



REPRODUCTIVE HEALTH INNOVATION EXCHANGE

SHOWCASE YOUR INTERACTIVE SBC DESIGNS, IDEAS, AND TOOLS

Behavioral and Digital Tools to Prevent Teenage Pregnancy

Innovation presented by: AHA! Behavioral Design, Inc. and Roots of Health

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| Problem statement | | |
| To prevent teenage pregnancy in Palawan, an island province in the Philippines with a high prevalence of teenage pregnancy. | | |
| Circle of Care stage | | |
| Before: Generates Demand Sets Supportive Norms | During: Empowers Clients | After: Supports Behavioral Maintenance Enhances Follow Up |
| Audience(s) | | |
| Male and female adolescents and young adults | | |
| Country of implementation or design | | |
| Philippines | | |
| Outcome(s) of interest | | |
| <ul style="list-style-type: none"> • Increase couple dialogue on condom use and alternative safe and pleasurable activities • Increase conversations on condom use with potential partners for unattached males • Empower women and girls to select their initial contraceptive and schedule an appointment with a health clinic • Increase conversations on consent and safe sex with their partner prior to sex • Increase use of condoms and female contraceptives | | |
| The innovation | | |
| <p>For male adolescents and young adults, we developed three innovations that were delivered via existing Roots of Health youth advocates. These include (1) the Safe at Sarap Body Map, which encourages conversations on pleasurable body parts; (2) the Landi Responsibly Sticker Pack, a set of digital stickers that spark conversations about safe sex; and (3) the Condoming Alam Challenge, a chatbot that test users on their condom knowledge and provides scenarios to end-users to assess their safety.</p> <p>For female users, we created three unique innovations: (1) the Girl Power Planner, which help girls decide on the best contraceptive option and encourages users to schedule a clinic appointment; (2) the SIS! Kit, a hygiene kit with a hidden compartment that contains information about contraceptive options and a clinic scheduling care; and (3) the Safety Cube, a toy block with snippets of information and questions on each side to start conversations among peers.</p> | | |



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Why you should consider adapting and scaling this innovation

Using a journey mapping process, we discovered the behavioral and cognitive biases among youth and young adults that needed to be addressed and the different emotional paths the male and female segments each experience. This led to the eventual design of the solutions. We went beyond traditional interventions of sexual health education in the Philippines, which are information-education through trainings and seminar that targeted adolescent females. Results from the testing phase revealed significant increase in discussions about condom use before and after sex among males and an increase in messaging, visiting, and scheduling appointments with health clinics among female prototype users. Additionally, the testing had a significant effect on the intention to practice consent, which positively shifted the norms and behaviors of discussing consent before sexual intercourse and any sexual activity. Finally, more participants sought male condoms and other contraceptive options from Roots of Health Centers after using the tools.

Resources needed to adapt or scale this innovation

Various types of organizations can implement the program. Organizations that have partnerships with youth-friendly clinics can specifically benefit from the cascade of interventions especially if these health clinics can give free contraceptives and consultation services. Potential implementers should conduct testing and adapt the tools and the communication strategies to their particular target population needs and context. Costs will vary and might include the costs for manufacturing physical collaterals and app subscriptions for the digital prototypes. Budgets should also be allocated for the cascade of the project, which may involve community activation and the like.

A two- to three-month timeline for initial implementation is recommended:

- One–two weeks: Concept testing and prototype adjustments
- One–two weeks: Production and delivery of prototypes
- Three–four weeks: Baseline, testing period, and post-usage evaluation
- One–two weeks: Analysis of results of the testing period

Implementation recommendations

For adapting in the Philippines, a more extended testing period (two–three months) should be planned with a larger sample size to test the impact and potential to scale for all prototypes. Adjustments need to be made considering the following: availability of clinics providing youth-friendly health services, logistics of the delivery of prototypes, and onboarding of the users. These considerations come from our own experiences with the initial roll-out of the prototype. We found using existing youth advocates of Roots of Health to set up and distribute the prototypes to be effective. This youth-to-youth approach created privacy and relatability, which are major concerns for our users.

For adapting outside of the Philippines, concept testing of the prototypes through key informant interviews or focus group discussions can be done with the target users. This is to check and review which elements resonate with the users in their context, and whether some aspects of prototypes need to be adjusted (e.g., translate digital prototypes to other platforms outside Messenger). After adjustments are made, field testing (three–four weeks) can be done to test the innovation’s effectiveness.

These recommendations also highlight the need to strengthen service delivery among communities where the prototypes may be rolled out, as the prototypes also create demand especially for access to and consultations for contraceptive needs. Our approach asks for the services to be youth-friendly and maintain privacy and confidentiality with whoever will avail of these services, which helps the implementation.

Have more questions? Contact the following people

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Relevant links

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