Introducing Adolescents 360

Designing and Implementing Adaptive, Youth-Centered Programming in Ethiopia, Tanzania, and Nigeria

In 2016, Population Services International (PSI), with funding from the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation (CIFF) launched Adolescents 360 (A360), a 4.5-year project working directly with young people to design and deliver interventions that increase demand for, and voluntary uptake of, modern contraception among adolescent girls aged 15-19. This series of technical briefs introduces A360's design and implementation of four interventions across three countries: *Smart Start* in Ethiopia, *Kuwa Mjanja* in Tanzania, *Matasa Matan Arewa (MMA)* in northern Nigeria, and *9ja Girls* in southern Nigeria.

When A360 launched, both modern contraceptive prevalence and unmet need for contraception among adolescents aged 15-19 across Ethiopia, Nigeria, and Tanzania remained relatively low. This suggested that many sexually active girls were not knowledgeable that it was possible to delay or space pregnancy, nor about contraception, not seeking out contraception, and/or had desired fertility according to Demographic and Health Surveys for the respective countries (Table 1). Among other things, formative project research across the three countries highlighted the immense value placed on motherhood. That said, global evidence powerfully demonstrates the risks to maternal and child health posed by too early and too frequent childbearing.[1] Without negating the data or public health principles, A360 recognized the importance of evolving more traditional adolescent and youth sexual and reproductive health (AYSRH) programming based on an understanding of girls' dreams and life goals – inclusive of and beyond motherhood. A360 pursued an expansive approach, emphasizing meaningful engagement of young people to co-design interventions that would be relevant to them within the individual country contexts, while maintaining an emphasis on continuous project learning.

Table 1: Adolescent sexual and reproductive health (SRH) across Ethiopia, Nigeria and Tanzania

The data highlights high total fertility rates across countries. The gap between sexual debut and marriage leaves many Ethiopian, Nigerian and Tanzanian adolescent girls susceptible to unintended pregnancy. Married adolescents represent an overlooked area of programming in terms of unmet need, in addition to unmarried sexually active adolescent girls.

	Ethiopia (2016)	Nigeria (2018)	Tanzania (2016)
% of population aged 15-19	23.4%*	20.8%*	21.4%
% of girls 15-19 married and/or in union	17.4%	22.1%	23%
Modern contraceptive prevalence rate (mCPR): all girls aged 15-19, currently married girls aged 15-19, sexually active unmarried girls 15-19	7.4%, 31.8%, 57.5%**	2.4%, 2.3%, 22.2%	8.6%, 13.3%, 33.1%
Unmet need for contraception: all girls aged 15-19, currently married girls aged 15-19, sexually active unmarried girls 15-19	4.7%, 20.5%, 26.4***	5.7%, 12.2%, 65.6%	10.8%, 23%, 42.4%
Median age at first sexual intercourse, women aged 25-49	16.6	17.2	17.2
Median age at first marriage, women aged 25-49; men (as indicated)	17.1; 23.8 (men 25-59)	19.1; 27.7 (men 30-59)	19.2; 24.3 (men 25-49)
Median age at birth of first child, women aged 25-49	19.2	20.4	19.8
Adolescent fertility rate (births per 1,000 girls aged 15-19)	80	106	132
Total fertility rate (number of births per woman)	4.6	5.3	5.2

All data from the Demographic and Health Surveys from the respective countries and year, unless indicated.
*UNFPA Adolescent and Youth Dashboard, https://www.unfpa.org/data/adolescent-youth/NG; https://data.worldbank.org/indicator/SP.POP.1519.FE.5Y?locations=TZ for Tanzania (estimates based on UN Population Prospects)
**Number based on 25-49, unweighted cases (DHS)
***Women who have had sexual intercourse within the 30 days preceding the survey; not disaggregated by age in the DHS

The A360 investment was divided into three distinct project phases. These included an inquiry phase to understand the experiences, contexts, and underlying motivations that inform adolescent behavior; insight synthesis and prototyping by multi-disciplinary youth-adult teams; and implementation grounded in adaptation and continuous quality improvement. A360 created space throughout its project lifecycle for interrogation and testing of ideas and worked to nurture curiosity and creativity. A360's inquiry and insight synthesis and prototyping phases took place from September 2016 through December 2017, with its adaptive implementation phase beginning in early 2018 (Figure 1). To ensure that A360 contributed to the global AYSRH evidence base, it worked closely with its partners–Itad, Avenir Health, and the London School of Hygiene and Tropical Medicine (LSHTM)–to support external process, outcome, and costing evaluations.

Figure 1: A360 Process and Timeline

Sept. - Dec. 2016	Jan. 2017	Jan. 2018 - Sep. 2020	Oct. 2020 - 2025
Inquiry	**Insight Synthesis & Prototyping**	**Implementation**	**Follow-on Investment**
• Ethical review • Recruit youth as co-designers • Tearm orientation to A360 disciplines • Interview guide development • Semi-structured interviews with girls, gatekeepers, community, and providers	• Interpretation and contextualization • Analysis of respondedent results to develop themes for design • Development of prototypes • Vetting and refinement through field testing and disciplinary analysis of field test results	• Evidence-based Adaptive Implementation to ensure interventions' continued 'fit' for girls, and the health systems that own and sustain their implementation	• Transition to supporting goverments to close the gaps in adolescent contraceptive access - for good.

During the first two phases (inquiry, and insight synthesis and prototyping), A360 worked closely with a consortium of experts with knowledge and experience that would both complement and challenge its own public health and social marketing expertise. The aim was to ensure a diversity of evidenced-based perspectives on young people's health, social, and developmental trajectories. The A360 consortium, consisting of The Center on the Developing Adolescent at UC Berkeley, IDEO.org, Triggerise, and Society for Family Health (SFH) Nigeria, brought adolescent developmental science, anthropology, human-centered design (HCD), public health, and social marketing together with meaningful youth engagement. A360 began with a foundation in AYSRH evidence-based practice, including youth-friendly service delivery, the socio-ecological model, and public sector capacity building. Adolescent developmental science helped the project to better understand girls' life pathways, their cognitive and emotional development, and the importance of targeting interventions to where girls were in their individual developmental and life trajectories. Via cultural anthropology, A360 gained insight into community norms and perspectives, understanding the impact of the sociocultural context on girl's pathways and choices. Through social marketing, the project prioritized segmentation of its target populations, market analysis, and branding. Keeping meaningful youth engagement as a key principle, A360 partnered with youth as decision-makers in design and implementation. HCD provided a vehicle throughout for enabling the disciplines to work together effectively, utilizing a structured process to interrogate insights and transform these into action. A360's multi-disciplinary approach sought to design, vet, and validate its interventions, building toward relevant, impactful programming for adolescent girls.

Structure & Process

Inquiry

In the inquiry phase, in-country teams recruited program staff, actively looking for youth and adult researchers and designers who embodied a spirit of curiosity and innovation. A360 recruited over 280 young researchers as partners during design. Concurrently, the multi-disciplinary A360 consortium led a series of trainings to orient country teams on each discipline, establishing working relationships and supporting the ability of team members to contextualize their work in relation to core concepts across the disciplines. A360 pursued ethics review, seeking Institutional Review Board (IRB) approval in the United States and locally,[i] as well as consent from girls and community members to co-design intervention prototypes and test their viability. Teams also conducted market analyses and audience segmentation to identify the benefits and drawbacks of varied service delivery channels, as well as opportunities and challenges to improve coverage and outreach to youth through health sector models.

These analyses were combined with field research with married and unmarried, in-school and out-of-school adolescent girls as well as boys, male partners, parents, community influencers, and health providers in rural, urban, and peri-urban settings across the three countries. A360's design teams explored girls' perceptions of their lives, goals, SRH and other needs, and the contexts in which they lived. Field research yielded insights specific to each country that were subsequently grouped. For details on the overarching themes that emerged, see Figure 2.

Figure 2: Six Dominant Themes Across Countries

SIX DOMINANT THEMES ACROSS COUNTRIES

1 ANXIETY & UNCERTAINTY ABOUT HOW TO SECURE A STABLE FUTURE

"My parents give me N100 for [all meals]. It's not enough. Not even enough for breakfast. So how do I eat? I need to take care of myself."
- Unmarried girl, Nigeria

Girls saw few paths to employment or higher education. Girls and their influencers saw entrepreneurialism as one promising pathway to a brighter future. However, for some, economic pressure resulted in greater proclivity toward transactional, coerced, or forced sex. For many girls and their influencers, early marriage was seen as a protective measure.

2 MISALIGNMENT BETWEEN SEXUAL ACTIVITY STATUS, CONTRACEPTION & SELF-IDENTIFICATION

"Birth control is accepted if you are married. If you use it and you are unmarried, you are looked at as selling yourself or that you have many boyfriends."
- Unmarried girl, Tanzania

"I'm not having sex. He had sex with me!"
- Unmarried girl, Nigeria

There was a pervasive perception that sexual activity outside of marriage was unacceptable. As contraception was linked with sexual activity, adolescent girls did not believe that contraception was relevant or valuable for them.

3 MOTHERHOOD AS AN ACHIEVABLE DREAM

"If you don't have a job and can't continue your education, then having a child is the only profit you have."
- Married girl, Ethiopia

Despite a diverse range of aspirations, over time girls tended to reduce their aspirations to those perceived as most attainable. Motherhood was valued as an attainable aspiration for many girls, bringing with it the promise of social standing and joy.

4 CONTRACEPTION AS A THREAT TO DREAMS

"They say contraception is good, but not for me, it's not good. It will destroy your womb."
- Unmarried girl, Nigeria

For unmarried girls, use of contraception was associated with sexual promiscuity. Beyond this reputational threat, girls and their influencers feared contraception due a perceived threat of causing infertility. For married girls and young couples, including those who desired to delay the birth of their first child, pressure to prove fertility negated the relevance of contraception.

5 ISOLATION & MISTRUST

"Your worst enemy can be your best friend."
- Unmarried girl, Nigeria

Girls worried that their friends would lead them astray and expose them to negative influences. They tended to trust their mothers more than friends but indicated that there were limits to what mothers would tolerate, especially around sensitive sexual health matters.

6 GIRLS' CONTINUING CONNECTION TO THEIR MOTHERS

"When I have a problem, the only support I get is from my mother."
- Unmarried girl, Tanzania

Some girls considered their mothers to be the most trusted source of information and support. At the same time, girls felt they needed to hide aspects of their lives– in particular their SRH knowledge and behavior – from their mothers.

Field research conducted during the inquiry phase yielded insights specific to each country, which were subsequently grouped into the six cross-country themes shown here.

[i] In Tanzania, design research was ethically conducted with informed consent. In Nigeria and Ethiopia, the A360 team received IRB approval for all design work.

Within each country, these insights prompted design teams to develop a number of "How Might We?" questions, aimed at helping the A360 team to systematically and creatively brainstorm ways in which the project might respond to insights that emerged (for example, "How might we overturn powerful and widely held myths that contraceptives cause infertility?" and "How might we transform key influencers [mothers, husbands] into allies?"). These questions informed the development of intervention prototypes during the insight synthesis and prototyping phase.

Insight Synthesis & Prototyping

The insight synthesis and prototyping phase, which ran through 2017, refers to a period of continuous idea generation, prototyping,[ii] and rapid testing. The country teams rapid-tested promising prototypes and worked with the project consortium to refine them. This process led to a number of significant insights, demonstrating the value of the multi-disciplinary approach. To steward consistency throughout design, the consortium developed a set of standards to help youth-adult teams assess the viability of intervention prototypes. Teams applied these design standards as a resource to support decision-making, thereby enabling them to follow girls' lead in creating context-specific interventions while ensuring alignment with foundational concepts from each discipline. By the end of the first two phases, A360 had identified priority target segments within the population of adolescent girls (aged 15-19) across the three countries and developed and validated at least one intervention per country. For a brief description of each intervention and priority segment, see Figure 3.

[ii]In this context, "prototyping" refers to the process of quickly developing and testing rough versions of potential intervention components that seem to resonate with girls. Depending on user reactions, A360 either abandoned and/or tweaked the interventions.

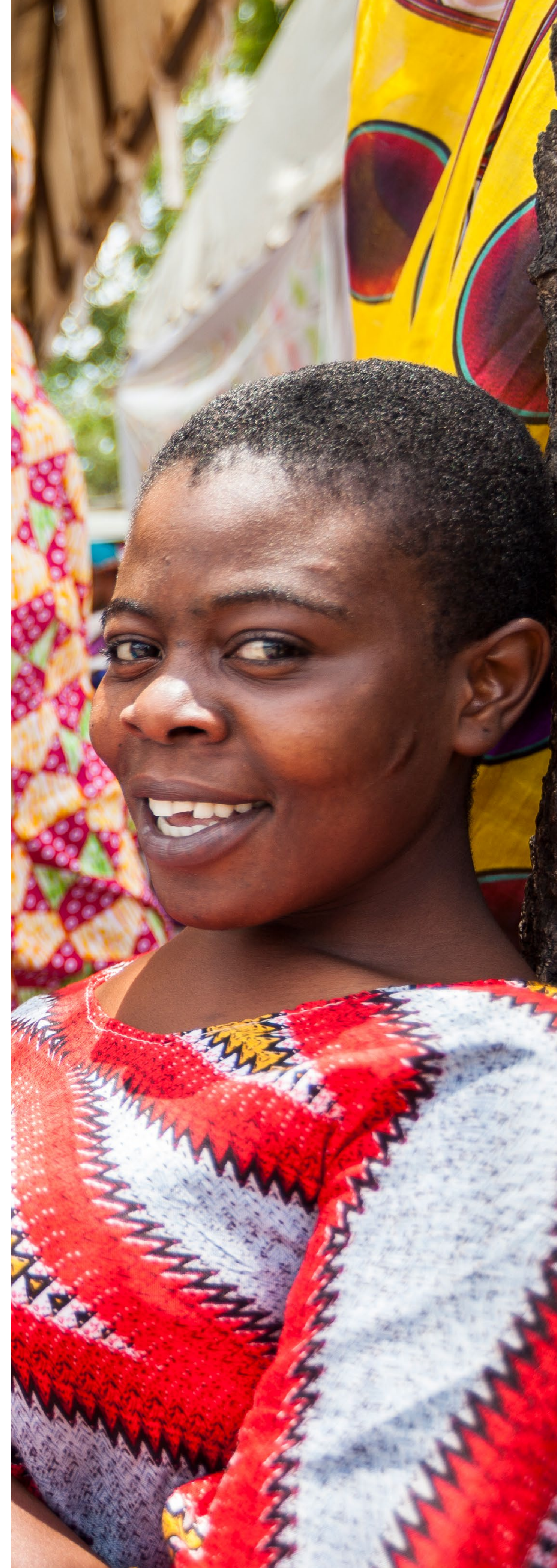
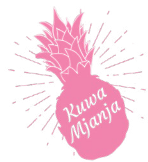


Figure 3: A360s interventions in Ethiopia, Tanzania, northern and southern Nigeria

Across all three countries, the interventions connect girls with a youth-friendly health provider, who offers a private opt-out contraceptive counseling session coupled with on-demand voluntary method provision comprising the full range of short- and long-acting methods.

Ethiopia, Smart Start JALQABBII GAARII SMART START	In Ethiopia, A360 prioritized rural married adolescent girls in five regions with the Smart Start intervention, which works with married adolescent girls and their husbands to help them understand how delayed first birth and spaced pregnancies facilitate improved savings and capital to pursue their shared life goals. Landscape analysis identified rural, married adolescent girls as demonstrating the highest need, as at the time of A360's design process four in 10 young women in Ethiopia were married before turning 18[2] and 13% of girls 15-19 had started childbearing.[3]
Tanzania, Kuwa Mjanja 	In Tanzania, A360 worked across 13 regions, focused primarily on unmarried girls with the Kuwa Mjanja ('Be Smart' in Swahili) intervention. Over a quarter of Tanzanian girls (27%) have begun childbearing by age 19.[4] Kuwa Mjanja taps into a girl's self-defined priorities and helps her understand how contraception aligns with and supports those priorities. Kuwa Mjanja engages a girl around her life aspirations, using a dynamic brand to encourage her to 'stand tall, wear her crown, and be a role model.' Kuwa Mjanja sessions provide girls with a low-intensity vocational skills session to begin to give them the tools they need to balance their growing responsibility and navigate the social transition to adulthood.
Northern Nigeria, Matasa Matan Arewa 	Married adolescents were prioritized in northern Nigeria through Matasa Matan Arewa (MMA) (a Hausa phrase that translates to 'Adolescent Girls from the North'), as the landscape analysis revealed high rates of early marriage and adolescent childbearing and low modern contraceptive use among married adolescent girls. MMA engages married girls through female mentors and their husbands through male interpersonal communication agents (IPCAs). Girls are invited to participate in a series of 'Life, Family, and Health' (LFH) mentorship sessions with a cohort of their peers. MMA aligns contraceptive use with a girl's family and life goals.
Southern Nigeria, 9ja Girls 	Unmarried adolescent girls were the focus of 9ja Girls (pronounced "Naija Girls") programming in southern Nigeria, where data revealed that age at first marriage had risen in prior decades, but the age of sexual debut had remained the same (around 17 years old). This indicated a lengthening period of sexual activity prior to marriage, where less than half of sexually active adolescent girls use a contraceptive method. 9ja Girls works with unmarried girls to make contraception immediately relevant to what a girl wants now. 9ja Girls 'Life, Love, and Health' (LLH) classes and outreach 'spice talks' engage a girl first around her goals, providing low-intensity vocational and life skills, and then position contraception as a tool to help her achieve those goals. After engaging with a mobilizer, girls can choose to attend these LLH classes or go directly to a facility to access services.

Implementation

A360 piloted three interventions, Smart Start, Kuwa Mjanja and 9ja Girls toward the end of 2017. MMA was later designed for married girls, building off A360's formative research and the 9ja Girls model. Building on lessons from adaptive management, and the field of implementation science, the project then transitioned to an evidence-based adaptive implementation phase, with the understanding that no intervention can be "optimized" prior to implementation in an actual, real-world setting. Using the data generated from a standard set of questions addressed to adolescent girls, health workers, and other stakeholders, A360 rolled out interventions incrementally across the three countries, continually honing them in partnership with youth and local actors as these interventions scaled. A360 embraced the need for iterative, learning-based implementation to enable programming to adapt to what girls and local health system actors needed for sustainable scale, while maintaining fidelity to core foundational elements of the interventions. The project engaged qualitative and quantitative monitoring and field research data to pursue continuous quality improvement and to track individual user journeys. This helped to inform how best to adapt interventions for optimal "fit" amidst diverse local and health system contexts.

The “user journey” is the term used by the project to describe a girl’s overall experience with A360. This user journey is designed to cultivate a girl’s curiosity, tap into her life goals and aspirations, create a safe and fun environment to ask questions, help girls feel respected and safe when accessing SRH services, and position contraception as a relevant tool to help her achieve her goals (Figure 4). More detail can be found about each country’s unique user journey in the relevant publication in this case study series.

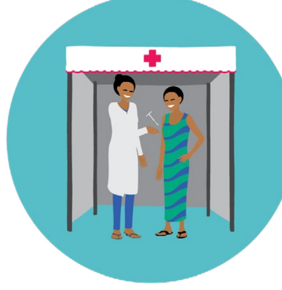
Figure 4: A360 Global User Journey

Step 1
Mobilization
"I'm Intrigued"

A girl hears about A360's programming and feels it is relevant. She feels supported by A360 to work towards the goals she has set for her life. She feels supported by her influencers to attend.

Step 2
Aspirational Engagement
"I'm inspired and motivated"

She feels like she has a safe and supportive space to plan for her life goals. She understands how contraception can be a tool to help her achieve these goals.



Step 3
Contraceptive counseling & service delivery
"I feel respected and safe"

She is invited to participate in a contraceptive counseling session. She feels that her self-defined goals are respected by the provider. Providers present all contraceptive methods, focusing on benefits, risks and method attributes so that the client can make an informed decision.

Step 4
Follow up
"I feel supported"

She feels able to come back to recieve follow-up services whenever she has questions or needs a contraceptive refill. She continues to see contraception as relevant to achieving her life goals.

A360 interventions have clearly resonated, resulting in considerable contraceptive uptake among adolescent girls. By the end of the project’s investment period, A360’s interventions had supported over 400,000 girls to voluntarily adopt a modern contraceptive method, despite the last year of the project being limited by the COVID-19 pandemic. A360 has seen that positioning contraception as a tool that can help girls and couples achieve their aspirations (inclusive of and beyond motherhood), combined with strengthening the broader health system to be more responsive to the needs of adolescents, can result in meaningful outcomes for adolescent girls. When provided with an array of methods in a supportive environment, over 40% of adopters chose long-acting reversible contraception (LARC) within A360 – markedly higher than the percentage of LARC use reported in national surveys. These results would not have been feasible without A360’s commitment to designing programming in collaboration with adolescent girls themselves. A360’s interventions offer lessons for similar AYSRH programs seeking meaningful partnership with adolescents to design and implement scalable, sustainable, community-based programs that align contraceptive use, life goals and aspirations. We hope that A360’s suite of technical publications illuminate how investment in programming driven by, and for, adolescent girls may prove valuable to AYSRH programming in various settings in the future.

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Adolescents 360 (A360) is a four-and-a-half year initiative co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation (CIFF). The project is led by Population Services International (PSI) together with IDEO.org, University of California at Berkeley Center on the Developing Adolescent, the Society for Family Health Nigeria and Triggerise. The project is being delivered in Ethiopia, Nigeria and Tanzania, in partnership with local governments, local organizations, and local technology and marketing firms. In Tanzania, A360 is building on an investment and talent from philanthropist and design thinker Pam Scott.

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