
# Regional Insights for **Design of Adolescent-focused Reproductive Health Initiatives**

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# How We Approached The Research

**THE ADOLESCENTS 360 CONSORTIUM AND ITS LOCAL PARTNERS CONDUCTED FORMATIVE RESEARCH TO:**

**(1)** gain in-depth understanding of adolescents' needs, barriers, and motivations to use contraception; **(2)** develop key insights into their lives, hopes, and desires; and **(3)** identify their key influencers.

**THE RESEARCH COMBINED TWO METHODOLOGIES — YOUTH ENGAGEMENT AND DESIGN RESEARCH**

Youth engagement acknowledges that youth are important partners in research that affects young people. Design research puts an intervention's potential audiences at the center of the design process. The research tends to be qualitative and is set up to generate meaningful insights as the first step in developing a solution.

PSI led the research in collaboration with the Center on the Developing Adolescent at University of California Berkeley, IDEO.org, and youth partners from the communities where data were collected. Youth were engaged at all points in the research to ensure that the design was relevant and feasible and findings were appropriately interpreted and shared. Involving youth in data collection also aimed to establish empathy with research participants and elicit more expressive responses.

## TANZANIA

In Tanzania, qualitative interviews were done with youth and providers prior to the launch of the A360 project, as part of a separate youth reproductive health project supported by PSI's Maverick Collective. The interviews were not considered research with human subjects; however, the insights generated were compared to those collected by A360 in Ethiopia and Nigeria.

## ETHIOPIA AND NIGERIA

The A360 consortium established a formal protocol for the research in Ethiopia and Nigeria, which was conducted in August - October 2016.

## RESEARCH TEAM AND TRAINING

At each of the study sites, the research team consisted of youth partners, PSI program and research staff, and IDEO.org staff trained in design research. Male and female youth partners were selected based on their age (18-24), educational attainment, facilitation skills, participation in community youth activities, and command of local languages and English.

Prior to data collection in each country, a 5-day bootcamp was conducted in collaboration with partners at the Ministry of Health to orient the research teams. The curriculum covered concepts in sociocultural anthropology and human-centered design; research ethics, procedures, and logistics; translating data into insights and action; and how to establish a youth-positive research culture.

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## STUDY PARTICIPANTS

At each of the field sites, the research team recruited adolescent girls, ages 15-19, as the primary study population. In addition to adolescent girls, the research engaged key influencers in girls' lives, such as male partners, parents, in-laws of married adolescents, and community members such as teachers, health care providers, community health workers, pharmacy workers, religious leaders, NGO staff, and local government officials.

## RESEARCH QUESTIONS

- How do adolescents perceive adult expectations and norms related to sex, relationships and contraception? How do those perceptions influence adolescents' decision-making processes?
- How do parents view the role of adolescents in a rapidly changing society? How do parents communicate with their children about sexual activity, marriage, and contraception?
- How do partners of adolescent girls view decision-making responsibilities for using contraception in sexual relationships?
- What types of SRH services and information do providers offer to adolescents? What are providers' values or concerns in serving adolescents?
- How is sexual activity by adolescent girls viewed in the community? Who in the community shapes expectations about adolescents' sexual behavior and contraceptive use?
- What are the barriers that young people face to accessing contraception at the community level? (e.g. religious views, social norms, community values, access to support and services)

## DATA COLLECTION ACTIVITIES

**RESEARCH TEAMS SPENT TWO WEEKS COLLECTING DATA USING THE FOLLOWING METHODS:**

### INDIVIDUAL AND GROUP INTERVIEWS WITH ADOLESCENTS

Adolescent girls and boys participated in private, in-depth interviews with a researcher of the same sex. Youth and adult researchers conducted an equal number of interviews. Single-sex group interviews were also conducted and were jointly facilitated by a youth and adult researcher team.

### GROUP INTERVIEWS WITH PARENTS AND IN-LAWS

A same-sex adult interviewer facilitated group interviews with parents and in-laws, with a youth researcher as the secondary interviewer.

### INDIVIDUAL INTERVIEWS WITH MALE PARTNERS

An adult male member of the research team led a small number of individual in-depth interviews of men in sexual relationships with adolescent girls (including boyfriends, husbands, casual partners, and transactional partners).

### GROUP INTERVIEWS WITH COMMUNITY INFLUENCERS

Key community influencers were identified by Health Extension Workers (HEWs), youth researchers, girl research participants, and from the interview responses of adults and adolescents. Community influencers were invited to a group interview co-facilitated by adult and youth researchers.

### GROUP INTERVIEWS WITH SERVICE PROVIDERS

Youth researchers and girl research participants identified service providers, defined as anyone who provides SRH services or provides information and counseling about services – public and private sector clinical providers, extension agents, pharmacy staff, etc. Group interviews with service providers were co-facilitated by adult and youth researchers.

### OBSERVATION

The research team conducted observations at public locations where adolescent girls and boys congregate. The team observed how adolescents dress, how and with whom they interact, their use of cell phones and other technology, when they come to a location, and when they leave.

# RESEARCH ANALYSIS


After each day of data collection, research teams de-briefed on key learnings from that day with an emphasis on differentiating between interpretations and observations. When data collection was complete, all members of the team, including youth researchers, were invited to participate in a data interpretation workshop co-facilitated by an IDEO.org team member and a member of the A360 PSI team. During the workshops, teams used a grounded theory approach to identify common themes and patterns emerging from the data; they also looked for specific statements that served as outliers to those themes.

On the first day, teams identified salient themes that emerged in the daily debriefing sessions. The next day, facilitators hung up visual outputs from group interviews, and attendants walked around the room to review the outputs. During both sessions, facilitators wrote themes on sticky notes and posted them on a blackboard.

In the afternoon of the second day, all adult researchers were asked to leave the room, except for one trusted adult who stayed with the youth researchers while they reviewed the outputs again and identified any other themes to highlight. All participants re-convened for the closing session, where they layered on additional themes and sorted the final themes into a framework.

After the workshop, PSI/Ethiopia and PSI/Nigeria researchers continued analyzing themes against the local cultural context. At the same time, members of the IDEO.org team brought a copy of the data outputs back to San Francisco to further refine themes and identify additional variants. This level of synthesis will be used to develop options for prototypes in the ideation phase of A360.


In January 2017, members of the country research teams, the A360 core team, PSI research leadership, IDEO.org, and other key partners came together for a cross-country research synthesis workshop. At this workshop, participants looked for common themes that emerged from all formative research exercises in Ethiopia, Nigeria, and Tanzania. Themes and quotes were compared across countries for the purpose of identifying representative insights to the experience of adolescent girls and their access to contraception in sub-Saharan Africa.

# Questions for emerging synthesis…

- What insights resonate across the varying contexts of the three project countries?
- What insights confirm existing evidence about ASRH in sub-Saharan Africa?
- Do any emerging insights reflect deeper truths about adolescence?
- If any insights have broader or deeper resonance, could they lead to design opportunities that we should try across all three countries?
- What insights might be unique to the specific contexts of Ethiopia, Nigeria or Tanzania?
- Can we develop an organizing framework that makes sense of all of our insights?

# Social-Ecological Model of Adolescent Health: An emerging framework

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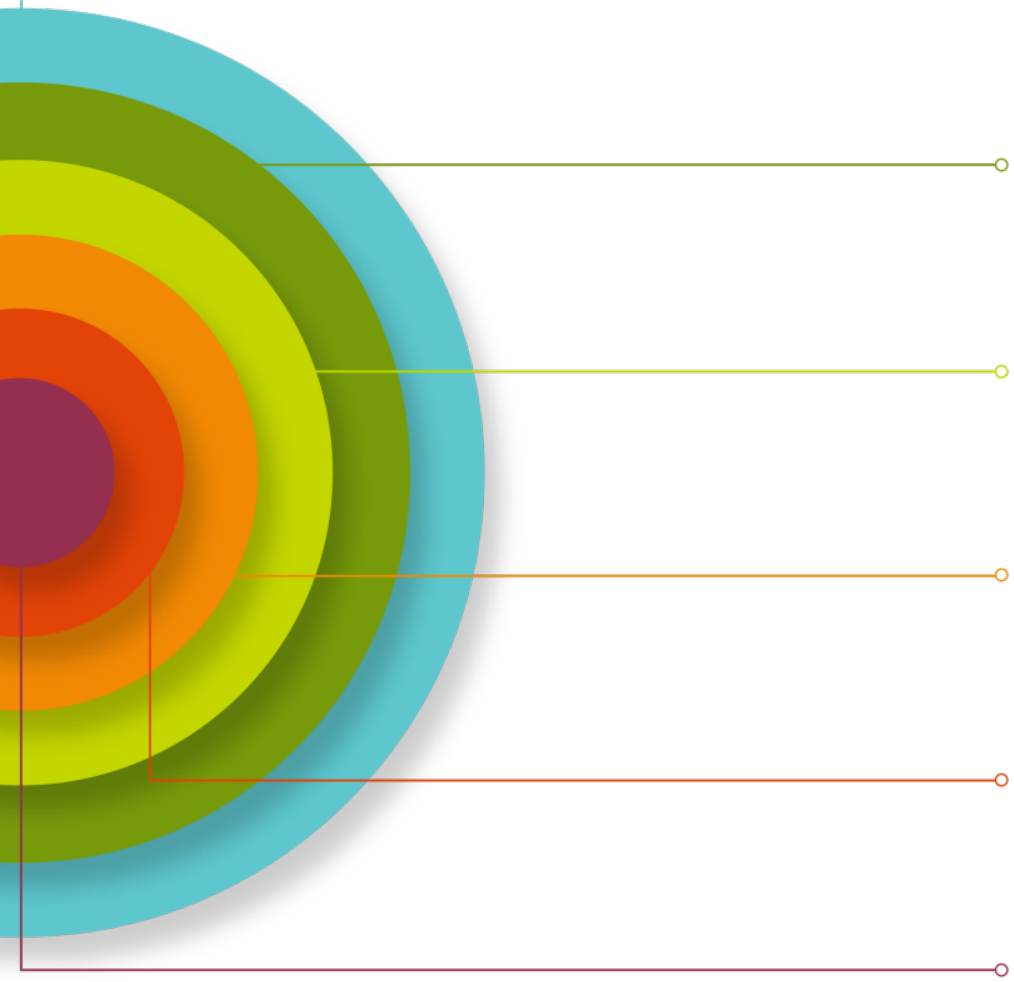

ECONOMIC CONTEXT

COMMUNITY

SERVICE DELIVERY POINTS

SCHOOL & PEERS

FAMILY: PARENTS & PARTNER

GIRL

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# ECONOMIC CONTEXT

## Threats & Barriers to Contraceptive Use

- Poverty and/or economic disparity leaves some girls without assets
- Lack of economic opportunities
- Transition to capitalism can weaken community and social infrastructure

## Opportunities/Encouragers of Contraceptive Use

- Child spacing increases prosperity of families
- Financial trends increase the value of smaller families

*"Poverty can make you do what you don't normally do."*

*— Boy, Surulere, Nigeria*

# COMMUNITY

## Threats & Barriers to Contraceptive Use

- "Adulthood" defined by marriage and childbearing
- Girls' social value highly linked to fertility
- Marriage equals a woman's security
- Pregnancy and birth prove fertility, secure marriage
- Social value of marriage greater than education
- Pervasive beliefs that contraception use causes infertility
- Perception that contraception is against religious beliefs
- Patriarchal societies often lead to externalized locus of control for girls
- Belief that contraception is for married people

## Opportunities/Encouragers of Contraceptive Use

- Community leaders want positive role models for girls
- An idealized trajectory for girls that delays marriage and childbearing until after completion of secondary (and sometimes tertiary) school
- Anxiety about the world changing, technology increasing girls' exposure to sexuality
- Belief that girls need information (disagree on what/when)
- Strong social value against pregnancy outside of marriage
- Recognition of the value of birth spacing in marriage

*"Life is worthless without children."*
*— Parent, Tigray, Ethiopia*

# SERVICE DELIVERY POINTS

## Threats & Barriers to Contraceptive Use

- Providers equate promoting contraception with being permissive of sexual behavior and promiscuity
- Girls fear stigma of being judged as "bad girls"
- Girls find providers to be unfriendly, judgmental
- Providers do not protect girls privacy or ensure confidentiality
- It is less risky, socially, for providers to intervene than to prevent

## Opportunities/Encouragers of Contraceptive Use

- Providers are willing to help girls who are in trouble
- Some positive deviants – providers who are willing to serve girls
- Providers recognize teen pregnancy as a serious health issue
- Availability of multiple forms of modern contraceptives
- Diversity of providers (multiple entry points)
- Providers see abortion as a problem

***"The use of contraception promotes sexual promiscuity among unmarried girls."***

*— Provider, Chikun, Nigeria*

## SCHOOL & PEERS

### Threats & Barriers to Contraceptive Use

- School leads to greater exposure and sexual opportunities but doesn't always lead to a secure economic future
- School can become an additional financial burden that girl may use sex to resource (sugar daddies)
- Negative peer norms around contraception

### Opportunities/Encouragers of Contraceptive Use

- Increased education can lead to more opportunities
- Increased educational attainment associated with delayed first birth
- School offers a context to explore peer relationships (including romantic)
- School offers an entry-point for SRH information
- Schooling offers girls opportunities to increase agency

> ***"What disturbs our minds is that many of these kids whom we send to school, many end up neither having a good marriage or a good education."***
>
> *— Parent, Oromia, Ethiopia*

# FAMILY: PARENTS & PARTNER

## Threats & Barriers to Contraceptive Use

- Spouses, parents and in-laws may apply pressure to have a baby quickly
- Normative developmental trajectory of marriage includes immediate childbearing
- Communication barriers between mothers and daughters regarding SRH

> ***"When girls get married, their dreams die."***
>
> *— Husband, Dar es Salaam, Tanzania*

## Opportunities/Encouragers of Contraceptive Use

- ~~Very~~ trusted relationships with mothers
- Some parent may be willing enablers of contraceptive use
- Husbands, parents, in-laws value the idea of girls completing education
- Some men want to be involved in FP decisions with their wives
- Partners may provide financial support for contraceptives
- Parental concern about uncertainty of future

# GIRL

## Threats & Barriers to Contraceptive Use

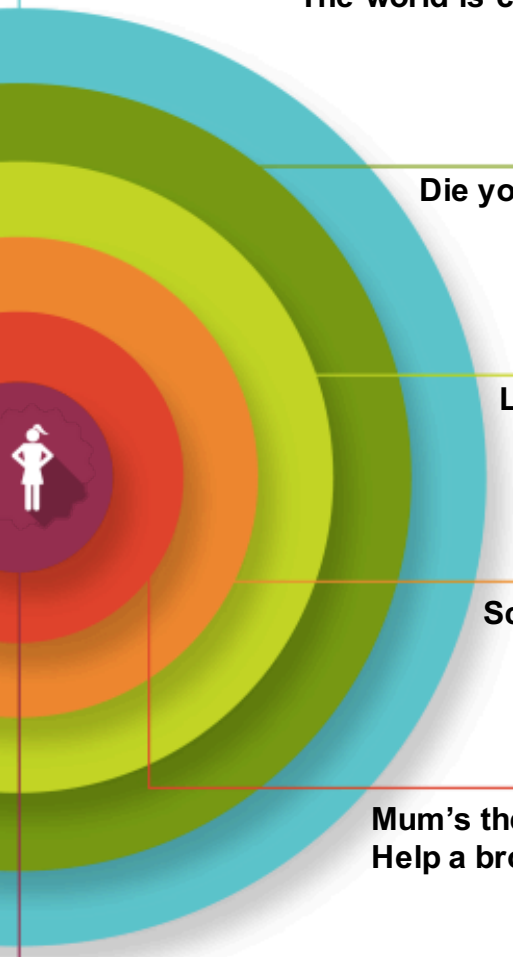
- Sexual activity is not equated with contraceptive need
- Motherhood is one of the most positive things in girls' lives
- Perception of significant side effects to all modern contraceptive methods
- Low tolerance for disruption of menses, delayed return to fertility
- Limited appeal of LARCs because girls envision childbearing in the near future
- Sexual interactions for unmarried girls often coerced, forced, pressured/outside of her control
- Girls lack ways to earn money — poorly resourced girls use sex as a commodity
- Unmarried girls cannot recognize themselves as "sexually active"

## Opportunities/Encouragers of Contraceptive Use

- Biological drive to engage in sexual behaviors
- Girls crave information
- Strong drive towards independence and autonomy
- Developing contraceptive and health habits
- No (or limited) prior experience with contraception
- Highly motivated to engage in high-arousal, social, rewarding experiences

> ***"I am proud to be a girl because I want to be a mother."***
>
> *— Unmarried girl, Tigray Ethiopia*

# An Early Summary of Themes:



**The world is changing…**

**Die young? Live fast!**

**Lead them not into temptation…**
**…but deliver them from evil**

**School is a risky bet**

**Mum's the word**
**Help a brother out**

**I'm not sexually active; he had sex with me!**
**I dreamed a dream…**

### ECONOMIC CONTEXT

Life is harder and more complex than it was for girls' parents; technology is everywhere; Parents and communities don't know how to protect girls from increasing violence or exposure to sexuality.

### COMMUNITY

For girls with fewer developmental assets and resources, fertility equals security and value, while sex can be a commodity. Belief that using contraceptives risks fertility.

### SERVICE DELIVERY POINTS

Health workers are hesitant to help girls prevent pregnancy (promote promiscuity) but are willing to help out if they are already in trouble.

### SCHOOL & PEERS

Education is valued, but no guarantee of a better future—and it might keep a girl from the more socially valued security of marriage and children.

### FAMILY: PARENTS & PARTNER

Moms enjoy a special relationship and trust but are not equipped to communicate about sexual health. Some husbands want to co-conspire around contraceptives, but can't start the conversation.

### GIRL

For girls with few assets, there is no convincing competing joy to marriage and childbearing. Unmarried girls never ***planning to have sex***— (but things happen).

# Potential Cross-Cutting Implications for Activity Design

| Insight | Illustrative Design Opportunities: How Might We… |
|---|---|
| Fertility is most reliable source of security and value; Marriage and children in near future | • Reposition contraceptives as a sign of fertility and way to protect fertility for when you need it?<br>• Overturn powerful and widely held myths that contraceptives cause infertility?<br>• Promote idea that contraceptives can equal protection against a dangerous changing world ("accidents happen")?<br>• Change counselling tools to rank methods based on ease of reversibility, return to fertility, disruption of menses, etc.? |
| "I'm not sexually active…" | • Change counselling models to reflect externalized locus of control around sexuality (e.g.: "Has anyone had sex with you? Have you ever worried about getting pregnant before you are ready? Are you interested in protecting your fertility until you need it? Can you think of anything you're excited about doing soon that a baby would complicate?)<br>• Divorce use of contraceptives from sexual intentionality (e.g. contraceptives IN CASE, not BECAUSE)? |
| Mum's the Word: Deep trust of mothers | • Make mothers into allies who refer their daughters for services?<br>• Give mothers comfortable ways to share information with their daughters—without having to do it themselves? |
| Contraceptive services stigmatized | • Embed repositioned products (protect fertility, in case) and redesigned services inside of services that are easy to access in the community? |

# Emerging Insights UNIQUE to Countries

| Ethiopia | Nigeria | Tanzania |
| --- | --- | --- |
| Very strong valuing of marriage | Very high value on finishing education. Education confers status, whether it leads to employment or not. | Rite of passage at menses |
| | Girls feel powerless, vulnerable, and constantly scared of the sexual violence in their community | Modern Contraceptives seen as "Western" |
| | Adversarial and mistrustful relationships with peers | |
| | Sex as an asset | |
| Some desire of husbands to be involved in contraceptive decisions | | |

# To Learn More about A360

- Follow us @adolescents360 on Twitter & Instagram
- Or visit our website: http://www.psi.org/special-project/adolescents-360/

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