

Human-centred design: putting people at the heart of our work

IN BRIEF

The Marie Stopes team in Burkina Faso are trialling a creative approach to get the message across, based on human-centred design.

It's all about building a deep empathy with the people we're aiming to help – and tailoring solutions to their needs.

By immersing ourselves in their lives we're able to move beyond data and demographics and unearth new ways to target those in need of reproductive health services and support real change.

THE CHALLENGE

Giving young rural women a voice

Life for teenage girls in rural areas of Burkina Faso is extremely tough. Marriage at a young age is the norm and there's huge pressure to produce a baby within the first year.

This makes running family planning campaigns tricky. We can't talk to unmarried girls because 'they aren't having sex'. And childless newly-weds HAVE to produce a first child. Sexuality is a taboo topic in Burkina Faso and the country lies at 185 of 188 on the gender inequality index. The result is that most young women find they have no decision-making power when it comes to family planning.

We can talk to them when they've had that first baby – but it's still an extremely hard group to reach. So any discussion on contraception needs to engage the broader community and be framed around the overall wellbeing of the family and household, with a focus on the economic impact, rather than health.

WHAT WE DID

Putting people at the centre of our work

The human-centred design (HCD) initiative was developed in partnership with IDEO.org with funding from the Hewlett Foundation. The team in Burkina Faso were working towards three aims:

- 1 Increase uptake of family planning services by rural, married 15-19 year-olds who already have one child
- 2 Increase family and community acceptance of adolescent sexual and reproductive health
- 3 Increase capacity to use the HCD process in project design and implementation – and share across MSI



Through this we were able to gather better insight into the social and cultural factors that impact family planning decisions

WHAT WE DID**Putting people at the centre of our work**

The project began with a desk review and brainstorm and progressed, through a two week design research phase involving the team becoming immersed in the target communities, using individual and group interviews and observations as well as some initial prototyping of intervention ideas.

Using insights from the design research, IDEO.org prepared initial prototypes and an approach for how to test them. During a second visit to target communities the various prototypes were tested in different settings and in various combinations – with several of the more promising ones iterated and tested again.

WHAT DID WE LEARN?

We conducted in-depth, in-context, qualitative interviews and discussions with a range of community members. Through this we were able to gather better insight into the social and cultural factors that impact family planning decisions, including:

1. Children are the ultimate symbol of wealth.
2. Women are property with a depreciating value.
3. A need for change is recognised – as long as it doesn't threaten men's status.

Individual and group interviews

| | | |
|------------------------------|-------------------------------------|-----------------------------------|
| 26 Young wives | 12 Mothers & Grandmothers | 08 Husbands |
| 04 Unmarried youth | 10 Community Leaders | 09 Healthcare providers |

WHAT WE FOUND**“Babies cry inside me. You need to let them out.”**

Through our initial research, interviews and testing we were able to identify behavioural ‘archetypes’, which help us see and understand the people we seek to serve beyond simple demographics. By focusing on people's needs, aspirations and values, behavioural archetypes unveil new, often ignored, user segments.

From all the archetypes identified, we saw the most potential to change behaviour and attitudes if we designed initiatives around these segments:

**The Hindered-Female**

Some understanding of the benefits of family planning but lacking support

**The Novice-Female**

Engaged with the benefits and open to family planning use with a husband who is on board

**The Conflicted-Male**

Positive about the benefits but unsure about next steps

**The Silent-Male**

Accepting of his wife's use as long as it stays between them

These four archetypes also highlighted the importance of getting the whole community on board. We wanted to get people talking, empower people – both men and women – to think about their future, and create family planning advocates.

**WHAT THIS MEANS****La Famille Idéale**

Marie Stopes' global adolescent engagement strategy has been mostly targeted at young women. To create the change we want to see in Burkina Faso, we need to widen the conversation. Demand for family planning is already bubbling under the surface there. Many young women understand the benefits, but their husbands, the gatekeepers, and the broader community remain barriers to access. Inviting Burkinabe men into the conversation paves the way to greater gender equity.

During 2018 we began live prototyping with a human-centred design initiative: La Famille Idéale. We learned that couples barely talk to each other about sex, and wives often could not articulate the benefits of family planning to their husbands. We made space for conversations at multiple levels—from a game in public forums to a facilitated private dialogue between husband and wife. We brought in a trusted figure, a Community Based Mobiliser (CBM), to moderate these conversations.

In our initial pilots, the strategy worked! Many couples decided to take up services after the conversation. Ongoing monitoring and evaluation of this initiative will show us the longer-term impacts.

La Famille Idéale celebrates the beauty of every Burkinabe family and each couple's potential to shape their own lives. This human-centred design system paves the way to service uptake.

Where can I find more information?

For more information on Marie Stopes International and the work that we do please contact:

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Registered charity number: 265543

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