



# *Insights & findings from Nigeria*

GE Design Labs . March 5, 2025

# *Project Overview*

The goal of the Labs is to take a human-centered approach to test hypotheses and establish a mechanism for regular feedback with panels of women in priority geographies.

We're building sustained relationships with women who guide our work as experts of their own experiences. Through ongoing dialogue, they help us challenge assumptions and refine our approach to better meet their needs.

To extend the application of the panels, we're sampling women with the Pathways vulnerabilities segmentation.



# Project focus

Our current research is anchored on 2 hypotheses related to vaginal insertable products that we developed based on our kick-off workshop discussions and the results of a follow-up survey with the Gender Equality team.



## Education & Counseling

If women are provided education, counseling, and the opportunity to try new vaginal insertable products (like the dapivirine ring), they will show an increase in user acceptance and sustained interest over time.



## Family Planning & STI Prevention

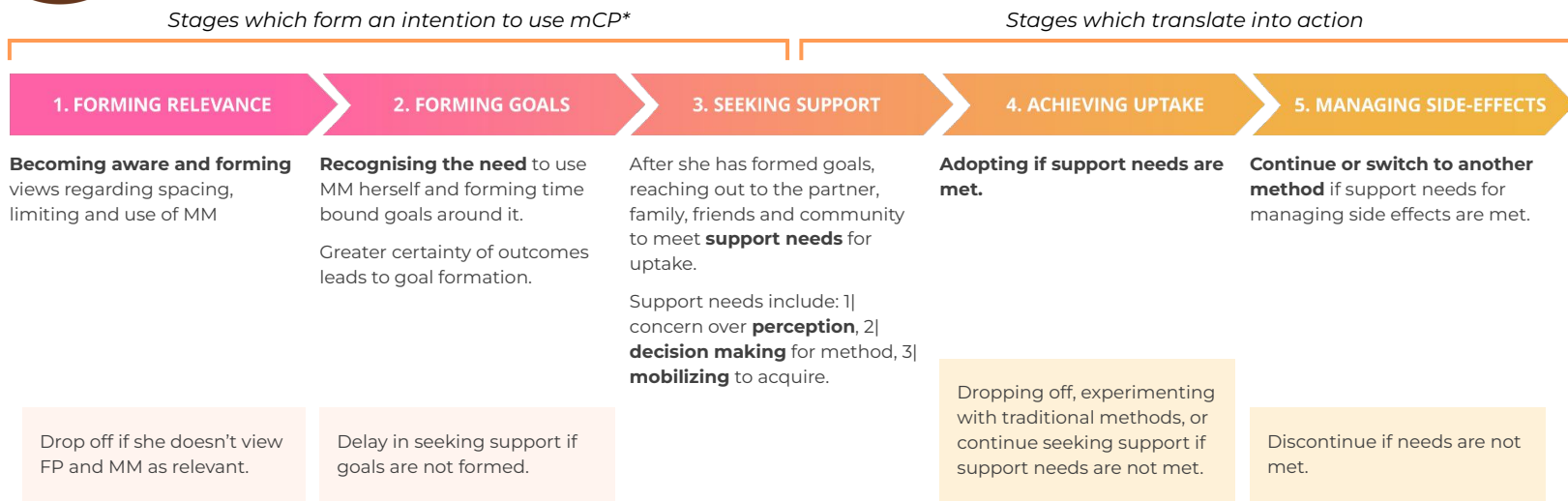
Women are likely to find greater value in vaginally administered products that provide both family planning and prevention of HIV/STIs.

# Grounding learnings in lived experiences of women

We used a journey framework to map our insights as it allowed us to understand how women's needs differ at each stage of considering and using a new vaginal insertable product.



**Women go through a series of stages of forming an intent to pursuing a method.**



*\*This journey has been adopted from the Pathways vulnerabilities work and adapted to illustrate women's experiences with vaginal insertable products for family planning, STI prevention, and menstrual health.*

# Architecture of an Insight

## OBSERVATION



Vaginal insertable products, despite being discussed during ANC/PNC visits, remain non-intuitive for women across segments. The uncertainty surrounding administration and post-insertion expectations coupled with a steep learning curve for proper use contributes to discomfort and anxiety. Without comprehensive education, counseling, and tailored support focused on information of their own anatomies, product use and expected side effects, women are prone to switching or discontinuing these products.



## THE SO WHAT

*Every insight is supported by*



*Quotes* to give a sense of the real-world perspectives from women to illustrate the insight.



*Findings* to ground the insight with qualitative and quantitative data from the research.



*Pathway Segments* to highlight segment-specific nuances.

## HYPOTHESIS:

# 1



*If women are provided education, counseling, and the opportunity to try new vaginal insertable products (like the dapivirine ring), they will show an increase in user acceptance and sustained interest over time.*

# Access to Information

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

ACHIEVING UPTAKE

MANAGING SIDE-EFFECTS

Women access information from multiple sources. Healthcare workers and community programs provide the most effective ways to directly reach and educate women about vaginal insertable products. Radio remains essential for broad communication, especially in areas with limited infrastructure.

Clear, consistent, and positive messaging from trusted sources like healthcare providers and peers, delivered through these channels, is vital in overcoming women's fears and hesitations. This approach not only bridges knowledge gaps and addresses misinformation but also fosters trust and boosts confidence in women considering these products.

*I heard about it [IUD] at the health center a lot of times, but those times when I heard, I didn't pay any attention to it regarding attempting it, until my friend [auxiliary nurse] introduced the IUD to me. Anything that's being inserted makes me scared. But since she kept on encouraging me to just give it a trial, and that there's no harm in trying something. But, I had heard about it often before I decided to try it.*



Zainab Bello (UF3.1 SN)

## Questions from the Gates GE D&I team

What access to reliable sources of information exists?

# Access to Information

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## Findings

- **In-person Communication:** Women primarily learn about and receive counseling on vaginal insertable products from healthcare centers and community programs.
- **Repetition of Information:** Consistently hearing about products over time from multiple sources encourages women to try new products.
- **Personal Recommendations:** Testimonials from friends and family who have previously used vaginal insertable products play an influential role in convincing women to consider these products.

## Pathways Segments

- **More vulnerable UM3-L SN:** While digital channels are useful due to greater access to modern amenities, partner involvement remains key as decisions about vaginal products are often made jointly.
- **More vulnerable UF3.1-L SN:** Direct outreach like door-to-door or community programs works best due to limited finances and challenges accessing healthcare facilities.
- **More vulnerable U3 NN:** In-person engagement and community outreach are vital due to very low digital access. Antenatal care visits offer opportunities to introduce vaginal products.
- **Most vulnerable UM4-L SN:** Non-digital methods like community outreach and radio are best due to low education and media exposure. Male partners should be included due to women's low decision-making power.
- **Most vulnerable U4 NN:** Radio, particularly Ministry of Health programs, is the most trusted source of information despite limited media exposure. SMS campaigns are viable due to high basic phone ownership.



# Making Choices

FORMING RELEVANCE

FORMING GOALS

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While women consider the perceived effectiveness of vaginal insertable products as a baseline requirement, their final choice is heavily influenced by secondary factors such as side effects, partner/family disapproval, frequency of use, access, and cost.

These factors often play a decisive role in women's decision-making process. The importance of each factor varies among different segments of women.

*What I considered before choosing it was that; from what they told me, it doesn't change anything in a woman's body. It will not make you fall sick; it will not make you grow fat or thin or something else.*



Bose Kunle (U3 NN)

## Questions from the Gates GE D&I team

We want to understand the factors that influence women's decisions (eg. pain) to consider vaginal administration of contraceptives.

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While women consider the perceived effectiveness of vaginal insertable products as a baseline requirement, their final choice is heavily influenced by secondary factors such as side effects, partner/family disapproval, frequency of use, access, and cost.

These factors often play a decisive role in women's decision-making process. The importance of each factor varies among different segments of women.

## Findings

- **Side Effects:** Concerns about pain, discomfort, or irregular bleeding can deter women from using or continuing to use a product.
- **Partner/Family Disapproval:** Negative opinions from partners or family can strongly influence a woman's decision, especially in cultures where these topics are sensitive. If discretion is needed, women may prefer products that are easier to hide.
- **Frequency of Use:** Convenience and ease of use, including how often a product needs attention, matter to women, especially those who want long-acting or less noticeable options.
- **Access and Cost:** Affordability and availability of products are important factors, especially for women with limited resources or living in remote areas.

## Pathways Segments

- **More vulnerable UM3-L SN:** The main secondary factor for this segment is avoiding side effects. They prioritize products that won't disrupt their menstrual cycle, cause weight gain, or have other negative health impacts.
- **More vulnerable UF3.1-L SN:** The key secondary factor for this segment is addressing concerns and fears about discomfort, side effects, and potential harm. They need reassurance and support from healthcare professionals to feel confident using these products.
- **More vulnerable U3 NN:** The main secondary factor for this segment is affordability and accessibility. They prioritize products that are affordable and readily available in their community.
- **Most vulnerable UM4-L SN:** The most important secondary factor for this segment is the influence of partners and family members. Their support and approval can strongly encourage women to try and continue using these products.
- **Most vulnerable U4 NN:** The key secondary factor for this segment is cost. They are very price-sensitive and often prioritize affordability when choosing products.

# Healthcare Access

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

ACHIEVING UPTAKE

MANAGING SIDE-EFFECTS

Women have relationships of trust with healthcare workers, relying on them for personalized guidance, from managing side effects to navigating financial barriers.

This wide-ranging support makes ANC/PNC visits critical, yet often overloaded touchpoints, highlighting the need for efficient and effective communication strategies.

*I was told about it [female condom] in a women's meeting and I heard about it when I went to the hospital for antenatal care. I heard how it is used and I understood that it does not have side effects, so I accepted and began making use of it.*



Blessing Awe (U3 NN)

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## Findings

- **ANC/PNC visits as primary touchpoints:** Significant proportion of women across segments receive information and counseling about family planning, including vaginal insertable products, during their antenatal, postnatal care and immunization visits.
- **Navigating financial barriers:** In some cases, healthcare workers assist women in overcoming financial barriers to accessing these products, either by providing them for free, on credit or offering guidance on affordable options.
- **High prevalence of barriers to healthcare access:** Many women face barriers to accessing healthcare services, such as cost, distance, and lack of permission.

## Pathways Segments

- **More vulnerable UM3-L SN:** Despite low barriers to healthcare access, women face difficulty with access of products due needing partner consent
- **More vulnerable UF3.1-L SN:** Women in this segment face financial and access barriers to healthcare access, with 61% lacking money for treatment and distance to healthcare facilities being a common obstacle.
- **More vulnerable U3 NN and Most vulnerable U4 NN:** This segment faces multiple barriers to healthcare access including cost (U3 NN - 43%, U4 NN - 55%), distance (U3 NN - 20%, U4 NN - 27%), getting permission to go to a health facility (U3 NN - 17%, U4 NN - 24%) and also perceive going alone to a health facility as a barrier (U3 NN - 19%, U4 NN - 26%). Despite these significant barriers, 83% of U3 NN and 64% of U4 NN women had 4+ antenatal care visits, highlighting their significance as primary touch points for engagement with healthcare workers.
- **Most vulnerable UM4-L SN:** This segment faces significant financial constraints, with 52% of women lacking money for treatment and 80% of households in the poorer or poorest wealth quintiles. These barriers are further compounded by traditional gender norms that limit women's autonomy in making healthcare decisions.

# Learning Curve

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

ACHIEVING UPTAKE

MANAGING SIDE-EFFECTS

Vaginal insertable products, despite being discussed during ANC/PNC visits, remain non-intuitive for women across segments. The uncertainty surrounding administration and post-insertion expectations coupled with a steep learning curve for proper use contributes to discomfort and anxiety.

Without comprehensive education, counseling, and tailored support focused on information of their own anatomies, product use and expected side effects, women are prone to switching or discontinuing these products.

*It took me about a month before I knew how to insert it properly.*



Tayo Ajayi (UM4-L SN)

*The first one fell on the floor and at the second attempt, I used something like a pen provided in the pack to push it in.*



Janet Shayo (UM4-L SN)

## Questions from the Gates GE D&I team

Is the low resonance of vaginal contraceptives due to vaginal insertion/removal requirements?

# Learning Curve

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Without comprehensive education, counseling, and tailored support focused on information of their own anatomies, product use and expected side effects, women are prone to switching or discontinuing these products.

## Findings

- **Support from Healthcare Centers:** Women primarily learn about and receive counseling on vaginal insertable products from healthcare centers throughout the uptake process, from learning about the product to support with administration.
- **Informal Learning:** Community programs, organized by various groups such as healthcare centers or religious institutions, offer another avenue for education and discussion in a more informal setting.
- **ANC/PNC visits as primary touchpoints:** Significant proportion of women across segments receive information and counseling about family planning, including vaginal insertable products, during their antenatal, postnatal care and immunization visits.

## Pathways Segments

- See [slide 8](#) to see where the different segments access information

## Expanded Options

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

ACHIEVING UPTAKE

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Women are highly sensitive to potential side effects from vaginal insertable products and actively seek professional help to manage them. While they may attempt to manage certain side effects like weight gain, bleeding, or pain during sex through medication, lifestyle changes, or behavioral adjustments, issues like partner dissatisfaction or excessive bleeding often result in immediate discontinuation.

In both scenarios, women require prompt and personalized support. When managing symptoms, they need guidance and treatment, and when encountering issues that lead to discontinuation, they should be presented with alternative products and choices.

*I don't really feel comfortable with it at first, but later I stopped it is because I started bleeding, so I have (had) to stop.*



Tara Tijani (UM3-L SN)

*I was using this contraceptive [female condoms]. My husband saw it, and he didn't like it. I had to switch to this type [points at gel]. He felt as if he is not getting the physical touch of my body, as if he was not penetrating me enough.*



Ewatomi Femi (U3 NN)

# Expanded Options

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## Findings

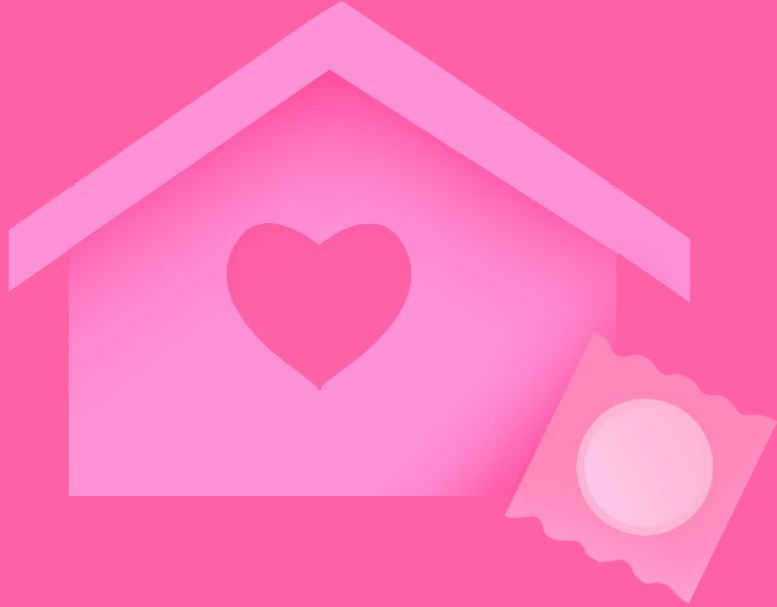
- **Managing Side Effects Before Switching:** Women often attempt to address side effects like weight gain, bleeding, or pain during intercourse through medications, diet changes, or other adjustments. However, they are more likely to switch methods if the side effects negatively impact their partner's well-being or their relationship.
- **Switching or Adopting Withdrawal:** When side effects cannot be managed or no suitable alternatives are found, women frequently resort to withdrawal as a family planning method. At this stage, education and counseling should not only support women in managing side effects but also present a range of alternative CT options.

## Pathways Segments

- **Applicable to all segments**



## HYPOTHESIS:



# 2

*Women are likely to find greater value in vaginally administered products that provide both family planning and prevention of HIV/STIs*

# Informal Networks

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

ACHIEVING UPTAKE

MANAGING SIDE-EFFECTS

Women typically seek advice about vaginal health products from trusted women in their lives - family members, friends, and neighbors. These relationships strongly influence product acceptance: negative experiences shared by trusted women can create doubt and anxiety, while positive experiences help build confidence in trying new products. These trusted figures often provide practical support too, such as accompanying women to healthcare facilities or pharmacies to obtain products.

Informal networks where women share information and positive experiences with vaginal insertable products can normalize the use of these products and help women make informed choices about their sexual and reproductive health, especially when they need to deal with social stigma around such topics.

*I have only used this method [female condom] because I was scared to try other methods like the ones you showed me. But I have an elder sister that has tried it [IUD], for pregnancy prevention, then I also have a friend that has used the vaginal ring for sexual disease prevention.*



Blessing Awe (U3 NN)

## Questions from the Gates GE D&I team

How does the family, spouse or community influence the decision of a women for treatment and programs related to pregnancy/labor/newborn care?

# Informal Networks

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

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MANAGING SIDE-EFFECTS

Women considering vaginal insertable products, often, first reach out to trusted female figures like family members, friends, or neighbors for advice and support to access these products. Their positive experiences with vaginal insertables helps reduce anxiety and build trust in new products.

Informal networks where women share information and positive experiences with vaginal insertable products can normalize the use of these products and help women make informed choices about their sexual and reproductive health, especially when they need to deal with social stigma around such topics.

## Findings

- **Support with Access:** In addition to sharing information, trusted female family members, friends, and neighbors also offer practical support, such as accompanying women to healthcare facilities or pharmacies and assisting them in managing side effects.
- **Social Stigma:** STI prevention products are seen as a sign of infidelity, discouraging women who trust their partners from using them, as they are perceived as unnecessary or signalling distrust.
- **Amplifying Positive Experiences:** When women achieve positive outcomes using vaginal insertables for family planning or STI prevention, they actively share their experiences, raising awareness and helping to normalize their use within their communities.

## Pathways Segments

- **More vulnerable UF3.1-L SN:** Female-headed households, where most adult members are women, rely on trusted female figures, such as their sisters and mothers within the household for advice and support on vaginal insertable products
- **More vulnerable UM3-L SN and Most vulnerable UM4-L SN:** Limited decision-making power and traditional gender norms often restrict women's autonomy. However, trusted female figures within families and social networks play a critical role in guiding women to explore vaginal insertable products through financial and logistical support, especially in the absence or disapproval of male partner support.
- **More vulnerable U3 NN and Most vulnerable U4 NN:** These women heavily depend on community networks, with 84-91% expressing trust in their communities and 60-72% receiving support beyond their households. Savings groups, participated in by 44-54% of households, offer informal spaces for women to share experiences and bolster trust in vaginal insertable products.

# Transaction Costs

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

ACHIEVING UPTAKE

MANAGING SIDE-EFFECTS

Women with low and often unreliable incomes face a complex cost-benefit analysis when considering vaginal insertable products. Even free products have hidden costs like transportation and frequent resupply that create a significant financial burden. This often leads women to view long-acting products, such as IUDs for contraception, as more cost-effective despite the higher upfront cost.

Since women take a holistic view of costs of using vaginal insertable products, a combination of flexible payment methods such as installment plans combined with dual use products can help increase uptake.

*The purchase of these products affects my income because I can't afford taking the money from my feeding money. That's why whenever I have small money like 1000 Naira, I quickly deposit it with nurse and complete the payment later.*



Chinaza Daberenchi (U4 NN)

## Questions from the Gates GE D&I team

What is the willingness to pay and acceptable cost for these products by women?

# Transaction Costs

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Since women take a holistic view of costs of using vaginal insertable products, a combination of flexible payment methods such as installment plans combined with dual use products can help increase uptake.

## Findings

- **Hidden costs of free products:** Free vaginal insertable products often have hidden costs, like transportation and administration materials (e.g., spirit and/or cotton bud for IUD insertion), which make them less affordable. Distance to healthcare facilities is perceived by segments UF3.1 SN, U3 NN (20%), U4 NN (27%) as a barrier to healthcare.
- **Flexible payment options:** Many women rely on installment plans or credit from healthcare providers and pharmacies to afford products.
- **Budget constraints:** Women with tight and uncertain budgets often prioritize essentials like food and housing, over personal healthcare needs. To manage, they use daily savings or rely on partner support.
- **Convenience of bundled products:** Combining family planning and STI prevention in one product lowers overall costs and simplifies access, aligning with women's need for holistic, cost-efficient solutions.

## Pathways Segments

- **More vulnerable UM3-L SN:** Since barriers to healthcare and transportation are relatively low as households are middle income. Women from this segment prioritize efficacy over cost, women still prefer affordable vaginal insertable products. These women often manage their expenses without using credit.
- **More vulnerable UF3.1-L SN and Most vulnerable UM4-L SN:** With 61% of UF3.1-L SN and 52% of UM4-L SN lacking money for treatment, women from both segments rely on personal savings to pay for their healthcare. As such, they prioritize products with minimal recurring costs, such as IUDs. Women from UM4-L SN also depend on credit to manage health-related expenses.
- **More vulnerable U3 NN and Most vulnerable U4 NN:** 43% of U3 NN and 55% of U4 NN women cite the cost of healthcare as a significant barrier, relying on support from partners, monthly repayment plans, or credit systems to ensure consistent access to essential products.

## Partner Support

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

ACHIEVING UPTAKE

MANAGING SIDE-EFFECTS

Despite women's desire to take proactive steps to protect themselves from HIVs/STIs, such as using vaginal suppositories, they are rarely in a position to do this autonomously. Women often find themselves reliant on their partners, financially and logistically, for access to these essential products.

While encouraging partner support can increase use, ensuring women have affordable, private options to access these products reduces their reliance on partners and fosters greater autonomy.

*So when I brought the idea [of STI Prevention] home, he was not fully in support and I had to bring our doctor in to share more light on it for him. It was looking like I wanted to go out [to have other partners] because I wasn't satisfied with the situation of the house. You know the way men think, that you want to be having extra marital affairs, that was why I wanted to do it.*



Betty Idaho (UF3.1-L SN)

### Questions from the Gates GE D&I team

How does the family, spouse or community influence the decision of a women for treatment and programs related to pregnancy/labor/newborn care?

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## Findings

- **Low autonomy:** Reliance on partners for financial and logistical support, compounded by societal norms such as restrictions on women's independent mobility in Northern Nigeria, limit women's ability to access products discreetly or make autonomous decisions about their health.
- **Need for privacy:** Many women prefer private and discreet options to avoid partner conflict or social stigma, especially around STI prevention products which are seen as a sign of infidelity.
- **Perception of risk:** Uncertainty about a partner's fidelity increases the perception of risk, particularly when strict gender norms limit women's ability to verify or address concerns about infidelity. This leads them to adopt self-protective behaviors like using preventive products or abstaining from sex.

## Pathways Segments

- **More vulnerable UM3-L SN:** Traditional gender norms often constrain women's decision-making power. However, a partner with stable income often improves access to healthcare options, as decisions about vaginal insertable products are typically made jointly.
- **More vulnerable UF3.1-L SN:** With partners who are frequently absent, women often gain greater autonomy in decision-making, allowing them to independently access HIV/STI prevention products.
- **More vulnerable U3 NN & Most vulnerable U4 NN:** Polygamous marriages—reported by 28% in U3 NN and 32% in U4 NN—intensify concerns about STI risk from co-wives and complicate financial reliance for HIV/STI prevention. High dependency on partners further exacerbates access barriers, including costs (43% in U3 NN, 55% in U4 NN), requiring permission to visit healthcare facilities (17% in U3 NN, 24% in U4 NN), and the perception of going alone as a challenge (19% in U3 NN, 26% in U4 NN).
- **Most vulnerable UM4-L SN:** Traditional norms severely restrict women's decision-making power, making male partner involvement crucial for accessing preventive products.

# Seeking Privacy

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

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MANAGING SIDE-EFFECTS

Women frequently depend on their partners for financial and practical support, which affects their ability to choose and use health products independently. While partners generally support contraceptive products like vaginal rings or diaphragms, they often resist products designed to prevent HIV and STIs, viewing them as signs of distrust or unfaithfulness.

Products that combine multiple functions offer a solution. By integrating family planning (which partners typically accept) with STI prevention in a single product, women can protect themselves against both unintended pregnancy and infections without drawing unwanted scrutiny or opposition.

*My husband is a player, so I have to protect myself. Seriously, he's the type of all these men that used to go out to do (have extra-marital affairs). I even heard some stories about him. So, I really tried correcting him, making him see the issues with it. But when a lady is done, she keeps silent, she won't say anything. In this case, I have 70% of having it, if care is not taken. That is why I should take these drugs even though if I don't have it.*



Ariyo Ololade (UM3-L SN)

## Questions from the Gates GE D&I team

How do partnership dynamics influence concealment of product use?



# Seeking Privacy

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## Findings

- **Partner support for family planning:** Partners are more accepting of family planning products because these methods are seen as tools to manage pregnancy spacing and family size, and align with shared household goals. Unlike STI prevention products, family planning methods do not challenge trust dynamics or imply infidelity, making them less likely to arouse suspicion or resistance.
- Refer to [slide 23](#) for more findings that will also be tagged to this insight on the data platform.

## Pathways Segments

- Refer to [slide 23](#) to see differences in segments on partner dynamics.

## Desired Features

FORMING RELEVANCE

FORMING GOALS

SEEKING SUPPORT

ACHIEVING UPTAKE

MANAGING SIDE-EFFECTS

Women prioritize health products that allow for private and independent management of their sexual and reproductive health. This autonomy enables them to avoid uncomfortable conversations or situations where they might feel judged or pressured.

Products that are easy to self-administer, with features like intuitive delivery mechanisms, compact packaging, and clear instructions can encourage consistent product use and enable women to take control of their health with confidence and discretion.

*Because it's like 3 in 1 and I know immediately I'm taking it, I'm going for the 3 things at once. The STD, HIV and pregnancy prevention. It will just ease the stress, so once I know I'm inserting, I know these areas are covered. You cannot say you want to insert something for pregnancy, now insert another for HIV, now insert another for STI, you will get tired, but since it's something you can use once, and boom, you're good to go.*



Janet Shayo (UM4-L SN)

### Questions from the Gates GE D&I team

What features are needed in innovations that provide prevention for both FP and HIV/STIs?

# Desired Features

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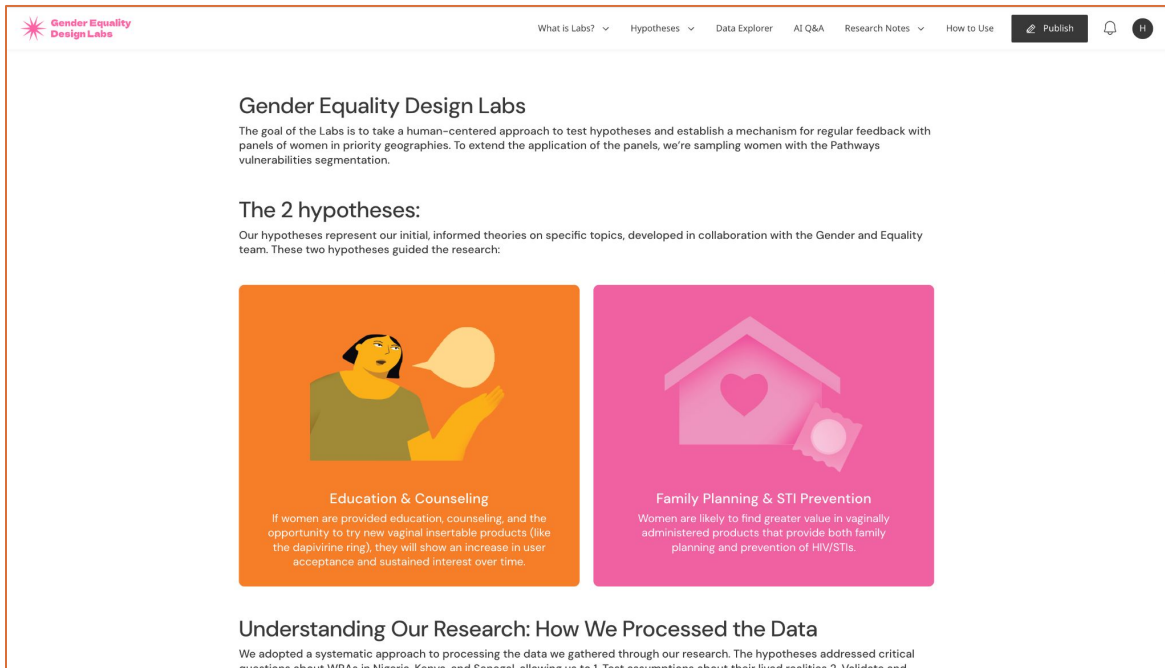
## Findings

- **Discreet packaging:** Women prefer products with discreet packaging that avoids openly indicating their purpose, helping them maintain privacy from partners or family, and avoid embarrassing interactions with pharmacists or other healthcare professionals during purchase.
- **Clear instructions for use:** Step-by-step pictorial instructions make products more approachable for women with varying literacy levels.
- **Convenience of bundled products:** Combining family planning and STI prevention in one product lowers overall costs and simplifies access, aligning with women's need for holistic, cost-efficient solutions.

## Pathways Segments

- **Applicable to all segments.**

# You can dive deeper into our data...




The screenshot shows the homepage of the Gender Equality Design Labs website. At the top is a navigation bar with links: "What is Labs?", "Hypotheses", "Data Explorer", "AI Q&A", "Research Notes", "How to Use", "Publish", a notification bell, and a user profile icon. The main content area starts with the "Gender Equality Design Labs" title and a paragraph about the goal of the Labs. Below this is a section titled "The 2 hypotheses:" followed by a brief description. Two large colored boxes represent the hypotheses: an orange box for "Education & Counseling" and a pink box for "Family Planning & STI Prevention". Each box contains an illustration and a hypothesis statement. At the bottom, there is a section titled "Understanding Our Research: How We Processed the Data" with a paragraph about the systematic approach.

**Gender Equality Design Labs**

The goal of the Labs is to take a human-centered approach to test hypotheses and establish a mechanism for regular feedback with panels of women in priority geographies. To extend the application of the panels, we're sampling women with the Pathways vulnerabilities segmentation.


**The 2 hypotheses:**

Our hypotheses represent our initial, informed theories on specific topics, developed in collaboration with the Gender and Equality team. These two hypotheses guided the research:



**Education & Counseling**

If women are provided education, counseling, and the opportunity to try new vaginal insertable products (like the dapivirine ring), they will show an increase in user acceptance and sustained interest over time.



**Family Planning & STI Prevention**

Women are likely to find greater value in vaginally administered products that provide both family planning and prevention of HIV/STIs.

**Understanding Our Research: How We Processed the Data**

We adopted a systematic approach to processing the data we gathered through our research. The hypotheses addressed critical questions about WRAAs in Nigeria, Kenya and Senegal allowing us to 1. Test assumptions about their lived realities 2. Validate and

...by logging on to  
<https://genderdesignlabs.org/>