**OVERVIEW**

This document is a draft of a guide suggested for use during the group sessions of Provider Research to be conducted in partnership with PSI/Tanzania in Morogoro, Bagamoyo and Dar es Salaam the weeks of February 29th and March 7th. Group sessions will be held with a combination of people, including providers and parents (supporters and detractors). Groups will be approximately 6-8 participants (3-4 parents and 3-4 providers; other community leaders as appropriate and possible).

Co-leading in this research will be Stacy Barnes, Cathreen Bukuku, Melissa Higbie, Rebecca Hope, Shahada Kinyaga, Irene Lukumay, Madeleine Moore , Edwin Mtei and Pam Scott. The group will be broken up into three teams:

Team A: Pam Scott, Shahada Kinayga, Irene Lukumay

Team B: Rebecca Hope, Edwin Mtei, Melissa Higbie (Plus a translator)

Team C: Stacy Barnes, Cathreen Bukuku, Madeleine Moore (Plus a translator)

Please note that this document is meant to be a guide for facilitating group work. The objective was to provide a variety of suggested tools for how critical topics can be explored; however, each team will have the flexibility to do as they see fit in the field. Along the way, we’ll reconvene to discuss insights as well as which methods work hardest and what other methods have been developed that work well.

One specific suggestion, if during the research the provider answers questions from the

perspective of providers in general or other providers, allow him/her to do that. Gain some insight and then eventually bring the conversation back to him/her. Given the sensitive nature of the topic – reproductive health services for unmarried adolescents – we want providers to have ease into sharing their own opinions about the same.

Lastly, remember that providers are not only professionals, also members of the community and, in some cases, parents. If time permits, consider exploring how providers relate to the issues we’ll be exploring in their other roles… but only after thoroughly vetting their professional points of view.

**INTRODUCTIONS**

Before launching into any discussion with a provider, please take care to establish the following:

* We so appreciate the time that he/she has agreed to speak with us.
* We are on a learning journey to better understand the work of medical community in Tanzania.
* He/She is the expert. Not us. We are simply here to ask questions and learn.
* There are no wrong answers. This is about you, your work and the patients you see.
* We encourage him/her to speak openly and honestly. To share with us about his/her work as well as the cultural norms that inform it.
* Answers will be kept in confidence. We will we not attach their name to their opinions without permission.
* Similarly, you never need share with us the names of your patients. Let’s keep that private.
* Our goal is to learn about his/her work so that we might develop ideas that better support providers like them and the many patients they serve.
* Please be respectful of the opinions of others in this room. Things discussed in this session should remain confidential after this session. We want everyone to feel comfortable to speak openly and honestly, so please allow people the freedom to do so without judgment.

**ANONYMOUS SURVEY**

*Objective:* Get quick grasp for the context from which participants are coming, and understand their high level feelings on the topic of adolescent reproductive health.

As participants enter, have them answer these quick opinion questions. Participants should not include their name, so no one will know who each answer belongs to. One facilitator will collect the surveys and compile results to share back at the end of the session, depending on results. Consider collecting parents / provider surveys separately to compare.

|  |  |
| --- | --- |
|  | Strongly Agree Strongly Disagree |
| I believe teen girls and teen boys should have the same education and work opportunities. | 1 2 3 4 5 |
| I think unmarried teen pregnancy hurts our community. | 1 2 3 4 5 |
| I believe abstinence is the best solution to the problem. | 1 2 3 4 5 |
| I believe adolescents should have access to contraceptive services. | 1 2 3 4 5 |
| I believe when an unmarried teen girl becomes pregnant it is the fault of (check all that apply): | |
| * The adolescent girl * Her boyfriend * Her parents * Her teachers * Her local pharmacist * Her friends * Popular culture * Her doctor | |

**WARM-UP**

**Drawing *Teen Pregnancy***

Objective: Spark conversation about teen pregnancy and get context about where each participant is coming from.

Have paper and markers available for the group. Ask participants to take just 3-5 minutes drawing what comes to mind when they think of the phrase “teen pregnancy.” After just a few minutes, put all the drawing up on the wall.

Ask participants to comment on the drawings to elaborate on what they mean, question each other and identify similarities and differences in opinion. Some things to keep in mind: Who is in the picture? How is the teenager (if drawn) portrayed? Positively, negatively or neutrally? Who else is in the picture, and what is their role in the scene? What is the setting (home, social, clinical)? Did they include any outcomes or effects of teen pregnancy? Did most people draw a married teen or an unmarried teen? How were drawings of married vs unmarried similar or different?

Encourage discussion and questioning, and if participants have vastly different opinions, probe into why their drawing is so different from the other.

OR,

**Image Relate** (Sets of images being made for each team.)

Have a bunch of varied images up on the wall. Ask participants to grab the one they most relate to and see what everyone grabs. Facilitate a conversation around what images participants chose and why. What images were many people drawn to? Which ones did no one want? What does the image mean to the person who chose it? What can this tell us about the context from which the participants are coming?

**FEED-BACK SURVEY**

Objective: Create an open understanding in the room of where other participants stand on this spectrum (anonymously), while reiterating that every perspective is valuable, and open and honest conversation is appreciated.

Share back results of the survey so participants can see where they stand among others in the room. Are there lots of similarities, significant differences? Is this what participants expected the results to look like, or is this a surprise? Lead a conversation around these questions and their responses.

**TEEN GIRL ARCHETYPES**

Objective: Understand how participants view girls in the community and what different types of girls they see. Does the “type of girl” affect how parents and providers treat her? What are the indicators that parents and providers notice that help them distinguish which type of girl someone is?

Lead a conversation around what different types of teen girls there are in the community. Ask questions around what makes someone a “good girl” and what makes someone a “bad girl.” Are there other distinctions or “types of girls” participants see? After identifying different stereotypes/archetypes of teen girls, try to figure out how participants identify them as such.

On the wall have large pieces of paper with simple (and identical) drawings of girls. Label the different figures with the labels just discussed. Have participants draw on the different figures how they would identify these different types of girls. For example, would a married girl wear a ring? Does that make her a good girl? Perhaps a rebellious girl is pregnant. How do these different labels and identifiers affect the way participants treat her?

ALTERNATIVELY: **AND THEN WHAT…?**

Consider sharing the two first storyboards of a story about a local girl. In the first she’s not pregnant. In the second she obviously is. Ask the group to complete the story and draw images that correspond with what they say.

**COMMUNITY PARTY**

Objective: Get participants to act in other peoples’ roles, to understand influencers of their behavior and how they think others in the community should act.

Set up the notion of a pretend party with one of the researchers as host. Secretly give participants different roles to play (community elder, health provider, unmarried teen girl, unmarried teen boy, parent, pregnant teen girl, married teen girl, etc). Have participants re-enter the room as their character. Continue the party as long as it is illuminating.

**RESPONSIBILITY BULLS-EYE**

Objective: Explore the perceived responsibility participants deem stakeholders (including

themselves) have in educating girls about SRH, as well as risk associated with taking responsibility.

Assuming the participants believe there is some level SRH education that is necessary for **unmarried** adolescent girls, share with them stickies with all the possible stakeholders who might hold some responsibility in that task. Add anyone they believe is missing. As a group, have them map the level of responsibility each stakeholder holds in educating girls about their sexual and reproductive health.



Unpack where the groups assign and justify responsibility assigned to various stakeholders.

* Pay close attention to whom they appoint as most responsible and why.
* Pay attention to if there is tension while assigning responsibility to providers and parents – do they generally agree on where each group goes, or does one give the other more responsibility?
* IMPORTANT: Try to understand the perceived relationships between the stakeholders. Who, in particular, has influence over the provider?
* IMPORTANT: Ask the groups to explain where they placed themselves on the bulls-eye.
* Ask the groups what types of training/resources/information they would need to make them feel more comfortable taking responsibility for those conversations with adolescent girls.
* Without judgment explain the responsibly might be perceived elsewhere in the world. Discuss. Gauge reaction.
* IMPORTANT: Wherever the group placed their stickies (parents and providers), move it further into the center. Discuss:
  + What it would take to be comfortable taking on that amount of responsibility?
  + From whom or what they’d need permission?
* Providers: What would they be willing to discuss with and offering to adolescents – educational information, counseling, access to LFA contraception, etc.?
* **What would be at risk** (perceived or actual) **if they did assume more responsibility?**
* **What could the reward be for taking more responsibility?**

**WHAT IF?**

Objectives: Gauge what, if anything, opens up new ways of thinking about and possibly acting on providing reproductive health serves to unmarried adolescent girls.

Share with the group concept statements (that evolve as the research progresses) to determine whether any have impact on the parents’ POV as it pertains to providing RSH services to unmarried adolescent girls. Possible concept statements may include:

* What if teens could get access to contraception at schools?
* What if there was a contraception pill for men. Would you have the teen boys take it?
* What if your church/mosque/etc supported adolescent contraception and hosted education and clinic days at the church/mosque?
* What if your religious leader asked you to do more to address unintended pregnancy among adolescents in the community?
* What if medical professionals who denied adolescent girls access to contraception where fined or even put in jail?
* What if a teenage celebrity endorsed the use of contraception, and uses it herself?
* What if every menstruating girl between the ages of 14 and 19 were required by law to use contraception?
* What if all women received a free Baby Box with essential items and starter money when they had a baby?
* What if women were legally not allowed to have a child until they were 18, and were arrested for doing so?
* What if there was a national campaign featuring parents urging providers like yourself to give unmarried adolescent young women access to contraception? (Consider featuring the same concept but change out the person urging – the new President, a respected provider, etc.)
* What if there was a poster in your clinic that stated, under law, you must provide all adolescents the reproductive services they ask for? And, you and your staff had to sign it before it was put on the wall?
* What if you made more money providing contraceptive services to unmarried adolescent young women than any other member of the community?
* What if there was a taxi service for girls that could bring unmarried adolescent girls interested in contraceptive services to your clinic? Would you serve them?
* What if there was a radio program designed to teach adolescent girls – married or not – about reproductive and sexual health?
* What if there was a box you could give or sell to adolescent girls – married or not – that had in it all the products and information they need for their sexual and reproductive health?
* What if the medical community of Tanzania was internationally recognized for trying to reduce adolescent pregnancy rates?
* What if President Magufuli declared it the responsibility of the medical community to make sure fewer adolescents become pregnant unintentionally?

Have the participants cluster the concept statements into three buckets:

1. Might make me more open to providing contraception to all adolescents

2. Might make me less open to providing contraception to all adolescents

3. Makes no difference

Discuss, paying particular attention to anything that opens to the door… even just a little bit.

**CLOSING**

In closing, recap some of the activities and stand out lessons/insights/ideas collected. Thank the participants for their time. Let them know how valuable their input is and ensure that we will make sure their thoughtful opinions will be put to good use. If they inquire about next steps, let them know that we are conducting researching Morogoro, Bagamoyo and Dar. Following all interviews, we will synthesize the learning and determine whether there’s anything we can do to help providers do what they do even better.

If helpful, ask the provider if we might be able to engage their further. Possible future engagements might include:

1. Participating in a group conversation with other members of the community.
2. Sitting on a panel with other providers at the immersion.
3. Giving feedback on prototypes at the immersion.

Before inviting any provider to further participate, please confirm with your teammates that they agree this is a good idea.