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Exploring and Enhancing the User Experience when Living with Incontinence

Master's thesis in Industrial Design Engineering

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Master of Science Thesis, IMSX30

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Anna Granström & Johanna Rempling

Abstract

Many people have, or will, experience involuntary urine leakage at some point in their lives. Despite this fact, living with incontinence and using absorbing incontinence pads, has not been studied from a user-experience (UX) point of view, especially not beyond functionality. This study aimed to explore the user experience when living with incontinence today - important aspects for the desired experience and translating user needs and desires into a product concept.

The study consisted of two phases, the first aimed to explore and understand the experience by involving women using incontinence products. Interviews and a creative workshop were the main activities in this phase. The collected data was analysed and resulted in formulating a UX goal: *Enhancing the experience of control in the situation*. This goal was based on an analysis of emotions connected to the experience and problems identified and presented in the user journey, all with a connection to the desire to be in higher control. Personas were formulated to communicate the main aspects the users value; *safety, integrity, support, accessibility* and *practicality*.

Phase two aimed to develop concepts and evaluate these concepts with users. Several different ideation and rapid prototyping methods were performed. This was followed by a formative evaluation session to understand which parts of the concepts could give the biggest impact on meeting the UX goal. Phase two resulted in the final concept consisting of user experience guidelines and a product concept. The guidelines explain what contribute to enhance the desired experience, connected to three important areas; *gaining awareness, managing everyday life* and *using protection*. A product concept was created to communicate how to interpret the guidelines, including *a digital guide* and design proposals of *assortment, wrap, packaging* and *pad*.

The final concept is the result of research performed from a user experience perspective. It includes aspects ranging from functionality to users' values and dreams of how they want their life with incontinence to be. The material is supposed to inspire future work towards an enhanced user experience when living with incontinence which could improve many people's quality of life.

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1 Introduction

This chapter provides background to frame the topic, presents the aim and objective of the study and also the research questions formulated. The report disposition is explained as well as an overview of the study's process.

1.1 Background

Urinary incontinence is one of the largest public health issues today. Incontinence means involuntary urine leakage, characterised by loss of bladder control, and can have many causes. It affects both men and women, but in general, incontinence is about three times as common for women than for men, and also becomes more common with increasing age (Martinson, 2019a). In Sweden, half a million people live with incontinence (Janusinfo , 2020) and according to a study with over 6000 respondents in the Nordic countries living with the issue, 45 % think their issues affect both their private life as well as their quality of life (Kontinens, 2016).

Many women who live with incontinence use absorbing pads. The market leader of producing such pads in Europe and Latin America is Essity Hygiene and Health AB (referred to as Essity). It is a company that offers a wide range of products within personal care (Essity, 2020) and their vision is to be “dedicated to improve well-being through leading hygiene and health solutions”. Focusing on the user is one of Essity’s strategies to enable more people to lead a fuller life every day (Essity, 2020). Incontinence products, mainly absorbing pads, are produced within the TENA brand, one of Essity’s core offerings.

To live with incontinence and using absorbing incontinence pads, has not been studied from a user-experience (UX) point of view, especially not beyond functionality. This study was formulated to gain knowledge of important aspects affecting the overall experience, identify what the desired experience is and suggest how to enhance the user experience through design. A theoretical framework presented by Jordan (2000) has been used as a tool, to support understanding from different experience perspectives and be able to work with user experience in a structured way. Products designed for different amount of leakage from TENA’s light incontinence assortment are investigated as reference products in the study, presented in Appendix A.

1.2 Aim and objective

The aim of the study is to explore Swedish women's experience when living with incontinence and identify aspects that would make the experience more pleasurable. The objectives are to understand the user needs and to create a product concept that better meets those needs, and enhances the user experience.

Many different situations women encounter due to their incontinence are covered, therefore aspects relevant for the pad as well as those stretching beyond the pad will be considered and included in the concept.

1.3 Research questions

The following research questions will be investigated in this study:

- What experiences are connected to living with incontinence?
- What experiences are desired when living with incontinence?
- How can the desirable experience be fulfilled in a product concept?

1.4 Report disposition

The report is structured as follows; this chapter presents the aim, objectives and the process consisting of two main phases. It is followed by the theoretical framework. The main body of the report presents methods and the elicited results from the two phases, rounding up with a discussion and conclusions.

1.5 Process

The process has two phases, the first focusing on *exploring and understanding* the user experience through user research while phase two focuses on *developing and evaluating* concepts that could lead to enhancing the experience (Figure 1). The process was designed to be iterative, involving users as often as possible and developing material continuously during the explorative and the evaluative interviews, to be able to explore new areas. Physical representations were used as mediating tools during the whole process since the user experience can be highly affected by both physical and cognitive aspects.

Phase one

A *background study*, including interviews with three medical experts and literature reviews, gave an initial understanding of the issue. The main iteration during phase one was the user research which consisted of *deep interviews* with nine women living with incontinence. Data generated were *analysed continuously*, developing topics to explore along the way. Through a creative *workshop* with two users, the desirable experience was explored further. All data collected resulted in insight on the experience today as well as the desirable experience which was communicated through *personas* and an *overall UX goal*.

Phase two

The *workshop* worked as a bridge into phase two since the users participating got to ideate on how to enhance the experience. This was followed by the second main iteration in which *ideation* on how to create an experience better aligned with the UX-goal was performed. Ideation was performed by rapid prototyping and using several ideation methods. Developed concepts were *evaluated* with eleven users and their input led up to *concept refinement* which generated a set of guidelines and a product concept to visualise the insights.

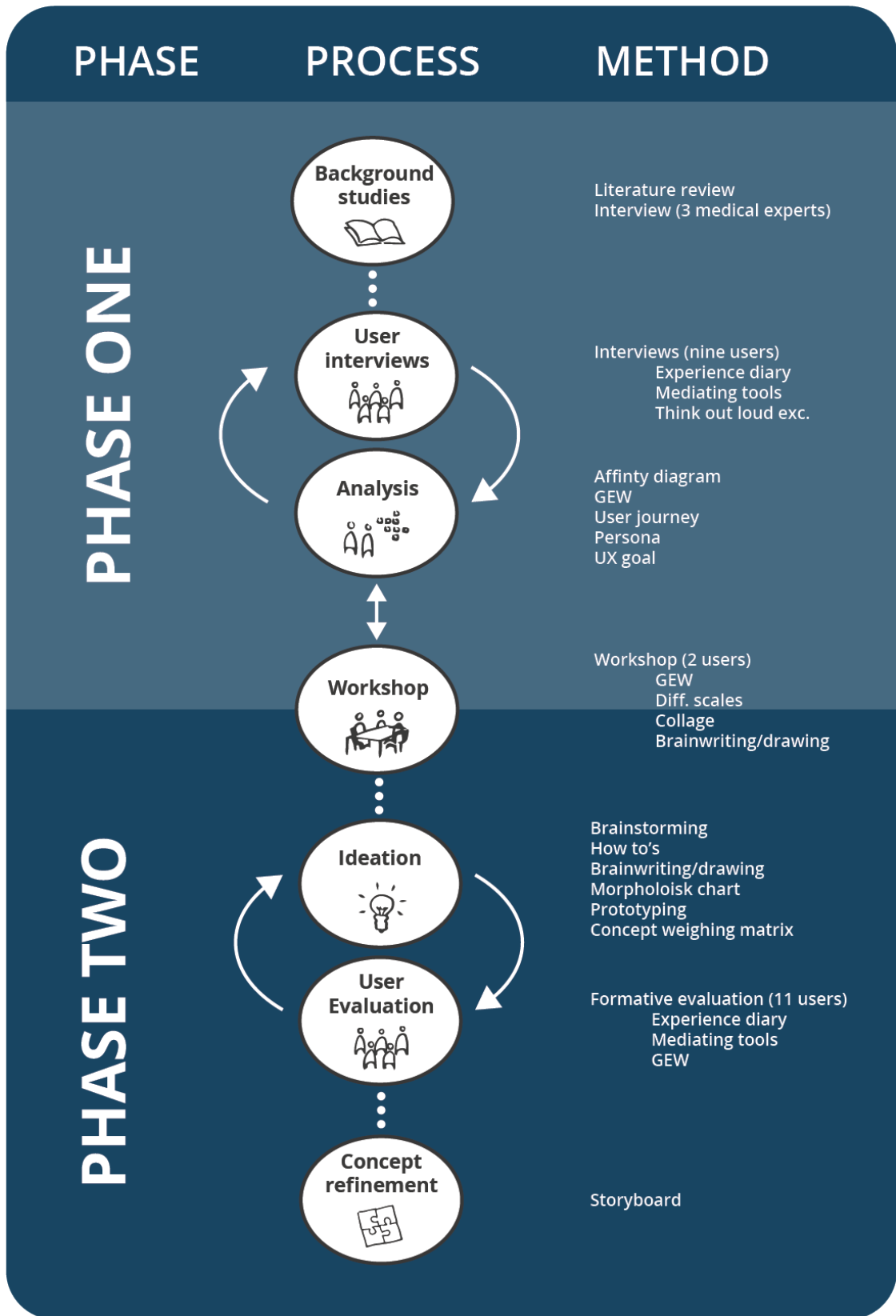


Figure 1 -The study's process, divided into two main phases

2 Theoretical framework

This chapter presents the theoretical framework. It covers relevant areas of theory, both related to the topic of incontinence and relevant concepts important for design, as user experience, emotions, usability and product semiotics.

2.1 Urine incontinence

Two common types of incontinence are *stress urinary incontinence* (SUI) and *urge urinary incontinence* (UUI). Amongst older women, a combination of the two, *mixed incontinence*, is often seen. SUI is usually caused by weakness in the pelvic floor musculature, commonly experienced after pregnancy and childbirth. It results in incontinence in conjunction with bodily effort as sneezing, coughing, exercising or heavy lifts. UUI is when the person has an overly active bladder creating the urge to empty the bladder frequently and urgently. The reasons for this type of incontinence is usually changes in or outside the bladder, urinary infection, constipation, diuretic drugs, fragile mucous membranes in women or prostate enlargement in men (Martinson, 2019b).

According to Sinoba (2020), a Swedish association for urinary incontinence, the emotional and social effect when living with bladder leakage is individual, there is no known relation between how much you leak and how you will be affected of it. A study with over 6000 respondents living with involuntary urine leakage, requested by Astellas Denmark (2016) showed that 45 percent of the women thought their issues affect both their private life as well as their quality of life. It can cause a drop in self-esteem and depression. 29 percent state that they have become less physically active and 28 percent describe feeling limited in social situations because of their incontinence (Kontinens, 2016). Worry is a common feeling connected to the issue and 57 percent say that they are afraid that they might smell of urine (Kontinens, 2016).

According to the same survey, 61 percent of the women had never spoken to their doctor about their problems and among those who did speak to a doctor had lived in average 4.3 years with their incontinence before they did (Kontinens, 2016). Few living with this issue, apply for medical help, and for those that get help even fewer get any treatment. This is mainly due to the taboo connected to the topic, making it shameful to talk about. But there are several treatments, for example surgery, pelvic floor exercise and acupuncture, and it is important to find the best treatment for the individual (Janusinfo , 2020).

Many people use absorbing incontinence pads to help them lead a normal life and are therefore an essential part of many women's daily hygiene. The products can be prescribed by a doctor or bought in normal supermarkets and pharmacies. The main difference between incontinence products and menstruation products is that the incontinence products can absorb a larger amount of low-viscosity liquid, faster.

2.2 User experience

The term user experience (UX) has been used since the mid-1990s, but still, there are many different views on what the term means (Roto, Rantavuo, & Väänänen-Vainio-Mattila, 2009). Hassenzahl (2011), defines the term experience as meaningful, personally obtained events and UX as a sub-category to experience in which the product is the mediator of the experience. Jordan (2000) adds that UX is a holistic approach to design in which it is important to include several different aspects of a product.

Jordan's theory serves as the theoretical basis in this study, helping to understand the user experience when living with incontinence. According to Jordan (2000), the hierarchy of user needs consists of three main aspects: functionality, usability and pleasure (Figure 2). The pyramid is used in this study as a visualisation of aspects important for the user experience. It is based on Maslow's hierarchy of human needs, in short: humans strive to reach higher layers of needs when they have fulfilled those further down the pyramid. According to Jordan, it is similar for the product hierarchy: when a product is functional and easy to use, the user starts to desire it to be pleasurable to use. The pyramid has in later days been modified with more layers added. Commonly seen is a top layer, above pleasure, called meaningfulness, which adds the importance of meaning a product can bring to a users' life (Ralph, 2020).

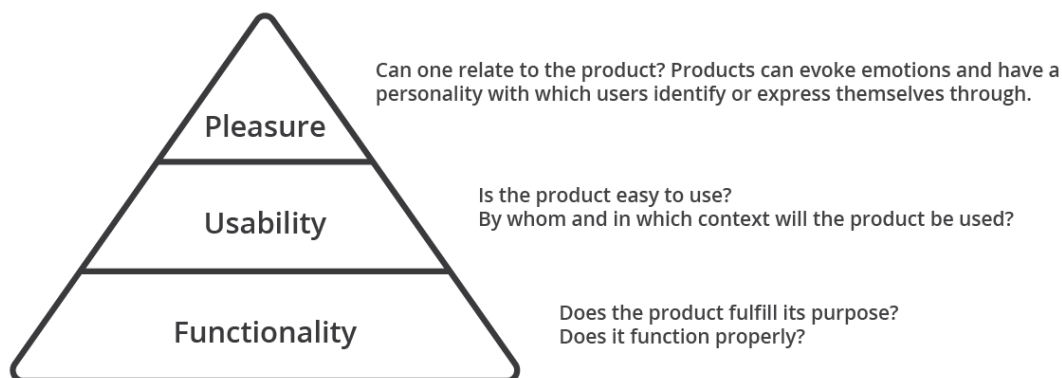


Figure 2 - Hierarchy of user needs (Jordan, 2000)

Both Maslow's hierarchy and the product hierarchy have received criticism. Gordinier (2016) mean that it is incorrect in the way it indicates that the bottom layers must be fulfilled first. He argues that, when users are engaged in a product, they can experience it as more functional and if there are flaws, users can forgive them if other important layers are present.

Almost all user experience-related theories and frameworks include an emotional dimension and in Jordan's (2000) model, emotions are represented in the pleasure layer of the user experience pyramid. Understanding emotional reactions are important, because they have an impact on how people behave and perceive different situations, objects and events. According

to Cacioppo et al. (2001) emotions enrich human lives, add meaning and guidance as well as pleasant and unpleasant qualities to everyday life. Jordan (2000) states that design needs to move beyond usability aspects to be able to address the relationships between the user and product in a holistic way. Focus cannot simply be directed towards how people use products; it is also necessary to understand what role the product plays in people's everyday lives.

Jordan's (2000) pleasure model consists of four categories: Ideo-, Socio-, Psycho- and Physio-pleasures (Figure 3). It is based on a framework developed by Tiger (1992), in the book *The pursuit of pleasures*. Jordan (2000), explains the four categories as a tool for the designer to improve the user experience in a structured way.

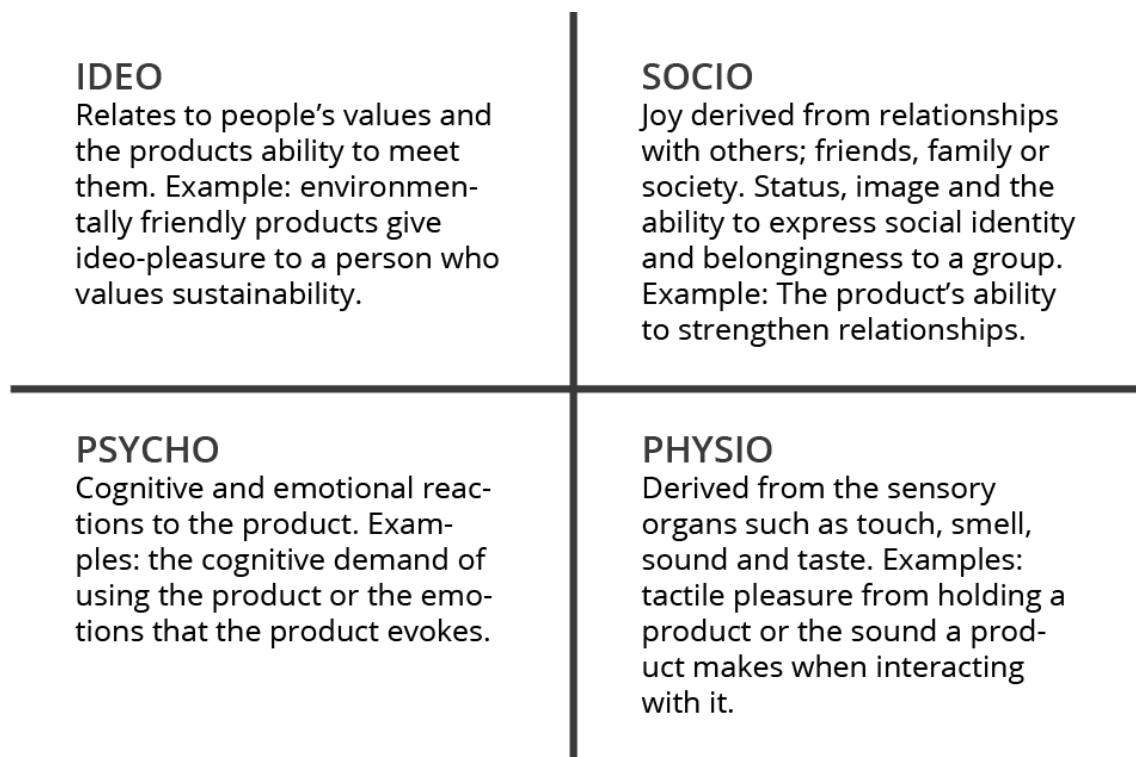


Figure 3 - Jordan's (2000) four pleasures explained

Jordan's pleasure model is supposed to aid those involved in a design process to consider the full spectrum of pleasures affecting the user experience. Important to note is that all pleasures do not affect all products to the same extent, and that they occur in the relationship between a human and a product. Different people may experience different pleasures from the same product. The perceived quality of a product changes over time, therefore also the importance of different qualities. When one gets used to a product, frustrations about how it works is expected to decrease, and so is also the excitement. (Karapanos, Zimmerman, Forlizzi, & Martens, 2009)

2.3 Emotions

Research on the concept of emotions is widespread, and according to Desmet (2003), a solid definition is difficult to find. One, quite acknowledged, way to view it, is as a multifaceted affective phenomena, consisting of behavioural, expressive and psychological reactions as well as subjective feelings. According to Desmet (2003), instruments focusing on assessing subjective feelings are usually verbal.

Scherer (2005) explains that there are differences between emotions and moods. Moods are generally considered as affective states in which a subjective feeling lasts for a longer period of time, with low intensity, while emotions are more immediate, of high intensity and short-lived. He also states that emotions and their intensity have an impact on behavioural changes since they interrupt and change ongoing behaviours.

To be able to measure emotions, theorists try to identify basic groups of emotions, usually including moods as well. Plutchik (2001) states that there are eight basic emotions: joy, trust, fear, surprise, sadness, anticipation, anger, and disgust. Further, Scherer (2005) argues that the amount of human emotions is vast and complex, ranging from pleasant to unpleasant and from low to high control, including a wider range than the eight basic emotions mentioned. Three groups of emotions were identified as central for this study, to better understand behaviours connected to living with incontinence; *embarrassment/shame, worry/fear and relief*.

Shame and embarrassment are, according to Camitz (2014), strongly connected with discomfort and have a big impact on human behaviour. He defines shame as an extremely painful feeling, that can have a negative impact on personal behaviour and can lead to the urge to hide and isolate. The feeling is associated with other people perceiving flaws in oneself, leading to a desire to hide these flaws since they are perceived as real. Shameful individuals appear more likely to blame others as well as themselves for negative events (Price Tangney & Dearing, 2002). The feeling has many similarities with guilt, social anxiety, embarrassment, humiliation and disgust.

Fear and anxiety are strongly linked to each other but have different focus, connected to the difference between emotion and mood. Fear happens in a situation with threatening stimuli and is a transient state while anxiety is often felt during longer periods and is connected to future threats (Adolphs, 2013). Anxiety is a behavioural chain: the person experiencing it usually changes between thoughts of disaster and solutions to avoid disasters. It can create a sense of calmness in the moment, but the anxiety often comes back. Anxiety is strongly connected to prediction and preparedness (Danielsson, 2017).

Relief is according to Sweeny & Vohs (2012) when a human moves from an aversive state of tension towards a positive emotional experience. The emotion can result from two distinct situations, near-miss relief and task-completion relief, which have different ways of affecting our behaviour. Task-completion relief can help to continue focus during difficult tasks, since finishing gives you a pleasant emotion of relief. Near-miss relief, on the other hand, promotes continuous avoidance of negative outcomes that was narrowly avoided before. This is seen to elicit feelings of social isolation, and the experience of near-miss relief can increase the likeliness that a person will avoid a given situation in the future. (Sweeny & Vohs, 2012)

2.4 Usability

According to the *International Organization for Standardization* (ISO, 2018), the definition of usability is “*the extent to which a product can be used by users to achieve specified goals with effectiveness, efficiency and satisfaction in a specified context of use.*” According to (Jordan, 1998), the definition of usability includes the seven aspects: user, context, product, goal/task, effectiveness, efficiency and satisfaction. Jordan (1998) also formulated ten guidelines to follow when designing for usability. Relevant for the study are;

- *Consistency*, when similar tasks are solved in similar ways in the product. This also implies that similar tasks shall be used in similar ways within the product category.
- *Compatibility*, when tasks are solved based on ways the user anticipates due to experience of other products and the surrounding world.
- *Visual clarity*, information is clear, easy to understand and read.
- *Explicitness*, when the product gives clues to how it is supposed to be used.

Another concept which affects how users perceive products is the mental model, which supports decisions on how to use a product. “Mental models are personal, internal representations of external reality that people use to interact with the world around them. They are constructed by individuals based on their unique life experiences, perceptions, and understandings of the world.” (Jones, o.a., 2011) Being aware of the users’ mental models can help the designer to match them with the product, making the product easier to use.

2.5 Product semiotics

Product semiotics is, according to Monö (1997), the communicative part of product design. The designer communicates through the product by combining different components of product design to support the user to understand and interpret the product.

The concept of product gestalt, presented by Monö in his book *Design for product understanding* (1997), is when an arrangement of parts appears and functions as a whole, becoming more than the sum of its parts. Elements of a product, such as form, colour and material, are not experienced as isolated components but instead influence each other, creating more than each part can communicate itself. The gestalt is about how elements relate and are organized to each other to create harmony, contrast and dynamism, changing the meaning of the product. The gestalt principles, which govern how elements are organized together in a gestalt are; *proximity, similarity, symmetry, area, enclosedness, common movement, "the good curve"* and *experience*. *Simplicity* is mentioned as an important aspect which includes many of the gestalt principles.

Jordan (2000) presents six elements of product design, building blocks that create the product gestalt. In this study, form, colour, product graphics and material were considered relevant. According to Jordan, looking at each element individually can help in finding opportunities to create specific parts of the experience of the product.

Form can be used to communicate emotional, sensorial and practical product benefits. What users appreciate in the form of a product is very individual: extreme forms often attract a niche target group while more traditional forms attract a broader market. However, the extreme forms can be so successful that they change the design in the product area. Form can play a role in determining how pleasant or unpleasant the product is to use and also indicate how a product works. (Jordan, 2000)

Colour can evoke strong associations, highly dependent on domain and culture. It can also bring practical benefits, as showing where you are supposed to interact with the product or showing when something is wrong or have changed in the product's interface. (Jordan, 2000)

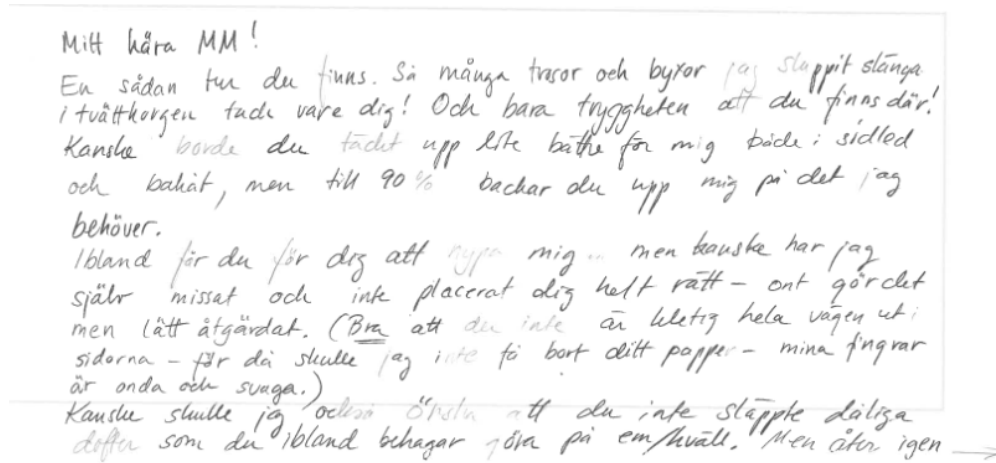
Product graphics can communicate how a product works, help the user understand how it shall be used, indicate functions and also give the product an expression (Jordan, 2000).

Materials play a role in how pleasurable a product is perceived. They influence the senses and ideo- and socio-pleasures. Some materials are seen as more environmentally friendly or can communicate quality and exclusiveness. For the human senses, softness may be perceived as pleasurable for some types of usages, but not considered suitable in other situations, becoming less pleasurable. Textures can also affect how we perceive materials. (Jordan, 2000)

PHASE ONE

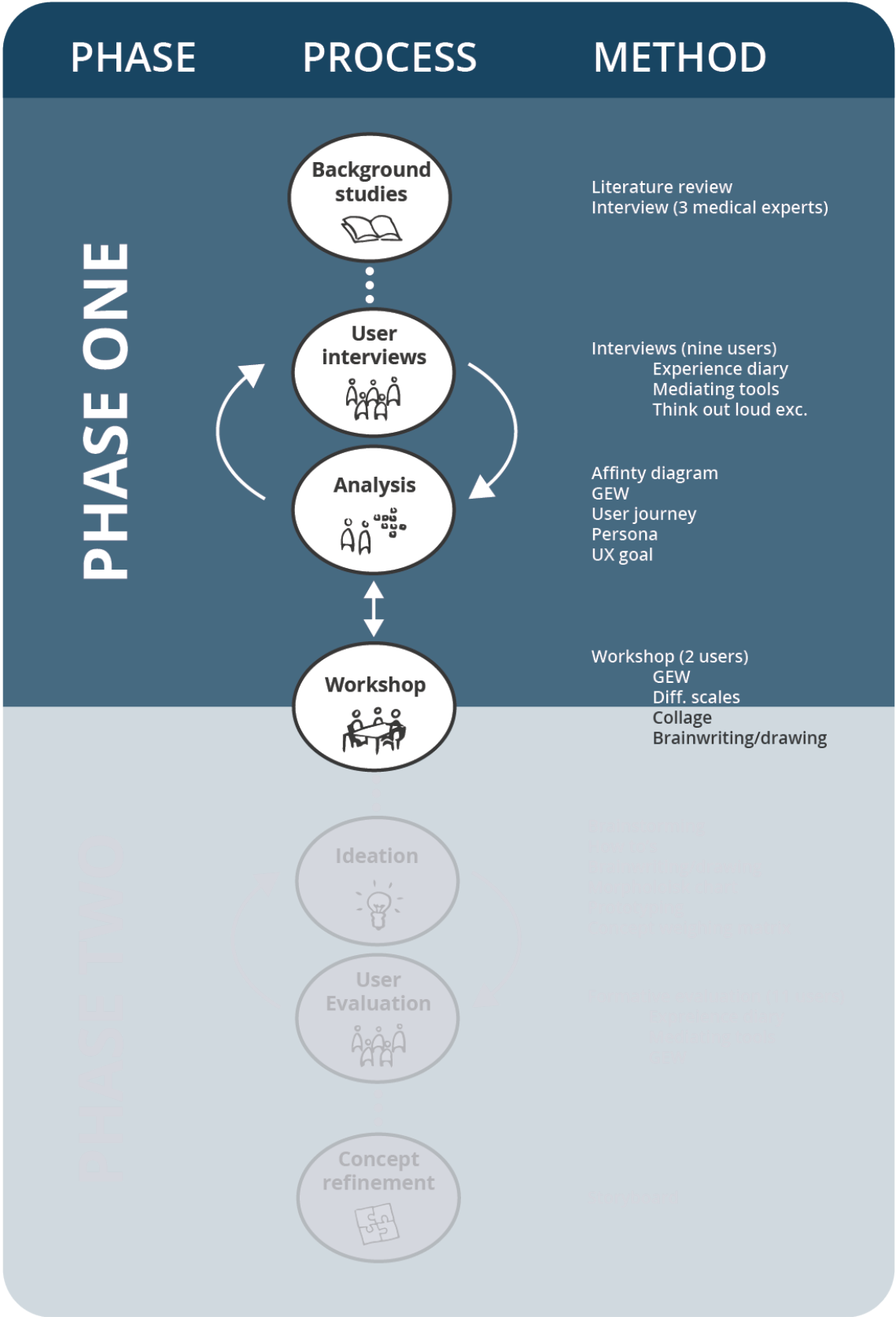
Exploring the user experience when living with incontinence

Phase one aimed to generate insights of the overall experience when living with incontinence and of using absorbing pads. It generated insights on the experience today as well as the desirable experience. Through analysis, a UX-goal, defining the desirable experience was formulated.



Mitt hära MM!
En sådan tur du finns. Så många trror och byror jag slappit stänga i tvättkorgen tack vare dig! Och bara tryggheten att du finns där! Kanske borde du täckt upp lite bättre för mig både i sidled och bakåt, men till 90% tackar du upp mig på det jag behöver.
Ibland för du för dig att ryja mig... men kanske har jag själr missat och inte placerat dig helt rätt - ont gör det men lätt åtgärdat. (Bra att du inte är lätzig hela vägen ut i sidorna - för då skulle jag inte få bort ditt papper - mina fingrar är onda och svaga.)
Kanske skulle jag också önska att du inte släppte de lilla dofter som du ibland behagar göra på em/hväll. Men åter igen →

Figure 4 - A love letter written by a user to her incontinence pad, an example from the experience diary



3 Method

PHASE ONE

This chapter presents activities performed and methods used with the aim to explore the user experience. It consisted of background studies, interviews with users, a creative workshop and analysis of collected data.

3.1 Background studies

The background studies aimed to help understand the context and prepare for user research. To get inspiration on important aspects to research, an open Facebook group, *Allt om förlossningsskador*, with women having experienced birth injuries and incontinence were studied, as well as relevant literature. Interviews were held with medical experts.

Literature review

A search for relevant websites was performed, finding: Sinoba (2020), Sweden’s association for knowledge of incontinence and bladder dysfunction and Nikola (2018), a national network working to raise the awareness and knowledge of bladder and bowel dysfunction. These sites contained user stories and relevant medical information about incontinence. Parts of reports and articles, containing additional medical information, were studied, as *Vårdhandboken* issued by SKR (Martinson, 2019b) and a resume of a report on incontinence issued by Statens beredning för medicinsk och social utvärdering (2000). A survey, focusing on the experience when living with incontinence, executed in the Nordic countries, were also studied (Kontinens, 2016).

During all of the user research, relevant aspects that affect user experience were included in the literature review, both to understand emotional reactions expressed and what kind of design aspects could be relevant to explore together with users.

Interviews with medical experts

Two semi-structured interviews were held with three medical experts (Table 1). The first one before the interviews with users, to better understand the context, and the second one afterwards, to cover gaps in knowledge. Open-ended questions were prepared beforehand and the interviewees were encouraged to highlight what their patients usually express as main concerns. The participants were recruited by contacting urological and gynaecological departments in the Västra Götalands region of Sweden. The selected experts are nurses who examine the severity of women and men’s urinal issues, decide on actions to be done and help in finding incontinence protection.

Table 1 - The medical experts interviewed

INTERVIEW NO.	MEDICAL EXPERT	MEDIUM	WHERE
1	2 urotherapists	Face to face	Sahlgrenska Hospital, Gothenburg
2	1 urotherapist	Telephone	NÄL, Trollhättan

3.2 Interviews with users

Nine semi-structured interviews with users were held, aiming to gain an understanding of what influences the experience when living with incontinence. Jordan's (2000) framework of pleasures was used when preparing the interviews to make sure that all pleasures were touched upon. Participants were recruited through the TENA newsletter, an internal webpage for employees at Essity, Health care centres in Gothenburg, Essity's elderly organisation and the Facebook page *Teknikkvinnor - västsvrige*. The participants were selected based on their experience of light to medium incontinence issues - the target group of the study. Further, the goal was to have a selection with a age differences, since people of different ages were assumed to have different life patterns (Table 2).

Table 2 - Selection of users for interviews

INTERVIEW NO.	AGE	PRODUCTS
1	54	Liners and pads for light inco. (TENA ultra mini, mini)
2	67	Liners for light inco. (TENA mini magic)
3	79	Pads for medium inco. (TENA maxi) (various brands)
4	80	Female liners
5	59	Liners and pads for light inco. (TENA ultra mini, mini)
6	66	Liners for light inco. (TENA mini magic, ultra mini)
7	48	Liners for light inco. (TENA ultra mini)
8	79	Liners for light inco. (TENA ultra mini)
9	59	Not anymore (used TENA before)

The interviews were held at Essity's office in Mölndal and went on for 1.5 hours each. To make the users comfortable, visibility into the room was reduced to a minimum, snacks were offered and some general information about the researchers and the study was presented. A consent form was signed by all users, see Appendix B. During the interviews, two researchers and one interviewee were in the room. One of the researchers led the interview, while the other one documented. The interviews were recorded, with the interviewees consent, and parts missed during the interview were transcribed afterwards. All users got a gift as an appreciation of their participation.

Four days before the interview, the users had received an *experience diary* explained by Jordan (2000) as sensitizing material to prepare users for an interview or other activity. Since using

absorbing pads are intimate, the purpose of the experience diary was to let the users reflect on their experience when in the situation of usage and in the comfort of their home. The material changed some during the study, as input on the material was delivered by the interviewees continuously, mainly by reducing the amount of work to be done, focusing on those parts that gave most input. The experience diary can be found in Appendix C.

The first part of the interviews focused on the respondent's life to better understand who the users are and what they value in life. Their relationship with their incontinence, positive and negative aspects was also explored. The interview guide with questions are presented in Appendix D.

In the second part, the user got to reflect on usage of the products, and different types of product representations were used as mediating tools during this part (Figure 5 for example). Product representations are things that represent features in a products such as existing products, sketches, physical or digital prototypes. When these representations are used to facilitate discussion, enhance reflection and support focus on a specific topic, they are called mediating tools (Eriksson, Sandsjö, & Karlsson, 2018). Aspects explored were: package designs, pads and wraps of different sort and brand. The full list of mediating artefacts is presented in Appendix E. The users were asked to verbalise their thoughts while interacting with the mediating artefacts in so-called *think out loud exercises* (Jordan, 2000). This to better understand users' behaviours and thoughts.



Figure 5 – Mediating artefacts, a board with pads of different sizes and brands

3.3 Creative workshop

A creative workshop was organized with two users, aiming to understand the desirable experience. It consisted of two parts: first, the users were asked to reflect on the existing and desired experience. They then ideated on the desired experience, to explore potential ideas together, allowing the users to build on each other's creativity. Five previously interviewed users were invited to the workshop because of their engagement in the topic and willingness to contribute with ideas, but only two participants ended up joining the session (Table 3).

Table 3 - Selection of users to the workshop

PARTICIPANT NO.	AGE	PRODUCTS
1	48	Liners for light inco. (TENA ultra mini)
2	54	Liners and pads for light inco. (TENA ultra mini, mini)

The workshop was scheduled for 2 hours and took place at Essity's office in Mölndal. The roles of the designers varied between facilitator and observer, and the whole workshop session was audio-recorded and some notes were taken. The material used in the first part was self-documenting, including: making a *collage*, the *Genova emotional wheel* and *semantic differentiation scales*.

The workshop started with a get-to-know-each-other exercise, in which both the invited users and the designers participated on the same terms. Then, the users were provided with pictures of animals, nature, patterns, materials, scissors and glue and were asked to create a *collage* (Wikberg Nilsson, Ericson, & Törlind, 2015), of how they wanted to experience living with incontinence. A collage is a collection of pictures creating a visual representation to understand to which experience the final result should contribute. The purpose was to nudge the users into a creative mindset, let them share their dreams with each other, and explore the expression of the desired experience.

Since emotions have an impact on user experience, emotions connected to living with incontinence and using absorbing pads were explored. The *Geneva Emotion Wheel* (Scherer K. R., 2005) (Figure 6) was used, with participants highlighting both emotions connected to their experience when living with incontinence, and emotions felt towards the protection they use today. The purpose was to let the users reflect and share their emotions.

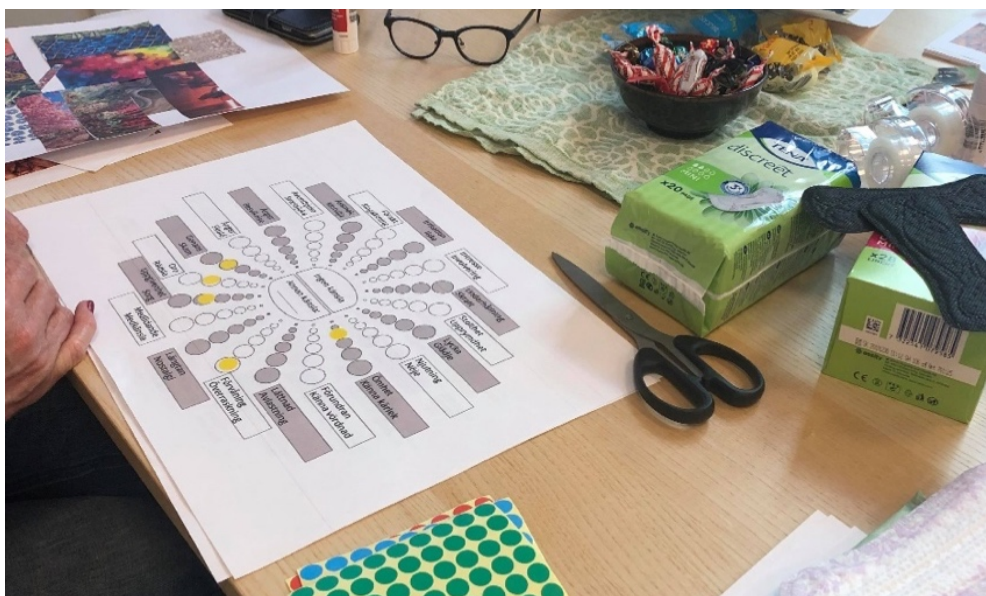


Figure 6 - One participant using the Genova Emotion Wheel during the workshop

Two *semantic differentiation scales* (Zakharenko, 2019) were used with the purpose to explore the semantic expressions of incontinence products (Figure 7). These types of scales are used to measure user attitudes, with pre-decided words that are rated by how desirable they are connected to incontinence products. Two reference products, TENA ultra mini and Libresse normal black, were evaluated by using the same scales. These were chosen because of their different expressions, with different components of the product standing out.

	Not at all desirable	Not desirable	Neutral	Desirable	Very desirable
Modern					
Feminine					
Etc...					

Figure 7 - An example of a semantic differentiation scale

The last part of the workshop consisted of a *brainwriting/drawing* exercise (Wikberg Nilsson, Ericson, & Törlind, 2015) to include users in the ideation process. It is an ideation method in which each individual writes or draws ideas for a presented theme, and after a short period of time, in this case two minutes, they send their ideas to the next individual to continue working on the ideas. This way, the whole group's creative potential is used. The session ended with a presentation of ideas, leading to spontaneous brainstorming, and lastly pointing out the most relevant and interesting ideas. Tools used were pen, paper and scissors (for cutting in products of existing products when showing how they would like their products).

3.4 Analysis of user research

The analysis was performed using several different methods, since the collected material was extensive and needed to be analysed from different angles to understand what affects the experience when living with incontinence and what key factors there are for the desirable experience.

The data was analyzed through *affinity diagramming* (Pernice, 2018), a method used to organize research findings by clustering the data into distinct areas. This was to identify areas of needs, experienced problems, and gaps in knowledge, and was performed physically on whiteboards. Quotes from the interviews were grouped into categories, and if a category became too general or diverse, new categories were created, a process repeated four times. The first time focused on the whole experience, the second mainly on the product experience and what could be elicited from grouping the quotes concerning the products. The third time, the categories were connected to Jordan’s (2000) pleasures, and the final time, all categories were divided into the overall areas of needs; *security, integrity, support, accessibility and practicality*.

The *Geneva Emotion Wheel* presented by Scherer (2005) was used to analyse the emotional reactions identified during the user research. It presents 20 families of emotions, connected to the scales of *low – high control*, *pleasant – unpleasant* and also indicates the intensity of the emotion (Figure 8). Expressed reactions were clustered to the corresponding group of emotions in the wheel, with the purpose to better understand users’ behaviours seen in the affinity diagramming. The analysis gave a deeper understanding of why control is an important aspect for the desirable experience.

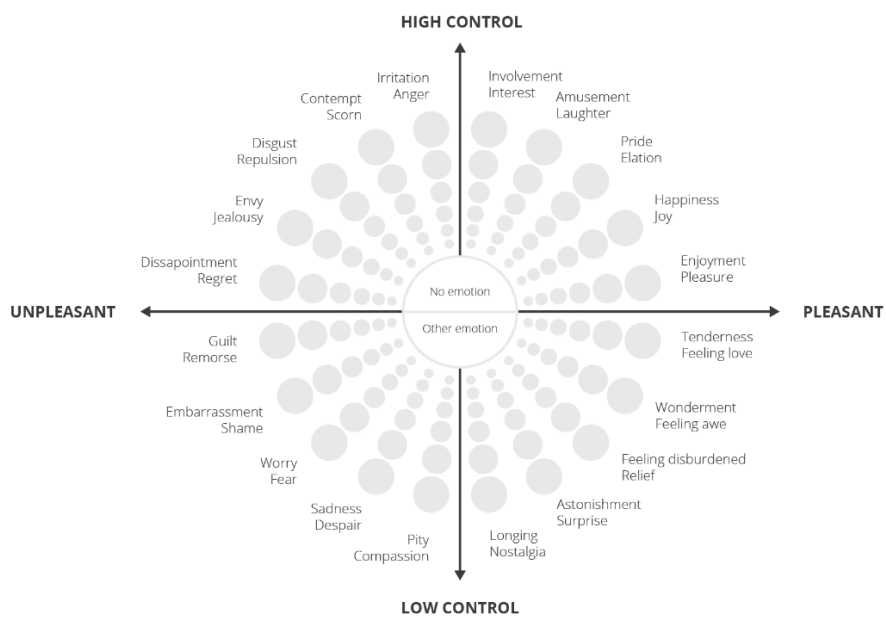


Figure 8 - Geneva Emotion Wheel (Scherer, 2005)

A modified *customer journey* (IDEO.org, 2020), called a user journey, was also developed. It visualises the users experience from beginning to end, including not only the first situation but also how a solution impacts the users' life. According to Boijen et.al (2013), creating a customer journey helps the designer to avoid designing isolated touchpoints or product features and instead find a solution that fits the whole system. The purpose of developing the user journey was to better understand the situations users encounter in life with incontinence. Behaviours and emotions related to these situations were identified, as well as areas of problem and opportunities to move towards a more desirable experience. The journey was developed iteratively, being modified throughout the study whenever new insights were identified.

Three *personas* (Selder, 2017) were formulated, serving as a representation of the users, their needs, area of interests and their socio-cultural context. Since the target group was broad, creating personas helped to communicate the most important needs users had and what their dreams and desires. Through the analysis, overall behaviours were identified and worked as a base for the three user groups.

Jordan (2000) presents four pleasures which, together with functionality and usability, creates the experience of a product. A UX goal is a conclusion of all these aspects, turned into a goal of how the desirable experience should be. The purpose of formulating a UX goal was to create an aim of what to enhance to make the experience more pleasurable for the users. In each individual analysis, control kept reappearing as an important aspect affecting the experience. Many areas of needs were connected to control, and the emotional reactions expressed were indicating an experience in lack of control of the situation. To summarise the complete analysis, and to point towards the desirable experience, a UX goal was formulated, relating to control. To define the design space to work with during phase two, all problem areas were weighed against the impact they could have on enhancing the desired experience.

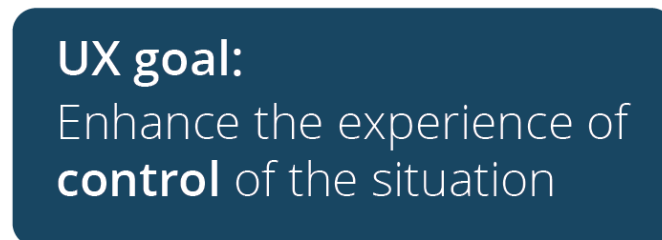
4 Existing and desired user experience

PHASE ONE

In this chapter the results from the user research are presented. At first the formulated UX-goal is presented together with five main areas of needs. The results from the analysis of emotions follow, presenting both the emotional reactions connected to the experience today and what emotions the desirable experience should enhance. A user journey is also presented to show both problems and desires. Lastly, three personas are presented, highlighting important needs and desires among the users.

4.1 User experience goal

The main result from the analysis of collected data was a user experience goal (Figure 9). It communicates the aspect with the most impact on the user experience.



UX goal:
Enhance the experience of
control of the situation

Figure 9 - The user experience goal formulated

Living with incontinence means experiencing involuntary leakage. In moments when this happens, the person loses control over their body, and with it, the power to affect what is happening. These situations of losing control was seen to evoke strong negative feelings such as shame, fear and despair. An *emotional analysis* will be presented in this chapter, explaining how these emotions relate to control, and which emotions that are desired to increase control.

When a person has incontinence, they encounter new types of situations and new behaviours occur, often to avoid getting into situations where one loses control. It can be to start avoiding social activities, packing extra clothes or wearing larger protection. The situations identified has been divided into three groups: *gaining awareness*, *managing everyday life* and *using protection* (Figure 10). *Gaining awareness* consists of aspects that goes beyond the product and instead focus on actions that the users do to gain awareness while the two other groups are more product focused. *Managing everyday life* is everything the users do in their everyday life, that is connected to their incontinence, such as storing and transporting products. *Using protection* focuses on situations which the users encounter every time they use a pad, such as wearing and disposing the products. Gaining an understanding for problems on all these three layers was found to be of importance to be able to meet the UX goal. The result is presented in a *user journey* presenting all problem areas and the areas with most potential for achieving the UX goal were selected for continuous work.



Figure 10 - The three identified groups of situations

Areas of needs

Since anyone can get incontinence, the target group is very broad. Users value different things in order to feel control and five areas of needs, all relating to being in control, were elicited in the analysis: *safety*, *integrity*, *support*, *accessibility* and *practicality* (Figure 11).



Figure 11 - The five important areas of needs for enhancing the experience of control

Safety is about feeling secure in everyday life. It is often mentioned when talking about the fear to leak outside the pad, getting urine on one's clothes. Safety is to know that one can solve unpleasant situations connected to incontinence without anyone noticing. It is strongly connected to control, since when users do not feel safe, their worry increase, behaviours to prevent worst case scenarios are common, usually meaning to change how to live their lives.

Integrity is about users' strong need to be in control of who knows about their issue. Incontinence is, due to taboo, something you want to keep to yourself in everyday life, and discretion is therefore very important for the users.

Support includes all types of support that enhances the experience, such as emotional support from others and information to make it easier to get the correct protection for your needs. Through enabling support that meets each individual need, feelings of worry and shame decrease. Many users never share their issues with other people, or at least it may take years before they do. But when they do, all state that they feel more confident to do something about it and feel more normal since they realise that other people share this issue.

Accessibility is about having physical protection accessible, as well as information and social support. It is closely related to control since many users express that, as long as they have access to protection, at home and away, it makes them less worried. Relief is commonly expressed when talking about having one's protection accessible. When buying the product, availability is important, as well as information that supports in making a safe-feeling choice.

Practicality is about making it easier to understand the product use, as this can help decrease feelings of insecurity while increasing feelings of control. It is also about handling products in everyday life in a way which is considered practical for everyone.

4.2 Emotions connected to the experience

To better understand why people react and behave the way they do, an analysis of emotional reactions was performed. Geneva emotions wheel (GEW) was used as a template and the data analysed came from the interviews and the workshop. Main insights into how emotions affect the experience today are presented, followed by how the desirable experience should make users feel. A more elaborated description of what the users express in relation to the different emotions is presented in Appendix F.

The analysis revealed that the emotional reactions are mostly unpleasant, with an overweight toward unpleasant emotions connected to low control (Figure 12). Emotions all users mentioned were *worry/fear*, *embarrassment/shame* and *relief/feeling disburdened*. *Disgust*, *despair* and *irritation/anger* were also mentioned by many and *guilt/remorse* and *pity/compassion* by some.

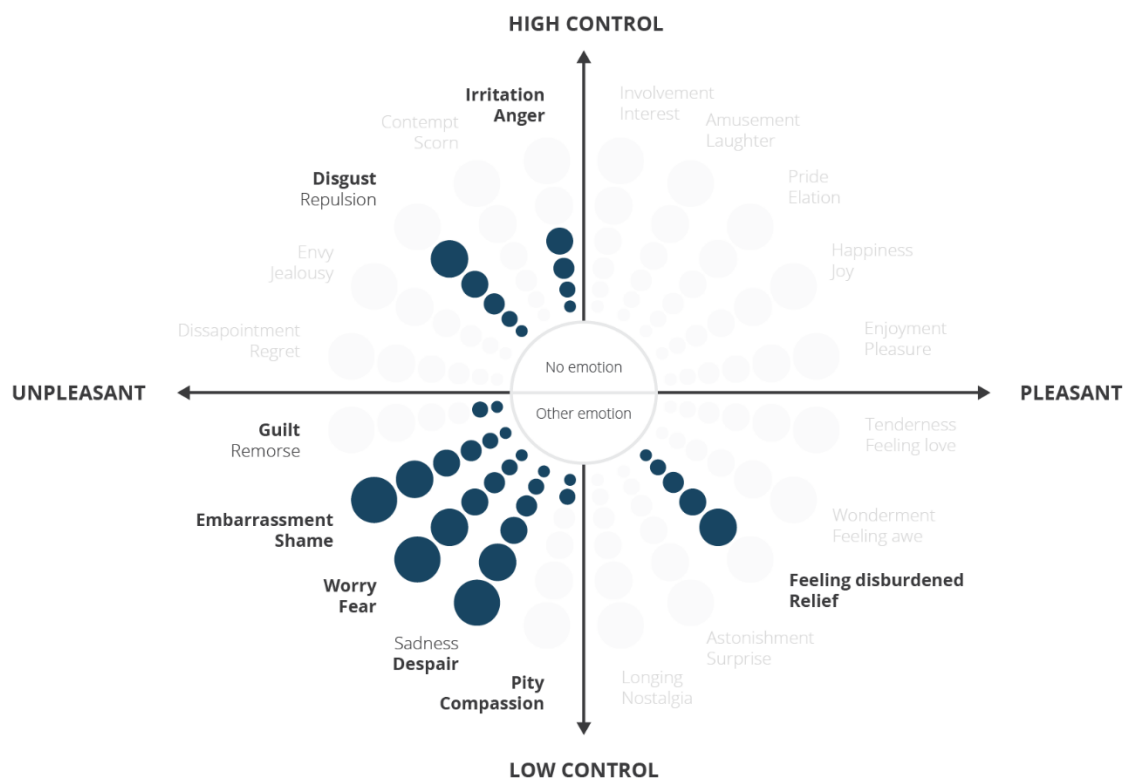


Figure 12 - Emotions elicited from the interviews, presented in Geneva Emotion Wheel

The analysis showed that strong unpleasant emotions are evoked when the users leak urine outside the worn protection. To be caught in the moment by suddenly leaking more than your product can take is a worry all users share.

The context has even higher impact on the experience. Many users explain their homes as a safe context, while the gym, visiting friends and going shopping were experienced as more or less unsafe. When involuntary leakage occurs, the chain of emotional reactions triggered are

highly dependent on the current context. When around people, shame is usually felt very intensely, often combined with the fear that others might see or smell urine and therefore think you are disgusting. When leakage happens in safer contexts, emotions of anger and disgust directed towards the situation are usually more present. Irritation or anger is often pointed towards yourself and that your body does not follow your commands. Disgust felt can be pointed towards yourself as a person but also be directed towards the actual haptic sensations becoming unpleasant.

Time affects if the feeling is an emotion or a mood. Some emotions, as disgust, irritation and shame, are felt very intensely during a short period of time, as when involuntary leakage happens in a social context. Worry and despair are moods felt continuously, usually before or after shameful situations. Worry is connected to the fear of experience the same strong unpleasant emotion again.

The emotional reactions tend to create changes in user behaviour. As a consequence of the high level of worry, users spend time and effort trying to be in control, leading to more careful plans and preparations. There are behaviours which all users express as a result of their incontinence, such as making sure to have access to toilets, thinking about how much to drink or visiting the toilet “just in case”. To enhance the more pleasant feeling of relief many start making sure that they have protection at home and with them at all time. Some explain it as a mental assurance, helping feeling secure, and some believe it can even avoid involuntary leakage from occurring.

User also begin to avoid situations they would normally attend, due to the worry of sudden leakage. Unplanned, spontaneous activities in life tend to become less frequent or disappear because of the worry. Exposing themselves as little as possible to situations where they could risk being embarrassed is a strategy for being in control of the situation. The high level of shame leads many users to never talk to anyone about incontinence. For those that do talk about it, relief is mentioned as a strong feeling. For some, the interviews were the first time they talked to someone outside their family about incontinence and a feeling of relief was expressed and identified among these users.

Users state that emotions which would enhance the experience are those connected to creating an experience of more control, such as *involvement, joy, amusement and pride*. To decrease the intensity of unpleasant emotions such as *shame* and *worry* is also desired. Creating pleasant emotions connected to high control and reducing the intense unpleasant emotions was seen as important for the desirable experience (Figure 13).

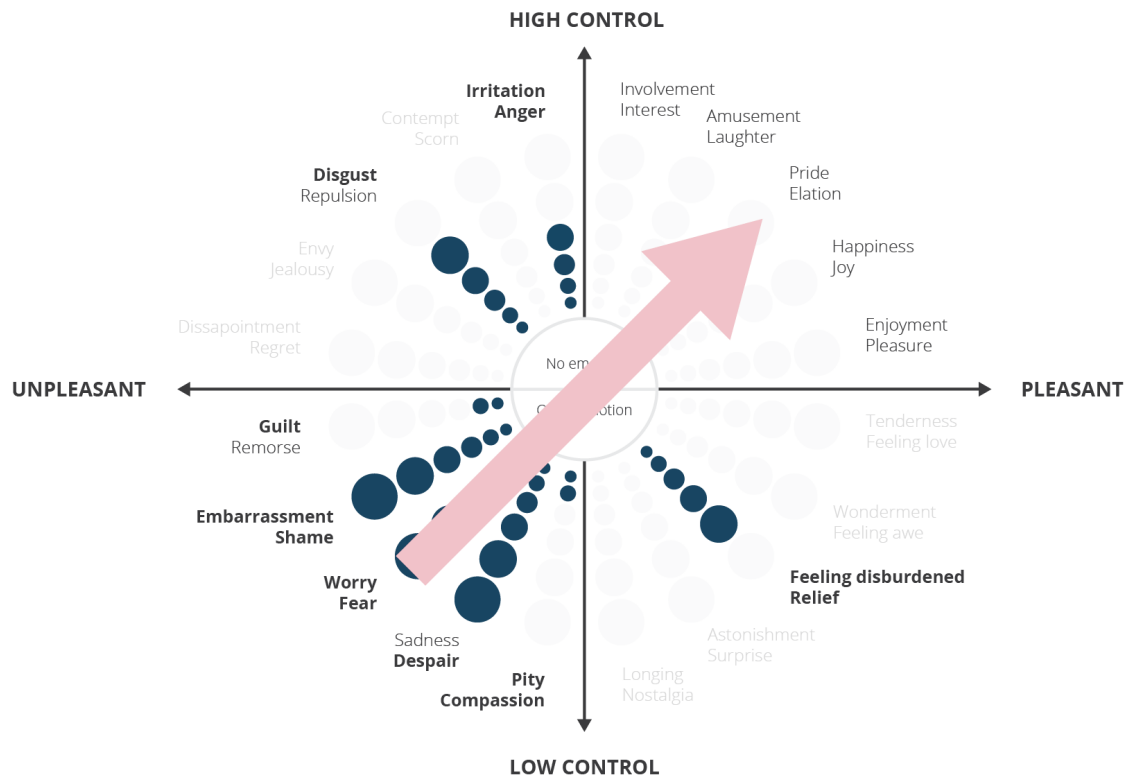


Figure 13 – Showing how the emotional picture is suggested to be changed.

Takeaways

The main takeaway from the emotional analysis was that the experience of being in control of the situations was low according to the users' emotional reactions. When their body did not control their bladder, intense unpleasant emotional reactions were evoked. The most important aspects generated from the emotional analysis were:

- The emotions felt are mainly unpleasant.
- Incontinence affects how humans behave, mainly by making them avoid situations and activities due to the fear of involuntary leakage.
- When relief is felt, it is in the form of near-miss relief. This is considered a pleasant emotion but also one that makes the individual remember the negative feeling and can make them socially isolate to avoid similar situations in the future.
- Emotions expressed as helpful to enhance the experience are those connected to creating an experience of more control, either by evoking pleasant emotions or decreasing the unpleasant emotions connected to low control.

4.3 User journey

The user journey presents nine important situations that women encounter in their lives with incontinence. The findings are based on information collected during interviews and the workshop. The nine situations presented are divided into three main groups: *Gaining awareness*, *managing everyday life* and *using protection* (Figure 14). For each group, problems are identified and also how these connects to the desirable experience. It is also noted if the areas are of high relevance in enhancing the experience of control of the situation, making visible which areas are taken further into phase two. For a more detailed user journey see Appendix G.

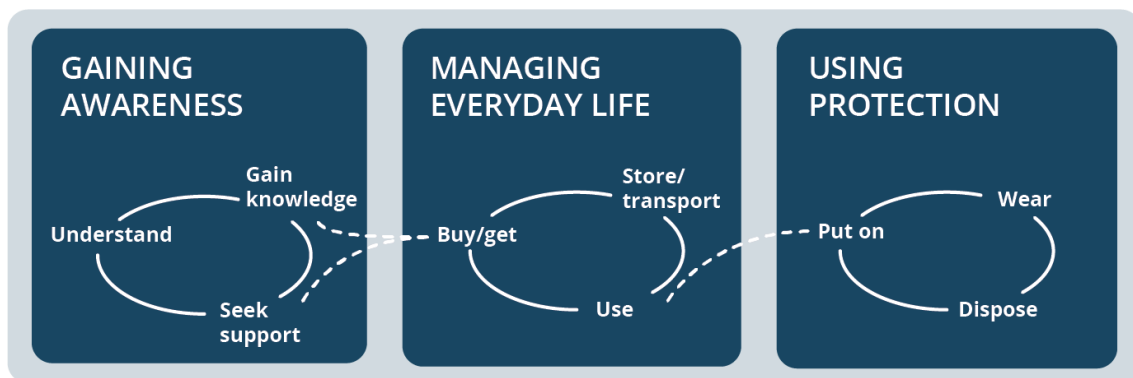


Figure 14 - The user journey, divided into three groups of situations

Gaining awareness

Gaining awareness includes situations where the users understand the problem, gain knowledge and seek some kind of support, physical or emotional (Figure 15). These situations are experienced now and then during life with incontinence, usually focused on specific events. The users do return to these situations to change their perception of the issue.



Figure 15 - The three situations connected to gaining awareness

The first situation, *understand*, is encountered when the user starts experiencing involuntary leakage and it is about realising their issue. It depends from person to person how long they are in the understanding phase. They might return to this phase when the amount of leakage changes, forcing them to reconsider the issue and how it affects their life.

The analysis showed that the main problems were lack of knowledge, both about what incontinence is, and the fact that one can get help. It was also noticed that incorrect information sometimes reached the user, which could lead to blaming themselves for having the problem. One example, that many have heard that: “as long as you do pelvic floor exercises, you get better” which is not true. Going from using menstruation products to incontinence products was also identified as mentally challenging.

“I’m irritated at myself that I didn’t do the pelvic floor exercises”

Gaining knowledge is about seeking information and learning more about incontinence. Some do this on their own, searching online and looking at products, others talking to someone, a doctor, friend or relative. Searching for information is done to feel in control of the situation. Users return to this phase to search for more information or re-considering visiting the doctor several times. Some choose not to look for new information because they either believe they have found the best way to handle it or do not think that there is anything that could help them and therefore do not want to spend time looking for information.

According to the analysis, the main problems were that users are unaware of where to find information and which information to trust. A lack of knowledge of which type of medical help and support one can get was also noticed.

“I haven’t considered medical help, I can solve this in other ways”

To *seek support* is a situation in which one starts using some type of help, it can be to start using protection, follow a training program, get advice or help with choosing products. Some users have a strong need to independently decide what support they need, while others are dependent on support from people around them. This may seem simple but due to the taboo surrounding the topic, it is difficult for many users to get the support they actually need. Many are embarrassed to ask for help, which means that they do nothing to make it easier in their everyday life. The main problem identified was the difficulty in choosing support and the fear of asking for help.

“I think there is a need to talk about it, to make it less shameful”

From the area *gaining knowledge*, three desires were chosen to be taken further in this study (Table 4), since they are considered to have most impact on enhancing the experience of control of the situation.

Table 4 – Important problem areas for situations connected to gaining awareness, those desires taken further are marked in bold text.

PROBLEMS	DESIRE	QUOTE	PLEASURE	AREA OF NEED	TAKEN FURTHER
Low awareness about incontinence and taboo in society	Awareness around incontinent Easy to access emotional support	“To go from menstruation to incontinence products was difficult. It was tough to realize that you needed that” “I think there is a need to talk about it, to make it less shameful”	Ideo, socio	Support	Yes
Trustworthy information hard to find	Knowledge easily accessible		Ideo, Psycho	Accessibility & Support	No
Hard to choose best protection for user need	Support with choice	“It’s difficult to know which product to choose by only looking at the package”	Ideo, Psycho	Support	Yes

Managing everyday life

Situations connected to *managing everyday life* are: buying, storing and transporting the products (Figure 16). These are situations the users encounter more or less every day.

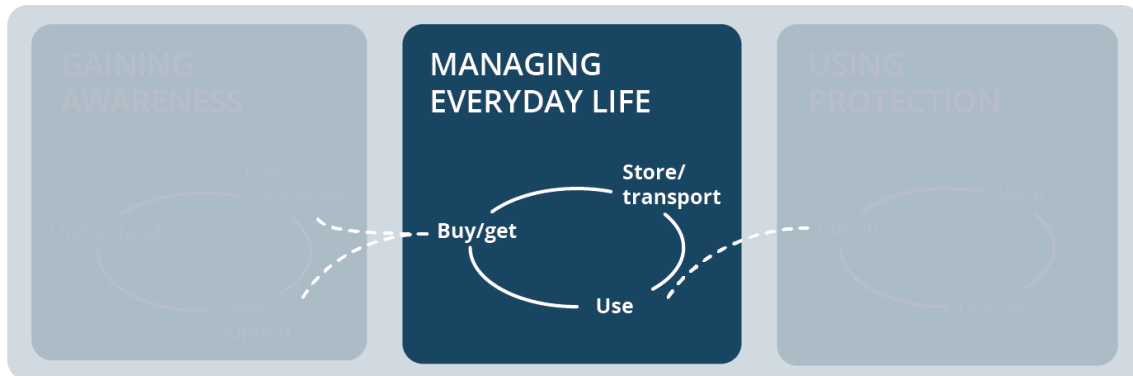


Figure 16 - The three situations connected to managing everyday life

Three ways of *buying/getting* were identified; get them prescribed, buy in store or online. When products were prescribed, a medical examination and tests were performed to measure how much leakage the user had, recommending products based on the results. The users pointed out the importance of feeling involved in the decision process.

An issue identified connected to getting products prescribed, was that it could be experienced as unpractical. The users had to call to order new products quite often, and when a product's name changed, they struggled to know which product corresponded to their usual one, because they ordered by stating the name of the product. Another negative experience mentioned was when their prescribed products were out of stock and they got another brand or model. The same emotional reaction was expressed by users buying their product in store, negative emotions are experienced when the user is forced to use a product they are not used to. These strong negative feelings are explained by the users losing control of the situation.

When bought in store or online the decision process depends on if the user does a re-buy, just picking the product one was used to, or a first time buy. Most first-time buyers used a trial and error approach, until they found a good enough product. Users expressed difficulty knowing which products fit their needs when it comes to size, absorption capacity as well as look and feel. Only looking at the package rarely gave enough information about the product. Some users expressed that they did not want others to see the product when paying and carrying it in store, due to embarrassment. Products delivered home or to a pick-up point created a positive experience as long as the package was anonymous. Several users also stated that they would prefer a more environmentally friendly product as long as the functionality remained the same.

***"It's anonymous, they place it outside the door.
You can't see what's in the package"***

Storing the products at home was done in many different ways, in cupboards in the bathroom, drawer in the bedroom or the kitchen, either in your own chosen box or in the original box (Figure 17). Many store the package close to where they put it on, some open for everyone to see, but most preferred to hide it.



Figure 17 - Examples of how user store products in their home

The main problem related to storage and packaging is that the product and package is too indiscreet. Many want to hide it from others and want to be reminded of the issue at little as possible. The storage being practical was also important for many users and all had opinions on how the package could be used and stored in the best way for their needs.

When *transporting* products away from home they were often put in a handbag, a separate pocket and/or in a cover/toilet bag or plastic bag (Figure 18). Reasons for these behaviours were: protecting the product from dirt or damage, hiding it from others, making it a bit nicer for yourself by storing it in a nicer bag, and to having it easily accessible. If products or toilets were inaccessible, the user felt out of control. When change took place, the product was usually either placed in pocket in pants or the handbag was brought to the toilet.



Figure 18 - Examples of how the user transport products

The main problems related to transportation of the products was: that the product and package are indiscrete, and that all products are not stored in plastic wrap which is experienced as unhygienic and sometimes led to the product becoming damaged during transport.

“I use a case to protect my products from damage and dirt”

“I always have a product in my pocket”

Using protection give users the possibility to feel safer and more confident which are very important. Many change their behaviours when they get incontinence, meaning that they might avoid activities they did before. Many prepare daily bags with extra protection, underwear, wet wipes and clothes, behaviours showing the importance of having protection close at hand to be in control of the situation.

“I have always had a very social life but now I have become less social.”

From the *area managing everyday life*, four desires have been chosen to be taken further in this study to investigate how they can be designed for (Table 5). These four areas are believed to have an impact on enhancing the experience of control. They also cover different areas of needs, which is done to provide improvement for many different users.

Table 5 - Important problem areas for situations connected to managing everyday life, those desires taken further are marked in bold text.

PROBLEMS	DESIRE	QUOTE	PLEASURE	AREA OF NEED	TAKEN FURTHER
The users do not trust products they are not used to	Easy to switch between product and still feel safe	“The package doesn’t matter when you know the brand”	Psycho	Safety, Support & accessibility	Yes
	Favourite product easily accessible				

Lack of control when products are unaccessible	Products easily accessible where change takes place	“I think it’s practical to have the products hanging close to where I change clothes”	Psycho	Accessibility	Yes
Package are indiscreet	Enable discreet handling of the package	“I don’t want to store products in the bathroom, someone might see, as my daughter’s friends” “The design is VERY boring, TENA is to dominant on the package”	Socio	Integrity	Yes
Product gets damaged or dirty during transport or storage	Enable practical storage and transport	“I use a case to protect my products from damage and dirt”	Psycho	Safety & Practicality	Yes
Product is not perceived as sustainable	Sustainability aspects		Ideo, Socio	Other	No
Put a lot of time on planning and preparing	Support user to plan and prepare	“I know where every toilet in Gothenburg is”	Ideo, Psycho	Practicality	No

Using protection

Using protection is the group of situations often encountered each day, such as putting on, wearing and disposing of pad (Figure 19).



Figure 19 - The three situations connected to using protection

Before *putting on* the pad, the user needs to decide which one to use. Some always use the same kind of pad while others adjust the size of the pad, according to the activities planned for the day. Some even put on multiple pads, to increase the experience of security. Usability tests performed during the interviews showed that it was unclear what is the back and the front of the pad; users placed them both ways. Some users stated that they did not like arrows and text on the pad indicating front/back and product type, these were expressed to be indiscreet and associated with being old and dumb.

The analysis showed that the main problem related to putting on the pad was how to choose pad. Going up or down in size was mentally difficult for some users even if they expressed that they probably needed to use another size for some activities. The users who expressed security as their top priority often associated security with a thick pad, while users who mainly valued discretion, never considered a thicker pad.

Think-aloud exercises showed that if the functionality of the pad was different from what the user was used to, problems in understanding how to use the pad could occur and lead to irritation. This was especially clear when opening the wrap on the pad called TENA Extra. The users did not understand why the tape and the wrap were glued together and thought something was wrong with the product.

“I rather use two Ultra Mini (liner) than one Mini (pad)”

“Safety is number one”

When *wearing the pad*, sensory aspects are important, often referred to as comfort. What users mean with this varied. Amongst others, softness and the need for it to stay in place in the panties and not glue itself to the user's body was mentioned as important aspects. An example of the importance of softness was that *"I always squeeze the product a bit after I have pulled my underwear up, so it feels a bit softer"*. Other users think that comfort is about not noticing the pad, but also feeling secure about it being discreet enough not to be noticed by anyone. The users mentioned behaviours such as choosing clothes that do not show the pad, avoiding social activities and peeing more often than necessary to be sure that an accident does not happen. When wearing the pad, some users expressed a fear that others would sense the odour of urine. They also mentioned washing themselves more often when leakage had happened, to feel hygienic.

The analysis showed that problems related to this situation are about the sensation of the products and that the users rate different aspects as most important. The main problems identified was: feeling unhygienic, fearing smelling bad, and worrying that the protection was not discreet enough.

When the user *disposed of* the pad, they often wrapped it in paper or in the plastic wrap which some of the pads come in. This behaviour was explained by the urge to hide the issue from other people but mainly for hygienic reasons. A behavior some users shared was: when away from home, they did not want others to see the product in sanitary bag and instead they wrapped it into paper or put it in a plastic bag and took it with them in the pocket to dispose of at home.

The main problems found in this area was that for some users it can be difficult to be able to dispose the pad discreetly and hygienically.

"It happens when I'm away and change product that I wrap the used product in paper and take it with me in my pocket and dispose it when I'm home"

All areas of problems and desires related to *using protection* are compiled in Table 6. From this section, three desires was identified as having the most potential to enhance the experience of control and are therefore taken further in this study.

Table 6 - Important problem areas for situations connected to using protection, those desires taken further are marked in bold text.

PROBLEMS	DESIRE	QUOTE	PLEASURE	AREA OF NEED	TAKEN FURTHER
Unclear what's front/back of pad. Functionality not consistent through product assortment	Product is easy to use		Psycho	Practicality	Yes
User does not always trust the product	Using the pad feels secure	"If I don't go to the toilet first thing in the morning, it can leak outside"	Psycho	Safety	Yes
Fear of smell	No smell of urine		Physio	Integrity	No
Feel unhygienic when using protection	Feel hygienic	"I use intimate wet wipes to keep my hygiene"	Physio	Other	No
Pad & wrap are experienced as indiscreet	Pad and wrap are discreet	"It happens when I'm away and change product that I wrap the used product in paper and takes it with me in my pocket and dispose it when I'm home"	Ideo, socio	Integrity	Yes

Takeaways

Working with the experience in all three areas; *gaining knowledge*, *managing everyday life* and *protection usage* has previously been mentioned as important for achieving control. Considering desires from all areas are important, and exploring how it translates into a product concept. Together they cover all the five areas of needs that were found to be important for the control (Figure 20). The desires are summarised below:

Gaining awareness

- Support in choosing product - Support
- Awareness about incontinence - Support
- Easy to access emotional support - Support

Managing everyday life

- Facilitate switching between products and still feeling safe - Safety
- Products easy accessible where change of product takes place - Accessibility
- Enable discreet handling of the package - Integrity
- Enable practical storage and transport - Practicality

Protection usage

- Product is easy to use - Practicality
- Using the pad feels secure - Safety
- Pad and wrap are discreet - Integrity

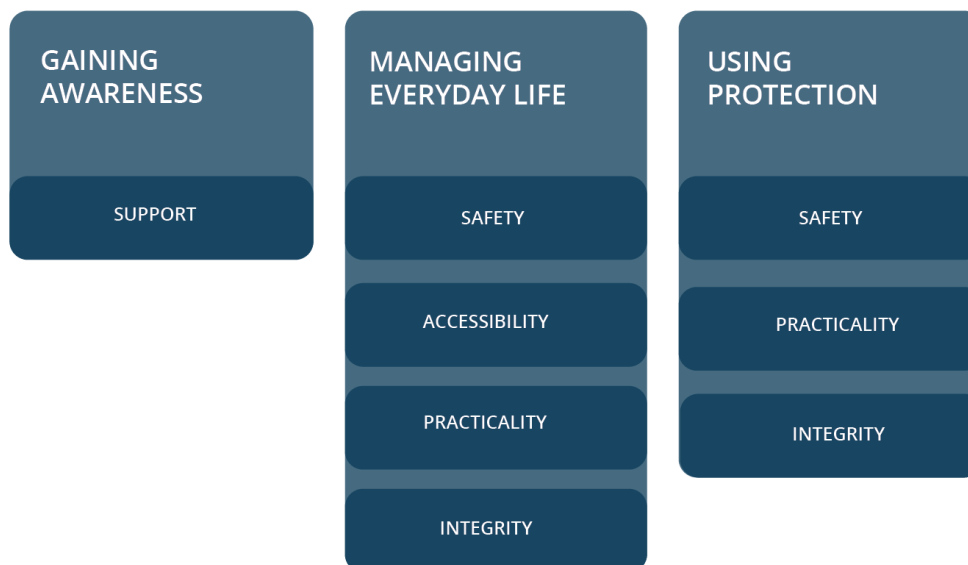


Figure 20 - The areas of needs connected to the three groups of situations

4.4 Personas

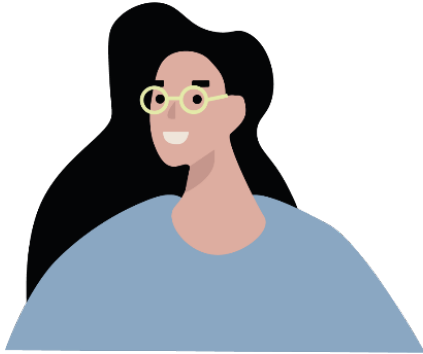
In this section, three different personas are described:

- *The user valuing awareness and information,*
- *The user valuing practicality and accessibility*
- *The user valuing integrity and discretion*

The personas communicate what motivates them in life, what they experience as frustrating today and what they desire from their life with incontinence. These are inspiration for the ideation of concepts and evaluation of the final concept in phase two.

Signe values awareness and information

This group of users value awareness and information and their most important desires are connected to the area of need called *support*.



“I’m not really interested in going to a doctor to try out my products, instead I think information should be more explicit. I have been disappointed by the descriptions of pelvic floor exercise, they do not seem to work at all”

I’m Signe, 54 years old, living with my partner and our youngest child in a house outside Gothenburg. I work as a project leader within civil engineering and I would say I have quite an active lifestyle. Usually I bike to work every day, work out at the gym two or three times a week, and participate in an association focusing on changing behaviors that affect the environment negatively.

Motivations in life

- Loves to understand how things work, actively seeks more information
- Driven by sharing experiences
- Values sustainability and feminism

Frustrations

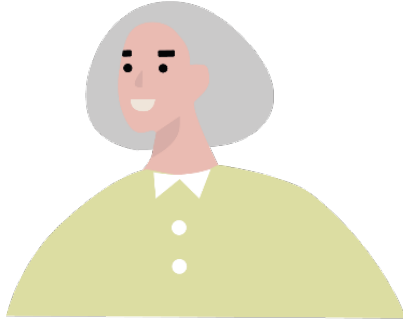
- Frustrated by incontinence being yet another women’s issue, deprioritized in society
- These companies rarely think about the sustainability aspects in their products
- Hard to know which product to choose

Desires

- Be more informed about the issue and which support there is to get
- Easier understand which protection that fits best
- The product should be more environmentally friendly

Inger values practicality and accessibility

This user group values practicality and accessibility and their most important desires is connected to the area of needs *safety, practicality and accessibility*.



“I don’t want to think about the incontinence. I want it to be an integrated part of my daily routine. Using incontinence pads should be less problematic than using glasses”

I’m Inger, 75 years old, lives in a small house in Partille with my dog, Jaro. I like spending time with my son and my grandchildren. I usually meet them at least one or two times a week. I retired ten years ago so I have a lot of free time. I walk Jaro a few times each day, rehabilitate my knee and meet up with friends and family. I also love to knit and compete in solitaire on my computer.

Motivations

- Loves when things are easy and practical
- Values the feeling of safety

Frustrations

- When the product doesn’t work like I’m used to
- When I’m not feeling safe when using the product
- When “my product” is not always available when I try to order

Desires

- Living with incontinence should be an integrated part of the daily routines
- Transporting and storing the product should be convenient, safe and hygienic
- Understanding of the product should be intuitive
- When I’m wearing a product, I want to feel 100% safe that it doesn’t leak
- If “my product” is not available, it should be easy to know which one is similar

Hedda values integrity and discretion

This user group values integrity and discretion high and their most important desires are strongly connected to the area of need called *integrity*.



"I used to be very social but since I first got issues with urine leakage I have started to avoid social activities where I don't have control over the situation"

My name is Hedda, I'm 50 years old, working full time as a preschool teacher. I really love spending time with my family. We often go out with our boat and try to meet family friends as often as possible. I am working out at the gym, but only taking classes, my favorite being Pilates.

Motivations

- Wants to be accepted by others
- Loves when products are appealing, when you feel that someone has put in some effort in making it look nice for you

Frustrations

- The products are screaming incontinence so that everyone can see
- Hopelessness to the situation. Will my life be like this forever?
- Why are the incontinence products so boring? I want something nice and pretty!
- Sometimes I worry that my pad is too small.

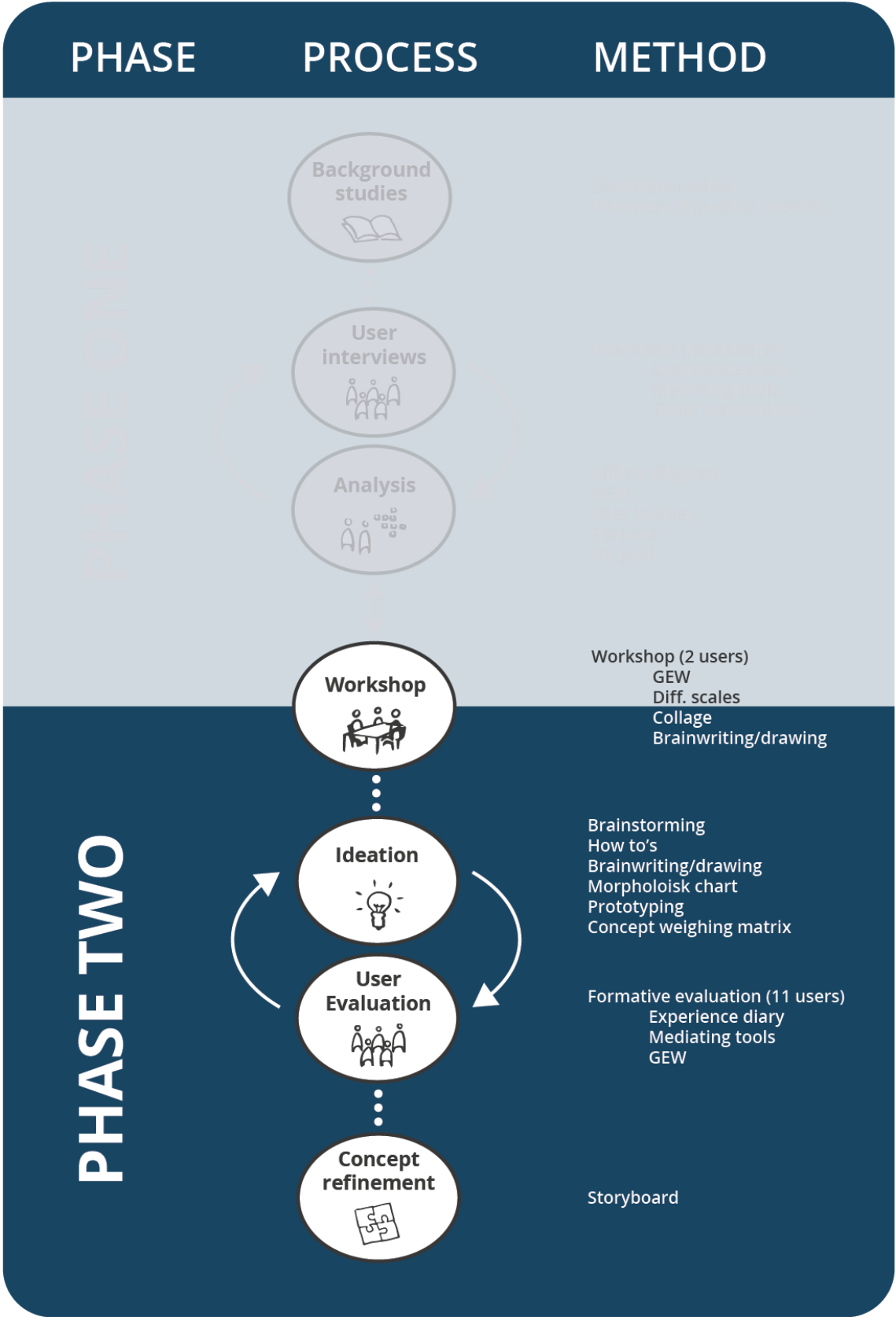
Desires

- Protection that is safe and still feels discreet
- Feel normal
- Discreet disposal of both pad and package
- Discreet purchase, storage, transport
- To have an appealing product

PHASE TWO

Enhancing the user experience when living with incontinence

Phase two aimed to further explore the desirable experience by creating concepts and evaluating them with users. The concepts build on user insights and ideas, developed through ideation activities and prototyping. The most promising ideas were combined into a design proposal to communicate the formulated user experience guidelines.



5 Method

PHASE TWO

This chapter describes how ideation and prototyping were done iteratively, including users in a formative evaluation. Concept refinement was also done to communicate the results.

5.1 Ideate and prototype

The purpose of the ideation was to find possible solutions to reach the UX goal. Initially, *Brainstorming*, *How-Tos*, and *Brainwriting/drawing* (Boeijen, Daalhuizen, Zijlstra, & Roos, 2013) were used to come up with a broad variety of ideas. The execution for brainstorming could vary but the rules were always respected; never criticise, aim for wild ideas, feel free to develop ideas and aim for quantity over quality (Wikberg Nilsson, Ericson, & Törlind, 2015). For the *How-To* method, statements were prepared, covering different areas of improvements, for example “*How to make the product as discrete as possible*” or “*How to support the user when choosing products*”. The purpose was to focus the ideation to areas considered important to explore, connected to the desires identified in phase one.

A *morphological chart* (Boeijen, Daalhuizen, Zijlstra, & Roos, 2013) was used to combine ideas in a systematic way, by listing solutions to sub-areas such as support in choice, packaging, transport and information. The solutions were combined in different ways to generate more complete concepts, for example by looking at the area from the different personas’ perspectives, creating concepts that would appeal to them. The purpose was to generate concepts for all the areas of needs connected to the UX goal.

To explore shapes and patterns for an absorbing pad, theory about product semiotic, usability and laws of product gestalt were studied. Shapes were selected based on a variation in expressions, some more extreme while others were similar to existing products.

Matrixes were used to weigh ideas during the ideation and prototyping phase. Ideation sessions generate a large amount of ideas and a structured screening helps to avoid bias toward the designers’ favourite ideas (Wikberg Nilsson, Ericson, & Törlind, 2015). The goal was to identify the ideas that seemed promising for reaching the UX goal and the user needs.

Rapid *prototyping* was done to explore the experience. They varied from sketches to photo scenarios of physical prototypes, depending on what fidelity was considered to be most communicative, but still allowing further exploration. According to Buchenau & Fulton Suri (2000), an experience prototype is any kind of representation designed to explore and communicate the possible interaction with a product or system. Since experience is a subjective phenomenon, it is difficult to verbalise what a good or bad experience is. To test the experience makes it more likely to develop a good user experience (Wikberg Nilsson, Ericson, & Törlind, 2015). Rapid prototyping is an approach of “learning by making” which makes ideas more tangible and creates the possibility to get feedback on ideas quickly (IDEO.org, 2020). Prototyping was used to explore ideas within the design team and to communicate ideas to the users in the following formative evaluation. The prototypes were developed so they could be understandable by only looking at a digital material in PDF format, since the evaluation with users was done digitally. Prototypes were combined and modified during the evaluation process.

5.2 Formative evaluation with users

The evaluation of ideas was done with eleven users, to identify which concepts fulfil their needs most effectively. Three of the women had already participated in the explorative interviews. They had gotten time to reflected on issues and desires during a period of time which could give valuable insights. The new users were recruited by an external recruitment company to fit the target group: women living with light incontinence (Table 7).

Table 7 - Selection of users for the formative evaluation

INTERVIEW NO.	AGE	AMOUNT OF LEAKAGE	PRODUCTS
1	50	Light (tbs)	Female pads
2	68	Varying	Female liners
3	53	Light (tbs)	Female liners
4	66	Light (ts)	Female liners
5	72	Light (ts)	Female liners
6	69	Med/large (>2 dl)	Pads for medium inco.
7	49	Medium (0,5-1 dl)	Liners for light inco.
8	72	Varying	Pads for light inco.
9	48	Small (ts)	Liners for light inco.
10	54	Small (tbs)	Liners and pads for light inco.
11	59	Small (tbs)	Liners and pads for light inco.

Before the evaluation session, each participant received a consent form, an *experience diary*, a short welcome letter and the three reference products used in the study. The consent form and experience diary were to be sent back to Essity when filled out. Each session lasted for approximately 1.5 hours and all participant got a gift for taking part.

The evaluation was performed by phone or Skype and the participant was sent a PDF with the evaluation material on their screen. The designer presented the material and documented the reactions by using a prepared digital form. It started with an introduction of the study, the designers, and information about how personal information was handled. The user presented themselves and answered a few questions about their life, their incontinence and the emotions they experience connected to their incontinence. The evaluation consisted of three parts, each focusing on one of the three groups of situations; *gaining awareness*, *managing everyday life and using protection*. In the tables below, the execution of each part is explained and the purpose of each part is presented. The GEW was used after each part in the evaluation to note which emotions the concepts evoked according to the users.

The first part of the evaluation aimed at evaluating concepts connected to gaining awareness, such as helping the user in the choice of product and helping them to identify with others.

Table 8 - Execution and purpose part 1

Evaluation part 1 – Gaining awareness		
NO.	PROCEDURE	PURPOSE
1.1	Choice support – The concept was explained, the user was asked to give their opinion	Evaluate which aspects that could help the user in the choice of protection.
1.2	User stories - The concept was explained, the user was asked to give their opinion	Evaluate a product concept aiming at increase emotional support
1.3	GEW	Identify which emotions that the solutions evoke

The second part focused on managing everyday life, such as exploring how concepts on packaging and distribution could add value to the user, both technically and aesthetically.

Table 9 - Execution and purpose part 2

Evaluation part 2 – Managing everyday life		
NO.	PROCEDURE	PURPOSE
2.1	Packaging solutions: The solutions were explained by showing a storyboard. The user was asked to give their opinion about solutions.	Explore if a discreet and a practical packaging solution contributes to higher experience of control
2.2	Packaging patterns: user was asked to choose their favourite packaging pattern out of 9 patterns.	Explore which expression the package should have
2.3	Distribution service: The concept was explained, the user was asked to give their free opinion about the subscription service.	Explore how the products can be made more easily accessible
2.4	Add-on products: Three add-on products were shown (case, compact pad, wet wipes) and the user was asked which they would like to have	Evaluate if the add-on products can help the user to maintain high integrity
2.5	GEW	Identify which emotions that the solutions evoke

In the third part, using protection was the focus, exploring how to improve usability and which product expressions are associated with the desired attributes: safety, comfort, appealing and discreet.

Table 10 - Execution and purpose part 3

Evaluation part 3 – Managing everyday life		
NO.	PROCEDURE	PURPOSE
3.1	Shapes: Ask the user to indicate what is the front of the pad on 3 shapes. Ask the user to indicate where urethra will be placed.	Explore if the shape could communicate what is front/back of the pad and where they believe the urethra will be placed.
3.2	Shapes part 2: Ask the user to indicate which of nine shapes they think is most safe, attractive, discreet & comfortable	Identify which attributes in the shapes that are related to safety, discretion, comfort and appealing.
3.3	Product patterns: Ask the user to indicate what is front on identical pads with different patterns. Ask user to mention which pattern that is most clearly what is back/front.	Explore how a pattern can communicate what is front of a product.
3.4	3D shapes: Ask user to mention which of the shapes that they perceive as safe and comfortable.	Explore how different thickness and added/subtracted material affects how the user perceive the product.
3.5	GEW	Identify which emotions that the solutions evoke

5.3 Concepts refinement

After the formative evaluation, user experience guidelines were developed and, to express the most important insights from the evaluation, combined with previous data. To communicate how the guidelines can be interpreted, a product concept was developed by combining aspects of the ideas that were regarded as most promising. Physical and digital prototypes with higher fidelity than in the ideation phase were used as representations of the product concept. To communicate the experience, the prototypes were presented in a short video clip, as kind of a *storyboard* (IDEO.org, 2020), which is a low resolution prototype that visualises a concept from start to finish. The storyboard video helps refine the idea and reveals important aspects such as who will use the idea, where and how.

6 Evaluation of concepts to enhance the user experience

PHASE TWO

In this chapter, concepts developed for user evaluation are presented together with the results of the evaluation. It consists of three parts, each one representing one group of situations; *gaining awareness*, *managing everyday life* and *using protection*. It includes the evaluated ideas, emotions generated according to the users and main takeaways, focusing on components that users thought to be most promising in enhancing the sense of control of the situation.

6.1 Concepts on gaining awareness

The first part of the formative evaluation aimed at exploring concepts connected to *gaining awareness*. It focuses on ideas to help the user choosing product and identifying with others.

Digital guide to support the choice

A digital 3-step guide to help users find protection fitting their needs was evaluated (Figure 21). The idea was that users enter information about their incontinence and based on this, the guide would suggest fitting protection.

3 stegs guide till rätt skydd

Steg 1

Vad passar in på dig?

Jag upplever urinläckage dagtid

Jag upplever urinläckage nattid

Jag har behov av olika skydd vid olika tillfällen

Ändra

Steg 2

Hur stora urinläckage skulle du uppskatta att du har?

Smådroppar - tesked

Matsked - medelstora droppar

1-2 dl - stora droppar

Mer än 2 dl

Ändra

Steg 3

Utefter dina behov skulle vi rekommendera någon av följande produkter

TENA MINI

Läs mer

TENA MINI NIGHT

Läs mer

TENA MINI SVART

Läs mer

Figure 21 – A 3-step guide to find the best fitting protection

The reactions to such a guide were more or less positive among all users. Some stated that they liked to feel more involved and informed when choosing protection and others said that being more sure that you had chosen a protection fitting for your needs would improve the feeling of safety. They would like to receive advice on which products that could fit different activities. The main improvement point was to make the step of estimating the amount of leakage less confusing.

“I like this guide, since it’s difficult to know which protection to use”

“I like it! You can stay home and manage this on your own instead of using health care services. If you have big issues you might see a health care professional, but choosing protection should be possible to do on your own”

Interactive guide to support the choice

Another concept of supporting the user in choosing protection was a physical guide that could be placed in stores (Figure 22). The idea was to create a booklet in which all products were presented with information of which type of leakages they were designed for.



Figure 22 – A physical guide in the store

Five out of six users responding to this idea thought they would appreciate such a guide to help them choose. The positive comments were that one could more easily assess the size of the pad, while the negative comment was that it would be too indiscreet.

*“It depends on who you are, if you are ok with other people knowing.
Maybe you could get sample products to try sent to your home”*

“Yes, I would like to have the possibility to see them in a store like this. Then I might know which product that would work the best for me. Sometimes you don't have a clue of what you buy”

*“It's not bad to be able to do your judgement.
This also shows which end is the front of the product”*

User stories

The last part were user stories (Figure 23), presented on a product page online. The stories would be written by women using the product of interest, containing information about how they manage their life with incontinence and which products they use for which activity.

TENA MINI



TENA
discreet
x20 MINI

Produktbeskrivning

TENA Discreet Mini ger ett diskret och säkert skydd för små urinläckage. Den mjuka bindan är utformad för kvinnor med överaktiv blåsa och ger diskret skydd varje dag. Trippelskyddet garanterar skydd för läckage, förebygger oönskad lukt och ser till att lukt absorberas snabbt. TENA Discreet Mini är perfekt om du vill känna dig säker, trygg och diskret, oavsett om du läcker några droppar ibland eller har små urinläckage.

Produktfakta

Längd: 21 Cm
Plastförpackning
Enstrycksförpackad
Parfymfri

Användareberättelse

Kristin

Jag kan ibland bli plötsligt kissenödig och kan jag inte gå på toaletten direkt så händer det att det läcker några droppar. Därför använder jag TENA MINI när jag inte vet om jag kommer kunna gå på toa när jag vill, till exempel under konserter eller föreläsningar. Om jag vet att en toa finns nära använder jag istället TENA ULTRA MINI...

[Läs mer](#) ⌵

Agneta

Eftersom jag inte vet när jag lite urin kan läcka ut använder jag alltid TENA MINI dagtid. Jag gillar att träna yoga och då har jag alltid i en TENA MINI för att slippa oroa mig för att behöva springa ut under passet.

[Läs mer](#) ⌵

Figure 23 - User stories

All users responding to this question was positive to the idea, although some user stated that it did not give them any value since they did not experience the need to share their experience. Among the users being positive, one expressed that it is good that you can support each other to decrease the feeling of loneliness. It was also appreciated that the problem is highlighted more than today. It was expressed to be important that the stories were trustworthy, written by real women.

“Highlight the powerful active woman and how she lives”

“The user stories feels trustworthy. I told my friends about my incontinence first time this month which made another friend open up about her issues. It felt good to share and hear about other experiences”

Emotions evoked

Support was the main need focused on in this section of the concepts. The emotional analysis of the third part of the evaluation (Figure 24) shows that ideas that helped users to gain awareness led to positive feelings such as involvement, happiness and relief. These emotions can contribute to higher control. The ideas also decreased strong negative feelings such as shame, worry and despair.

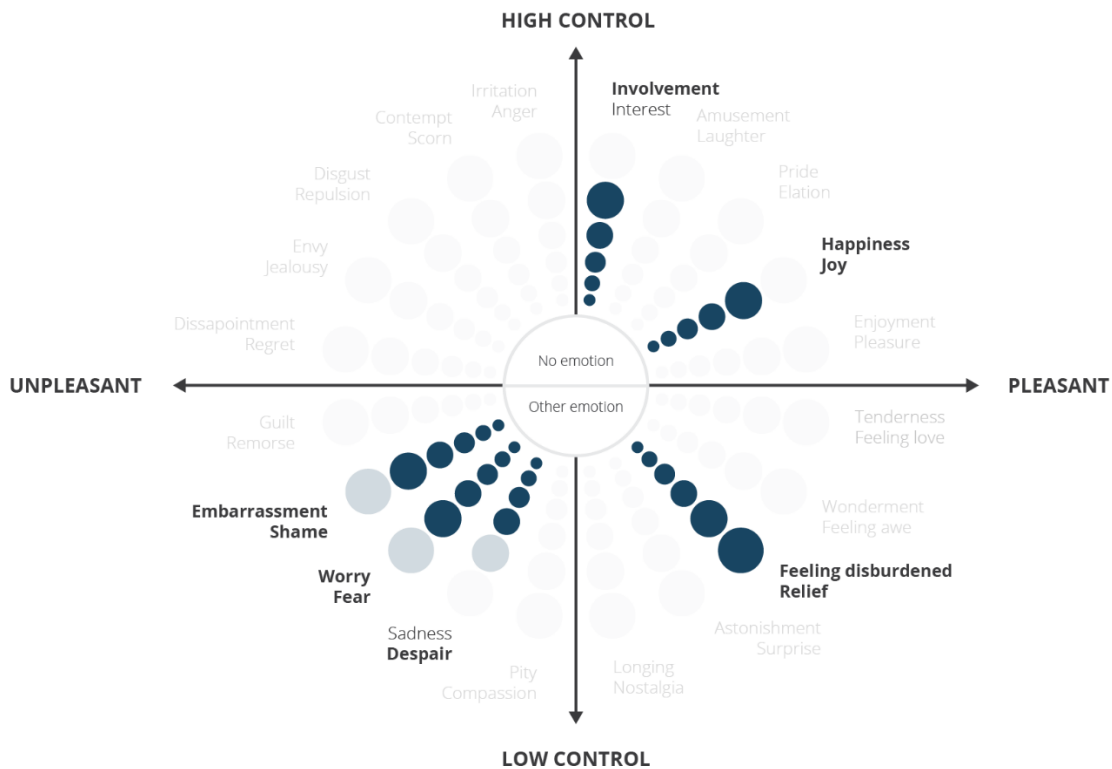


Figure 24 – Geneva emotion wheel connected to gaining awareness

“I want to be involved. I felt good about the part about helping me choose”

“All the positive emotions, very positive”

“Unburdening, both the advice and the support, getting it sent home”

“I think some emotions could decrease when you get to read about all these strong women”

Takeaways - gaining awareness

The result from the emotion analysis indicate that it is important to work with aspects related to helping the user with the choice of products and, increasing the awareness around the problem to help them feel normal. Main takeaways from part 3 was found to be;

- Helping the user with the choice of products is important both in retail and online.
- Providing more information (than regular drop system) to help the user find the right product for their amount of leakage was found to be important. One way to do is by using the teaspoon/dl system.
- It was perceived as positive to have the possibility to see the real products in relation to each other. Making it easier to assess differences between products, both length and thickness.
- Having advice on the best product for different activities was perceived as positive.
- User stories helped the user to feel hope, as long as they were authentic.
- The user stories could also provide the user with advice on how others solved situations with incontinence.

6.2 Concepts on managing everyday life

The part of the evaluation focusing on *managing everyday life*, focused on understanding how concepts on packaging and distribution could add value to the user, both technically and aesthetically.

Packaging

Two *packaging* concepts were evaluated with users. The first concept was called *The discreet concept* (Figure 25) which focused on making the packaging appealing for users valuing discretion by making it easier to make it neutral when storing it at home by placing the information about the product on a sleeve which can be removed at home. The second concept was called *The practical concept* (Figure 26), appealing to the user valuing practicality. The idea was that one could hang the package on a hook and take one pad from the bottom of the package, not needing to open it each time.



Figure 25 - The discreet concept used in test No 2.1

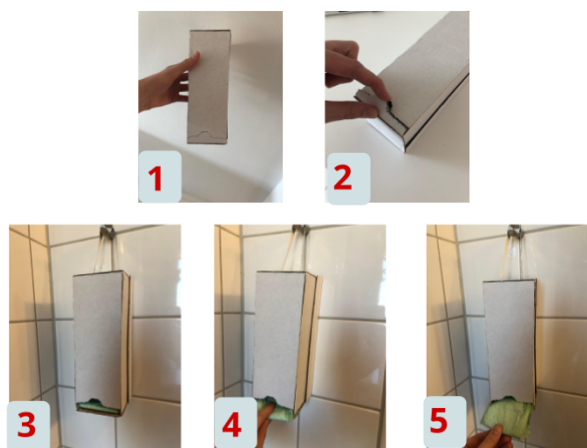


Figure 26 - The practical concept used in test No 2.1

The users were asked to give their opinion about what they liked and disliked. The result showed that the practical and discreet concepts were perceived positive by some while neutral or negative by others.

The most positive reactions to the discreet concept was that it would be very discreet in your home. Some even wanted it to be as discreet in the store. It was also considered positive that it was made of cardboard, since this was experienced as more sustainable. Several participants thought of the package as practical, since products could be placed in an orderly manner because of the cardboard. Some participants did not consider it important to them to have a discreet package, but all could see the benefit for those that might be less open with their issue. On the negative side, the neutral package was perceived as boring.

“It is nice that you don’t have to be reminded of it every time, neutral”

“It is a good idea if you think it is difficult if someone would see it”

By those being positive, the practical solutions was considered hygienic, fresh and practical. Many thought it was too indiscreet and said they would not hang it in their bathroom, even if convenient. Some thought it unpractical that it did not display how many products were left and also considered the package boring. Some were neutral and said that they liked the idea of one product being visible at a time, but would place it in their cabinet instead of hanging it visible.

“It would have been simple and good to have this, but you cannot see how many products there are left in the package..”

The result indicates that the solution must be possible to store in different places and positions in the home since all people do it differently. To enable solutions that include parts from both concepts would possibly make the most difference for a broader target group. Giving them the choice on how to use and store the package is very important. The fact that both products were made of paper was positive since this was experienced as more sustainable and gave an expression of order. Many asked for more colours and patterns to make the packaging better looking.

“I would like if there was some sort of pattern or such”

Patterns

During the evaluation of the discreet and the practical package concepts, users commented on them being plain white. They thought that the packages and the wrap should look nice, by adding patterns and colour to it. Nine patterns were collected online and each user was allowed to pick out 1-3 patterns they liked (Figure 27).



Figure 27 – The evaluated packaging patterns used in test No 2.2

The main insight was that all users liked the idea of these patterns but also that the preferred graphical expression is highly connected to personal preferences. Two main groups of preferences were identified: some users want colourful happy patterns while others valued a more elegant, discreet patterns.

“I like I, feels like leaves, it is serene. Harmony. More discreet”

Distribution service

A distribution service was developed to explore aspects of making it easier to access products more discreetly and practically. The idea was that the user could set up a subscription of incontinence products that would be sent to their home each month. A scenario was described and shown to the user (Figure 28). Part of the subscription service were so-called “add-ons”, including a case for the pads, a compact pad and intimate wet wipes.

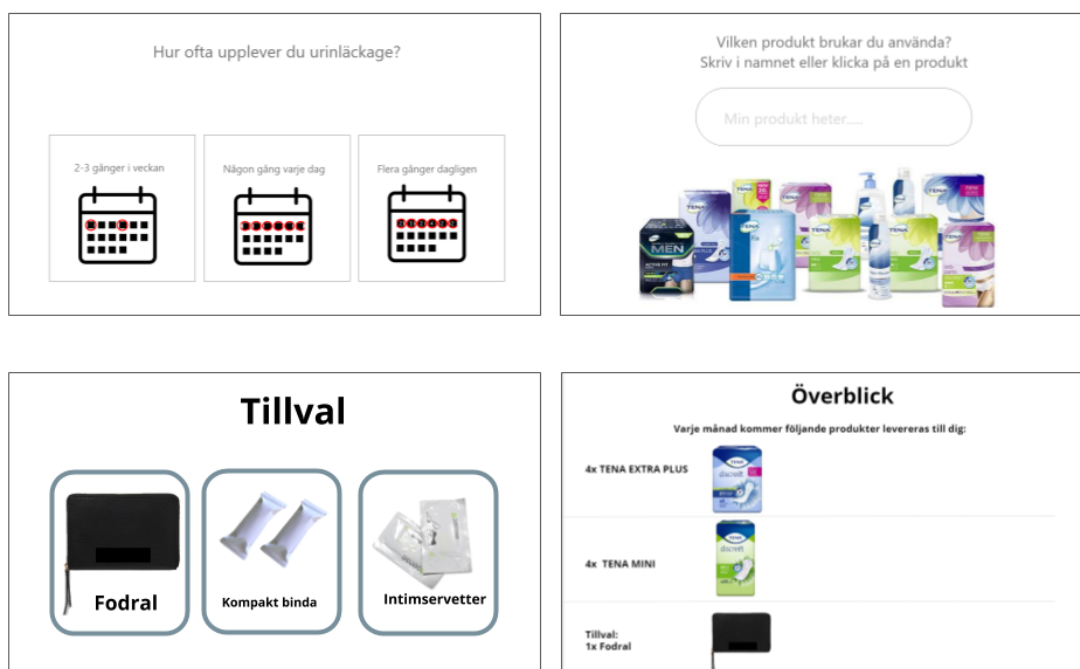


Figure 28 - The steps presented as part in a distribution service

The users' reactions indicated that a majority were positive while a few were negative or neutral. The users who appreciated the solution liked that it was practical, that they would not have to worry about being embarrassed when buying it in a store and that they did not have to remember buying more. They also stated that they wanted the subscription to be easy to adjust and that the package got delivered anonymously to their door. The users that were more negative towards the subscription said that they did not want to be obligated to a specific brand.

“Don't have to be in the store and worry about if my neighbours see me”

“If I were to try this, the package must be delivered to my door”

“I don't like that you are tied to it”

All users considered the idea of “add-ons” as positive (Figure 29).



Figure 29 - "Add-ons". A case, compact pad and wet wipes

The result indicated that the intimate wet wipes was the most appreciated add-on (90% would like it), followed by the case (70%) and compact pad (60%).

“I would like to have the case if it was more colourful”

“I use intimate wet wipes today to avoid urinary infection”

“The case looks very nice, the whole situation gets easier if it looks nice”

“The case looks luxury, as something I could carry without drawing attention”

Emotions evoked

Aspects of practicality, accessibility and integrity were mainly included in these concepts, all adding to the experience of control. Emotions expressed (Figure 30) shows that the ideas related to managing everyday life has a positive effect on the emotions, both by decreasing disgust and shame and by increasing positive feelings of happiness, amusement and surprise.

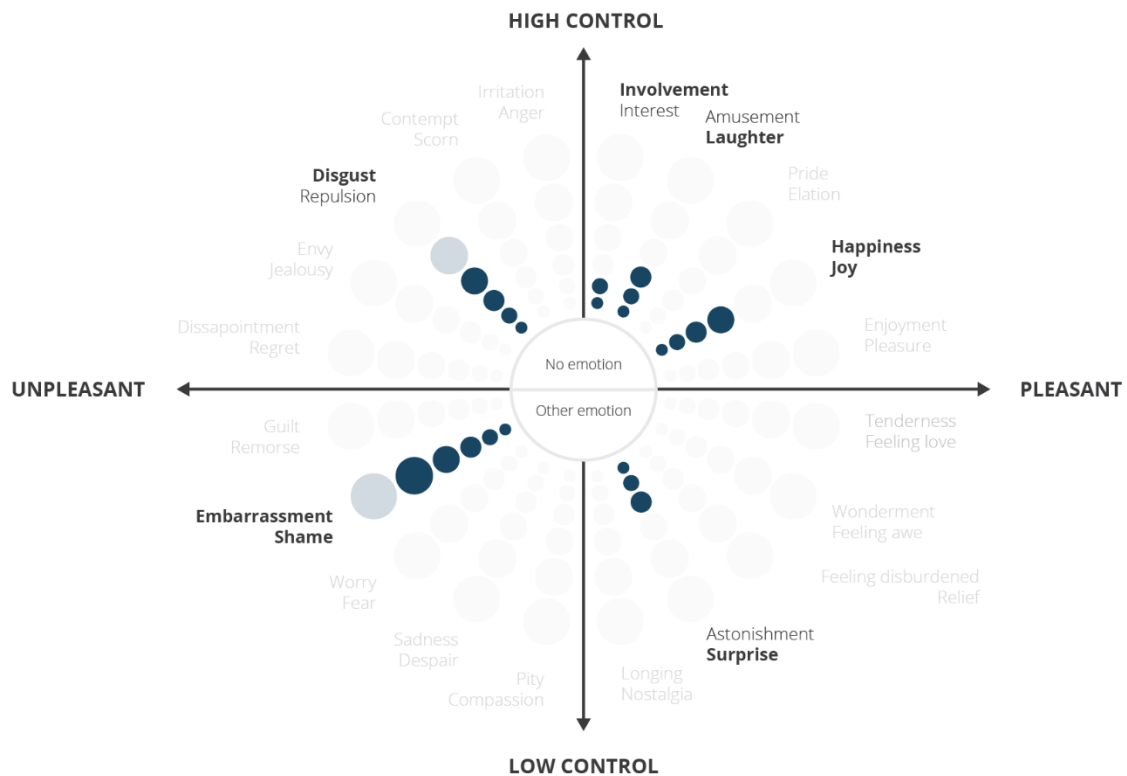


Figure 30 – Geneva emotion wheel connected to managing everyday life

*“I would say it could create some joy,
that you can make something so dreary more fun”*

“Overall a better feeling, positive emotions”

*“In the beginning, one would feel a bit surprised
that the pattern is more enjoyable”*

“Lower shame and embarrassment, start to feel more normal”

Takeaways – managing everyday life

The emotion analysis shows that ideas about *managing everyday life* are welcomed by the users, who express that it could contribute to emotions connected to higher control. The most important takeaways from this section were:

- Practical and discreet packaging solution are both of relevance.
- An important aspect for a discreet solution is not be connected to incontinence. Aspects connected to incontinence is mainly the TENA logo and colours. A discreet solution may have colourful patterns, as long as it is not connected to incontinence.
- The package shall help the user to store the products hygienically.
- Cardboard packages are experienced as sustainable and give the user a feeling of order.
- The package should be visually appealing. While visual appeal is subjective, four guiding words for the package expression was identified: mature, modern, elegant and light.
- Add-ons such as intimate wet wipes, cover and compact pad can be relevant to help the user feel more in control when they are in situations where they feel unsafe.
- A subscription solution could improve the experience for some users. It is important to know that it must be easy to adjust the subscription, to not feel trapped, and that products must be delivered to the door in a discreet package.

6.3 Concepts on using protection

This section focuses on ideas connected to the protection usage. The main areas of exploration were form and product graphics, with a focus on understanding how to improve usability and exploring which product expressions are associated with the desired attributes: safety, comfort, appealing and discreetness.

Form

Three *shapes* were used to evaluate what the users perceive as the dedicated front of the product (Figure 31).

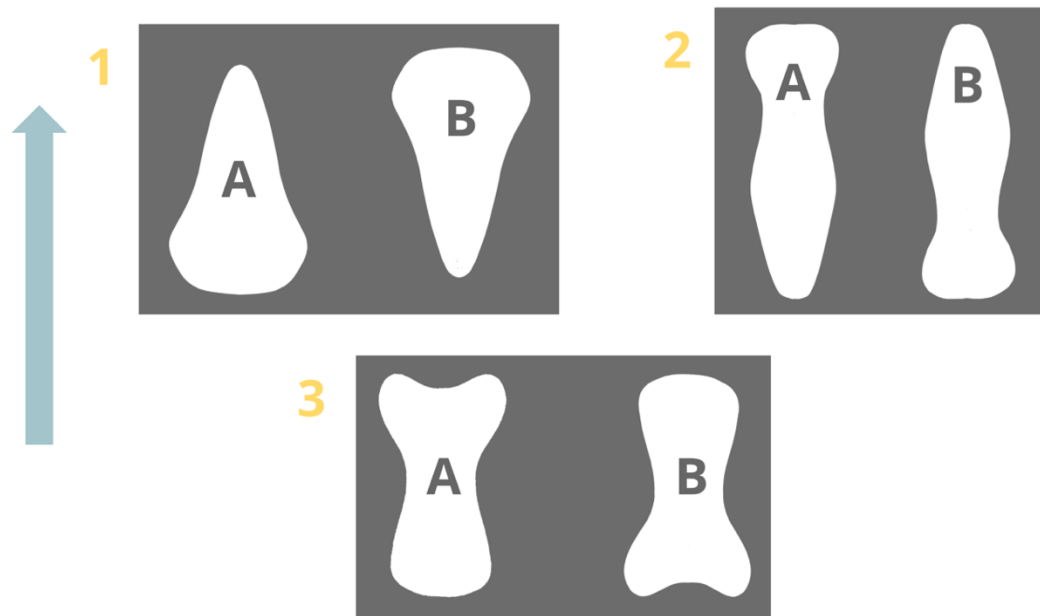


Figure 31 - Figures for placement test, No 3.1

The result indicates that the front should be where there the most material. It also indicated that user have a different interpretation of what the dedicated front is when only a shape is presented to them.

"I want the most material in the front, that's why I place it like that"

On the same shapes, the participants were asked to indicate where they thought the urethra would end up if the product was used, each dot represents one answer (Figure 32).

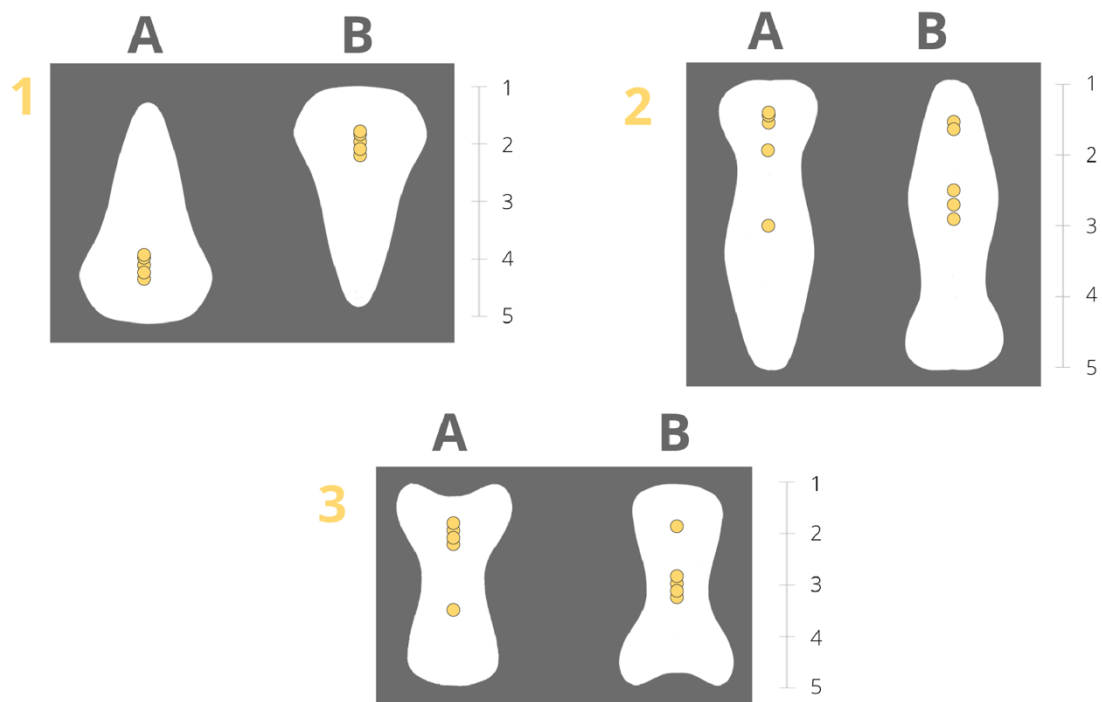


Figure 32 – Where users thought the urethra would be located on the protection

The result shows a variation but two distinct differences were identified, some users tend to place their product so that urine will hit the widest place of the products while others tend to aim for placing the product with an equal amount of material on the back and front of the urethra.

“I want the biggest part of the product were the urine flows in”

“I need material both front and back, urine flows in both directions”

To understand which shapes the users associated with certain attributes, ten shapes were shown to the users. They were asked to indicate the ones they thought were comfortable, discreet, safe when having small leakages, safe when having large leakages and appealing (Figure 33). The image to the left was used as a reference for size, a TENA Mini product.

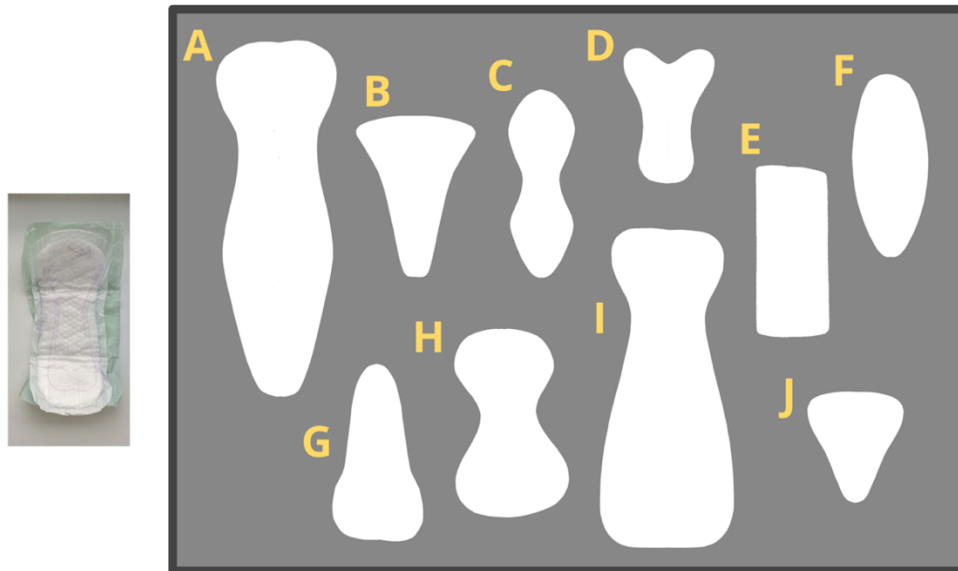


Figure 33 – Shapes users evaluated in test No 3.2

The result indicated that participants experience shape C as the most discreet, comfortable and safe for small leakage. C was also perceived as most attractive together with shape H. For large leakages, A and I was experienced as most safe where A also was experienced as comfortable by more users.

Similarities between the shapes A and C is that both have a narrow part in the middle, expressed to be experienced as comfortable for the legs. These shapes are also narrow in the back of the product which was experienced as both comfortable and discreet. What is experienced as safe with A and C is not completely clear but some user mentioned that the shapes having a lot of material in the front would make them safe due to high absorption capacity. The results varied depending on the amount of leakage the participants experienced.

“I experience shape C as most convenient since it is shaped for the legs”

“Shape A feels most safe, the front gives a good absorption capacity and a lot of material that can bind liquid”

“Shape I is very wide and long, it feels safe that it is wide all the way. If they are to narrow leakage can occur on the sides.”

To evaluate how aspects of a shape, such as thickness and length was perceived, additional shapes were presented to the participants (Figure 34). There were products with added or subtracted material as well as various length and thickness.



Figure 34 – Products with 3D shapes, used in test No 3.3

The result showed that it was very individual what they associated with the different attributes, which also made it difficult to draw any conclusions. It seems as if the user had different mental models for which attributes that was most safe. Some thought that more material was safe since it can absorb more liquid while others thought of a cupped form as positive since it can contain the liquid better, avoiding it from leaking outside the protection.

“A looks thicker, looks like it would absorb more where the leakage would happen”

“B feels safer, it has a little lake where everything can be absorbed”

“Feels a bit stupid, it would flow over the edge” – About shape A

“A feels absolutely most safe, most material that can absorb but not sure if it would be convenient “

Product graphics

Patterns were evaluated by asking the participants to indicate which side of the product they thought was the dedicated front (Figure 35). The participants were also asked to indicate which of the products they thought most distinctly had a front and back and which one they thought was most appealing.

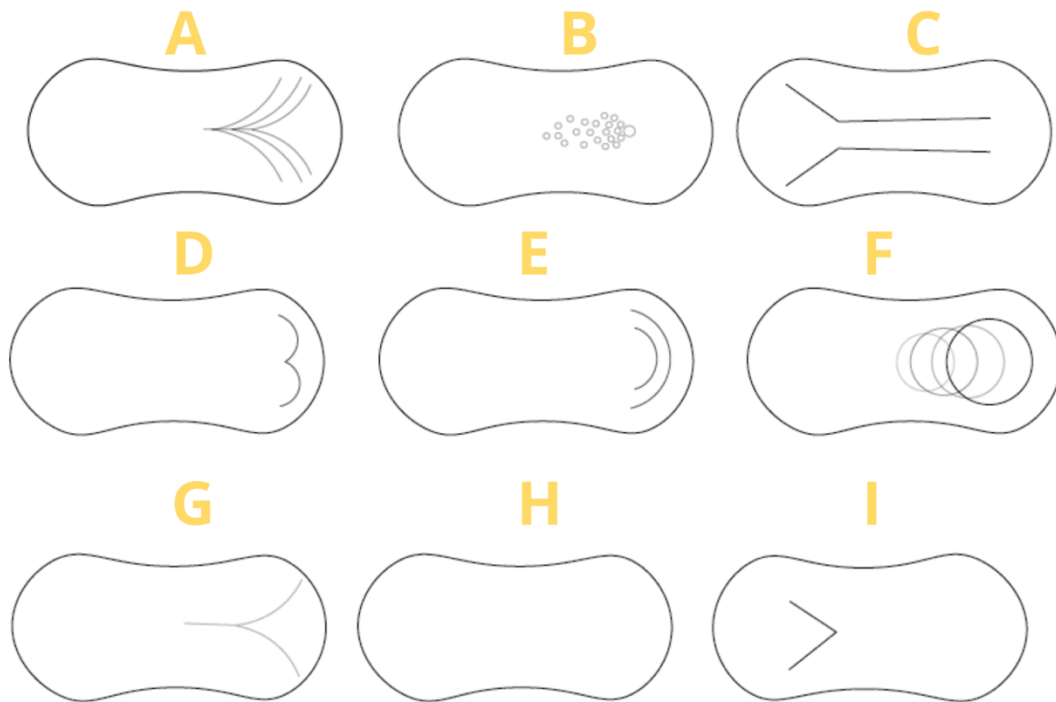


Figure 35 – Patterns on products used in test No 3.4

The result showed that, if the pattern is placed on only one side of the product, it is most often perceived as the dedicated front, no matter what the pattern is. Pattern F was mentioned to be both the most distinct and appealing pattern, followed by B. Examples of why the user thought these were the most distinct and appealing ones were:

“It feels like the urethra should be placed there”

“It feels like the rings absorb urine backwards”

“I associate the rings with absorbing liquid”

*“I associate the big ring with the capacity to absorb a lot of urine
and then it gets smaller and smaller”*

Emotions evoked

Making it easier to understand how to use the product was connected to making the user feel safer and therefore increase the experience of control. The result from the emotional analysis showed that the user believed it could lower the feeling of shame and worry (Figure 36). It was also seen to create a sense of interest and happiness. The feeling of relief, that the protection becomes better and better was also mentioned by several participants.



Figure 36 - Geneva emotion wheel connected to using protection

“Feeling relieved might intensify when you get better protection”

*“If it was clear how to place the pad,
I would feel more secure and less worried”*

“You don’t have to be so embarrassed if the pads are discreet”

Takeaways – using protection

The emotional analysis shows that unpleasant feelings can be lowered by working with the product design aspects. By decreasing the feelings of worry and shame, the experience of being in control can rise. This indicates that working with design aspects of the product usage layer is considered important. Below are the most important takeaways from this part:

- The shape is not enough to give the user a clear indication of what is the dedicated front of the product.
- Shapes that felt comfortable and discreet narrowed at the legs and tapered off at the back.
- Shapes that were perceived as safe varied, although a larger amount of material in front and a longer pad affected the feeling of safety.
- If a pattern was added to only one side of the product, it was perceived as the front no matter which pattern.
- The patterns that were perceived as most clear in terms of indicating the dedicated front had circles, which the user associated with absorption of liquid.

7 Final concept

This chapter presents the user experience guidelines developed, based on data generated in the user research combined with the results of the evaluation. Furthermore, a product concept is presented, to visualise how to interpret the user experience guidelines. It consists of several parts of the product, communicating how to enhance the experience. A video clip which puts the products in a context is also included.



7.1 User experience guidelines

The guidelines are developed to communicate how to change the experience when living with incontinence into a more desirable one in which the users experience higher control.

Gaining awareness

Raise awareness about living with incontinence and making it less shameful. Help the users to feel involved, to enhance their experience of control.

- Make it easier to ask for help and support on how to manage one's incontinence.
- Make emotional support more accessible, such as relating to other people.
- Make it easier to access and find information about incontinence, protection and support.
- Provide information in contexts where users feel safe to think of their incontinence.
- Provide information to support users in understanding their individual need.
- Provide advice, supporting users to feel that they can get support.

Managing everyday life

Make managing everyday life practical and discreet, to make the issue be a normal part of everyday life, adding to the user's experience of control.

- It should be possible to store and transport the product discreetly.
- The product should be protected from damage and dirt during transport and storage.
- The product should support practical and flexible usage.
- The product should help the user think fewer negative thoughts about living with incontinence.
- The product's expression should be disconnected from incontinence and health care.
- The product and services provided should make it easier to find a pad that fits the user's needs.

Using protection

Make the experience of using protection be safe and discreet, to enhancing the experience of control.

- Consider users' mental models on how to place the pad, such as the location of the urethra.
- Make it transparent what amount of urine each pad is designed to handle.
- Enhance the expression of security to lower users' worry that urine leak outside.
- Make it easy to understand how to use the pad.
- Enhance the expression of discretion of the pad.
- All semantic elements on the pad should have a distinct purpose.
- The pad should be self-explanatory, to make it discreet.

7.2 Product concept

This section visualises the final concept, showing how the guidelines could be used in development towards a more desirable user experience. A product concept, suggesting how to meet the guidelines, is presented. It consists of several parts which work together to enhance the experience: *digital guide*, *assortment*, *wrap*, *packaging* and *pad*.

Digital guide

The digital guide is supposed to help users make an informed choice of product, enhancing their feeling of security and control (Figure 37). This part of the product concept is visualising how to meet the guidelines connected to gaining awareness. It is a service solution, here presented as an application. The user enters the parameters of their issue, such as how often and when they leak urine. Based on the answers, the guide then suggests some products that could suit that particular need. The user can browse the guide to read about aspects of the products, such as length and capacity.

The guide should also give an overview of all products available on the market to show the range of products. Pictures of both package and products should be presented, preferable with some to help determine the size of the products. General information, explaining the differences between incontinence and feminine products is also part of the guide, presented in an accessible way. This guide can create feelings of involvement for the user.

Connected to each product, user stories will be presented in which one can read about how and when other people use the products. The stories will be voluntarily shared to make them experienced as more real and trustworthy. Most of the users think it is important to communicate that incontinence is very normally experienced because they believe it would help them and others, and in the longer perspective, tackle the taboo.

The service provide an easy channel to access products. The user can choose to order sample products and put products in a shopping bag to order directly to their house. Especially important is that the products are sent in a discreet package, not communicating the content.

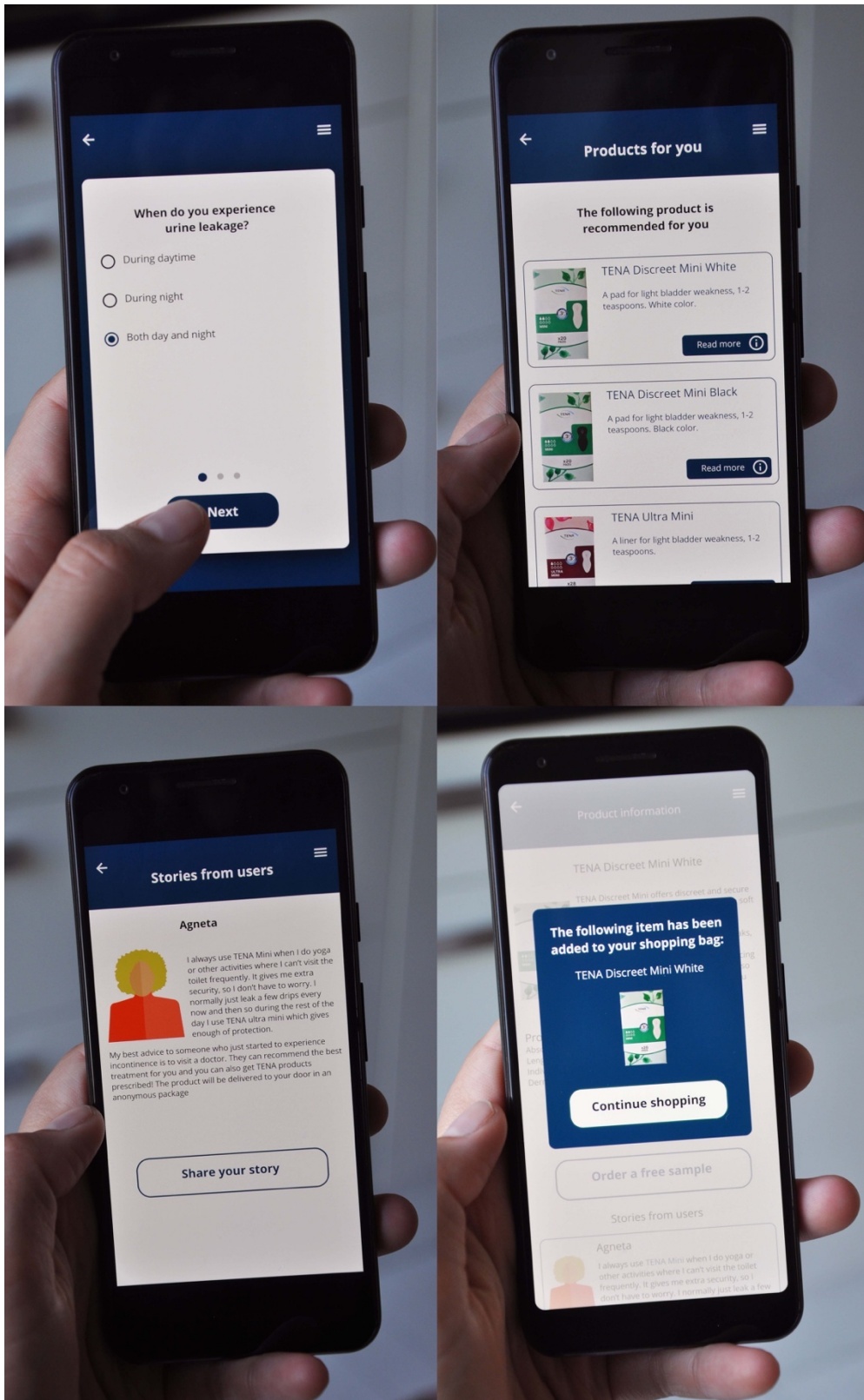


Figure 37 - Parts of the digital guide

Assortment

The product assortment can support the user in having more control. This section focuses on guidelines regarding understanding the usage, and making it easier to move between products if needed.

The whole assortment should be presented in the same way, including both the packaging and the wrap (Figure 38). This is to support the users' learnability; once you have learnt how to use one product, there is no difference in using the other ones. Putting all of them in the same type of packaging and wrap also creates a consistency throughout the assortment which can make it easier to move between products, which can be mentally difficult for the users today. It is suggested to wrap all products because it makes hygienic transportation more easily accessible. Only the wrap is important, any type of extra release paper inside it is considered confusing when using the product and to be unnecessary added material.



Figure 38 - The product assortment

Wrap

The wrap is designed for ease of use and minimizes the need to place texts, figures and arrows on the product. Visual aids on the wrap are made redundant, by making a product communicating its usage by itself. Users want their incontinence products to be as similar as possible to menstruation products which have none of the graphical elements seen in incontinence products. Instead, it is suggested to add colour to indicate where to open it as an example of how to make the opening visible without arrows (Figure 39).



Figure 39 - The wrap with indications of where to open it

The expression of the wrap is also important since it is the part of the product other people might see when not at home. The colour and print suggested aims to be more visually pleasing and discreet, based on patterns evaluated with users.

Putting wraps on all products also makes it easier for people to transport their products hygienically, since the wrap protects the pad from damage and dirt. Using the solution feminine products have, with adhesives on the wrap so when you want to dispose of a product you wrap it and then the sides are glued together containing the product in a safe way.

Important to note is when deciding to put wraps on all products is the environmental aspects, users express concern that there is too much plastic in the existing solution. It is therefore suggested to develop a wrap that can contain liquid, for transporting and disposing of the product, but also be biodegradable or in a more environmentally friendly material.

Packaging

Packaging is important in several aspects of the user's everyday life, such as choosing, buying, transporting and storing the pads. These aspects are considered in the suggested packaging concept (Figure 40) to visualise the guidelines connected to managing everyday life. The concept is also connected to supporting the user in choosing pad, presented under gaining awareness.



Figure 40 - Packaging with sleeve containing product information

All packages are made in cardboard, since users consider this more environmentally friendly, but also because a cardboard package was seen to make it easier to better store products at home, lining up products more properly, helping users to think less about it.

Since people handle the products in different ways, supporting flexible usage is important. The concept suggests that packaging should be designed to be able to place standing, lying down or hanging. With all products wrapped, they are already protected from dirt and wet, but it should still be possible for the user to close it, to make it more discreet.

It is important to make the product noticeable in the store and to provide the user with information when choosing. However, the packaging also needs to be discreet when storing it at home. To tackle this, it is suggested to add a sleeve with product information on the package which can be removed and disposed of as soon as you come home (Figure 41). This way, the packaging can be more discreet when storing and sorting it.

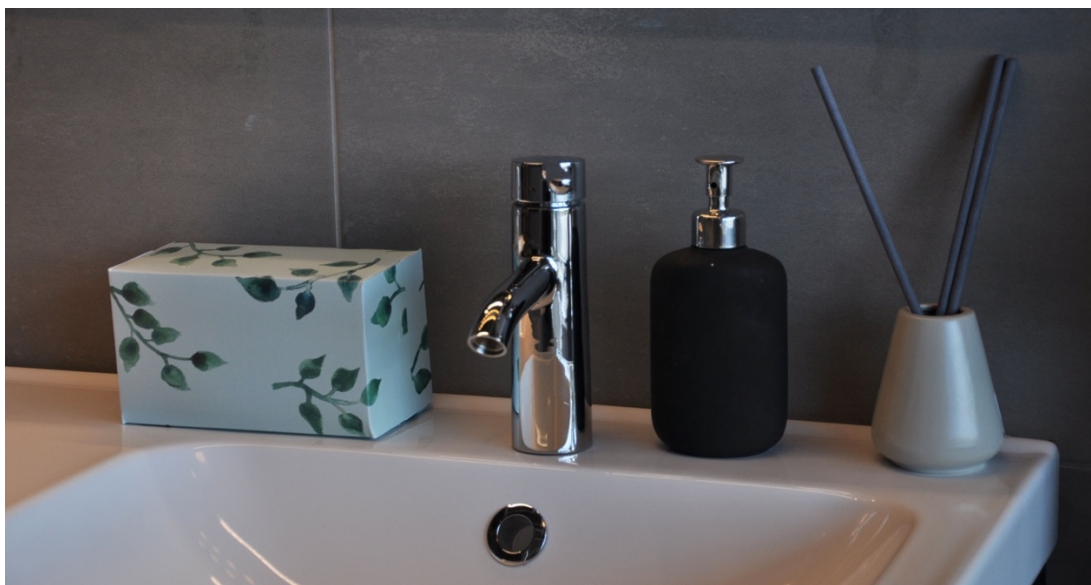


Figure 41 - Package without sleeve containing product information

TENA is a strong brand, in both a positive and negative sense. Many users connect the brand with quality but also with health care and old people. In the store, the brand should be placed only on the front of the packaging. This way the user can spot the brand when choosing products but when carrying it in the shopping bag and putting it on the counter to pay, the package can be placed so the logo faces downwards. To further help the users choose a product in the store, added information about the amount the products work good for in terms of tbs and decilitres, complementing the conventional drip system. An opening in the cardboard is also added, making it possible to assess how thick the pads are.

The pad

Based on the results in the evaluation, semantic elements have been put together in a pad to visualise the important aspects identified for using protection. Form and product graphics of the pad is visualised to show how to make the product easier to understand and enhance the feeling of it security and discretion, making the user experience higher control (Figure 42).



Figure 42 - The suggested pad

The *form* suggested has some distinct features, the most prominent one being the narrower part in the middle. It is imitating the users' mental models of a form that follow the shape the body has between the legs, and is therefore experienced as comfortable. Round shapes are preferable, expressing comfort and adding to the interpretation of the form following the shape of the body. The form is asymmetrical, becoming slimmer in the back which is experienced as discreet under clothes and being less connected to the form of diapers which usually have an expanding form in the back.

The *print* is a pattern placed on the product. In the evaluation, it became clear that the form in itself could not communicate orientation, but by adding a pattern, it became much clearer. So, placing the pattern towards the dedicated front of the product is suggested to help the user to understand how to place the product.

The pattern consists of five circles, decreasing in size and opacity. It is influenced by the association to liquid which was appealing to the users, both visually and also by being easy to understand. The biggest ring is placed on the thickest part of the product, where many users believe that the urethra would be placed. New patterns can be experienced as appealing according to the user, since it is adding a level of surprise. There are also two lines in the middle to amplify that the product form is narrower in the middle. The print is suggested to be in natural tones, to be experienced as friendly to the skin. Many users react when the print is too strong and to colours they do not connect to hygiene in intimate areas.

Embossing on the product is suggested to be placed where the print goes, enhancing the visual clarity of this being important functionalities. The embossing is connected to the material and affects how it is perceived, it is suggested to make the embossing help the pad fold itself inwards a little bit where it is narrowing, to create a cup form that can hold liquid.

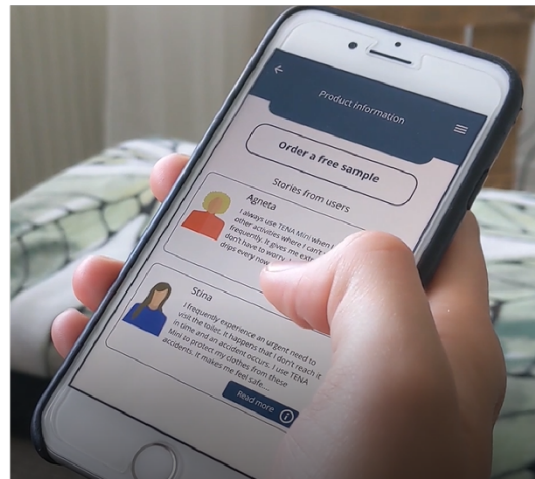
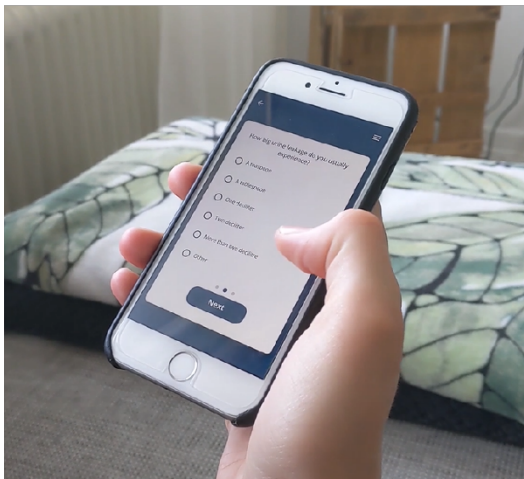
7.3 Storyboard

To visualise how the parts of the product concept works together and in the daily life of someone living with incontinence, a short video was created working as a storyboard. You can access the video through the QR-code presented in Figure 43 or the following link: https://youtu.be/MjNqUnR_RsE. Some snapshots from the video is presented in the report to give an idea of what is showed in the video and how some parts of the product concept are interacting with each other.



Figure 43 - QR code to concept movie. Scan the code with your smartphone camera to access the video clip





Discussion

Creating higher life quality for women living with incontinence is considered very important since studies show that almost half of the women with incontinence state that it affects their quality of life. This study has contributed insights on women's experience today and has explored the desired experience through interviews. The research has added knowledge that being in control is an important aspect in enhancing the experience for these women. Five areas of needs were also identified, important for enhancing the control: *safety, integrity, support, accessibility* and *practicality*.

Previous studies, by actors such as Sinoba (2020), Astellas Denmark (2016), focus on problems that users experience today, mainly through quantitative studies. The present study instead explores the needs and desires qualitatively, to widen the perspective and find other parts that might affect the experience. To enhance the experience, exploring aspects beyond the functionality and usability of a product was considered important. It was important to include more subjective aspects, such as emotions, to view the issue from the holistic viewpoint of user experience. This is the reason why the study maps the emotional dimension in a way that has not been done before for women living with incontinence. Furthermore, problems and desires identified are communicated through the user journey, which aims to provide insights for all situations women encounter due to their incontinence, not isolated to the products they use.

Through a formative evaluation, ideas were tested with users to see if they could enhance the experience of being in control, by raising positive emotions and lower negative ones. Based on the result of the evaluation, and with the insights of the desires the users have, user experience guidelines were developed. The guidelines are supposed to communicate aspects important for moving towards the desirable experience of enhancing the experience of control. A product concept was also developed, aiming to communicate and visualise what the guidelines could mean for the products. The last design proposal was never evaluated with the users though, which would be recommended as the next step to verify both the guidelines in themselves and that the product concept did communicate them correctly.

The formative evaluation was held over the phone or skype, due to Covid-19. Tactile aspects were therefore not included to the same extent as planned. Since it is important that the product feels discreet and soft against the skin, it is necessary to evaluate these aspects by letting the user wear the product. The result in this study is based on evaluating product shapes perceived as discreet by the users when looking at them.

Theories by Jordan (2000), were used as support in this study, to understand and explain the concept of user experience. The pleasure model worked as a tool to understand the existing and the desired experience, supporting the researchers in making sure to include a wide range of areas to explore. It was used as an analysis tool as well and the support from this tool was of high relevance to keep the holistic approach of user experience. Complimenting it with GEW was helpful to gain a deeper understanding of why certain needs and behaviours exist.

The emotion analysis was unambiguously indicating that incontinence mainly evokes unpleasant emotions, often connected to experiencing low control. Emotions played an important role in the study since it's a crucial part of how humans experience situations and products. Since incontinence is a health issue, it is hard to reach a state where the user only feels pleasant emotions. User's would prefer to not have to use incontinence products, if they had a choice. Working with emotions and pleasures was seen to be important, even if the product or problem in itself is not desired. The study also shows that it is possible to enhance the experience despite it being an unwanted one, and therefore enhance the life quality for women living with incontinence. The result from the emotional analysis connected to the evaluation showed that negative feelings could decrease, and positive feelings are created.

The GEW (Scherer K. R., 2005), was used frequently throughout the study, as a tool to measure emotions. The tool relies on the user's verbal ability to express emotions and are used to measure subjective emotions. 20 groups of emotions were shown to the users, aiming at helping them with recognize emotions related to their experience. One difficulty noticed with using this tool is that some emotions are harder to admit, due to the nature of the emotion shame. Feelings such as disgust and guilt were rarely expressed when users were asked to fill in the emotion wheel, but could be identified from the interviews when they talked about their incontinence. This indicates that, to cover all feelings, GEW filled in by users should be combined with insights from the analysis done by the design team, to cover the full spectra of feelings. Since the study did not take place in situations when the users experience these problematic situations, the GEW worked well as a tool for them to recall memories from these events and express the emotions felt.

During the evaluation, the emotions could only be measured as an instant reaction to the concepts. As Karapanos et. al (2009) present, time affects how we perceive products and the emotions felt. Further research is needed to investigate how emotions towards the new design changes over time, and if some aspects are more important for the user to feel in control over time. Time is also relevant to consider when discussing which areas that could have the greatest impact. Some changes could be incorporated in the designs fast, as semantic elements while raising awareness demand more time. It might be seen as difficult to work with, but should not be forgotten since changing a taboo requires time to affect society. There are opportunities for the company to be first to work more actively towards breaking the taboo.

The topic of incontinence is sensitive to many due to the taboo surrounding it. It was noticed that many users felt shameful about their incontinence. A natural reaction to shame is that you try to hide behaviours (Camitz, 2014). This might have led to some feelings and problems being left unexpressed during the user research. By using different methods for the user to express their needs and desires, such as diaries with various exercises, interviews, usability tests, sensory exercises and a workshop, we aimed at making it easier for the user to express things that can be hard to put words on. By also complement our study with the survey made by Astellas Denmark (Kontinens, 2016) as well as interviews with medical experts we could gain a deeper understanding of problematic aspects.

Most of the data in this study was collected through interviews with users. 19 women contributed to the result, of which two participated in all three activities including users, the interviews, the workshop and the formative evaluation. The explorative interviews were held mainly with TENA users, in addition to some former employees of Essity. This means that we mainly collected insights about the experience as it is today from loyal TENA users. However, the result was evaluated with non-TENA users, which strengthen the result as valid for users independent of brand.

The selections of users aimed to be a variation, both in leakage and age. However, most of the users participating used the smaller products and had a relatively small amount of leakage. We could not conclude a difference between women using bigger or smaller protection when it comes to the emotions the user felt or the desires they have. The differences identified were more individual rather than related to the size of the leakage. This is in line with what previous research have identified; there is no know relation between the size of the leakage and how affected the person becomes in their life (Sinoba, 2020). Nevertheless, it would be of value to repeat this study for the heavy incontinence assortment, to see if there are different needs for those type of incontinence products.

Moreover, it would be valuable to further explore how the experience differs between men and women as well as between different cultures. Taste and preferences may vary based on your cultural background, as well as how strong the taboo is. In cultures where the taboo is stronger than in Sweden, we can assume that the need for discretion, integrity, information and awareness might be even more desired. This need to be further researched though, as well as what the type of information the user needs, which may vary.

This study has taken the first step to explore and enhance the user experience when living with incontinence. It shows that there is a need for continued exploration on how the experience can be enhanced. The authors of this report believe that the study can serve as an inspiration for how to conduct future research in this area. Hopefully, it can be of value for people working with design, as well as for marketers, medical doctors, nurses, and ordinary people just wanting to learn more about the issue of incontinence.

Conclusions

This study shows how women experience the life with incontinence today and point out desires for how they want the experience to be in the future. The main issue in the existing experience was found to be a lack of control over the incontinence. Hence a UX goal was formulated; *Enhance the experience of control of the situation*. Control was found to be important throughout the user journey, with suggested product concepts that cover three different areas; *gaining awareness, managing everyday life* and *using protection*.

The final result of the study includes both a set of user experience guidelines as well as a design proposal. The design proposals have been developed based on the formative evaluation with users. The proposal is in the form of a digital guide, package, wrap and a pad. Together the product concepts consider five important areas of needs; *safety, integrity, support, accessibility* and *practicality*. We hope that the result of this study will contribute to higher life quality for women living with incontinence.

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Appendix A – Reference products



The picture shows the three products that was used as reference products in this study. Ranging from low to higher absorption capacity (from left to right). The three products on the picture are named Ultra Mini, Mini & Extra.

Appendix B – Consent form



Information to test subject

Study title: User Experience Study 2020Q1Q2-01

Aim of the study	You have been asked to participate in a study aimed at investigating the user experience of using TENA female pads for bladder weakness
Who can participate	To participate you must fulfill the following criteria: <ul style="list-style-type: none">- Your age is > 18 years- Meet requirements described in the study announcement<ul style="list-style-type: none">o You have experienced, or are currently experiencing light to medium bladder leakageso You have used, or are currently using, absorbing productso You are not working, or you have not earlier worked with, development of TENA products
How the study will be performed	<p>The study will include personal meetings with individual interviews conducted between 20/2 - 29/2 and take approximately 1,5 hours.</p> <p>In preparation for the meeting, you will get material to help you reflect on the experience of using incontinence pads. You will be asked to document these reflections through writing in a reflection diary, which will be collected at the occasion of the meeting.</p> <p>During the meeting, an interview session will take place where the experience of bladder leakages and the products are discussed. Smaller usability exercises will follow, such as touch and feel in hands and simulated use on clothes. Only products currently available on the market will be evaluated. For the topics of the interview and the exercises, only information regarding the user experience related to bladder weakness pads may be collected.</p> <p>If possible for you, the individual meetings will take place at the Essity office in Mölndal. However, other locations may apply in order to facilitate participation in the study. Compensation for taking part in the study will be given.</p>
Information processing	<p>The personal information that will be collected for the study is limited to your name, age, email address, phone number, gender and current city of living (city only). This information is collected for the purpose of administrating the study as well as securing a suitable spread and representation of participants in the study.</p> <p>All information collected during the pre-task, interview and exercise will be documented anonymously and given a participant ID that will not be traceable to your name, email address, phone number or city of living.</p>

	<p>Your name, email address, phone number and city of living will be processed for a maximum of 6 months from the time of the meeting. With your consent given during the meeting, the study owners may use your personal information to contact you for clarification in a study related topic or for asking about a follow-up study within the timeframe of 6 months.</p> <p>Only the owners of this study will have access to your personal information, unless agreed differently between you and the owners of the study, in writing.</p> <p>Processing of your personal data is based on your consent.</p> <p>According to GDPR, you have the right to have your data deleted at any time.</p>
Who to contact for questions	Johanna Rempling Phone: +46 (0)73-918 66 63 Email: johanna.rempling@essity.com

Appendix C – Experience Diary

DAGBOK inför INTERVJU

Det du fått utskickat är ett dokument som innehåller frågor att fylla i under tre dagar fram till intervjun du ska delta i _____ på Essitys kontor i Mölndal.

Syftet med detta är att reflektera över vardagen med urinläckage. Detta förväntas ta 3-4 minuter om dagen.

Om du har möjlighet att skriva ut dokumentet kan du fylla i dina svar direkt på. **Annars går det också utmärkt att du besvarar frågorna på ett eget papper.**

Tack så mycket för att du hjälper oss!
Ta med dina dagbokssvar till intervjun.

Hälsningar,
Anna och Johanna



OBS!
om något är oklart,
tveka inte att höra
av dig till oss



Kontaktperson: Johanna Rempling
Mail: johanna.rempling@essity.com
Telefon: 073 918 66 63

DITT SKYDD

Under intervjun kommer vi prata om livet med urinläckage. Vi kommer också prata en del om olika produkter och hur de uppfattas. Denna del är kopplat till hur ditt skydd upplevs. Gör följande tre enkla steg och skriv ner reflektioner efter varje steg. **För denna övning behöver du plocka fram ett skydd som är likadant som det du kommer ta med dig till intervjun.**

HUR GÖR JAG?

Utskrivet

1. Följ instruktionerna under varje steg.
2. Skriv eller rita för att förklara dina svar för varje delmoment direkt på detta papper.

EJ utskrivet

1. Ta ett papper, skriv "Skydden" som rubrik.
2. Följ instruktionerna under varje steg.
3. Skriv ner dina svar på det papper du tagit fram.

Placering?

Plocka fram ett skydd av samma sort som du tänkt ta med till intervjun. Placera skyddet i trosan på ett sätt du anser **bekvämt**. Svara sedan på följande frågor:
a) Vad påverkar hur och var du placerar ditt skydd i trosan?
b) Vad är det som avgör om produkten sitter bekvämt?

Vilka skydd?

Skriv ner **vilka** produkter du använder och en kort beskrivning om **när** du brukar använda produkten. Ex. har du olika skydd när du är hemma eller utomhus, dag och natt eller när du sitter still eller tränar?

a)

b)

Plus & Minus

Skriv ner vad du tycker är plus respektive minus med din/dina produkt. Det kan vara ett eller flera ord eller hela meningar.

Plus

Minus

FÖRSTA DAGEN

Besvara följande frågor så gott du kan. Lägg gärna till extra reflektioner över din dag om det dyker upp något när du fyller i denna.

HUR GÖR JAG?

Utskrivet

1. Välj en stund på dagen när det passar för dig att sammanfatta din dag, kan vara på kvällen eller på morgonen efter
2. Skriv eller rita svar till frågorna.

EJ utskrivet

1. Välj en stund på dagen när det passar för dig att sammanfatta din dag, kan vara på kvällen eller på morgonen efter
2. Ta ett blankt papper, lista 1-8
3. Skriv eller rita svar till frågorna.

1. Har du läckt idag? JA NEJ (om nej, hoppa direkt till fråga 8)

2. Hur mycket har du läckt?

6. Använde du något skydd under dagen? Vilket/vilka?

3. Var var du när du läckte?

7. Hur fungerade skyddet?

4. Hur fick det dig att känna dig i stunden?

8. Ringa in minst två ord som passar in på dagens upplevelser, oavsett om du läckt eller inte.
Addera gärna egna ord om du inte hittar något som passar.

5. Vad tror du hade kunnat förbättrat upplevelsen?

ANDRA DAGEN

Besvara följande frågor så gott du kan. Lägg gärna till extra reflektioner över din dag om det dyker upp något när du fyller i denna.

HUR GÖR JAG?

Utskrivet

1. Välj en stund på dagen när det passar för dig att sammanfatta din dag, kan vara på kvällen eller på morgonen efter
2. Skriv eller rita svar till frågorna.

EJ utskrivet

1. Välj en stund på dagen när det passar för dig att sammanfatta din dag, kan vara på kvällen eller på morgonen efter
2. Ta ett blankt papper, lista 1-8
3. Skriv eller rita svar till frågorna.

1. Har du läckt idag? JA NEJ (om nej, hoppa direkt till fråga 8)

2. Hur mycket har du läckt?

6. Använde du något skydd under dagen? Vilket/vilka?

3. Var var du när du läckte?

7. Hur fungerade skyddet?

4. Hur fick det dig att känna dig i stunden?

8. Ringa in minst två ord som passar in på dagens upplevelser, oavsett om du läckt eller inte.
Addera gärna egna ord om du inte hittar något som passar.

5. Vad tror du hade kunnat förbättrat upplevelsen?

TREDJE DAGEN

Besvara följande frågor så gott du kan. Lägg gärna till extra reflektioner över din dag om det dyker upp något när du fyller i denna.

HUR GÖR JAG?

Utskrivet

1. Välj en stund på dagen när det passar för dig att sammanfatta din dag, kan vara på kvällen eller på morgonen efter
2. Skriv eller rita svar till frågorna.

Ej utskrivet

1. Välj en stund på dagen när det passar för dig att sammanfatta din dag, kan vara på kvällen eller på morgonen efter
2. Ta ett blankt papper, lista 1-8
3. Skriv eller rita svar till frågorna.

1. Har du läckt idag? JA NEJ (om nej, hoppa direkt till fråga 8)

2. Hur mycket har du läckt?

6. Använde du något skydd under dagen? Vilket/vilka?

3. Var var du när du läckte?

7. Hur fungerade skyddet?

4. Hur fick det dig att känna dig i stunden?

8. Ringa in minst två ord som passar in på dagens upplevelser, oavsett om du läckt eller inte.
Addera gärna egna ord om du inte hittar något som passar.

5. Vad tror du hade kunnat förbättrat upplevelsen?

ÖVNINGAR inför INTERVJU

Det du fått utskickat är ett dokument som innehåller fyra övningar som vi önskar att du gör inför intervjun du ska delta i _____ på Essitys kontor i Mölndal.

Syftet med detta är att värma upp tanken inför intervjun genom att reflektera kring livet med urinläckage. Bland annat kring upplevelser i vardagen och med de skydd du använder. Varje uppgift är tänkt att ta **ca 10 minuter**. Eftersom det ska vara en hjälp för dig att få igång tankarna så är det lugnt om du inte hinner med alla. Känner du inte för att göra en viss uppgift är det bara att hoppa över den.

Om du har möjlighet att skriva ut dokumentet kan du fylla i dina svar direkt på. Annars **finns på instruktioner om hur du löser övningen på eget papper för varje övning**. Du behöver ett papper per uppgift.

Tack så mycket för att du hjälper oss!
Ta med dina dagbokssvar till intervjun.

Hälsningar,
Anna och Johanna



OBS!
om något är oklart,
tveka inte att höra
av dig till oss

Kontaktperson: Johanna Rempling
Mail: johanna.rempling@essity.com
Telefon: 073 918 66 63

1. ETT DYGN

Här nedan är en tidslinje över ett dygn. Skriv eller rita de händelser som sker under ett vanligt dygn i ditt liv, kopplat till urinläckaget. Fokus är på när, var och hur du använder produkter. Det kan vara allt ifrån en tanke du brukar få till ren hantering av ditt skydd.



HUR SKA JAG GÖRA?

Utskrivet

1. Skriv eller rita det som händer under din dag.
2. Vid varje aktivitet/händelse, beskriv hur det får dig att känna, ex. med ord eller smileys.
3. Addera tankar och knyt ihop händelser mha pilar.

EJ utskrivet

1. Ta ett blankt papper, rita ett streck som det nedan.
2. Skriv eller rita vad som händer under din dag.
3. Vid varje aktivitet/händelse, beskriv hur det får dig att känna, ex. med ord eller smileys.
4. Addera tankar eller knyt ihop händelser mha pilar.

2. ETT MINNE

Under de år, månader eller dagar du haft urinläckage, kan du dela med dig av ett eller flera av dina starkare minnen, som sticker ut lite extra? Det kan vara en specifik stund eller en period i livet, något du ibland minns tillbaka på eller något du helst vill glömma. Skriv gärna ner det minne du kommer att tänka på, bra som dåligt.

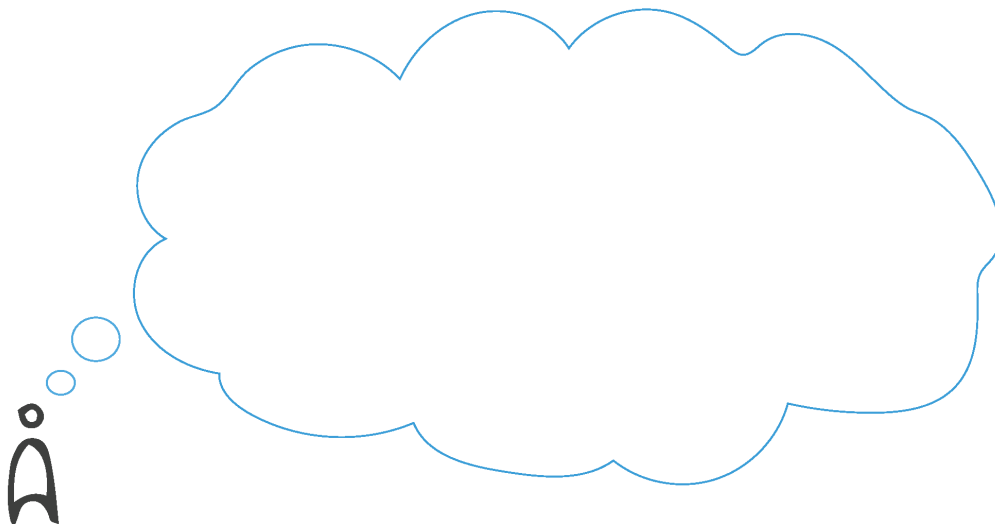
HUR SKA JAG GÖRA?

Utskrivet

1. Skriv eller rita för att förklara din upplevelse.
2. Addera gärna bilder om det hjälper dig att beskriva, det går tex att klippa ut bilder ur tidningar.

EJ utskrivet

1. Ta ett papper, skriv "ett minne" som rubrik.
2. Skriv eller rita för att förklara v din upplevelse.
3. Addera gärna bilder om det hjälper dig att beskriva, det går tex att klippa ut bilder ur tidningar.



3. ETT BREV

Vad skulle du säga till ditt trosskydd/binda om det var en person? I den här uppgiften ska du få göra detta genom att välja ett trosskydd du använder och skriva ett brev till det som om det vore en person. Du kan välja på att skriva ett kärleksbrev eller ett mer upprört brev där du helt enkelt gör slut med produkten. Skriv precis vad du vill, det finns inga rätt eller fel utan låt känslorna bestämma. Släpp ut allt du har!

HUR SKA JAG GÖRA?

Utskrivet

1.

EJ utskrivet

1. Ta ett papper, skriv "ett brev" som rubrik.
- 2.

4. FOTODAGS!

Här är vi nyfikna på hur du brukar förvara eller hantera dina produkter. Här får du plocka fram kameran och helt enkelt ta en bild som besvarar frågorna nedan. Om du tycker det är krångligt med kamera, svara gärna på frågorna genom att istället skriva eller rita svaret.

HUR SKA JAG GÖRA?

Utskrivet

1. Ta en eller flera bilder som du tycker besvarar varje fråga. Alt. skriv eller rita svaren på detta papper.
2. Maila in bilderna till oss eller visa oss bilderna i kameran under intervjun.

EJ utskrivet

1. Ta en eller flera bilder som du tycker besvarar varje fråga. Alt. skriv eller rita svaren på ett papper med rubriken "Fotodags!".
2. Maila in bilderna till oss eller visa oss bilderna i kameran under intervjun.

1. Var och hur förvarar du dina produkter hemma?

2. Hur transporterar du dina produkter? ex. i väska

3. Var slänger du dina produkter?

Appendix D - Questionnaire for user study 1

Hantering

Välj vilken produkt från hyllan.

- Vad tänker du på när du väljer i butik?
- Vad tänker du om dessa varianterna?

Öppna ett paket (Tena)

- Be testperson öppna pakert för den produkt som är mest lik den de använder
- Hur öppnar du?
 - Vad tycker du är bra/ mindre bra?

(Wrappen)

- Visa olika wraps.
- Vad föredrar du?

Öppna en binda och placera den i en troska (sitt/stå såsom du brukar)

Visa på sig själv.

- Hur brukar du tänka när du sätter i den?
- Vad hjälper dig att veta hur du ska placera den?
- Händer det att du flyttar på den?
- Är det något som är extra lätt/ svårt?

Val av binda från board

- Presentera produkter - allt från Liners till lite större skydd.
- Vi vill ha din åsikt till vad du tycker visuellt samt taktilt om olika produkter.

Enbart syn:

- Välj ut den i varje produkt grupp som tilltalar dig mest. Samt om det är någon du inte skulle vilja använda. Varför?

Kolla & känn

Blöt binda

Sitt vid bordet och känn på binda

- Kan du beskriva hur det känns att ha full binda på sig?
- När byter du?
- Hur tar du ut den ur trosan?
- Var gör du av den?
- Hur ofta byter du?
- Var är du oftast då?

Övningar

- Mappa upplevelser/ händelser med glad/ledsen gubbe

- Den som har tagit notes leder

- Frågeskalor

- Påståenden med saker som vi har läst oss till. Kan du kryssa i hur mycket du håller med eller inte?

Intro

- Presentations varv
 - Ålder, kommer från, pluggar på Chalmers
 - Fråga - vem är du?
 - Presentera vad som sker under dagen
 - 1,5 h inbokad, vi kommer ta rast efter halva ungefär. Säg till om du vill ta en rast innan.
 - Informera om datahantering
 - För din säkerhet kommer vi att berätta hur dina personuppgifter hanteras.
 - gå igenom det rosa
 - Signera consent form
 - Informera om inspelning
- ### Starta inspelning

Startfrågor

- Vad gör du om dagarna?
- Ålder
- Hur bor du?
- Fritiden
- Hur skulle någon som står dig nära beskriva dig?

Inkontinens

- Hur länge har du levt med inkontinens?
- Har du fått någon typ av medicinsk hjälp?
- Hur länge har du använt skydd?
- Vilket skydd använder du? Har du använt andra skydd?
- Vad motiverar dig i livet?

Produkt

Hur förvarar du den?

- Hemma?
- Transport? ex. väskan
- Jobbet?

Vad fungerar bra/mindre bra med dagens hjälpmedel? (lappar med Pos och negativa saker)

Uppfyller den det som du förväntar dig av den? Om inte, vad saknar du?

Hur önskar du att hjälpmedel fungerade? Vad tycker du borde förändras med dem? (allt ifrån funktion till utseende osv).

Från dagbok

Be dem välja en av de tre mer reflekterande övningarna att prata kring.

- Berätta om övningen, vad har du skrivit/ritat?
- Vad är det som du tycker är det viktigaste du formulerat i den här övningen?



Livet

Prata med andra

- Pratar du med andra om detta? Vad pratar ni om då?
- Har du fått någon hjälp eller stöttning? Av vem?
 - EXVänner, förening, medicinskt...

Hur påverkar inkonsinens dig

- I vilka situationer påverkar det dig?
- Ex hemma, med vänner, sexliv, arbete,
 - Varför.....

Hur påverkar ditt urinläckage dig?

Har det förändrat din bild av dig själv på något sätt?

Hur ofta tänker du på ditt urinläckage?

Förändring över tid

Hur har upplevelsen förändrats över tid?

Drömmar och framtid

Kan du komma på något du önskar skulle vara annorlunda (utöver att du helt inte skulle vilja läcka alls).

Kan du beskriva hur du skulle vilja att ditt skydd var i framtiden?

- Funktion
- Form
- Känsla
- Helt ny produkt?

Vad drivs du av i livet? Vad motiverar dig?

Appendix E – List of mediating artefacts

Following mediating artefacts were presented to the respondent to react on:

- Packages and products for TENA ultra mini, TENA mini and TENA extra
- Packages of three different sizes from the three brands: TENA, ICA and Always
- Wraps from different products and brands
- Pads in four sizes from the different brands: TENA, Always, Poise, Attends, iD and indasec
- Briefs of different sizes
- Adjectives describing what could be important for the experience

Appendix F – Quotes and explanations to emotional analysis

Emotions in the UNPLEASANT - LOW CONTROL quadrant of GEW

Worry/Fear (9/9)

Worry and fear of sudden leakage affects many of those with incontinence. Worry is often felt over time while fear might be connected mainly to episodes where you realize it is a great risk you will leak and won't be able to do anything to prevent it. These emotions gets increasingly stronger as soon as you leave your "safe zones", your home or maybe the home of some of your close relatives. Worry is also present when one suddenly do not have access to a toilet, or protection. And the worry that people will know about the issue is a part of many women's lives.

Behaviours worry and fear lead to are mainly to make plans and preparations. Knowing where all the toilets in town are situated, or always checking that you have at least one new sanitary pad in your bag, at work and at home at all times. It makes people change their way, some for example by not having that extra cup of coffee whilst for others the daily life changes, isolating them from activities they like doing.

"Sprider risken och lägger dem på i flera väskor när jag ska ut och resa"

- oro kring att bli utan skydd

"Tror läckaget kan bero på att jag är nervös" - oro kan trigga läckage

"Måste alltid ha skydden hemma och alltid

gå på toaletten innan en konsert" - planering och förberedelser

"Man kände att det var tryggt att ha ett skydd. Skönt om man

inte hinner på toa. Inget roligt att läcka sådär" - vill inte behöva oroa sig

"Rent instinktivt tänker man på vad andra ska tycka" - oro kring vad andra tycker

"Dagens trosor sitter intill kroppen så skulle inte vara

orolig att den ska synas eller höras" - om oro i relation till andra

"Jag dricker aldrig vin eller något sånt längre, då är man rädd att jag

kanske inte känner när man behöver gå på toa" - om att oron påverkar livet

“Vet var alla toaletter i Göteborg finns. Finns buskar där man får panikstanna ibland med bilen också. Då tänker jag såhär, jag har ju kort om att jag är sjuk så om polisen kommer så får jag väl visa det när jag kissar på offentlig plats” - om ...

“Mycket sitter ju i huvudet. Hjälper att ha med sig en trosa så känner man sig säker” - om att skapa säkerhet

Embarrassment/Shame (~7/9)

Embarrassment and shame are emotional reactions that appear in situations when the incontinence for some reason is difficult to hide. Some of the worst experiences described are usually about leaking through clothes in public, but also not being able to hide the fact that you have issues in public create feelings of embarrassment. One's integrity and the relation to others are strongly connected to being embarrassed or feeling shame. When being alone with the issue, other emotions might be more important, as annoyance, despair, disgust and the feeling of it being “tiresome” since it interfere with what you want to do or are doing.

Behaviors connected to these emotions is to hide the products. People conceal them in their homes, in their bag and when they throw them, they do not want it to show that it is a incontinence product.

“Tänk om det hänt någon annanstans!

Det är ju väldigt pinsamt... att kissa ner sig” - om upplevelsen

“Hade inte berättat för mina väninnor om att jag läckte sådana mängder. De hade tyckt att jag var jätteäcklig!” - om att prata med andra

“Hundbajspåsar är väldigt bra! Man kan slänga dem var som, folk tror att det är hundbajs när man kastar det i papperskorgen ute” - om att dölja det

“Man tänker ju herregud det här kommer synas under mina kläder men det gör dem ju faktiskt inte” - om vikten av att det inte syns eller känns som att det synd

“Om man är iväg någon dag då tar jag alltid med mig extra byxor och trosor, till exempel så tänker jag att det måste vara samma färg på byxorna så det inte syns att jag bytt och någon frågar varför jag har bytt kläder” - om att det kan märkas

“Övade innan på att säga att jag skulle hämta ut det till min mormor”
- när hon skulle hämta kartong med skydd första gången

“Man vill ju vara vanlig, det är ju inte normalt. Säkert är det ju jättevänligt

fast man pratar inte om det” - om varför det känns förnedrande att prata om det

“En gång var jag på Frölunda torg, jättelång kö till toan med massa barn. Jag frågade om jag kunde få gå före för att jag höll på att kissa på mig. Ingen svarade, tillslut fick jag säga att jag håller på att kissa på mig så snälla kan ni hjälpa mig. Hade inte någon släppt mig före då så hade jag ju kissat ner mig.

Hur kul är det att stå där och berätta om detta. Känner sig ju som en apa på zoo.” - om andras oförstående

“Kändes pinigt, visste inte vad jag skulle fråga” - om att be om hjälp och börja med inko skydd

“Folk ville absolut promenera till hotellet, sätta sig på puben spontant på vägen var inte kul då jag vid den tiden alltid läckte när jag gick, mycket skamkänslor och jobbigt” - om situationer där gruppträck kan påverka?

Despair and Guilt (~6/9)

The emotion of despair and guilt does not come from the same family of emotions but in this case it seems as if they are connected quite close. Both emotions have aspects of you feeling that the problem is somewhat your own fault, like the recurring example of you feel you are not doing enough pelvic floor exercises.

These emotions work opposite each other when it comes to behaviours. While the despair might motivate giving up on exercising the pelvic floor, guilt on the other hand can push you to keep on trying. What this seems to be doing for some people though is creating a complex relation on how to help one self. Getting help or not might be connected to the amount of guilt and despair a person is feeling.

“Jag kissade på mig allt jag hade, jag kunde inte göra någonting, jag tömde alltihopa. Och jag vet hur jag kände det, INTE bra.... Jag var inte stolt över det” - om skuld

“Man ska ju inte använda så mycket plast nu vet man ju...” - om skuld

“Tränade väl inte bäckenbotten tillräckligt, men märkte heller aldrig någon skillnad perioder när jag väl gjorde det...” - om skuld och uppgivenhet

“Har tänkt innan att det är för att jag är tråkig.. ” - om att det är ens fel

“Att det var dumt att man inte gick och fick hjälp tidigare. Trodde att jag bara skulle kunna träna bort det” - om att skylla på sig själv

Just despair is also interesting. Several persons describes the feeling that it might never get better and that you might accept this or keep on “fighting it”. People express that, during a bad day, one can wish it would go away or that it never should have happened to them. These emotions seems to occur episodically (?).

“Man ser det inte direkt som ett uppköp” - om uppgivenhet

“Ibland önskar man såklart att man bara slapp” - om uppgivenhet

“Om jag inte pratar om det så finns det inte såklart” - om att förtränga

Pity/(Compassion) (~4/9)

These emotions are mainly expressed when talking about the issue from the perspective as an observer. As if you sees a person wearing protection that shows, many express that they would feel sorry for that person. This might be a externalisation of emotions one feels towards oneself as well.

The behaviour this seems to lead to is that you do not want to share your own experiences and it creates worry around if it shows that you wear protection. It could be a feeling creating shame and guilt.

“Kan tänka att jag själv inte skulle tycka det var så trevlig att höra om att någon läckt så mycket, hade tänkt oh vad synd om henne!” - om att känna medlidande

“Tycker inte man ska belasta den enskilda kvinnan för att hon vill skaffa barn” - om att känna medkänsla

“Kan tänka mig att det finns folk som är väldigt ängsliga och oroliga kring sin inkontinens” - om att känna medlidande

“Tycker synd om dem, att de måste gå med blöjor” - om att känna medlidande när man ser någon gå med ett stort skydd

Emotions in the UNPLEASANT - HIGH CONTROL quadrant of GEW

Irritation/Anger (~6/9)

These emotions usually appears when realising something happened against your will and mind, as if leaking uncontrollable all of a sudden. The emotion is pointed towards one self and usually about not having done enough preparations of safety precautions before an activity.

There are also some irritation connected to the image of the issue. That this is just something women should live with is expressed as an unfair way of tackling the issue. Several of the respondents can get irritated on the commercials, the packaging and want it to be more inclusive.

“Blev förbannad på mig själv för att man inte gått på toa tidigare” - arg på sig själv

“Blev förbannad på mig själv för att jag kissade på mig.

Att kroppen inte lyder mig” - arg på sin kropp

“Orättvist, att man ska behöva gå med sådana här problem.

Så är det att vara kvinna och så får man sådana här problem” - om tabut

“I vissa länder placerar dem mäns skydd på samma hyllor som barnblöjor,

det är så förödmjukande!” - om hur det hanteras

“Irritation ibland, besvärligt och jobbigt, att man inte kunde göra vad man vill. Men också på sig själv, att man inte kunde knipa bättre, att man inte övade knipmusklerna mer. Och att det inte hjälpte när man gjorde det” - om känslor kring läckaget

Disgust (~7/9)

Mostly, these emotions becomes present after you sense that you have had a leakage or when you think the protections creates a feeling of confinement. Can be combined with shame and the fear of smelling or that someone will see that you have had an accident. The feeling is generated both towards yourself and the public. When you are alone, this feeling tend to be more present that shame and vice

versa though. Det finns också en stark aspekt kopplad till produkten i sig här, det är viktigt att känna sig ren och hygienisk för att undvika dessa känslor.

“Tycker de att jag är jätteäcklig” - om vad andra ska tycka

“Byter skydd så fort jag kan efter läckage” - om hygien

“Om jag ska vara lite fin är det viktigt att byta skydd” - om hygien

“Kan ha något att tvätta av sig med också, även om den inte luktar så känns det ju inte fräscht” - om lösning på att minska känslan av äckel

“Oj den här luktar mammas kissblöja. Tycker att odör kontrollen inte fungerar. Den ska väl klara lite mer, ska inte behöva byta efter varje droppe jag har” - om lukt

“Det är inga små bindor liksom, mycket mer vätska än mens. Det var lite äckligt när de var fulla med kiss, luktade, tog mycket plats. Man vill liksom inte gå med dem, man vill bli av med dem så fort som möjligt” - om hygien

“Vid en olycka på en dans när jag läckte kände jag äckel, avsky, skam... Beror på vem och vart, är man ensam i skogen är det mest att det bli äckligt, blött, kallt” - om beroendet till andra och känslor som skapas

“Smart att de har servetter med (extra) eftersom alla toaletter inte har handfat inne i rummet” - om hygien och att kunna tvätta sig oavsett vart man är

Emotions in the PLEASANT - LOW CONTROL quadrant of GEW

Feeling disburdened/Relief (~4/9)

These emotions are quite rarely expressed among the respondents, but it is present in some of the stories they tell. A feeling of relief can appear in situations where they accept that they are not and can not be in control. but they can still try to make something better out of the situation. It can be

about trying to make the issue less prominent or in a moment when they realise they found some life hack, some way of solving a problem connected to the incontinence.

“Var på en fest, ville inte gå men så kom jag på att jag kan ha klänning.

Tänkte att skönt, då kommer det inte synas” - om att hitta lösningar som underlättar

“Det handlar om att man gör något fint av det istället

för att det är så skamfyllt” - om att hitta strategier för att lätta på det

“Väldigt skönt när man inte läckte längre. wow såhär kan det vara! Att man inte behövde tänka på att vara försiktig vid ansträngning, ha med extra skydd, inte behöva tänka på att man skulle behöva ha någonstans att byta. Att man kände att kroppen fungerade bättre, slapp skamkänslor” - om känslan efter operation

“Men känslan av att bara släppa så, det var så himla skönt *skratt*”

- om att läcka plötsligt och mycket och tillåta det hända

Emotions in the PLEASANT - HIGH CONTROL quadrant of GEW

(Involvement) (~2/9)

This emotion is not expressed almost at all. But a few people describes what happens when you are not involved in what type of product you get (medical help).

There is also the interesting fact that during the interviews, we have registered people becoming more open and more engaged in the question in some sense. It seems as a relief when people get to talk about it which may imply that involvement can have positive effects on the experience. (?)

“Nu är den restad och då får man en ersättningsprodukt, det var ju bra att jag fick den men det gick inte att säga “då tar jag nästa storlek”, det måste vara beställt utav vården” - om krångel med att bara få något skydd lite vilket som

“Jag har själv alltid bestämt vilken storlek jag vill ha, det är

mitt val vilket jag tycker är bra.” - om att ha ett val

UX of USING INCONTINENCE PADS

Based on Plutchik's wheel of emotion.

Anticipation (~ /9)

People express that anticipation might be part of the experience when they talk about how the pack and the product does not correspond to each other in looks. It can be about purely aesthetic features for some but also that it is thinner than it looks, connecting to discretion. When choosing product, anticipation is present.

“Tycker inte förpackningen är representativ för produkten” - om

Surprise - disapproval/awe (~ /9)

Surprise is close to both disapproval and awe. Here a lot of the comments is about sudden feelings of disapproval, the products can get stuck on your skin/body hair making it hurt or sudden changes in product assortment creating confusion. Connected to this emotion is the aspect of feeling that you understand and accomplish something, if it is removing the release paper or just how you experience the handling of the product.

“Fastnar i håret, inte mysigt...” - om att plötsligt uppleva obehag

Trust (~ /9)

Accepting and trusting the product is another emotional reaction to the product. Here, bodily sensations of the product is one aspect mainly focusing on it not suddenly changing place in the pants or that some features might make it look more safe. It is also present when choosing products, a thicker product might enhance feeling safe and secure.

“Viktigt att ha bra trosor som sluter om, måste ligga fast mot
kroppen. Ska inte kännas som det halkar hit och dit” - om att lita på den

Disgust (~ /9)

Disgust appears connected to bodily sensations, it can be that the product makes you feel inclosed, wet or smelly.

“Får inte kännas instängt och plastigt” - om känslan av produkten

Annoyance (~ /9)

Mostly expressed when talking about how the product should/could be used. There is a feeling that you should not fool the customer that there is a forward and backward, if it does not matter. Annoyance is mainly directed towards how the pack or product try to express feelings like femininity, or being sick etc.

“Man försöker med ett tryck visa något bara med ett tryck” - irritation om att försöka lura användaren

Appendix G – Full customer journey

Get incontinence

Doing:

- Taking time to understand problem
- Using products for menstruation
- Problems starts urgently - need protection quick

Thinking/Saying:

"I don't remember when it started"
"It started after an accident"

Problems:

Knowledge gaps:
Knowledge about incontinence and what to do about it.

Emotions:

Shame
Anger

Decide to do something

Doing:

- Plan to visit doctor
- Try to find solution on your own

Thinking:

"Going from menstruation protection to incontinence products was hard. It was thought to realise that you needed that"

Problems:

Knowledge gaps:
• Where to find information
• Lack of knowledge about which help you can get from healthcare

Emotions:

Mentally challenging to go from mensuration products to incontinence products.

Start to make actions

Research what to do & choose protection

Doing:

- Search on the internet:
- Which products to use
 - Which training can prevent it
 - Medical help

Talk with friend/relative

- Get product recommended

Thinking/Saying:

"My daughter have informed me about the different protection there is"

Problems:

Knowledge gap:
• Where to find information?
• Which information to trust?
• No one to talk/relate to

Emotions:

Visiting the doctor/ gynaecologist

Doing:

- Bladder tests
- Doctor prescribes product
- Choosing which product to use by looking/trying at home.
- Doctor recommend surgery

Thinking:

Problems:

Emotions:

Shame of sharing the problem with others
Happy to get help, disburdened (mostly because of money)
Positive feeling when being involved in choosing product
Distrust/disappointment towards health care

Choose and buy protection

Choose & buy in store

Doing:

- Straight re-buy:
 - Buy the same product as always
- Modified re-buy:
 - Look at new alternatives try something new.
- New task buying:
 - First time buying this type of product - Trial & error. Evaluate after use.

Thinking/Saying:

" Not too thick and not to thin, you guess a little. You cannot stand in the store and read it. Why not? Cause I don't read so well, not easy to see when you stand there between the shelf. "

Problems:

- Hard to know which product to choose. (absorption, size, quality)
- Not always "my product" available in store.
- Don't want to spend time reading and looking at products in store.
- Don't want others to see what I buy.

Emotions:

Feelings of embarrassment/do not what it to show that it is an incontinence product
An anticipation that the product will be a support is created
Confusing/feeling of uncertainty which product is the right one

Choose & buy online

Doing:

- Buying from TENA web page

Thinking/saying:

Problems:

Emotions:

- Relief to get help

Call to order from prescription

Doing:

- Call "skövde depån" to order product

Thinking/saying:

"Stupid that they changed the name cause then the health care didn't know which product that was the same as my old one"

Problems:

- When product changes name it's hard to know which product is "my product"
- Not always "my product" is available. Have to try something else.
- Can only get the same size as prescribed by doctor.

Emotions:

Relief to get help

Get products to home

Product home delivery

Doing:

- Anonymus package delivered to door.
- Anonymus package delivered to post office.

Thinking/Saying:

" I remember first time I was going to pick it up, I practiced before picking it up how to say that it was for my grandmother"

"It's anonymous and they place it outside the door, you cannot see what it is in it, but I don't care."

Problems:

Emotions:

Transport products from store to home

Storage

Store products at home

Doing:

- Cabinet (Bedroom)
- In original package
- In own box/container

Bathroom

- Bathroom cabinet
- In package
- Separated from package (lose)
- In own box/package
- In toilet bag

Why?

- Practical to store where change takes place
- Making it beautiful
- Protect from dirt or water
- Don't want others to see

Problems:

- Package indiscreet
- Package ugly
- Package don't fit my storage

Emotions:

Thinking/saying:

"I store it in the drawer above my underwear"

"I think it's very practical to have it hanging close so I can sit on the toilet in the morning. Don't need to stand up to get it in a locker or similar"



Storage

Store products away

Doing:

- Bag/hand-bag
- In separate pocket
- In toilet bag/ cover /Plastic bag

Bring: Wet wipes, underwear, plastic trash bag

At work
Locker at work

Pocket
Folded in the pocket (if no wrap)
As it is in pocket

Why?

- Want to protect products from dirt/ damage
- Easy to find in bag
- Hide it for others
- Want to look nice for others
- Want to make the problem to something nice for self

Problems:

- No plastic wrap around product

Emotions:

-

Thinking/saying:

"I want a cover to protect them, don't want them to get dirty, wrinkly or that the glue gets dis-posed"

"I have a make-up bag dedicated to inco-pads in my daybag"



Use product

Wear product home

Doing:

- Day/ Night use
- Not changing as often

Why?

Wear product away

Doing:

- Choose clothes that doesn't show product
- Avoid social activities
- Wash often
- Pee more often than necessary
- Avoid drinking before/during activity

Why?

- Afraid of smell
- Afraid that someone will notice I have incontinence
- Afraid of leakage outside protection
- Afraid that someone will think it's disguising
-

Problems:

Emotions:

If sensations of the protection getting wet, a feeling of **disgust** might appear leading to the need to change it

Embarrassing if the protection shows

Worry that it will show

Sadness/dispair when choosing not to do the things you want to do

Thinking/saying:

"The woman's body changes with age and then it's easier to get un fresh in the crotch and want to wash more often"

Taking on/ off product

Taking off old pad home/away

Doing:

Put on new product home/away

Doing:

- Choose suitable protection for the day
- Plan the activities for the day
- Take off the wrap or tape
- Use wrap to dispose old pad
- Put pad in underwear
- Press hand against pad to ensure glue is fastened
- Adjust pad if not in right place
- Putting protection upside down

Problems:

- Hard to take off tape
- Use bigger/smaller protection than needed
- Unclear what is front and back
- Don't understand that tape and release paper is glued together (Extra)

Thinking/saying:

Sometimes I have to move the product, and then I feel it when I have taken my pants up

Sometimes I have experienced that the tape is very hard to take off - about the release tape

Emotions:

Want the handling to be easy. If it gets sloppy it might create feelings of **disgust**

Dispose pad

Dispose pad away

Doing:

- Sanitary bag
- Normal trash bin
- Take product with me
- Wrap product in to something
- Paper/plastic wrap or both
- Role up product before disposal(glue on outside)
- Put product in something and throw away later. (paper/ dog waste bag/ similar)

Why?

- Don't want others to know about the problem (hide product in trash bin or take product with me)
- Don't want to disturb other with the problem

Problems:

Emotions:

Do not want others to see it in the garbage, that is embarrassing

It happens that you take paper and wrap around it an put the product in the pocket. (when away from home)

Dispose pad at home

Doing:

- Wrap product in to something
- Paper/plastic wrap or both
- Role up product before disposal(glue on outside)
- Put product in something and throw away later. (paper/ dog waste bag/ similar)

Why?

- Protect urin from leaking out
- Cover product for self/others
- Prevent glue from sticking on things
- Protect from smell

Problems:



Thinking/saying:

I think it feels good to wrap it in the plastic when you dispose it because then you know that it doesn't leak. I try to do it at least, because I throw it in normal waste bag.



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