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Influencing Behaviour Change for Increased AYSRH Service Uptake Among Ugandan Youth using Human Centered Design

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If you were an animal, which animal would you be?
- A Stallion
Introduction

- AYSRH is a government priority in Uganda where 70% of the population is below age 24.

- One quarter of Ugandan young women have their first child before 19, increasing risk for perpetuating cycles of poverty.
  - Total mCPR: 35%
  - mCPR 15-19: 20.7%
  - Unmet need 15-19: 30.4%
  - Unmet need 20-24: 29.3%.

- Factors affecting mCPR uptake among young women include:
  - Misinformation
  - Lack of information on where to access quality services
  - High cost of services
  - Provider bias
  - Lack of service privacy and confidentiality
  - Influence of parents and other community members
  - Distance
  - Poor commodity security
  - Gender inequality.
The evaluation focused on the Pfizer Youth Intervention, where a portfolio of prototypes were developed to address key themes related to adolescent pregnancy and barriers to contraceptive use.

Program Description

- Ignorance
- Fear
- Stigma
- Peer pressure
- Trust/Provider Bias
- Access
- Non-supportive parents
- Sexual abuse
“Some service providers announce our problems everywhere, so we do not feel safe going to seek counselling at health centers.”

“I was raped at a tender age by my uncle. I told my mother but she couldn’t tell my father because she did not want to cause family problems. I got lots of complications but till today no one else knows.”

“SRH issues for youth should be communicated in a fun loving way!”

“We need a cool form of identification that we can relate with and easily identify youth friendly facilities”
Prototyped interventions included:

1. The youth brand **(YO-SPACE)**
2. Youth Friendly Service training and PBCC for Network Facilities.
3. Voucher system
4. An all-inclusive community dialogue (Youth, Parents, Teachers, Providers, Community Leaders)
5. “Edutainment,” and sports-gala-themed outreaches
Study Methodology

• A quasi-experimental evaluation design was used to determine the effectiveness of the intervention, by comparing what happened as a result of a program and what would have happened in its absence.

• To evaluate the effectiveness of the design two population groups were studied:
  • A test group in (i.e. those exposed to the intervention) in Buikwe, Mukono, Kampala, and Wakiso
  • A control group – those who were not.

• The second level was within the intervention districts to compare health seeking behaviour among young people exposed to the project activities (SRH messages, peer-to-peer, youth group meetings the voucher system) with those who were not.
• Propensity score matching found that exposure to the Pfizer intervention resulted in 2.7 percentage point significant increase in the likelihood of youth utilizing AYSRH services.

• Similarly, intervention exposure significantly improved (p<0.05) the chances of young people adopting behaviors of interest:
  • Accessing contraception - 5%
  • Condoms - 5.9%
  • HIV testing - 0.8%
  • AYSRH counseling - 15.

• The evaluation also showed that sexually transmitted infections and contraception are the dominant reasons for young people’s health seeking behavior.

• The youth associated the The YO Space brand with assurance of private, confidential, and comprehensive contraceptive counseling and service provision.

• Young people also reported a strong preference for health facilities that have youthful providers.
Lessons Learnt

• This study supports the body of evidence that HCD process can result in effective behavior change interventions for AYSRH.

• Irrespective of the short intervention period, impact could still be measured and attributed to these HCD-derived prototypes.

• Intervention communities benefitted from the synergistic effects of simultaneously rolling out a package of interventions over the 6 months period.

• Edutainment played a major role in attracting and engaging youth. They were applied for outreaches, on mass and social media, within health facilities and in the communities.

• The Yo-Space brand is still being kept alive on social media and with edutainment activities.
Recommendations

• The need to uphold a primary theory of HCD that requires the participation of the target population in every step of the discovery, design, and implementation to ensure ownership.

• Ensuring **Commitment to Ethics** in Youth-Powered Program Design. There are 21 principles organized into three categories:
  • **Respect**: Valuing young people and the lives they live.
  • **Justice**: Refers to the inherent power imbalance between young people and adults. We ensure justice by bringing young people into the HCD process as equals in program design and delivery.
  • **Beneficence (Do No Harm)**: Maintaining the well-being of young people when conducting HCD.

• To enable sustained behaviour change among populations, it is important for interventions such as this to last for several years.
Questions, Comments
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