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USING HUMAN CENTERED DESIGN TO ADDRESS BARRIERS TO DEMAND AND ACCESS FOR CONTRACEPTIVE PRODUCTS AND SERVICES AMONG YOUTH

INTRODUCTION

Youth face many obstacles in accessing contraceptive products and services, often more than married or older individuals. These include, for example, lower access to voluntary family planning and reproductive health services, and provider bias and social norms. Successfully breaking down these barriers requires a deep understanding of the issues that female and male youth face—and actively involving them in the solutions. Human-centered design (HCD) is one strategy for engaging youth and facilitating best practices in offering contraceptive services. Evidence suggests that individual and community-level participation and engagement leads to more sustainable and stronger outcomes.

Transform/PHARE (hereafter referred to as PHARE), a five-year (2015–2020) project funded by the United States Agency for International Development (USAID), implemented a variety of cross-sectoral social and behavior change approaches outside of traditional health-related contexts. PHARE used innovative practices from marketing, advertising and behavioral economics, including the use of HCD, to address barriers to modern contraceptive use, transform attitudes about reproductive health and increase demand for voluntary family planning (FP) products and services in Benin, Burkina Faso, Côte d’Ivoire and Niger.

The purpose of this brief is to describe how PHARE applied the HCD approach to address demand and access barriers to contraceptive products and services among youth.

FRAMEWORK

HCD is an approach to problem-solving that places the people being served at the center of the design and implementation process. This allows their needs, thoughts, behaviors, and expectations to inform program decisions from the beginning, ensuring solutions respond to felt needs and challenges. It also forges connections and empathy between programmers and the intended audience, motivating new ways of thinking and responding to long-standing challenges. When implemented correctly, this participatory design process allows for genuine connection and engagement with the focus population and their community. In this process, programs rapidly test potential solutions with the intended audience, seeking to de-risk new or untried ideas and use audience feedback to build desirable, effective solutions to problems as defined by the community. This increases the likelihood of social behavior change strategies being successful and leads to sustainable solutions.

¹ O'Mara-Eves A, Brunton G, Oliver S, Kavanagh J, Jamal F, Thomas J. The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. *BMC Public Health*. 2015;15:129. Published 2015 Feb 12. doi:10.1186/s12889-015-1352-y

PHARE followed the three-phase process for HCD: inspiration, ideation and implementation:



Inspiration: PHARE began with field research to better understand primary and/or secondary audiences, including young men, young women and their influencers. The goal of this research was to identify insights that would provide new, nuanced understanding of the challenge and serve as inspiration to address that challenge. This phase involved a multi-disciplinary team conducting traditional research methods such as in-depth interviews and focus groups, as well as participatory activities such as co-design workshops. When synthesized, findings revealed valuable insights into attitudes about voluntary FP and the needs of these populations. It required attentive listening, asking the right questions and unearthing complex truths through interactions with the community. In this phase, PHARE also identified influencers of the primary audience, people who could serve as agents of change, such as mothers of young girls or religious leaders.



Ideation: A multidisciplinary team reviewed the findings from insight gathering and brainstormed many potential solutions. Through a participatory process, top ideas were selected for testing. Teams built very basic prototypes (posters, skits, models, etc.) and rapidly sought feedback from potential users to validate assumptions. The team synthesized learnings and revised prototypes based on this feedback.



Implementation: PHARE piloted the top interventions within the community allowing them to gather data, monitor and iterate the intervention for maximum impact. Continually monitoring and collecting feedback on the intervention allowed PHARE to build successful interventions through an

iterative process, learning from small fails to propel further learning to improve the proposed solutions.

COMMUNITY GROUP ENGAGEMENT TO IMPROVE REPRODUCTIVE HEALTH³

Community group engagement (CGE) interventions, such as HCD, work with community groups to change individual behaviors, gender norms and social norms instead of targeting individuals. CGE follows a defined process to remove barriers to voluntary FP use as well as fostering increased understanding of family planning and reproductive health among the community and its leaders. Though these activities are often led by non-governmental organization (NGO) staff or public servants from outside the community, their success relies on the active participation of community groups.

Within family planning and reproductive health, CGE activities have had substantial impact and show promising results. They are associated with higher levels of contraceptive use and improvements in both men's and women's knowledge of family planning and reproductive health practices.

³ High-Impact Practices in Family Planning (HIPs). Community engagement: changing norms to improve reproductive health. Washington, DC: USAID; 2016 Oct. Available from: <http://www.fphighimpactpractices.org/briefs/community-group-engagement>.

USING HCD TO ADDRESS FP BARRIERS AMONG YOUTH

Detailed case studies are provided below to showcase how PHARE applied the HCD approach to address demand and access barriers to contraceptive products and services among youth in two countries.

BENIN: ACADÉMIE DE L'ARTISANAT

In Benin, PHARE aimed to increase voluntary uptake of FP by young, out-of-school women. These women were included in every phase of the HCD approach as co-creators, from insight generation to prototyping, providing valuable feedback to improve project outcomes. During the inspiration phase, PHARE worked with women to identify multiple barriers to accessing contraception. These included gender norms, parental communication and financial constraints.

² Académie de l'Artisanat in Benin

³ Engaging Religious Leaders in Niger

⁴ Examining Male and Female Family Planning Attitudes and Behaviors in Niger

PHARE engaged girls throughout the ideation phase to design gender-sensitive prototypes that would address multiple barriers to their contraception use. Because the girls expressed a desire to learn both about modern contraception and income-generating skills, a craft academy was chosen for the implementation phase. The academy would give them the skills and knowledge they need to gain autonomy and be less financially reliant on others.

During the Académie workshops, beading specialists taught the young women how to make a variety of beaded handicrafts, including necklaces, bracelets and bags. At the end of the workshop, a community facilitator provided modern contraceptive method classes and referrals to contraceptive services. PHARE learned, during implementation, that in order to encourage an enabling environment, the intervention would need to include influencers in the girls' lives, such as their mothers. Mom Talks were added to the workshops; girls' mothers learned about family planning, giving reproductive health advice and how to follow-up with the girls based on what they learned at the Académie.

Thanks to the engagement and consistent feedback of the target audience throughout the HCD process, the project had many successful outcomes. Through the workshops, PHARE reached 220 young, out-of-school women. Their knowledge of modern contraceptive methods improved from 25.4% in July to 98.4% in September. Pre- and post-tests also showed increased communication between girls and their partners, and girls and their mothers, on contraceptive use. While knowledge and communication increased considerably through the Académie, little evidence was collected on increased demand or uptake of voluntary FP after the prototype period due to the short duration of the intervention. In addition, young people often visit a clinic further from home to avoid being recognized, making it difficult to collect data, as the project focused on nearby clinics only.

Overall, this project used a successful application of the HCD approach, responding to a genuine need expressed by young women in Benin. The Académie offered

creative strategies for social behavior change to improve the lives of these women, increasing communication and knowledge around contraceptive use.

NIGER: SARARI

In Niger, PHARE aimed to increase voluntary FP uptake among women for better birth spacing and to improve the health of women and their children. Previous research revealed that both women and men considered men to be the primary deciders for contraceptive use. Based on a survey of 1,000 men ages 15-54 in Niger, 89% said that men are the decision maker in their household and 59% believed they alone should make healthcare decisions, despite frequently lacking knowledge on the financial implications of raising children. Furthermore, the research found that men were 2.5 times more likely than women to self-identify as "very religious", and many believed that an imam's approval of voluntary FP is important.

Considering these statistics, PHARE used an HCD approach to design an intervention that encouraged men to support increased gender equality in relationships, and specifically shared decision-making with their wives. In the ideation phase, two groups were formed: (1) men, including religious leaders who supported birth spacing and voluntary FP and young men; (2) young women. The groups were formed taking into account possible negative gender dynamics identified in the insight gathering phase, a standard consideration in HCD, as these may have prevented young women from speaking out when men were present. Including both groups was important, given that although PHARE's target audience was women, these women expressed the need for men to be involved in decision-making.

The groups developed three initiatives to prototype, all inspired by insights gathered about the influence of religion on the target audience:

- **Leaders Engagés:** Religious leaders serving as agents of change by openly advocating the importance of birth spacing for maternal and infant health and family well-being through sermons, Koranic school teachings and private consultations.

- Séminaire des Leaders: A series of public debates between religious and youth leaders on the topic of birth spacing.
- Dede Ruwa Dede Tsaki (Just the right amount of water for the flour): A budgeting activity and discussion tools based on Koranic verses to encourage participants to seek a balance between their financial resources and desired family size.

This multi-layered approach responded to the multiple levels of influence and societal interactions common in Niger.

During implementation, having a booklet, developed by PHARE, with specific sections of the Koran supporting the benefits of birth spacing, health of children, treatment of spouses and intra-couple communication encouraged religious leaders to speak publicly. This approach created an enabling environment for religious leaders and couples to discuss family planning and gender dynamics. However, feedback during the implementation phase revealed significant challenges in public debates between religious leaders and young men. Although the group of religious leaders and young men had worked well together during the ideation workshop, young men would not participate in public debates because they viewed it as disrespectful to contradict the religious leaders. This feedback from stress-testing the intervention was critical and ultimately this activity was not implemented.

Many men believed that children are an economic benefit; at the same time, many men valued being perceived as more financially at ease than their peers. During trainings, participants were asked to compare desired family size with parents' economic means, which ultimately impacted perceptions of birth spacing and voluntary family planning. PHARE trained more than 1,500 young male leaders and 759 young female leaders, who subsequently reached more than 5,000 youth using the project's financial calculator.

KEY TAKEAWAYS

Using an HCD approach allows outcomes to be reached through an adaptive and co-created approach that builds on the target group's expertise in its own context. Throughout the inspiration and ideation phases, staying focused on the program's ultimate goal, while remaining curious about the target audience and what matters most to them, uncovers insights and knowledge that are essential to the success of later phases of the HCD process.

PHARE revealed that insight generation was crucial to the HCD process in designing interventions that resonated with specific audiences. The Académie de l'Artisanat in Benin connected with out-of-school girls and clearly met their needs for livelihood training. In Niger, including the community allowed for birth spacing to be framed in terms of religious texts and financial planning, which ensured that the intervention was context-appropriate and responsive to young men's needs. To succeed in reaching desired outcomes, it is vital that the target audience is represented throughout the HCD process, from insights generation to planning workshops to prototyping and intervention implementation. These team members offer valuable understanding of the target group's desires, needs and activities and through their involvement solutions can be developed that resonate with the target audience.

Throughout the entire process, gender dynamics must be considered within the context of the group being served. Even when planning to engage primarily girls, including men in the process helps to drive community buy-in, building the sustainability of the intervention. Listening to the target audience is crucial in understanding who needs to be included in the design process and integrated into the final intervention.

After brainstorming is complete, prototyping is an essential step and should include representatives from the target audience for insights and feedback. Feedback through continued discovery and conversation should be iterative, not ending when implementation starts. Continuous feedback helps stress test the intervention

and determine whether the prototype is succeeding or whether it must be taken back to earlier stages and modified. Regular tracking of measurable outcomes also allows implementers to make quick changes during the implementation phase and measure the impact of the intervention throughout implementation.

The HCD approach, when implemented correctly, can form genuine connections and engagement with the focus population and community. It offers valuable insights into thoughts and behaviors, opening the door for successful social and behavior change strategies leading to relevant and impactful solutions.

ADDITIONAL RESOURCES

- Burkina Faso Innovation Lab
- Engaging Young Men in the Informal Sector in Côte d'Ivoire
- Engaging Religious Leaders in Niger
- Académie de l'Artisanat in Benin



This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). This brief was prepared by PSI for USAID, Contract Number AID-OAA-TO-15-00037. The contents are the sole responsibility of PSI and do not necessarily reflect the views of USAID or the United States Government.