Abstract Title: Using Human Centered Design to Empower Young Girls’ Sexual and Reproductive Health in the Private Sector

Authors: Elizabeth Kemigisha¹, Alege G. Stephen¹

¹Population Services International Uganda

Lead Author: Elizabeth Kemigisha
(ekemigisha@psiug.org)

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Introduction/Background

Uganda has a predominantly youthful population with more than 70% under 24 years. Sexual Reproductive Health has been identified as a priority area for young people. Despite the increase in contraceptive prevalence rate (CPR) for modern methods among all women of reproductive age (WRA), the CPR for 15-19-year-olds is 13.1% while that of 20-24 years is 20.4%, both lower than the national average of 35% (UDHS 2011).

About 25% of young girls give birth to their first child before the age of 19. (UDHS 2016). This makes it challenging for them to pursue further education and live the lives they desire.

Uptake of SRH information and services is low amongst young people due to several myths and misconceptions, lack of information, lack of access to services due to distance, fear of judgment from providers, negative perceptions of health providers, amongst others.

Countless programs designed for young people are not made in consultation with them which could be cited as a major cause of low uptake of SRH information and services amongst this sub-population. Tackling these problems necessitates new approaches and methods to creatively solve them.

Program Intervention

Population Services International-Uganda (PSIU) implemented a Youth Friendly Services (YFS) project aimed at increasing access to sexual reproductive health information and services among girls aged 15 – 24 years in Buikwe, Kampala, Mukono and Wakiso. The Human Centered Design (HCD) was employed to necessitate participation of young girls to design effective and efficient sexual reproductive health (SRH) interventions for this sub population.
Objectives

1. To promote the involvement of adolescents in conceptualization, design, implementation, monitoring and evaluation of adolescent health programs in the four project districts by September 2017
2. To increase access to high quality youth friendly SRH services to 214,444 young girls in the private sector, in the 4 project districts, between February 2016 and September 2017
3. Improve young people’s perception and demand for SRH services in the four districts by September 2017

Methods

During the Human Centered Design process, three distinctive phases of the Hear, Create and Design, were conducted.

During the Hear phase, focus group discussions and key informant interviews were carried out around the sexual reproductive health knowledge, attitudes and behaviors of the young people. This phase included both health providers and young people male and female, aged between 15 and 24 years from rural and urban areas. The young people were further broken down into in-school and out of school.

An in-depth analysis of this information, insights and issues around their SRH behaviors and challenges such as access, affordability and uptake SRH information and services was conducted.

In the Create phase, a small number of young people was selected to suggest solutions to the challenges identified during the Hear phase. During the Design phase, the solutions were designed into prototype interventions to address the access and behavioral barriers.

The prototypes developed covered intervention areas such as; provider behavior change communication, peer education, community dialogues, a voucher scheme, events like sports galas and health outreaches, youth brand, information education communications materials, communication channels like radio and social media and feedback mechanisms.

Results

1. Reached 215,534 young girls aged 15-24 years with sexual reproductive health services through 245 health providers trained to provide youth friendly SRH services in 100 privately owned health facilities between January and July 2017.
2. Trained 200 peer educators in the 4 districts who reached 73,135 young girls with SRH messages through one on one sessions or small groups meetings.
3. Reached 94,677 young girls aged 15-24 years through radio talk shows on SRH topics over 12 weeks, 64% of them from rural areas.
4. Reached 8,313 young girls with SRH services through the voucher scheme pilot from April to June 2017 in Buikwe district.
**Discussion/Conclusion**

The human centered design is a highly participatory approach for young people to reflect on the realities and challenges they face with their sexual reproductive health and come up with practical solutions.

These solutions or prototypes, when implemented, can increase the uptake of sexual reproductive health information and services by young people due to increased acceptability and practicability because they were created by people like them.

Some of the interventions like the voucher scheme pilot which addressed the challenge of affordability of the SRH services motivated private health care providers to provide youth friendly services, attract more young people and get the reimbursement for the services offered which was attached to the different vouchers.

This process is systematic, and can be labor and financial resource intensive, as well as time consuming.

The prototypes, after being developed and piloted, have been refined based on another round of the human centered design for feedback from the young people, to make them more responsive to their needs and ultimately contribute the national behavior change communications plan.

**References**

Uganda Demographic Household Survey, 2011

Uganda Demographic Household Survey, 2016