



A Digital Health Solution for Self-Managed Abortions in Venezuela

User-Centered Research & Design Report

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VITALA

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Contextual Analysis

Complex Humanitarian Emergency

WHO (2002) defines Complex Humanitarian Emergencies as a significant disruption in livelihoods and threats to life product of a combination of political instability, violence, social inequities, and underlying poverty, that also can lead to large-scale displacements.

- Several Human Rights organizations use this term to define the Venezuelan situation given the multi-layered nature of a collapse involving a political governance crisis (Congressional Research Service, 2019) and the dismantling of the public services networks.
- According to the National Monitor of Public Services (2020), a national study (n= 6200 in eight states) showed that:
 - 70% of the survey participants reported not having a consistent water supply.
 - 50% of respondents report daily failures in the electrical power provision, ranging from quick power outages to several days' blackouts.
 - 58% of participants reported not having access to gas for domestic use.
- These precarious living conditions and the increasing rates in every kind of violence ranging from political violence to personal safety (Human Rights Watch, 2019), make the perfect scenario to motivate massive exodus. According to UNHCR (2020), there are nearly 5 million Venezuelans migrants all over the world, being Colombia, Peru, and Chile the top recipient countries.
- Hospitals suffer from lack of access to water, sanitation, electricity, general supplies, and personal protection equipment
- Since 2016 the Ministry of Health does not publish official epidemiological bulletins, a situation recently addressed by the UN High Commissioner for Human Rights (2020) in their field report.



Adolescent Pregnancy

Venezuela has one of the highest rates of adolescent pregnancy: 101 live births per 1,000 women between 15 and 19 years, and there is no reliable data on what the situation is for younger adolescents below 14 years old.

- Another case worth highlighting is that adolescent and youth-friendly sexual and reproductive health (SRH) services depend almost entirely on civil society organizations focused on particular communities.
- Regarding the availability of contraception, the acquisition of oral contraceptives decreased 93% from 2012 to 2017, and their cost in the black market is above 700% above the minimum wage.
- There is a restrictive legal framework regarding abortion. The Partial Reform Law of the Penal Code, dated 20 October 2000, states that:
 - *"abortion is legal only when the life of the mother is at risk. Participation in this medical act will be punished by imprisonment of 6 months to 2 years for the woman who causes the abortion"* (Art. 432) and imprisonment for the person who performs the abortion (Art. 433).
- In the same way, the national constitution states:
 - *"couples have the right to decide freely and responsibly on the number of children they wish to conceive and to have the information and means to ensure the exercise of this right"* (Art. 76).
- According to the Center for Reproductive Rights (2019), Venezuelan abortion laws are one of the most restrictive in the continent.
- In this context of high legal restrictions and significant barriers to access, abortion stigma is rampant. According to a survey by AVESA, ACCSI, and Aliadas en Cadena (2015):
 - 52% of the participants thought that women who had "clandestine abortions" are discriminated by healthcare providers
 - 73% of the respondents believed that abortions were not an acceptable option for women with unwanted pregnancies
 - 49% of the participants thought that adolescents (under 18 years old) should not decide whether they have abortions



Access to Medication

The people who access abortion medication get Misoprostol through informal networks where it is not regulated nor any product quality controls.

- Feminist organizations play a crucial role here. They provide evidence-based information on how to use Misoprostol via text messages or phone calls, provide psychosocial support during the procedure, and in some cases, provide the medication. Some of the most prominent abortion information providers in the country are [Faldas-R](#) (safe abortion hotline), [Entre Nosotras](#), and PLAFAM.
- The route of access for misoprostol is unclear, according to Faldas-R, during the period 2015-2018, 25.4% of their users found the medication through internet-based markets; 18.3% acquired it through friends or acquaintances and 4.2% through doctors or pharmacies. Regarding the profile of women who reach out to the hotline, the main conclusion is that people who look for abortion services are diverse and heterogeneous, with the highlight that they do not receive many calls from adolescents, and this is an interesting gap in access to abortion information.
- In the Venezuelan case, information from [Fundación Váyalo](#) shows that 82% of adolescents and young people use the internet and social media as their primary sources of information on sexuality and sex.
- It is important to consider the following when it comes to the use of these digital tools in Venezuela:
 - 55% to 60% of the population does not have residential internet (National Monitor of Public Services, 2020).
 - The internet access on mobile devices is limited or there are frequent failures in services.
 - In rural areas, access to mobile devices, laptops and desktops is highly limited; also the telecommunications network is unstable.
 - SRH needs are highly neglected in these humanitarian contexts, although there is a critical demand for information, services, and supplies.

*Despite these legal restrictions, no cases of Venezuelan women in prison because of abortion were identified.

*These cases are mostly through acquaintance and some of the misoprostol given comes from individual purchases outside of Venezuela or through unspecified deliveries.

*These considerations are based on the literature review, but they also drawn from the interviews that are part of this research process.



Implementation

Information should be widely available and yet safe and easy to access. For example: to position reliable information on self-managed abortion on the first search results in a browser.

Implementation

- The content in the digital tool should encourage people to share it widely. Considering WhatsApp is one of the main communication channels, the use of light images, emojis, stickers, pre-recorded voice notes, and WhatsApp text chains can make this information more accessible to a high number of people. **The privacy and security of the users is a priority with all considerations.**

Information Gaps

- There is a lack of information on how to identify misoprostol pills and assess their quality.
- Free-of-stigma and LGBTIQ+ friendly information regarding self-managed abortion is scarce.

Community Engagement

- The envisioned digital tool(s) should find a way to support existing abortion information and support networks in Venezuela and complement the work they already do in communities.



Stakeholder Analysis

Contexts

General Context

- Lack of money, lack of basic necessities (menstrual hygiene products), lack of fuel and transportation barriers
- Frequent power outages, unreliable phone lines, sporadic and expensive internet access
- Lack of medical equipment/supplies in public health system (need to bring your own equipment to the hospital)
- Migration from Venezuela to neighbouring countries

SRH Context

- Conservative, religious influences
- No SRH education in schools (lack of information on menstruation, use of condoms, STIs, pregnancy prevention)
- Culturally, a high value is placed on maternity - women who seek abortions are already mothers and have already fulfilled cultural expectation to become mothers



Contexts

NGOs/ Advocacy Context

- Political affiliation matters: some groups are pro-government, others are not. They do not work together and approach issues differently (ex. Lack of basic necessities is the fault of gov vs. fault of international boycott)
 - *"Mira eso es importante, es tomar en cuenta el contexto venezolano hay una pelea política importante ente el oficialismo y oposición"*
- Fear of /inability to discuss abortion openly: most NGOs do not discuss abortion openly due to fears of getting in trouble (we did not hear of anyone actually getting in trouble during our research)

Abortion Context

- Abortion is stigmatized - everyone knows someone who has had one but everyone talks as if it is something they would never do.
- Access to misoprostol is a barrier: available on the black market including "downtown" from Guaya indigenous group, from social media (often false pills), from doctors who sell it (at a high price), women who resell it. Access to mife / miso only via international NGOs like MSF (less now due to Covid).
 - *"Las personas que acceden a abortos utilizan Citotec que la compran en el centro, en una zona que llaman aquí las pulgas, que es una zona de comercio informal."*
- Frequent use of unsafe abortion techniques including teas / concoctions:
 - *"Tomar algún jarabe caliente, que si tomas malta caliente, que si haces ese tipo de cosas que son más culturales, en ese sentido si pudo decir que es bastante difícil y preocupante porque sabemos que hay adolescentes y jóvenes en edad universitaria y luego hay complicaciones médicas bastante graves."*
- Women are unlikely to be prosecuted for inducing abortion:
 - *"Entonces fíjate el hecho de que los proveedores de salud saben que los abortos se están realizando y no denuncian; bueno, eso pudiéramos decir que es una ventaja, no es como en el salvador, no es como en otros países en donde esto no se deja pasar; aquí en Venezuela no tenemos esta situación; no hay una despenalización, no hay una legalización, pero me da la impresión de que la resistencia no es tan grande como en otros países."*



Access to SRH Information

“For Venezuelan women it’s even more complicated because sometimes they just get a small cell phone just to get in touch with us but then it may not work shortly after. Our communication with them is very precarious and really can be interrupted at any moment.”

SRH Stakeholder Interview

Impact of Covid-19

- **Negative impact** - less access to mife / miso (MSF gone), less access to many SRH services
- **Positive impact** - more organizations trying to develop online presence and deliver remote services

Connectivity Issues

- Unstable access to cell phones
- Devices are outdated
- Poor storage capacity and limited data plans for downloading apps etc

Platforms Used

- **WhatsApp** is most used, even in communities where not everyone has smartphones, people get together and read WhatsApp messages
- **SMS messages** needed for rural communities or even in Caracas when there is no internet signal; some NGOs (especially those with international funders) are relying on massive text messaging (and phone calls)
- **Radio, television:** Everyone has access to radio and television but there’s very limited information provided through these channels, and sensitive topics are not discussed openly through these channels. Some organizations do promote their services this way, with the risk of a channel / radio station being censored (mostly for political reasons)



Access to SRH Information for Vulnerable Populations

Women in rural areas have less reliable access to internet via phone data: there are more power shortages, less data coverage, and the internet is much slower

Inequalities in access to information for vulnerable populations

- Access to information about SRH / abortion / in general is unequal
- Women living in urban slums:
 - using WhatsApp (one person sharing with others who do not have access)
 - using paper flyers (even handwritten)
 - need to get permission from gang leaders to penetrate these communities
- Women living near country borders:
 - at the Brazilian border it is a jungle therefore highly inaccessible
 - at the Colombia border it is more livable, therefore lots of crossing back and forth for basic necessities and even healthcare
- Pregnant adolescents, often with their mothers
- Victims of trafficking: mostly unreachable, with exception of single government action to liberate women near the border
- LGBTQ community: have limited access to healthcare, abortion is a taboo topic in this community
 - *“lesbians do not get gynaecological care”*



Design Considerations

Stakeholder tips

- Website: Venezuelans tend to start by Googling things
- Downloadable /printable PDF guide; for users to print but also for organizations who support women
- Mobile App: once downloaded, it can be accessed even without cell phone service, however an app will only reach a portion of the Venezuelan population
- Need to use less modern technology to reach certain segments of the population including SMS, phone calls, radio / TV

Desirable Features

- Needs to be politically neutral and unaffiliated or else risks alienating people on one or the other side of the political / religious debates
- Needs to be secure
- Needs to link users to misoprostol
- Needs to use open / nonjudgmental language
- Needs FAQ
- Needs to tell users what to expect with abortion
- Should provide psychological support for post-abortion care
- Happy color scheme / Caribbean colors
- Relatable (images of people who look like Venezuelans, etc)
- Informal language, youth friendly
- Women need to feel part of a community / accompanied / supported (without putting people at risk)
- An opportunity to write / ask questions directly
- Information on where to go if something goes wrong / who provides safe abortion care or post-abortion care
- Some component specific for pregnant adolescents +/- their mothers would be nice as this is a special population



Survey Findings

Demographics & Accessibility

1148 respondents
71% completion rate

Predominant age range:

26 - 35 (35%); 19 - 25 (26%); 36 - 45 (26%)

Level of education:

University completed (40%); University incompleted (32%); High School completed (19%)

Access to device:

Smartphone 708 (83%); Desktop Computer (43%)

Internet access on device:

77% said yes

How often do you use Social Media and Whatsapp):

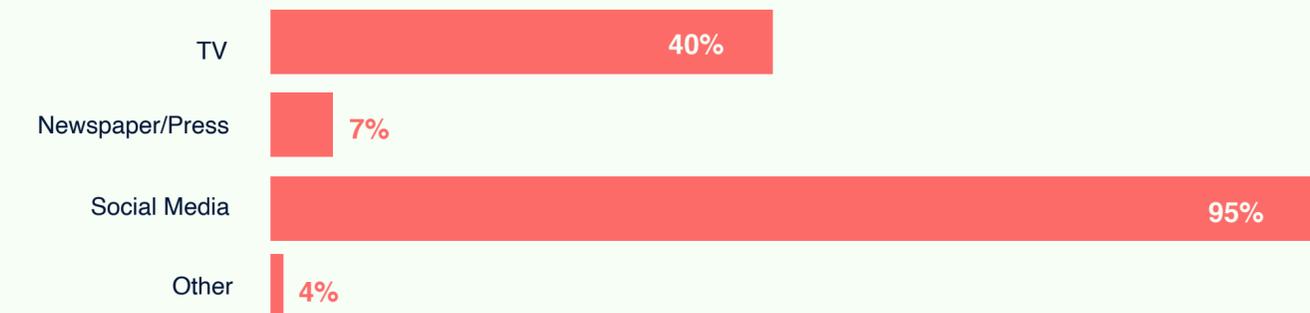
Whatsapp 81%; Social Media 70%

Challenges faced in last year: Top 5 - Inflation (99%) , Concern for Personal Safety (87%), Power Outages (77%), Lack of access to drinking water (75%), Lack of access to medications (74%)

Monthly income:

Minimum wage 22%; Less than minimum wage 4%; About 2x minimum wage 16%; More than 2x minimum wage 22%; no salary 18%; prefer not to answer 17%

Main source of local news:



Main device is their own:



Sexual and Reproductive Health (SRH) Information

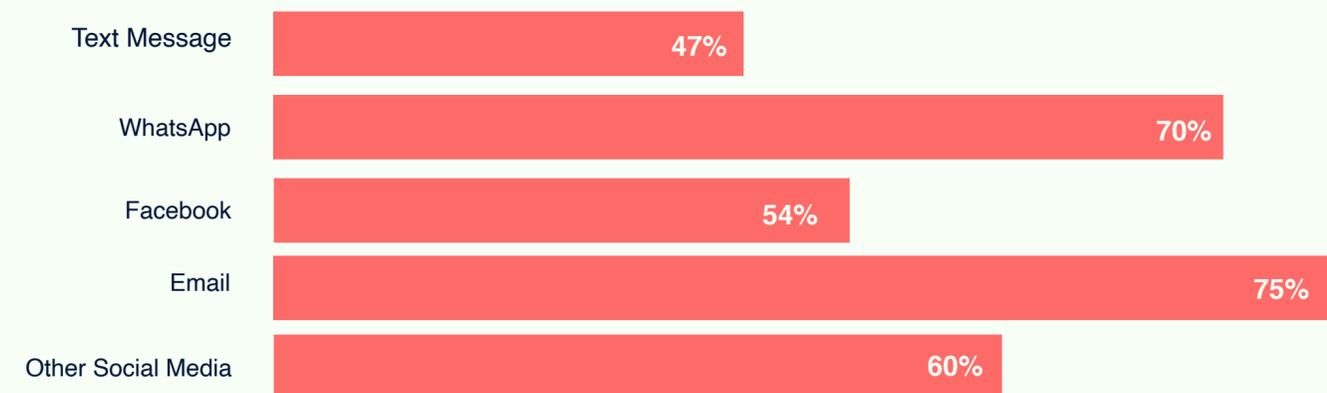
If you were concerned about something related to your SRH, what are the first three things you would do?

- Internet search (eg Google) 83%
- Ask family/friends 55%
- Go to a PLAFAM clinic 55%

When using their smartphone to access SRH information, overall, participants were not concerned about searching the words abortion, contraception, sex, sexual health being included, other people reading messages (62.87% - 95.42%).

How likely are you to use your device (e.g., smart phone) to search for SRH information?
68.06%

Overall participants felt comfortable receiving digital SRH information (contraception, options for un wanted pregnancy, sexually transmitted infections, menstrual period, etc)

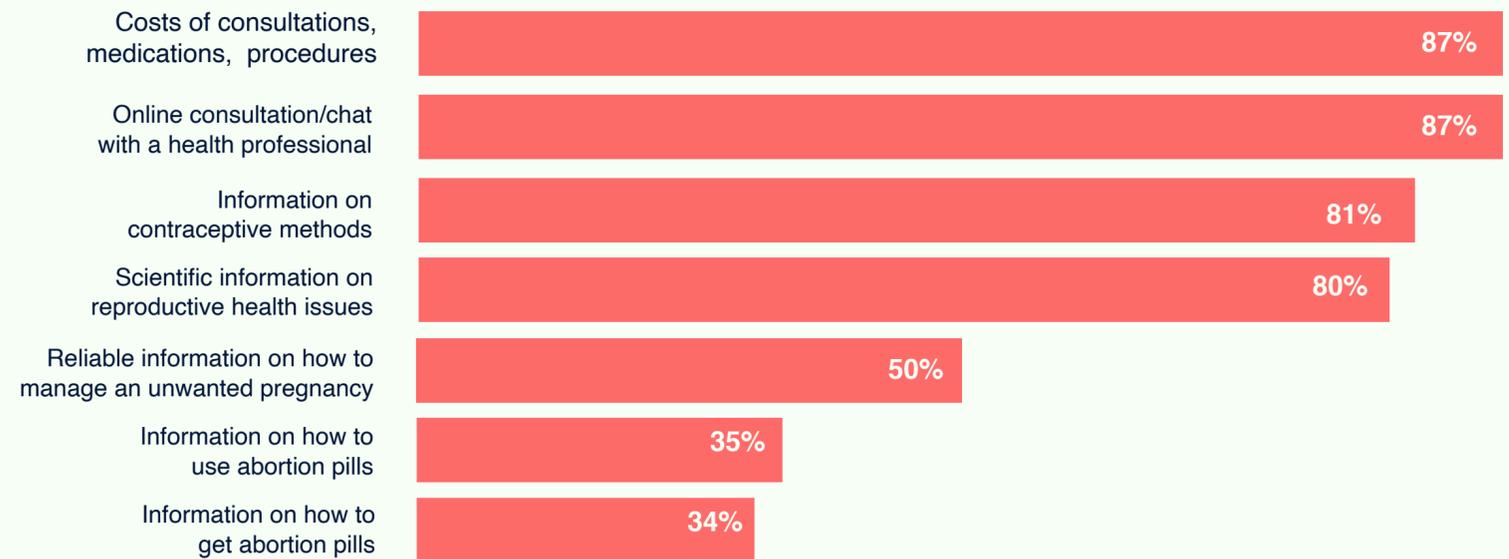


Sexual and Reproductive Health (SRH) Information

When using their smartphones to access SRH information, the majority of participants had no concerns about searching SRH words such as: abortion (79%), contraception (95%), sex or sexual health (95%)

63% said they did not worry about other people (partner, family, friends, others) reading their SRH messages.

“If you downloaded a SRH app, what would you expect the application to allow you to do?” (indicate all that apply)



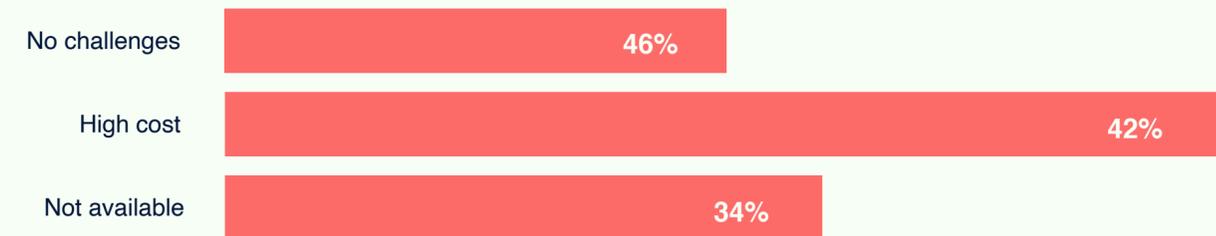
Contraception

Most common contraceptive methods used: male condom, implants, contraceptive pills, IUD

66% of respondents had used a method of birth control in the last 2 years.

Women obtain contraceptives mostly from pharmacy and PLAFAM's clinics

Over half of participants encountered challenges accessing their contraceptive method of choice.

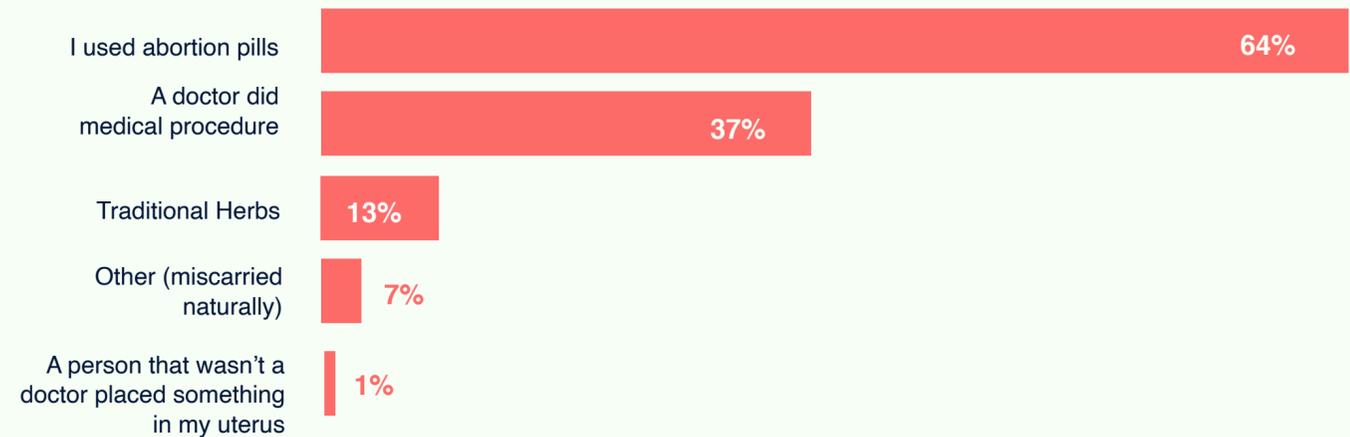


Abortion

**43% of participants had an unplanned pregnancy in their lifetime.
20% had an abortion in their lifetime.**

Of those who did not have an abortion in their lifetime: 20-40% said they knew someone who had a safe abortion with pills or from a surgical procedure 20% said they knew someone who had an unsafe abortion with traditional herbs or coat hangers.

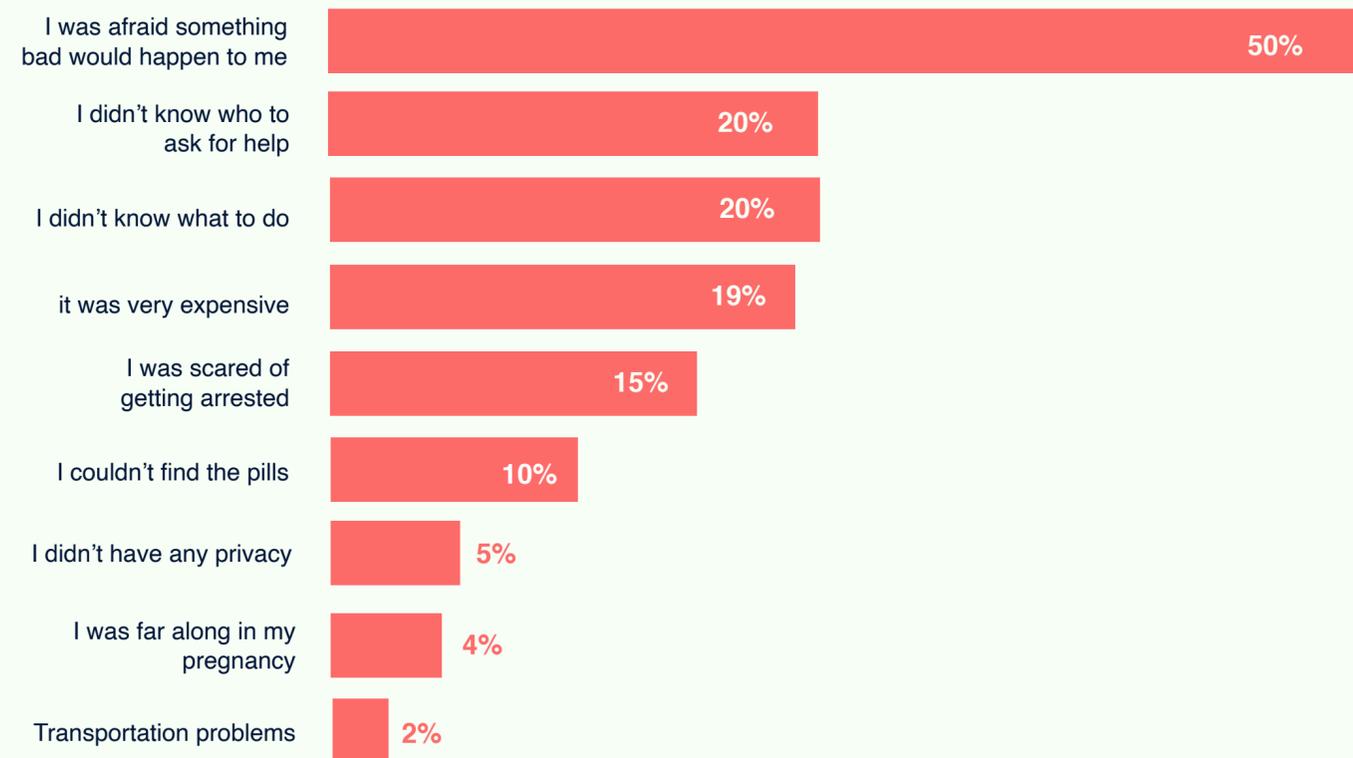
Of those women who had an abortion in their lifetime, most had experienced a safe abortion with pills or from a surgical procedure, while 14% had gone through an unsafe abortion with traditional methods (herbs, coat hangers).



Abortion

Of those who had an abortion in their lifetime, more than half said they had no difficulties getting an abortion.

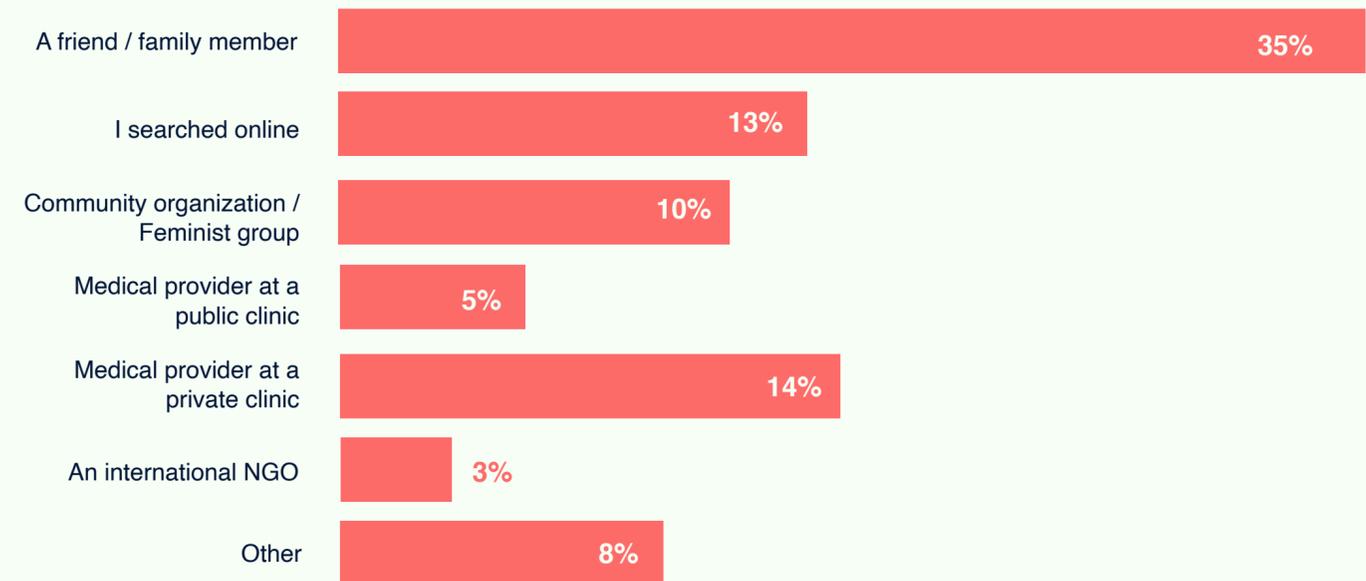
The biggest challenge women faced when having an abortion was that they were afraid something bad would happen to them.



Abortion

Did someone help you get an abortion?
50% Yes, 50% No

Who helped you?



User Interview Findings

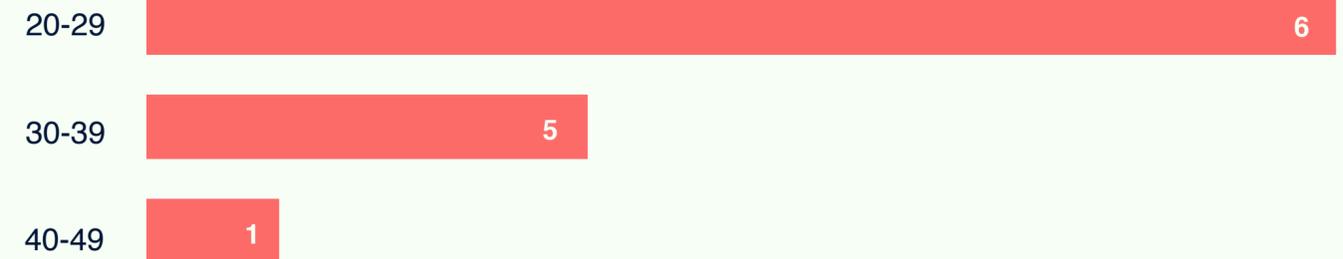
Participant Demographics

We conducted in-depth remote interviews to **12 women** living in Venezuela.



*All women had a smartphone. Internet connectivity varied on each participant.

Age Groups

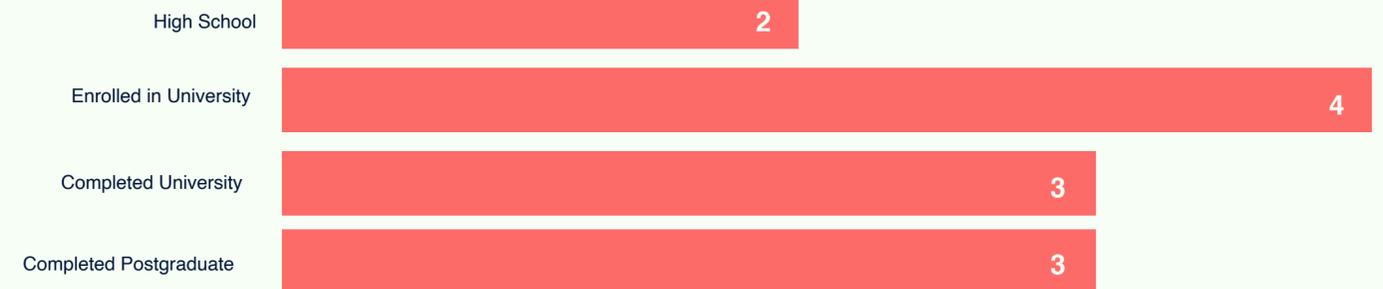


Geography

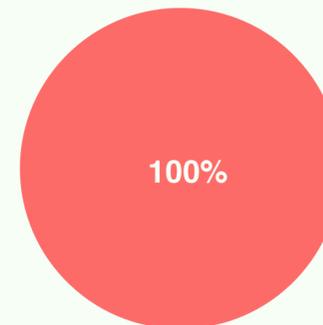
- 1 - Maracaibo
- 9 - Caracas
- 2 - Miranda



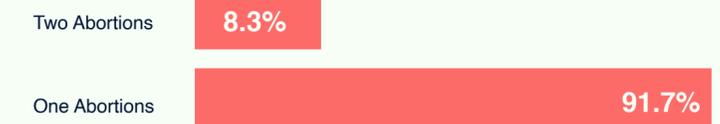
Highest Education Level



Employment



Abortion Frequency



Venezuela Context

Political & Economic Climate

Speaking with Venezuelan women we learned how the country's economic & political crisis has led to emotional and physical burdens. In Venezuela, struggling for basic needs such as food is common amongst families, which provokes great discontent towards the government.

"Economically the country is in bad shape, it is all dollarized, and we do not earn in dollars so we can't afford something we need or want." -Participant 8

Effects on Personal Living & The Future

The current situation has deeply affected the lives of Venezuelans, from trying to achieve basic human needs, such as basic healthcare to setbacks in their work and educational pursuits. Having to change their priorities has greatly impacted their future plans.

"There are people on the streets eating out of garbage, people who eat once a day, people who do not have a way to receive healthcare, you can go to the doctor, it is free, but when it comes to tests, you cannot afford the medication, it is a very drastic situation." -Participant 5

Role of Venezuelan Women

Venezuelan women are socialized to believe their main role in society is to be a mother. There are powerful religious and cultural influences that perpetuate this attitude through all parts of society. This impacts their sexual and reproductive health decision-making as anything that deviates from motherhood attaches complex emotions and great importance attached to privacy.

"So that is the most difficult think and one seeks privacy with dignity, because it is hard to lose your dignity as a woman for not wanting to be a mother, so it is important that it be something private." -Participant 12



“With COVID it’s been worse for some people. Here there are a few gynecologists who can take care of you, or imagine that you have an IUD and it moves from its place, you have nowhere to go without an appointment and there are few places where they are working.”

-Participant 10

Migration

Migration or the hope of migration is very present in Venezuelan women’s minds. Many have family members that have migrated to other Latin American countries, Europe, and the US in the hope of a better life. Migrants will work informal jobs to earn enough money to send home to their families. For many migration is still a dream. Barriers to migration, such as having problems with personal documentation and sharing custody of your child, prevent women from leaving the country.

“My brother had to migrate to Colombia last year, because he was already in a very critical situation. We were eating once a day or at most two, my brother earns the basic income, he is not a professional, he works in a factory, he earns enough to live there and sends us something, we are dollarized on the streets, but not inside [the household].” -Participant 12

Effects of COVID19

COVID19 has poured gasoline to a burning fire. Coming from an already fragile social and economical infrastructure, COVID19 has further affected access to medical services, particularly sexual and reproductive health services at PLAFAM clinics. The pandemic has caused unemployment, it has influenced fuel shortages making transportation difficult for pressing errands such as going to the supermarkets and pharmacies, or for accessing health services.

“There is a lot of fear within the Venezuelan community because we are a religious country, mostly Catholic, Christians. Most people judge it more from a religious point of view, that its a sin rather than the fact that it is punishable as a crime under the law.” -Participant 4



Insight 01: Abortion

There are diverse reasons why women choose to interrupt a pregnancy. In the case of Venezuelan women, the option of abortion relays heavily on economic capability, which they struggle with due to the country's economic & humanitarian crisis.

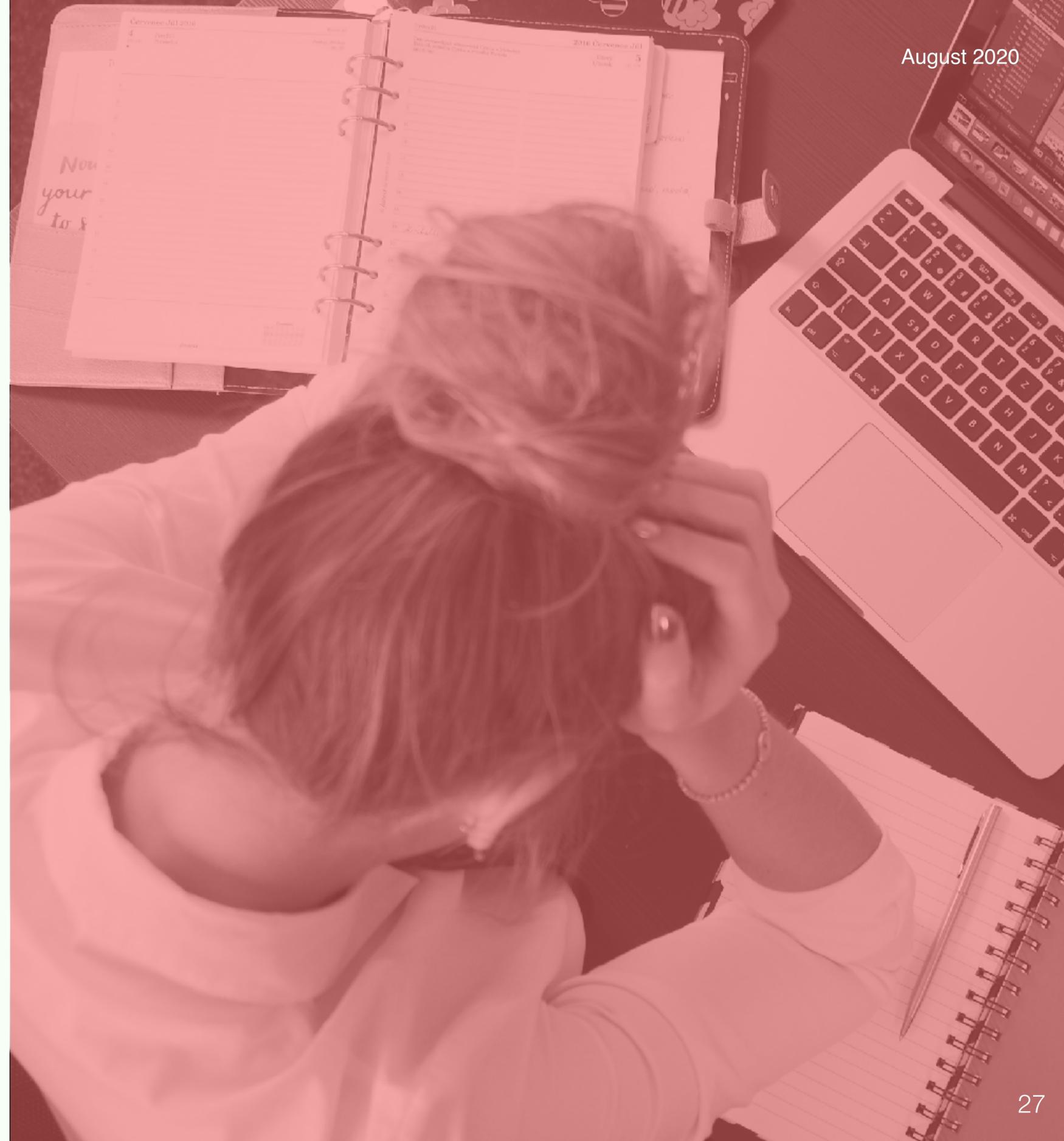


Insight 01 - Evidence

Reasons Why Women Get an Abortion

Women have different reasons, and usually a conglomerate of reasons, why they interrupted their pregnancy. Sometimes it's because they feel it will negatively affect their pursuit of higher education, others because of the lack of family or partner support or feeling that they were not prepared to be a mother. One contributing reason all women interviewed shared is the worry they cannot financially support their new child. The economic and humanitarian crisis in Venezuela, plays an important role in the decision making when it comes to choosing an abortion.

"That I needed to do it, because I am not the one to bring a child to this world to suffer. I couldn't feed myself, much less could I afford clothes, diapers and feed. That was the first thing that came to my mind. I got informed on the subject and made the quick decision." -Participant 10



Insight 02: Abortion

Fear, guilt, and confusion often accompany the decision to have an abortion, followed by the uncertainty of the next steps. Not getting it right could be costly and imminently dangerous to their health.



Insight 02 - Evidence

Clinical Mistreatment

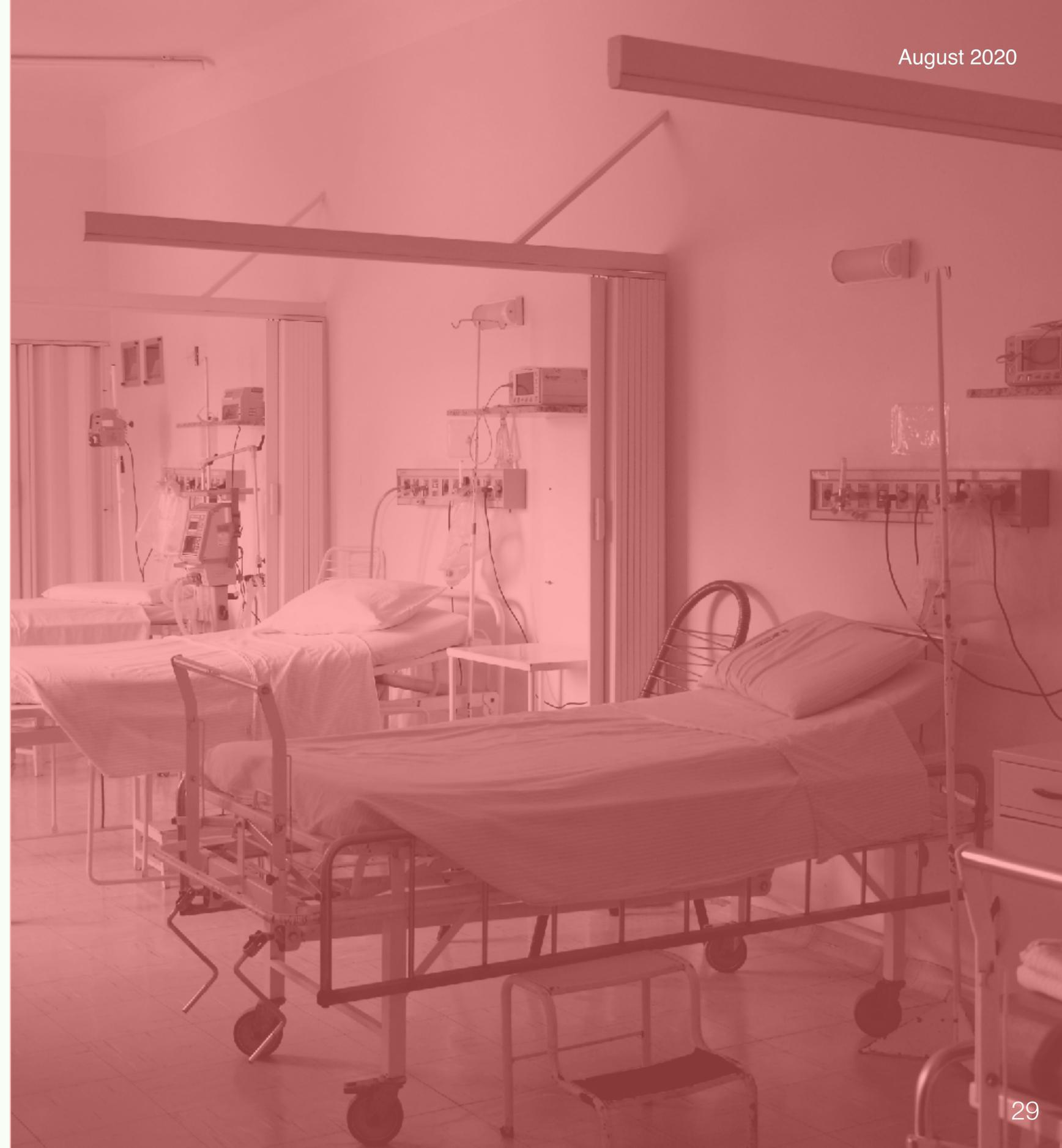
Most women seeking an abortion try to avoid clinics, they are known for mistreating women, attempting to convince them to have the baby often reminding them of the countries illegality and its consequences.

“On behalf of the hospital staff, they know they are obliged to attend you until they determine if it is a miscarriage or not, they have to do it, it is their duty, but as it is also a moral issue, well double moral standards, it depends on what that person believes is more objective, it’s considered that you are committing a sin, that you deserve to die or deserve to be treated badly, or you cannot complain about the pain, because if you were irresponsible, you can’t complain if they treat you badly for not having it . They allow themselves to be guided in a more subjective manner, so this is why I tell you that women limit themselves or prefer to continue a pregnancy because they are afraid that they are going to die or that they are going to be mistreated in a hospital and they prefer to continue the pregnancy.” - Participant 6

Unsafe & Clandestine Abortions

Because of the illegality and social stigma women have no choice but to have clandestine abortions, the risk of these being performed at home or from non medical personnel are grave. Some lead to serious damage and morbidities.

“Searching for clandestine stuff, makes people suffer a lot because there are women who undergo clandestine abortions and may lose the opportunity to have a child later. There is no public debate on this topic because it is not legal.” - Participant 9



Insight 02 - Evidence

Abortion Pills on the “Blackmarket”

Many women search for information regarding abortion either by word of mouth (asking a trusted friend, partner, or family member) or looking online. Many times these methods are unreliable and lead to misinformation. Women are advised to visit pharmacies or online sites that sell the medication and meet in alleys for the purchase. They end up spending USD\$20-25 per pill, the equivalent of one month's salary, and they have to obtain 6 pills total. With very little information on how to use the medication, they attempt an abortion, only to realize that the pills are ineffective or “sugar pills”.

“Well, at first I ended up talking to a family member, like I said I, knew her well. And that person took me to a place to buy a dose of a medical drug that I was to take, but as I already told you, there is not much information on the subject. So first they got me this very expensive medical drug, as a matter of fact, I remember that I was able to get the money and I got it, besides that, they were wrong about the way I was supposed to take the medical drug and the pills did not work.” - Participant 6



Insight 02 - Evidence

Teas & Alternative Methods

In smaller communities there is a belief of alternative methods, such as tea's infused with herbs and spices, to induce abortions. This is passed down through generations.

"I tried it like twice. I didn't know either, but I was searching the internet and there were things like cinnamon with rue, cinnamon with malt; but that really didn't work at all and they taste horrible in reality when I searched in Google, I did not put 'abortive plants' because I googled what shouldn't a pregnant woman take because it produces abortion. Because if you were looking for how to have an abortion nothing showed up."- Participant 2

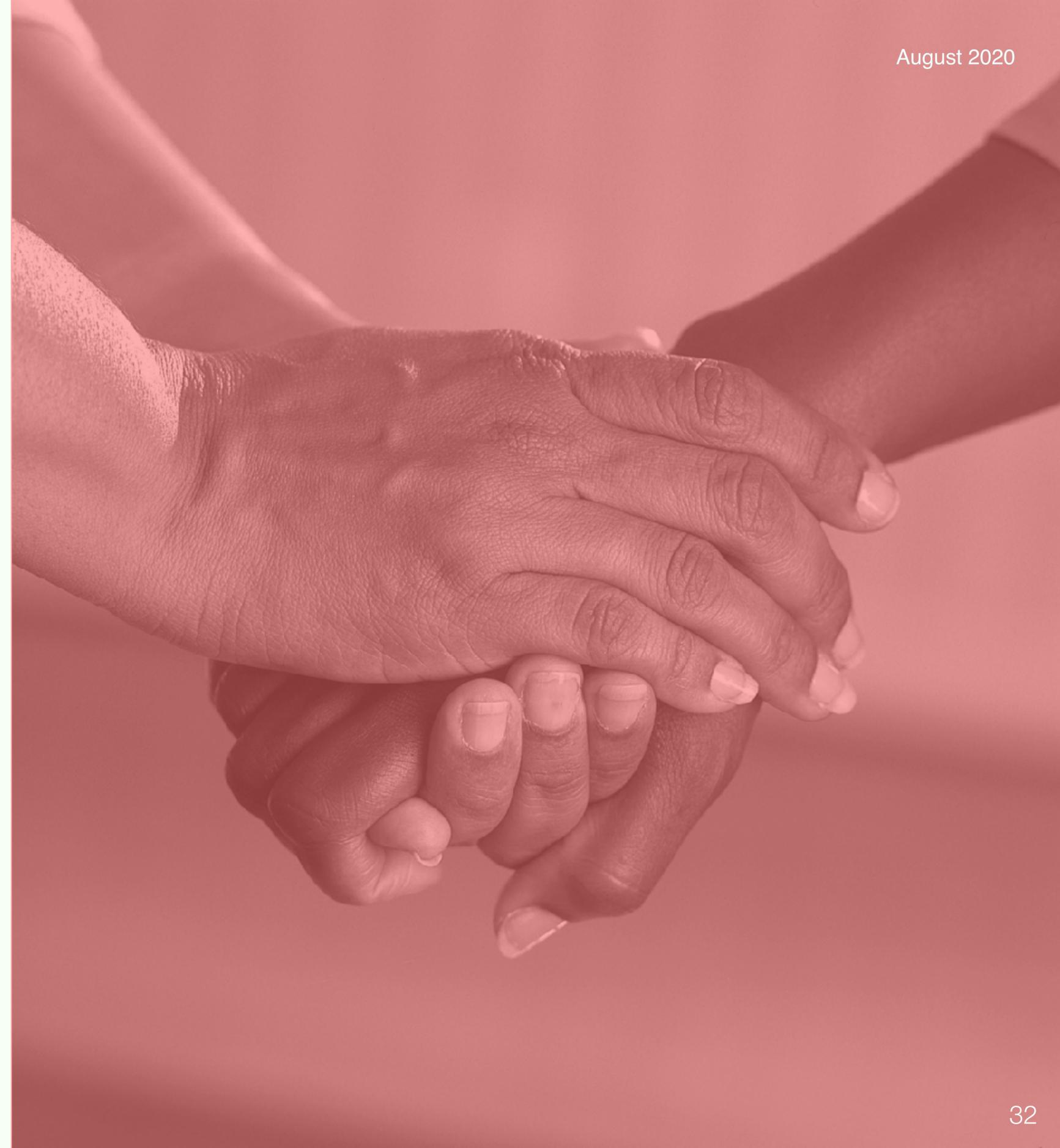


Insight 02 - Evidence

Reaching a Trusted Organization

Other times women are guided in the right direction by their online searches, friends, or family members that have themselves had an abortion through trusted sexual and reproductive health services like PLAFAM and Faldas-R. From their first encounter these organizations preserve their privacy, they can be contacted by phone or in person. They provide information in the form of harm reduction counseling. Women have to go through another organization to get reliable medication. Harm reduction includes, ultrasounds, information about the different methods, psychological counseling, what the signs and symptoms would be during the abortion, and post-abortion care. They also facilitate referral if additional care is required. Unfortunately many women are aware that these safe and trusted organizations exist.

“Ok, well after that I contacted them. And when they really gave me the correct information, the correct instructions, gave me support, not physically but through a channel to write to her for any questions, they guided me”. - Participant 6



Insight 03: Emotional Support

In the moment of abortion, women need emotional support. They seek reassurance about the symptoms they are experiencing and that everything is going as it should.

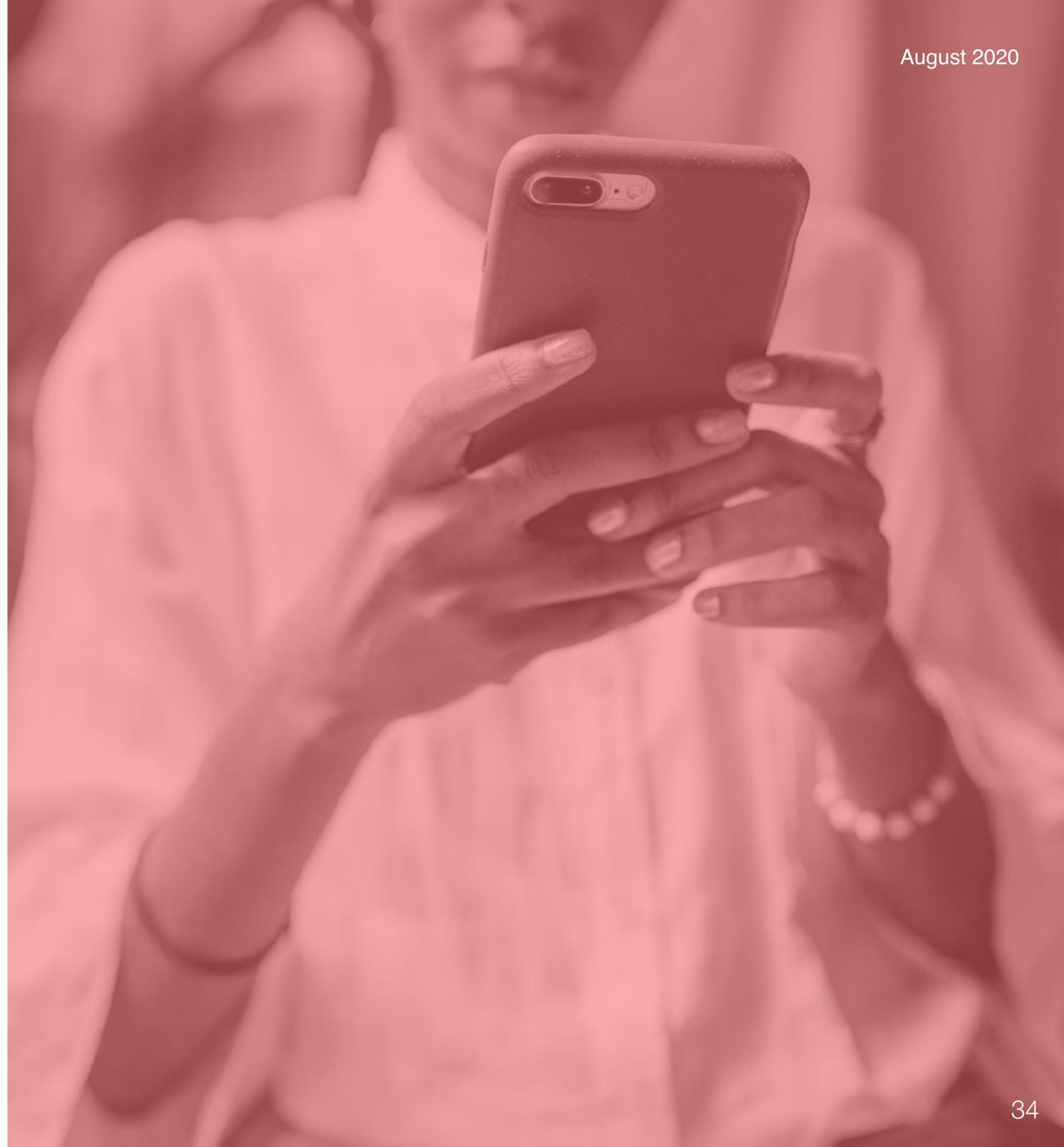


Insight 03 - Evidence

Trust Comes From Someone Knowledgable

Apart from the desire to be supported by their partner, family, and friends, women need a person that is knowledgeable on abortion to be reassured that their body is performing as it should during the abortion. Trusted organizations such as Faldas-R, PLAFAM, and Entre Nosotras, provide this support and women can contact them by chat or phone. They will walk them through the process and their symptoms. They also provide soothing advice, an empathic ear, and home remedies to calm these women. The women interviewed who had this experience cannot imagine having to go through an abortion without their support.

“Well the person I am telling you was very kind. She solved a lot of concerns that I had, calmed me down, the day that happened, that person was there for me practically all night, I was chatting with her, they really helped me a lot. And then the night it happened that person was there supporting me through the symptoms, telling me ‘look, you’re ok, don’t do this or that, and so on.” - Participant 6

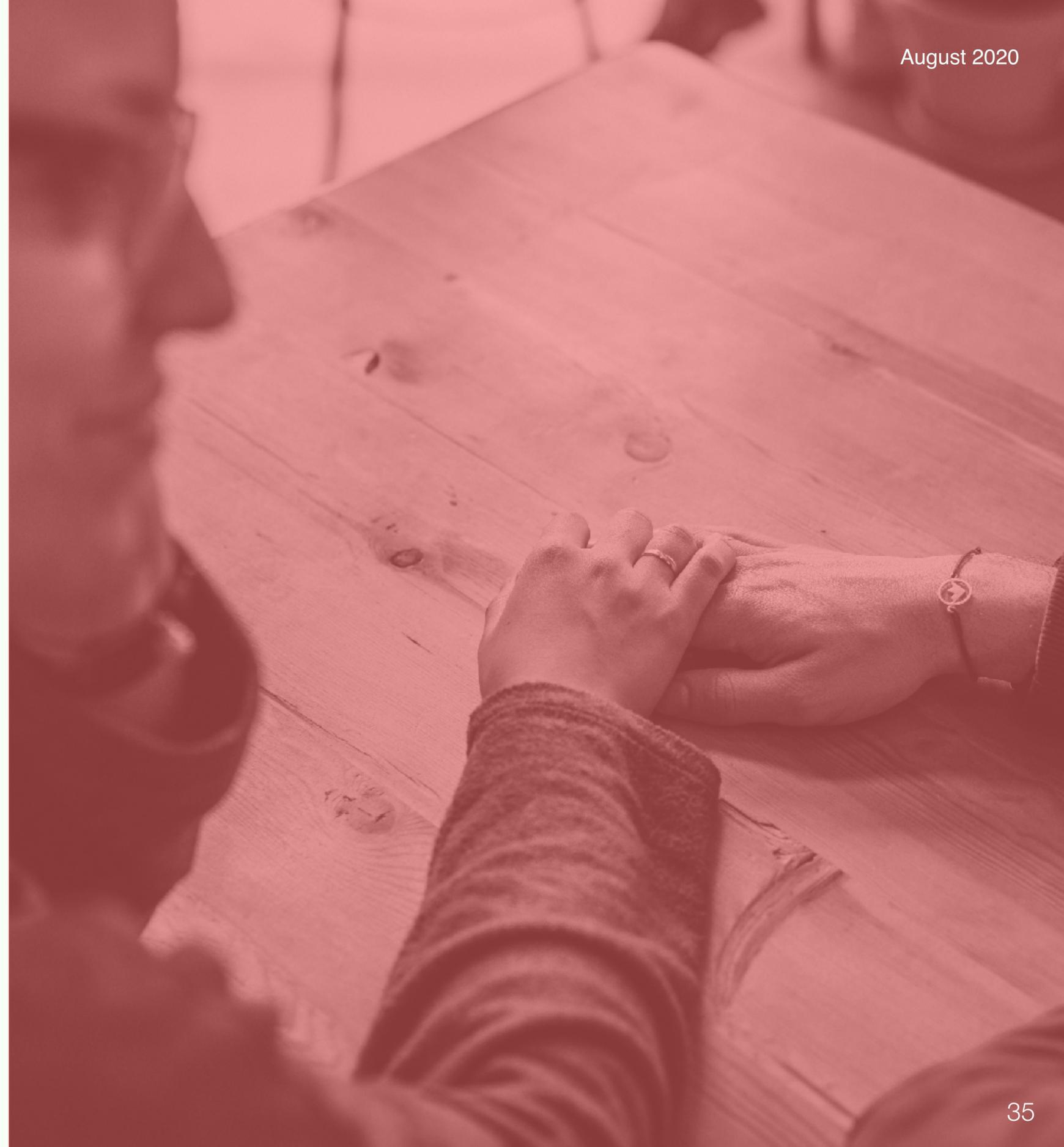


Insight 03 - Evidence

Emotional Support

Women need emotional support throughout the abortion process. Some need support from their families, particularly from their mothers when it comes to young people. They need support from their partner, to be understanding but also an active participant which understands the urgency and importance of this process for the woman's life and her future. Community openness and acceptance also plays a role in how women deal with and process abortion. Often women spend a lot of energy trying to keep their decision from the public eye, scared that this will affect their standing in their community. Although these relationships are important, often times women do not know how to have these conversations. Many times women would like to rely on partner, friends and family to help them decide on having an abortion, and to accompany them through the process if they choose to do so.

"I always lacked the confidence to tell my mother, because if I had confidence, this decision would have been different." - Participant 10

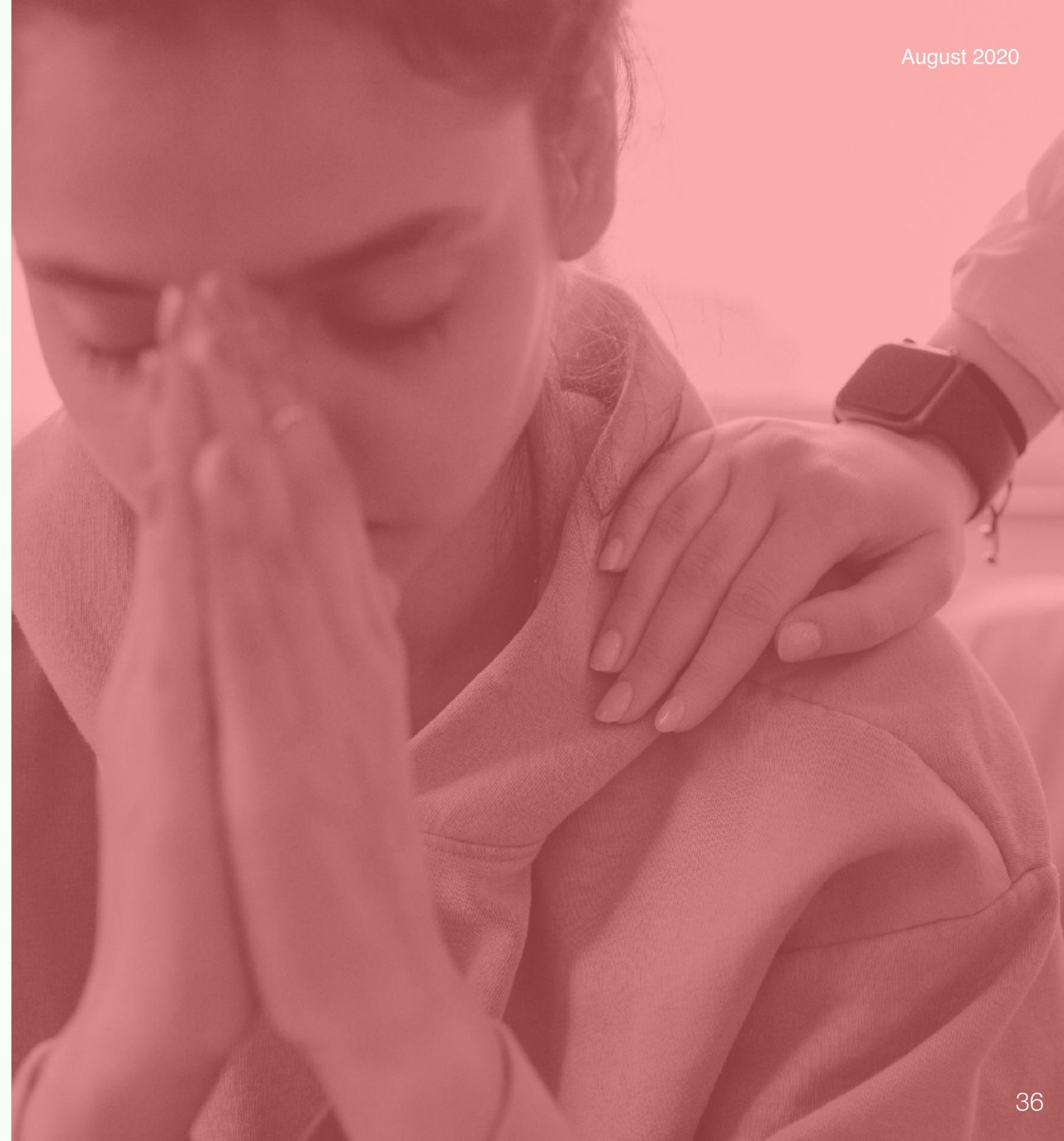


Insight 03 - Evidence

Empathy Needed Throughout the Process

Women emotionally process abortion in different ways. For some, it's useful to have a person check-in, via message or phone call to ask how they are doing. Others are eager to 'move on' from this moment and would find it emotionally disturbing to be reminded via texts or calls about what they experienced. Having an abortion is an emotional turmoil for the majority of the women we spoke to. Being treated with empathy and respecting her decision throughout the entire process is key to ensuring a healthy experience. This means that every doctor's visit and personnel she is being handed in the process has to be aligned in understanding her decision and providing proper treatment.

“Before there were some medical tests that you had to go through some steps before speaking to family planning, that experience was really negative because even when Plafam talks about openness towards these issues, you feel uncomfortable asking for help; I did not feel the same on the behalf of many doctors, so when I had the first ultrasound scan, it moved me a lot because the doctor spoke excitedly and said you're going to have your baby look at it and spoke to my partner as if he were my husband and she took me completely away from my comfort zone, it was like, I was crying and it was very hard to hear all that.” - Participant 12



Insight 04: Contraceptives

After having an abortion, most women sought contraceptives - they wanted to avoid living through the experience again.



Insight 04 - Evidence

Limited options for obtaining modern contraceptive methods

Many women scheduled contraception conversations & procedures with the same organization that helped them with their abortion. PLAFAM would ask the women after their abortion if they would like to have a steady birth control method, then their doctors & psychologists would have a conversation to determine which method is best suited for their lifestyle.

Many women felt there were limited options for contraceptives (outside of PLAFAM) either due to the lack of information on the methods and how they work, elevated prices or because of inconsistent availability.

“One of the reasons I did not consider a contraceptive method before is because female contraceptives are difficult, cumbersome, or difficult to access, that is the general perception that one has of contraceptives. But if the doctor tells me this contraceptive suits your lifestyle or your biology, it would be great. It seems to me that the contraceptive that I took, which is the implant, went largely to conversations with PLAFAM’s psychologist that after the abortion issue came up we discussed the issues. We talked about the pills that are not accessible and taking at a specific time do not fit my lifestyle or routine and we ended up concluding that this was the ideal.” - Participant 12



Insight 05: Technology & Connectivity

Internet access is a big challenge in Venezuela, from constantly purchasing extra credit or 'saldos' adding data to their 1GB limited plan. Women often coordinated their schedules with when/where the internet signal was the best to stay connected.



Insight 05 - Evidence

Unreliable Internet Access

One of our participants scheduled our call for 5am. She assumed that we were going to use WhatsApp, using data signal, to contact her. She shared that at 5am is the best time in the entire day for her to be connected to the internet. She will wake up at this time to check and respond to messages that had been sent the day before.

Security Concerns

Most of the participants do not have a significant security concern when it came to other people accessing their phones. Although they share their phone with family members and friends, they understand there are measures in place such as passwords and patterns that protect their information. Some expressed they have password-protected apps within their phones.

Importance of Privacy

With that said, women greatly value their privacy regarding their pregnancy and abortion. They are concerned about how their family members, partners, community, and society will view their decision.

“For me the main thing, the destabilizing one, was not the medical process but the public opinion, luckily it was satisfactory that everything was kept private and there was no great commotion, there were even social circles at the university because I was carrying out a I was in charge of student representation and had many eyes were on me, but at some point the rumor came out that I did it, and it was horrible to have to deny something that was real, and something that I do not feel ashamed of as a woman, not at all, but society is not ready to accept openly.” - Participant 12



Insight 06: Seeking Information

Lack of reliable abortion information and misinformation passed on through word of mouth puts Venezuelan women at risk. Often women struggle with contradicting sources.

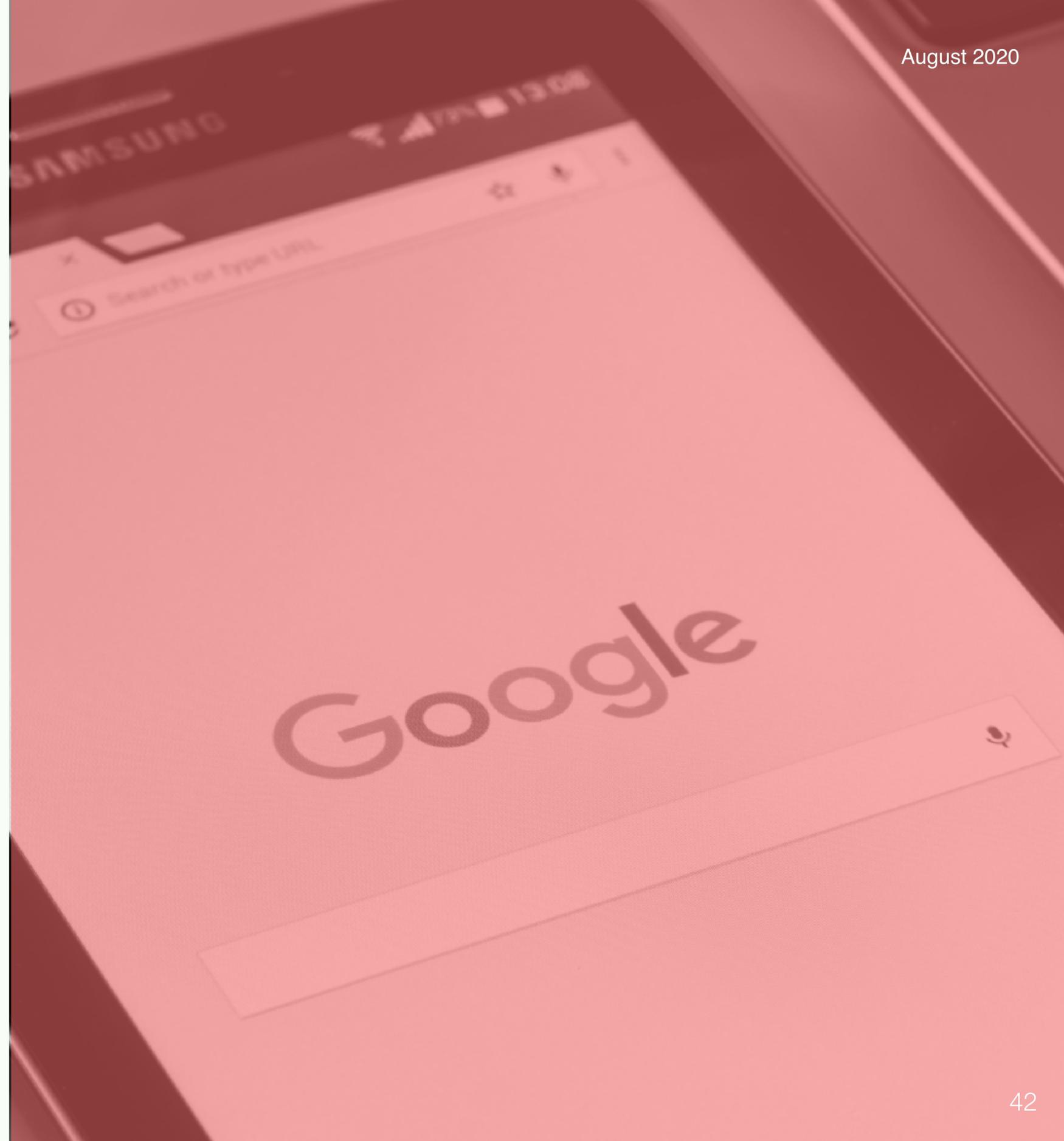


Insight 06 - Evidence

Abortion Information is Not Within Reach

It is a popular belief that the Venezuelan government does not provide abortion information because of its illegality. There is an assumption that if there is no access to abortion information, then women would avoid having an abortion. What happens in reality is that women will actively seek abortion information that mostly ends up being inaccurate and not evidence-based, which then leads women to pursue unsafe abortion options that increases the risk of morbidity and mortality.

“Seems to me that the information should be within reach, I think the main thing is, what usually happens, very often I hear about women who are dying. Recently I actually heard of a woman who died because she got pregnant, she didn't want to have the baby and someone tried to perform an abortion like a clothe hanger. Here, normally it is a non-spoken topic, when you speak about it, they give the wrong information, then it seems to me that what is needed is that there really is truthful information. Why? Because of the fact that regardless of the wrong information, it won't stop women. For example, if a woman does not want to continue her pregnancy, she will no continue, so you can tell her in 10,000 different ways not to do it, she will look for the way, and if the correct information is not available, what is most likely is that she will do it in an inappropriate way, and she ends up hurting herself. So really, what I feel is that the real information is missing, the correct one. How should things be done correctly? It should be within reach.” - Participant 6



Insight 06 - Evidence

Information Reliability

When it comes to reproductive health information, particularly abortion, women want to make sure the sources they use are reliable. Some criteria mentioned were: trustworthy online content, good design, good wording, simple wording, updated information with recent dated uploads, content written by professionals in the field or by a trusted organization, and the organization has social media presence e.g. a fan page on Facebook.

“There are even pages that give out info to you, but the information is false, first of all, real risks are being taken the risks are real, not those that are really fatal, there is a risk of mortality, but when you have a pregnancy, there are risks as well, so there is some fear to think of, that if I have an abortion I am going to die.” -Participant 4



Insight 07: Seeking Information

The internet is the first source when seeking abortion information yet women wish to learn from experienced women.

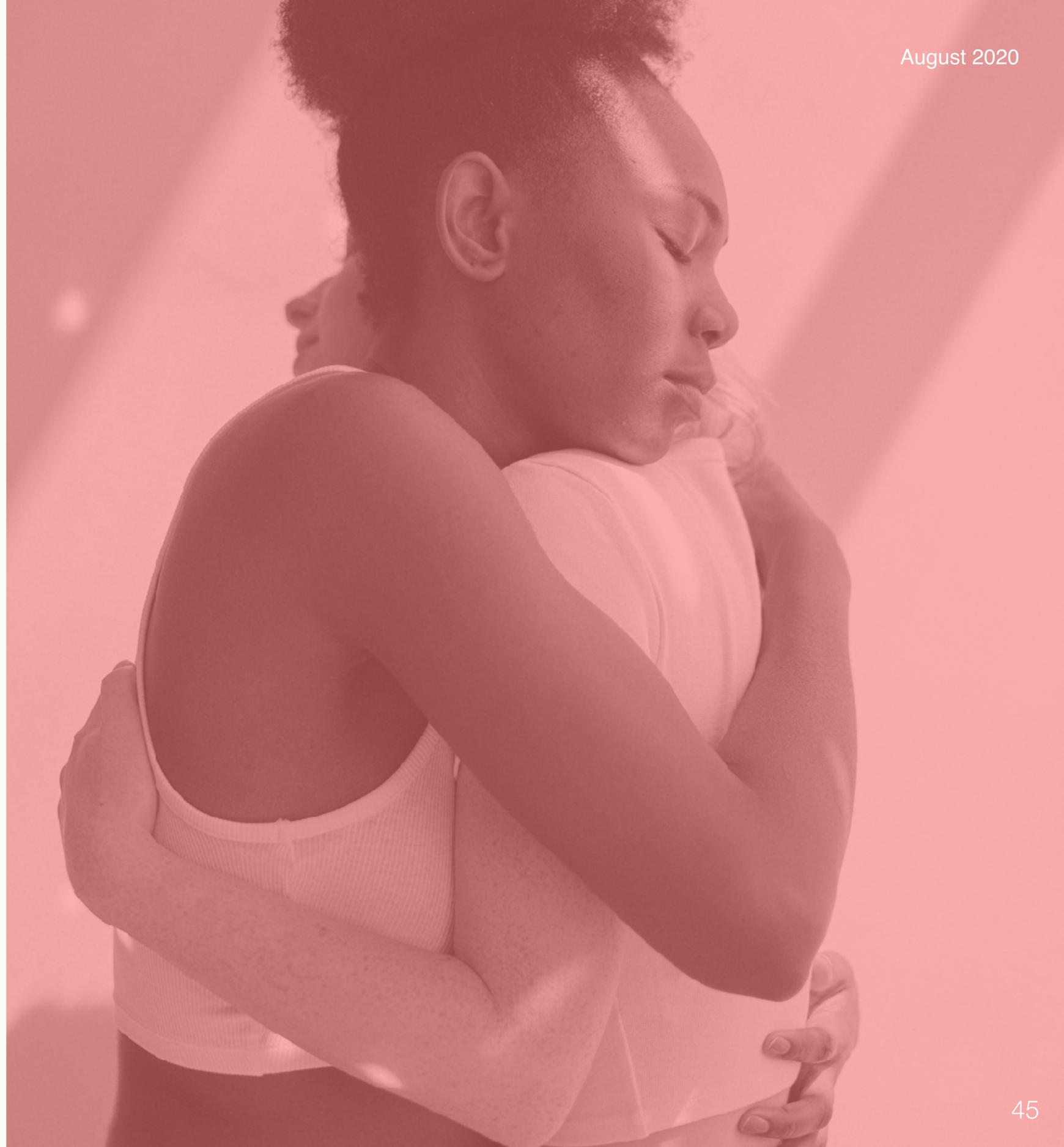


Insight 07 - Evidence

Importance of Testimonials

Many of the women expressed a desire to speak to women who have had an abortion or read about other women's abortion stories. By learning about the abortion process through the women that had the experience before them, they are not only informed but feel they are not alone.

"I searched the internet a lot, and learned about other testimonials because I really felt that I was missing that. I do not know anyone who has gone through this, that if I know someone, I do not know what happened, I would have liked to have more testimonies, to have more people who have gone through this, who had their experiences etc. I felt calmer." - Participant 12



Insight 08: Seeking Information

When it comes to sexual and reproductive health, women do not feel properly informed - from insufficient sex-education in high school, to not being able to have open conversations with a parent, to gynecological visits that were too late. Women crave access to a holistic information hub.



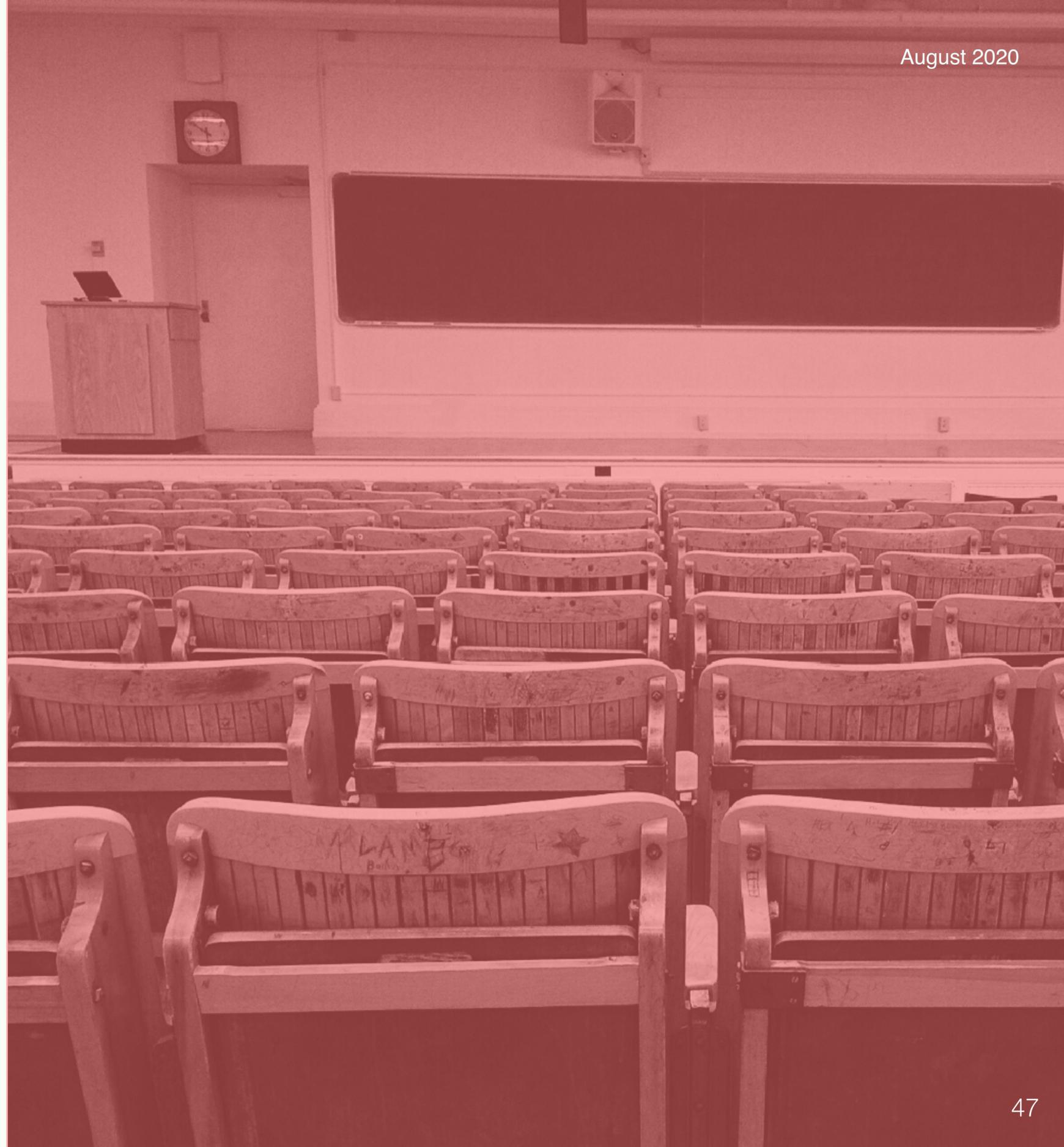
Insight 08 - Evidence

Lack of sexual and reproductive health knowledge

“Here, normally, or at least that I can remember, I did not receive a complete sex education in high school, just contraceptive methods, and I think sex education is somewhat broader than that. And with regards to contraceptive methods, really, they should emphasize more, because here there is always a lot of taboo regarding a woman being on contraceptives.” - Participant 6

“Well, about contraceptives, it is really regressive due to the educational system, what I remember studied in a private school, the family health classes that I remember more were about diseases, that having sex is bad.” - Participant 12

“When I have had to give talks at high schools, I have realized that regarding reproductive health, there is no knowledge, a 17-year-old boy doesn’t know what his reproductive system is called, and women do not know how their vulva is composed, how their internal genitalia is made up. So, it is very difficult to talk about reproductive health and I think we should focus on being more dynamic with this information, because here the information is dated, and the Ministry of Health is not worried about this type of information.” - Participant 5



What do they want to know?



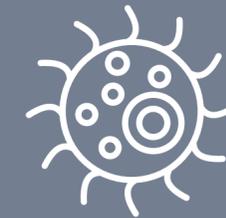
Contraceptives

- What Methods Exist
- How they are used
- Comparison between methods
- Pros & Cons of each method
- Risks of each method
- Where to acquire
- Medication Information
- Costs of each method
- Consistency in availability of method
- How to switch safely between methods



Abortion Self Management Protocols

- Internationally Certified (WHO)
- Scientific based
- Free of any political party bias
- Safe medications
- Medication Information
- Step by step instructions
- What symptoms to expect
- Risk factors or possible complications
- Where to go in case of emergency



Disease Prevention

- How to protect for STDs
- Importance of safe sex

Sex & Sexuality

- Biology
- Pleasure



Insight 09: Digital Tool

When searching for sexual & reproductive health information, women look for dynamic content. Overall they prefer to read concise and direct words, complemented by engaging non-realistic visual images.



Insight 09 - Evidence

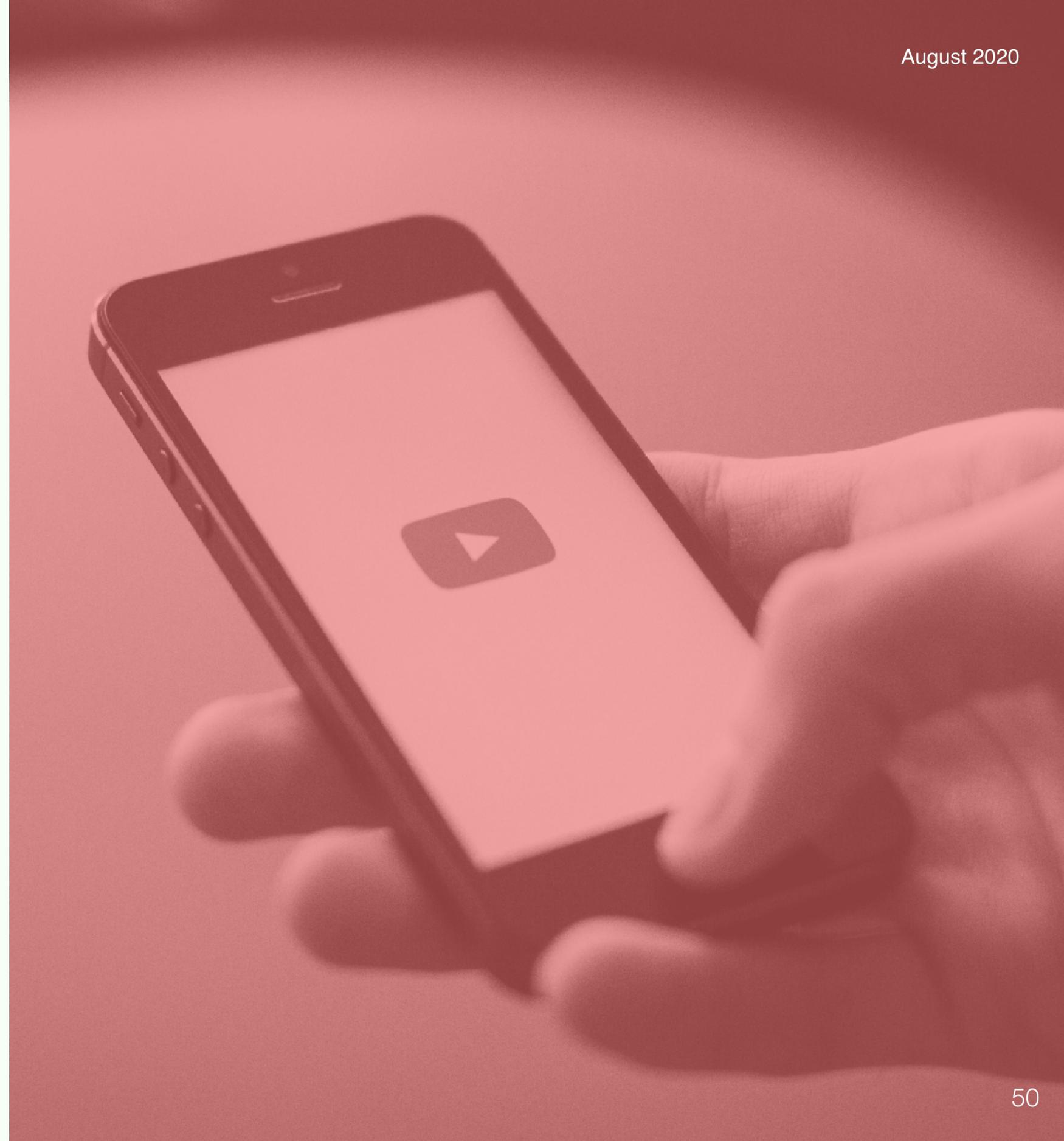
Videos are a hook, but limited to internet connectivity

Although all participants shared they prefer to read, a vast majority of them also said they liked to learn in a video format. The trouble with video is the limited data and connectivity issues in Venezuela.

"I prefer reading it, I like more concise and direct information. Videos are a luxury due to limited internet data, I think the best information is written." - Participant 5

"Mostly I read, almost never see videos." - Participant 13

"I read and watch videos. The videos explain more, the text is sometimes boring, the video captures more of the information to be transmitted." - Participant 15



Insight 10: Digital Tool

When it comes to mobile health applications, most women already know how to use a menstrual calendar app.

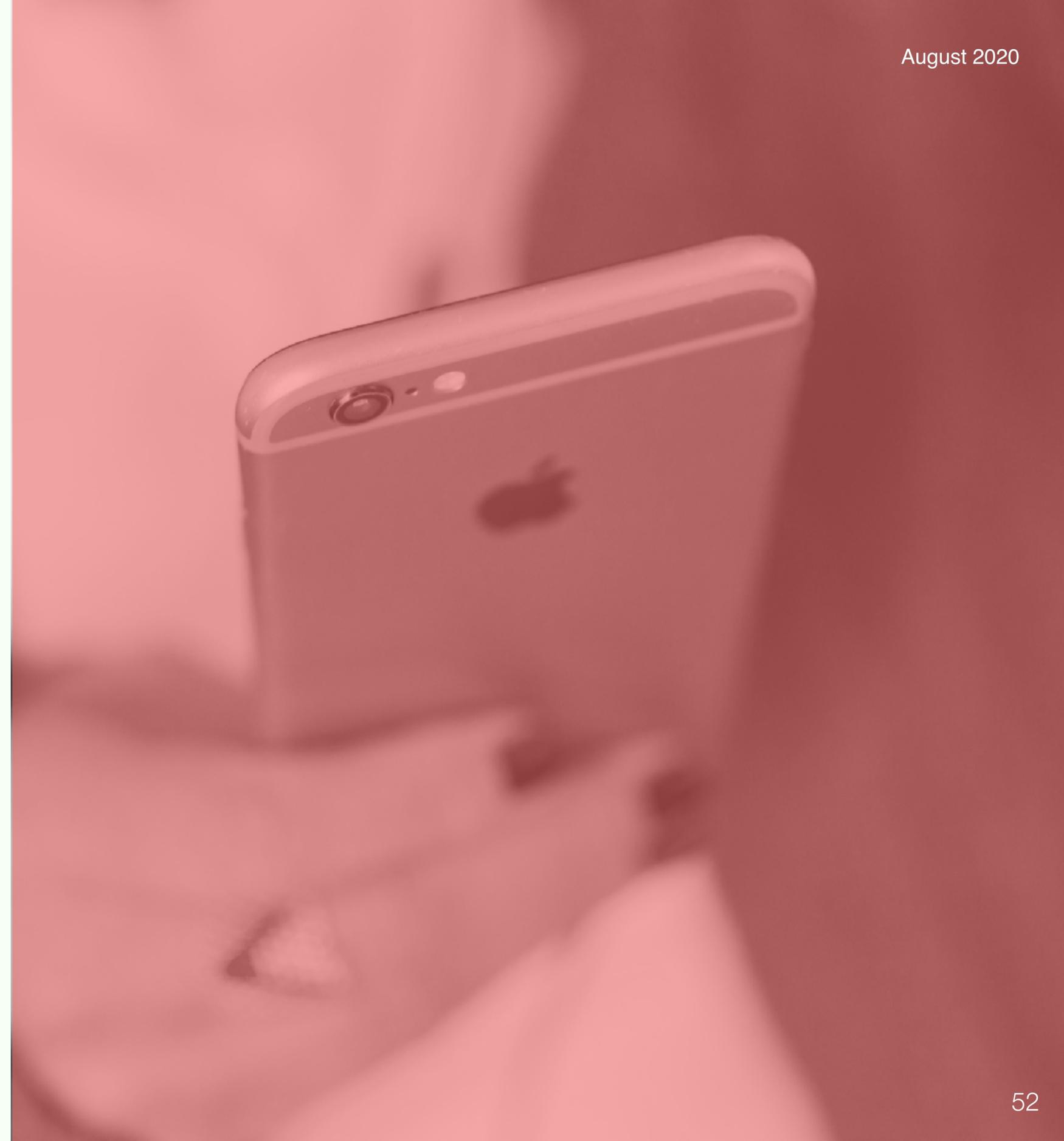


Insight 10 - Evidence

Familiarity with mobile health apps

Knowing that women are familiar with using mobile health apps is relevant when designing to ensure usability of the digital tool. When asked if they had downloaded any health app, the majority of the women shared they have used a menstrual calendar. This means that they are familiar with specific types of interfaces, and this in turn is practical knowledge we can leverage when designing the digital tool. It also tells us how they value notifications, reminders, logging in personal information and how they desire the app to look and feel.

“It's like an agenda that is constantly reminding you of something. Since you use the phone every day, I would download it so that when I see it, It'll remind you about some health-related topic. Because it reminds you about something. For me having apps is for remembering something.” - Participant 5



Insight 11: Digital Tool

Venezuelan women expressed they would download a phone app that privately informs and guides them through their abortion, and other sexual and reproductive health needs.

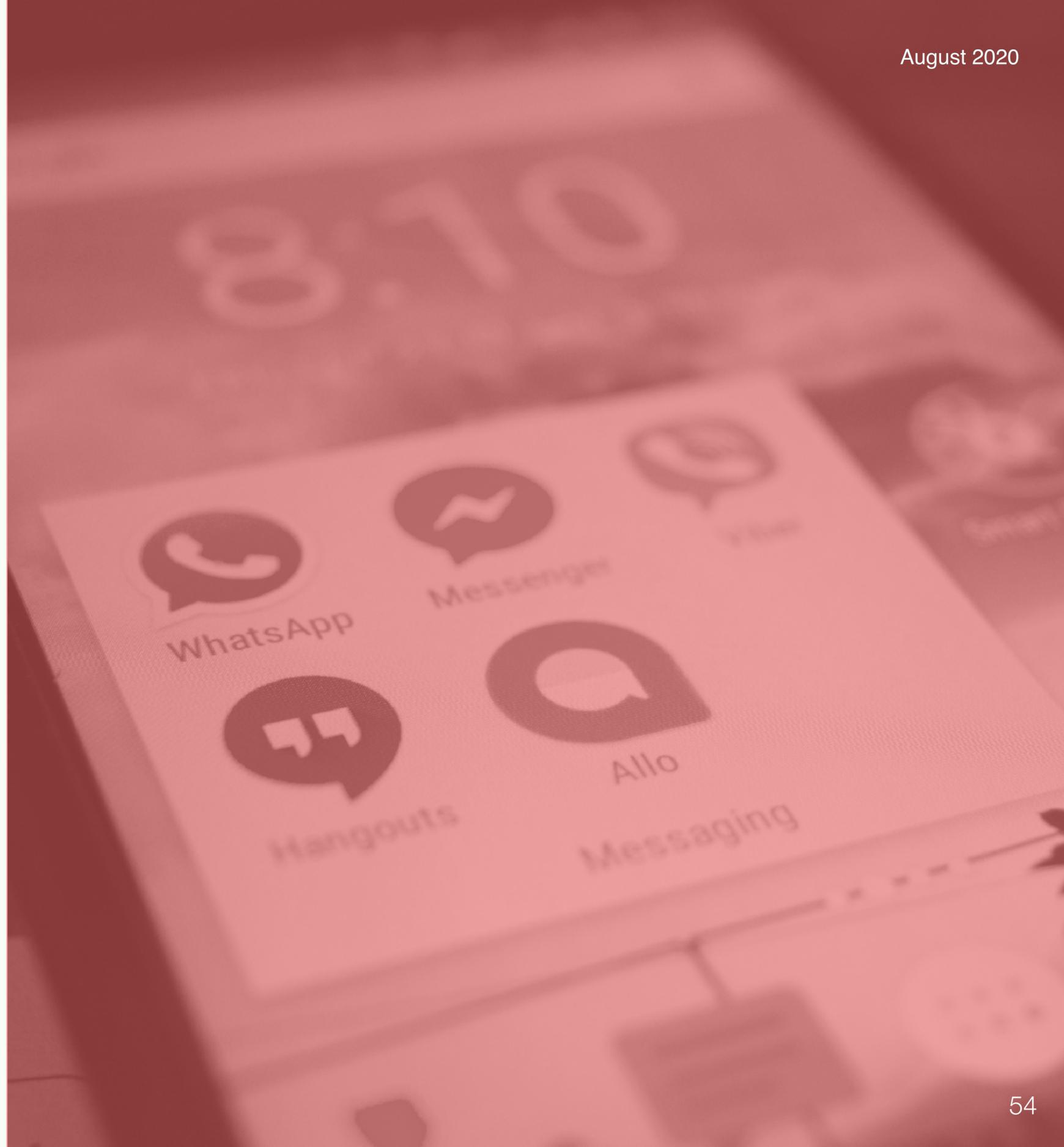


Insight 11 - Evidence

Chatting

The ability to digitally “chat” is viewed as a convenient way to get informed within the comfort of your home. The chat should feel like a conversation with an informed friend. It should be private and upon request. Women would like to ask questions regarding their symptoms, nutrition and lifestyle, medication, risks, instructions for treatment, where to access medication and what to do next. Women understand that some inquiries will have to be automated, however they are drawn to being able to speak to a real person when it comes to their emotions and to receive personal and appropriate support.

“While if you have the experience of someone else she can tell me things like what symptoms did she have? How did you do this? What did you eat? How did this pill work for you? When should I do it? That's why I think a chat is better.”- Participant 2

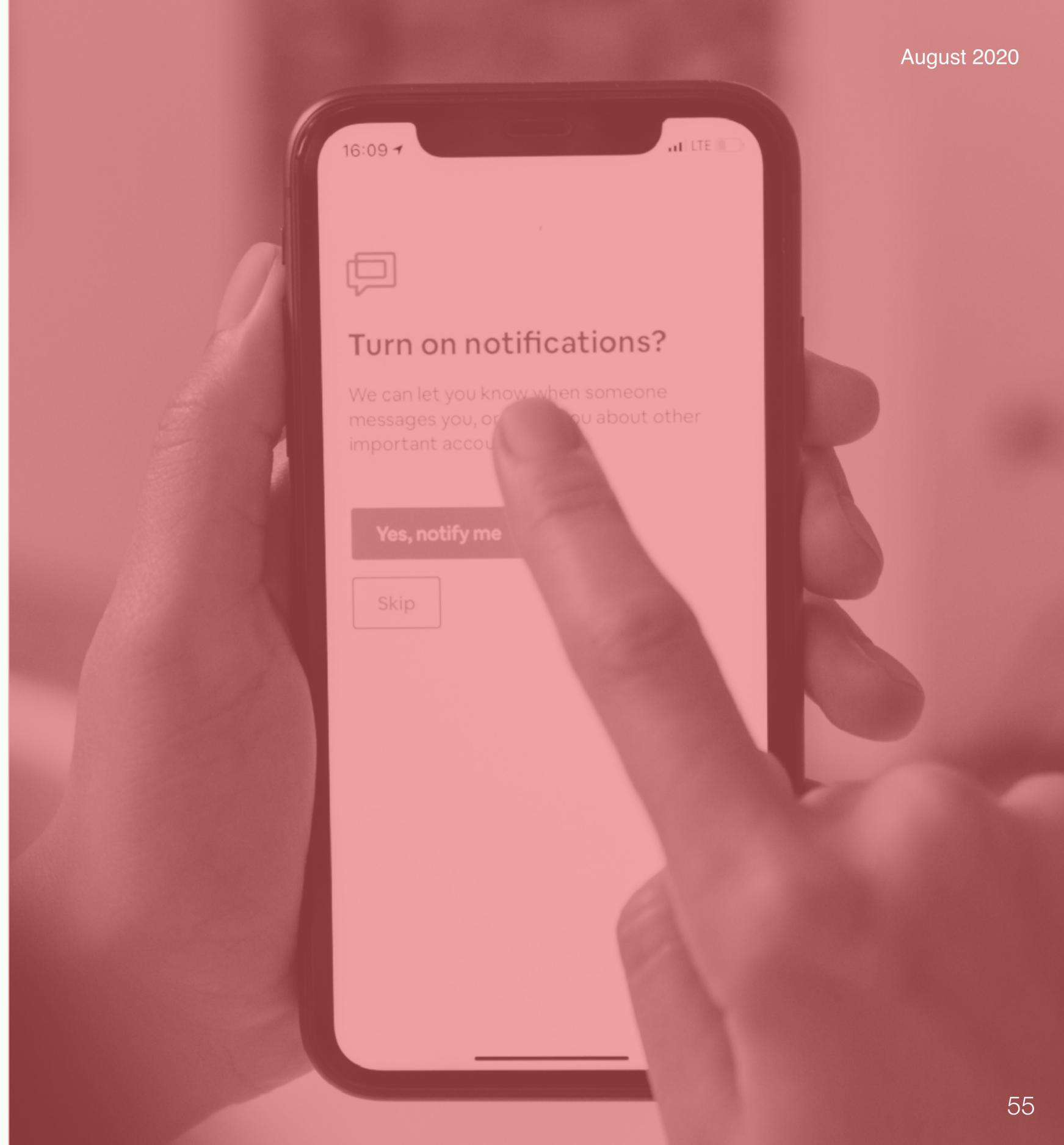


Insight 11 - Evidence

Notifications

Must women enable notifications in their apps. Notifications can be engaging and helpful ways to push relevant information or reminders, as long as they are appropriate in content, timed properly and moderate.

“Well, it depends on the app, you get normal notifications, I give you an example, like 4 notifications a day, but there are Instagram-style notifications, Instagram notifies you even if a person shared a photo, that has nothing to do with you, sometimes that notification shows up on the phone and it's annoying; normally I get too many notifications, I delete them. I activate the notifications, but if they are moderate.” - Participant 6



Insight 12 - Evidence

Appealing to a Younger Audience

When it comes to engaging youth, content should be in clear simple language with impactful visuals. Curiosity plays a big role, such as having them search and discover information. Something to consider: the degree of involvement parents will and should have in their abortion, particularly for underage youth.

“Young people did not like it so much when it’s unwanted information, they rather search for it, it’s an awakening, keep them intrigued, like sdo you know these new ways for safe sex?They are going to get in and they are going to look for all the information, but if you tell a teenager if you have sexual intercourse before you are able to do so, and without a condom, you are going to get these diseases then they’ll be smug about and say yes I know that.” - Participant 4



Digital Tool Considerations

Appealing Characteristics

- Secure and private
- Shareable through social networks
- Chat groups or forums
- Searchable
- Diverse content
- Up to date information
- Visually appealing
- High Speed
- Good design
- Colourful
- Requires little phone memory/storage

Overall Considerations

- Easy to download
- High speed loading
- Easy to navigate or provides tutorial
- Shareable through social networks
- Secure, by password, face recognition or/and email verification
- Private branding, not telling that it's for abortion
- Engaging branding & visuals
- Captivating imagery
- Customizable
- Protected against sabotaging and religious groups
- Not only abortion specific
- Promotes efforts by similar organizations

Desired Features

- Scientific & reliable health information
- User personal profile
- Needs assessment questionnaire at on-boarding
- Most searched content
- Asks users their content interest
- Recommended or similar in interest content
- Monitoring symptoms after the abortion
- Symptom log
- Emotional support after abortion
- Country relevant information
- Difference between contraceptives
- Contraceptive availability
- STDs protection information
- Abortion assessment quiz
- Abortion treatment instructions
- Abortion pros and cons
- Abortion common symptoms
- Quiz to recommend a contraceptive
- Information on Sex & Sexuality
- Clinic and Medicine locator
- Menstrual calendar cycle tracker
- Journal or notepad
- Frequently Asked Questions
- Testimonials
- Reminders to appointments or birth control pills
- Important contact information



Branding

Icon



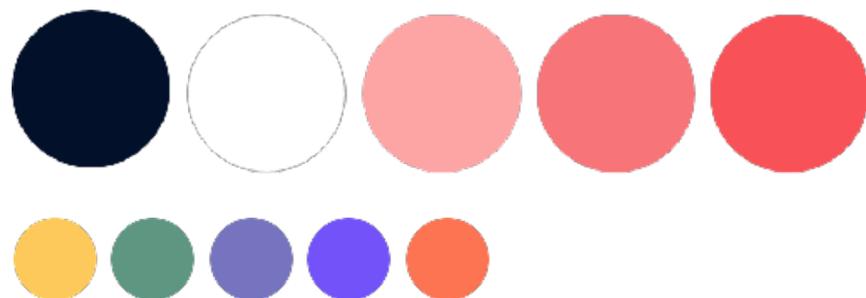
Logo

ayā

B/W

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Color Palet



Concept Built



User Testing Findings

First Prototype



Prototype Iteration



User Testing Findings

What Users Liked:

- Participant loved the design, it felt different and cool, without falling into the cliches of pink and flowers that other “female” apps have.
- Language was very appropriate and not hostile, but natural and welcoming.
- It seemed to very complete, to have all the information you’ll need in one place
- Would have like to have a mental calendar - to eliminate other apps that do so like Clue
- Would recommend to friends her age
- Likes the quality and amount of information regarding abortion steps
- Likes a lot the period reminder questions
- Likes the add of what’s a IDU because some people might not know
- Feels that the abortion assessment asked the right questions she researched before her abortion
- Likes the part that explains what to expect, very detailed
- Really likes the test to see if you’ve completed the abortion successfully, finds it very important, she says that in her case she didn’t have access to this type of evaluation
- Like that the app is very direct, it exist because you need an abortion and need care
- Likes “vasectomy” is included, it shouldn’t only be a women’s responsibility
- Its easy to navigate and learn
- Likes the illustrations and the language
- It has the clear objective of teaching/guiding abortion with pills

What Users Suggested:

- Bold Colors
- Name should hint at what it helps to do without being hostile
- Its important that WHO recommends this process
- Is missing diversity of information, more than abortion, people tend to want a place where they can find all the information not only specialized info
- Is missing where to get the pills

What Users Changed:

- Profile creation should be optional - you choose to go down that path.
- Home Icon on every screen, it was confusing to go to home and see options
- Bottom Icons (shortcuts) should go the the main section not start the test, or start the test on first users only.
- Explain why notifications are important
- Explain why you would need a security code
- “Autoevaluación de Elegibilidad” is sounds to complex and technical - it should feel friendlier
- Add “Como” Obtener las pastillas
- Change the formal “usted” language, they are looking for a more intimate language
- Add where to get the pills in the pill section, pharmacies aren’t that reliable.
- Recheck link of anti conceptive, some are incorrecto linked with the list
- Add bottom icons on every screen fro easy access





VITALA