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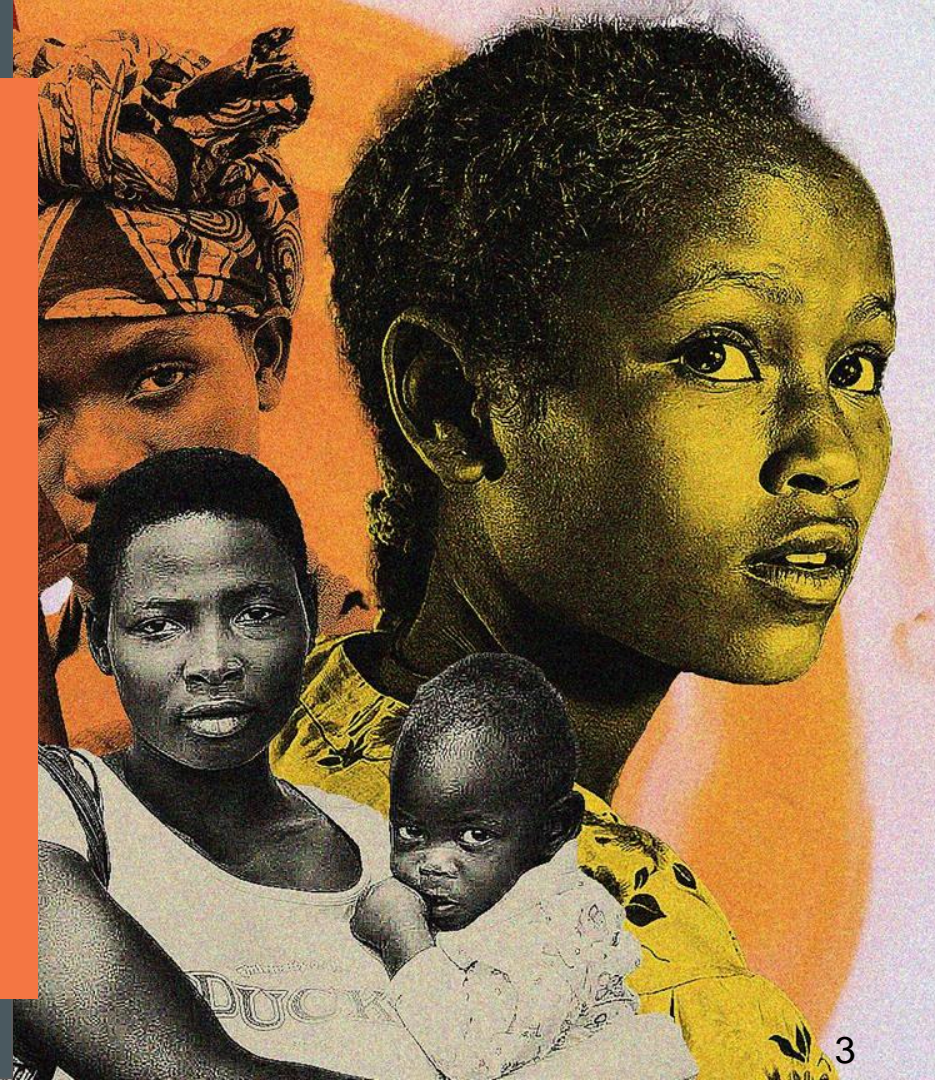
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WHATS INSIDE

This insights deck is a summary of learnings which surfaced throughout our research and insight gathering phase in March 2021. These learnings will guide us towards opportunities for design that are founded in the desires, reflections and experiences of adolescent girls across our geographies of focus in Kenya.

The deck is also a tool to inspire alignment between IDEO.org and PSK. We will leverage it to select opportunity areas for design, formalize the learning goals for the prototype phase, and paint a picture of potential for our intervention designs.

Above all else, we hope this summary will honor the breadth and depth of research done by the PSK team, and the spectrum of stories shared by girls across five counties.



REFINE, ALIGN and DESIGN

TO **REFINE** INSIGHT STATEMENTS
FROM RESEARCH SYNTHESIS SESSIONS & **ALIGN**
ON PROTOTYPE **DESIGN** OPPORTUNITIES &
EARLY CONCEPTS FOR KILIFI, MIGORI/HOMA
BAY, AND NAROK/KAJIADO CLUSTERS.



INSIGHTS
AND
STORIES
FROM KE



OUR COLLABORATION IN KENYA

Our work together in Kenya is focused on replicating components of existing A360 interventions, to serve adolescent girls in the Kenyan context. This approach has allowed us to build off of the learning and insights which came out of A360's initial program investment.

Thus far, our replication activities have focused on validating the relevance of core SRH program components for married and unmarried girls from past A360 interventions, within local contexts across 5 counties in Kenya.

Where implementing in Homa Bay, Migori, and Kilifi will increase A360's reach, allowing the project to reach higher numbers of girls, implementing in Narok and Kajiado will allow A360 the opportunity to reach an underserved population (married girls).

THE TEAM

In this second phase of A360, leadership was redistributed across our collective design teams, with the PSK country team leading all of our field research. Given this is the first collaboration between PSK and IDEO.org - we spent a substantial amount of time getting to know one another, training the PSK team in HCD processes and approaches and preparing for this collaboration as a single team.

IDEO.org guided the collaborative synthesis of our research, and both teams played an integral role in finalizing the opportunities for design prototyping.



LISTEN HERE

PSK Research lead, Jonesmus, shares updates on the first series of focus groups held in Kilifi, Eastern Kenya.

IDEO.ORG NAIROBI + GLOBAL PSI SUPPORT

PSK TEAM



NANCY



JONESMUS



DAVID



MEGHAN



ICH



ALEX



EDDAH



RIM



ZACK

IDEO.ORG TEAM

HOW WE COLLABORATED

Here's a look at how country teams and IDEO.org collaborated in the first phase of A360, and how we have evolved to collaborate with PSK within A360 Amplify.

FROM

IDEO.org owning entirety of the design process.

TO

IDEO.org leading HCD bootcamps to prep PSI country teams to lead research prep, and insight gathering.

FROM

IDEO.org leading field research.

TO

PSI country teams learning, then leading the design research process in their own communities.

FROM

IDEO.org synthesizing data collected in the field, then sharing back insights with country teams and PSI Global.

TO

IDEO.org and PSI country teams collaboratively synthesizing remotely—increased rigor in collective insight analysis and decision making.

FROM

IDEO.org driving the final insights and design opportunities.

TO

IDEO.org and PSI (country teams, alongside global) collaborating to dissect final insights, and align on most impactful opportunities for design.

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THE TEAM SPOKE TO

GIRLS IN 5 COUNTIES

Using qualitative in-depth individual & group interviews

09

MIGORI /
HOMA BAY

09

KAJIADO /
NAROK

11

KILIFI

09

GOV'T OFFICIALS

At the local level, in each cluster

THE TIMELINE



WE ARE
HERE

DESIGN
BRIEFS

SACRIFICIAL
CONCEPTS

INSPIRATION
RESEARCH

SYNTHESIS

IDEATION

PROTOTYPING

REFLECTION &
PREP

LIVE
PROTO-
TYPING



JAN-MARCH 2021



APRIL 2021

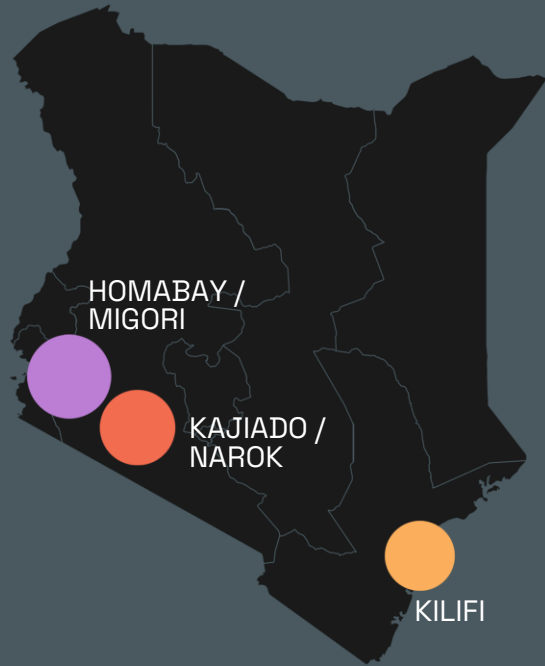


MAY 2021



JUNE 2021

RESEARCH



Our research focused on learning about local context across 5 counties in Kenya. To facilitate a more effective design process, these 5 counties were divided into 3 clusters. You'll see that some counties have been grouped together in one cluster given their demographic similarities and geographic proximity.

For the purposes on this insights deck, you'll see the counties referred to as 3 clusters, colored above.

MEET THE GIRLS

THE
ARCHETYPES



WHAT ARE ARCHETYPES

**BEHAVIORAL
ARCHETYPES HELP
US SEE THE PEOPLE
WE SERVE, BEYOND
DEMOGRAPHICS.**

By focusing on people's needs and aspirations, behavioral archetypes inspire solutions and unveil new, often ignored, user segments.

This opens up new possibilities for targeted design, with maximum impact.

To inform the following archetypes, we leveraged existing research on what we know about adolescent girls across Kenya, alongside user insights surfaced from the focus group discussions and interviews through this phase of the team's research.



WHAT WE KNOW ABOUT THE GIRLS.

The geographic focus of our research has allowed IDEO.org and PSK to learn about various archetypes of the adolescent girl in Kenya.

In Homa Bay, Migori, and Kilifi, research illustrates that a majority percentage of adolescent girls have inadequate access to SRH education and resources; our focus on girls here has positioned the project to reach higher numbers of girls, at scale. In Narok and Kajiado, we know that there is a disproportionate underserved population (married girls, living in rural areas) who struggle to access resources; this focus has ensured that any intervention designed will also serve girls that are most in need.

Irregardless of their marital status or geographic location, the following archetypes illustrate what we've learned from adolescent girls in Kenya: they have a strong desire to access information about sexual reproductive health, so that they may make their own choices about their bodies and their futures.



THE DEVOTED WIFE

KAJIADO / NAROK

HOMABAY / MIGORI

She is the married teen who values the love and support of her husband and her community. Her children are a source of her pride. She has heard about the economic benefits of family planning, however, it might also mean risking her ability to conceive more children in future.



THE AUDACIOUS TEEN

KILIFI

HOMABAY / MIGORI

KAJIADO / NAROK

She studies as much as she loves to have fun. She has had experience with condoms and the e-pill. She uses them when she meets her boyfriend over the school holidays. She has heard about other forms of contraception but will not make the decision to try until she feels equipped with the right information.



THE RESOLUTE MOTHER

KILIFI

HOMABAY / MIGORI

She is a single teen mom - the result of a one-time affair. Those close to her feel disappointed that she didn't abstain from sexual activity. Her peers have shunned her. If she can overcome the stigma associated with contraception for school going girls, she might prevent another unplanned pregnancy and achieve her dreams.



THE ACCUSTOMED TEEN

KAJIADO / NAROK

HOMABAY / MIGORI

She is from deep in the rural community and therefore not as exposed like the other girls her age. Her mother is her role model. She aspires to be a wife and mother, like those who are seemingly leading better lives. Contraception doesn't feel relevant to young school going girls like her, but it is for married women.

THE DEVOTED WIFE

"When I hear contraception, it means the user doesn't want to get many children"

MEET NASHIPAE, 18

She is a proud wife and mother. She values her family and wants to maintain stability in her marriage. She would never act against the norms of her society, and pleasing her husband is her priority.

She got married at an early age and dropped out of school. She relies on her husband for her daily sustenance. She owns no property, but has a smartphone, which her husband bought for her. She has joined a chama in her village with other married women and participates through the support of her husband.

Nashipae would like to learn new skills e.g., weaving and beading so that she can contribute towards supporting her household.

HER UNIQUE PERSPECTIVE ON CONTRACEPTION

- 1. Contraception can yield economic benefits**
She knows about the economic benefits of contraception because of child spacing. She learnt this from her visits to the Health care facility.
- 2. Believes the myths about barrenness**
She is hesitant to take on a method because she values the ability to have children. Having children gives her superior status in her community.
- 3. Has never tried a method**
She lives in a society that believes a woman's role is to give birth, therefore, she has never considered contraception.

KEY INFLUENCERS IN THE SYSTEM

HUSBAND



WOMEN LEADERS



MOTHER IN LAW



EARLY ADOPTER

SLOW TO ADOPT

Society is deeply rooted in their culture and beliefs.

HIGHEST NEED

LOWEST NEED

Is married and needs to space her family so she can adequately support her children.

WITHIN REACH

MARGINALIZED

Information doesn't flow easily especially in rural areas. She often needs her husband's permission.

REPRESENTATIVE

THE EXCEPTION

Represents some girls from deep rural in the 3 clusters except Kilifi. Few teens are married and are often the 4th or 5th wife.

THE AUDACIOUS TEEN

"If the methods don't work with your blood you can easily get pregnant"

MEET KAREMBO, aged 17

Karemba is a studious and ambitious girl who wants good grades and dreams of a good career. She aspires to be like those from her community who have managed to finish school, and are helping their families. Like them, she wants to be celebrated in her community.

She however faces intense pressure from her peers to be cool. When schools are closed, she attends all social events. She owns a smartphone that helps her keep up with the next trends on social media. She has a boyfriend, who she meets for sex over the school holidays. They try to use a condom whenever they meet. She hasn't told anyone about it because she knows that they would prefer that she abstain if she is to realise her dream.

HER UNIQUE PERSPECTIVE ON CONTRACEPTION

1. Is uncertain about what she has heard

Contraception is a safeguard against unwanted pregnancy but her knowledge from friends she trusts is inadequate. She is not using any long-term methods because of the uncertainty surrounding the side effects.

2. Has tried some forms of contraception

Sometimes she engages in sex during the school holidays to fit in with her friends. She uses condoms, and has taken the E-pill at least once before.

3. Believes it is her responsibility

According to her, she is the one mostly responsible for her choices including safeguarding her future against any risk when she engages in sexual activity.

KEY INFLUENCERS IN THE SYSTEM

CELEBRITIES



FRIENDS



CAREER WOMEN



EARLY ADOPTER



Already using contraception. Given the correct information, including why contraception is relevant to her, she might adopt longer term methods.

SLOW TO ADOPT

HIGHEST NEED



She attends social events and is exposed to sex. She needs reliable information and access to contraceptive services early so she can protect her future aspirations.

LOWEST NEED

WITHIN REACH



She spends most of her time in school. Over the holidays, she has access to a phone with internet. She is also within reach of health facilities.

MARGINALIZED

REPRESENTATIVE



Represents majority of teen girls found in urban and peri-urban in all three clusters.

THE EXCEPTION



“When a mother notices her daughter’s behavior is wanting, that’s when she takes her to a health facility to obtain advice and uptake contraceptives.”

THE RESOLUTE MOTHER

MEET NYANGI, aged 19

Nyangi is unmarried teen with a 3 year old child. Since one year of giving birth, she has gone back to school to complete her education. Other single mothers she knows opted to dropout of school, but she is determined to finish school and start her own business in order to support her family and achieve economic independence. She relies on her close friends for support, though she currently feels isolated by her peers.

At this moment, she depends on her parents for financial support and that of her child. She faces pressure from her community to marry a good husband to help share the burden of raising her child. Nyangi hopes to marry and have other children in the future. But not before earning a steady income and having some basic possessions of her own. Her mother has heard about contraceptives from the CHW and is considering taking her to the clinic.

HER UNIQUE PERSPECTIVE ON CONTRACEPTION

- 1. Is misinformed about the effects of contraception**
She fears taking contraceptives because she fears the risk of barrenness or delivering a child with deformities when she is ready to have a second child.
- 2. Her society advocates for abstinence**
She has never used any form of contraception. Her community and her peers advocate for abstinence till marriage. This makes it hard for her to seek information and services.
- 3. Believes it is the man's responsibility**
She believes that a man should be the one responsible for taking precaution during sex. They should also be educated about contraception.

KEY INFLUENCERS IN THE SYSTEM

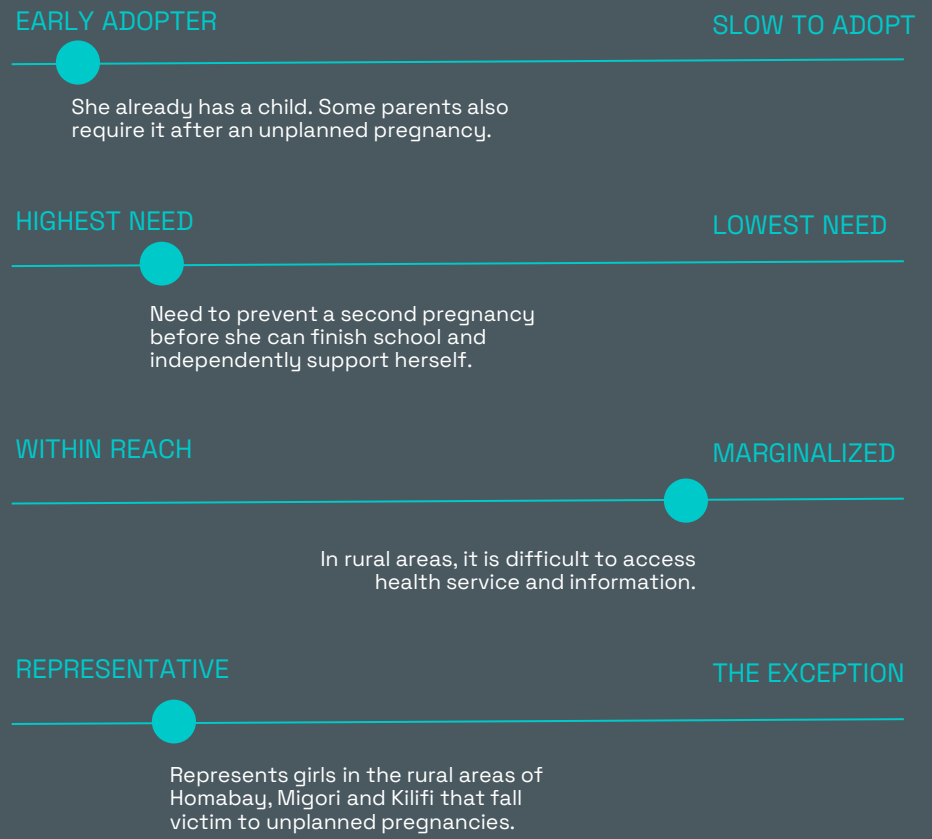
MOTHER/
GRANDMOTHER



PEERS



CHW



THE ACCUSTOMED TEEN

“Married people can plan a family. When you are a student, you can’t plan a family”

MEET SANAIPEI, aged 15

Sanaipei is still in school and currently unmarried. Her mother is her role model and she often goes to her for advice. She envies her older sister who seems happily married and has a baby of her own. She recently just got a new dress from her husband.

Sanaipei is hopeful that she will get married soon, because in her society, being a wife and mother reflects a higher status. Her peers also view marriage and child bearing as a bridge to income and a gateway to a better life. According to people in her community, once a boy impregnates a girl, he has to marry her.

HER UNIQUE PERSPECTIVE ON CONTRACEPTION

1. Believes that contraception is not relevant to her
She doesn't associate contraceptives with school going girls such as herself. According to her, contraception is for married people.

2. Has no prior experience with contraception
She has never tried any form of contraception because she doesn't consider herself sexually active. She also knows that once a girl falls pregnant, she has to get married.

3. Lacks access to reliable information and services
The medical facility is far from her village. She also believes all the negative information about contraceptive use and its effects.

KEY INFLUENCERS IN THE SYSTEM

MOTHER



BIG SISTER



PEERS



EARLY ADOPTER

SLOW TO ADOPT

She won't inquire or suggest the desire to associate with contraceptives because they are for married people.

HIGHEST NEED

LOWEST NEED

While she denies her sexual activity, she remains prone to unwanted pregnancy.

WITHIN REACH

MARGINALIZED

Can be reached through in school sessions. Over the school holidays, using community links can be effective for mobilization.

REPRESENTATIVE

THE EXCEPTION

Represents most girls in Rural Kajiado/Narok and Homabay/Migori clusters.



NASHIPAE



KAREMBO



NYANGI



SANAIPEI

Who does she go to for SRH advice?

Asks her husband and occasionally, her mother-in-law or the service provider

Goes to her friends with SRH-related questions

Often relies on her mother or grandmother for advice. Sometimes she goes to the CHW

Sometimes has girl talk with her mother or sister about bodily changes

Why does she need SRH?

To space her family

To avoid unplanned pregnancy so she can finish school and achieve her dreams

To prevent a second pregnancy while she works towards income stability

To avoid unplanned pregnancy

What does she need to engage?

Knowing that contraception will be beneficial to her family

Teaching ways of earning an income for her to support her family

Understanding that contraception will help her finish school and achieve her dreams

Being part of a supportive community as she navigates motherhood

Teaching new ways of earning an income to support her child

Understanding how she might fall victim to an unplanned pregnancy which may harm her future plans

What might be her blockers?

She will need to ask her husband and community gatekeepers for permission to participate

Lack of information of which method suits her best

Fears exposure to the community given the stigma around teens engaging in sex

The health facility may be inaccessible because of distance and the fact that she is in school

She might not be able to afford contraception

Contraception feels irrelevant

Fears exposure to the community given the stigma around teens engaging in sex



WHAT ARE
THE
PROBLEMS
THEY
FACE?

INSIGHTS



WHAT ARE INSIGHTS?

An insight is a significant learning from our research phase, based on what we heard from adolescent girls themselves.

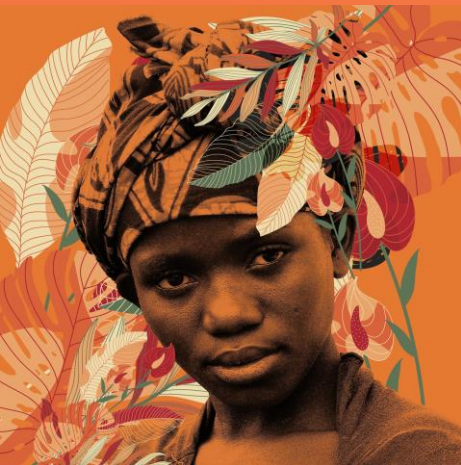
The following insights offer clear direction towards specific design opportunities for the prototype build process.

You'll notice that each insight is supported by data and user testimonials; this helps us more deeply understand the influence and root of each learning. Each insight is also anchored to an important theme that surfaced during the research phase, which allows us to effectively categorize these learnings as we prepare to build prototypes.

KILIFI

HOMABAY / MIGORI

KAJIADO / NAROK



THE RESEARCH ACROSS THREE CLUSTERS IS SO BROAD! HOW DID WE ORGANIZE?

After conducting the focus group discussion in all counties, we engaged in share outs and activities to collect all observations, quotes, pictures and feedback from the concept cards on the Miro board. In the following steps, the information was clustered into recurrent insights and paired together in themes to create design opportunities, identifying and uncovering the link between dominant themes.

Given the breadth of our collaborative research and synthesis, we've designed an index to help us organize what we've learned by 1) the girls influenced by each insight and 2) the regional clusters within which each insight is most relevant.

We then leveraged this indexing system to prioritize insights and most impactful areas for design (more about this in the next section).

1 WAYFINDING AMIDST THE OCEAN OF MISINFORMATION

Despite her curiosity to better understand contraceptive options, accessing information often feels overwhelming and confusing without clear support in navigating misconceptions.

Myths and misinformation are widely shared within the communities of adolescent girls, driving difficulties in identifying and addressing stigma and fears about contraceptive methods. Accessibility of resources and correct information enables girls to make informed decisions for their futures and their bodies. It also encourages them to break taboos and eliminate shame around these topics in their peer networks and families.

DESIGN OPPORTUNITIES

How might we design approachable and convenient access points for girls and their surrounding communities to receive accurate information?

How might we frame education around myths and misconceptions as a community wide goal, not just a burden upon adolescent girls?

- KILIFI
- KAJIADO / NAROK
- HOMABAY / MIGORI



THE AUDACIOUS TEEN
 THE DEVOTED WIFE
 THE RESOLUTE MOTHER
 THE ACCUSTOMED TEEN

1 WAYFINDING AMIDST THE OCEAN OF MISINFORMATION

“If the methods don’t work with your blood... you can easily get pregnant.”

“When I hear contraception... it means the user doesn’t want to get many children.”

ADDITIONAL OBSERVATIONS:

Girls are flooded with misinformation from all angles, and lack strong first points of contact to discuss substantiated details about family planning and the uptake of contraception methods. Her inability to verify misinformation in a central, safe place makes it difficult to contradict myths and misconceptions, often shared by trusted family members and the broader community. When misinformation is shared by the individuals that most influence a girl’s perception and understanding, additional barriers to access and effective, empowered decision making are erected.

Moreover, girls shared that they view contraception as an intrusive concept that is neither naturally practiced by the community nor meant for her. Limiting myths and misconceptions may help her to focus on where SRH is aligned with her cultural context, and not as foreign or dangerous as suggested.

2 EXPERIENCING FEAR AT THE FOREFRONT

Girls experience fear, shame and uncertainty when learning about contraceptive methods, and thus do not feel empowered to explore their bodies or their choices.

Adolescence is a chapter of so much change - socially, emotionally, physically, hormonally. Girls expressed fear as central to their experience when trying to better understand or access contraceptive resources (methods themselves, knowledge of what's available, or otherwise). Especially scary are the possible side effects and health risks of different methods, disapproval from family and community members and the implications of endangering their dreams to start a family.

DESIGN OPPORTUNITIES

How might we equip girls to identify, express and overcome the fears that they are experiencing when learning about contraceptive methods?

How might we support the community surrounding girls in grasping the impact they have on how she feels about her body and choices throughout adolescence?

KILIFI KAJIADO / NAROK



- THE AUDACIOUS TEEN
- THE DEVOTED WIFE
- THE RESOLUTE MOTHER
- THE ACCUSTOMED TEEN

2

EXPERIENCING FEAR AT THE
FOREFRONT

“If the methods don’t work with your blood you can easily get pregnant”

“When you adopt a contraception method you must hide it so that your parents & friend won’t consider you as a person with loose morals.”

ADDITIONAL OBSERVATIONS:

We learned that the ability for girls to express their fears and concerns (often driven by misinformation)is central to the healing required for her to make informed, confident decisions. Girls are not only confronted with the terror of side effects - such as becoming infertile - but of being judged by their community, labeled as immoral or promiscuous.

Girls desire to be seen as obedient and respectable in their communities (often with strict traditional norms), and would like programming that helps to encourage their community to see modern SRH as not so different from their cultural values.

3 DISCRETION AND PRIVACY

Girls value access points to seek to discuss their concerns and options, but require more discretion than is often offered to feel safe in expressing themselves openly.

Adolescent girls are caught in the tension between wanting to educate themselves while responsibly accessing contraceptive methods *and* requiring discretion when learning about these issues. Girls share their aspirations, feelings and concerns with their closest family members or friends, but often feel exposed and unsafe expressing themselves in front of the broader community. Accessing facilities or providers is also triggering - appearing publicly at the clinic is risky, and girls do not trust health workers to guard their privacy or shield their reputation in the community.

DESIGN OPPORTUNITIES

How might we create opportunities for girls to discreetly engage in conversations about SRH, on their own terms?

How might we design SRH programming that offers girls both the support of an encouraging community, alongside the right amount of discretion and privacy?

KILIFI KAJIADO / NAROK



THE DEVOTED WIFE
THE RESOLUTE MOTHER
THE ACCUSTOMED TEEN

3 DISCRETION AND PRIVACY

”I tell or ask my family or a friend because then it remains private”

ADDITIONAL OBSERVATIONS:

Girls are lacking an environment in which they feel protected enough to discuss their concerns without judgement or shame *and* receive quality, accurate services at the same time.

Transitioning and entering adolescence is a critical moment in a girl’s life, where she experiences changes in the way she is being treated and whom in her social circle she can trust for disclosure.

We learned from girls that as they are navigating through uncertainty, they are picky (and choose wisely!) with whom to share their desires, needs and aspirations; often this is mothers or close friends. Unfortunately, these loved ones often lack accurate or verified information, and thus struggle to offer effective advice regarding contraceptive methods or family planning.

4 ENABLING COMMUNITY TO SUPPORT & CHAMPION GIRLS

The community surrounding girls significantly impacts her beliefs and concerns; although most - mothers, fathers and partners - want to help, they lack the information and exposure needed to guide the adolescent girl on her SRH journey.

Close family members, especially female role models like mothers, grandmothers, aunts or an older sister play an important role in an adolescent girl's life. These role models are frequently consulted, often serve as the first point of reference related to health and well-being matters and weigh heavily into decision making.

Although family members and role models are a trusted source of information, they often lack the correct support and resourcing to appropriately guide sexual reproductive health exploration with girls. Moreover, when influencing actors are exposed to myths and misinformation alongside girls, it creates an environment of shame, confusion and fear for those exploring contraceptive options.

- KILIFI
- KAJIADO / NAROK
- HOMABAY / MIGORI



- THE AUDACIOUS TEEN
- THE DEVOTED WIFE
- THE RESOLUTE MOTHER
- THE ACCUSTOMED TEEN

DESIGN OPPORTUNITIES

How might we enable role models and influencers to support girls in accessing supportive information when making SRH related decisions?

How might we build awareness with role models and influencers as to the importance of their role, and the potential of their influence on a girls life and decision making power?

4 ENABLING COMMUNITY TO SUPPORT & CHAMPION GIRLS

“Boyfriends & men don’t know much & also don’t want to hear that you have adopted contraceptives because they also have similar concerns about its negative effects.”

Females desire to have sincere conversations with their male partners but are unable to because the males do not know much about contraceptives.

“Nani kama Mama” - she wont fear to tell you the truth and she wants the best for you in life.”

ADDITIONAL OBSERVATIONS:

Research across our three clusters illustrated a need for men (as heads of homes) to embrace positive perspectives on the SRH needs of girls. Community elders acting as influencers of SRH services among girls can help to change the strict beliefs and norms against SRH services and girls’ independent decision making. Lastly we learned teachers are mentors who girls can confide in and share a conversation about contraception in private.

Mothers especially were identified as a trusted source of information, which exists in tension alongside the judgement or shame they often elicit. Girls really want to hear from their mothers and would like to build meaningful relationships with them in ways that will support their health & wellbeing. Mothers consciously and subconsciously model norms and attitudes toward gender and sexuality, which are the basis for sexual behaviors formed earlier during adolescence.

Girls also aspire to have a good relationship their fathers, but tend to fear having discussions with them on SRH matters and would like to see their fathers become open minded enough to have discussions on SRH.

5 HER EXPERIENCE IN FACILITIES, HER RELATIONSHIP TO PROVIDERS.

Health facilities are where she needs to go to get access to information and services, but she doesn't trust providers, nor does she feel like these spaces are for her.

One of the first hurdles for adolescent girls in receiving adequate SRH services is accessing health facilities and providers. Girls need encouraging environments to express themselves and their concerns openly - without being judged, shamed or mistreated by inattentive providers. Adolescent and youth-friendly services should be centered on the unique needs of each girl, providing enough context to clarify misconceptions, ample space to ask questions and decide what to adopt without being subjected to provider bias or societal preferences.

DESIGN OPPORTUNITIES

How might we engage and equip health facilities and providers to strengthen their youth and girl-friendly services and offers?

How might we support girls in understanding their rights, building a practice of open expression of concerns and shameless desire for informed decision making about her body?

KILIFI



THE AUDACIOUS TEEN
THE ACCUSTOMED TEEN

**5 HER EXPERIENCE IN FACILITIES, HER
RELATIONSHIP TO PROVIDERS.**

“I was in the hospital and the doctor told me that these methods are being phased out because of the side effects. Especially the injection method.”

ADDITIONAL OBSERVATIONS:

Research underlined the ways in which healthcare facilities are not readily available to adolescent girls - cost, distance or working hours of the site, to name a few. It is uncommon for girls to feel comfortable visiting facilities, especially for contraception services. Particularly for young unmarried girls, accessing correct information is difficult without a platform for open discussion. Provision of contraceptive services, if a girl is able to get this far in the process, is rarely offered without coercion or pressure towards a certain method. Partnership with local facilities to evolve policies and procedures of practice, may encourage increased privacy, confidentiality and quality of service, which in turn might encourage young girls to access this resource.

6 BUILDING HER CONFIDENCE FOR THE FUTURE

Her dreams are bound by her exposure to what is possible.

We learned that girls are well-aware of the difficulties and challenges of building towards non-traditional goals - like continuing education or entrepreneurship. What she needs is not a "reality check" but *belief*, from those surrounding her, that she is capable despite the challenges, and that she can learn and grow towards more. Across the research, girls reflected on their peers, particularly adolescent boys, sharing the same hopes and influenced by the similar constraints.

HOMABAY / MIGORI



- THE AUDACIOUS TEEN
- THE DEVOTED WIFE
- THE RESOLUTE MOTHER
- THE ACCUSTOMED TEEN

DESIGN OPPORTUNITIES

How might we ensure programming includes resources and tools that equip the adolescent girl to dream forward for herself - whether that's starting a family, continuing her education or becoming a businesswoman.

How might we consider dissolving the gender barrier in future-forward programming; including the perspective of the adolescent boy and seeking to transform adolescent boys into supporters, collaborators and advocates?

6 BUILDING HER CONFIDENCE FOR THE FUTURE

“We are a digital generation and you should consider upskilling us with sophisticated skills -not the usual basics.”

“The boy child should also be included in the education, so that they [support us and] don’t idle around and get us into temptation.”

ADDITIONAL OBSERVATIONS:

Girls understand their situation well and identified the gaps between their aspirations and their current opportunities. They seek support in receiving valuable educational offers, skills training and mentorship that equips them with the right resources to strive towards the life they want. They appear eager to invite their male peers to join them on this journey and to include them as supporters and advocates for girls.

Exposure to and awareness of entrepreneurial pathways influences a girls dreams and aspirations (and those of her male peers) from a young age; understanding of the pathways available is a powerful driver in their journeys.

7 SELF EXPRESSION, OPTIMISM AND OWNERSHIP

She's excited and curious about her future; she craves support to build her confidence and take ownership over her own story.

So often, SRH interventions or programming for adolescent girls focus on solving for a problem, rather than centering on optimism about what might be possible for her. Moreover, that problem is also rarely defined by the girl herself. What we know through research, is that girls are experts of their own lives and have aspirations for what they want to achieve, beyond what others expect of - or want for - them. What happens when we design for optimism, support self expression and encourage ownership over her own story? How might we support girls to emerge undaunted into new opportunities?

- KILIFI
- KAJIADO / NAROK
- HOMABAY / MIGORI



THE AUDACIOUS TEEN
THE RESOLUTE MOTHER

DESIGN OPPORTUNITIES

How might we create an environment in which girls are confident to take up space, speak up, claim ownership of their decision making and feel fully engaged in program activities?

How might we prioritize program components that are co-created with girls - integrating their perspectives and preferences into the final product?

7 SELF EXPRESSION, OPTIMISM AND OWNERSHIP

“Girls would like to have the ability to make important choices that affect their lives and would like to be empowered enough to avoid overdependence on their communities, who could impose their decisions on them.”

“Having girls themselves take on a visible leadership role within the community and a sense of responsibility can be positive forces for change in the lives of young girls.”

ADDITIONAL OBSERVATIONS:

Girls want to feel inspired, optimistic about and in control of their own lives. They seek to see women like themselves in leadership roles across their community and in the media. They are empowered to learn each others stories, and feel confident in expressing their own. Alongside being surrounded by a supported community, autonomy surfaced as a central theme in her journey towards personal development and building an identity she is proud of.

INSIGHTS

1. WAYFINDING AMIDST THE OCEAN OF MISINFORMATION

DESIGN OPPORTUNITIES

How might we design approachable and convenient access points for girls and their surrounding communities to receive accurate information?

How might we frame education around myths and misconceptions as a community wide goal, not just a burden upon adolescent girls?

2. EXPERIENCING FEAR AT THE FOREFRONT

How might we equip girls to identify, express and overcome the fears that they are experiencing when learning about contraceptive methods?

How might we support the community surrounding girls in grasping the impact they have on how she feels about her body and choices throughout adolescence?

3. DISCRETION & PRIVACY

How might we create opportunities for girls to discreetly engage in conversations about SRH, on their own terms?

How might we design SRH programming that offers girls both the support of an encouraging community, alongside the right amount of discretion and privacy?

INSIGHTS

4. ENABLING COMMUNITY TO SUPPORT & CHAMPION GIRLS

How might we enable role models and influencers to support girls in accessing supportive information when making SRH related decisions?

How might we build awareness with role models and influencers as to the importance of their role, and the potential of their influence on a girls life and decision making power?

5. HER EXPERIENCE IN FACILITIES, HER RELATIONSHIP TO PROVIDERS

How might we engage and equip health facilities and providers to strengthen their youth and girl-friendly services and offers?

How might we support girls in understanding their rights, building a practice of open expression of concerns and shameless desire for informed decision making about her body?

6. BUILDING HER CONFIDENCE FOR THE FUTURE

How might we ensure programming includes resources to equip adolescent girls with skills and tools supportive of their future career paths?

How might we consider dissolving the gender barrier in future-forward programming; including the perspective of the adolescent boy and seeking to transform adolescent boys into supporters, collaborators and advocates?

7. SELF EXPRESSION, OPTIMISM, OWNERSHIP

How might we create an environment in which girls are confident to take up space, speak up, claim ownership of their decision making and feel fully engaged in program activities?

How might we prioritize program components that are co-created with girls - integrating their perspectives and preferences into the final product?

WHAT ARE THE MOST IMPACTFUL OPPORTUNITIES FOR DESIGN?



SO MANY
OPPORTUNITY
AREAS TO
EXPLORE.

HERE'S HOW WE
HONED IN ON THE
MOST IMPACTFUL
ONES.

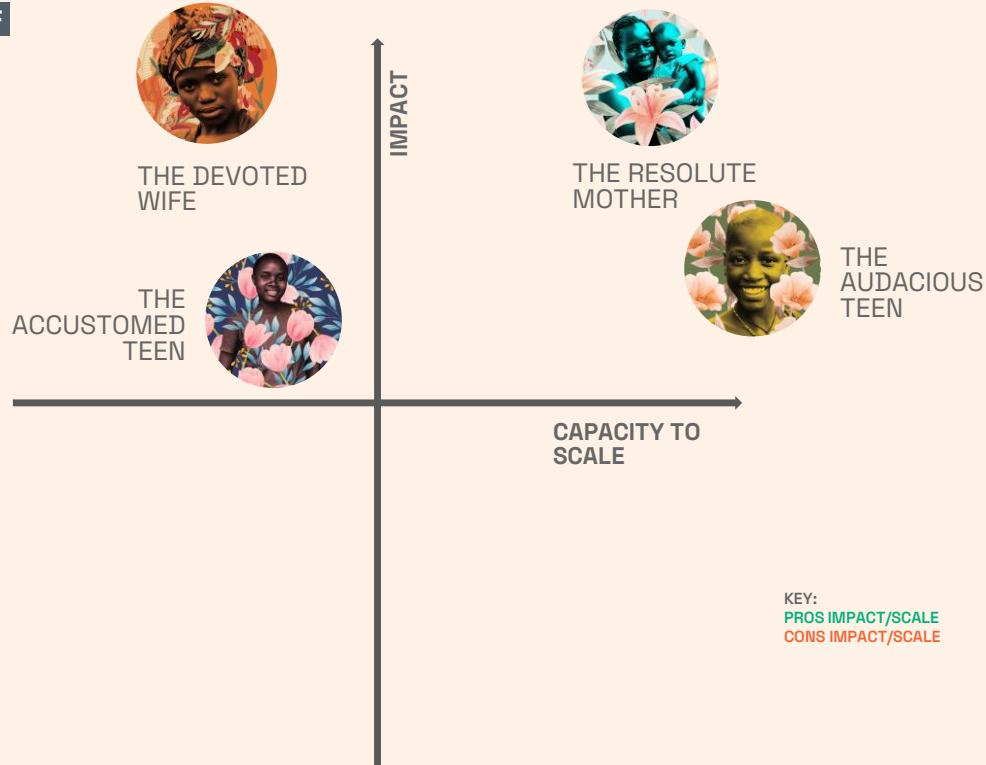
By analyzing our synthesized insights with a focus on which archetypes we could serve most impactfully, and at which points in her journey, we were able to narrow our focus from seven different thematic areas, down to four.

You'll see on the following slides, an explanation of the decision making process for both archetype prioritization, and then selection of thematic areas for design.

This funneling process is important because it allows us to focus design prototypes and additional testing on a smaller, more discrete pool of concepts that both the PSK and IDEO.org design teams are confident will impact the adolescent girls we are designing for.

However, if these don't feel quite right—don't worry—we will revisit them during our upcoming workshop.

ARCHETYPES
MAPPED BY
CAPACITY TO SCALE
VS. DEPTH OF
IMPACT



KEY:
PROS IMPACT/SCALE
CONS IMPACT/SCALE

The Devoted Wife

Demands of and devotion to both her **children** and her husband might make it difficult to encouraged empowered decision making around contraception, in an already **culturally rigid society**. For this reason, she remains **marginalized and underserved** when it comes to access to information and family planning services. Her community will also **benefit the most from myth-busting**.

The Audacious Teen

She **already uses** some forms contraception hence **understands ways they can be beneficial**. **Other service providers** may already provide knowledge and services to her. She is **from the urban area and near amenities** which make her easily reachable.

The Resolute Mother

Neither she, nor her guardians who support her can **afford to have another child** in the house. She is **ready and willing to prevent another pregnancy** and secure her future ambitions. There's also the **opportunity to assure her and others** of their ability to give birth. She is still **in school** which might make it harder to reach her. She may also express some **nervousness to go to the facility** and be shamed.

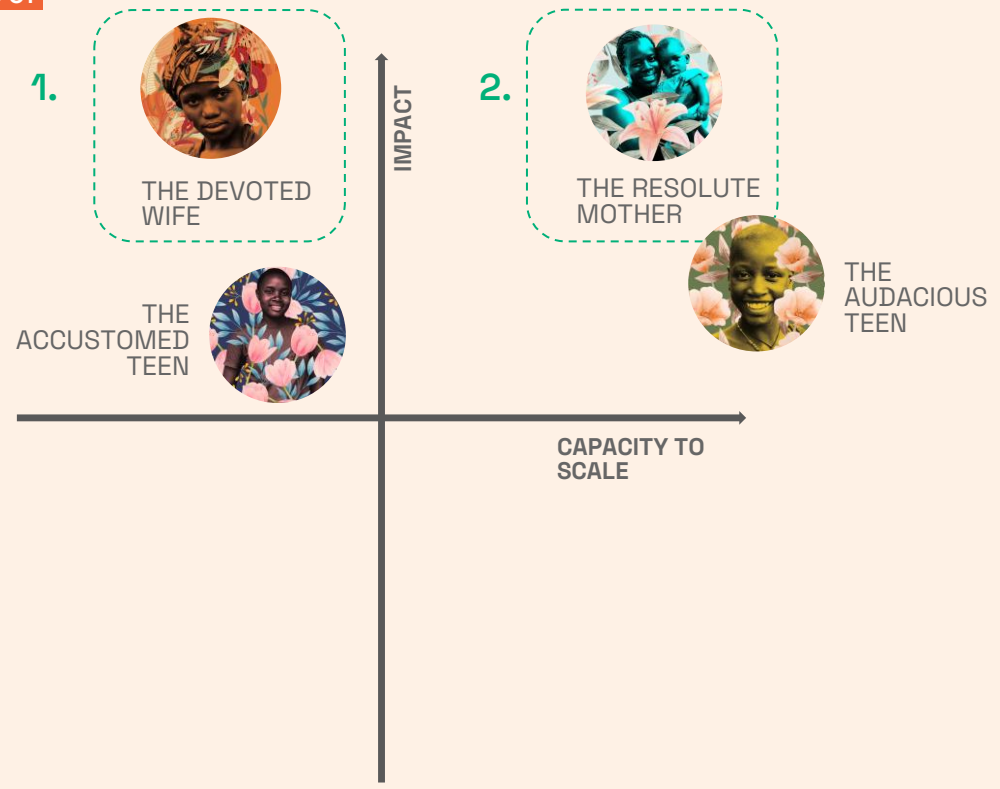
The Accustomed Teen

She is currently **not using contraception** and could fall **victim to an unplanned pregnancy**. Admitting her want for contraception is **admitting that she is sexually active**. According to her society and listening to her peers, **school going girls should abstain**. Contraception is **not something she needs** because only married women need to plan their families.



How can we use this matrix to begin prioritizing which archetypes we can sustainably design for?

OUR POINT OF VIEW
 We recommend that
 the target audience
 for this phase of
 design as:



THE RESOLUTE MOTHER

The resolute mother seems to be the natural pair to The devoted wife for a number of reasons:

- 1. Is in alignment with PSK strategic objectives.**
 These archetypes are most in need/underserved (the Devoted Wife) and stand to benefit at scale (the unmarried, Resolute Mother) from designed interventions.
- 2. Allows us to focus on shifting community beliefs and attitudes.**
 Service providers may already be willing to serve married women and young mothers, because they can understand clearly why they may need contraception. This entry point will allow for targeted influence of communities, whose belief systems we seek to gradually shift.
- 3. Provides an entry point for male engagement.**
 Both the archetypes have direct linkage to men, which creates a gateway to reach men with contraceptive information and provide the opportunity to highlight their role in society.

WHY NOT THE AUDACIOUS TEEN?

A closer look at SRH interventions that exist reveal that this archetype is already the most targeted audience, illustrated by the comfort she already has with the topic and further driven by her proximity to the urban center. Of our unmarried archetypes, she has the most access to resources and information.

While the Audacious teen exists in sharp contrast to the Resolute Mother, we believe that a design intervention for the Unmarried archetype may still reach her. Read on to learn more.

HOWEVER,
FOCUSING ON
THESE TWO
DOESN'T MEAN
THAT THE
OTHERS ARE
COMPLETELY
LEFT OUT...



THE RESOLUTE
MOTHER

She is in consistent enough contact with her peers, girls who are not married nor have children. Designing opportunities for her and adding components that foster an enabling environment which allows her to access information and resources, will also positively impact the girls around her without children.



THE
DEVOTED
WIFE



THE AUDACIOUS
TEEN



THE
ACCUSTOMED
TEEN

As the Accustomed Teen is looking up to her role model, the Devoted Wife, (often her older sister, cousin or neighbour) ... she observes her actions and is exposed to behavior change driven by programming focused on the Devoted Wife. This trickle down effect of influences allows the intervention to reach, albeit indirectly, the Accustomed Teen.

THEMES

1. WAYFINDING AMIDST AN OCEAN OF MISINFORMATION

2. EXPERIENCING FEAR AT THE FOREFRONT

3. DISCRETION AND PRIVACY

4. ENABLING COMMUNITY TO SUPPORT & CHAMPION GIRLS

5. HER EXPERIENCE IN FACILITIES, HER RELATIONSHIP TO PROVIDERS

6. BUILDING HER CONFIDENCE FOR THE FUTURE

7. SELF EXPRESSION, OPTIMISM AND OWNERSHIP

DESIGN OPPORTUNITIES

- How might we design approachable and convenient access points for girls and their surrounding communities to receive accurate information?
 - How might we frame education around myths and misconceptions as a community wide goal, not just a burden upon adolescent girls?
-
- How might we equip girls to identify, express and overcome the fears that they are experiencing when learning about contraceptive methods?
 - How might we support the community surrounding girls in grasping the impact they have on how she feels about her body and choices throughout adolescence?
-
- How might we create opportunities for girls to discreetly engage in conversations about SRH, on their own terms?
 - How might we design SRH programming that offers girls both the support of an encouraging community, alongside the right amount of discretion and privacy?
-
- How might we enable role models and influencers to support girls in accessing supportive information when making SRH related decisions?
 - How might we build awareness with role models and influencers as to the importance of their role, and the potential of their influence on a girls life and decision making power?
-
- How might we engage and equip health facilities and providers to strengthen their youth and girl-friendly services and offers?
 - How might we support girls in understanding their rights, building a practice of open expression of concerns and shameless desire for informed decision making about her body?
-
- How might we ensure programming equips adolescent girls with skills and tools supportive of their future career paths?
 - How might we dissolve the gender barrier in future-forward programming; include the perspective of the adolescent boy and transform adolescent boys into supporters, collaborators and advocates.
-
- How might we create an environment in which girls are confident to take up space, speak up, claim ownership of their decision making and feel fully engaged in program activities?
 - How might we prioritize program components that are co-created with girls - integrating their perspectives and preferences into the final product?

We then mapped the most impactful opportunity areas across the contraceptive journey, to identify the pain points that may hold promising opportunity for solution design.

JOURNEY TO CONTRACEPTION	Prompting Interest	Building Knowledge	Considering Different Methods	Getting to the Service Site **gap in our research	Requesting Services	Interacting with the Service Provider
PAIN POINTS/ POTENTIAL DROP-OFF POINTS	<ul style="list-style-type: none"> There is no trustworthy, accessible and discrete process for teens to be introduced to contraception, and invited to learn more 	<ul style="list-style-type: none"> Girls do not know where to go to access reliable information The community surrounding adolescent girls does not accept contraception 	<ul style="list-style-type: none"> Fears and myths about using contraceptives and their side-effects Worry that contraception lacks relevance now, and undermines her future aspirations 	<ul style="list-style-type: none"> Health facilities are far in Rural areas Many unmarried adolescent girls are often in school 	<ul style="list-style-type: none"> Fear of stigma when requesting services at the clinic 	<ul style="list-style-type: none"> Service provider judgement and bias towards adolescents requesting contraception
OPPORTUNITY FOR DESIGN	<ul style="list-style-type: none"> How might we ensure programming includes resources to equip adolescent girls with skills and tools supportive of their future career paths? How might we consider dissolving the gender barrier in future-forward programming; including the perspective of the adolescent boy and seeking to transform adolescent boys into supporters, collaborators and advocates? How might we create an environment in which girls are confident to take up space, speak up, claim ownership of their decision making and feel fully engaged in program activities? How might we prioritize program components that are co-created with girls - integrating their perspectives and preferences into the final product? 	<ul style="list-style-type: none"> How might we create access for girls and their communities to receive accurate information? How might we enable role models and influencers to support girls in accessing supportive information when making SRH related decisions? How might we build awareness with role models and influencers as to the importance of their role, and the potential of their influence on a girls life and decision making power? 	<ul style="list-style-type: none"> How might we equip girls to identify and overcome the fears that they are experiencing? How might we provide communities with the understanding and mindset to identify and eliminate myths and misconceptions? How might we create an environment in which girls are confident to take speak up, claim ownership of their decision making and feel fully engaged in the activities? How might we create solutions that leave girls actual choices and integrates their perspectives and preferences? 		<ul style="list-style-type: none"> How might we support the community in grasping the impact they have on a girl's life and how to positively influence it? How might we engage and equip health facilities and providers to strengthen their youth and girl-friendly services and offers? 	<ul style="list-style-type: none"> How might we encourage girls to access health providers & services and to express their concerns openly, allowing them to receive adequate information about different options?
DESIRED SHIFTS	<ul style="list-style-type: none"> Girls desire and feel excited about opportunities to learn how contraception might be beneficial. 	<ul style="list-style-type: none"> Girls have access to accurate information, which helps them feel confident about their SRH choices. The community sees the benefit and supports adolescent girls in understanding contraception 	<ul style="list-style-type: none"> Girls are equipped with the correct information to counter their fears and make informed decisions. Girls understand the benefits of contraception now, how it may impact their future, and the options available to them. 	<ul style="list-style-type: none"> Girls can conveniently access providers and services, without too many barriers. 	<ul style="list-style-type: none"> Girls feel confident requesting services at the facility. 	<ul style="list-style-type: none"> Service providers are friendly and open-minded in serving adolescent girls requesting services.

WHAT WE ARE FOCUSING ON

Based on our collaborative synthesis of the research, what we know about the archetypes across our clusters of focus in Kenya, and the most impactful opportunities for influence on a girl's journey towards empowered decision making, we have identified these four themes and opportunity areas for continued design exploration.

These choices are not final, rather a jumping off point for discussion and alignment, as we prepare to build early stage prototypes.

We'd love to hear your thoughts.

WAYFINDING AMIDST AN OCEAN OF MISINFORMATION

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BUILDING HER CONFIDENCE FOR THE FUTURE

How might we ensure programming equips adolescent girls with skills and tools supportive of their future career paths?

How might we dissolve the gender barrier in future-forward programming; include the perspective of the adolescent boy and transform adolescent boys into supporters, collaborators and advocates.



THANK
YOU