

Innovative Prototypes to Promote Condom Use among Youth

In India, the use of condoms is low, in spite of relatively high awareness of this method. To increase the uptake of condoms, SHOPS Plus India developed innovative prototypes to promote the use of condoms, using a design thinking approach with a behavioral economics lens. The activity targeted youth 18 - 24 years of age, in the two project cities of Delhi and Bhubaneswar.

Introduction

Design thinking is an approach which follows key design principles – including empathy with users, a discipline of prototyping and tolerance for failure¹ - to develop innovative ideas that work in the real world. Design thinking goes beyond human-centered design (which considers the real needs and desires of people in the design of an idea) by also considering the feasibility of that idea, and its viability for scale-up. The field of behavioral economics seeks to understand how people make decisions, through the lens of psychological, behavioral, emotional and social factors. It posits that people act in irrational—albeit predictable—ways, in contrast to standard economics, where people are assumed to make rational decisions. Applying a behavioral economics lens in this activity helped the project to understand the nuances of the decision-making process around condom use, and the design thinking approach provided an overall framework for the development and testing of innovative prototypes in a real-world setting.

The activity was conducted in three design-thinking phases (see figure below): 1) empathizing with youth (between 18-24 years of age) to understand barriers and drivers to condom use and to define problem statements; 2) brainstorming to develop innovative solutions and prototypes, and 3) testing and refining of select prototypes. Stakeholders involved in this activity included youth, pharmacists/shopkeepers selling condoms, condom manufacturers and marketers, and USAID India.

Phases of the design thinking approach



¹ Harvard Business Review (2015). Design Thinking Comes of Age. <https://hbr.org/2015/09/design-thinking-comes-of-age>

Phase 1

The first phase commenced with qualitative research among youth to understand barriers and drivers to condom use, and to map the 'user journey' - the thoughts, feelings, and subconscious emotions of someone planning to have sex. This journey starts with a conversation around intimacy, includes a decision point on whether or not to buy a condom including which one to buy, who buys, where to buy, and ends with the couple parting ways after their encounter. Insights from this decision-making journey were used in a co-creation workshop to brainstorm and define key problem statements that capture barriers to condom use.

Phase 2

In the second phase of the activity, the key problem statements were shared in a workshop setting as a basis to brainstorm and create innovative solutions to the identified problems. During brainstorming, participants considered 'extreme users' – those who had never used a condom before, and those who were experienced users – with an eye on arriving at solutions that could address the needs of all users - on both extremes, and in between. This workshop, which leveraged perspectives and experiences of stakeholders from diverse backgrounds (including youth), led to the generation of nearly 200 solutions to address the problems defined in the first phase. The solutions were grouped into 11 broad buckets such as "making it easier for women to purchase condoms" and "triggering consent-seeking before the sexual act". These 200 innovative solutions were shortlisted through consultation with condom manufacturers, marketers, and SHOPS Plus technical staff. A shortlist of 33 solutions, ranging from non-traditional packaging of condoms to innovations at pharmacies, were then rapidly prototyped in preparation for testing.

Phase 3

In the third phase of the activity, prototypes were tested with actual users in both controlled and natural environments to obtain feedback on what worked for them and what didn't. 'Live' testing enabled the team to analyze the findings based on what users *did* (in reaction to the prototype), in addition to what they *said* when interviewed. Prototypes that received more positive feedback were tweaked and re-tested over several iterations, to finally arrive at a set of refined solutions that addressed desirability to users and feasibility based on testing with pharmacists/shopkeepers and manufacturers. The most promising prototypes (those that ranked highly on desirability and feasibility) were shared with condom manufacturers and partners to obtain their feedback on the viability of the prototypes for scale-up. Ultimately, the prototypes that ranked highly on desirability, feasibility and viability for scale-up were handed over to condom manufacturers and partners, to be adopted by them, for further refinement and testing as they deem appropriate.

This activity was planned with key stakeholders - condom manufacturers and marketers - involved in critical phases of the activity. They participated in the prioritization of key problem statements at the end of Phase 1, the shortlisting of solutions in Phase 2, and providing feedback on the viability of prototypes in Phase 3. Their involvement has resulted in prototypes that reflect their interests and priorities, and therefore are more likely to be adopted by them.

This design thinking and behavioral economics approach may be useful in other contexts, health or otherwise, where behavior change is challenging to achieve and where efforts to promote behavior change could benefit from the development of innovative, 'real-world-tested' solutions that address potentially invisible barriers among end-users.

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