

A photograph showing four people from behind as they walk along a dirt path in a rural, wooded area. The person on the far left is wearing a blue shirt and a backpack. The person next to them is wearing a white shirt and a patterned bag. The third person is wearing a white headscarf and a patterned skirt. The fourth person is wearing a patterned headscarf and a dark skirt. The path is dusty and there are trees and bushes in the background.

INSIGHTS REPORT

Learnings Document: Increasing the demand for family planning in rural Mozambique

November 2018

This project was funded with UK aid from the UK government

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Introduction

What is the purpose of this document?

This report has been developed as a result of learning research conducted in October and November 2018 aimed to understand how PSI Mozambique might best design demand programs to create an enabling environment that increases demand for Family Planning and results in at 24,000 additional FP user in rural areas, 16,080 of which will be adolescent girls age 10-19 years.

There are several questions guiding the development of an increased demand of Family Planning among adolescent girls in rural areas of Mozambique. These questions are related to details about the population, the access of FP methods, how to motivate the target population and conduce them to take an informed decision to FP

This Human-Centered Design process aims to understand the understanding, the context and the system from the user perspective through an learning and inspiration process, co-design concepts with users, development, testing and iteration of prototypes in order to answer key guiding questions.

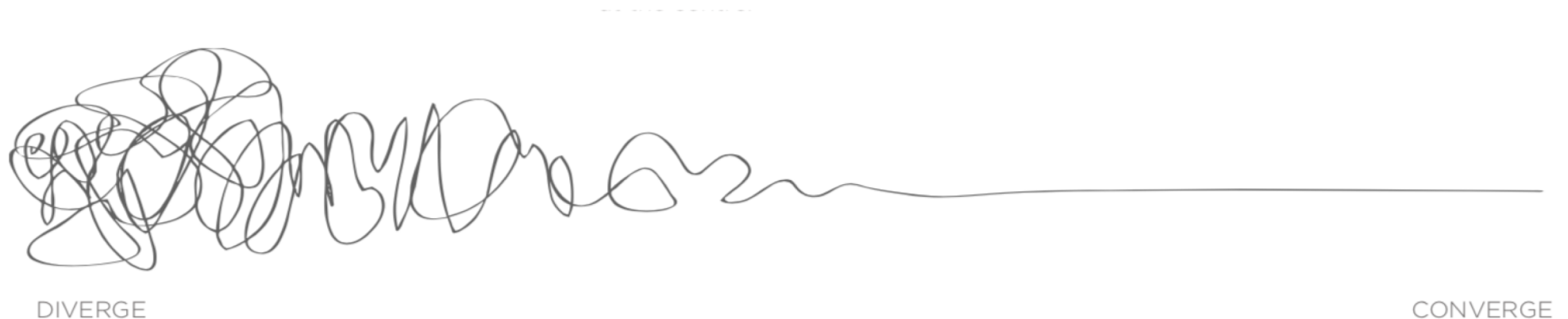
This report provides themes and insights that have emerged from a series of qualitative interviews with the primary target audience, influencers and communities in which she lives in.

Our method

ThinkPlace is a global design and innovation firm focusing on applying design methods to tackle complex challenges in order to generate public value.

We have been in operation in East Africa since 2012 on projects in financial inclusion, health, agriculture and ICT For Development among others.

In developing this insights report, we have used exploratory research methods to navigate the uncertainty that is inherent to any complex challenge such as this one. The result of this work is for user research to shift us along the 'design squiggle' from uncertainty towards clarity.



HCD provides a deep, rich understanding of the behavioral determinants affecting people's capability to confidently, willingly and effectively change. Taking a human-centered design approach means taking time to **explore**, **innovate** and **evaluate** our products and service designs with the human in mind.

Our Capacity Building



Strategic Leadership



Provide strategic leadership on human centered thinking



Ensure HCD processes are prioritized in line with PSI Mozambique Strategic Objectives



Design and oversee HCD work streams



Team & Organizational Development



One-on-one strategy sessions with PSI teams (leaders)



Theoretical learning sessions with PSI Mozambique (wider organization)



On-project learning and training with teams assigned in Gaza and Nampula provinces: theoretical and practical knowledge

INTENT

Objective

Establish a shared understanding of the project intent, the current drivers for change and what project success looks like, we will also establish a shared appreciation of the project approach, the key concepts and guiding principles for how we will be working together.

Outcome

Clarification of key populations, scope, timelines, deliverables, and measurement framework for the project.

LEARNING SESSIONS

Objective (HCD, Research design)

Build capacity of team members by providing a hands-on and action-oriented training on the HCD and research design process, which walks everyone through the principles, mind-sets, and tools of HCD. We also establish an understanding of the detailed skills, theory, and practice around how to conduct best practices in design research.

Outcome

Shared understanding of the steps involved in implementing the HCD process and subsequent research design stage.

QUALITATIVE RESEARCH

Objective

Conduct learning research with key groups in Nampula and Gaza provinces.

Outcome

Collection of qualitative data identified study populations and geographies.

DEVELOP INSIGHTS, JOURNEY MAPS & PERSONAS

Objective

Identify the emerging themes from field research and make sense of the context. Through discovery of similarities and differences insights are uncovered and developed to inform our challenge questions. In addition, persona development is created to represent our target audience and embody their needs, motivations and daily activities.

Outcome

Clear picture of insights, personas and their journey along the path to uptake of family planning services.

IDEATION

Objective

Collaboratively design intervention prototypes for each user group. This process will include the Core Design Team and individuals from the key user groups.

Outcome

Low fidelity prototypes ready for validation and testing with user groups.

PROTOTYPING

Objective

Test prototypes to validate intervention tactics with key user groups.

Outcome

Low, medium and high fidelity prototypes validated, refined and possible scale to increase uptake the uptake of family planning.

Research Guide

What was our research approach?

The research was guided by an exploratory research methodology where we aimed to discover more about the users identity and motivations; relationships and behaviors with each other and family planning; and media preferences and social circles.

This process began with a the development of a research plan, which included interview schedule, participant screening criteria and monitoring and evaluation tools. The team also created custom data collection tools to help gather specific, and often sensitive information, including perceptions of sex and sexuality.

Some of the data collection tools included the following:

- **Card sort:** helps the researcher initiate conversations about difficult topics. It is a set of cards containing different issues and emotions, which are grouped by the user according to how they understand the topics.
- **Use of images:** helps researchers gather perceptions of users in a way that is unbiased and the conversation is prompted by the researcher through the use of images and led by the user.
- **Faces tool:** helps researchers understand the depth of people's relationships with others.
- **Semi-structured interviews**
- **Focus Groups Discussions**



What did we want to know?

The research questions are based on the following topics:

- Identity & Daily Experience
- Clinic Experience
- Experience and perceptions on voluntary Family Planning/Sexual Reproductive Health
- Service Access & Communication Channels

What was the research outcome?

- A wider understanding of our users and their intrinsic motivators
Insights that allow for a wider view of barriers and enablers within
- our user's system
A set of recommendations moving forward

User Research Approach

Who were our target populations?

The **inspiration phase** included targeted primary and secondary groups, while also allowing enough flexibility to identify key areas for further research as they become apparent. The minimum targeted groups during this phase were:

Primary Target Audience: Adolescents girls 10-19 years

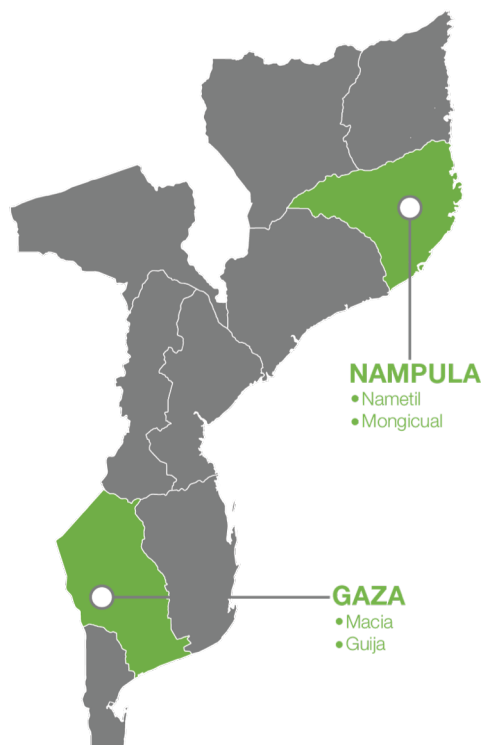
- **10 per location** Girls or young women who are non-family planning users
- **5 per location** Girls or young women who are family planning users
- **10 per location** Girls or young women who are in school (primary, secondary)
- **3 per location** Girls or young women who are out of school
- **5 per location** Girls or young women who have no children
- **2 per location** Girls or young women who have one or more children
- **2 per location** Girls or young women who are married (either traditionally or legally)

Influencers: community, spouses, parents and service providers

- **2 per location** Individuals in positions of local power, including both religious and political figures and other members of high social standing
- **2 per location** Individuals who are traditionally or legally married to our primary target group
- **2 per location** Individuals who are the legal guardians/caregivers of primary target group
- **2 per location** individuals engaged in family planning education, including community health workers
- **2 per location** Individuals engaged with the delivery of primary health services, including nurses, community health workers, doctors and/or community health volunteers

Who were the participants engaged?

267
Participants



NAMPULA

118

Mogovolas – 63

Adolescents (10-19) – 33

FP users – 17

Non FP users – 16

TOTAL

One on one – 37

Focus groups – 9

Mongicual – 55

Adolescents (10-19) – 21

FP Users – 6

Non FP Users – 15

TOTAL

One on one – 37

Focus groups – 9

GAZA

149

Macia – 76

Adolescents (10-19) – 24

FP Users – 12

Non FP User – 12

TOTAL

One on one – 47

Focus groups – 9

Guija – 73

Adolescents (10-19) – 32

FP Users – 15

Non FP Users – 17

TOTAL

One on one – 52

Focus groups – 5

INFLUENCERS NUMBERS

	NAMPULA	GAZA
Adolescent boys (10-19 years)	10	12
Mothers of adolescent girls	16	21
Fathers of adolescent girls	8	10
Community Leaders (various)	6	8
Religious Leaders	3	4
Teachers / school directors	6	9
Health Care Workers (doctors/nurses)	8	16
Community Health Workers (APEs)	10	8
Midwives/traditional healers	2	2



THEMES

Identifying patterns



FAMILY
PLANNING



THE
CONTEXT



SERVICE
DELIVERY



ABOUT THE
USER



ABOUT FAMILY PLANNING

Understanding
the current
perception around
FP and the state
of information
around FP





Sex Education

In-school education

In Gaza and Nampula, schools are one of the only places where adolescents are able to access information about sexual and reproductive health (SRH) and FP methods. Teachers talk about SRH as part of the biology section curriculum starting in 8th grade or first year of secondary school.

There is limited sensitization conducted by teachers to prevent adolescents from engaging in risky behaviors. It is common to find teachers only promoting the use of condoms. In many schools, there is little to no open dialogue around the advantages of family planning and family planning methods, and teachers are often sensitizing adolescents based on personal values.

“My teacher of natural science explained to us that when I will see blood, it means that I’m menstruating and after that I can’t sleep with man because I will get pregnant and that if I do I need to use condoms” – adolescent girl Gaza

Most adolescents have low knowledge levels of family planning and how it works because there is no specific material used to teach the subject. We discovered most adolescents 16 years and below are not able to articulate the reasons for use of family planning.

Adolescents are exposed to information in schools through lectures conducted by peers, and in some cases nurses and activists (particularly in the case of Mogovolas). The variety of health programs are not consistent in content/messaging or frequency, and there is lack of overall coordination among different implementing partners in scheduling these activities.

Girls and boys have no designated space in schools to discuss SRH issues. They are often divided into separate groups to openly discuss topics relevant to their sex and age. For girls, the information focuses mainly on preventing pregnancy and finishing school, while boys are taught about the dangers of contracting HIV and use of condoms as a prevention method.

In Gaza, there is a reported lack of active participation or involvement of parents/caregivers in their children's education. Teachers and school directors mentioned struggling to get parents to participate in meetings due to distance, competing work priorities at the machamba or general lack of interest. In Nampula, parents reported not knowing how to engage with their children's education at school because they are either not informed of ongoing programs they can participate in or have general lack of knowledge themselves and feel embarrassed.

Overall, we observed girls and boys enrolled in school have a better understanding of SRH and FP compared to those that are out of school. Albeit education levels do not change how susceptible most adolescents are to myths and misconceptions spread through peer networks.

Sex Education



Traditional, in-house education

Culturally, there are moments in an adolescent girls life when it is acceptable to talk about SRH. In both provinces, SRH is often first mentioned after the first period (*menarca*) since this marks the entry into maturity. There are other milestones in a girls life where these topics are discussed, such as during initiation rites or when she turns 18 years old. It is usually the role of a female figure (mother, madrona, older aunt) to conduct and guide the conversation with the adolescent girl. Even though there is dedicated space and time for adolescents to learn about SRH, FP is often not directly mentioned or addressed before these mentioned moments. In both regions, it is never the role of the man to discuss FP with a young girl. Men do not feel it is their responsibility, except when it is a husband or boyfriend discussing SRH matters with his wife or girlfriend in private.

GAZA

Adolescent girls have considerably higher levels of knowledge about FP methods, compared to Nampula. This is mainly due to the influence and engagement of mothers or caregivers. When a girl gets her first menstruation, the female influencer immediately takes her to the clinic/hospital to receive FP information and methods. In some cases, mothers take their daughters to get injections without telling them what it is or telling them it is a vaccination so they do not actively encourage girls to engage in sexual activity.

"My mom took me to get an injection right after I had my period. It was only after when I was talking to my friends at school that I realized that it was a contraceptive method. If she would have told me I would have still chosen injection for myself" - adolescent girl, 16 years old , Gaza

NAMPULA

Traditional education is prevalent in Nampula province. Sex education is taught by a *madrona* in the community as a rite of passage during initiation ceremonies when a girl gets her first menstruation. During these ceremonies she is taught about menstrual hygiene, her role as women in society and how to respect and satisfy her husband when she gets married. The mother and her family are often responsible for deciding when a girl will go through the ceremony, sometimes without warning or explanation. Many parents believe once their daughters complete the rituals they are now considered mature adults ready for marriage, but others parents think it pushes young girls to engage in sexual activity before they are ready. *Family planning is not specifically discussed during these ceremonies.* Although some madronas claim they are beginning to mention the methods during their rituals, others say it contradicts their teachings.

"Once they go through the rituals, they have confidence and want to show off what they learned. They teach them how to have sex and how to please a man but not how to protect themselves." – mother of an adolescent girl, Nampula

Sex Education



Clinic Information

Most adolescents do not actively seek information from health clinics. This is mainly due to health facilities being located in open spaces visible to the public, and girls being afraid to be seen seeking FP services by their neighbors and community members. Health providers mainly target adolescent girls who have at least one child with FP services, as these girls are already receiving other maternal and child services at the clinic making it convenient to link care and treatment. This health care focus can also be as a result of personal beliefs and provider bias towards distributing FP methods to younger adolescents with no children.

Many providers don't feel responsible for younger adolescents, usually 14 and below. Some think adolescents this age should be escorted by a parent, or shouldn't be engaging in sexual activity at these young ages. As a result, some adolescents below 18 are turned away when they seek FP, which discourages them from trusting clinics and returning again.

In addition, providers in both provinces lacked refresher training on FP and none had received training on how to specifically provide services to adolescents.

“When you see adolescents that come to ask about FP methods when they are 13 or 14 I just can’t provide them on their own, I don’t want to get in problem with their family” – Health Care Provider, Gaza



Perceptions of Family Planning

Across both provinces, adolescents and their communities believe family planning services are meant for married women who already have at least one child. FP is considered less relevant for adolescent girls who are young and “single,” even though many are sexually active with boyfriends. Although the topic of FP is considered socially acceptable and openly discussed among young mothers. For many married girls, uptake of FP needs to be discussed with husbands. In Gaza, this is even the case if the husband doesn’t live in the same house or spends a lot of time with her. The husbands approval is also supported by community leaders, who say husbands *should always be informed* in any FP decisions.

“If I decide to take on FP, I need to ask my husband. There shouldn’t be a need to have secrets among us.” – Adolescent girl, Nampula

In Gaza, being open about having a boyfriend was more common than in Nampula where girls are dating but don’t tell many people because they do not want their parents to find out. In Gaza, girls spoke more openly about FP, while in Nampula it is still taboo to speak about sex and FP in public. In both provinces, girls experience a loss of agency and often give into their boyfriends needs and ignore their own, especially when it comes to condom negotiation. Sometimes girls will uptake FP methods without consulting their boyfriends for fear of rejection. According to adolescents, some of the long-term family planning methods present side effects such as hormonal imbalance, weight gain, menstrual cycle delays and permanent infertility. There are also perceptions from the community that girls who take FP are promiscuous and “independent.”

“My boyfriend calls me “Amarilihna” because I like to go out a lot. He doesn't accept the use of condoms and he has many girls. I still like him because when he is with me he treats me good” – adolescent girl, Gaza



Myths and Misconceptions

It is not uncommon to hear myths and rumors taken for fact and truth. Many people rely on word of mouth as their main source of information. This is particularly true in the narrative around family planning, where many adolescents believe FP causes infertility and often continual menstruation. This notion of FP isn't limited to adolescents and their peers, but also the female influencers in their communities.

In both regions, there are also traditional FP practices and beliefs that are considered more effective. For example in Gaza, female influencers bury an adolescent girl's first menstruation pad to prevent pregnancy. In Nampula, some communities ingest a specific tree sap to prevent the same. Many of these beliefs are not shared with outsiders and a lot of girls don't have access to secondary sources of information to ensure they are taking methods that work for their bodies.

"If I use FP methods I will burn my uterus and be infertile, why would I do that to myself" – adolescent girl, Nampula

Secondary effects of long-acting reversible contraceptives (LARCs)

The most common rumors heard about FP methods revolve around LARCs. In the case of the implants, many adolescents and their influencers believe the implant can disappear in the body and stop your heart. In other cases, men say the use of LARCs will change the "taste of the woman" as well as their physical appearance. Adolescent girls also share fears of implants contaminating their blood, others say LARCs need to be used the entire time and can't be removed early. In Nampula, there were even rumors of patients being charged for removal of LARCs.

These misconceptions create barriers in the minds of adolescents, preventing them from seeking accurate information of current modern contraceptives. Many girls who already have FP methods experience side effects and don't understand what is happening to them. This fear of the unknown makes women assume the worst, which is where these misconceptions are born and spread via word of mouth. This is exasperated by the fact that SRH topics are not widely spoken about, and there is a gap in health service training and counseling on how to manage this misinformation.

"I don't like my wife to use any method, she told me she used that "aparelo" (IUD) and I could feel it, I told her to remove it immediately" – Man, 26 years old - Gaza

"My sister got an implant and the nurse removed it for 500 meticals" – adolescent girl, 15- Nampula

"If you put an implant you will not be able to do physical work and carry things around"- girl that works in machamba, Nampula



ABOUT THE CONTEXT

Understanding
the context where
our users live,
what influences
them and how it
determines
different aspects
in their lives



Gender Dynamics



In both province, there are culturally defined roles and responsibilities for men and women which are respected and adhered to. Men are expected to work and financially provide for the family. While women take on responsibilities such as giving birth and caring for the children. There is a subtle shift in some households where women are taking on roles traditionally considered the man's such as making decisions for the children, purchasing items for the household, farming and starting businesses.

In most households, girls are expected to take care of younger siblings and do chores around the house, while boys are focused on spending time with friends and doing their homework. When looking at school attendance there is a clear drop in the number of boys in secondary classes than girls. When we interviewed heads of schools, they said this is a result of parents prioritizing son's education over their daughters because boys need jobs to survive, while girls can "just get married" for security. This presents an imbalance in how women are perceived in society.

In both provinces, **cultural values and practices** expect adolescent girls to have children to prove their fertility and worth to the community. In some cases, women feel a sense of relief when they have their first pregnancy.

NAMPULA:

Adolescent girls and boys go through initiation ceremonies to mark their transition into adulthood between the ages of 9 and 13 years old. During these ceremonies, they are taught their roles as men and women. This is one of the ways communities weave gender roles and expectations into the fabric of their society.

In Mogovolas, there is a strong matriarchal presence in the community. In this area, women are often the heads of households and make all the decisions for the family. On more than one occasion, we met single mothers with children from many different men – without any sense of shame. This was not met with much support in other districts in the province.

"I went through initiation rites when I was 14. They taught me good things like respecting my parents, taking care of children and menstrual hygiene. The bad things I learned was taking care of a man, putting 'mphira'(a powder that is put on the glans of the penis to prepare for the sexual relations) and how to have sexual relations to please men, and that should not be taught to children who are not yet married." – adolescent girl 18 year old, Mongicual

Marriage

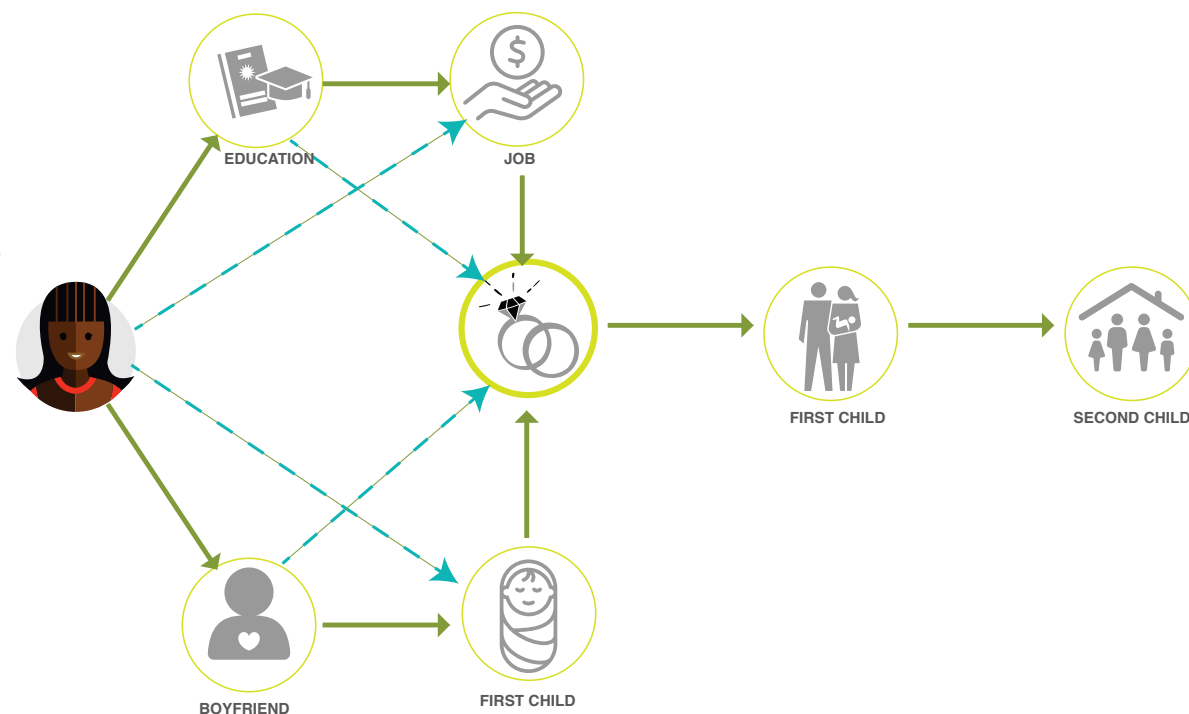
Marriage is an important, and seemingly inevitable milestone in a girl's life. Many girls expressed aspirations to get married, others believe it to be their duty. In rural communities, marriage can also be seen as a means of escape or way to achieve financial stability for them and their parents who cannot afford to provide basic amenities. In Nampula, there was a strikingly high number of girls as young as 9 years old being married off to older men in their 30s – some for money, others in exchange for livestock or even cell phones.

***"My friend and I used to walk to school and play together every day but one day she was gone. I found out she got married and moved to Nampula."** – 12 year old adolescent girl, Mogovolas*

In Gaza, there were more cases of poor socio-economic conditions leading to early marriage. Many girls in these situations feel marriage is a way of seeking refuge, especially when they are living with extended family members or stepparents.

Another driving factor for early marriage is when a girl gets pregnant. As a result, her family will force her to get married to the man responsible to avoid her bringing shame to the family. In some cases, men don't accept or deny responsibility for the child and the girl is forced to go live with extended family who will help her raise the child. Parents fear their girls falling into one of these situations, meaning they either attempt to shield from the world and men or push her into early marriage to prevent shame brought on by pregnancy.

Adolescent girl trajectory to marriage





ABOUT SERVICE DELIVERY

Touch point for
family planning
information and
services



Clinic Experience



In the areas of research, we discovered not all health facilities have a Serviços Amigos dos Adolescentes e Jovens (SAAJ) unit or youth friendly spaces targeted specifically at adolescents. This combined with a lack of dedicated space for family planning consultation leads to long queues leaving adolescents feeling exposed to being seen by members of the community. The health facilities that provide services to large rural populations, also face resourcing issues resulting in limited outreach activities to those most in need. There were instances when mobile brigades could not be deployed on schedule due to fuel shortages.

Adolescents often associate going to the health facility with treating an illness such as malaria or a cough but very few exclusively go seeking family planning information or services. Young mothers mentioned only going to the health facility for check-ups for their newborns. When asked if adolescents would consider going to their respective local clinics for family planning inquiries or services, most said no because there is lack of privacy and trust in the providers ability to maintain patient confidentiality.

Health Providers

Health provider bias determines whether FP messaging is disseminated, what kind of information is offered, and in some cases if adolescents are offered services or turned away. Some health providers refuse serves to girls under a certain age or insist they return with their parents.

This bias can also impact the type of methods being offered to adolescents. Some providers believe pills are better suited for younger girls because there are fewer side effects and there is less impact on fertility. For other nurses, personal preference or availability of a method such as DEPO would influence what they promote to an adolescent who doesn't know all her options.

Providers are often overworked, undertrained and motivated by personal means for supporting and providing for their families. This results in them not taking the time to walk adolescents through correct FP messages around the differences and advantages of each method. In some cases, we found the younger nurses were able to offer a greater selection of modern methods due to recent trainings and schooling, which other more experienced older providers could not. There were few instances of women using IUDs due to limited training and lack of facility space to insert the device.



ABOUT THE USER

Identifying the
most striking
characteristics
that will allow us
to understand the
user's behavior





Aspirations of adolescent girls

We found most adolescents were unable to articulate their aspirations and dreams. The idea of having a “good life” is determined by the communities and conditions the girls live in. For many girls who are currently enrolled in school, their immediate goals involve finishing school and getting a job as a nurse or teacher; however, others make a conscious decision to opt out of school to get married and start a family, or for boys they leave school to start working and make money to support their family.

“My dream is to be a nurse because I love to see my father and grandfather as nurses.” – adolescent girl, Nampula

The motivations behind these dreams are based on economic conditions, genuine desire to achieve the ultimate goal of having a family or more generally, what they already know. For many girls in these rural communities, they express the desire to be like their older sister or aunt who succeeded in completing her studies and finding work as a nurse outside of their community. These are also the female influencers they turn to for advice on SRH matters.

The dialogue around aspirations varies based on whether you are speaking to girls who are in-school versus out-of-school, especially the girls who were forced to drop out of school as a result of early pregnancy. On one hand, having a child prematurely is seen as a barrier to achieving their dreams and some young girls with children already expressed regret.

“Now with a child I would cry. What would I do (dream of) with a child now?” – adolescent girl out of school with a child, Gaza

On the other hand, the attainable joys for a young girl is getting married so she can have children to support her. Many of these girls feel alone because their parents could not afford to raise them, so they were sent to live with extended family members, and as a result they want to build their own families to fill this void. Unlike Nampula where girls want many children (avg. 5-8), in Gaza a majority of the girls want to have smaller families (2 children) so they can provide the financial support their parents could never give them.

I advised a young girl who came in with a malnourished child to do FP, but she resisted saying she could not because she was born alone, in her family they did a ritual where they gave her the mission to give birth. – nurse, Nampula

Many girls carry a sense of hope that they can change the future by providing their children with a better life, and that their children can also create a better life for them.

Relationship between mother and daughter



Mothers are one of the main influencers in an adolescent girls life when it comes to talking about SRH; however they are afraid their daughters will get pregnant outside of marriage and bring shame to the family. This leads to many mothers speaking about SRH in a prohibiting way by only discussing abstinence and warning against any interaction with boys.

“She (my mother) says that FP it’s a thing for “malandros” (tricksters). My mother grew up without FP and she had kids and good spacing without FP so for her it doesn’t make sense for me to use FP if she could do it naturally. – adolescent girl, Nampula

For many girls, there are mixed levels of respect and fear of their mothers. As girls get older, there is a shift in the relationship with their mothers - mothers begin to feel underappreciated and ignored by their daughters, and use the excuse of “not having the time” to discuss these topics before their daughters get pregnant. For girls, they feel like they cannot openly talk about SRH issues without their mother giving them a lecture or “nagging them” creating a void in the relationship. In addition, many mothers counsel girls using contradicting messages about not dating or hanging out with boys, while also promoting marriage.

I am afraid to talk with my mother and don’t have a boyfriend because my mother says I am too young to start.” – young adolescent girl, Gaza

In some cases, mistrust can lead to girls seeking services without telling their mothers for fear of punishment. In Nampula, some of the mothers of adolescent girls shared they were actually using family planning in secret because their husbands want them to have more children. Their daughters emulate the same behavior.

“The mother knows her daughter’s boyfriend and the daughter knows her mother’s boyfriend.” - adolescent girl talking about a friend, Nampula

In Gaza, there seems to be more open channels of communication between mothers and daughters; however this does not always translate into accurate dissemination of information.



Social life

We found the concept of a “social life” varies between the two provinces. This being said, adolescents everywhere build in time to see their friends, some even indicated having boyfriends, which many keep secret from their parents. Girls in both provinces claimed they receive monthly stipends from their boyfriends. Girls admit to not trusting their boyfriends but stay with them because they like to receive “nice things.” Adolescents girls spend a lot of time at the market either working or picking something up for their mother. This is time to also catch up with friends from school and for girls who aren’t in school this is one of the main places for social interactions.

GAZA

In Gaza, many adolescents use their free time in the evening or on weekends to meet in common social hangouts such as *baracas* or bars. In many cases, this is where they meet men, who are often older than them. The adolescents in Gaza also seem to have more spending money to use in these social settings.

Many adolescents believe you should not go a long time without having sex. That if you do not have sex frequently you can get sick.

“When you spend too much time without having sex, you are stressed and it’s not good for you” – adolescent girl, Gaza

NAMPULA

Many adolescents don’t have free time outside of school, home life, church or the market so they incorporate their social interactions into their daily routines.

“I go to do my laundry at the river and at the same time I spend time with my friends and we play around while the clothes dry” – adolescent girl, Nampula

Many girls refuse to admit they have boyfriends but often claimed all their friends do. These girls see their friends kissing or “playing bad” (having sex) with their boyfriends in their houses or by the river. For the girls who say they are “dating,” this really means having sex. They do not walk around in public with these boys, they only meet them at night once it gets dark.

Outside of boys and sex life, in the evening girls like to watch novelas at their friends’ houses. Many girls do not have access to personal cell phones but use their parents or older siblings when needed.

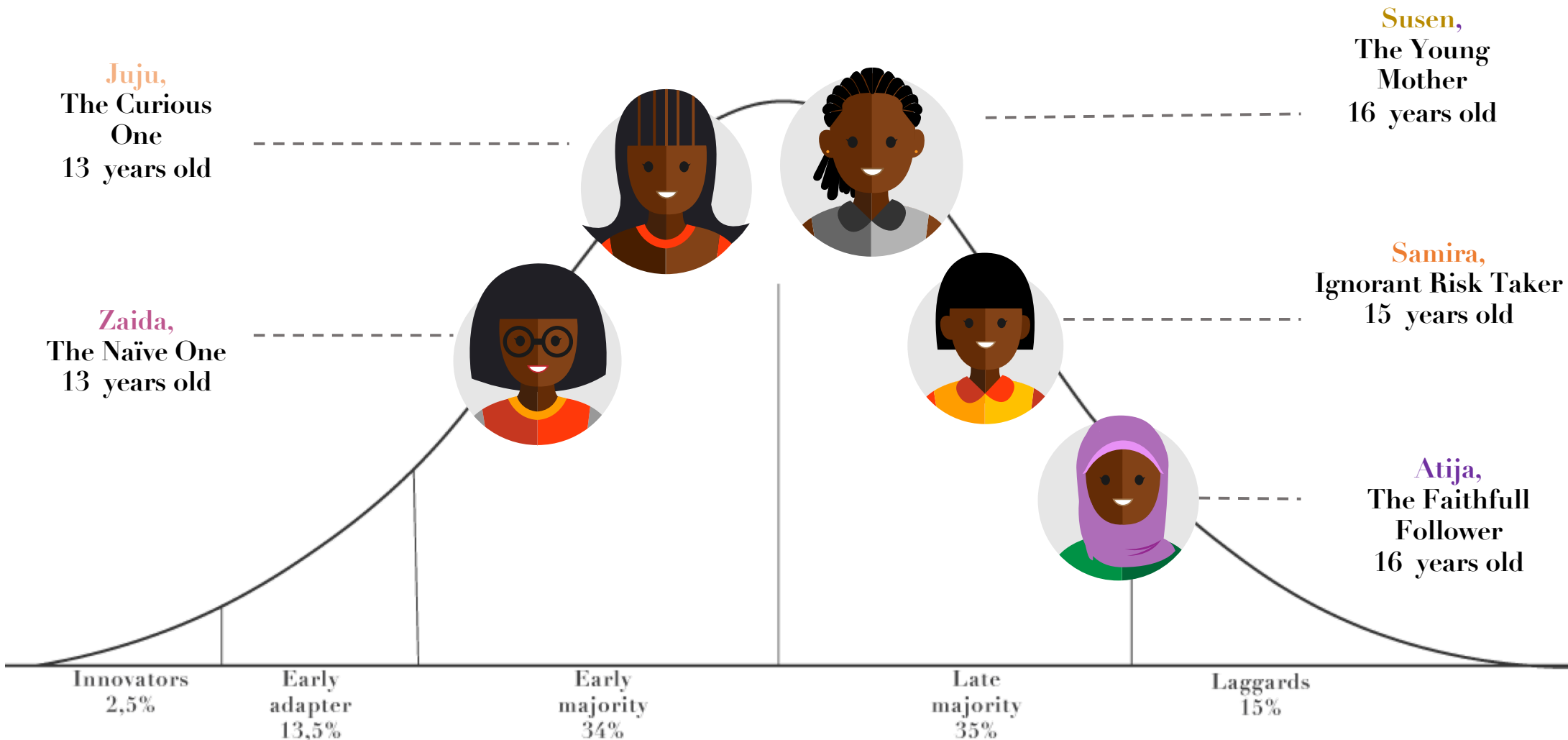


Personas

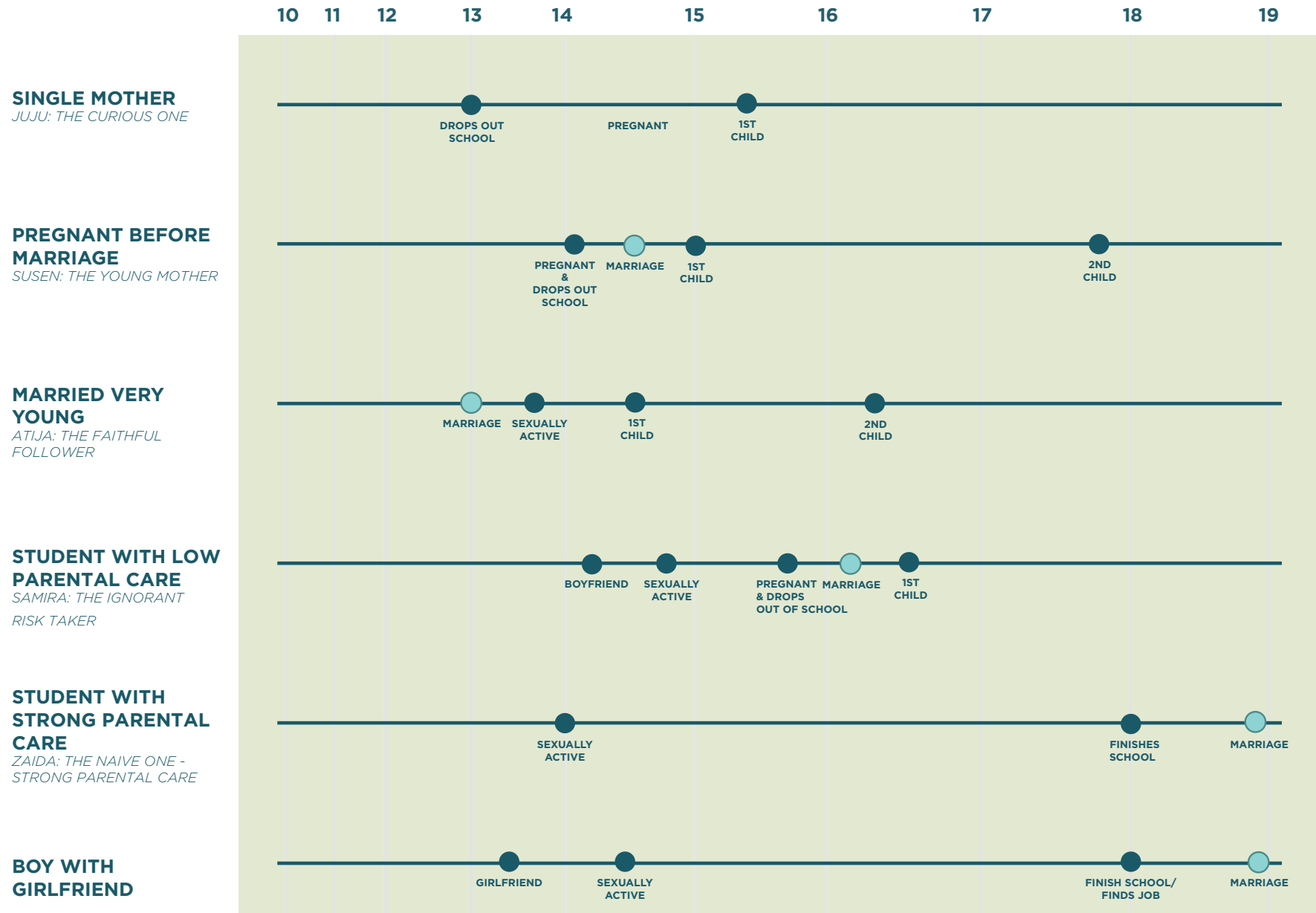
And their journeys

Diffusion curve: personas at glance

During the inspiration phase, we identified different personas that represent different segments of the key population. Diffusion is the process through which an innovation, defined as an idea perceived as new, spreads via certain communication channels over time among the members of a social system.



LIFE TRAJECTORY OF OUR PERSONAS





"I really like going to school because I like listening to my teachers. Every time I play with my friends we like to talk about homework, not boys!!"

Zaida,
The Naïve One
13 years old

My day to day

I live with my parents and my 5 younger brothers and sisters. I am the oldest sibling living in the house. My older sister doesn't live with us anymore, she left the house when she was 17 because she got pregnant so now she lives very very far with her own family.

Most of my days, I wake up and before going to school I help clean my house and prepare my younger brothers to go to school. After, I prepare lunch for everyone. I go to school in the afternoon. My friends pick me up on the way there and we walk to class. After class, I go back and play with my friends outside. I love jumping rope and playing neca. I also love going to church, I feel very safe and I get to spend more time with my friends.

What I know about FP

My parents never discussed sex or anything related to that with me. I guess they think I'm too young to talk about it. At the same time, I feel like I'm not at the right age to have those types of conversations anyways. I'm not planning on having a boyfriend until I turn 18. At school, I've heard about family planning a few times because they gave a lecture about it. I don't really know what they were talking about, I just went to play with my friends.

Who I talk to About other things

I talk with my mom a lot! She always asks me about school and she always tells me that if I want to be like my aunt who works at the hospital, I need to work very hard and finish school. She also tells me that I shouldn't play too much with boys, otherwise I will end up like my sister but I don't know why.

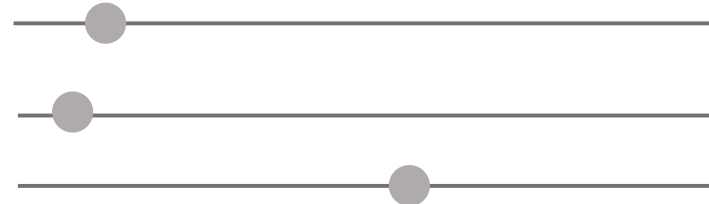
Aspirations

I'd love to be a nurse like my aunt and have a family and children with my husband. But I will only have a boyfriend when I turn 18.

Knowledge about Family Planning

Agency

Support system



When designing for Zaida, remember that:

- 1 She spends a lot of time with her friends while walking to school and in school. For now, she likes to talk to them about homework and school, but she also plays a lot with them. She really likes games.
- 2 She doesn't have knowledge about family planning and she thinks she will only have a boyfriend when she turns 18. For her, having a family will happen after school so she is not even considering FP.
- 3 Even though she doesn't speak about SRH with her parents, she does speak a lot with her mother. She also has role models she admires and she wants to have a life similar to her aunt.



"I love going to the river with my friends to talk about certain things that my grandmother never wants to talk about. My friends really help me and give me advice in many ways!"

Juju,
The Curious One
13 years old

**What I know
about FP**

My day to day

I live with my grandmother and my brothers, and every day I take care of my brothers and cousins before sending them off to school. I left school in the 7th grade because my family didn't have the conditions to pay for school fees, so now I go to the farm everyday to help my grandmother and aunt. The nice thing about this is I get to go to the market to sell some of the things I get from the machamba. When I'm in the market I get to meet my friends so it's nice, and when I get some money for myself I manage to go buy some sodas in the baracas.

My grandmother never talked to me about boyfriends. I still do not have a boyfriend, but I want to get married when I'm old enough. I do not know what FP is, what is this? My friends never talked about it and my grandmother never discussed this with me. She also keeps saying that I'm too young to have a boyfriend, but I don't agree. There is this boy that I met in the market who I really like when he comes to talk to me.

**Who I talk to
about other
things**

I like talking to my friends. Whenever I'm not in the market or in the house we like to meet at the river. I love going to the river! It's nice being away for a bit and being able to play and talk about everything, especially about how my life will be when I find a husband who can support me and all I want to do after I get married.

Aspirations

I want to get married soon and have 3 children with a man who can support me so I can go back to school. After school, I'm going to work as a nurse in my community.

**Knowledge about Family
Planning**

**Agency
Support system**



**When designing for
Juju, remember that:**

1 She doesn't speak to her grandmother about personal things, and she prefers to rely in her friends when getting advice and information.

2 She has an active social life. She goes to the river and bars to meet with her friends.

3 She works in the local market selling fruit and demonstrates entrepreneurial spirit.



Samira,
Ignorant Risk Taker
15 years old

"My boyfriend takes really good care of me! He is always nice and we talk about our life together in the future."

My day to day

I live with my grandmother, two sisters and one younger brother. Sometimes I help my older sister cook, but since she doesn't go to school, I have a lot more free time than her. I'm in 8th grade because I didn't have the best grades in school so I failed one year. I have a boyfriend at school but my family doesn't know about him, so we spend a lot of time together at school and at his house. I usually don't like going to his house because the neighbors are always watching us and they might tell my grandmother about us. I really like him because he is older, smart and always talks about us moving in together one day.

What I know about FP

My boyfriend started to talk to me about "doing it" a few months ago. At first I didn't want to because my grandmother always told me that boys are bad news and that I could get pregnant. The thing is I really like him, and he is very nice to me and my friends were always telling me that I should try it. The first time I asked him to wear a condom but he didn't want to. He was mad at me because I didn't trust him, so we did it without a condom. My friend told me about family planning, but when she went to the health facility they told her she was too young so I haven't really considered going myself.

Who I talk to about other things

The only person that actually knows about my boyfriend is my best friend. I tell her everything because I really trust her! I don't really trust the other girls at school, they gossip a lot and say things that not true about other people. I don't think my boyfriend has told his family yet, I think it's better to keep it a secret for now anyways.

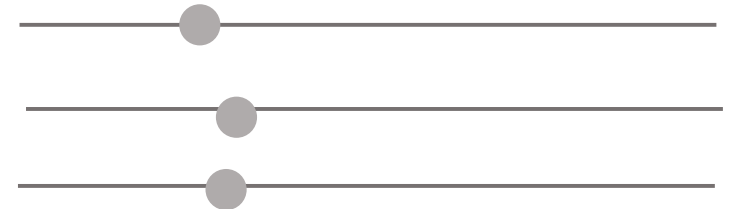
Aspirations

My plan is to finish 12th grade at school, and then get married. I want a family for myself. I'd like to provide for them, but I guess my husband should do that as well.

Knowledge about Family Planning

Agency

Support system



When designing for Samira, remember that:

1 She is afraid to speak to her grandmother about personal things, and she prefers to rely in her friends when getting advice.

2 She has a boyfriend who she listens to when it comes to making decisions about her SRH. The boyfriend would be a good point of influence for her.

3 She doesn't trust providers because of the rumors she's heard but she has never experienced any of this at the clinic herself. She has never considered taking any prevention method for herself.



Susen,
The young mother
16 years old

"If I could I would go back to my parents' house and try to start over with me and my son."

My day to day

I live with my mother-in-law, sister-in-law and my son. I used to live with my parents in their house, but when I was 14 years old I got pregnant, so my father forced me to drop out of school and move in to my boyfriends house to take responsibility for my pregnancy. Before this, I went to school. I really liked going to school with my friends, I wanted to become a teacher before I had to give up most of my dreams. Now it's a bit hard to think about my dreams because I spend most of my time taking care for the house and going to the machamba and church.

I don't get to see my husband too often anymore. He has other women, which has been hard for me. He used to treat me very well, now I don't really trust him. Now he tells me that he will allow me to go back to school and pay for my fees but I don't know if that's true, although I really want to.

What I know about FP

I've never taken any FP method, I've never considered it before. Now I've been thinking it could be something I'd like to do, specially if I want to go back to school. I just don't know where to get information because I'm afraid people will see me and tell my husband.

Who I talk to about other things

I belong to the church choir and I really like it. It's a place for me to stop thinking about my obligations. But we don't really talk about any of this there, we don't talk about about our life.

Aspirations

I really want to go back to school when my child is old enough. My husband doesn't know this but I want to do something for me and my son.

Knowledge about Family Planning



Agency



Support system



When designing for Susen, remember that:

1 She likes going to her choir group because she can find support from her peers and it serves as an escape from her reality. Interventions for her should take this into consideration.

2 Some decision rely solely on her mother-in-law and sister-in-law she lives with. Consider interventions that take them into consideration to reach her.



Atija,
The young mother
16 years old

“I truly believe that being a women is following my husband’s will. He has the last say in the house and I like taking care of him, just as I was taught.”

My day to day

I live with my husband and everyday I take care of the house, clean and make sure everything is ready before going to the machamba. When I come back, I prepare lunch for my husband, two year old and myself. Sometimes in the afternoon, I go watch novelas at my friends house who is also married. I go to the madrassa but I always make sure to come back home to have dinner ready.

I left school in 4th grade when I got married. I used to live with my parents and my grandmother. Before getting married, I used to have a boyfriend that I met at school. We used to like eat other a lot but my parents didn’t know about him. One day, this man approached me at the market asked me to marry him, but I said no so he went to talk with my family and they accepted. I guess they didn’t want me to shame my family and be around other boys.

My husband was the first man I had been with. I was almost 14 when I got pregnant. Now I really want to have many children to prove to my husband and my family that I’m a good wife and woman. My husband really wants to have many many children so I’m happy with that.

What I know about FP

Who I talk to about other things

I talk with my friends when I meet them to watch the novelas. We talk about different recipes we have tried and our children. It’s nice that they got married at the same time because they really understand me, unlike my friends from school who I don’t talk to anymore.

Aspirations

I want to have a big family because that way my children will be able to take care of me. I’d love for one of them to become a doctor or a nurse. That was my dream before dropping out of school. That way they can also support me and my parents.

Knowledge about Family Planning

Agency

Support system



When designing for Atija, remember that:

- 1 She follows what her husbands decides for her. A good way to reach her would be when she goes to the hospital for her child consultation.
- 2 Religion is very important for her and it’s a big part of her life. Any interventions for her shouldn’t have any messaging that contradicts her religion.
- 3 She has a phone to talk to her husband when he is not in the house. SMS could be a way to reach her.

INFLUENCERS



"I feel like my children are way too young to start talking about sex or any of those topics!"

Margarita,
The Caring Mother
34 years old

My role as a mother

I live with my 6 children and husband. I moved to my husband's house when I was young and got pregnant,, I never managed to go back to school. I always go to the machamba in the morning along with other women from the community. It's a hard task but I manage to bring food for the house and my children. My husband doesn't spend much time in the house with us, he works to provide money for everyone. In my case, I have to make sure the children in the house are taken care of and go to school, which is not always easy considering our economic situation. Not all of them go to school but I wish they did.

I always wanted to have many children. This is the only way for me to have a better future because they will be able to take care of me when I'm older. My husband always has the final say in many matters in the house, but when it comes to the my children's education - I'm the one in charge. I teach my daughters many things. It's important that they know how to cook and clean properly so can become a good wife. I've had some challenges talking to my older children. As they get older, I feel like they don't talk to me as much and I don't really know where they spend their time. Even for those that go to school, I don't know where they go after class, but it's hard to talk about it with them.

What I know about FP

I remember when I was young, I had my first period when I was 13. It was really a bad experience for me because I didn't know what it was, nobody had ever spoken to me about it. I remember one day my mother found some dirty clothes, and she took me directly to speak with my grandmother. She told me that I was becoming a women and that I was not allowed to meet boys anymore because I could get pregnant. I remember she took my dirty clothes and buried it and told me *"this is the only way for you not to get pregnant"* and left.

I was very confused and at the same time angry because no one had explained what was happening to me! I went to talk to my friends to try and understand what was happening to me, but some of us were in the same situation. The thing is that when my daughter had her first period, she was around 13 years old, and she never came to me. I would have talked to her. I guess if she didn't come to me it is because she was embarrassed. At the same time, I felt like there was no need to talk about those topics with her because she was way too young! She hasn't started dating, I'm sure. For my younger daughters, I will know when they have their period when they ask for money and I hope they have the confidence to talk to me about it.

When designing for Margarita, remember that:

1 She values her children's future and wants them to finish school.

2 She doesn't see her oldest daughter as capable of having a boyfriend yet. She doesn't think it's necessary to have a conversation with her daughter.



Mauricio,
The Opportunity Seeker
18 years old



"I guess that us boys are meant to be with other women, it's part of our nature you know?"

I live with my mother and two younger sisters. During the day I have a lot of free time. I actually dropped out of school when I was 14 because my father past away suddenly, so I didn't really have a choice. I had to take care of my house, so I started working. My father used to talk to me about my future and getting married but since he past away I don't really talk about it with anyone else.

I started selling some things in the market, so I went very often. I met many of my friends there, and of course my girlfriend. I decided that same year that I wasn't going to go back to school because I am making money in the market and I'm actually good at selling things. I don't think I need to go back to school to have a good life.

About FP

Me and my girlfriend have been together for 1 year. We started dating because I saw her at the market and I approached her. It was rather easy to convince her to be with me. The first time we had sex, I didn't have a condom but you can't really miss those types of opportunities, so I insisted we do it without one. It was great! I actually prefer it. Condoms are don't feel as good and with my last girlfriend I never used a condom either, so why start now?!

Anyways if she gets pregnant, I'll be able to take care of her so I'm not really worried about it.



Elisa,
The Unmotivated
Provider
30 years old



“When young girls come in asking for family planning, I tell them they need to go home and speak with their parents first.”

I’ve been working in the hospital for the past two years. I remember when I was young, I used to live with my aunt and she always insisted I work hard to become a nurse like she always wanted. I guess it just seemed to be the best option for me.

I never really knew what being a nurse meant. We work long long hours at the hospital and there are always long queues. It feels like it never ends! I used to be very passionate about my career, especially when I started. Now I don’t really enjoy it anymore. It’s just too hard.

I can’t really think about doing anything different with my life for now. I still need to provide for my family, but I have to be honest - I don’t feel motivated to go to work everyday. I guess the only thing I really like is when they give us trainings, it’s always nice to learn different things, but that almost never happens!

About FP

I work with adolescents that come for consultation for prevention methods. It’s crazy for me when 13 or 14 year old girls come to the hospital. It doesn’t make any sense!! I started having sex when I finished school, I just don’t want to get in trouble with their families in case something goes wrong, it’s not really my responsibility, it’s their daughter!



INSIGHTS & DESIGN CHALLENGES

Surprising truths & opportunities for intervention

Insights

At a glance

1

No right place, no right time

2

Learning about sex without talking about sex

3

Family planning is for the old, never for the young

4

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5

Family planning is her responsibility, her problem, his decision

6

Formal SRH education falls short

1 No right place, no right time

Insight

Adolescents don't have open, constructive spaces where they can ask questions or feel comfortable learning about sex, family planning, and their reproductive health. Most of the dialogue and messaging around these topics is one-way, either through initiation ceremonies, biased opinions from peers, mothers, members of the community or healthcare providers.

These constrained environments are not conducive for two way conversations and act as a barrier; however there is potential in the *"female figures"* (mothers, grandmothers, madronas) who play an important role in introducing these topics to adolescents. this conversations.

"I never heard about FP methods because my aunt and grandmother never spoke to me about them."
Adolescent girl, NAMPULA

"If I would have known that my daughter had her first menstruation I would have taken her directly to the hospital." Mother of an adolescent girl, GAZA

Design Challenge

How might we create an enabling space for mothers to be able to motivate their daughters to make a voluntary decision to engage in FP services?

1 No right place, no right time

Findings

Most of the adolescents girls and boys don't have open dialogues around sexual reproductive health and do not have a "go to" place to ask direct questions about these topics. SRH and FP are considered taboo topics, not to be openly discussed among family members. In some cases, it is considered disrespectful to talk about SRH in front of parents or grandparents.

For many adolescents, they are only "ready" to discuss sex when they get their first period. In other instances, these conversations are only allowed when the girl reaches 18 years old, gets married or gets pregnant. Even so, these conversations aren't open, direct and often do not include family planning as a specific topic.

The type of information shared during these first conversations only captures topics around hygiene and avoidance of men without going into further detail on *why*. Culturally it is the mother and/or older female figures (madronas) role to guide and talk about these topics with the adolescent girl at this point in her life. In fact, older traditional practices only allow *"women who are not in their fertile period"* to talk with girls once they've just gotten their first period.

Even once she gets her first period the adolescent girls is often still seen as a "child" in her mothers or caregivers eyes. This is another reason there is a sense of distance or refusal to engage in these conversations, especially as a girl starts to become a woman. Even though mothers know they should speak with their daughters, they do not feel like they themselves have the correct information because no one ever spoke to them directly when they were young. There is also a general belief in the community that "talking about sex will encourage girls to have sex." This discourages girls to ask questions for fear of being considered promiscuous in the eyes of her community.

If given the right messages, female influencers could be considered a trustworthy source of information for girls to get information about family planning, and offer a support system to take the girl to get services at the health facility.

Therefore, increasing uptake should not focus strictly on conveying accurate technical knowledge to adolescents but instead on leveraging existing trusted networks.

1 No right place, no right time

GAZA

Grandmothers and mothers have the legitimacy to talk about SRH with girls and they often do. The relationship between mother and daughter, in particular, is one of responsibility and constant oversight; however in many cases there is a lack of accurate information.

In addition, girls are taken to the hospital after their first period by their mothers or caregivers, often without their consent.

NAMPULA

The first conversations about SRH is lead by the *madronas* after the girl gets her first period. These female figures guide adolescents through important stages of growth and maturity, but do not have open conversations about FP methods.

2

Learning about sex without talking about sex

Insight

Adolescents hold a set of personal 'truths' about SRH and FP, although these are often plagued with myths and misconceptions based on rumors heard from the community and their peer networks. Girls are generally unaware of their lack of accurate information, and trust the information they do have (primarily from family/friends). Girls live in highly communal societies where conforming to the 'norm' of their social group is important. This leaves little space to challenge or question these ideas.

There are few trusted sources to dispel these beliefs and an overall lack of conversation to raise awareness about these false notions around FP.

"I started doing (it) because my friends told me I was missing out, so I tried it and I liked it."

Adolescent girl, unmarried.
NAMPULA

"There is no conversation about sex, sex is just done"

Adolescent girl, GAZA

"I don't want to talk about sex and pregnancy, I want to talk about school"

Adolescent girl, GAZA

Design Challenge

How might we create an enabling space where adolescents feel comfortable to express their thoughts and feelings about their aspirations and their sexual and reproductive health?

2 Learning about sex without talking about sex

Findings

Adolescents seek places outside their houses where they can be themselves. They surround themselves with peers with whom they relate to and who understand what they are going through. They place a lot of trust in their friends, which makes them susceptible to peer pressure, rumors and oftentimes engage in risky behaviors.

Friends discuss many topics during and outside of school, but sex is rarely one of them. Adolescents perceive sex as a *taboo* topic to discuss outside of marriage, even if premarital sex is common. For many adolescents sex and sexuality is the same, and there is no clear in what these terms mean for an individual never mind a couple. This lack of understanding and open dialogue and with their sexual partners often leads to adolescents having sex without considering any prevention methods.

Some discussions around sex have a negative framing. For example, when adolescents hear about sex it is when one of their friends got pregnant. The sense of shame and secrecy around the topic makes adolescents feel like they not allowed to ask for advice.

There is a sense of desire among adolescents for more technical information about sexual health to make informed decisions. Most of their trusted information is not accurate or technical. It is a collection of stories, personal experiences, from people they trust and rarely mentions the correct vocabulary. Even when not discussed openly, peers are considered as a source of information when it comes to sex. Adolescents take any opportunity to listen about sex, through stories, rumors and activists at school but they rarely ask for clarification or ask questions. What they hear and see in the community will influence their views and understanding.

The trust and 'closeness' within peer groups changes dramatically whenever adolescents get married. A married girl is distinguished among her peers, and distanced from her former peer group. Not only do her friends (somewhat) dismiss her, but she also prefers to defer most decision to her husband. This includes decisions around sex, starting a family, and contraceptive use.

2 Learning about sex without talking about sex

GAZA

In initiation ceremonies don't happen, so adolescent girls tend to look for advice and observe what their older sisters or friends are doing to understand sex.

NAMPULA:

Sex and sexuality is almost always limited to the initiation ceremonies.

It is during this moment that adolescent girls have an understanding of sexuality and how to use their bodies to attract man..

3

Family planning is for the old, never the young

Insight

Family planning is seen as an intervention to help women space births or to stop having a children because her and her husband are happy with the family size. It can also be used by young and single mother who have proven they are fertile enough to have children – either through early pregnancy or an abortion. Only when they have had a child are they considered ‘socially allowed’ to start FP methods.

There are few aspirational messages coming from the community around using FP to achieve their dreams of completing school or getting a job as a nurse. The cultural content, encourages adolescents to have their own children because *children are their future*. Many members of the community see family planning as something that will prevent girls from achieving their sense of purpose as a mother or women.

“If I would have heard someone talk about FP I would have used them I wouldn’t have ended up where I am now.” Adolescent girl, single mother, GAZA

“I don’t have any children so I don’t want to take FP ”
Adolescent girl, NAMPULA

Design Challenge

How might we encourage adolescent girls to consider and understand FP methods as tools to achieve their aspirations?

3

Family planning is for the old, never the young

Findings

In Gaza and Nampula, adolescent girls highlighted having children and a husband as their primary goal in life, mainly because both are seen as sources of financial stability.

For many adolescent girls getting married and having children is an “*inevitable step*,” and for some this takes precedence over finishing school. Having children is another way for women to prove their fertility and feel an immense pressure from an early age to achieve this. In some cases, marriage is more important than finishing school because it is considered more profitable and requires less effort. This is a common narrative, especially amongst girls that are out of school.

Aspirations within the community play an important role in shaping individual aspirations, which are often not career-oriented. Most girls are unable to articulate their aspirations and dreams and they do not see family planning as a tool to help them achieve this. The lack of role models in their lives and the will to find better opportunities prevents them from having long term plans for themselves. They would rather replicate people they see as accepted by their community than pave their own path.

Family planning is not seen as something to help girls achieve their goals; in fact it is seen as something that directly contradicts their perceived goals and aspirations around starting a family. This could explain why family planning is only considered discussing when a girl already had her first child, or when she first gets married and is planning for her family.

Family planning is for the old, never the young

GAZA

Many men in Gaza work in South Africa and spend most of the year there. This gives some women a stronger sense of agency, while for others this means she must consult the mother-in-law in the absence of the husband. In some households, young mothers or single mothers decide to use family planning methods as a way to plan their future away from men.

NAMPULA

Many believe a wife's duty is to have as many children as God wills them to. There are few newly married women engaging in FP because they associate happiness with giving birth and being a 'good' (compliant, respectable) wife or girlfriend.

4

A growing distance between services and needs

Insight

Adolescents dislike going to hospitals to ask for information or consultation because the spaces are open and lack privacy. This leads adolescents to feel judged by neighbors and other members of the community and discourages adolescents from visiting health facilities.

Furthermore there is a clear disconnect between health care providers and users creating a barrier when it comes to making any family planning related decisions involving hospitals or health providers.

"It's like they are afraid of saying they were at the hospital or that they were going to the hospital for consultation"

Teacher, GAZA

"SRH services are offered at the maternity ward, so many girls are seen waiting with pregnant women" Nurse, NAMPULA

"I don't want to be responsible for adolescents that are too young to have sex, it's not my role to encourage that"

Provider, NAMPULA

Design Challenge

How might we build bridges between the providers and adolescents?

How might we create a space outside the hospital that will motivate adolescents to consider engaging in FP methods?

Findings

Adolescents perception of health providers and hospitals is often associated with a sense of shame, which prevents them from seeking services at health facilities.

One of the main factors influencing decisions around family planning is shame. Shame around being seen by their peers, family and community members accessing services. This was most prominent at health facilities with open spaces where adolescents can be easily recognized. The lack of covered structures in waiting areas creates a barrier for adolescents seeking information on different methods or counseling services. This was also true for boys, who prefer to stay outside the hospital when they are accompanying girls to consultations when they are pregnant, even more when they are not married. Boys tend to maintain distance from clinics to avoid judgment by the community. This shame also holds true when adolescents conceal their relationships from their parents.

Providers play an important role when it comes to encouraging (or discouraging) adolescents to adopt family planning methods. It was not uncommon to hear providers not offering certain methods (specially LARCs) to younger girls, or creating restrictions that would discourage adolescents to return - such as refusal to offer services without parental consent. Many providers reported working 24 hours shifts and admitted to conducting shorter sessions as a result. This combined with reported lack of training on adolescent friendly FP services, and lack of quality conditions at the facilities, leads to demotivation in the work space. Accordingly, long queues at the clinic run a high risk of adolescents being “exposed” while they wait.

There are also outreach programs attempting to link communities with health facilities. They operate in rural areas and provide counseling and FP methods (contraceptive pills and injectables). Regardless of these services, many girls will not approach these mobile units for fear of being seen by community members.

5

FP is her problem, her responsibility, *his* decision

Insight

When it comes to sexual encounters, especially first time experiences, girls report letting their boyfriend or man take control and make the decisions. During sex, the female is expected to perform according to the needs of her husband or boyfriend. On the contrary, during pregnancy and child-rearing, the female is expected to take full responsibility. Sex appears to be the man's domain, while pregnancy and child-rearing is clearly the woman's realm.

It is the responsibility of the female to consider her options around family planning and propose it to her husband or partner, but for most their husband should be the one to provide consent and the final decision. This can drive some women to seek services in secrecy.

"Talking about FP is the responsibility of the hospital not mine" Uncle taking care of adolescent, GAZA

"I would love to do FP, but my husband lives in Maputo and I can't make the decision on my own." adolescent girl, GAZA

"God says the woman must reproduce and give birth, she must take care of the home, children and husband – that is a true Muslim woman." mother, NAMPULA

"If we use condoms in our sexual relationship my boyfriend will stop loving me and will dump me" adolescent girl, NAMPULA

Design Challenge

How might we involve men in empowering adolescent girls to make family planning decisions?

5 FP is her problem, her responsibility, *his* decision

Findings

When it comes to engaging in sexual relationships, girls do not feel like they are in control. The lack of negotiation skills and confidence leads to adolescent girls handing over decision making power to the boys for fear of rejection or abandonment.

Social norms shape boys perception of sex and their roles in society. Boys think of sex as a natural part of their lives and a symbol of their masculinity. Boys do not hesitate to openly discuss sex with their male peers; however they does not talk to girls about sex or sexuality as it is not socially acceptable. Gender roles afford many boys the option to decide their future, dreams and aspirations. These roles hold a sense of responsibility and power leading men to be appointed as fathers, heads of household and financial providers.

For decisions surrounding family planning, many women expressed the need to inform their partner about their choice before going for services, especially when married. Women are concerned about betraying their partner by leaving him out of the decision. Women feel obligated to tell their husbands everything, while man don't have the same obligation towards the woman. Trust is a one-sided notion.

In cases outside marriage, should an adolescent girl fall pregnant she is shamed and outcasted from her social group, often forcing her to leave school or join night classes as a result. The pressure and social burden of premarital pregnancy is often carried by the women, and another reason when men are not taking part in *the conversation*. In some cases, the parents of the adolescent girls force them to get married to the man who got her pregnant, while parents of adolescent boys are now encouraging their sons to deny the pregnancy. Once again, leaving her with the responsibility.

The of interest of boys and man in family planning methods (other than condoms usage) prevents them fully understanding the role play in the relationship. Males also perpetuate the notion of girls being the "trouble makers" who only want to take things from men and boys. Involving man and adolescent boys in these conversations could help increase knowledge and shift the mindset around men supporting adolescent girls in making informed choices.

6

Formal SRH education falls short

Insight

SRH is formally taught in secondary schools, but excludes specific messaging around family planning. Many adolescent girls who drop out of school due to reasons associated with limited access, poor financial conditions or distance are being left behind. Limited access to information leads to lack of knowledge, awareness and understanding of SRH and FP methods for girls who are out of school.

There is a clear divergence in aspirations, level of knowledge around family planning and level of agency over her decisions among adolescents in school versus those out of school.

"I left school in 7th grade because of the poor conditions when my mother died. No one can help from the family. I want to go back to school to get a job (teacher)." 15 year old adolescent girl, Nampula

"My friends are all married and out of school - my friend could not get pregnant because of the contraceptive method she used but I don't know what it was."
married adolescent girl, Nampula

I missed 3 times in the 5th class, which is why I decided to stop. I failed the last class because I missed the last social science exam because I was cooking at home." 15 year old adolescent girl, Gaza

Design Challenge

How might we reach out of school adolescent girls with information to make informed family planning decisions?

6 Formal SRH education falls short

Findings

Schools have different approaches to teaching family planning and SRH. In both provinces, SRH is included in the biology curriculum; although how (if at all) it is taught is left to the discretion of the teacher. Motivation of teachers varies drastically from school to school and greatly impacts student knowledge on SRH. Many teachers do not believe it is the responsibility of the school to address these issues directly in the classroom.

The school setting is not well equipped to support adolescent girls who get pregnant. Girls try and hide their pregnancy, for fear of being ridiculed and rejected by peer groups. Some schools do not let pregnant girls attend classes for fear her actions will motivate or influence her peers, while other schools help these adolescent girls transition into night classes to finish their studies. Once a girl drops out of school, there is little follow-up or investigation by the school into reasons for dropping out. Teachers note a decline in female students from the first to last semester but many do not know the causes are.

When interviewing out of school adolescent girls, we discovered the main reasons for dropping out were linked to lack of access, competing responsibilities, early pregnancy, and most commonly lack of financial conditions to afford fees or school supplies. Out of school adolescent girls often live with extended family members because their parents cannot afford to take care of them. These environments are not conducive for encouraging girls to return to school even though the girl often wants to. Once the girl is out of school her sources of information become limited to family and other girls who are out of school. There are few programs targeting out of school girls, and her lack of network makes her increasingly difficult to reach.

6 Formal SRH education falls short

Findings

GAZA

In Guijá, there is currently a group of activists being formed in the secondary school by peer activists and the physical education (PE) teacher who was formally a member of Colizao. This initiative uses community theater to reach out of school adolescents; however they still have limited resources to tackle distance.

NAMPULA

Many girls who get married early, are forced to drop out of school so they can focus on tending to the household chores. Some husbands do not encourage their wives to go back to school later as it is seen as “dangerous” to have an educated women.

