



A Human-Centered Approach to  
Teen Pregnancy Prevention in Tanzania

HOW WE  
GOT TO NOW

MARCH 2016 IMMERSION PRE-READ: HOW WE GOT TO NOW

# How we got to now.

For decades, PSI has delivered reproductive health programs and services to women in Tanzania. While it excels at addressing the needs of married women, the organization realizes it can do more to address the sexual and reproductive health needs of unmarried women, especially adolescents.

In 2015, PSI/Tanzania began experimenting with Human Centered Design (HCD) and applying the practice to curbing unintended teen pregnancy. During Design Research, they explored opinions and perceptions of girls as well as the human network that surrounds and influences them. **The team found that while there is a huge need for contraception among adolescents, there is little demand for it. And, while most modern forms of contraception exist in Tanzania, there is a lack of will among medical professionals to make supply available.**

Last April, PSI/Tanzania focused on developing strategies and concepts to increase demand for contraception among adolescent girls. Several promising ideas were developed; however, none unlocks supply. To be clear, modern contraceptive methods exist in Tanzania but the medical community remains resistant to giving unmarried girls and women access. **Our job is to figure out how to inspire the medical community to give adolescent girls access to all reproductive services they need – including contraception.** We've defined our central challenge as:

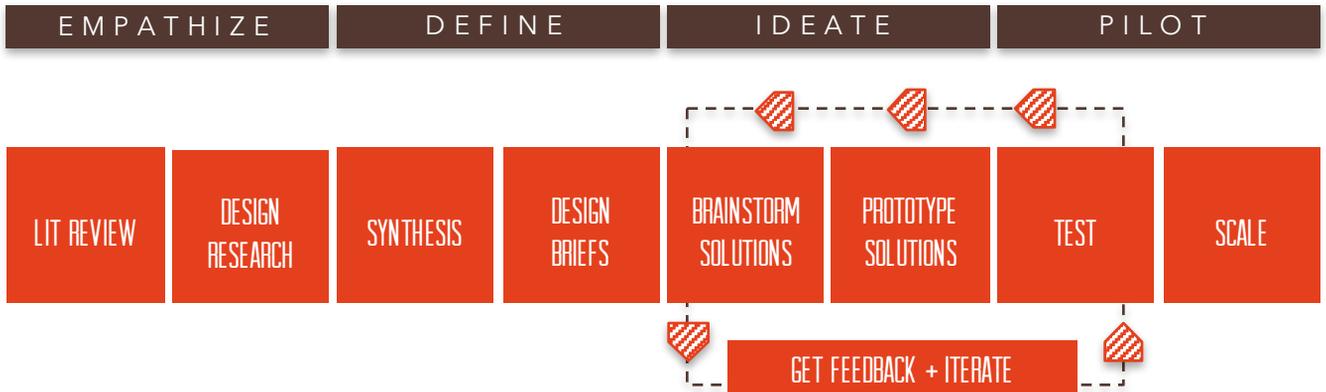
**How might we inspire medical professionals to be far more willing, even excited, to provide contraceptive services and products to unmarried adolescent girls?**



What follows is background on work done in 2015 to address teen pregnancy among sexually active adolescent girls. This document not only provides insight into the progress PSI/Tanzania has made in addressing the issue but also explains the process (Design Immersion) we'll be engaging in together the week of March 28<sup>th</sup>, 2016.

# Our Human Centered Design process.

The process used in 2015 is very much like the process we are using in 2016. Here is a brief description of the primary steps.



**EMPATHIZE:** In 2015, we aimed to understand teen pregnancy from the perspective of girls as well as community members most influential in their lives.

**DEFINE:** We synthesized our findings and identified five design opportunities. We then wrote corresponding design briefs to expand upon those opportunities.

**IDEATE:** During the April 2015 Design Immersion, a large group of collaborators broke into five teams (each with a different brief), brainstormed and prototyped solutions – constantly getting feedback from the local community.

**PILOT:** Today we continue to test, vet and validate the most promising ideas, still leveraging the opinions of the community. Once we have solutions that feel sound, we intend to scale them.

# Learnings from the field.

During the Empathize Phase, several team members spent two weeks in January 2015 conducting Design Research with girls and the influential people – parents, siblings, community leaders, medical professionals and boyfriends – in their lives. From one-on-one and group conversations, they gleaned the following insights.

Tempted to sexually experiment,  
girls lack agency and cultural permission to protect themselves.

Parents preach abstinence... then turn the other way when,  
upon menses, girls are encouraged to earn money.

Many girls have sex with boys for fun and gifts. Having sex  
with older men can lead to more money (and more HIV).  
Perhaps a clue why HIV rates among girls are far higher than among boys.

Men and boys stigmatize girls who carry or use protection.

Inaccurate mythology about modern birth control inhibits girls  
from seeking access. Often going to 'the old woman with a stick'  
for an illegal abortion is considered a 'safer' option.

For those girls who do seek contraception, their requests are  
often denied by Providers (medical professionals).

With so little opportunity available,  
girls lack a good reason *not* to get pregnant.

# Design opportunities.

During the Define Phase, the group identified several design opportunities and authored corresponding design briefs. The hope was that each brief had the potential to inspire ideas that would help adolescent girls better understand and have access to their reproductive choices – including contraception. We also wanted to develop ideas that inspired communities to be more supportive of this shift and sense the benefit of girls having greater agency over their reproductive health.

How might we leverage *youth culture* to spark a teen-centric conversation about SRH\*?

How might we rebrand *contraception* to dispel myths and change the conversation?

How might we activate the support of *men and boys*?

How might we catalyze *providers* to be more youth-friendly?

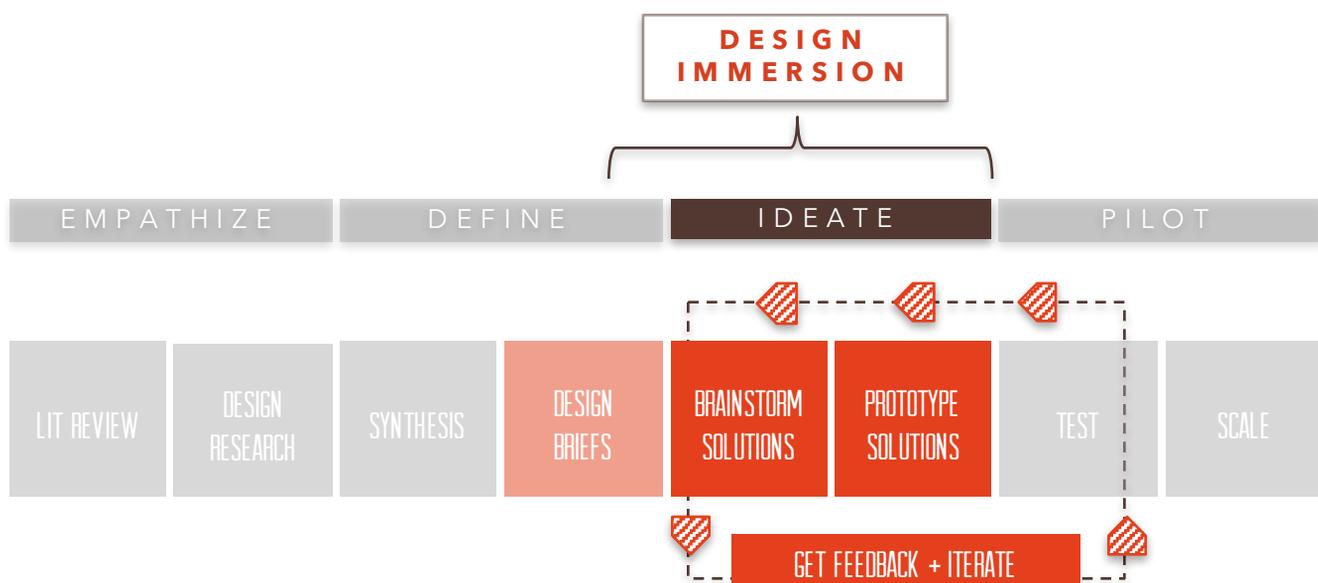
How might we build on or create *opportunities* for girls to thrive?

Ahead of our March 2016 Immersion, we'll be working off of a different set of design briefs inspired by the provider-focused research and aimed at influencing provider behavior.

\* SRH = Sexual and Reproductive Health.

# April Design Immersion.

In April 2015, we held a Design Immersion in Bagamoyo, Tanzania. A group of 34 multi-disciplinary design thinkers (including 11 from PSI) broke into five teams – each team assigned a different design brief. Designers trained in Human Centered Design worked shoulder-to-shoulder with medical professionals, marketing experts, youth advocates, policy wonks, education specialists and digital geniuses. After conducting half-day Learning Journeys to build on the Design Research, the group dove into the Ideate phase - Brainstorming and Prototyping solutions, all the while Getting Feedback from the local community.



The 2015 Design Immersion is described in more detail on the following pages. Keep in mind, we will leverage a similar process during our work together at the Design Immersion in late March 2016.

# MONDAY

WELCOME • TEAM ASSIGNMENTS • INSIGHT REVIEW • LEARNING JOURNEYS



Photo: Two team members spent much of the day interviewing customers and stylists at a local hair salon.

After breaking into teams and getting our design assignments, we went on learning journeys in the village. The goal was to gather more insights to inform our work together and inspire human-centered ideas.

# TUESDAY

EXPERT LECTURES • BRAINSTORMING + PROTOTYPING TRAINING • IDEA DEVELOPMENT

Photo: Twebese shares her team's rough prototype.



Tuesday started with mini-lectures from experts – each with expertise relevant to our charge. Then the entire group was upskilled in brainstorming and prototyping. By mid-day, each team was developing ideas against their specific brief and sharing their ideas with villagers.

# WEDNESDAY

RAPID PROTOTYPE • COMMITMENTS • MAKING HIGHER-FIDELITY PROTOTYPES



Photo: Stacy builds a model of a new clinic experience.

Wednesday we continued to rapid prototype ideas with villagers who made our concepts stronger, more desirable and relevant. By mid-day, each team committed to just one idea to develop through the end of the week. Into the evening we developed higher-fidelity prototypes.

# THURSDAY

REAL WORLD PROTOTYPING • PRESENTATION DEVELOPMENT

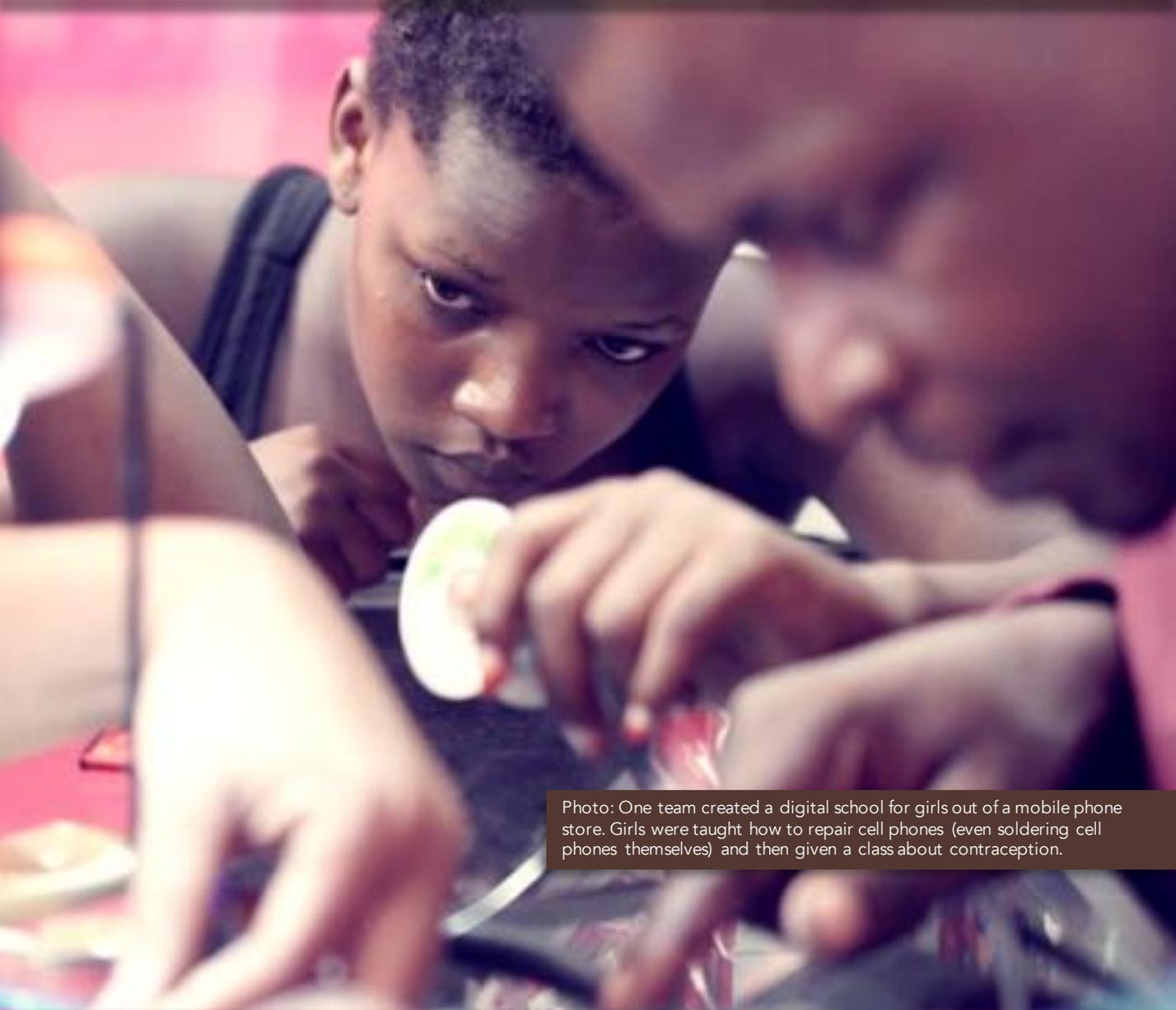


Photo: One team created a digital school for girls out of a mobile phone store. Girls were taught how to repair cell phones (even soldering cell phones themselves) and then given a class about contraception.

After working late into the night, teams premiered their prototypes in 'real world,' getting further feedback on their ideas. By late afternoon, teams returned to basecamp to begin developing their final presentations.

# FRIDAY

FINAL PRESENTATIONS • CLOSING DISCUSSION



Photo: The group reacts to one team's presentation.

On Friday each team made a final presentation – sharing the insights that drove creative development, how input from the villagers made ideas better, what about their idea shows promise and what still needs to be developed further. We closed with a brief conversation about ‘What next?’

# The March 2016 Design Immersion.

The April 2015 Design Immersion went beautifully. The ideas developed were outstanding; however, we didn't yet figure out how to encourage the medical community to provide adolescents access to contraception. We did include providers in our research but we didn't have the deeper level insights to design meaningful interventions. Which is why we're leading more Design Research and a second Design Immersion – both focused on providers.

Our work together will be fast-paced, fun and productive. Except for pre-read (more to come) requirements, you are perfectly qualified to participate. You've been invited for your deep and relevant expertise. If you are not an expert in Human Centered Design, *do not worry!* Most participants aren't. The Immersion will be a learn-by-doing experience – giving everyone a taste of what we can accomplish together when we work in multi-disciplinary teams and put the communities we serve at the center of everything we do.

If you have any questions about what we will be doing together or your role during the week, please contact any of the following people:

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Madeleine Moore, [mmoore@psi.or.tz](mailto:mmoore@psi.or.tz)  
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Thank you. See you bright and early on Monday, March 28<sup>th</sup>!