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Self-care: Meeting contraception needs in Africa

Adolescent girls and young women in Africa have high unmet needs for modern contraceptives. Concepts centered on self-care can help meet these needs.

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In 2019, an estimated 270 million women worldwide who wanted to avoid pregnancy were not using modern contraceptives.[1] Unmet needs for family planning is especially difficult to address among adolescent girls and young women (AGYW, defined as 15 to 24 years old), who face high and distinct barriers to obtaining modern contraceptives compared with other age groups. Self-care can be a powerful approach to addressing their needs. This article focuses on adolescent girls and young women in Africa, given the region has the highest projected growth of adolescent births[2] and self-care interventions need to be tailored to the specific needs, contexts, and preferences of each user group.

From 2012 to 2019, the use of modern contraceptives among African AGYW rose to 25 percent, from 19 percent.[3] However, at 14 percent, the continent's rate of pregnancy among adolescents (aged 15 to 19 years) remains higher than other developing regions, such as Asia (5 percent). A full 45 percent of African adolescent pregnancies are unintended.[4]

The inconsistent or lack of use of modern contraceptives among sexually active African AGYW has negative effects on women's and girls' health and reduces their economic potential. The issue is particularly problematic among adolescent girls, who are at high risk of preterm births and dropping out of school because of pregnancy. Each additional year of schooling leads to an average 12 percent rate of return—value of life-time earnings of the individual to the net present value of costs of education—for women.[5] Addressing unmet family-planning needs is therefore an important step toward achieving gender equality and boosting the continent's social and economic progress.[6]

The reasons for the inconsistent or lack of use of modern contraceptives are extremely complicated, and a number of barriers prevent AGYW from getting the contraception they need and planning for their futures: prohibitive cost; perceived or real disrespect and judgment from healthcare providers; and a lack of understanding about modern contraceptives, including which options would be best for an individual, what to expect from side effects, and even why contraception is important. Compounding these issues is the rapid growth of the AGYW population in Africa, which is expected to increase by 50 percent within the next 20 years.[7] We must find better ways to meet these girls' and young women's needs.

In the first quarter of 2020, we worked with private- and social-sector partners in Kenya to better understand the barriers to contraceptive use and how to overcome them for AGYW. Four key takeaways emerged from this work:

— *Self-care can be effective in overcoming the challenges faced by AGYW along their family-planning journeys* by empowering AGYW to better understand their needs for contraception and own the decisions to address them.

— *This population's nuanced needs and experiences require tailored solutions;* a one-size-fits-all approach to designing interventions isn't effective in addressing AGYW's unmet needs for contraception.

— *Interventions should be comprehensive* in order to drive consistent use of modern contraceptives—covering the family-planning journey end to end and encompassing awareness, access, and continued usage.

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[1] *Estimates and projections of family planning indicators 2019*, United Nations: Department of Economic and Social Affairs, Population Division, 2019, un.org/development/desa/pd.

[2] *Facing the facts: Adolescent girls and contraception*, United Nations Population Fund, 2015, unfpa.org.

[3] "Family planning 2020 global data," United Nations Foundation, accessed August 24, 2020, familyplanning2020.org.

[4] Jacqueline E. Darroch et al., "Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents," Guttmacher Institute, May 2016, guttmacher.org.

[5] "Understanding poverty: Education," World Bank, accessed August 24, 2020, worldbank.org.

[6] For more information, see "The power of parity: Advancing women's equality in Africa," McKinsey Global Institute, November 24, 2019, on McKinsey.com.

[7] *2019 revision of world population prospects,* United Nations: Department of Economic and Social Affairs, Population Division, 2019, un.org/development/desa/pd.

— *Strong collaboration among public- and private-sector players can help* implement an end-to-end solution to achieve consistent use of modern contraceptives, due to the range of capabilities required for such a solution.

As players begin to design or refine interventions for the AGYW population, they can start with an understanding of what self-care is and use this understanding to develop effective concepts.

What is self-care, and what approaches have been used before?

Self-care is becoming more prevalent across industries to empower consumers and increase convenience. Consider healthcare, where we are seeing a shift to self-service as patients have more access to digital tools and information on managing their health. For example, health-system portals allow patients to schedule appointments, access their medical history, update forms, review doctor recommendations, and ask questions.[8] In financial services, digital solutions such as mobile payments have empowered women to take control of their finances by overcoming barriers in dealing with formalized banking institutions.[9]

In family planning, we define self-care as the ability of individuals, families, and communities to promote and maintain sexual health and prevent unwanted pregnancies, with or without the help of a healthcare provider.[10] Empowering AGYW through self-care requires opening doors for them across three stages:

— *Awareness:* Ensure a girl or woman understands her family-planning needs and the options available

— *Access:* Provide access to contraceptives that best address her needs

— *Usage:* Empower her to administer and manage the contraceptive method she chooses

Many existing approaches to increase use of modern contraceptives emphasize "push" interventions from healthcare providers. But some options are advertised more than others, leaving many options unknown to potential users. Thus, these approaches don't always meet the full needs of the users. Self-care, rather, is centered on the individual, empowering her to be more self-aware and to manage her own health.

Why does self-care matter in addressing unmet contraceptive needs of adolescent girls and young women?

Our research revealed that self-care can help address barriers to AGYW's consistent use of modern contraceptives. Although self-care shifts the responsibility to the user, the role of healthcare providers to effectively respond to user needs remains critical. Consider, for instance, two prominent barriers to consistent use of modern contraceptives and how self-care can help address them.

Stigma: The stigmas associated with contraceptives and family planning vary based on AGYW's ages and marital statuses. For example, religious and cultural beliefs create a systemic bias against sexually active and unmarried adolescents and young women. This group, then, often struggles to find someone willing to provide information about contraceptives or even to get pharmacists to sell them. Meanwhile, married women face pressure to have children and may be stigmatized for delaying pregnancy.

Teaching self-care and providing options for self-service can help AGYW access family-planning services and methods while maintaining privacy and discretion. For example, digital tools can be harnessed to provide information, counseling, and access to contraceptives. Additionally, with

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[8]Penny Dash, MD; Caroline Henricson; Pooja Kumar, MD; and Natasha Stern, "The hospital is dead, long live the hospital!," May 27, 2019, McKinsey.com.
[9]*Digital financial solutions to advance women's economic participation,* Global Partnership for Financial Inclusion, November 16, 2015, btca-prod.s3.amazonaws.com.
[10]"What do we mean by self-care?," WHO, who.int.

increased self-awareness, AGYW are more likely to be persistent when seeking care.

Side effects: Many AGYW forego contraceptives because of a fear of real or perceived side effects. A self-care approach empowers AGYW with a better understanding of the full range of methods available and their potential side effects. This understanding then allows a user to choose modern contraceptive methods consistent with her preferences regarding these side effects. And with an increased awareness of her needs, a user is more likely to accept some side effects, for example, from the birth control pill or an IUD. Furthermore, if an AGYW tries one method and finds the side effects intolerable—since, for example, women's bodies react differently to hormones—she will be more likely and able to seek out another method.

Developing and implementing effective self-care concepts

Most family-planning interventions treat every 15- to 24-year-old the same way. While a few programs are more personalized—such as Shujaaz, an East African media platform that tailors communications to different groups among the adolescent-girl population—these are the exception.

An important lesson from our work is the need to move beyond such one-size-fits-all approaches and instead design tailored solutions to match different needs within the AGYW population. This lesson applies broadly to partners involved in family planning, including health providers, policy makers, and donors. Our work helped us understand the nuances within the AGYW population that are critical for designing self-care concepts to address specific barriers by segments.

Throughout this process, we found the combination of practices and tools used by the consumer packaged goods (CPG) sector (for example, user segmentation) and human-centered design to be useful and practical.[11]

Understand unmet needs specific to segments
By combining different demographic and socioeconomic characteristics, we identified eight segments among AGYW in Kenya who are likely to benefit from self-care (exhibit). To understand each segment, we explored several questions to help us uncover what she knows, what she believes, and what she experiences within each stage of her family-planning journey:

— *What is she currently getting?* What types of information does she receive and what methods does she currently use or have access to?

— *Through which channels does she receive information and access?* Where does she get her information and contraceptives, and what sources does she trust to help her manage difficulties in using contraceptives?

— *Who funds her methods?* Does she use her own income, or does she rely on her partner?

— *Who or what influences her decisions?* How do peers, adults within her household, partners, and providers influence her?

As we explored these questions, we developed a nuanced understanding of each segment and identified the key barriers that should be addressed in the design of self-care solutions. For example, a 15-year-old girl who did not complete primary school may have difficulty learning about contraceptive methods that best suit her needs because she cannot comprehend the content publicly available at her educational level and she does not have access to adults she trusts to explain the details without losing her privacy. And while a 20-year-old unmarried university student may be aware of her needs and most available options, she might have a negative experience acquiring her method, as she's likely to lack privacy and face judgment.
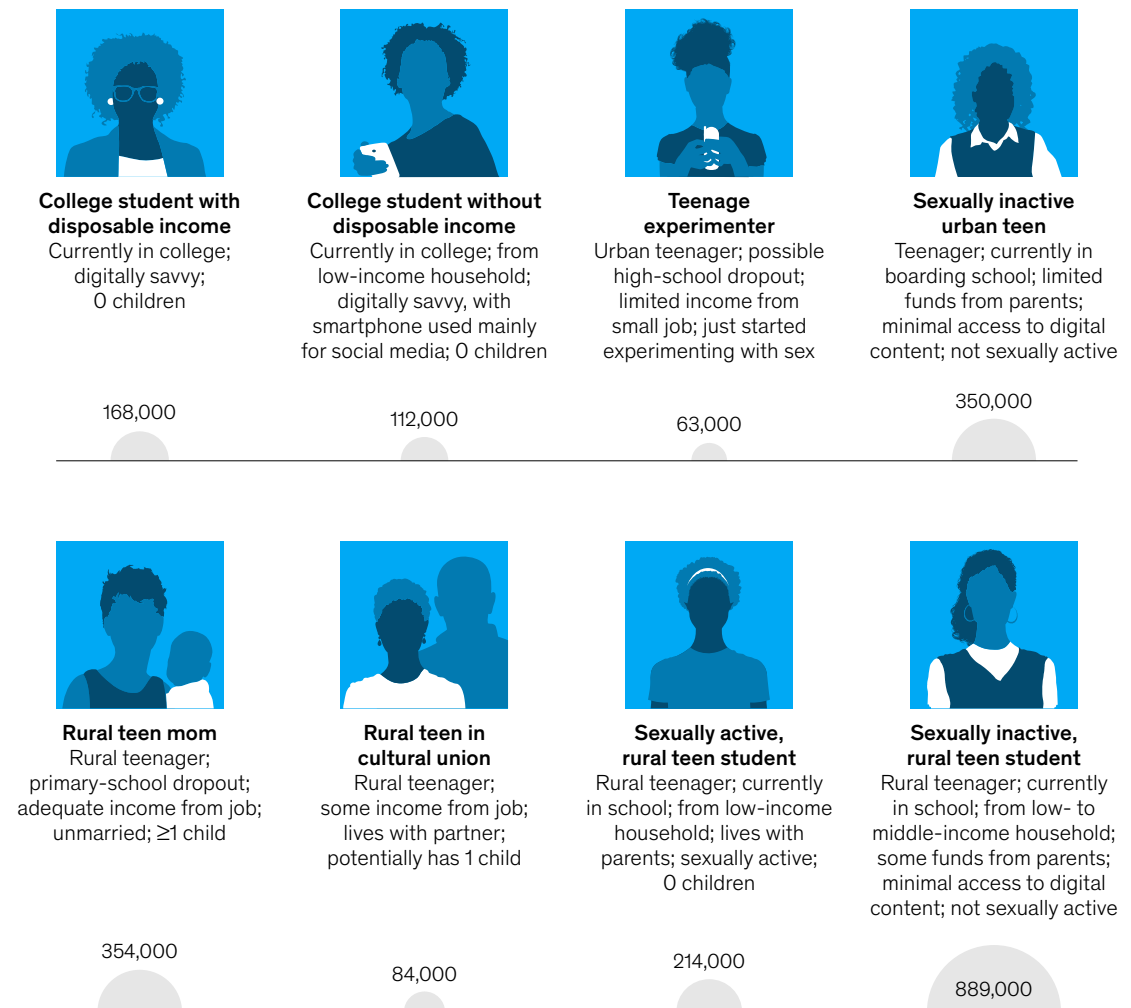
An important benefit of the self-care approach is that it empowers an individual, with proper guidance, to voluntarily choose modern contraceptives that

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[11]For more on design in public health, see Montana Cherney, Tania Holt, Tony Lee, and Sunny Sun, "The value of design in global public health," December 17, 2019, on McKinsey.com.

Exhibit

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Eight segments within the population of adolescent girls and young women in Kenya could benefit from self-care in family planning.

Illustrative segments[1] and estimated segment size in Kenya

College student with disposable income
Currently in college; digitally savvy; 0 children

168,000

College student without disposable income
Currently in college; from low-income household; digitally savvy, with smartphone used mainly for social media; 0 children

112,000

Teenage experimenter
Urban teenager; possible high-school dropout; limited income from small job; just started experimenting with sex

63,000

Sexually inactive urban teen
Teenager; currently in boarding school; limited funds from parents; minimal access to digital content; not sexually active

350,000

Rural teen mom
Rural teenager; primary-school dropout; adequate income from job; unmarried; ≥1 child

354,000

Rural teen in cultural union
Rural teenager; some income from job; lives with partner; potentially has 1 child

84,000

Sexually active, rural teen student
Rural teenager; currently in school; from low-income household; lives with parents; sexually active; 0 children

214,000

Sexually inactive, rural teen student
Rural teenager; currently in school; from low- to middle-income household; some funds from parents; minimal access to digital content; not sexually active

889,000

Note: "Adolescent girls and young women" refers to those aged 15 to 24 years. Based on WHO definition, "self-care" in family planning refers to the ability of individuals, families, and communities to promote and maintain sexual health and prevent unwanted pregnancies, with or without the help of a healthcare provider.
[1] Nonexhaustive.

address her family-planning needs. Therefore, the design should incorporate solutions that allow the user to select methods that best suit her lifestyle, preferences, and family-planning needs—including delaying and spacing pregnancies and protecting against STIs.

Design end-to-end self-care journeys tailored to specific segments
With a human-centered design approach, it is important to recognize who you are designing for and how the user experience drives user behavior relative to the use of modern contraceptives

throughout the entire family-planning journey. Therefore, to become consistent users, AGYW need an integrated solution that addresses their needs at every stage of their family-planning journey. If a girl learns about her needs and is motivated to become a new user of modern contraceptives, her inability to afford or acquire contraceptives should not be a roadblock. Similarly, for new users of contraceptives, difficulties in managing side effects should not hinder them from consistent use.

Consider Aisha, whose primary concerns are convenience and privacy and whose biggest barrier is consistent use. A comprehensive self-care use case for her might be a digital app that provides her with information on available methods, options for having contraceptives delivered, and tools to manage use. Selina, on the other hand, lacks basic awareness of the need for modern contraceptives and which types are available—and may lack access due to affordability and provider bias. So a solution for her should provide youth-friendly content on contraceptive methods and family planning, options for inexpensive or free contraceptives, and access to trustworthy experts. (For more details on these archetypes and use cases, see "Appendix: Building use cases for Aisha and Selina.")

An end-to-end approach empowers users to build awareness of their own needs, provides access that is convenient for them, and provides them with tools to manage any side effects for continued use of contraceptive methods that suit her.

Iterate on concept designs
It is important to iterate on concepts after the initial design—validating and adjusting the design based on feedback from the user. Imagine, for example, sharing a prototype of the digital app with Aisha. She can provide feedback on her experience navigating the app and validating that the options offered truly meet her needs for awareness, access, and usage. She can also highlight her preferences in the design, such as an option to preorder contraceptives so she can conveniently pick them up at a pharmacy without waiting in line.

To iterate on the self-care concepts, we worked with local partners to develop plans to test various elements of the use-case design with girls in the segments to which Aisha and Selina belong. The plans incorporated low-fidelity and high-fidelity prototypes[12] for testing in focus groups, labs, and field settings. For example, in a lab setting, we designed tests to validate whether incorporating a needs analysis in the app will influence Aisha's selection of modern contraceptive methods that best suit her preferences and lifestyle needs. We also developed high-fidelity prototypes of the end-to-end app to get feedback on the user's front-end navigation experience. For Selina, we designed tests to determine whether engaging with different types of experts—pharmacists, providers, youth counselors—would result in significantly different outcomes in her motivation to become a new user of modern contraceptives.

For field testing, we leveraged the capabilities of local partners to integrate their current interventions within each stage of the journey to deliver an end-to-end solution for the user.[13]

Collaborate for efficiency and effectiveness
Our research highlighted that the efforts that will have the most success will require collaborations among stakeholders. Implementing an end-to-end self-care use case may seem daunting, but it can be more easily achieved by integrating multiple actors across the journey who might already have interventions within one or more stages of the user journey, and there is an opportunity to harness existing resources to quickly bring solutions to those in need.

Moreover, the successful delivery of end-to-end solutions tailored to the specific needs of each user requires a wide range of specialized skills and capabilities that one single player alone is unlikely to bring. In fact, traditional public-health capabilities (including traditional marketing and large networks of healthcare providers) can be complemented with skills such as social media marketing, analytics, and behavioral science that are more often found in private-sector start-ups. Partnerships that combine

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[12] Low-fidelity prototypes are pulled together quickly for testing concepts; high-fidelity prototypes are near-final but still require some time and investment.
[13] Due to restrictions from the COVID-19 pandemic, our testing with the partners had to be postponed.

all these skills and capabilities into integrated teams are more likely to successfully implement and iterate. Therefore, they are more likely to meet users' needs and increase the number of AGYW who become not only new but also consistent users of modern contraceptives.

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Self-care could be the future of family planning for adolescent girls and young women—a future where each girl or woman develops a deep understanding of her own needs for contraceptives, makes an informed choice of methods, and feels empowered to acquire contraception and request assistance when she needs it. For this future to be a reality, public and private players can join forces to design and implement effective self-care interventions that address the unique needs of the user throughout her end-to-end family-planning journey. Such interventions can result in higher user satisfaction and, critically, more consistent use of modern contraceptives.

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Appendix: Building use cases for Aisha and Selina

Of the eight segments we identified, we prioritized two—the ones Aisha and Selina belong to, respectively—to explore further and develop self-care use cases tailored to their needs. We prioritized these segments based on feasibility—that is, the ability of the partners we were engaging with to test these concepts in the short term—and the potential impact of self-care or possible benefit to these segments.

Building a use case for Aisha, the college student with disposable income
Aisha's primary concerns are convenience and privacy, and her biggest barriers are related to inconsistent use of modern contraceptives (Exhibit 1). So self-care for her means that she understands which methods meet her needs for fewer side effects, she can easily get this method without fear of judgment from providers, and she is confident in her ability to manage her usage with helpful resources she can access easily.
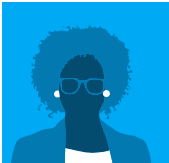
An example of a comprehensive self-care use case for Aisha is an end-to-end digital app that offers the following (Exhibit 2):

— Information on the full range of modern contraceptive methods available and tools to help her understand her needs and suggest methods based on those needs. For example, Adolescents 360's Kuwa Mjanja program in Tanzania offers a mobile tool that uses a quiz to match girls to archetypes and provides information on methods in line with a girl's priorities, needs, and experiences.

Exhibit 1

Profiling female college students with disposable incomes in Kenya can identify opportunities for possible benefit from self-care in family planning.

Profile of college student with disposable income

Age	19–24 years old
Residence	Urban
Living situation	Any
Household-income band	Middle to upper middle
Education status	Currently in university/college
Sexual status	Active

Relationship status	Any
Number of children	0
Disposable income	Receives adequate funds from parents or partner; may be employed
Access to digital content	Digital savvy; primarily uses phone for social media

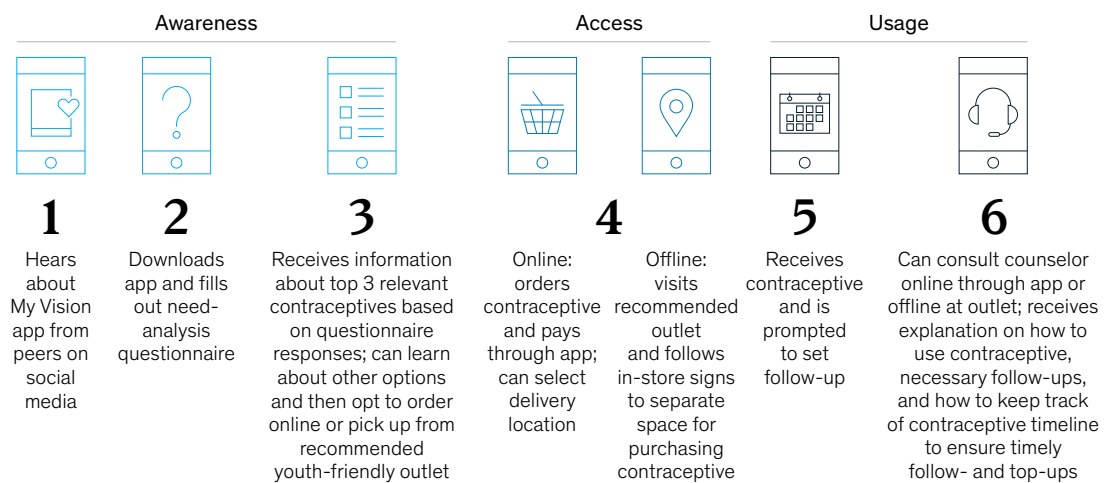| **Main need for contraceptives**	**Current contraceptive usage**
Delaying possible pregnancies	Nonsystematic (mostly emergency and injectable contraceptives and condoms)

Key pain points and challenges

- Lacks private access to contraceptives; fear of stigma
- Values convenience, which is currently lacking when accessing contraceptives
- May stop using current contraceptives because of side effects and lack of follow-up consultations

Note: Based on WHO definition, "self-care" in family planning refers to the ability of individuals, families, and communities to promote and maintain sexual health and prevent unwanted pregnancies, with or without the help of a healthcare provider.

Exhibit 2

An end-to-end digital app is a comprehensive use case for self-care in family planning for female college students with disposable incomes in Kenya.

Digital app for end-to-end off- and online journey in self-care for family planning for a college student with disposable income

Awareness			Access		Usage	
1	**2**	**3**	**4**		**5**	**6**
Hears about My Vision app from peers on social media	Downloads app and fills out need-analysis questionnaire	Receives information about top 3 relevant contraceptives based on questionnaire responses; can learn about other options and then opt to order online or pick up from recommended youth-friendly outlet	Online: orders contraceptive and pays through app; can select delivery location	Offline: visits recommended outlet and follows in-store signs to separate space for purchasing contraceptive	Receives contraceptive and is prompted to set follow-up	Can consult counselor online through app or offline at outlet; receives explanation on how to use contraceptive, necessary follow-ups, and how to keep track of contraceptive timeline to ensure timely follow- and top-ups

Note: Based on WHO definition, "self-care" in family planning refers to the ability of individuals, families, and communities to promote and maintain sexual health and prevent unwanted pregnancies, with or without the help of a healthcare provider.

Survey of adolescent girls and young women in Kenya

We conducted an SMS-based survey of users within the segments for two purposes:

1. To validate our definitions of the segments and the users' experience of the family-planning journey

2. To test and iterate on the design of self-care concepts regarding preferences of the segments

For Aisha, a college student with disposable income, the survey supported our hypothesis by showing that only 63 percent of AGYW in this segment who have tried modern contraceptives use them consistently.

Below are selected questions and insights from the survey:

What is your reason for inconsistent use? Sixty-six percent selected strong side effects, such as reduced sensations from condom use, as their main reason. This response highlights the importance of an end-to-end solution, especially in the usage stage of the journey. This is an element that is often missed in existing interventions, which focus on increasing new users but do not provide ongoing support.

Which contraceptive method do you use? Condoms (49 percent), emergency contraceptive pills (23 percent), and injectables or implants (16 percent) were the top three responses. Our hypothesis is that there may be an opportunity here to increase the use of long-acting methods by addressing fears about side effects and need for convenience through youth-friendly outlets.

What is most important when acquiring contraceptive methods? Convenience (41 percent) and privacy (29 percent) were ranked highest over lack of judgment (9 percent), easy follow-ups (8 percent), brand variety (7 percent), and price (6 percent). Sixty-one percent of respondents said they acquired their methods from pharmacies because they are convenient and allow more privacy. Most young women in situations like Aisha's value convenience and privacy, revealing an opportunity for players in service delivery to consider how they incorporate these elements of youth-friendliness in their process—for example, in staff training and store layout.

What is your source of information and who do you consult when you experience difficulties? Thirty-nine percent of respondents said they turn to online or media resources for information on contraceptives compared with 28 percent who refer to health facilities. Fifty percent consult health providers, and 30 percent use the internet or social media to find answers on managing difficulties with their methods. There may be an opportunity here to use digital and nontraditional methods such as online chats to offer expert consultation services for young women like Aisha (88 percent of the respondents said they access social media more than once a day).

— Options to order contraceptives for delivery on the app or recommendations for offline youth-friendly pharmacies—those that have safe and high-quality contraceptives, respectful and competent staff, convenient hours, and a welcoming environment. MyDawa in Kenya, for example, is an online pharmacy that offers delivery of modern contraceptives.

— Tools to manage her usage—for example, managing side effects—like a chat bot or an online chat with an expert on demand. For instance, the Nivi program offers askNivi, an SMS-enabled platform where girls can have conversations with experts and ask questions about their contraceptive methods and side effects.
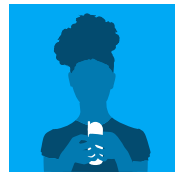
Building a use case for Selina, the teenage experimenter
For Selina, the self-care concept should address her key barriers to becoming a modern

Exhibit 3

Profiling the segment of female teenage experimenters in Kenya can identify opportunities for possible benefit from self-care in family planning.

Profile of teenage experimenter

Age	15–18 years old	**Relationship status**	Unmarried, with occasional partners
Residence	Urban or periurban	**Number of children**	0
Living situation	Lives with parents	**Disposable income**	Receives limited funds from parents or significant other; may have small job
Household-income band	Lower		
Education status	In high school or primary-school dropout	**Access to digital content**	Some
Sexual status	Just started experimenting; potentially has multiple partners		

Main need for contraceptives	**Current contraceptive usage**
Delaying possible pregnancies	Potentially none

Key pain points and challenges

- Lacks awareness; not yet convinced of contraception necessity
- Questionable reliability and accuracy of data available on contraceptives
- Lacks access because of affordability and privacy issues
- Faces provider bias, since many facilities prefer not to sell contraceptives to teenagers

Note: Based on WHO definition, "self-care" in family planning refers to the ability of individuals, families, and communities to promote and maintain sexual health and prevent unwanted pregnancies, with or without the help of a healthcare provider.

contraceptive user by providing reliable sources of information to help her understand her needs and empower her to access the free resources available to her (Exhibit 3).

An example of an end-to-end use case for Selina is a free solution enabled by USSD (unstructured supplementary service data) that allows her to dial a code on any phone to do the following (Exhibit 4):
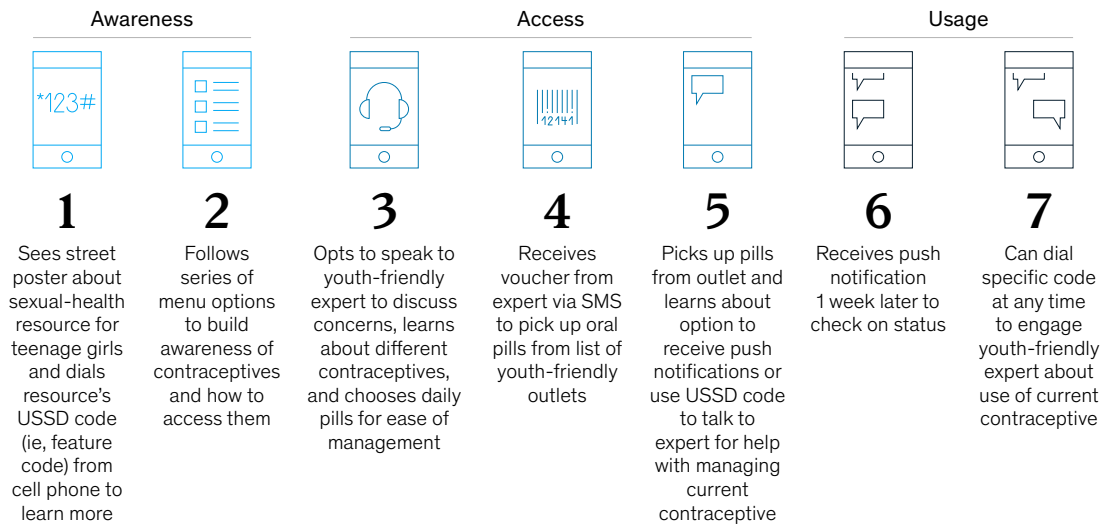
— Build awareness of her family-planning needs and contraceptive methods by reviewing youth-friendly content or engaging with an expert. For example, the Diva Centres, designed by IDEO.org, are nontraditional environments where girls do their nails while talking informally about boys and sex. Trained peers teach the girls about contraception, and professionals provide counseling and access to short- and long-term birth control methods when the girls are ready.

— Receive a voucher to acquire contraceptives for free from a youth-friendly outlet. The Chanua Dada program in Kenya enrolled girls and offered digital vouchers that the girls could then use to redeem contraceptives from prequalified youth-friendly pharmacies.

— Reach an expert at any time to discuss concerns she may have about side effects or receive tips on how to manage consistent usage. KMET in Kenya, for instance, offers a 24/7 helpline that connects users to youth counselors.

Exhibit 4

An end-to-end digital app is a comprehensive use case for self-care in family planning for female teenage experimenters in Kenya.

Digital app for end-to-end off- and online journey in self-care for family planning for a teenage experimenter

Awareness		Access			Usage	

1 Sees street poster about sexual-health resource for teenage girls and dials resource's USSD code (ie, feature code) from cell phone to learn more

2 Follows series of menu options to build awareness of contraceptives and how to access them

3 Opts to speak to youth-friendly expert to discuss concerns, learns about different contraceptives, and chooses daily pills for ease of management

4 Receives voucher from expert via SMS to pick up oral pills from list of youth-friendly outlets

5 Picks up pills from outlet and learns about option to receive push notifications or use USSD code to talk to expert for help with managing current contraceptive

6 Receives push notification 1 week later to check on status

7 Can dial specific code at any time to engage youth-friendly expert about use of current contraceptive

Note: Based on WHO definition, "self-care" in family planning refers to the ability of individuals, families, and communities to promote and maintain sexual health and prevent unwanted pregnancies, with or without the help of a healthcare provider.