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# Effective Digital Health Platform for Sexual and Reproductive Health & Rights (SRHR) Services:

## A Mixed-methods Approach to Understanding User Experiences, Needs, and Rights in Bangladesh



## BACKGROUND OF THE STUDY

In response to the COVID-19 pandemic, Bangladesh witnessed an enormous rise in digital health adoption, demonstrating a step towards digitalization. However, this transition unveiled a significant concern: the susceptibility of digital platforms to misinformation, particularly in sensitive fields such as Sexual and Reproductive Health (SRH). Adolescents and young adults aged 15-30, in particular, encounter a dearth of accessible and accurate SRH information and services. Addressing these challenges forms the foundation of the project, which aims to comprehensively understand the user experience, needs, and challenges when using digital health platforms. By navigating Bangladesh's digital landscape, aligning policies with emerging needs, and emphasizing SRH education, a sustainable digital health system can be developed to ensure the well-being of all.

**Project Location: Dhaka Metropolitan City, Savar, Narayanganj, Tangail**

### Study Population

Cis-gendered  
able-bodied young adults



Persons with  
disabilities

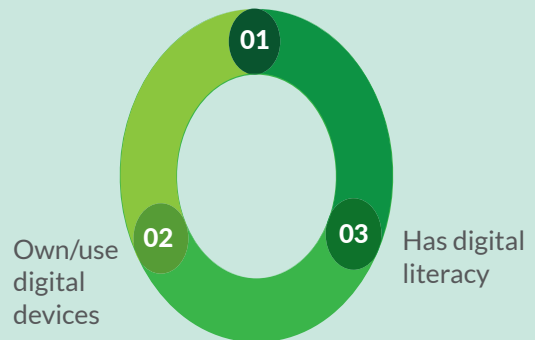


Gender diverse  
community



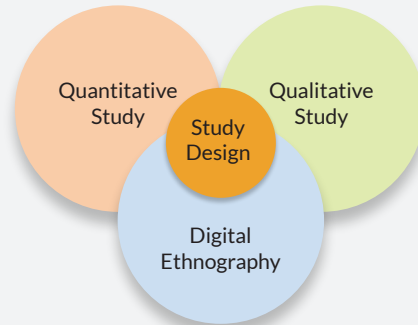
### Inclusion Criteria

Age - 18 to 35 years

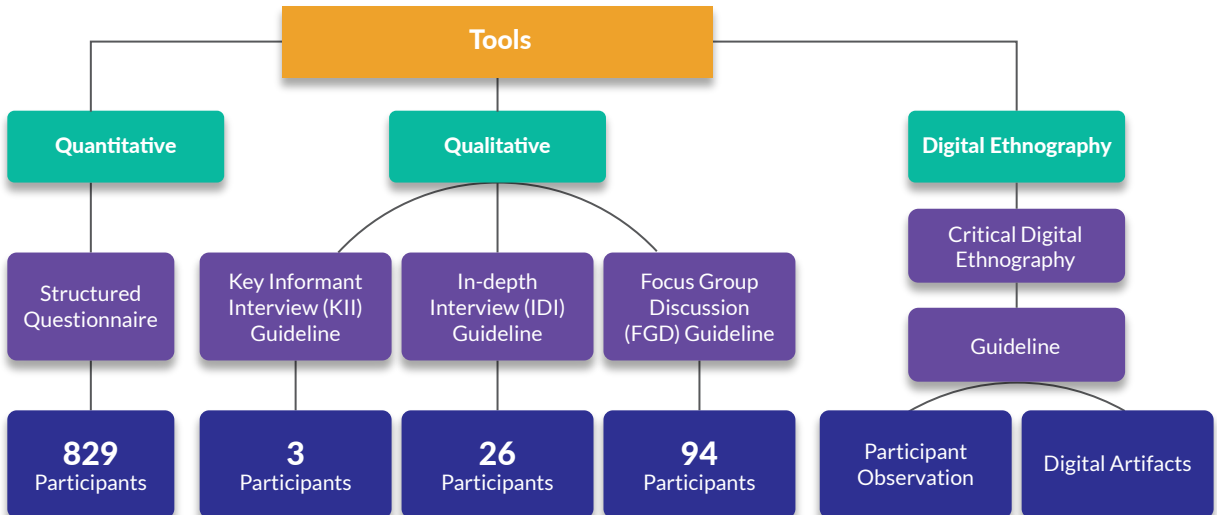


## STUDY DESIGN

A Mixed Method Approach: Convergent Parallel Design



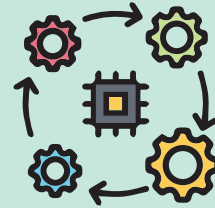
## STUDY TOOLS



## OBJECTIVES OF THE STUDY



Understand the users' experiences and identify the challenges experienced by adolescents and young adults (18-35 years old) while using digital health services



Determine factors influencing users to adopt digital health platforms and services for SRH including different communities and marginalized groups



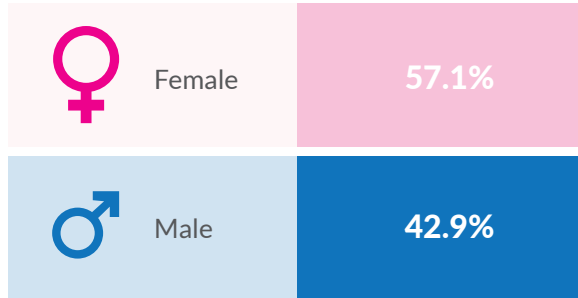
Understand transparency and accountability of the existing digital health platforms and how policies and regulations can be improved



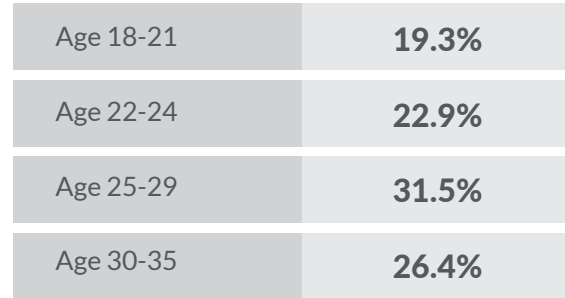
Identify feasible ways to develop a sustainable digital health system through aggregated participation of multiple stakeholders

## SOME CHARACTERISTICS OF THE RESPONDENTS

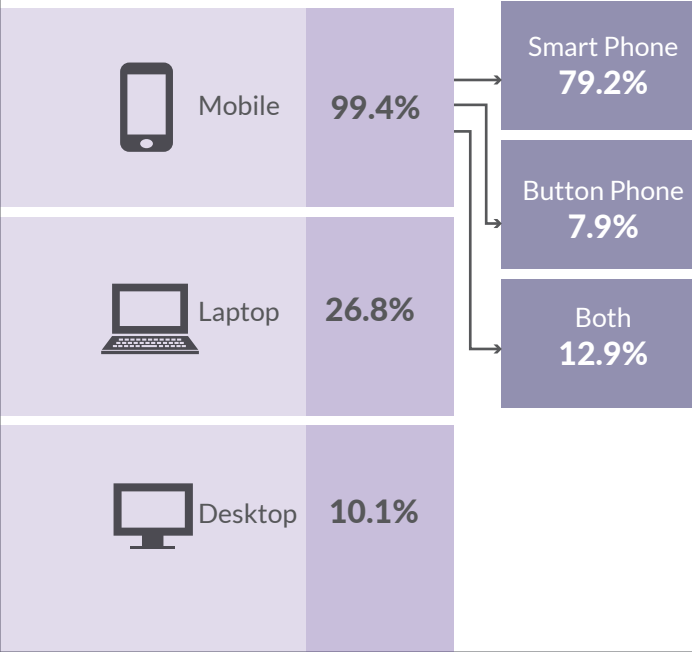
### Population size 829



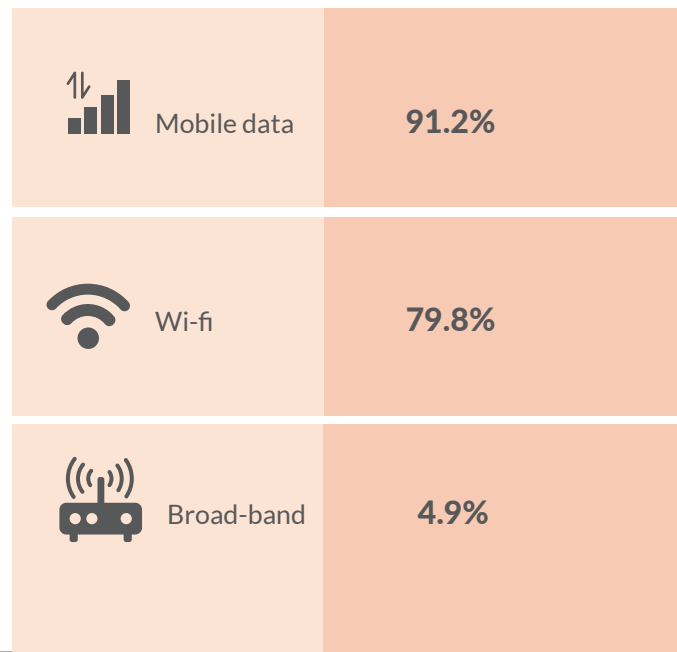
### Age Distribution



### Technology (Device)

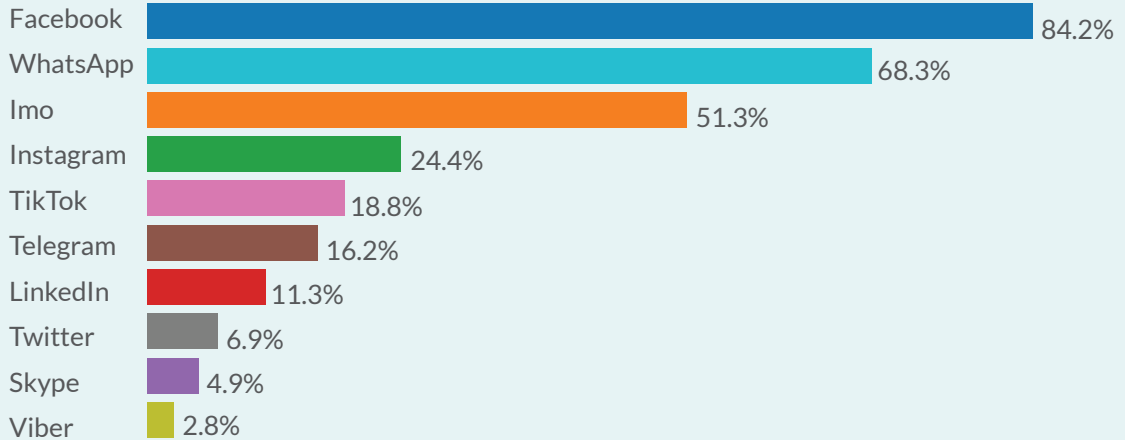


### Internet Connection Type

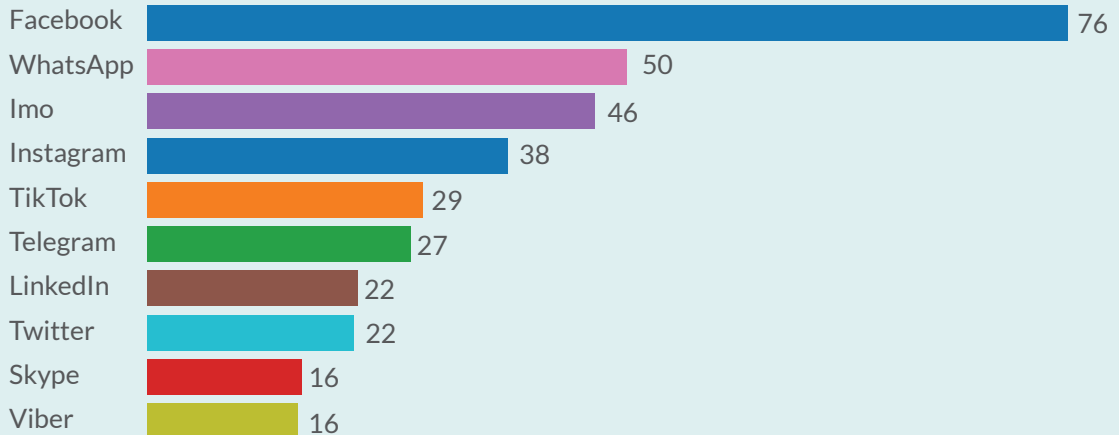


## EXPOSURE TO SOCIAL MEDIA

Percentage of Respondents on Different Social Media Platforms



Average Minutes Spend on Different Social Media platforms Daily



## Health App



Health apps through smartphones, tablets, or other electronic devices that focus on promoting and maintaining users' health and well-being.

## Health Service



Service from a digital health platform (e.g: through health apps, websites)

## Health Information Source



Health information obtained from any digital platform: website, social media, health apps etc.

## OPERATIONAL DEFINITION OF DIGITAL HEALTH DOMAINS



pHealth refers to use of wearables, sensors, or other electronic tools to monitor, manage, and improve individual health

## pHealth



mHealth stands for mobile health. Mobile phone used as a medium to get health related information, health services, mHealth apps etc

## mHealth



Seeking prescription for specific symptoms from drug sellers or making phone calls to take an appointment for the doctor

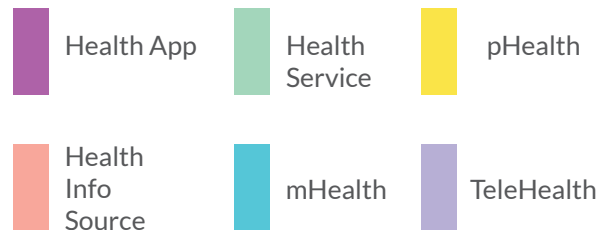
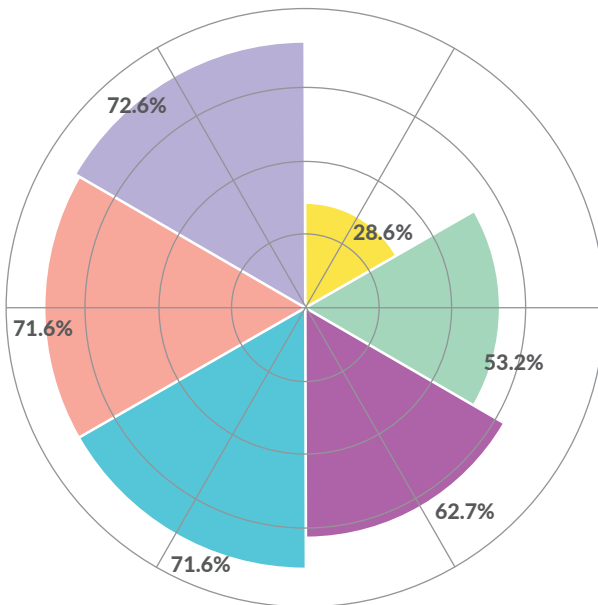
## Telehealth

## DIGITAL HEALTH USERS



- 88.9% of the respondents are digital health users
- Among the urban residents, 90% of the respondents are digital health users; among the peri-urban it is 82.8%
- 92.6% of the male respondents and 84.1% of the female respondents are digital health users

Usage Percentage among  
Digital Health Domains



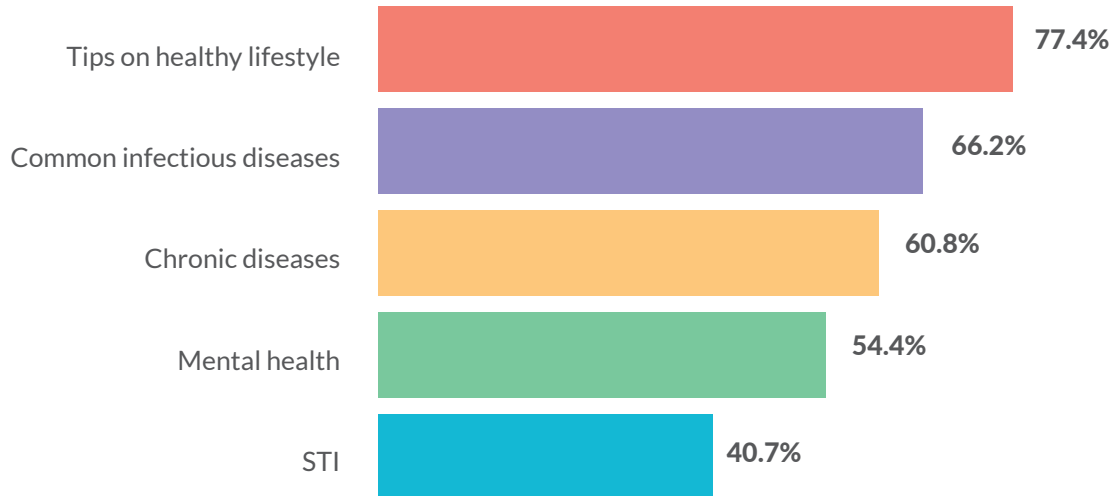


## FACEBOOK HEALTH GROUP MEMBERS



- 42.9% of our respondents are Facebook health group members. Among them 51% of the respondents actively participate in the Facebook health groups
- 22.3% of the respondents don't join health groups where anyone they know is already a member
- 51.1% of the respondents actively participate in those health groups mainly by giving reactions (73.3%), commenting on the posts (30.1%)
- 67.5% of the respondents don't share health information they see on social media

### Information Respondents Seek from Facebook Health Groups



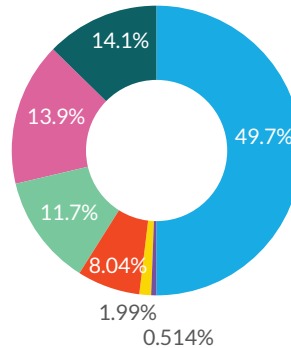
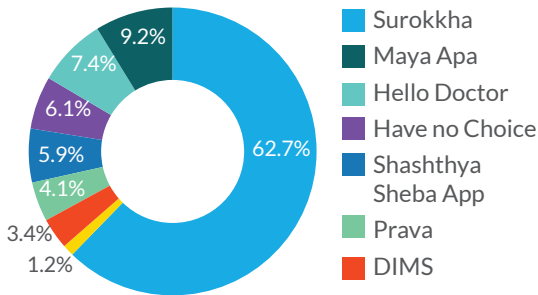
## HEALTH APP USAGE



- 62.7% of the respondents use health apps
- Among the health app users, 65.9% used only “Surokkha” app
- 78.8% of the respondents used the apps free of cost, 12.1% paid one time consultation fee, 6.3% had monthly subscription and 2.8% had yearly subscription

### How Preferred Health Apps Helped the Respondents

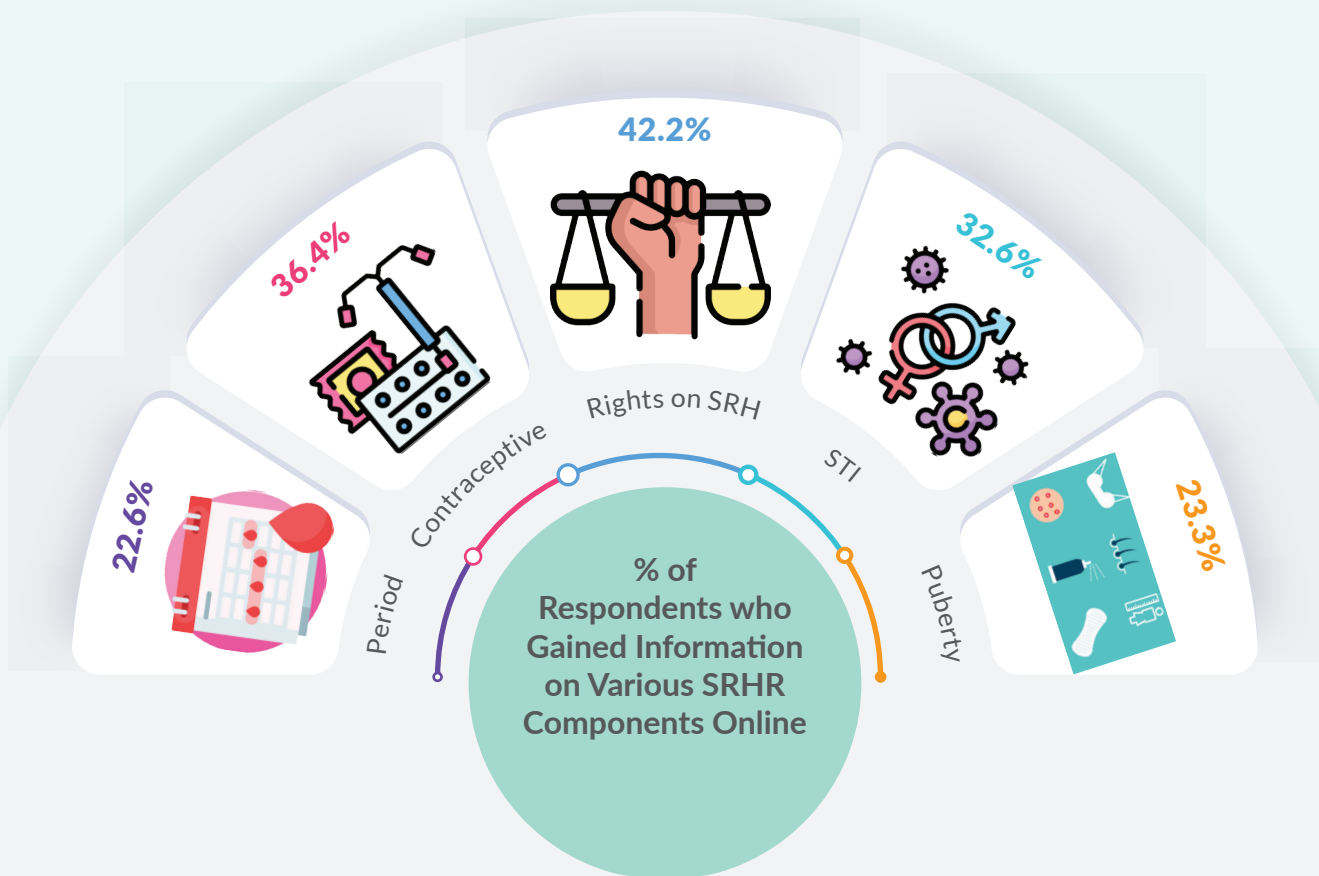
#### Preferred Health Apps



- Helped me get information about covid vaccine
- Helped me get information on diet plans exercise
- Helped me get medicine prescription
- Helped me get information on mental Health
- Helped me improve health condition
- Could use app even when the Internet connection was poor or not available
- No choice

# SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS

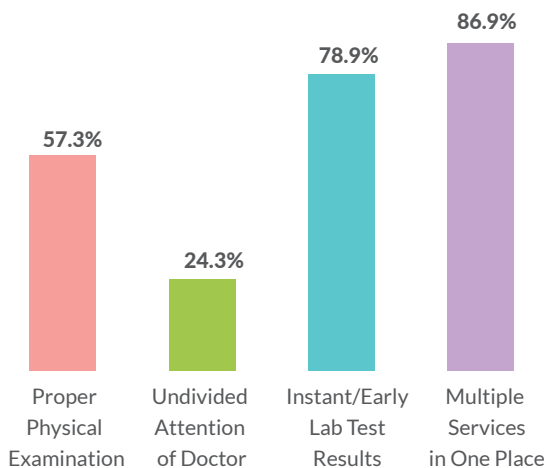
- Key online sources for SRH rights information include Facebook groups/pages (20.9%), Youtube (22.9%), and online search engines (17.2%)
- 50.5% of the respondents strongly agree with the statement that “partners should have access to each other’s device”



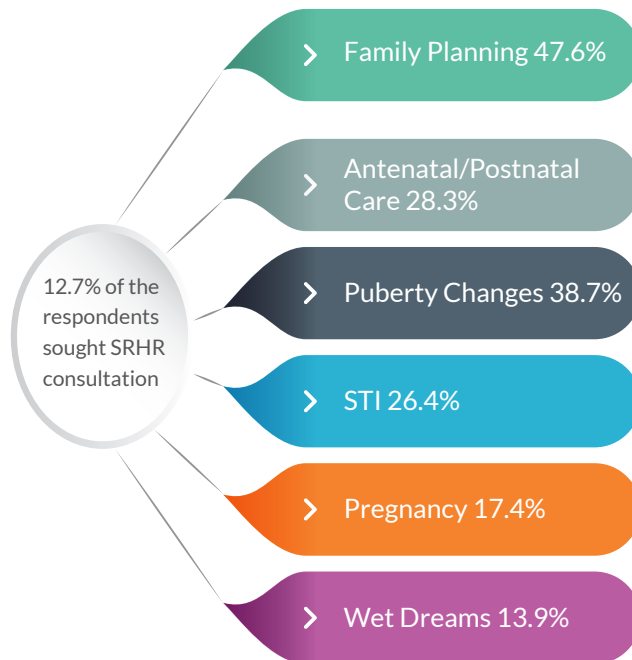
## DIGITAL HEALTH SERVICES

23.5% of the respondents used digital health services online

### Reasons behind People Using More 'In-person' Health Services



### SRHR Service Online





### Respondents don't rely on unfamiliar health providers

*We don't utilize digital services because we prefer visiting nearby doctors for treatment or checkups because we are familiar with them. If we can learn how to avail doctor services through the internet; we would not go to the doctor's chamber for treatment as in-person consultations are quite lengthy with a lot of steps such as obtaining a token, receiving treatment, taking medicine, undergoing tests, and obtaining reports.*

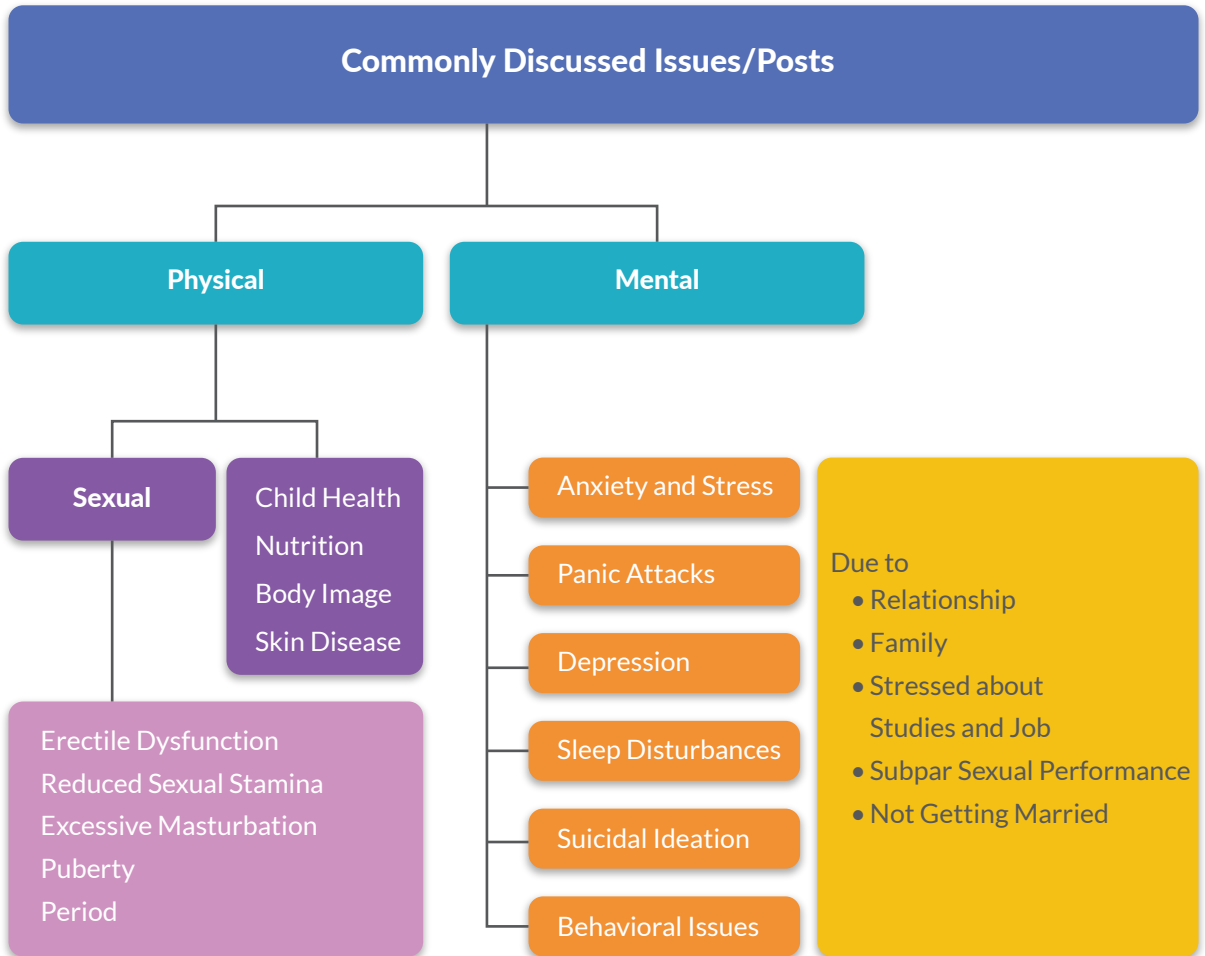
**- Female Slum Dweller, 34**

### Proper treatment is not possible online

*Everything is not possible online. Doctors can't see the patient's to diagnose them properly. Patients don't have the space to ask more questions or know details about their condition. One of my relatives didn't feel better after taking medicines prescribed by an online doctor. His condition became worse, it was later seen that he had a kidney problem and so had to go to a hospital for treatment.* - **Member of Gender Diverse Community, 25**



## Digital Ethnography



## MOST TRUSTABLE DIGITAL HEALTH SOURCES

- 38.9% of the respondents double check the health information they receive from digital platforms
- Among them 39.1% check if the page is real, 40.1% ask real doctors, 54% verify the information by asking friends, 24.7% verify through visiting different websites

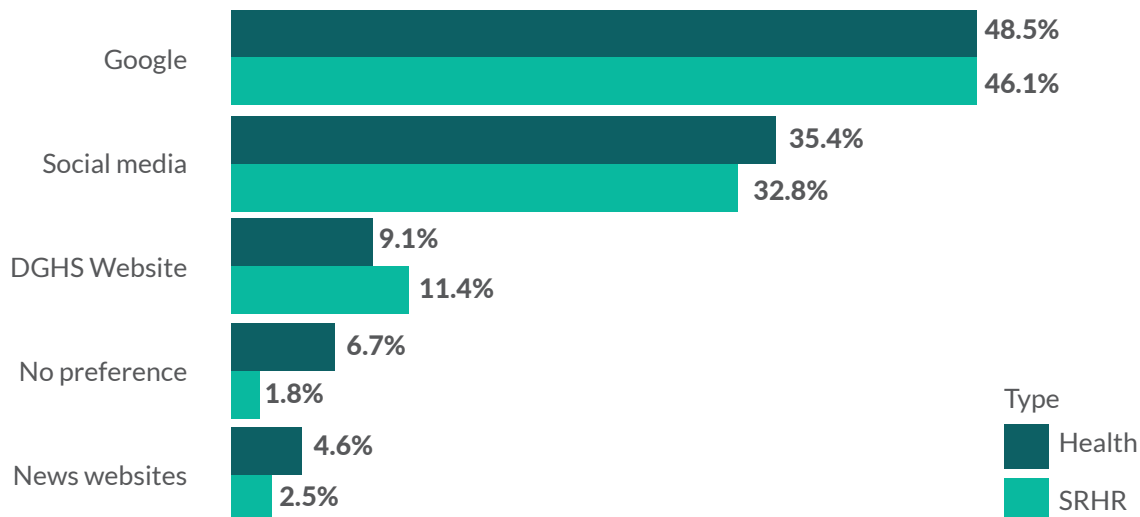
*"I always fact-check health information by cross-referencing it on Google and Facebook."*

**- Private University Student, 24**

### Digital Ethnography

- Misconceptions and superstitions are confirmed especially for SRH and mental health issues (eg: shape of penis changes with excessive masturbation)
- Herbal and homeopathy treatment are advertised especially for mental health issues
- Homeopathic and allopathic medications are advised by health professionals and patients who experienced the same problem

Most Trustable Digital Health Sources by Respondents

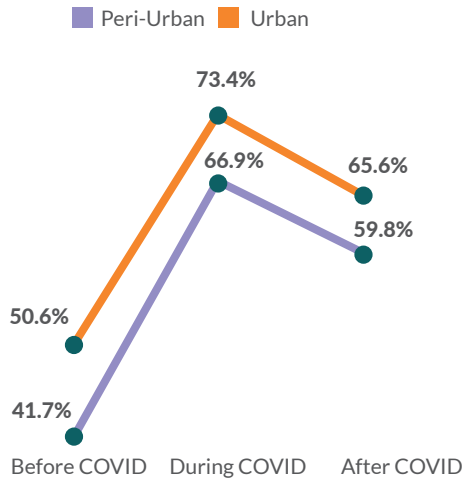


## “ IMPACT OF COVID ON DIGITAL HEALTH

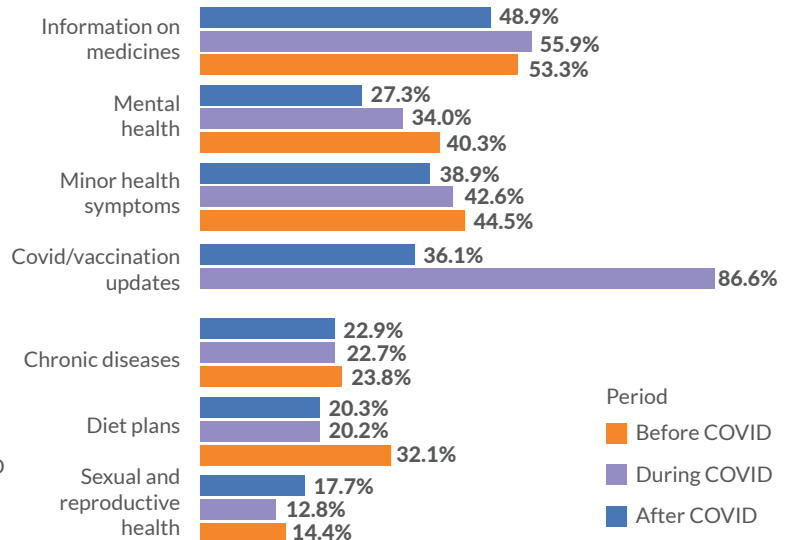
It was mainly during COVID that my tendency to search the internet for health information increased, but now, after COVID, it has gone down again. It has not become very low, it returned to a normal level. But during COVID, it was very high. - **Female Job Holder, 26**

When my mother had a serious kidney problem, we were able to quickly seek treatment and now she is doing well, thanks to God. This happened during the midst of the corona-virus pandemic when it was challenging to find immediate medical help. I couldn't find a doctor for consultation without a COVID test, and getting a private test was expensive. So, we opted for a test at Bangabandhu Medical College, where I utilized their digital service through their app. I registered through the app, and in addition to that, I sought assistance from various online sources such as Messenger, WhatsApp, and online groups. - **Private University Student, 24**

**Digital Health Usage (%)**  
among Urban and Peri-urban Areas



**Health related Information Search by Respondents: Before, During & After COVID**

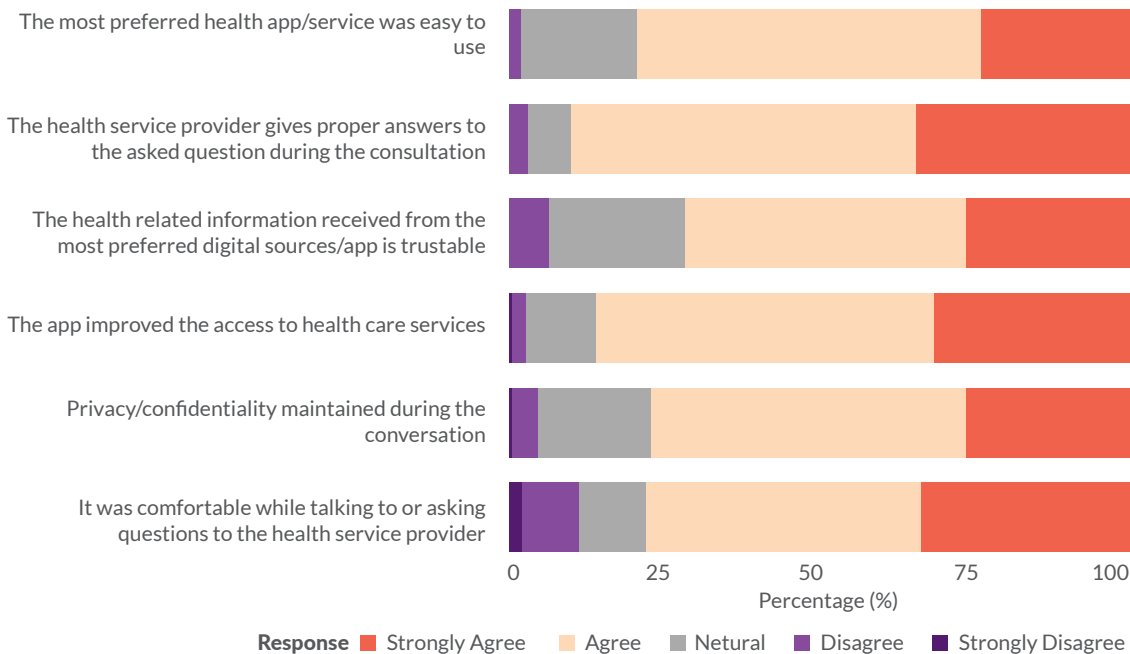




## USER EXPERIENCE

- 23.5% of the respondents took consultation from digital health platform
- 12.7% of the respondents took consultation regarding SRHR from digital health platform

### Likert Scale Responses for User Experience



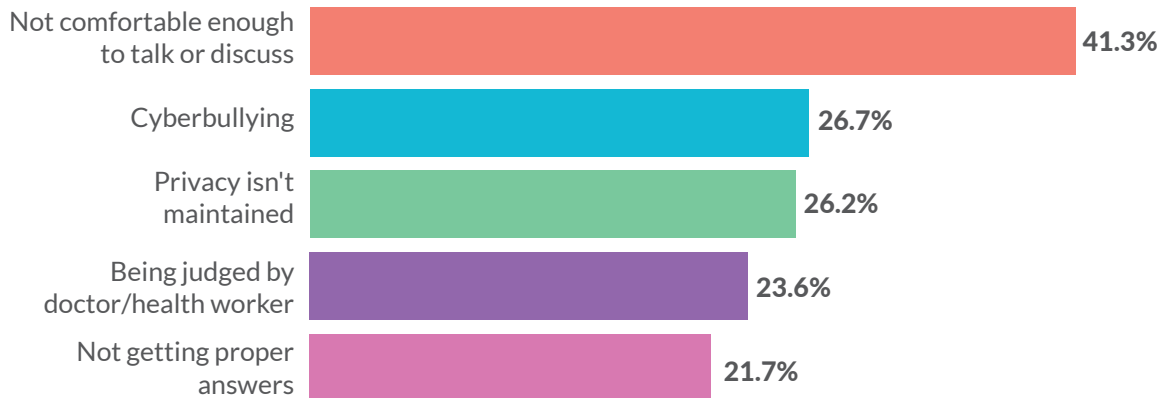
#### Timely service:

*They will give you an appointment time. But before 15 minutes of that time, they will inform you if they're able to take you in and you need to pay immediately to get a consultation. If you pay in advance, you can provide your time of convenience. They provide the facility of changing the time according to your need. - Male Job Holder, 26*



## USER EXPERIENCE: SRHR

### Problems Faced by Respondents While Seeking Digital Health Services for SRHR



“ **Many more services tailored to address SRHR issues needs attention:** \_\_\_\_\_  
*Someone I know faced problems after having sex. He consulted a doctor online but the doctor wasn't sure if it was STD or any other disease. He had fever and rashes all over his body. Then I recommended him to consult with a friend of mine online who is a doctor, but the problem is even that doctor, thought that it was STD but couldn't confirm it. - Member of Gender Diverse Community, 25* ”

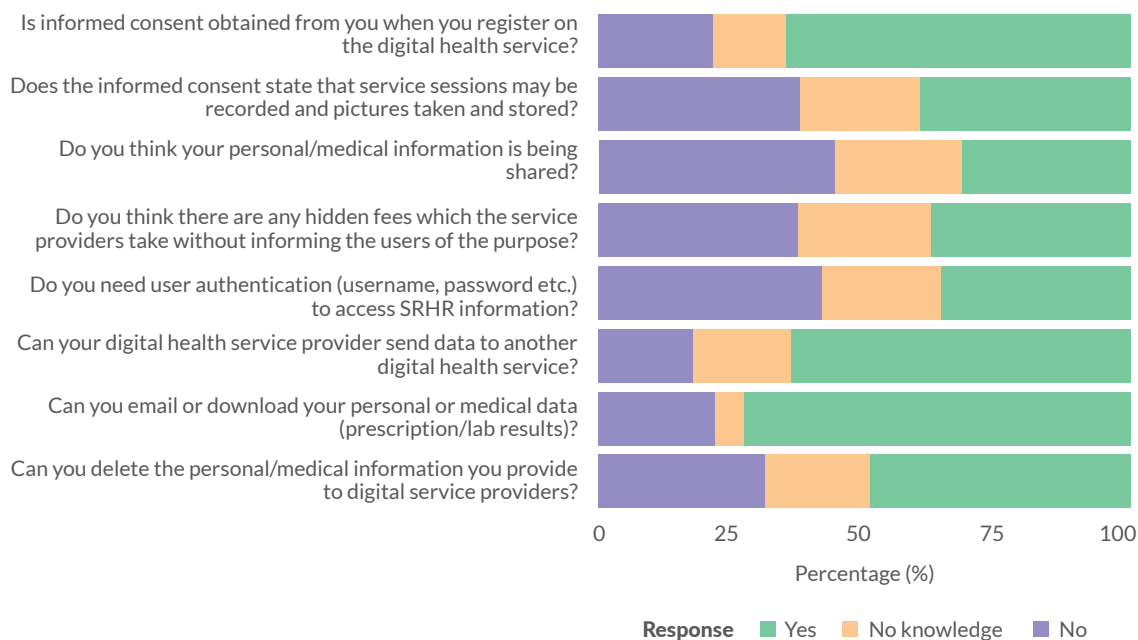
### Digital Ethnography

- When individuals encountering sexual health issues seek advice on digital platforms, healthcare professionals frequently suggest a deeper engagement with their religious beliefs.
- Inappropriate shaming (like suggesting visiting brothels for a sexual issue) of users who ask sensitive queries.
- Harassing women, eg. writing “come to my inbox” in response to women posting SRH issues

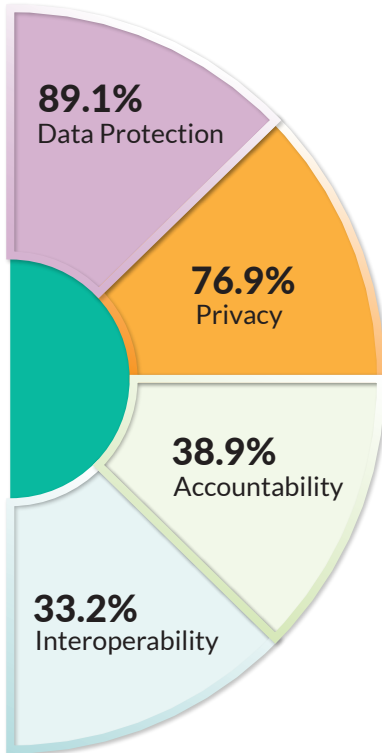
## RESPONDENT'S KNOWLEDGE ON INTEROPERABILITY, PRIVACY, SECURITY AND TRANSPARENCY

- 45.9% of respondents are not aware who can access their personal and medical data. 32.5% believe healthcare providers have access, and 25% believe the government does.
- 66.5% of respondents believe health service providers follow rules, while 17.7% are unsure about this.
- 32% of the respondents do not know if the digital health services meet the data protection act, 22% said they do not.

### Likert Scale Responses on Respondent's Knowledge on Interoperability, Privacy, Security and Transparency



## POLICY IMPLEMENTATION CATEGORIES: RESPONDENTS' PERSPECTIVES ON KEY FOCUS AREAS



### Privacy

*"The thing is maybe they asked me a very intimate sexual question or, I had to provide my name, my father's name at the start; I won't feel comfortable giving any information there. But if I see they take information and can maintain anonymity, or are taking information anonymously... in that case, why not?"*

- Member of Gender Diverse Community, 25

### Data protection

*"When I'm taking a particular medical service, then I'm sharing that only with the doctor. The app can be registered with anything, you can register an app with a phone number. People keep a separate SIM card to ensure anonymity."*

- Member of Gender Diverse Community, 21

### Accountability

*"Many of us are aware of the harassment faced by people who seek mental health services online. But, who will we file a case against? They don't have any physical traces. Nobody will try to seek them out online. The police don't have time to scroll through Facebook all day to find out who works in those groups or on those websites and arrest them."*

- Public University Student, 24

### Interoperability

*"I've heard about interoperability from my relatives in the USA, where one doctor can send a patient's medical history to another, it is not available in Bangladesh. If it was available, it would help doctors to diagnose patients better and misdiagnosis will decrease."*

- Private University Student, 26