

## Formative Design Research - Ethiopia

### *Guide to In-depth Conversations with Service Providers*

#### **Overview**

This is a guide for conducting youth-participatory design research with service providers for the Adolescents 360 (A360) project. Please note that included in this document are more research methods than we will need during any one conversation. We provide a variety of suggested tools for how critical topics can be explored; each team will have the flexibility to choose which of these methods are most appropriate for the audience they are speaking with. At the end of every day, we will reconvene to discuss insights from the day as well as which methods worked best so that we can learn for the next day.

#### **Introductions**

Before beginning any discussion with a service provider, please ensure you:

- Go through the necessary consent procedures.
  - Show appreciation for the provider giving us his/her time.
  - Explain that we are on a learning journey to better understand the work of service providers in the community.
  - There are no wrong answers. This is about the provider, his/her work and the people served by the provider.
  - Remind him that he is the expert, not us. We are simply here to ask questions and learn.
  - Encourage the provider to speak openly and honestly. Remind the provider again of the privacy and confidentiality of this conversation and that s/he can stop at any time.
  - Remind the provider that the goal of this conversation is to get the provider's help in developing programs that are going to improve the health and lives of girls and boys throughout the country.
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Warm-Up Objectives: Get a quick read on a number of important topics and get the provider comfortable sharing. Probe into the answers that are most compelling and/or curious.

**FILL IN THE BLANK**

Share statements and have provider complete them. (Or, explore by asking simple questions.)

- I started doing this work because \_\_\_\_\_. I stay in it because \_\_\_\_\_.
- My job is mostly about \_\_\_\_\_ but I wish it was more about \_\_\_\_\_.
- The role I play in my community is \_\_\_\_\_.
- I know I'm doing a good job when \_\_\_\_\_.
- The most common need my patients have is \_\_\_\_\_.

**WHAT I DO**

**Time Needed:** 10-15 minutes

Explore how the provider describes what he does, as well as how he believes others describe him in his community. The following can just be discussed or filled in by the provider with words and/or pictures and then discussed. Be sure to address what other providers think to understand the roles of reputation and peer pressure.

WHAT MY PATIENTS THINK I DO...	WHAT MY FAMILY THINKS I DO...	WHAT THE MOH THINKS I DO...
<input type="text"/>	<input type="text"/>	<input type="text"/>
WHAT OTHER PROVIDERS THINK I DO...	WHAT I ACTUALLY DO...	WHAT I WANT TO DO...
<input type="text"/>	<input type="text"/>	<input type="text"/>

## CONTEXT

*This activity requires two researchers – one to facilitate the discussion and one to take notes.*

**Time Needed:** 10-30 minutes

**Objectives:** Open with a conversation that taps into the perceived value, status and associations related to adolescent girls in the community.

- Tell me about the types of clients you tend to serve here.
- You did/didn't mention adolescent girls. Do they come here? Why or why not?
- For those of us who are not from this country or from this area, we'd love for you to help us understand the adolescent girls in your community.
  - Tell us about the different types of adolescent girls in this community.
  - What does it mean to be a 'good girl' in this community? What do those girls have in common?
  - What does it mean not to be a 'good girl'? What do they have in common?
  - Which do you most commonly see here – good girls or bad girls? Why?
  - In this community, what's the typical life for a girl who is, say, 15yo?
  - How is or isn't that different from a typical life of a 15yo boy here?
  - I want to understand if and how boys and girls are regarded differently in this community. Would you say that girls and boys are treated the same? Explain.
    - How are they treated the same?
    - How are they treated differently?
    - Do they have the same opportunities? Why or why not?
    - Do they have the same amount of control of their lives? Why or why not?
    - Do they have the same influence in their families? Why or why not?
    - Are they treated differently in the eyes of the local religion? If so, how?

**NOTE to Facilitator:** Probe for context – feelings, perceptions and associations related to girls – that may shape how adults respond to girls having access to contraception.

## THIS OR THAT VALUE?

*This activity requires two researchers – one to facilitate the discussion and one to take notes.*

**Time Needed:** 10-30 minutes

Objective: To understand which values providers identify as most important to them and their work. Use this to understand which values participants perceive as important, and if the significance is static or changes depending on different contexts.

With 10-12 values on individual cards, ask providers to choose one over the other as being most important. See, if by doing this exercise, you can get them to agree on the three or so that are most important. Probe how they inform their work, how they make decisions, how they treat their patients, how they show up in their communities, etc. See which values they hold most dear.

Suggested values to include: Contribution, Integrity, Reputation, Service, Respect, Community, Responsibility, Knowledge, Professionalism, Status, Leadership, Recognition.

## TOPIC SPECTRUM

*This activity requires two researchers – one to facilitate the discussion and one to take notes.*

**Time Needed:** 15-45 minutes

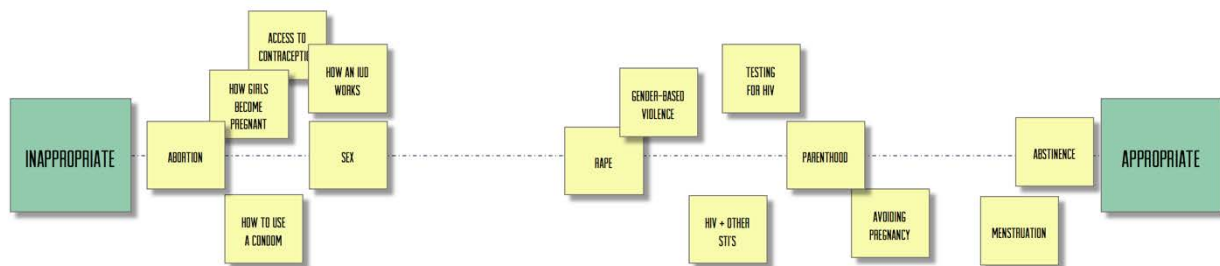
**Materials Needed:** Stickies, markers

**Objectives:** Continue focusing on just adolescents by exploring whether the provider believes SRH is a valid and appropriate topic to address with adolescents and why. Discuss which topics are appropriate and which should be off limits.

First, ask the provider whether he/she believes it's appropriate to discuss sexual and reproductive health with **unmarried** adolescent girls. If not, why not? If so, why and which topics do they feel are appropriate to discuss with girls? Then, share with the provider stickies with a different SRH topic noted on each. Ask him/her to add any topics he/she feels are missing.



Once the list is complete, have his/her place each topic on a spectrum from least appropriate to most appropriate topics to be addressed (by no one in particular) with **unmarried** adolescent girls. At this point do not address who has the responsibility to address with adolescent girls. Just get a clean read on which should and shouldn't be addressed.



## Responsibility Bulls-Eye

*This activity requires two researchers – one to facilitate the discussion and one to take notes.*

**Time Needed:** 15-45 minutes

### Materials Needed:

- Flipchart or poster with the bulls-eye drawing on it
- Sticky notes with the words written on them
- Blank sticky notes

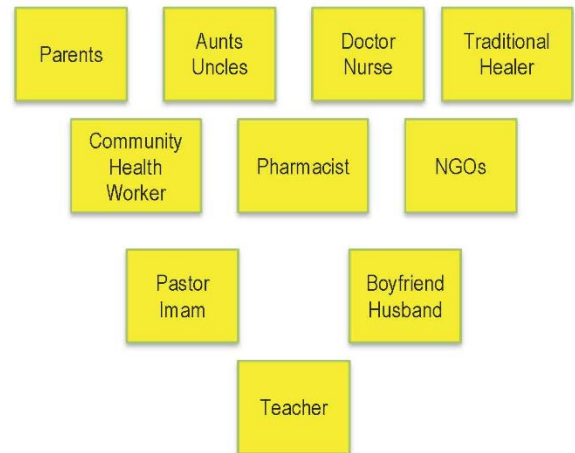
**Step 1:** Hang up the bulls-eye on a wall or spread it out on a flat surface. Hand out the sticky notes to the participants – one per participant.

**Step 2:** Explain that this is an exercise to discuss who they feel is most responsible and least responsible for providing information or services about sexual and reproductive health to adolescent girls, particularly for preventing pregnancy.

**Step 3:** Ask one participant to read what is on her sticky note and to say whether she feels this person is most responsible, somewhat responsible or not responsible for providing sexual and reproductive health information or services to adolescent girls. Ask her to explain why she feels that way. Once she is finished explaining, ask others for their opinions. Do they agree with her? Disagree? Encourage them to debate and decide if they want to leave the sticky where it is or move it. You can also write new sticky notes with the same word and place it in multiple places on the bulls-eye if they do not agree.

**Step 4:** Repeat this exercise until you have gone through all of the sticky notes. Make sure you give all of the participants time to talk and discuss their feelings.

**Step 5:** Ask the participants whether there are other people that they would like to add to the bulls-eye, for whom they think are most responsible for providing adolescent girls with sexual and reproductive health information or services. Write those down on sticky notes and stick them on the bulls-eye. Make sure you ask them to explain their answers and continue discussing and debating with one another.



## PROVIDER ARCHETYPES

*This activity requires two researchers – one to facilitate the discussion and one to take notes.*

**Time Needed:** 15-30 minutes

**Objective:** Determine what the perceived differences in the types of providers in the community and their POV on ASRH of each archetype.

- Whether they currently do or not, who in the local medical community could serve the RH needs of adolescent girls? Who else? Who else? (Come up with a thorough list. Add to as necessary.)
- Put each provider named on a different card or stickie.
- Tell me a little bit about each provider, especially those we don't know.
- Cluster the providers into groups that make sense to you, giving particular focus on serving adolescent girls.
- For each cluster, explore:
  - Explain the group.
  - What are the pros and cons of being in the group?
  - What does this group believe in?
  - What or who influences the thinking of individuals in this group?
  - What's most important to this group?
  - How does this group feel about providing contraception to **unmarried** adolescent girls?
  - How does this group feel about providing contraception to **married** adolescent girls?
  - What do you believe is their perceived risk of serving **unmarried** adolescent girls?
- Ask them to identify which group they'd be in and why.
- Ask what about their group is often misunderstood.
- **IMPORTANT:** Experiment with what it would take to move them to another group that might be more willing to serve adolescent girls.