



# Expanding Behavioral Diagnosis with Quirks

## SBCC Summit 2022 Workshop: Integrating Behavioral Economics into Program Design

### Case Study 1: Family Planning

A young couple is getting married in a conservative society. Neither individual is sexually active yet. The bride might want to wait at least a few years after marriage before she has her first child. She wants to finish school and knows there are ways to delay pregnancies, but doesn't know any details and has not discussed it with anyone. She and her future husband live in a city with many public health clinics, there is one in most neighborhoods.

She last visited a public clinic a few years ago with her mother. She remembers that she saw people she knew at the clinic and she frequently hears her mother and neighbors talking about people who have been seen going to the clinic and discussing their health. She knows there are areas at the clinic that are reserved for women's issues and for vaccinating young children, but she has never been to that area of the clinic. She doesn't have money of her own to go to a private clinic and thinks that private clinics are for serious issues that require a specialist.

### Suggested steps to behavior:





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### Case Study 1: Family Planning

Decides to consult family planning provider	Goes to clinic for consultation	Actively consults with FP provider	Selects FP method	Starts FP method
<ul style="list-style-type: none"> <li>• Social pressure to have first child right after marriage</li> <li>• Unsure how to start conversation with partner [procrastinates]</li> <li>• Uncomfortable to have conversation with partner [procrastinates]</li> <li>• Unaware of if others delay pregnancy [lack of social proof]</li> <li>• Unsure if acceptable with religion</li> <li>• No prompt/trigger or encouragement to go for consultation [lack of salience]</li> <li>• Sees misinformation online</li> </ul>	<ul style="list-style-type: none"> <li>• Never been to FP clinic before so going on own feels scary [procrastinates]</li> <li>• Fear of judgment at clinic, especially if it's too early before wedding</li> <li>• Difficult to get enough time alone (away from mother) to go to clinic</li> <li>• Neighbors go to the clinic and she doesn't want to be seen, so has to travel to clinic far from neighborhood</li> <li>• Going to the clinic takes a lot of time and money for multiple buses [hassle factors]</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of understanding of own biology makes her uncomfortable asking questions [stereotype threat]</li> <li>• Clinic is very busy and provider does not seem caring [fundamental attribution error]</li> <li>• Provider gives strong recommendation for specific method and she doesn't know how to ask about other methods [authority bias]</li> <li>• Forgets to ask questions she thought of earlier [prospective memory failure]</li> <li>• Fear of being judged when asked why she's there, so changes mind</li> </ul>	<ul style="list-style-type: none"> <li>• Doesn't remember details from session [time gap]</li> <li>• Partner has a different opinion on which method to use and unsure how to resolve/bargain [procrastinates]</li> <li>• Info too technical so doesn't help with selection [information overload]</li> <li>• So many other choices to make with wedding and FP choice feels overwhelming [decision fatigue]</li> <li>• FP info provided shows family with kids and makes her feel like she shouldn't use if she doesn't already have kids [stereotype threat]</li> </ul>	<ul style="list-style-type: none"> <li>• Easily remembers scary story of a woman who couldn't get pregnant after stopping a method [availability bias]</li> <li>• New provider gives a different recommendation for which method to use and unsure what to do [authority bias]</li> <li>• Clinic has a stockout of planned method</li> <li>• Hassles of going to the clinic again</li> </ul>



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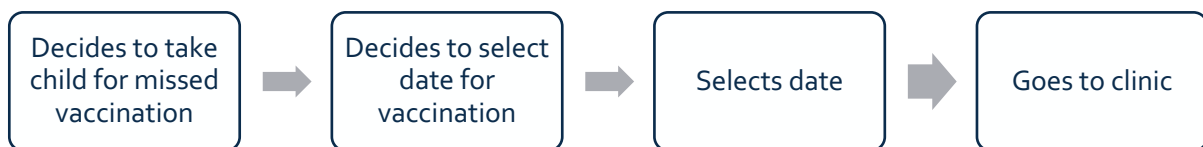
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### Case Study 2: Child vaccination

A mother with three children missed the scheduled vaccination window for her youngest child because they were visiting relatives, so the infant is now two months late for her last vaccination dose. The mother is still partially breastfeeding the infant. The mother and her partner live with their three children in a large city. The mother takes her children to the public clinic for vaccinations and when they are sick. The public clinic has very long wait times and with her three children, she needs to take a bus to get to the clinic.

Her partner recently lost his construction job and they are struggling to afford their rent and food. The mother is looking for small jobs in the community to earn money while her husband is out looking for a new construction job. They have no relatives in the city and their neighbors help a little with food and sometimes watch the children while she's earning money.

### Suggested steps to behavior:





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### Case Study 2: Child vaccination

Decides to take child for missed vaccination	Decides to select date for vaccination	Selects date for clinic visit	Goes to clinic for vaccination dose
<ul style="list-style-type: none"> <li>• Fear that health worker will get angry with her for dose being late [procrastinates]</li> <li>• Doesn't want to be perceived as negative stereotype that families struggling financially are not "good" parents [stereotype threat]</li> <li>• Not sure if dose is worth getting now since unsure if it would even be effective since it's late</li> <li>• Tells herself she keeps child healthy in other ways, e.g. by breastfeeding [licensing]</li> </ul>	<ul style="list-style-type: none"> <li>• Decided to go to clinic when heard about other sick child (felt fear) but is now in calm state and doesn't feel urgent [hot cold empathy gap]</li> <li>• No prompt to make appointment [lack of salience]</li> <li>• Financial struggles take up most of her mental bandwidth [scarcity/tunneling]</li> <li>• Distracted by many other things she does [limited memory]</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure of how long appointment will take because it might be different than on-time dose</li> <li>• Unsure of if process is different because dose is late</li> <li>• Expects child to be sick/fussy following vaccination and doesn't have time for sick child now [expected hassle factor]</li> <li>• Actively looking for small jobs and doesn't have set schedule to plan around [scarcity]</li> </ul>	<ul style="list-style-type: none"> <li>• Expects health worker to get angry because dose is late [procrastinates]</li> <li>• Doesn't want to be perceived as negative stereotype that families struggling financially are not "good" parents [stereotype threat]</li> <li>• Keeps forgetting to look for vaccination card [limited memory]</li> <li>• Cost of transport to clinic is high [hassle factors]</li> <li>• Long waiting times at clinic are difficult with her other children [hassle factors]</li> <li>• Neighbors already helping them with food, feels uncomfortable asking for more help with children</li> </ul>



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### Case Study 3: Vegetable garden

A woman lives with her husband and two children on a small plot of land in a rural area. They grow a cash crop and she sometimes works with him in their field during the planting or harvest periods. She has a small garden and chickens. She's grown vegetables for many years and uses the seeds from her harvested vegetables to plant new ones. Sometimes she and her neighbors (who grow the same types of vegetables she does) share seeds from their harvest.

A new nutrition program comes to the area and is encouraging rural households to plant new 'nutritious' vegetables in home gardens. She has never grown or cooked these new 'nutritious' vegetables before and has never seen them in the market for purchase. She completed high school and feels comfortable with agriculture and growing things, but she doesn't understand what makes these vegetables more 'nutritious' than the ones her family already eats.

### Suggested steps to behavior:





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### Case Study 3: Vegetable garden

Decides to grow new 'nutritious' vegetables	Chooses specific 'nutritious' vegetables to grow	Buys seed	Plants seeds (in the correct way and at the appropriate time)
<ul style="list-style-type: none"> <li>• Has always cooked her current set of recipes and used same vegetables [status quo bias]</li> <li>• Feels healthy so advantages/benefits of 'nutritious' vegetables are unclear</li> <li>• Unsure of how to cook any new 'nutritious' vegetables</li> <li>• Unsure if family will like/eat new 'nutritious' vegetables</li> <li>• Doesn't know/see anyone who grows the 'nutritious' vegetables [lack of social proof]</li> <li>• Comfortable with buying regular vegetables from routine seller at market [status quo bias]</li> <li>• Not sure what new vegetable yield will be or likelihood they will grow [uncertainty aversion]</li> <li>• New vegetables do not fit with local cuisine [mental model]</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to distinguish between suggested 'nutritious' vegetables [choice overload]</li> <li>• Doesn't know which 'nutritious' vegetable is best replacement for the vegetables she already uses</li> <li>• Lack of prompt to choose vegetables [salience]</li> </ul>	<ul style="list-style-type: none"> <li>• Doesn't know seed vendors and not sure who is reliable or good</li> <li>• Believes that new seeds aren't as reliable as own seeds from old vegetables [mental model]</li> <li>• Going the market takes time and money for transport [hassle factors]</li> <li>• Gets distracted buying other things at market and forgets to buy seeds [prospective memory failure]</li> <li>• Doesn't have own money and uncomfortable asking for money for seeds for new type of vegetable [procrastination]</li> </ul>	<ul style="list-style-type: none"> <li>• Doesn't remember the details of how to plant the seeds [time gap]</li> <li>• Planting information on packet is hard to understand with no visuals [information overload]</li> <li>• Lack of prompt for when (correct time) to plant seeds</li> <li>• Planting the seeds means bending over for long periods of time which hurts her back [hassle factor]</li> <li>• Doesn't have anyone to ask how/when to plan correctly (unless she goes back to the seed vendor)</li> </ul>



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### Case Study 4: Mosquito breeding

A village is telling its residents to clear all breeding spaces for mosquitos as part of a drive to reduce malaria in the region. An older man and his wife live in the village, and their eldest son lives a few houses down with his wife and their young children.

Each member of his family has had malaria multiple times and when they have a fever they go to the volunteer health worker in the village, get a rapid test, and take the free treatment. In his youth malaria prevalence was high and people died from it, but the village hasn't suffered from a malaria death in more than a decade. He's never heard of a village clearing mosquito breeding places before.

### Suggested steps to behavior:





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### Case Study 4: Mosquito breeding

Decides to clear breeding spaces	Identifies breeding spaces for clearing	Clears breeding spaces
<ul style="list-style-type: none"><li>• Belief that once you have malaria it always stays in the blood and re-infects you, so belief is that clearing spaces won't help reduce re-infections [mental model]</li><li>• water puddles have always been there [status quo bias]</li><li>• Perception of low prevalence in area so lack of urgency for need to clear [mental model]</li><li>• Uncertain of future benefits that clearing breeding places will bring [uncertainty aversion]</li><li>• Drugs to quickly treat malaria are readily available and effective</li><li>• Sleeps under net at night [licensing]</li></ul>	<ul style="list-style-type: none"><li>• Lack of prompt for identifying breeding spaces [lack of salience]</li><li>• Unsure of "best" time to identify spaces since some areas change rapidly when rain dries</li><li>• Don't see mosquitoes or eggs so believe it's not an area to clear [mental model]</li><li>• Don't see other people identifying breeding spaces [lack of social proof]</li></ul>	<ul style="list-style-type: none"><li>• Lack of prompt for clearing</li><li>• Clearing breeding spaces is tiring and unpleasant to do [hassle factors]</li><li>• Don't see mosquitoes or eggs so believe don't need to clear that day [mental model]</li><li>• Don't see other people clearing breeding spaces [lack of social proof]</li><li>• Uncertain that is necessary on that specific day because area looks different</li></ul>





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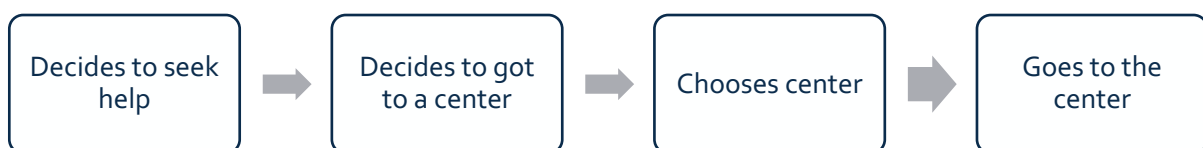
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### Case Study 5: Gender-based violence

A woman is experiencing mental and physical violence from her husband. Her husband recently lost his job so is at their home more. She didn't finish high school and moved to the city from the countryside. She earns a little income by cleaning houses and sometimes helps at a small restaurant down the street. She still has her country accent but tries to hide it when talking with customers at the restaurant. Last week she forgot to cover a bruise with make-up before going to the restaurant, and one of her coworkers said that it must be tough for her husband without his job and that she should be patient with him while he's looking. Her husband has done this a couple of times since they married, but the woman doesn't remember it ever being like this.

He is not directly abusive to their two young sons but abuses her in front of them. Last night one asked her why his dad was sometimes scary. She wants the situation to change but she thinks this happens to a lot of women and doesn't know what she can do to change it. The first time it happened after she got married her mother said that sometimes that happens in a marriage and it's her job as a wife not to make her husband angry.

### Suggested steps to behavior:





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## SBCC Summit 2022 Workshop: Integrating Behavioral Economics into Program Design

### Case Study 5: Gender-based violence

Decides to seek help	Decides to go to a center	Chooses/selects center	Goes to center
<ul style="list-style-type: none"> <li>• Doesn't want to admit it's happening to her or think about it [ostriching]</li> <li>• Belief that people like her (without a full education) don't seek help [stereotype threat]</li> <li>• Fear of not being able to control the outcome if she seeks help - that someone will report the issue to police without asking her</li> <li>• Easily thinks of a recent scary case of a wealthy woman who left her husband and was later killed by him [availability bias]</li> <li>• Uncertainty about the benefits of getting help</li> <li>• Doesn't know how to start a conversation with friends to receive advice or comfort [procrastinates]</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of being seen at center (and it getting back to her husband)</li> <li>• Unclear about what options might be available at a center</li> <li>• Doesn't know anyone who has gone or thought about going to center [lack of social proof]</li> <li>• Perception that women like her might not be welcome at a center</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure of how to find or search for center</li> <li>• Difficult to choose between multiple centers she found on internet [choice overload]</li> <li>• Made the decision to go to a center when she was emotional (scared and angry) but now she's calmer [hot cold empathy gap]</li> <li>• Unsure of which center would be welcoming to her or is a good fit for her</li> <li>• Stressed about paying bills and rent so doesn't have bandwidth to focus on other issues [scarcity]</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of not being able to control the outcome if she goes</li> <li>• Fear of being seen at the center and her husband finding out</li> <li>• Center is difficult to reach since it's in another neighborhood [hassles]</li> <li>• Center's in a wealthier neighborhood and she doesn't feel comfortable in it</li> <li>• Made the decision to go to a center when she was emotional (scared and angry) but now she's calmer [hot cold empathy gap]</li> <li>• Idea of talking with strangers about this feels very uncomfortable [procrastinates]</li> </ul>



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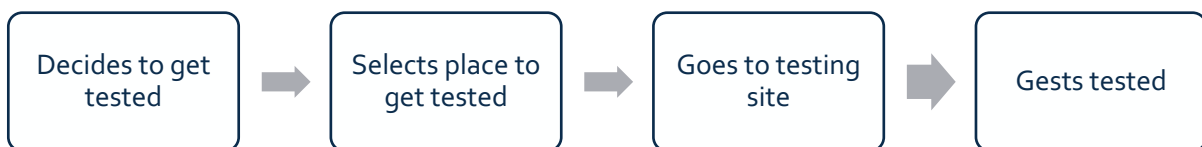
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### Case Study 6: HIV testing

A young adult in South Africa is loving his life. He graduated from university a few years ago and just got his first promotion at the job he's had since graduation. While the work isn't interesting, he loves getting paid and being independent. He goes out with his friends every weekend and sees his family frequently – clubs on Saturday and church on Sunday. He was in a committed relationship for almost a year but they broke up a few months ago and now he's having fun meeting and dating multiple women.

He knows HIV is very common in South Africa, but doesn't pay much attention to information on it. He's been hearing about it since he was a kid and thinks having it must be scary but he knows the importance of using a condom, which he almost always uses. When he's sick he goes to the private clinic he's gone to since he was a kid, but no one at the clinic has mentioned HIV testing to him. A couple of months ago he went to a different clinic closer to his house and the white nurses wouldn't look him in the eye.

### Suggested steps to behavior:





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## SBCC Summit 2022 Workshop: Integrating Behavioral Economics into Program Design

### Case Study 6: HIV testing

Decides to get tested	Selects place to get tested	Goes to testing site	Gets tested for HIV
<ul style="list-style-type: none"><li>• Has been hearing about HIV since he was a kid and now tunes HIV messages out [lack of salience]</li><li>• Belief that his partners are "safe" [identity]</li><li>• Thinking about HIV and the idea of being HIV positive is uncomfortable [ostriching]</li><li>• No specific prompt to get tested</li><li>• worries he'll be blamed and labeled irresponsible for not always using a condom and for getting infected [stereotype threat]</li><li>• Never talked with friends about getting tested or heard of them getting tested [lack of social proof]</li></ul>	<ul style="list-style-type: none"><li>• Feels uncomfortable asking for HIV test from doctors who have known him since he was a kid</li><li>• Expects that he might be mistreated at some other private clinics</li><li>• Difficult to choose clinic [choice overload]</li><li>• Has a busy life [limited memory]</li><li>• No prompt to select a clinic for testing</li></ul>	<ul style="list-style-type: none"><li>• Fear of being seen and fear of stigma</li><li>• worries he will be lectured about always using a condom if he says that sometimes he doesn't use one</li><li>• worries he'll have to explain why he wants an HIV test</li><li>• No timeframe for test or nothing to hold him accountable for going</li><li>• Finding time to go to a clinic with his busy schedule is difficult [hassle factors]</li><li>• when he made the decision to get tested it felt urgent but now it doesn't [hot cold empathy gap]</li></ul>	<ul style="list-style-type: none"><li>• Long wait time at clinic [hassle factors]</li><li>• Fear of being judged when asked why he's at clinic so changes mind on asking for test</li><li>• Feels uncomfortable at unfamiliar clinic so leaves before test</li><li>• Fear of finding out a positive result so leaves</li></ul>