Repositioning Contraception

Using segmentation to target the right narratives to the right audiences

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1. Background
Adolescents 360

**Goal:** We aim to increase voluntary, modern contraceptive use and reduce unintended pregnancy among adolescent girls between 15-19-years-old in Ethiopia, Nigeria and Tanzania.

- **Trans-disciplinary**
- **Focus on youth-powered programming** – mandate to make SRH programming relevant for girls
- **Speed and scale** – mandate for cost-effectiveness of A360 designed interventions
Data: the key to A360 intervention design

Understanding the barriers to be addressed

Deep understanding of the target audience

Identify key challenges

Continuously adapt to the needs of the target audience

A360 INTERVENTIONS

FORMATIVE WORK (HCD) qualitative

SEGMENTATION STUDY quantitative

EVIDENCE BASED ADAPTIVE IMPLEMENTATION mixed
A360: At a Glance

Aug - Dec 2016
Data collection to inform design

January - Dec 2017
Prototyping, Vetting, & Refinement through the transdisciplinary approach

Jan 2018 - present
Evidence-based adaptive implementation as engine for SCALE (Horizontal and Vertical)

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2. Data Dive: Adolescents and Contraception in Tanzania
In Tanzania there are 2.3 million girls aged 15-19 of which...

- **HAVE HAD SEX**
- **REPORT UNMET NEED FOR FAMILY PLANNING**
- **HAVE BEGUN CHILD-bearing**

Source: Tanzania DHS 2015/2016
We found through formative research* in Tanzania that family planning is mostly considered appropriate for married women with children.

Family planning messages adolescent girls receive are **not relevant** and **don’t resonate**. Most adolescents do not consider contraceptives to be ‘for them’ because they;

- don’t consider themselves sexually active and at risk of pregnancy,
- aren’t married (74% of girls have never been married),

*PSI & Ideo.org, Insights, Feb 2015
Based on gathered data, it was clear that we needed to make family planning resonate with adolescents by repositioning contraception so that it aligned with girls’ priorities.

**Segmentation** helped us to further develop programs which respond to the critical developmental life-stages that adolescents traverse.
3. Repositioning Contraception: Role of Data
Formative work identified the need for segmented messaging. The human centered design / qualitative research included in-person interviews, FGDs, roleplays, and journey mapping.

Identified the need to reposition contraception for different segments of adolescents.

Large-scale segmentation study described segments amongst adolescents:

- Quantitative survey of 1,132 adolescent girls (15-19 years old was conducted in 10 districts from 5 regions of Tanzania, urban and rural.
- Collected data on demographics, life stages / pubertal development, attitudes, decisionmaking, and power in relationships.
- Segmentation analysis was conducted in partnership with Catalyst Behavioral Group.

4 segments that generally differ on their psycho-social development were identified.

Developmental trajectory jointly defined by: Age, Physical pubertal development, Children, Dating behavior, Financial independence, Autonomy in daily life. Sexually active defined by whether they have had sexual intercourse with someone of the opposite sex and dating status.
4. Data’s Impact on Program Design and Messaging
Data from mixed methods helped to ensure program design and messaging remains relevant as girls move through different life stages.

We created Kuwa Mjanja (Be Smart), a brand with two intersecting tracks, which allow us to meet the needs of our four segments through separate and shared moments.
Farida/Furaha:

“Know your body”

- A **clinic-based** experience
- **Menarche and puberty** as an entry-point
- Engages parents and allows girls to build trust with providers.

Bahati/Pendo:

“Know your path”

- A **Community-based** experience
- Help girls **discover dreams & goals**, learn what’s possible, and **take action**.
- Girls access **vocational and financial skills** classes alongside health information.

Both experiences include an **opt-out private moment** with a Kuwa Mjanja provider for judgment-free counseling and contraceptive services.

Key elements for both interventions were developed through triangulating insights from formative research and the segmentation study.
Targeted Behavior Example

Tablet based job aid to help community health educators deliver messages tailored to a girl's segment.
Interactive quiz to determine girl’s segment – a non-intrusive typing tool (Farida, Bahati, etc.)

Videos and stories to share relevant info, targeted by segment

Personalized counseling for better decision-making
Results to Date

** Reached 74,447 adolescent girls **

** Delivered 50,575 adopters **

** Method Mix, New Users 15-19 (Kuwa Mjanja 2018) **

- IUD: 13%
- Implant: 50%
- Injectable: 15%
- Condom: 8%
- EC: 3%

** Method Mix, All Users 15-19 (DHS 2015-16) **

- IUD: 0%
- Implant: 18%
- Injectable: 32%
- OC: 15%
- Condom: 40%
- EC: 3%
Key Takeaway

Different types of data offer different actionable insights. Having rich data, both quantitative and qualitative, can allow you to develop relevant and better targeted messaging.
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