d80594774

Appendix 5 : ***Insights Generation Workshop***
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