

CONTENT NEED
ASSESSMENT TO
STRENGTHEN
FAMILY
CARE AND
PRACTICES



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 Published in January 2020

The content need assessment is conducted by Dnet and funded by SOS Children's Village International, Bangladesh. This assessment was a part of designing SMS services for the caregivers to enhance knowledge and lift awareness for better family outcomes.

ISBN: 978-984-34-9142-8

Written By

Alokananda Datta
Md. Forhad Uddin

Copy Edit

Priyotosh Das

Cover and Design

Abu Ahsanul Kobir Himel

Acknowledgement

We would like to express gratitude to our colleagues at SOS Children's Village International, Bangladesh Country Office and Dnet for their support and input throughout the assessment. We are thankful to Dr. Md. Ashraf Hossain, Chaina Rani Shaha and Field Officials at SOS Children's Village International for the technical feedback and support during the assessment. We are also thankful to field researcher Md. Tanjim Hasan at Dnet for his effort and cooperation during the assignment. Finally, we are grateful to the caregivers who voluntarily participated and responded to the assessment questions.

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Published By

Dnet
4/8 Humayun Road, Block B, Mohammadpur, Dhaka-1207, Bangladesh
www.dnet.org.bd | Phone: +88 096060 03638 | e-mail: info@dnet.org.bd

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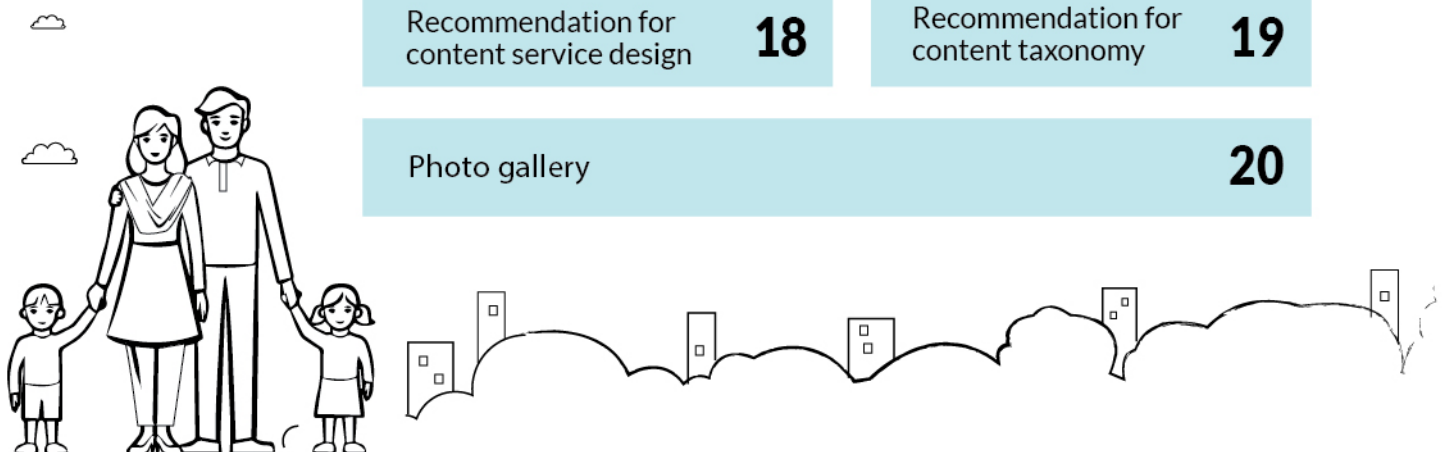
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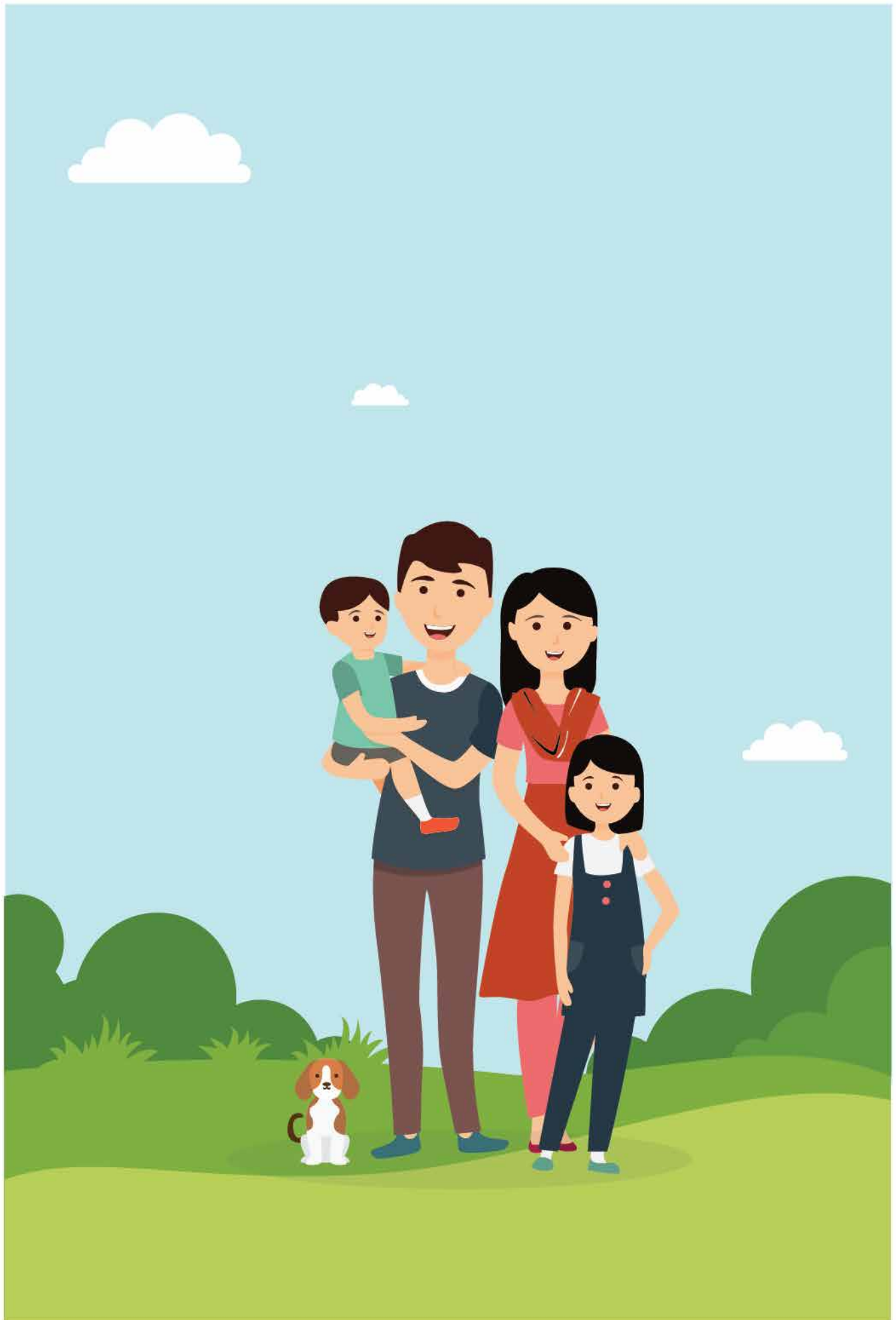
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EXECUTIVE SUMMARY

To explore the content need among the caregivers, an assessment was conducted in three districts of Bangladesh. This assessment has led to design and deliver demand driven SMS content services to the caregivers year round. It was done with the aim to bring positive changes in their behavior, and in their practices, for achieving better family outcome collectively. Qualitative approach was applied for this assessment which consisted conducted work-shops with caregivers, interviews with SOS field officials and previous content receivers, and field observations. Two major aspects, e.g. content service design, and content need assessment among the caregivers, were taken into account during designing the assessment tools. The major finding of the assessment are illustrated below:

Content service design aspect: More than two-third of the caregivers had access to a mobile phone throughout the day, however, only around half of caregivers were capable to operate a phone's inbox option by themselves. Although majority of the caregivers had access to a phone throughout the day, most of them preferred afternoon or evening as the most convenient time to receive SMS. In terms of content reading and interpretation, 60% caregivers were found competent, and the rest of the 40% would need assistance to read and understand the content. Around three-fourth of the caregivers favored self-driven action tone to get the required inspiration for taking action and ownership conveyed in the message, instead of composition in an authoritative tone.

Content demand aspect: The caregivers in all three districts stated that their highest emphasis was on the issues of child development. They also looked for contents having priority on menstruation care of adolescent girls, preparedness during physical changes of adolescent boys, peaceful management of child's behavior, road safety awareness for children, prevention of physical and sexual harassment (especially for girls), balancing between education and recreational activities, and awareness about child marriage. Content on women's health was their second highest preference, where they ranked their preferences between reproductive health care, mental healthcare, and general healthcare. Household management was mapped as the third most preferred subject, where they illustrated emphasis on fire safety, care of elderly members, hygiene during food preparation and household cleanliness. Subsequently, they would like to see contents on savings and finance, and conjugal relationship management.

The assessment results were an aid for directing the program in the right way for designing the demand driven content taxonomy and preference list, developing SMS content in Bangla language, customizing mobile messaging system, and determining the program intervention.

INTRODUCTION

Dnet¹ a not-for-profit institution, has been contracted by the SOS Children's Village International,² Bangladesh Country Office, to design SMS based content services and disseminate it among the beneficiaries (women caregivers). The key purpose of this service composition was to share knowledge and raise awareness among the caregivers on the issues that they had to deal with in managing their children, personal health, own family and household. The intervention intends to see positive changes in the behavior and practices of targeted caregivers for achieving better family outcomes.

The year round (July 2019 to June 2020) assignment for Dnet is to; a) conduct a needs assessment study for comprehensive understanding about the content need among targeted caregivers; b) develop content in Bangla language in a form of SMS on the basis of need assessment results; c) disseminate 240 SMS content to each of 250 caregivers in five districts (Khulna, Rajshahi, Bogra, Sylhet and Chattogram) of Bangladesh; d) facilitate online expert consultation with caregivers on identified issues; and e) receive feedback from caregivers on the content and doing a final assessment of the progress made.

In this consequence; Dnet designed and conducted a needs assessment study before

starting the development and dissemination of the SMS content to the caregivers. The main purpose of this need assessment study was to explore and map the content requirement among the caregivers through field assessment and review of secondary materials. The purpose was also added by the acquisition of knowledge about the SOS's Family Strengthening Program (FSP)³ in Bangladesh, and the overall scenario of the targeted beneficiaries of this project. This need assessment was the way forward to determine the content taxonomy, set the content priority, fix the daily schedule to deliver content, get insights on content composition and tone for the targeted caregivers in SOS intervention communities.



¹ Dnet is a not-for-profit institution, founded in 2001, that envisions a society where information and knowledge facilitate the participation of all stakeholders for generation of wealth and its equitable distribution for poverty alleviation. It promotes innovative and sustainable solutions integrating social enterprise models that impact in marginalized lives (children, women, youth and senior citizens) in Bangladesh and beyond. (dnet.org.bd).

² The SOS Children's Village was founded by Hermann Gmeiner in Tyrol, Austria, in 1949. SOS Children's Villages is active in 136 countries and territories around the world, helping hundreds of thousands of children each year through alternative care, family strengthening, schools, health centres, and other community-based work (sos-bangladesh.org).

³ Family Strengthening Programme (FSP) of SOS in Bangladesh, strengthen disadvantaged families to prevent crises that can in the worst case scenario lead to children being placed in out-of-home care. SOS Children's Villages supports families so they can once again manage their lives independently and care for their children.

METHODOLOGY

The content need assessment was conducted in Khulna, Bogra and Rajshahi districts, in the SOS intervention communities during June to July 2019. Qualitative approach was subsequently applied and appropriate tools were used for this assessment. This included workshop with caregivers, interview with SOS field officials, interview with previous content receivers⁴, and field observation.

Three workshops were conducted with caregivers in three districts. These caregivers were the potential beneficiaries of the SMS content service, where everyone was a homemaker of their own families. A total of 39 caregivers (13 in each of the three districts) out of the 250 targeted beneficiaries were invited for this workshop. The age range of the caregivers who participated in the workshop, varied between 22 to 55 years with an average of 36 years. One-fifth of the participants had no formal education, one-fourth of them studied up to primary grade, around half of them were between Grade 6 and Grade 10, and the rest of them have completed the Secondary School Certificate examination. For this intervention, SOS had selected a targeted number of caregivers (250) who had a mobile phone in their household.

Interviews were conducted with six SOS officials (2 in each location), who had a close connection and good relationship with the community and caregivers. These interviews were conducted to capture useful insights about the overall content service design, and the content need of the caregivers. Moreover, a brief conversation was carried out with the previous 15 content receivers. These group of people were the SMS service recipients of SOS last year, but were not enlisted for the upcoming round of SMS service. They were mainly asked to understand the diversity of the SMS they had received, and give insights on some other key elements.

Field observation was carried out in order to get an understanding about the lifestyle of the caregivers. Secondary materials, for example: project document, behavior change communication related materials, and awareness raising reports were reviewed for setting the methodology and modalities of the content requirement assessment. Open ended question list method was applied for the workshops and interviews. Questions were mainly developed and grouped under two categories, a) Content service design, and b) Content need assessment.

⁴ SOS operated similar 'text to change' project, where caregivers received SMS on various topics.

Table-1: Key issues for workshop and interview with participants

Key issues explored	Caregivers	SOS officials	Previous SMS receivers
Content service design			
Access to mobile phone throughout the day	X	X	
Mobile phone operations literacy	X	X	
Time preference for content dissemination	X	X	X
Content literacy	X	X	
Content composition and delivery tone	X	X	X
Content need assessment			
Content need on child development	X	X	X
Content need on personal (women) healthcare	X	X	
Content need on household management	X	X	
Other issues that caregivers expect to know	X	X	X
Reflections on previous content service		X	X

In order to understand the mobile phone operations literacy of the caregivers, their opinions were noted at first, and then, sample Bangla SMS were sent instantly to their handsets (randomly to 15 caregivers). After this, they were requested to check their phone's inbox. They were also asked to read out and interpret the same SMS to understand their level of content literacy. Printed version of sample SMS was displayed and they were asked to explain it. Two types of SMS having the same content, but with different tones (self-driven and authoritative action) were developed before the workshop. These SMS were demonstrated to the caregivers to capture their preferences on content tone. The qualitative responses were collected and categorized under each of the key issues, and then analyzed for developing the content taxonomy and determining the decision points.

FINDINGS: CONTENT SERVICE

Access to mobile phone and inbox literacy

70% of the caregivers have access to a mobile phone throughout the day. 47% of the caregivers are capable of checking their phone inbox independently, while the rest of them need assistance from their children and husband.

In order to understand the accessibility and usage, 39 caregivers were asked if they own a mobile phone and have access to it throughout the day. Over two-thirds (70%) of the caregivers (27 out of 39) claimed that they have personal access throughout the day and capable of operating it by themselves. This ratio of accessibility and usage was noted, whereas caregivers in Bogra (77%) stood the highest followed by, Khulna (69%), and Rajshahi (62%). Out of the 39 caregivers who were consulted, 6 (15%) stated that they have access throughout the day, but their children help them to operate it. The rest of 6 caregivers (15%) get access to phone in the evening, when their husband returns from the workplace.

When the same question was asked to SOS officials, they argued that around roughly half of the caregivers have access to the mobile phone throughout the day and were able to operate it independently. The remaining half of the caregivers needed support from their children and husband. The argument regarding phone operations was confirmed where a total of 15 participants (among 39) were assessed randomly in three workshops. SMS was sent instantly to their phones and then they were asked to open the mobile phone inbox. Only 47% (7 out of 15) of the caregivers were prompt to open their inboxes to read the SMS. The rest of the 53% (8 out of 15) sought assistance from fellow participants, where one of the participant's inbox was password protected and another participant's phone screen was out of order. It is to be mentioned that the level of education of the caregivers had mixed influence on their ability to check their phone's inbox. Some of the caregivers, who had no formal education, were able to operate it without assistance, whereas some of them had taken assistance from people who did not even cross Grade 5 level of education.

Time preference for content dissemination

Irrespective of having daylong access to a mobile phone or not, afternoon or evening is the most preferred SMS delivery time among the caregivers.

Most of the caregivers (70%) claimed that they have access to phones throughout the day. However, most of them preferred afternoon or evening time to receive SMS, as they usually have fewer household chores during that part of the day. Nonetheless, one participant in Rajshahi argued that she would check the inbox whenever SMS comes, as it holds equal importance as a phone call received at anytime in a day. Despite the argument, caregivers who didn't have access to phone throughout the day preferred afternoon or evening. The logic was that their husband returns home from the workplace at that time, when they would have access to the phone to check SMS. The response was similar from those who need help from their children to operate. As the children stay at schools during the day, they would only be able to help their caregivers once they get back home. Furthermore, during the interview with the previous SMS receivers, it was observed that SOS instructed all caregivers to keep written record of each SMS for further reading. In that case, most of the caregivers made their children write it down in a notebook. Therefore, they also suggested the same time (afternoon or evening), when their children get time to note them down.

Content literacy

Caregivers who cannot read (20%), would need assistance to read out the SMS. Further 20% caregivers, although they can read, but not fluent in interpretation, would also need assistance to understand the message for better outcome.

A total of 15 participants (out of 39) were randomly selected in three workshops to assess content literacy. Five sets of SMS on different topics were prepared and printed out beforehand and displayed on the board during the workshop. Selected participants were invited to read out first and then interpret in front of other participants.

Most of the caregivers found the messages were easy to understand. Caregivers who were unable to read (3 out of 15), received help from fellow participants to read out the message. However, they were able to interpret the message once it was read out to them. On the other hand, three participants (3 out of 15, i.e. 20%), even though they completed grade 5, were not fluent during interpretation. Amongst them, the first participant with education literacy level of

grade 5 had to receive help from fellow participants to translate the message clearly. Second participant, who studied up to higher secondary grade couldn't interpret the message even after multiple tries. Third participant, who studied up to grade 8 exhibited similar results.

This assessment denotes that caregivers who cannot read would need support to read out the SMS, and their children and husband can play this role. On the other hand, caregivers who can read, but not competent in interpretation of the messages, also would need assistance. This category of caregivers can receive support either from their children and husband, or from the neighbor caregivers.

Content composition

72% caregivers preferred Type 'A' tone, specifically 'A1'. This type of content composition would inspire them for self-driven action, a sign of ownership with positive feelings. 28% of the caregivers preferred type 'B' tone due to its authoritative nature.

Reflections on the tone of content were received from all 39 caregivers during the workshop. Two types of SMS in Bangla language with four different tones, keeping the information same, were developed before the workshop. The sample SMS and the preference made by caregivers are illustrated in Table-2 and Table-3.

Table-2: Sample content for analyzing the tone preference

Type	Tone	SMS (in Bangla and translated in English)	Differences in tones
A	A 1	In Bangla: সুস্থ থাকতে, শাকসবজি কাটার আগে পরিষ্কার পানিতে ধুয়ে নিবো। [Translated in English: To stay healthy, I will wash my hands with clear water before processing vegetables.]	This tone conveys self-driven action and a positive feel (i.e. to stay healthy).
	A 2	In Bangla: রোগমুক্ত থাকতে, শাকসবজি কাটার আগে পরিষ্কার পানিতে ধুয়ে নিবো। [Translated in English: To stay free from disease, I will wash my hands with clear water before processing vegetables.]	This tone conveys self-driven action, but reverse feel (i.e. free from disease).
B	B 1	In Bangla: সুস্থ থাকতে, শাকসবজি কাটার আগে পরিষ্কার পানিতে ধুয়ে নিবেন। [Translated in English: To stay healthy, wash your hands with clear water before processing vegetables.]	This tone conveys authoritative action and positive feel (i.e. stay healthy).
	B 2	In Bangla: রোগমুক্ত থাকতে, শাকসবজি কাটার আগে পরিষ্কার পানিতে ধুয়ে নিবেন। [Translated in English: To stay free from disease, wash your hands with clear water before processing vegetables.]	This tone conveys authoritative action, but reverse feel (i.e. free from disease).

Table-3: Preference of content type and tone among the caregivers

Type	Tone	Khulna	Bogra	Rajshahi	Total by tone	Total by type
A	A 1	5 (38%)	7 (54%)	8 (62%)	20 (51%)	28 (72%)
	A 2	2 (15%)	1 (8%)	5 (38%)	8 (21%)	
B	B 1	4 (30%)	1 (8%)		5 (13%)	11 (28%)
	B 2	2 (15%)	4 (30%)		6 (15%)	
Total		13 (100%)	13 (100%)	13 (100%)	39 (100%)	

Type-A tone was most preferred amongst the caregivers in all three districts. Around three-fourth of them (72%) presented their logic behind their preference. The full house (100%) choice for Type-A tone was received from caregivers in Rajshahi. The reasons for choosing this tone were: it denotes self-motivation, inspires determination for action, and expresses a sign of ownership. One caregiver in Bogra cited that Type-A tone presents the feeling of ownership to follow the suggestions stated in the SMS. Similar insights were received from the previous SMS receivers and SOS field officials, who stated that the self-driven action tone would lead caregivers for action proactively, even though the authoritative tone was applied in the previous SMS composition. In addition, they suggested the language of content should be easy to understand.

In Type-A tone, there were two subsets, one conveys positive feelings (A1, i.e. stay healthy) and the second one conveys reverse feelings (A2, i.e. free from disease). Most of the caregivers preferred Type-A1 tone (51%) that conveys a positive feeling to stay healthy, rather than getting “free from diseases”. Participants who were in favor of Type-A2 (21%), stated that they face diseases frequently. Therefore, they can connect more with the “get free from diseases”. A participant in Bogra said, “If I can get free from diseases, it would keep me healthy. Therefore, I prefer the second one (A2)”. Similar arguments were also made by a caregiver in Rajshahi. She said, “No one expects disease. Type-A2 tone would alert us to prevent diseases for good health”. Around one-third (28%) of the caregivers, mostly those in Khulna and Bogra, preferred Type-B tone (i.e. the authoritative action). No one in Rajshahi preferred Type-B tone. The most important reason behind this preference was: the authoritative tone felt like the SMS has been sent by SOS. Therefore, they would feel more responsible to take action..

FINDINGS: CONTENT NEEDS

Child development

Caregivers predominantly sought after menstruation care for adolescent girls, preparedness of boys during physical changes at adolescent age, management of children's behavior, road safety, physical and sexual harassment prevention for girl child, balancing education and recreational activities of children, and consequence of child marriage.

A. Child health and nutrition

Caregivers in all three districts stated menstruation care of their adolescent girls is one of the key health challenges, particularly emphasized by the participants in Rajshahi. Likewise, healthcare during physical changes of boys at the adolescent age was noted to have similar importance. Besides these, caregivers pointed out that fever, coughs, colds and diarrhoea are also common health problems suffered by their children. Children get headaches and become exhausted when they play under strong sunlight, a caregiver in Bogra mentioned. One participant in Khulna, searched for information about treatment facilities for disabled children. Furthermore, nearly all caregivers were dissatisfied about the food intake of their children, as most children are reluctant to take homemade food and prefer food outside of home. Caregivers wanted advice on how to increase appetite and ensure nutrition of their children.

B. Behavior of children

Caregivers had difficulty in managing and guiding their children. Children do not listen to them and act opposite of what they suggest. Caregivers in Bogra shared that their children have a lack of respect for elderly members in the family and were reluctant to establish a good relationship with their siblings. Attitude issues were observed to be worse amongst the adolescents. Thus, caregivers looked for advice on ways to deal with and guide their children appropriately. Furthermore, caregivers expressed their anxiety about companionship and possible risk of their children getting engaged with unwanted activities while spending time outside. The caregivers wanted advice on how to deal with their children peacefully about drug addiction, exposure to adult content over the internet and locally loaded video in the mobile phone. This issue was also raised by the by previous SMS receivers, particularly from Khulna and Rajshahi. Additionally, they mentioned content on responsible use of mobile phones by the adolescents can be promoted.

C. Safety awareness

Children play on the roads regularly, which was specially mentioned by caregivers in Bogra. Many of them have to travel a long distance alone by themselves for school, and may even have to cross the highway. Caregivers asked for advice on road safety, as they feel unsafe when the children play on the roads and travel alone for schools. They even feel a lack of security, i.e. anxiety of physical and sexual harassment when their girl child leaves home for school, coaching and other activities. The security concern was particularly expressed by the caregivers in Khulna and appealed for advice on child safety and protection.

D. Education and development

Children's lack of focus on studies and more focus on sports was the biggest concern amongst the caregivers in all three districts, particularly in Bogra. They looked for advice on creating a balance between education and recreational activities in their children to promote a healthy lifestyle. Some caregivers put effort to monitor their children's movements, as well as performance in schools and coaching centers, thus wanting advice on how to do it more effectively.

E. Child marriage

Child marriage is restricted by law in the country and all of the caregivers are somewhat aware about it. Nonetheless, caregivers in Rajshahi argued that child marriage still exists in rural areas, particularly for the girl child. Financial insolvency, fear about the societal influence, uncertainty in parents' mind whether their girl would get a good spouse etc. were the major trigger factors. Sometimes children themselves desire to get married early due to their romantic affiliation, added by the caregivers in Bogra and SOS field staff in Khulna. A caregiver in Bogra disclosed that her daughter faced severe complications during childbirth, probably due to her marriage at an early age. Therefore, awareness about child marriage and about its impact are deemed important.

Physical weakness and mental stress due to daily household workload and reproductive healthcare like urine infection and menstrual problems were the top health challenges of women which need the highest attention.

A. Common health

Caregivers have to perform a number of activities on a daily basis to keep their household up and running. As a result, physical weakness due to daily household workload was the most frequent health problem faced by the caregivers in three districts. Heavy sweat, fever, blood pressure, headache, knee pain, muscle aches in hand and leg were also noted as common health problems among all of the caregivers. Likewise, seasonal health problems like, dehydration, headache and diarrhoea during summer; dry skin, asthma and sore throat during winter were also common matters of concern in all three districts.

Two caregivers in Bogra reported that they had to deal with heart, diabetes and eye related problems where they need basic information to take care of themselves. All other caregivers agreed that they want the same information that would assist them to prevent these diseases. In addition, information regarding cataract amongst the elderly family members had a requirement specially placed by the participants in Bogra. Moreover, dengue fever was the epidemic this year in the country, where caregivers wanted preventive measures to secure their health in the upcoming years. Caregivers appealed to know the causes, effects and suggestions on these common health problems, which would help them take precautions in advance.

B. Sexual and reproductive health and hygiene

Two major issues identified by the caregivers under this category were urine infection and menstruation management. They explained further that urine infection problem includes pain and burning while urinating, and cloudy and bloody urine. Menstruation problems include heavy menstrual bleeding, stop of menstruation, irregular and unclear menstruation, pain during menstruation, and leucorrhoea. Caregivers stated that they face menstruation problems probably due to the use of various birth control methods, which disrupt their normal menstruation cycle and discharge. Besides this, they sought after prevention messages on cervical cancer, uterus cancer and breast cancer, even though none of them were suffering from these diseases. They wanted to take preventive measures as they were worried. Moreover, message on care during pregnancy was expected amongst participants in Rajshahi, particularly those who were expecting to conceive in near future.

C. Mental health

In rural settings, women in the family usually carry out and manage household chores. Caregivers have to deal with an extreme workload that often creates distress among them and affects their mental health, mostly at the end of the day. As a result, they were looking for very specific

advice to uphold their healthy state of mind. For instance, advice on ways of refreshing the mind after a whole day of work, preventive measures for depression, better management of household chores and so on. Caregivers in Rajshahi firmly stated that the workload affects their mental health. Caregivers in Khulna and Bogra, even though they mentioned about their workload and tiredness at the end of the day, could not make the connection between their mental health and extreme workload.

Household management

Household cleanliness for prevention of unexpected disease, hygiene during food preparation, fire safety measures during cooking, and care of elderly family members were the most important action items where caregivers need attention and support.

A. Cooking and cleanliness

Most of the women spent a major part of their daily schedule for food preparation and cooking. It was noted that caregivers in all three districts are mostly occupied with all sorts of cooking related activities ranging from grocery shopping, food preparation, serving, washing utensils, and so on. Some of the caregivers were assigned by the SOS FSP program for mid-day meal preparation for school children. Therefore, educational content on management of household chores, health, nutrition, and hygiene (specially cleaning food items and utensils) were found essential.

It is to be mentioned that several health issues have a close connection with hygiene and cleanliness of the household premises. During the discussion, none of the caregivers mentioned that they carry out extensive cleaning of their household premises. A similar picture was found during field observation. For instance, kitchen, living room and cattle shelter were found closely attached. Kitchens were mostly in open places, so there are chances of food getting affected by external contaminations. Hence, the content on the effects of unclean household premises and how it may lead to different diseases can be included to help them out.

B. Disaster and safety

Every year people get affected by several natural disasters, especially storms, thunderstorms, excessive heat, floods, and droughts. In addition, man-made occurrences like fire, gas or cylinder burst, road accidents was also raised as concerns during the discussion with caregivers and SOS officials, particularly in Bogra. In this context, awareness on the prevention of man-made occurrences and preparedness for natural disasters could help them confront the situations competently. Since caregivers spend a major part of their time in the kitchen, preventive measures on fire safety when using traditional burners or gas cylinders need to be addressed. What actions should be taken during any fire outbreaks or gas cylinder explosion should also be accommodated in the content taxonomy to alert the caregivers.

C. Care for the elderly

A number of caregivers stated to have elderly members in their family who needs special care. Caregivers have to manage physical and mental health of the senior members regularly, and help them feel valued and respected. Moreover, caregivers have to be conscious during the preparation of meal for elderly members to ensure proper nutrition. Elderly members also need assistance to maintain their personal health and hygiene. Most importantly, they desire quality time from other members in the family. Thus, caregivers demanded suggestions to equip themselves accordingly.

D. Safe water for household activities

Caregivers had to allocate time to collect safe water for household consumption. Tube-wells were available in some of the households while the rest of them had to collect water from nearby places. However, there is a shortage of safe drinking water during the dry season, cited by all caregivers, regardless of whether they had tube-well in their own household or not. Due to water scarcity, caregivers were left with no other option than using water from ponds or rivers to complete household tasks. For example, cleaning utensils, showering, and performing other household chores. On another note, even though they know about the effects of arsenic, only 5 out of 13 caregivers in Bogra mentioned that their tube-well was examined. It denotes that there was still a lack of awareness on arsenic hazard, which requires to be considered.

E. Homestead agriculture

All of the caregivers allot time for producing and caring homestead agriculture, mainly poultry, livestock and homestead gardening. Caregivers usually take care of the poultry and livestock by providing them food, cleaning them, milking, collecting eggs etc. Caregivers have to deal with various diseases of livestock, poultry and plants, and so need suggestions to take care of them for better production.

Savings and finance

Information on various aspects of savings schemes like benefit, pros and cons, and home based income generating opportunities might foster savings practices and financial security of the caregivers.

A. Savings and financial decision

All of the caregivers practiced saving and most of them were members of micro-finance institutions (MFS). Moreover, they save money in other traditional forms like clay banks. Nonetheless, only around one-tenth of caregivers were found to be aware of the savings schemes offered by

different banks. When the discussion on varieties of savings options started, they expressed interest in learning more about them, including the benefit, and pros and cons for informed decision making. Caregivers also illustrated their involvement in family financial decisions, household accounting, savings management, and management of family expenditure. Therefore, relevant information might help equip them for making improved family financial decisions.

B. Income generating activities

Although a very limited number of caregivers were found to be engaged with income-generating activities, all of them were eager to have knowledge on how they would enhance family income. Caregivers, who were engaged with income generating activities, mainly worked for City Corporation, operated local shops and made various forms of knitting. While discussing with SOS field officials in Khulna, they drew attention on home based income generating activities. As a whole, the findings suggest that the caregivers might be benefited by content on home based income generating opportunities.

Relationship management

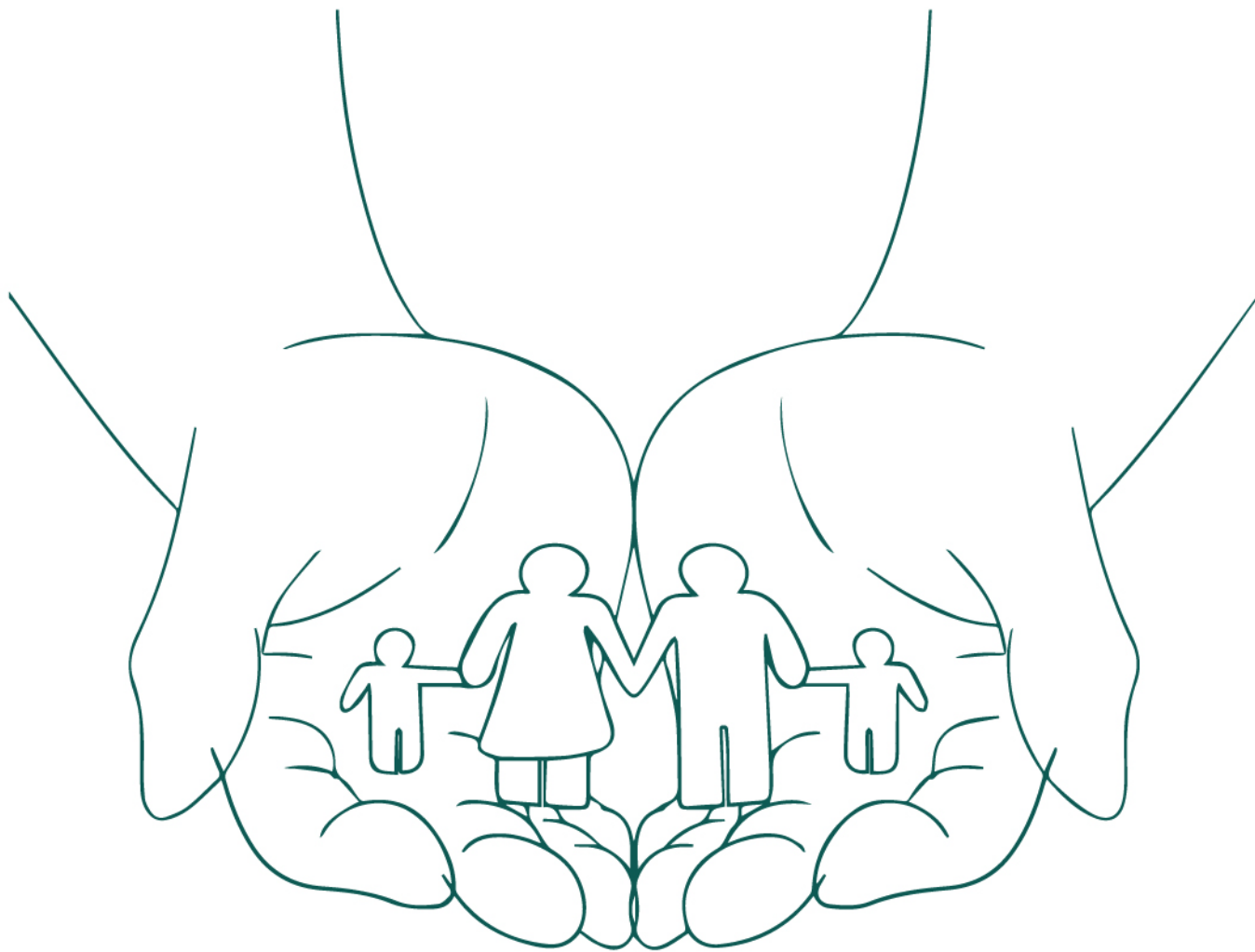
Conjugal relationship management is the most common challenge that appeared amongst most of the caregivers, due to a number of reasons and topics about which they desire advice.

A. Conjugal relationship

Caregivers expressed that spousal relationship management was one of the most common challenge they face regularly. Sometimes unpleasant arguments between wife and husband occur in front of their children, which disrupts their mental health. Many reasons were identified which created arguments and anger issues in their conjugal relationship. Some important reasons were, delay in washing clothes and serving food, uneven share of household workload, failure to payback installments of loans taken, disagreement to have physical relationship, and suspecting extramarital affair. It was noted that both the wife and husband do not get to spend quality time with each other, and also do not get the opportunity to have a quality conversation about the family matters which might be associated with the marital dispute between them.

B. Relationship with relatives and neighbors

Caregivers in all three districts spoke about the importance of keeping a regular and good relationship with relatives and neighbors. They generally spend some time connecting with relatives over phone. They visit neighbor's houses in the afternoon to chat and relax. Some of the caregivers mentioned that it was usually hard for them to manage their schedule for conversation with relatives and visiting neighbors on a regular basis due to extreme workload. In this context, they expected advice on how could they get well connected with relatives and neighbors as they are the first responder in any urgent situation.



RECOMMENDATION

RECOMMENDATION FOR CONTENT SERVICE DESIGN



Addressing mobile phone operations literacy

Around half of the caregivers cannot operate mobile phone's inbox function independently. Before starting the service, SOS can organize orientation sessions for the selected caregivers on 'how to operate the mobile phone inbox' to enable them for receiving SMS content.

SOS can encourage caregivers to learn and receive assistance from their children and husband to operate the phone inbox.

Caregivers can also be suggested to learn and seek assistance from neighboring caregivers who are under the same service package.



Addressing content dissemination and reading literacy

SMS can be disseminated to the preferred time slot, i.e. during afternoon to evening. During this time slot, caregivers would have higher opportunity for access to a mobile phone, and for getting assistance from children and husband as necessary.

Caregivers, who cannot read, and is not fluent in interpretation of the content, should be suggested to seek help from their children and husband, when possible. Caregivers who can read, interpret and write, can be suggested to discuss the contents with their family. This would increase the probability of interaction among the family members for better outcomes in behavior and practice.

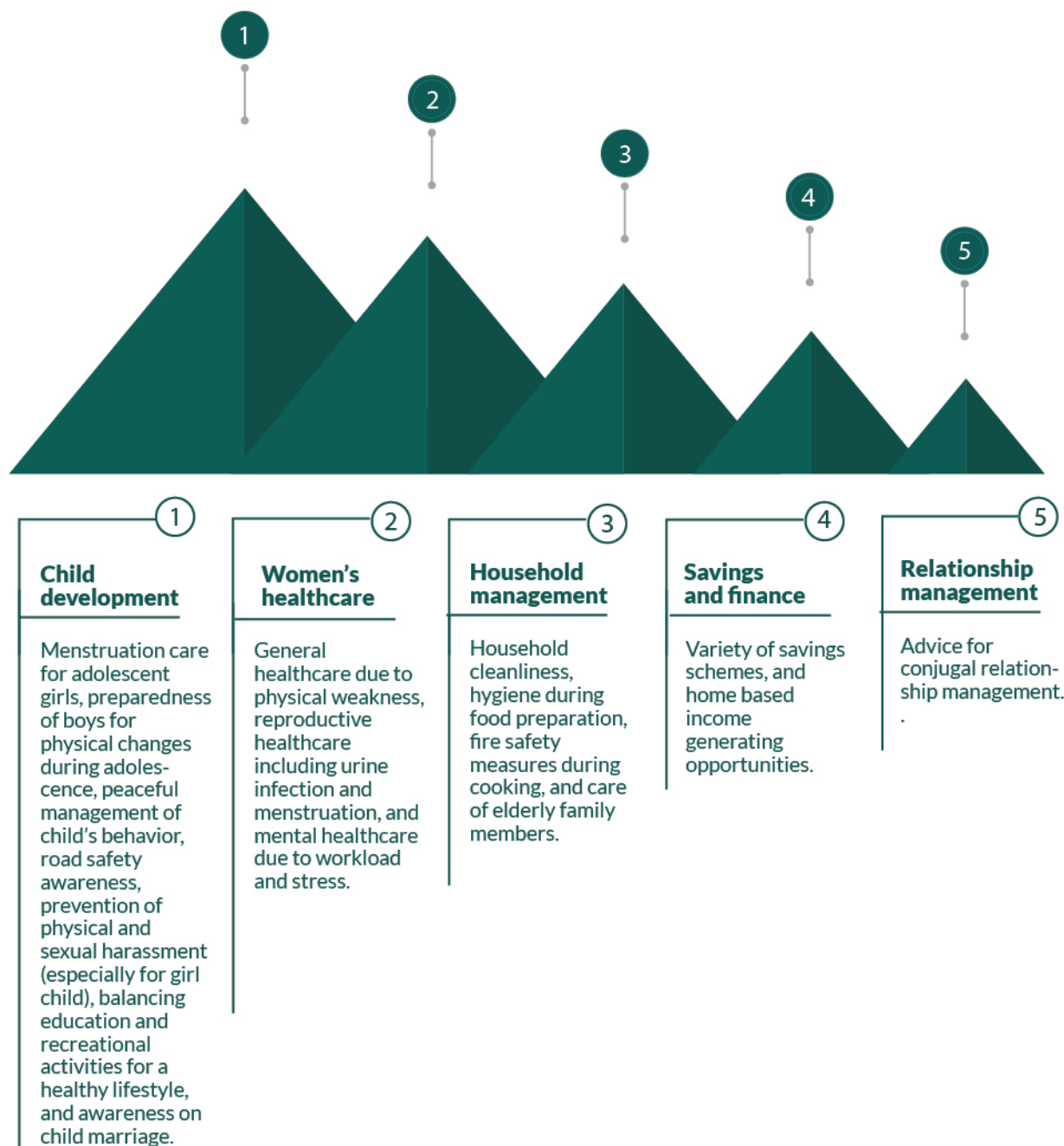
Beyond this, SOS can organize weekly or fortnightly courtyard sessions with caregivers, managed by their existing local staffs or volunteers, where the disseminated SMS contents can be discussed for further clarification. Local staffs or volunteers of SOS can also be included in the SMS service recipient list to understand the



Consideration for content composition

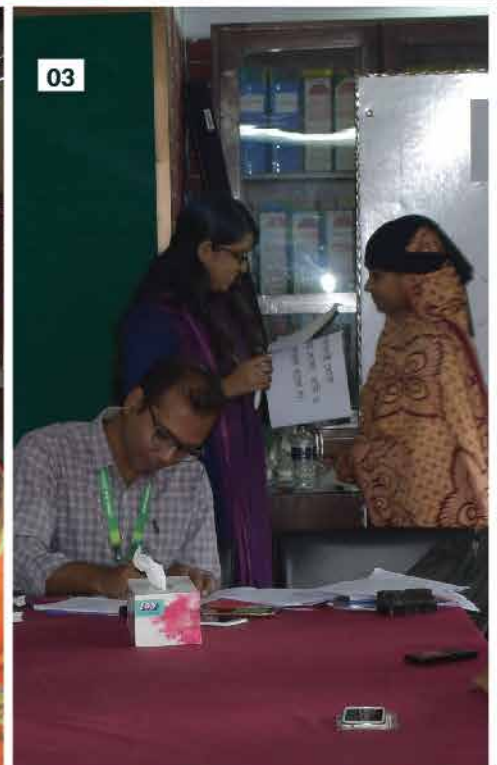
The text of each SMS should be developed with self-driven action tone, rather than the authoritative tone, as most of the caregivers preferred it. Self-driven action tone would provide better outcome as it promotes self-motivation, self-determination for action, and expresses a sign of ownership.

RECOMMENDATION FOR CONTENT TAXONOMY



Complying to the demand made by caregivers, the issues of child development have to be placed at the top of content taxonomy, followed by the preference of women healthcare, household management, savings and finance, and relationship management.

PHOTO GALLERY



01 Meeting with previous SMS receivers

02 Caregivers reflection on SMS tone in Khulna

04 Reflection on content composition

05 Reflection workshop in Khulna

PHOTO GALLERY



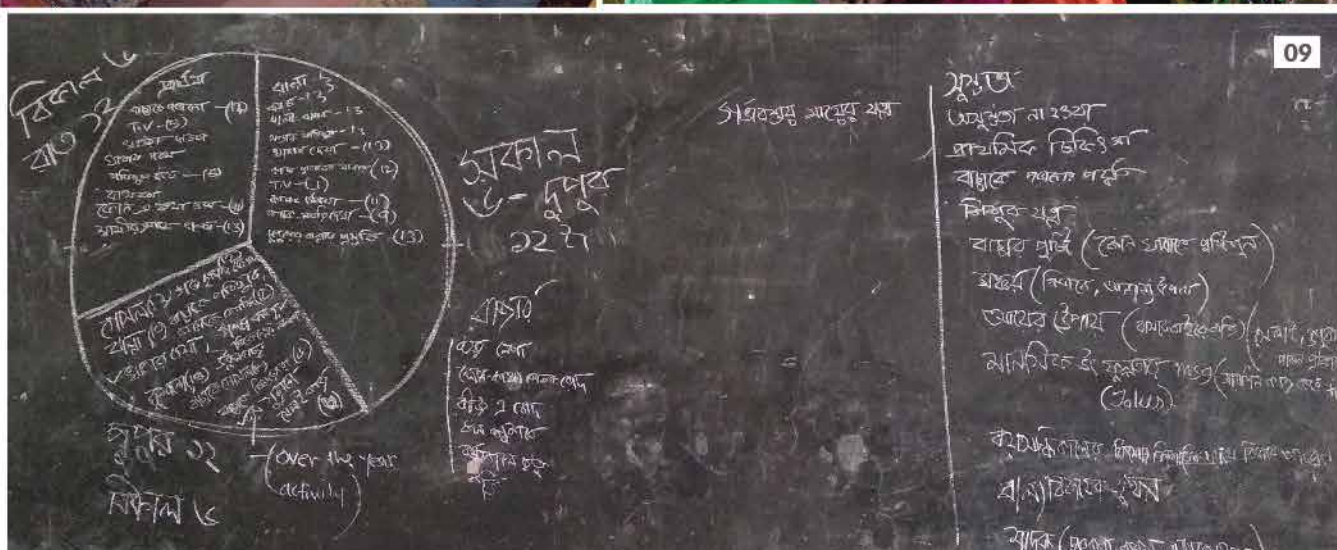
06



07



08



09

06 Reflection workshop with caregivers in Bogra

07 Interview with caregivers in home settings

08 Reflection workshop with caregivers in Rajshahi

09 Exercise output

