Building capacities to author change: community-based participatory design as a form of positive youth development and adolescent sexual and reproductive health care intervention design

Lucknow, Uttar Pradesh, India

BACKGROUND
Understanding what participants gain from participation represents another way for us to understand and evaluate the distributed and diffuse impacts from community-based participatory design (CBPD).

This study aimed to better understand participant gains from a design workshop conducted with 31 young people aged 15-25, over 2.5 weeks, in Lucknow, Uttar Pradesh, India. It aimed to: (1) build the capacities of young people; (2) guide young people in the creation of novel and locally relevant gender and sexual and reproductive health (SRH) solutions; and, (3) bring voices of young people into research and programmatic questions around gender and SRH in the public health domain.

EVALUATION
Baseline and endline surveys were conducted before and after the workshop and aimed to measure participant attitudes and capabilities. The survey data was analyzed using the Wilcoxon signed rank tests and Mann Whitney tests in STATA. Focus group discussions were completed with each team. Focus group audio recordings were translated and transcribed, de-identified, and coded for major themes.

RESULTS
Analyses of the data suggest that the use of a participatory design workshop as a form of positive youth development resulted in user gains in three areas: building relationships and networks, skill building, and an increase in adolescent sexual reproductive health (ASRH) awareness and knowledge.

Building Relationships and Networks
Focus group data suggest that the workshop provided a unique opportunity to work in mixed-gender groups, resulting in greater exposure and comfort in collaborating with the opposite sex.

“I had individually worked at a lot of places, but this was my first opportunity to work in a group. . . . There were girls with us in the group as well, so that was an entirely different experience.” (FGD 06)

Skill Building
Focus group and survey data suggested an increase in participants’ likelihood to generate new ideas in response to a social problem, and to speak to someone they had never met before to help solve it.

According to survey data, both young men and women reported an increase in capacity for implementing design activities; however, young men reported a stronger change in this compared to girls.

“To make an idea and to present that — it was difficult as well as challenging.” (FGD 03)

Increase in ASRH Awareness & Knowledge
The workshop raised awareness about issues in ASRH and gender, and generated further interest in learning about them.

“Things like we were not aware about body parts and what happens between girls and boys during sex, but we came to know on that day, and we were stunned to see and hear that these sorts of things happen between girls and boys.” (FGD 05)

LIMITATIONS
Evaluation tools were not pre-tested with Indian adolescents to address issues of clarity and acceptability of questions. Second, some participants had been involved in community-based work with local NGOs prior to the workshop. The overall project structure did not allow for a follow-up survey at a later time interval.

CONCLUSION
In the context of gender disparities in Uttar Pradesh, the user gains suggested by this small study challenge the usual ways how social and technical infrastructures might normally emerge in the design of public health interventions, allowing for the evolution of locally relevant approaches to mitigate gender disparities and improve ASRH.

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