



Reframing Sexual Health

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Reframing sexual health

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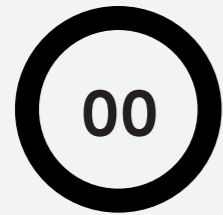
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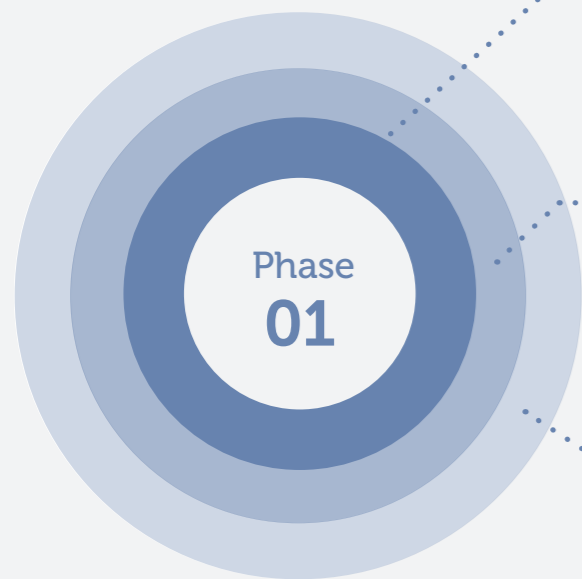
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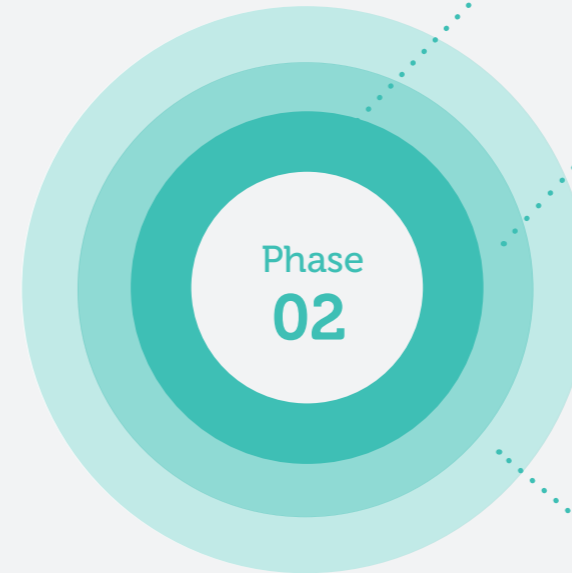
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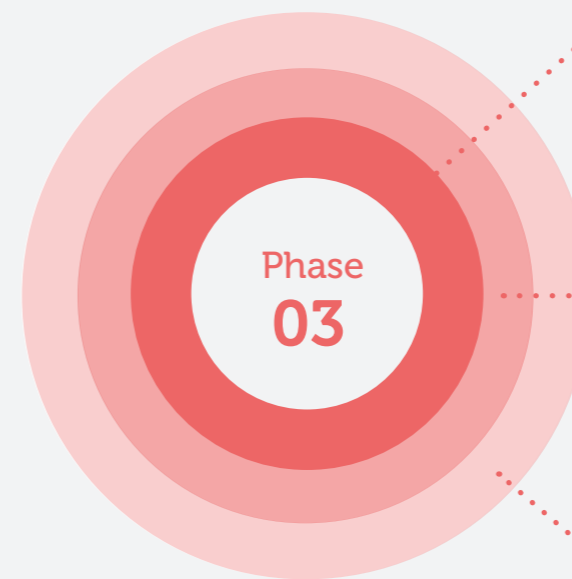
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Reframing sexual health

Executive summary

Context

We started this project with the intention to explore how public health actors could offer sexual health services that are relevant to people and improve their everyday sexual health. Public health today focuses mainly on treatment related to sexual health and not on promoting the positive aspect.

Across Europe, the health care sector struggles to keep costs down. With the expanding elderly generation and rise of chronic diseases the public health care sector can no longer stay sustainable.

Today proactive health management is a personal responsibility, however there's a disconnection in peoples desire to stay healthy and their actual behaviour. Our main mission has been to bridge the gap between the public health sector and peoples desire to stay healthy. To increase peoples sexual health and wellness, but also for the health sector to be economically sustainable.

Project aim

Our goal has been to use design to explore how public health services can enable, engage and empower young adults to be proactive with their sexual health. We believe that as designers we have an advantage of addressing these human-centered challenges with an holistic approach. Our explorative process therefor puts the user in the center, aiming to create ideal services benefiting the users needs, and by using design we can make our findings tangible.

Target group

Choosing to work with a target group of young adults (age 20-30), the existing offerings and initiatives within sexual health are few. Sexual health is in a medical perspective often related to youth and sexual education in schools. The gap between adolescence and full adulthood is becoming ever wider in time, this implies that people are in a state where they are single longer or have longer or shorter relationships and thus likely to have more sex partners.

Understanding the topics

We understood early that prevention and sexual health had many aspects besides the medical, and interviewed people with expert knowledge in different disciplines. We got insights into the wide area of parameters influencing sexual health and preventive behaviour, as well as insight in to the needs of the different actors.

Through workshop and contact with the target group we got an understanding of how they experience health services today, and found that there's a gap in how the health sector communicates towards its users, and how the users value interactions in their everyday life.

Our main insights concluded in 4 themes:

1. Health is shaped in people's everyday life, a place health services today are not present.
2. There's a high threshold in using existing health services in health seeking or disease preventing situations.
3. To tackle shame and stigma, communication of sexual health needs to shift from focusing on the negative consequences to highlighting

the positive aspects.

4. Sexual health is closely interlinked with mental health and general lifestyle. Sexual health offerings should include more than medical resources and information to be proactive.

Exploring interventions

Our explorative process and starting point puts the user in the center, aiming to create ideal service opportunities benefiting the users need for enablement towards their own health.

Through our ideation process we explored how proactive health initiatives could be implemented in peoples everyday lives, how they can be relatable, and how services and offerings learn from the interactions people already value. We scoped our final concept within the frame of existing low level offerings and initiatives. And constructed a service concept to:

- Connect fragmented offerings in to one service.
- Improve the offerings to enable, engage and empower users proactive behaviour.
- Reframe the holistic way sexual health is communicated from a public health actor.

Changing how it's talked about

Creating a holistic communication and a presence of the service in peoples everyday life is essential. An important part of sexual health is the shame and stigma that follows the topic. It's present in our society in different levels, through glossy images of successful and perfect people to discriminating or sinful messages.

Sexual health is personal, and feeling ashamed about our sexuality can stop us from addressing sexual health issues. Compared to nutrition or physical activity, public actors communicate

sexual health mostly through a focus on the negative consequences. How can we expect sexual health in the general public to be improved when even public actors only focus on the negative consequences?

Creating guidelines

In the process of constructing a service opportunity we created brand experience guidelines, these includes the personality traits a proactive sexual health service should have, functional principles and an analysis of the needs the service should aim to meet.

6 om dagen

Using the guidelines for how public health services can affect proactive sexual health we have identified a service opportunity where these guidelines are manifested. *6 om dagen* is a public health service that promotes sexuality and sexual health as a positive part of peoples lives, equal to physical activity or nutrition. By being present in peoples everyday life the service offers resources that engage, enable and empower people to act sexually healthy.

Conclusion

The end result and project contribution is a set of guidelines and a service opportunity aimed to inspire public health actors to see the possibilities for enabling, empowering and engaging peoples proactive sexual health. We wish that our process and project itself will be used as a backdrop for a wider discussion about proactive initiatives. We also wish for public health actors to see the opportunity they have to affect societal change by reframing how they communicate the importance of sexual health in peoples everyday life.



Design contribution

- Exploring service opportunities

Our goal has been to use design to explore how public health services can enable, engage and empower young adults to be proactive with their sexual health.

Exploring with the users in the center

We believe that as designers we have an advantage of addressing these human-centered challenges with an holistic approach. Our explorative process and starting point puts the user in the centre, aiming to create ideal service opportunities benefiting the users need for enablement towards their own health. Other than the expert interviews and early talks with people from the public health sector we decided not to include public actors in co-creating a service opportunity. We did this mainly to keep focus on the users needs without getting lost in system requirements, resource allocation or governmental regulations.

However, when constructing the guidelines for a service opportunity, we found that the project had some feasible points and opportunities for societal change, and decided to include in more detail the requirements and possible outcomes for a public health provider. We also arranged a meeting to get feedback directly from the health directorate. The end result and the project itself aims to be used as a backdrop for a wider discussion about proactive initiatives and sexual health services.

Starting point

Our main mission has been to close the gap between the public health sector and peoples everyday life. To increase peoples health and wellness, but also for the health sector to be economically sustainable. In the start of our project we envisioned a very different result than the one we got. We have had continuous focus on driving users engagement towards their own sexual health, but started of thinking this could be done within the frames of existing and physical health services. The insights that we got guided us to look elsewhere, to implement interventions where people live their lives.

These we're some of the questions we asked us when writing our diploma program:

- *How can we make sexual health services relevant to meet peoples needs in a proactive phase?*
- *How can we improve the users experience of existing touch points in health services today leading to influence proactive behaviour?*
- *How can we use social and behaviour science in design to explore how services can go from offering to affecting behaviour?*

Project goal:

To reframe sexual health offerings and make them relevant to young adults at a preventive stage

▼ Personal motivation

We wanted to do a diploma that reflects our personal interests and backgrounds in different fields of knowledge, therefore we aim towards a multidisciplinary and holistic approach.

Educational background

We both share master specialization in Service Design and have done product design throughout the first three years at AHO (Ingrid) and HIOA- Oslo & Akershus university college of applied arts (Henriette), but we also bring with us previous educational backgrounds and relevant experiences.

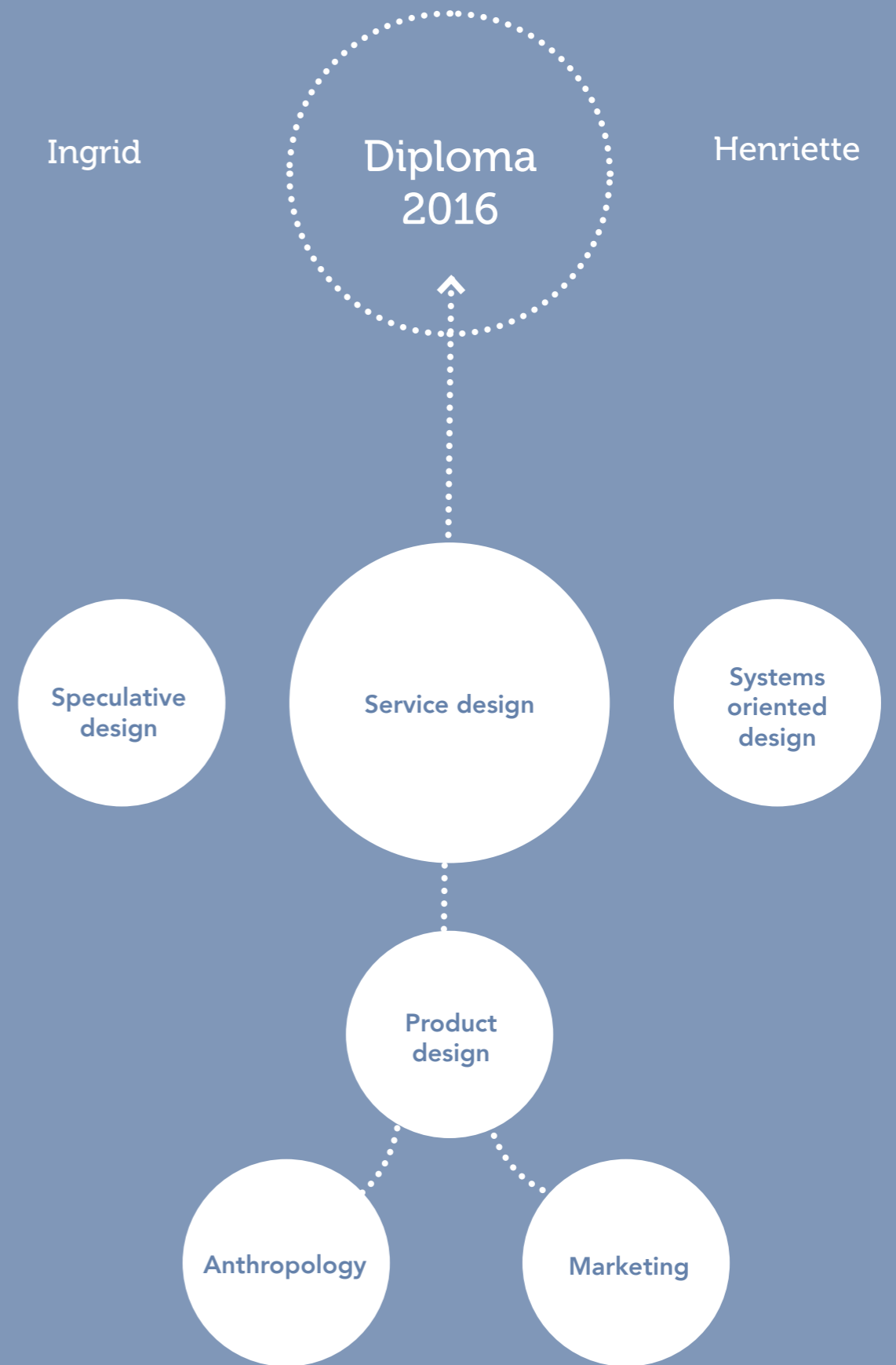
Ingrid has a bachelors degree in Social Anthropology from UIO (Oslo University) and did an exchange year from AHO studying Speculative Design at the Angewandte in Vienna. Henriette has taken the studio course Systems Oriented Design, and has studied marketing previously.

Personal interest

We share a common interest in approaches from social science and humanities in combination with service design. We are interested in understanding human behaviour and explore designs ability to influence/nudge social life and behaviour. We wanted to choose a topic with complexity and social aspects involved, where a broad perspective and contextual understanding was needed to develop a good solution.

Choice of topic

Our goal was to explore a Governments potential for nudging behaviour, and chose to work within health because it is a field that needs solutions for preventive initiatives. We believe that the preventive stage has a high potential to be explored in relation to behaviour influencing design. We choose the topic of sexual health because it is a field not many designers have explored, and because it is a topic that involves a deep understanding of behaviour, and has many social aspects to take in consideration.



Phase 01



◇ Frame

① Methods

💡 Insights

Methods & Activities

Expert interviews
Desktop research
Giga mapping (Systems oriented design)
Actor mapping
User mapping
User workshop
ZIP analysis
Clustering of insights

Chapter 01

Frame



Content

In this chapter we explain the frame of our project. Firstly we will elaborate on how the project has relevance in a current situation with future predictions for the public health sector. Secondly we will explain how the pre-phase helped scope our starting point and thirdly we elaborate on the parameters following our target group.



Photo by Henriette S. Marki

Relevance

Getting into the topic of proactive sexual health we knew we needed to investigate what official parameters and future predictions underlies, to scope our project focus and understand the relevance.

Preventive focus

Across Europe, healthcare is barely managing its costs. With the expanding elderly generation and rise of chronic diseases the public health care sector can no longer stay sustainable. Solutions are needed in order to slow down the spiralling costs of health care, which is expected to rise. European governments are far from agreeing how best to do so (World Economic Forum 2013) However, there is a broad general agreement that shifting the focus from treatment to prevention and general health promotion will save costs.

“The directorate of health has in our strategic plan (2014-2018) as main goal to put public health and prevention first. This implies that prevention and social cohesion will be included in all missions, strategies and effort.”

Report: Samfunnsutvikling for god folkehelse, Directorate of Health 2014

In order to reduce the economic pressure, public health promotion is more relevant than ever.

Human behaviour needs to be influenced or directed, enabling individuals to manage their personal health more independently. Accordingly, behavioural change requires a variety of actors and institutions to help people towards healthy living.

“Governments have missed the most basic point about public health, which is the personal responsibility of all citizens towards their own health, their own health promotion and their own lifestyles”

The Economist Intelligence Unit Limited 2011

The new national strategy for sexual health

While doing this project, a new national strategy for sexual health has been finalized and came out 6th of December 2016.

The strategy explains a shift in how sexual health is addressed in the Norwegian health sector today, from focusing on sexually transmitted diseases and unwanted pregnancy, the new strategy expresses the need to work cross-disciplinary and implement sexual health in general health and wellness.

“Snakk om det!- Strategi for seksuell helse (2017-2022)- Collects for the first time sexual health in one connected strategy. Important goals



is to facilitate for good sexual health for the general public, and highlight how sexuality is something that applies to all. ”

Regjeringen 2016

We have read and talked to the participants involved in making the draft for the strategy, and frame our project within the same aims.

Norwegian context

Norwegian people rate high when it comes to sexual activity in a European context. However when it comes to use of condoms, Norwegian people rate the lowest. (Ø. Nilsen -Folkehelseinstituttet 2016) The rates of sexually transmitted diseases are high, and continuous to rise. (Helsedirektoratet 2016)

When working with sexual health it's essential to look at the cultural context. Even though official Norwegian health care rate among the best in the world, it seems to have little impact

on peoples preventive health state. In our project we investigated proactive sexual health initiatives in Norway compared to other countries, and found among other things, that countries like the U.S. and England all offer or are in the development of creating services aimed at improving sexual health in a proactive stage.

These services and initiatives focus on the dissemination of knowledge, making self help easily accessible or offering low level health support.

Some of the services and initiatives are: **Bedsider.org:** an online birth control support network for women 18-29 years.

SH:24: provides free and confidential STI testing that you can access 24 hours a day

Beforeplay: an informational initiative to reduce unintended pregnancies, promote good sexual and reproductive health and well-being.



Pre-phase

The choice of starting in a very open field rather than having a defined problem Required a pre phase of extensive research in order to narrow the scope.

Holistic approach

Starting with an open area to explore reflects the anthropological approach; being open and humble to what users tell us are the issues at stake, rather than defining the problems based on our own presumptions. This approach proved to be valuable in pursuit of encircling the area and solution with highest possible impact on both an individual and societal level.

In order to understand the context and evaluate the needs and opportunities of different actors, we did desk research and expert interviews in the months before officially starting our diploma. With Henriette's Systems Oriented Design experience (Systems Oriented design, 2014) we mapped out all actors, offerings and challenges connected to sexual health.

At this point we had not chosen our target group, giving us the advantage of investigating sexual health throughout a life span: from teachers or parents involved in sexual education to sexual health implications on age-related diseases.

Defining a focus area

At the beginning of our diploma our title was "Design for Future Health Spaces". Our initial research led us to a shift of focus when we discovered the potential of moving away from

health spaces and into daily life. Choosing the age group 20-30 years as target group implied making a decision if we wanted to collaborate with SIO (the student welfare organization) which offer health services for students. Rather than focusing on improving existing offerings for the student group which are among the most resourceful, we believed that a bigger impact might be achieved when focusing on reaching out to a wider audience including marginalized and disadvantaged groups.

We also made a choice of working with public health rather than creating a commercial service. Health and wellness is the responsibility of each individual, however we believe that public health as service provider has the biggest potential for social impact because it has established systems, knowledge base, authority and ability to reach out wide audiences. We see a big need and potential to reframe public health in order for it to maintain relevance and the ability to reach out and be there for everyone, especially the less privileged.



Life Phase 20-30 Years

We have chosen the life phase young adults 20-30 years as our target group. It is necessary to point out why we have chosen a life phase, which includes a very wide group of people, when target groups usually encircle a smaller and more uniform audience. We could for example have chosen to focus on a high risk group with sexually risky behaviour.

First of all we relate to “the preventing paradox”, a principle that explains why preventive measures targeted the general public have greater impact than targeting a risk group.

“Universal measures can often be the best way to affect risk groups. A strong degree of rectification and tailoring can often be counterproductive through stigmatization and dis-empowerment of the groups you want to help.”

Helsedirektoratet 2016

From a public health perspective, the greatest effect in total is thus achieved with universal strategies that reach the general public.

The whole population is sexual active, however we have chosen to focus on a life phase. As people enter new stages of life, new needs will follow and different health solutions become relevant to them. Certain behaviours or attitudes in health and lifestyles strongly relate to which stage of life you are in.

Life circumstances

The life phase 20-30 years is characterized by the young adult taking over responsibility for herself and becoming independent from parents. One of the most important features of emerging adulthood is that this age period allows for exploration in love, identity formation, education, and world-views more than any other age period. Most young adults in Norway move out from their parents to take higher education. They have to handle living, including the responsibility for cooking, health, cleaning and economic situation. On top of this they need to establish new social networks and cope with their education and/or work.

The gap between adolescence and full adulthood is becoming ever wider as more young people willingly prolong their education and postpone traditional adult responsibilities. Today, the average age for marriage is 34 for women and 37 for men (2013, statistisk sentralbyrå) in Norway. This implies that people are in a state where they are single or have longer or shorter relationships and thus likely to have more sex partners.

Physical and mental health state

Young adulthood is often considered the healthiest time of life, the state where one has the most physical energy in life. However, rates of depression, anxiety and other mental-health issues are higher in the 20s than in any other decade except the 80s (Beck, 2012). While many people believe that the brains of emerging adults are fully developed, they are in



fact still developing into their adult forms. An area of the brain (pre-frontal cortex) used for planning, prioritizing and controlling impulses, evaluating situations and processing risk is one of the last regions to mature (Beck, 2012). Young adults operate with shorter perspectives, are more spontaneous, make impulsive decisions and take more risk with their health. As a consequence emerging adults are generally more likely to contract sexually transmitted infections, as well as to adopt unhealthy behavioural patterns and lifestyle choices. Most common health challenges in general are: Eating disorders, SOI's, accidents and mental health.

Designing for a life phase

Health offerings within the field of sexual health in Norway are mostly directed towards teenagers, and young adults are not targeted specifically. However, in this life phase national statistics reveal the highest rates of abortions (21,1 of 1000 women in both age groups 20-24 and 25-29) (folkehelseinstituttet 2015) and rates of chlamydia are high up to age 25 (folkehelseinstituttet 2015).

When comparing young adults to a wider adult group, young adults are typically framed as “problematic” or “high risk group”. In stead of defining people as behaving more or less appropriate from a generalized standard of health behaviour, we believe that biological prerequisites that naturally follows age should be taken in account when designing health services for this life phase. We argue that there is a need for a sexual health service that adjusts to the specific needs of this life phase as apart from the wider group adults because “the development of individuals is not finished when reaching the point of adulthood” (von Tetzchner, 2012, p721). We believe that a health service should adjust to fit this life phase rather than designate this group as problematic. As developmental psychologist Carolyn Halpern states about risk behaviour: “it is primarily a function of age and assumed immaturity, rather than intrinsic and inevitable health risk.” (Halpern, 2010).



Chapter 02 Collecting information

① Content

In this chapter we will explain the methods and activities we used to collect our insights and synthesize them into main insight areas. We will first start by reflecting on the topic, and how we designed tools and methods to get the right insights. We will then describe our expert interviews, who we talked to and what insight they gave. We will further talk about our initial workshop with the target group, and finally explain how we analysed and clustered our insights into 4 main areas.

Hvor går du?



The Topic

When addressing health and prevention most existing projects and research discuss physical activity or nutrition. The field of sexual health is however a subject not given as much focus. Given the importance sex has in peoples lives, the implications and ways it can affect our general health and lifestyle we felt the need to explore and address this “untouched” subject.

Sexual health covers the provision of advice and services around contraception, relationships, gender equality, counselling, sexual violence, sexually transmitted infections/diseases (STI/STD's,- including HIV), or unwanted pregnancies.

“Sexual health and rights are fundamental for humans psychological, physical and social well-being. Everyone has the right to sexual autonomy and bodily integrity and each of us has the right to services of high quality and

versatile education on sexual health” (Sex og politikk 2016)

Designing methods and tools

The two themes sexual health and prevention, connected and individually gave us some limitations to how we could collect insights from users. Interviewing experts within different fields gave us second hand knowledge to the core of sexual and proactive behaviour. What biological foundations is behind peoples behaviour as well as what issues people come to them with.

It was still important to get first hand insight from the target group, how they experience today's situation, their needs and desires. When meeting with the target group, through a workshop, problem validation and user testing we put extra effort into designing the tools of communication.

Sexual health

Sexual health is personal, some of the topics, like sexually transmitted diseases, are issues we might never share, even with close friends. Getting people to feel comfortable talking about the topic and their private experiences was important to us throughout the process. Interacting with the users collectively we constructed our questions and tasks to be hypothetical, “What would they do if;” When validating the needs we met with people individually, asking them only to rate defined issues. By keeping the conversations open and letting the participants control the narrative, we ended up getting diverse and personal experiences.

Working with behaviour

Throughout this project our focus has been to learn from peoples natural and existing behav-

our patterns in order to explore and implement solutions that are adaptable and relatable to people. Actual behaviour can however be disconnected to what people say they do, especially when it comes to health. Trying to get to the core of people's impulsive and natural behaviour patterns required us to design the methods and tasks used in workshops and interviews accordingly. Understanding how an ideal health service would look like for the users we asked them what relation they would replace it with, getting personality traits and characteristics. Framing the tasks to initially get spontaneous answers, we used the method of “The five Whys” (IDEO 2015) to get to the root cause of their actions.

Expert Interviews

We understood early that sexual health had many aspects besides the medical, therefore we interviewed people from a variety of backgrounds and disciplines in order to get their reflections and perspectives on proactive sexual health and health prevention.

We asked questions like: What would you define as prevention within sexual health? While those with medical background answered condoms and contraceptives it was interesting to get very different answers from those with background in psychology and social science. Further we asked what characterizes the needs and challenges of the target group related to sexual health, what do they need in order to be proactive, and which drivers or developments in society influence the target groups sexual health. We also asked more generally which issues related to prevention or sexual health exist within the discourse of their field in order to open up for them to bring up topics outside our frame of reference.



Karl Kristian Kirchhoff

Senior Advisor at Helsedirektoratet
Involved in writing the draft for the New National Strategy for Sexual Health 2016-2021

Karl Kristian gave us a good overview of the topics in the new national strategy for sexual health. He gave us insights about the specific needs and challenges of the target group from a systemic perspective. We talked about risk groups and which challenges the Governments encounter in meeting the target group when it comes to proactive sexual health.

“A big topic in the new strategy is how to include sexual health into other health disciplines, it is an important prevention factor for health in general. (...) Like when doctors ask if you smoke, why don't we ask; do you have sex?”



Sidsel Schaller

Psychologist and Specialist in Clinical Sexology
Research fellow at the University of Oslo

Sidsel gave us new perspectives on how to understand sexual health. She informed us that sexuality, far from being a distinct field, is closely interlinked with mental health and general lifestyle. A sexual relation is just as important as any other relation, thus, supporting peoples sexual health implies supporting relational competence. People need knowledge about emotions and on how emotions and thoughts interact with physiological processes in our bodies in order to be proactive, make good decisions and take good care of their own health and others.

“Sexual emotions are not different from other emotions, (...) When I work with sexual issues, I also address very basic topics like feeling loved, if can I be my self and so on”



Arne Holte

Professor in Health Psychology
Folkehelseinstituttet

Arne informed us about public health prevention and pointed us in the right direction: It is in daily life situations we should put in our effort and design, not in health services. Friends and families are the core areas to influence mental health.

He informs us that health care workers today lack competence to work with prevention. They need wider knowledge on communication, awareness on culture and social psychology.

“Health care workers need to get out of the office!”



Stine Kuhle

Lecturer specialized in Sexology
HiOA

Stine provided us with useful knowledge about the target group in relation to today's society and culture. She emphasizes that people need social and emotional competence on how to meet other people and a repertoire within touching. She elaborates that we miss language to communicate more nuanced, this can lead to misunderstanding boundaries and that people still act like in "the caveman stage".

"Sexuality is a product of society, it has become efficient, mechanized and result oriented; it is right to the orgasm.(...) You can't find any answers on how to motivate your erotic relations these days."



Charlotte Andersen

Senior Advisor
Sex og Politikk

The Norwegian department of the organisation "International Planned Parenthood Federation" is Sex og politikk. In Norway their focus areas include improving sexual education in schools. Through our interview with Charlotte we got valuable insight in to the challenges of today's situation and the importance of diverse and norm-critical information.

"Dialogue builds peoples competence to act, you need to give students tasks that builds this competence, not just have them sit still and get facts. "



Ingri Myklestad

Ph.D. in Health Psychology
Researcher at Folkehelseinstituttet

Ingrid informs us about her research on social cognitive factors to predict health behaviour and her research on preventing behaviour within sexual health. She emphasizes the great impact social environment and friends has on peoples proactive health, like for example in the situation of choosing a condom. Competence to act (handlingskompetanse) is needed in order to empower people.

"Research has proven that competence to act is gained through role play and trying to imagine how to get through a difficult scenario"



Maria Røsok

General manager
Sex og samfunn

Maria Røsok leads the biggest youth clinic in Norway and she points out the huge capacity problem. She gives us information on how to empower peoples sexual health, and what are the challenges in this field as well as which abilities that are important for a sexual health service to meet the audience. Reducing shame is one of the main aims they work towards at the clinic.

"Just by making it more available would make people use condoms more. "



Kari Jussie Lønning

General manager of SIO helse

Kari gave us insights about SIO helse, which is the health services offered by the student wellness organization in Oslo, as well as valuable information about what characterizes the student group. Interdisciplinary collaboration and specialization towards the target life phase are some of the things that they have focused on. SIO also has a marketing department that makes the services visible.

“ An important area is crossdisciplinary work, our advantage is that we have general practitioners, dentists and psychologists all under one roof. (...) If a patient comes in infected by an STI but after talking to them we understand that they might have a big identity crisis, we’re able to quickly get them in to meet with a psychologist.”



Joe Viana

Researcher , Ph.D. in Operational Research
Oslo University hospital

Joe constructs simulation models that can predict the spread of STI’s in society. He informs us of why it is so hard to exterminate chlamydia, and that we might not direct our effort towards the high risk group. This group of people are fully aware of the consequences, and don’t care because the disease is asymptomatic. If we want to affect decrease we need to target relations and networks, because people just follow the lifestyle of their friends and common beliefs on correct behavior.

“One of our findings was that people got infected by sexually transmitted diseases when they go outside their regular social groups, that’s why disease rates are so high after vacations or holidays. ”



Magrit Jarlsdatter Hovind

General practitioner
Work experience from Olafia sexual clinic

Magrit gave us general insights about Olafia sexual clinic and the challenges they face like the big capacity problem. She sees a potential for more automation and believes that people can be empowered pro-actively through self testing (home testing). However, people still tend to feel more secure by meeting up at the clinic she notes.

“ The waiting area can be a very stigmatizing room, people know what you’re there to do, and you often meet people you know.”



Jonas Bergland

Comedian and General practitioner
Work experience from Sex og Samfunn clinic

Jonas works as a comedian as well as a general practitioner. Jonas told us about communication and rhetorics related to sexual health and health in general. He informed us on communication style when influencing someone to take advice and become proactive. When talking about embarrassing things with his patients for example, he talks about it like it was the most boring thing in the world in order to normalize it.

“Asking questions to understand their actions, that’s how I can help people be proactive. Being genuinely curious will make people reflect on their unhealthy actions”

Workshop

To get a better understanding of our target group, their experiences with the health sector today and needs in a proactive phase, we arranged an insight-workshop.

The participants

We invited a diverse group of people from the target group. Totally 15 people of different ages, genders and backgrounds participated in the workshop. Some of them were students/former students at AHO, the Norwegian business school (BI) and the University of Oslo. We also had participants working in the health sector, retail workers, an IT consultant and a construction worker.

The tasks

In order to get valuable answers we not only had to design engaging tasks that trigger discussion, but also put effort into the facilitation of a casual and informal sphere where people felt comfortable to share and talk in the first place. We did this for example by starting with a warm up task for the participants to get to know each other, and we served food and drinks. Since the topic might be sensitive to some, we shaped the tasks as hypothetical questions and questions where the participants could answer what they think others would do rather than themselves.

At the end of the workshop the groups presented the results from their discussions orally. This last session created a long and engaged discussions where many different perspectives were brought to light.





▼ Analyzing research

ZIP analysis

In the progress of synthesizing our research we used the ZIP analysis method (Systems Oriented design 2014) to Zoom in to areas to find out what needed to be investigated more, Pin point *Problems or potentials*, and determine areas of *Innovation and Intervention*. We transcribed the expert interviews and hung them up on a wall to create a good visual overview to perform ZIP.

Clustering

Based on the topics that appeared from the ZIP analysis, we used the method of clustering in order to sort related insights into bigger themes. The clustering helped us to point out our main insights and opportunity areas became evident.

One of the challenges we faced was the wide area of individual opportunities, challenges and potential topics in which we could design direct solutions for. We needed to make a decision if we were going to target one specific topic or gather many under the umbrella of one service.

Chapter 03

Main insights



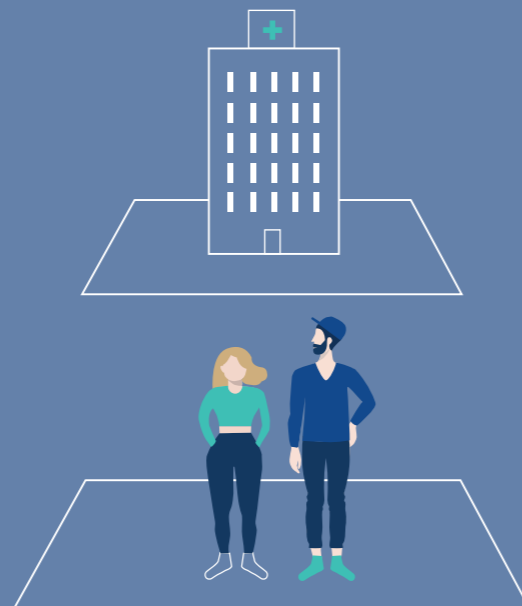
Content

Through this chapter we will collectively present our 4 main insights. The 4 insight areas frame the topics, challenges and opportunities we chose to work further with in our design exploration. Each main insight starts with a summary of its most important aspects before we explain more in detail the underlying findings.

01



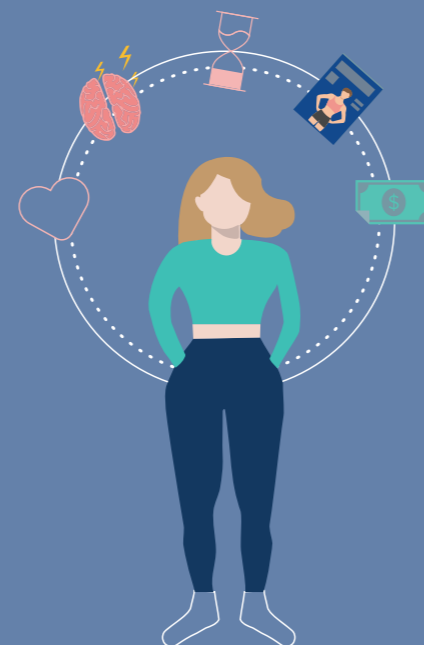
02



03



04



Health services today don't produce health, health promotion happens in everyday arenas

Everyday behaviour is one of the highest determinants of health. Our behaviour patterns are defined by the interactions we have, what we are exposed to and the choices we make on a day to day basis. Public health services today just repair. They offer treatment and care in disease related issues but have little impact on peoples proactive behaviour.

For public health actors to work proactively they need to implement interventions where people live their lives, in everyday platforms, physical and digital.

Everyday interactions

The interactions the target group has everyday affects their behaviour. Friends, family, colleagues, tabloids or social media influences people because they are low threshold, relatable, empowering or engaging. Could public health actors learn from these interactions?

Reframing health services

This insight reframed our project. Initially we thought we would work within the walls of existing health services, after this insight we shifted our focus to explore new platforms in everyday life.

“

“Better health services have little effect on population health”

Arne Holte,
Professor in Psychology

“Friends offer many aspects that health services lack. A friend has time to listen, knows you, supports you, is someone you can trust, is someone you meet regularly and someone you can relate to”

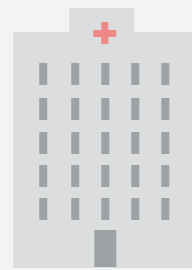
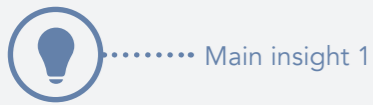
Male, age 24

“Frequency beats authority”

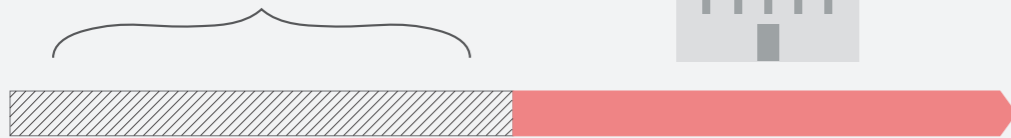
Male, age 25

01





Prevention



Everyday platforms and interactions

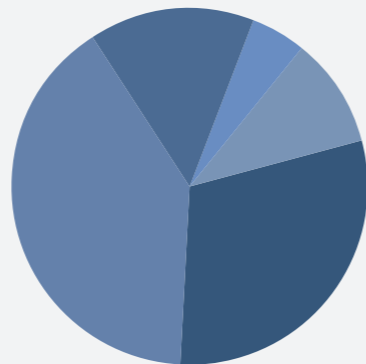
Prevention doesn't happen in the health sector today, it happens before, in our everyday lives. As professor Arne Holte says:

"Health services today don't produce health, they just repair. Health is produced where people live their lives, in the womb, in families, in the kindergarten, in school, with friends, in the workplace and in culture and sport arenas. This is where we produce health, including mental health. (..) That's where we need to implement our efforts, not in the health sector."

From initially looking at existing health services we shifted our focus to the context of daily life. We asked our users why they don't go to public health actors in situations of pro-activity.

Determinants of health

Everyday behaviour and social circumstances is what determines our health more than any other factor. These are the little things we do everyday: biking to school, what we eat, being with friends, smoking or having sex without a condom. Everyday behaviour is affected by our social interactions or the things we are exposed to, therefore we looked in to these interactions to see if public health services could learn from the mechanisms and values these actors and platforms give the target users.



40% Behaviour patterns
30% Genetic predispositions
15% Social circumstances
10% Shortfalls in medical care
5% Environmental exposure

(McGinnis, M.J., Williams-Russo, P., Knickman, J.R. 2002- Determinants of health)



"Friends are a kind of front-line service, I often go to them first, then to my GP"

Male, age 24

"Friends see you more holistically, because they know you and your whole life history and situation"

Male age 24

"Internet has no limits, I can ask about anything"

Female age 26



Photo: Caterina Forno Rios



Photo: Caterina Forno Rios

What make everyday interactions relevant?

We asked people in the workshop what made their everyday interactions valuable and what kind of interaction they would want with an ideal health service. The participants expressed how a health service should be more like a twin, who can relate to you because they know you, or like a cool teacher, sincerely interested and up to date on the latest information. They also expressed how a health service should be honest, straight forward, trustworthy and holistic.

Going with the idea of letting public health services learn from the interactions people have everyday we mapped out different actors and platforms and what values and mechanisms they offer. The general notion is that these interactions offer relatable information, they're low threshold and available at peoples own demand and they give inspiration and enjoyment in short formats.

“A health service should be more like my grandfather who calls me every now and then”

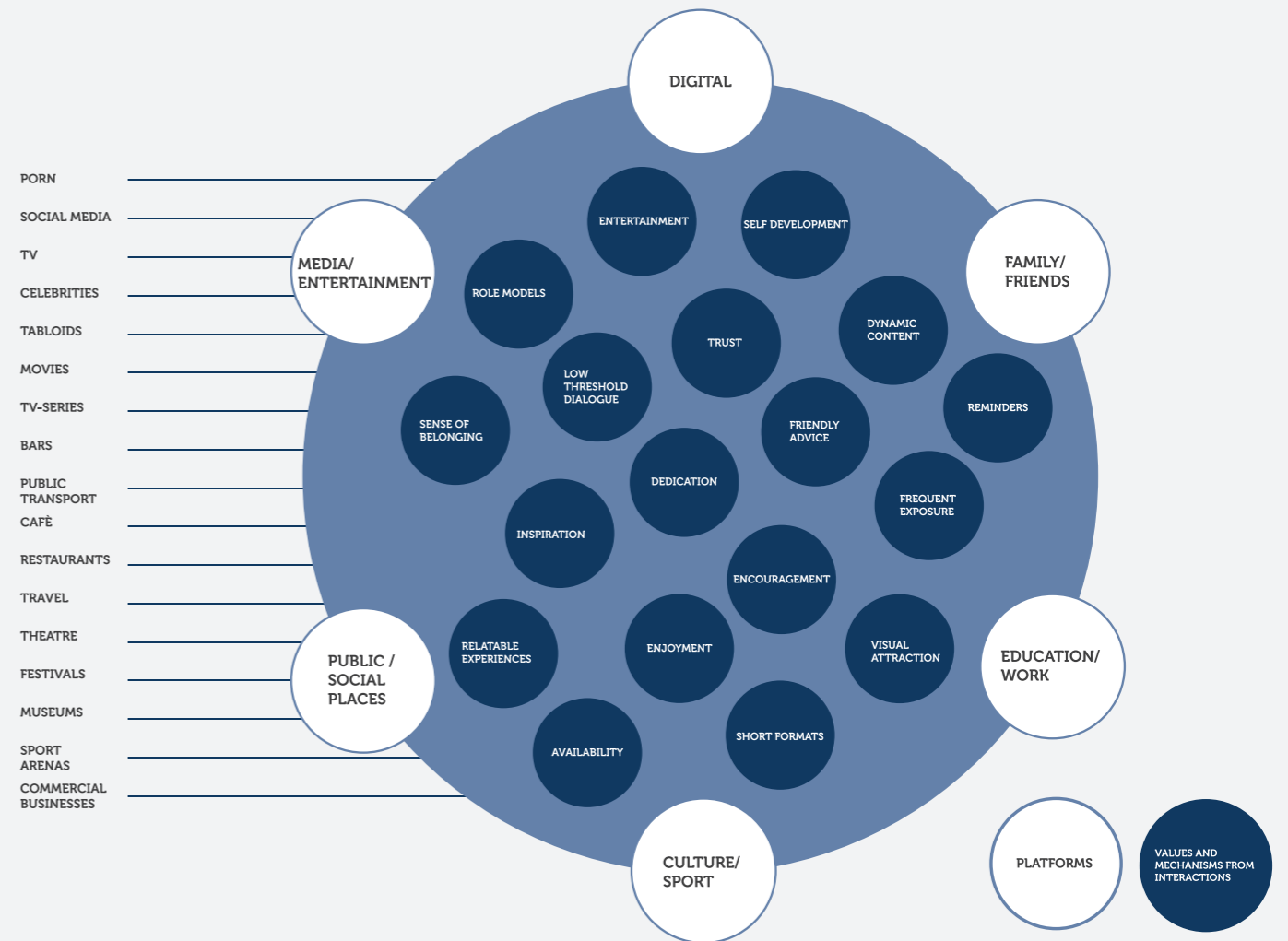
Male, age 24

“You don't want health advice from a fat guy if you are slim”

Male age 24

“The doctor waits for a problem, with a friend you can have a conversation about your experience”

Female age 26



Existing health services are too high threshold, or not relevant to meet low level needs

It is the low level, low risk health concerns that define proactive health. Most public health services today are too extensive for the target group, meaning they have too many steps and demands for people to get support or ask questions at a preventive stage.

Fragmented low level offerings

Public health offerings existing on a low threshold level today appear fragmented, not relevant or not visible to the target group. Drop-in clinics have low capacity and are often age restricted, official sources of information are directed at teenagers and focus to a large degree on limited medical aspects of sexual health. Governmental initiatives like free condoms and self tests exist, but according to the users we spoke to none had taken advantage of this offer because of the low visibility.

Disease prevention

Preventive measures also include reducing impact of disease or injury, for sexual health this concerns early detection of sexually transmitted diseases, screening for HPV virus, or easy access to mental health assistance.

In disease preventing situations it is essentially important to give the target group information on what public health services are available to their need and to lower the threshold to contact services.

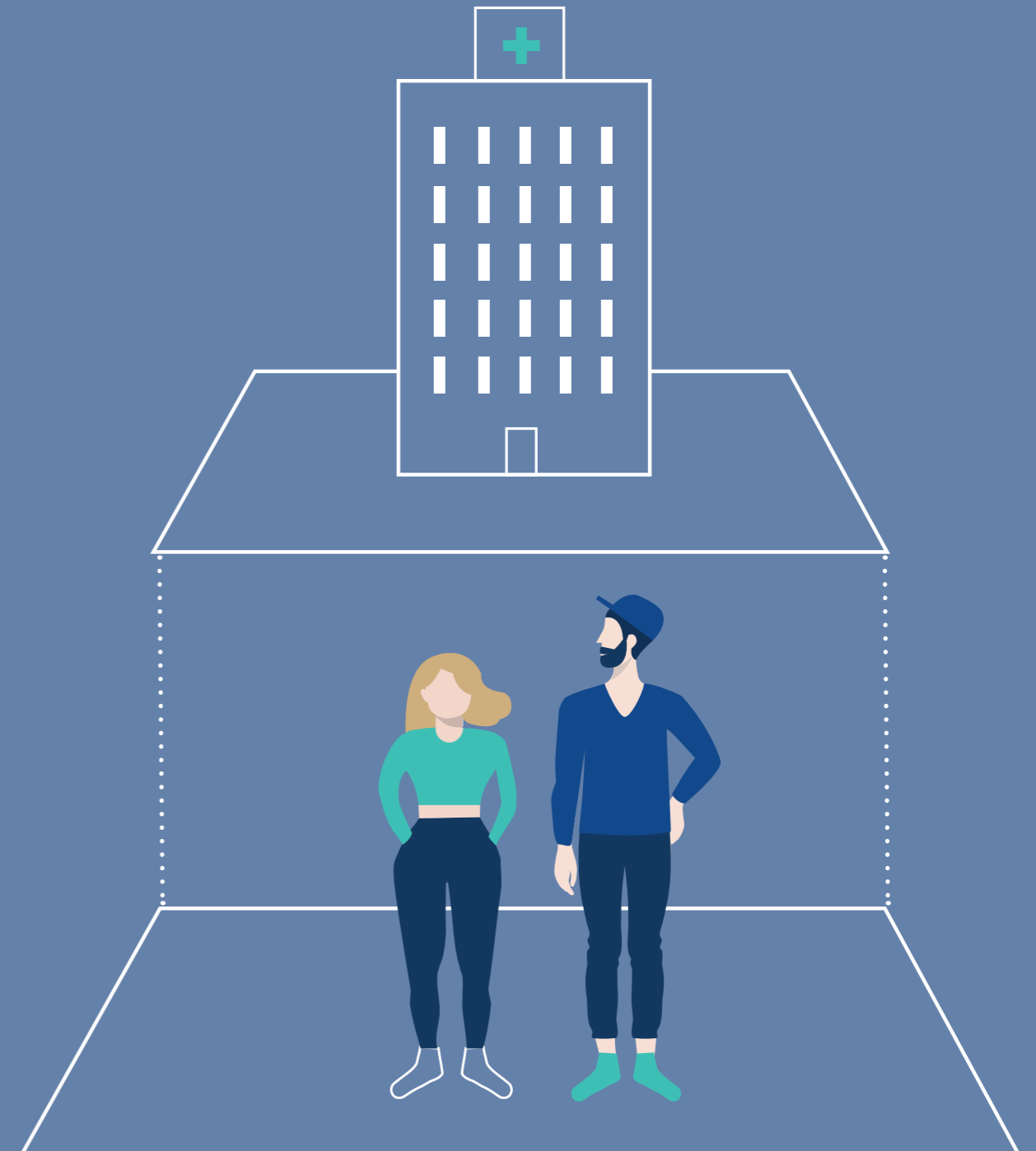
“ *I think that GP's are problem oriented, you kind of need to have a problem. I dont feel like going there just for advice.*

Male, age 21

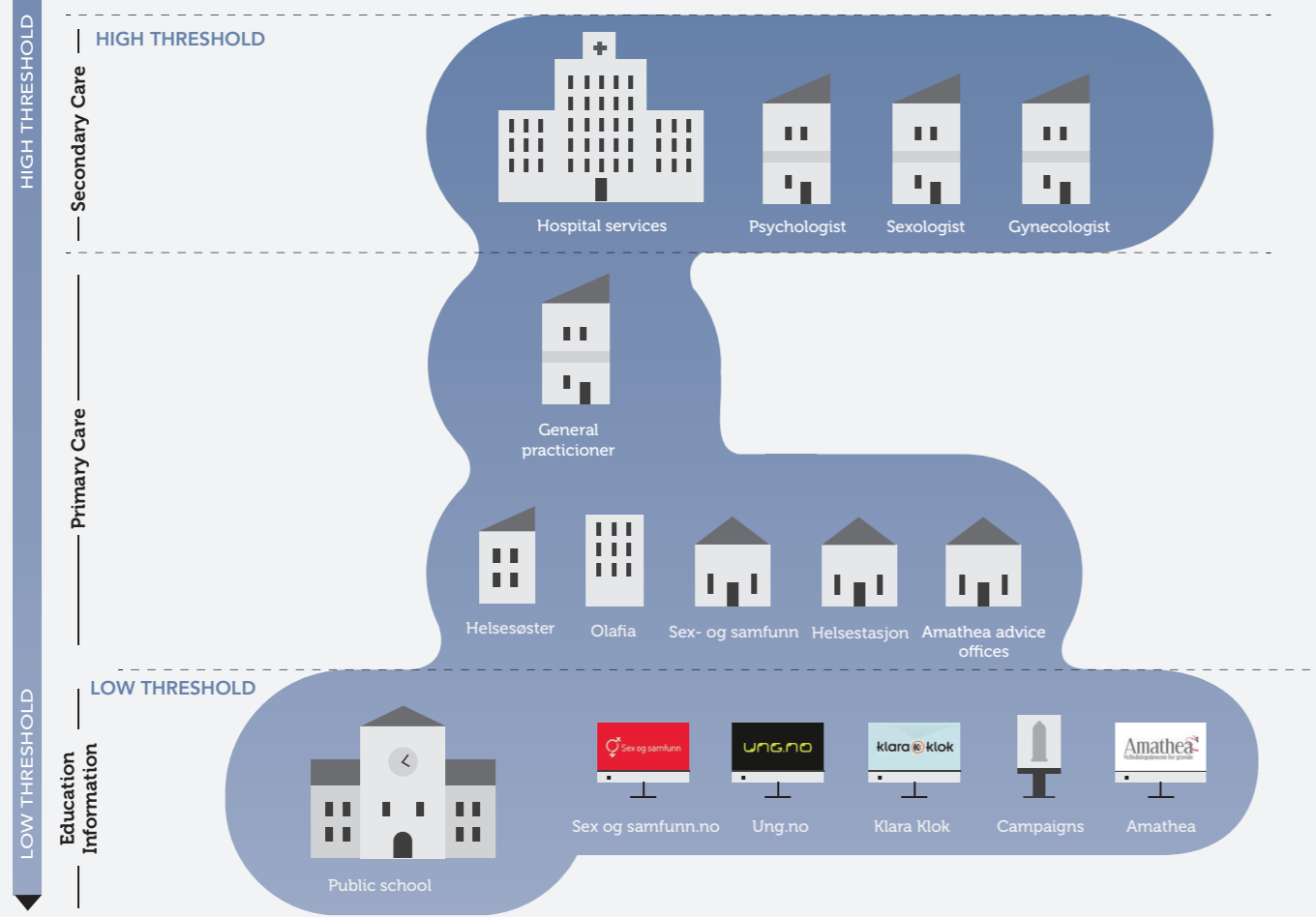
Documented public information is mostly directed towards teenagers while the information I am exposed to through media often gives an unrealistic or idealized picture of sex.

Female, age 28

02



Map of public actors



What make public actors high threshold?

We mapped out actors offering health services in Norway, both general health and specialized on sexual health. To our target group there are some but few actors available to offer low level resources or information. The youth clinics are low threshold, but few, they have an age limit (up to 25 years) and low capacity. The Olafia clinic in Oslo is available for drop in, but has low capacity, restricted opening hours and focus on screening and treatment of STI's. The overall notion is that existing low threshold health actors and initiatives fail to meet the needs of people at a preventive stage. Given the digital world today, and the lack of official sources of information or guidance, people are more likely to get information from undocumented sources. This contributes to myths and misconceptions of sexual health.

“You can’t go to the GP just to talk about something you’re wondering about. You don’t want to waste his/her time”

Female, age 27

“It needs to be quite important if I am going to skip school to go to the doctor”

Female, age 26

“The amount of steps and effort you have to put in does not seem like it is worth it.”

Male, age 26



Shifting focus from disease prevention to seeing sexual health as a positive resource

On a Governmental level sexual health has been strongly associated and limited to a focus on negative aspects, like efforts towards sexually transmitted diseases, abortions or discomfort. The new national strategy is shifting focus towards promotion of good sexual health, as well as making sexual health a more natural part of health services in general. (K. K. Kirchhoff)

Shame and stigma

We learn to feel ashamed of sexuality in general by being constantly exposed on the one hand to images and messages that say that sex is great and that happy, successful, popular people have sex. On the other hand to messages that say that sex is sinful and wrong, and that it leads to disease.

- How can we expect shame and stigma related to sexual health to decrease when even public health actors focus on negative aspects?

“ *Traditionally efforts have been directed towards unwanted pregnancies and STD's. There are many areas of sexual health that have never been systematically adressed*

Karl Kristian Kirchhoff,

There is so much shame related to sexual health, this shame is a part of everyday life. (...) Shame is so big.

Maria Røsok,

03



Shame and stigma in society

When analysing touchpoints of public sexual health offerings the lack of positive aspects becomes evident. The *Sex and Relationship* section of *helsenorge.no* appears focused on negative consequences of having sex as well as other negative aspects.

People around us that we talked to confirmed our perception of public sexual health as well as the stigma related to sexual health offerings more generally. When hearing people talk about the shame they experience from society and the public sector we conclude that a shift of culture and a new framing of sexual health is needed.

“All GPs ask if you smoke, why don't they ask: do you have sex?”

Karl Kristian Kirchhoff
Helsedirektoratet

“You only get a message if you test positive for disease”
Male, 24

“I never buy condoms, I feel like the people in line would judge me and think I sleep around a lot”

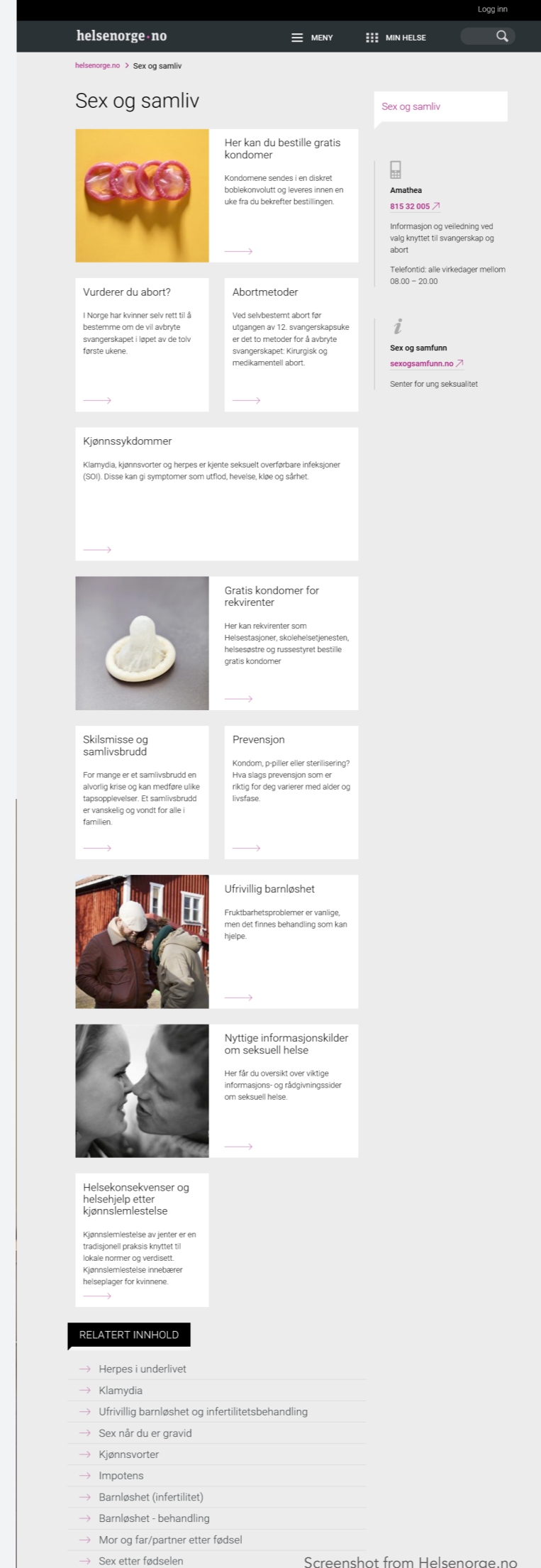
Female, age 25

“I definitely think it is embarrassing to buy condoms in the grocery store”

Female, age 28

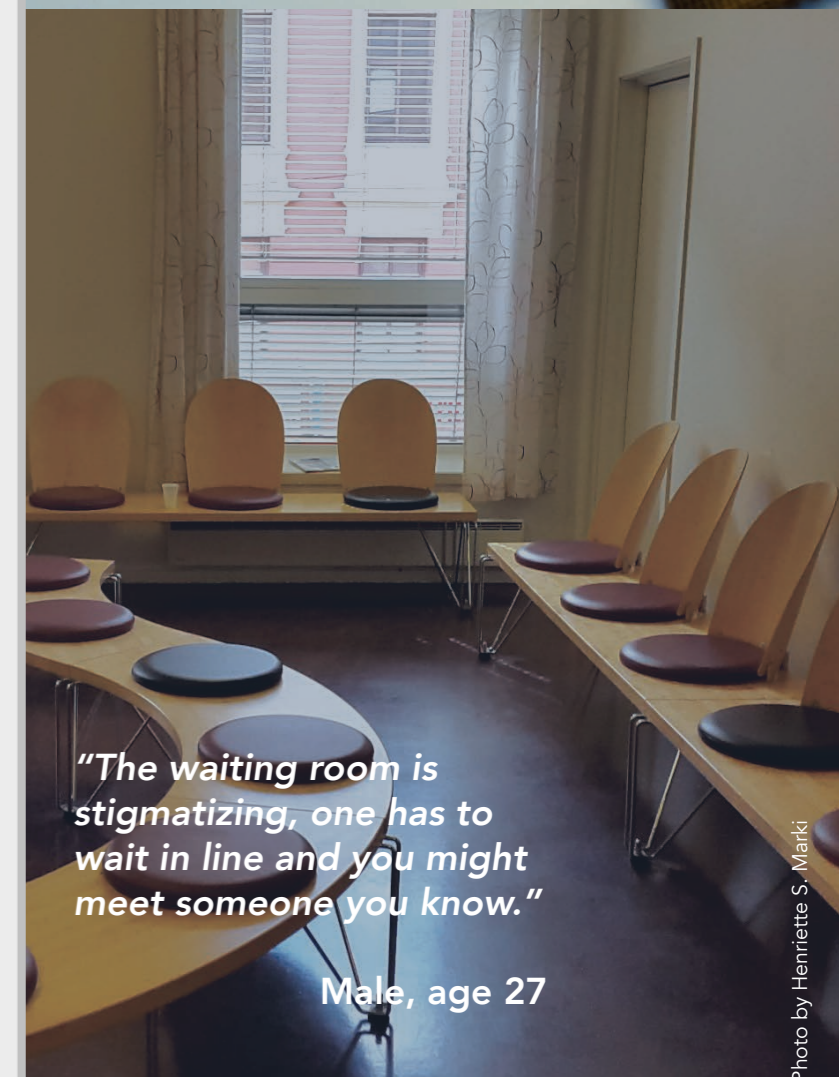
“It is more accepted for guys that for girls to have many sexpartners. Why is sex the only thing you do not get merit in if you are skilled?”

Stine Kuhle



“The condom package doesn't deliver any experience and the condoms are very clinical. One doesn't exactly get the feeling of having done something right”.

Female, age 24



“The waiting room is stigmatizing, one has to wait in line and you might meet someone you know.”

Male, age 27

Sexual health is closely interlinked with mental health and general lifestyle

Sexual health can be the broad spectre emotional relations between people or individual thoughts of identity. Proactive sexual behaviour is not only about using condoms, it's about feeling comfortable talking about your feelings, or knowing how to say no.

Sexual health is according to the World Health Organisation:

...a state of physical, emotional, mental and social well-being in relation to sexuality. It's not merely the absence of disease, dysfunction or infirmity (....)

WHO, 2006a

Understanding the implications sexual health has on general health is not only a need for public health actors but it needs to be communicated towards the public.

For our target group, sexual health needs to be seen in connection to culture, digital modernization and commercialisation.



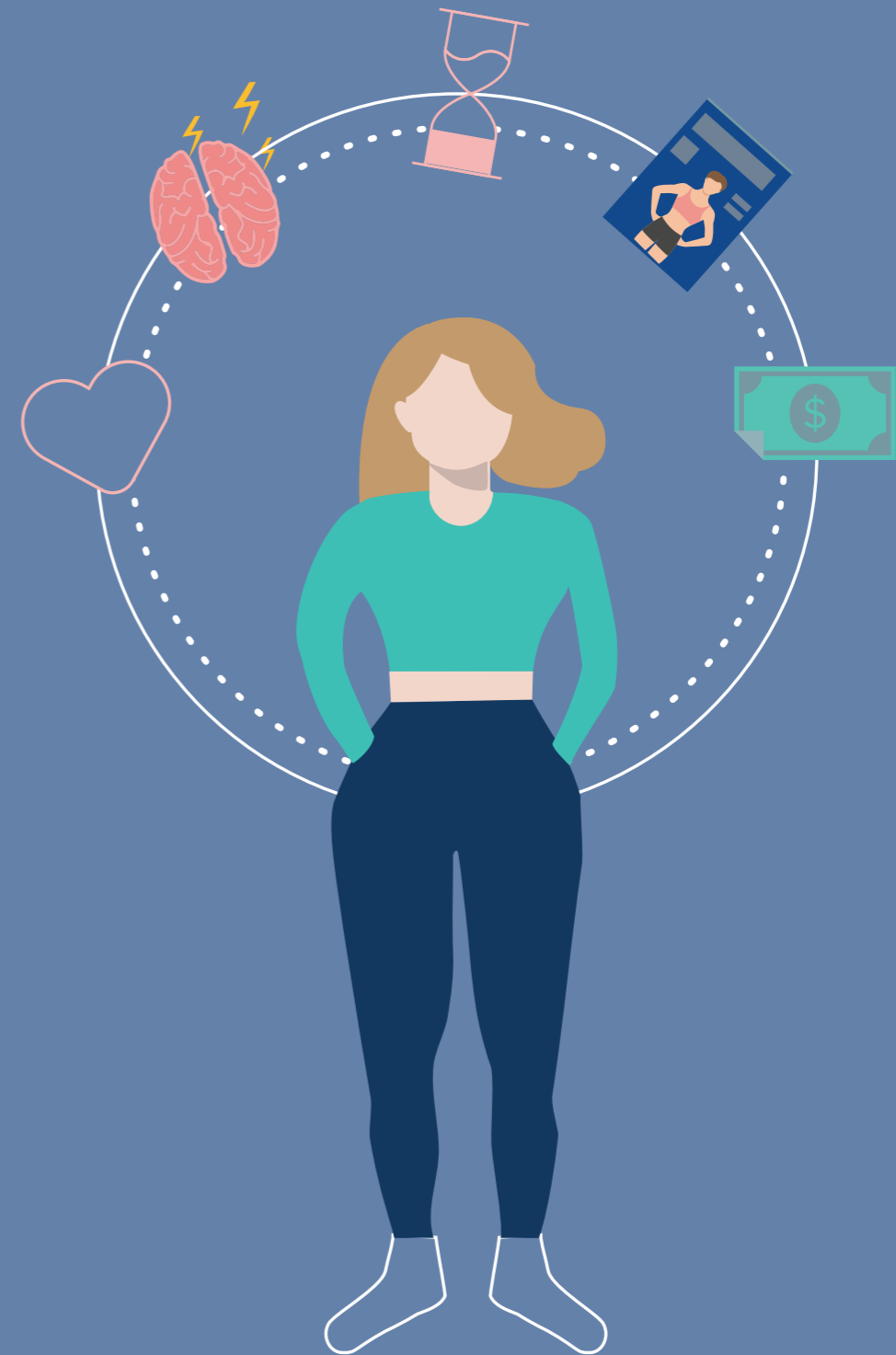
Sex has an incredibly amount of implications on general health. If you don't have sex, and might have relational and competence problems, or you are lonely, then it probably affects your health to a great extent.

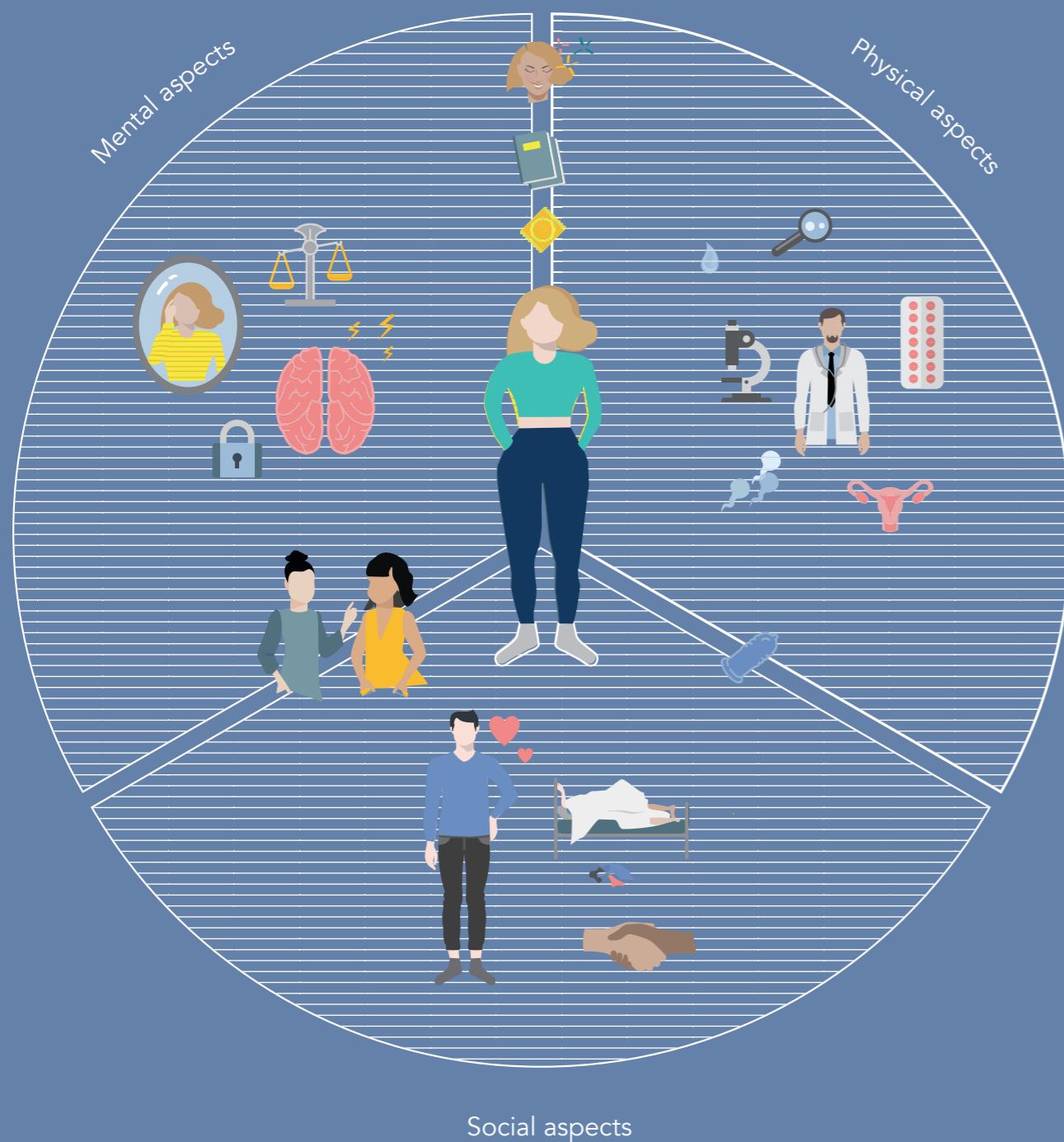
Karl Kristan Kirchoff,

I meet girls in their 20's with sexual desire problems, they come to me and want concrete, superficial tips to fix the problem. I need to teach them that a stressful lifestyle, emotions and sexuality are closely interlinked and that sexuality is not a distinct thing that can be fixed like that

Sidsel Schaller,

04





KNOWLEDGE



ENABLERS

Sexual proactive behavior -what is needed to enable it?

Good sexual health is about more than avoiding STI's and unwanted pregnancy. According to the experts we talked to it is about the social relations we have to others, feeling comfortable communicating about feelings and needs, and knowing how to act in challenging situations (handlingskompetanse).

Knowledge

People need knowledge about interconnecting aspects of sexual health. Sexual behaviour is deeply connected to biological impulses and emotions therefore people need information that empower their competence to act and make healthy choices for their health.

Enablers

In order to enable peoples proactive behaviour they need "support tools" (condoms, self tests etc.) available in the situations they need it. These "support tools" also need to be relevant for people to obtain and use.

A specific need for the target group is the enabling of habits and routines. As the target group is in the phase of building habits and routines for the rest of their lives, they need help establishing these.

"We need to know more about how we relate to others in general, and this relational and emotional knowledge is not only about romantic relationships, it is about how we solve conflicts, how we communicate our needs, how we set boundaries, how we navigate in complex emotional waters, and this happens both in relations to our boss, colleagues or to our children."

Sidsel Schaller

People need social and emotional competence on how to meet other people. People lack a language, especially when it comes to touch. The language is boring and lacks imagination, people jump right to the intercourse, it is totally on a caveman stage.

Stine Kuhle

There is a world of misunderstanding out there. When people are touched they interpret it as sexual or an assault when it was meant friendly. Or they underreact on real assault. People need a repertoire to communicate more nuanced.

Stine Kuhle

Dialogue creates a competence to act, we implement tasks that give people knowledge of how to act. Not just by giving them facts but by challenging their attitudes and norms.

Charlotte Andersen

Phase 02



◆ Creating opportunities

⌵ Synthesizing a service opportunity

➔ Service guidelines

Methods & Activities

Opportunity cards and “how might we?”
Service safari
Takeover exercise
Evidencing - redesign and reframe existing offerings
Bundle ideas
Brand experience manual
Drivers of engagement

Problem validation with users
Moodboard- visual identity
User testing- same users

Chapter 04

Creating Opportunities



Content

In this chapter we will firstly explain how we idea-generated in two different levels, seeing what new interventions could create change and how existing offerings could be re-designed. When looking into existing offerings we did a service safari of different low level offerings and how we could improve them. We end this chapter by explaining the direction we took and how we bundled our ideas into one service.



Ideation on two levels



Which **new interventions** can create change?

What can be done in **existing offerings** to make them better?

Open exploration

We wanted to open up for a broad exploration. The 4 main insights from the research phase lead to 4 main opportunity areas. Using the method of "How might we..?" from IDEO's "Design kit", we boosted our brainstorming and opened up for narrow and wide opportunity areas.

Our main insights gave us a wide frame and we decided not to limit our ideas. We explored ideas ranging from *minimal to maximum* impact, *neutral to discursive* and from *present to futuristic*.

We ideated on two levels:

1. New interventions
2. Improving existing offerings



How might we:

...design health offerings that are reliable and available in the platforms people use everyday?

...Incorporate public health in the platforms people use?
 ...Use mechanisms from commercial actors and friends to keep people healthy?
 Improve relevance of health advice by using engaging mechanisms?
 ...Increase official sources role in tabloid or social platforms?
 Increase the incentives for staying healthy by using social mechanisms everyday life?
 Use the triggers similar to engagement platforms to make it relevant people to be proactive? (excitement, curiosity, gamification etc.)

How might we:

...facilitate for low level health support to be relevant for young adults to use?

...Make self help easy to obtain (self tests)
 ...Make health support available in relevant situations? (condoms etc.)
 ...Make health services relevant in the social and cultural arenas people use?
 ...Increase the relevance of using condoms?
 ...Make the public health services visual and reminding

How might we:

...design a service that promotes healthy sexual behaviour as something positive?

...Promote good sexual experiences through offerings/services?
 ...Make use of condoms about positive experiences?
 ...Design positive reinforcements if you manage your sexual health well? (As opposed to only getting feedback if something negative happens, like getting an STD.)
 ...Facilitate interactions between people that leads to positive sexual attitudes?
 ...Promote neutral and norm-critical information?

How might we:

...design health interventions that improves social, mental or cultural aspects of sexual health?

...Facilitate for low pace experiences that can improve sexual health.
 ...Improve knowledge about the interconnection between mental health and sexual lust.
 ...Improve sexual health by designing for mental health or social interactions?
 ...Redesign pornography?
 ...Facilitate for romance?



Everyday Platforms as a Canvas

Starting of our ideation process we knew that our ideas had to be implemented in everyday platforms. As a part of our brainstorming we therefore went on an ideation-safari to collect relevant places, surfaces and actors to implement ideas in. The pictures we took and the observations we made helped us expand the canvas of our ideas.



New interventions

Based on the opportunity areas we had identified, we ideated on new interventions. We did this by putting up questions on a wall and answer them with sketching a variety of tangible solutions to the different opportunity areas.

We explored placing sexual products into non sexual environments. We proposed the idea of selling condoms and lubricant in a sports shop like Nike store in order to normalize it and frame it as a normal health and lifestyle product. It might signal that this is for "everyone", not just the type that would dear go to a sex shop.

An other idea was to move STI testing to a gym in order to potentially remove the stigmatizing feeling that many people experience. In a gym one doesn't know whether users are there to work out, take a sports massage, go to a nutrition course or take an STI test, Combining sexual health with a gym may signal that you care about your health, rather than a sexual clinic where you go because you have failed.

We also developed ideas to lower the stigma of bying sexual products by proposing that sexual health deliveries could piggyback on other services that already distribute products, like Foodora or Adams foodbox (Adams matkasse). A health and wellness box subscription where sexual health products are included was one of the ideas.

CONDOM SUBSCRIPTION
-Get a monthly amount of condoms by mail

STD testing in Gym
SIO HELSE
Sports Massage
Health Advice
Nutrition
Changing Rooms
STD TEST

Sexual products in sports shop
Sexual products
Lubricants
Condoms
Self-tests
Sexual health products in fitness/sports store
-Without logo "sexual health" (Normalizing it under label health)

Tags on products
In relevant settings and positive
Oslo Food Truck delivers condoms with the coffee
OSLO KINO
Condoms secretly distributed among the candy

PHARMACY SUBSCRIPTION
Have monthly deliveries of vitamins/condoms/medicine/contraception
-if you suddenly get the flu you can order nasal spray for next day delivery
-Delivered to your workplace/home, pick-up etc

WELCOME TO THE STUDENTGYM
WORK OUT
SAUNA
WELLNESS BAR
NUTRITION
DATING SUPPORT

Sexual products in sports shop
Sport brands like Nike are famous for making sports gear and clothing fashionable, moving into the lifestyle area. Having sexual products, like condoms, lubricants etc. side by side with inspiring work out clothes and equipment, in a sports shop like Nike, could potentially frame sexual health as part of a healthy lifestyle and inspire to see sexuality as a resource. Can sexual health become fashionable?
- Framing it as something related to health and lifestyle can potentially contribute to moving sexual health away from being labeled as something dirty, shady to be ashamed about, not normal. It might signal that this is for "everyone", not just the type that would dear go to a sex shop.
liussil ->

2 Health box
WELLNESS SUBSCRIPTION
WELLNESS RECIPE
WELLNESS BOX
PHARMACY SUBSCRIPTION
Have monthly deliveries of vitamins/condoms/medicine/contraception
-if you suddenly get the flu you can order nasal spray for next day delivery
-Delivered to your workplace/home, pick-up etc
WELLNESS BOX CONCEPT:
- Representier elementer av vennskap, familie, noen som byr seg om deg.
- All type forebygging innen helse.
- Relevant -> kjemmer dine helsevaner, helse

HEALTH STATIONS placed around town
Relevant and targeted placed at workplace/university or demographic
- Providing condoms
- Asking you to reflect
- Combined with other services

FITNESS SHOP
New arrival

OFFERINGS INCLUDED IN PLATFORMS PEOPLE ALREADY USE
mvr, facebook, gyms, bars, public transport, workplace, food stores...

IDEAS PROMOTING POSITIVE SOCIAL INTERACTIONS
FLIRTING APP
- Providing tools to flirt
- Network-tips
Give compliments!

WELCOME TO THE STUDENTGYM
WORK OUT
SAUNA
WELLNESS BAR
NUTRITION
DATING SUPPORT

BAR
KONDOM

FUTURE DATING APP
Focuses on more than looks
-> Smell wine, sweat

How can we modernize dating events?
Speed dating is so 1996

HEALTH TUNNEL DAILY RITUAL
BUY A BEER - Get a condom
LABEL AS A CONDOM
DAILY HABIT TO CHECK UP HEALTH

DIGITAL ZONES
- When you enter a new place you enter a new digital zone/network.
-> It can be a neighbourhood, or a bar.
- connect to a culture and to people.

ZONE DATING APP
- connect to a culture and to people.

WELLNESS SUBSCRIPTION THROUGH UNIVERSITY
welcome to Uio
How are you?
Mental health
Training/supplement
Sexual health

WELLNESS SUBSCRIPTION THROUGH UNIVERSITY
welcome to Uio
How are you?
Mental health
Training/supplement
Sexual health

IDEAS TO LOWER THE STIGMA OF SEXUAL HEALTH PRODUCTS
Had sex in the last 24 hours? Place sticker here.

..... Ideating on existing offerings

Order free condoms

gratiskondomer.no
or https://helsenorge.no/sex-og-sam-
liv/levensjon/gratis-kondomer

Service Safari

Easy to fill out

Looking into existing, low level sexual health offerings from the health sector today we found proactive initiatives, like the possibility to order free condoms or STI (Sexually transmitted disease) -self tests. There are also a number of digital informational sources, like sexogsamfunn.no, klaraklok.no, ung.no or helsenorge.no (The official digital platform of the Norwegian health sector.)

We did a service safari of the different offerings, (AT-ONE method 2016) mapped out the individual touchpoints and evaluated the overall journeys. After establishing strengths and pain points we ideated on how the individual touchpoints could be redesigned to better meet the needs of the users.

The most critical pain points of the offerings, are that they are fragmented and not relatable to the target group. Most of the offerings are directed at youth, focusing on giving basic and medical information on sexual topics.

We also did a service safari of a low level situation in which a user would need to interact with a public health service, the situation of changing contraception method. This confirmed our insights saying the threshold and steps to visit a health service are too high.



Order free condoms

gratiskondomer.no
or https://helsenorge.no/sex-og-sam-
liv/prevensjon/gratis-kondomer

As well as buying condoms you can
order free ones from an official site.

Strengths

- Easy to fill out
- Anonymous package
- Free

Pain points

Before:

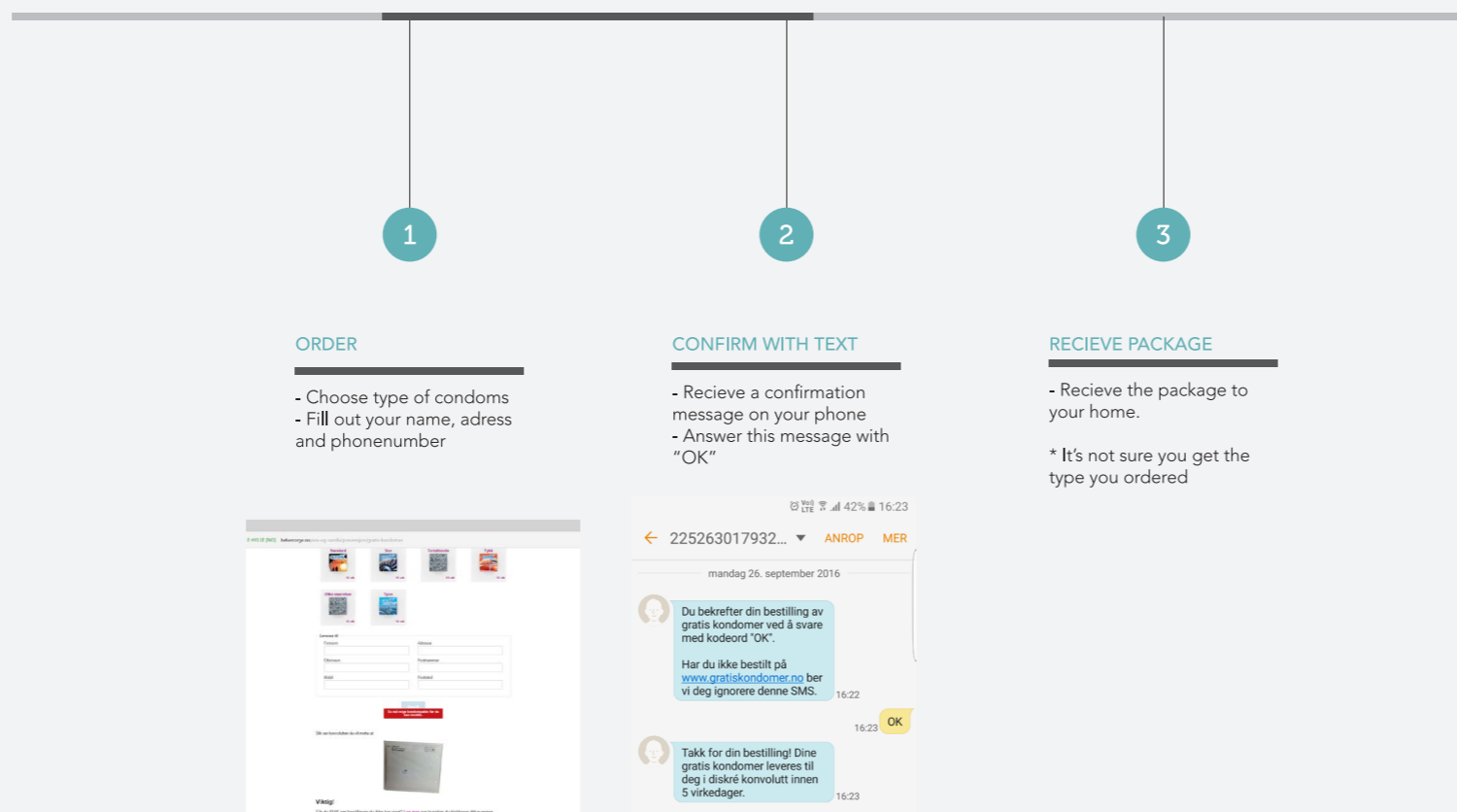
- Get to know about the offer.
- Find the website.
- Be ahead of time (5 days delivery)

During:

- Choose the right type
- Because it's anonymous it's a bit suspicious

After:

- Make sure people use the condoms
- One time only- can it remind you to order again?



Order selftest

Order a free self test chlamydia/-
mycoplasma from minjournal.no
- Only in Oslo and Akershus
The test is distributed by the sexual
clinic Olafia. This is also where you
have to go if the test is positive.

Strengths

- Anonymous
- Can be done in home environment

OLAFIA CLINIC:
- Drop in (can be done on impuls)

Pain points

Before:

- Need to be ahead of time.

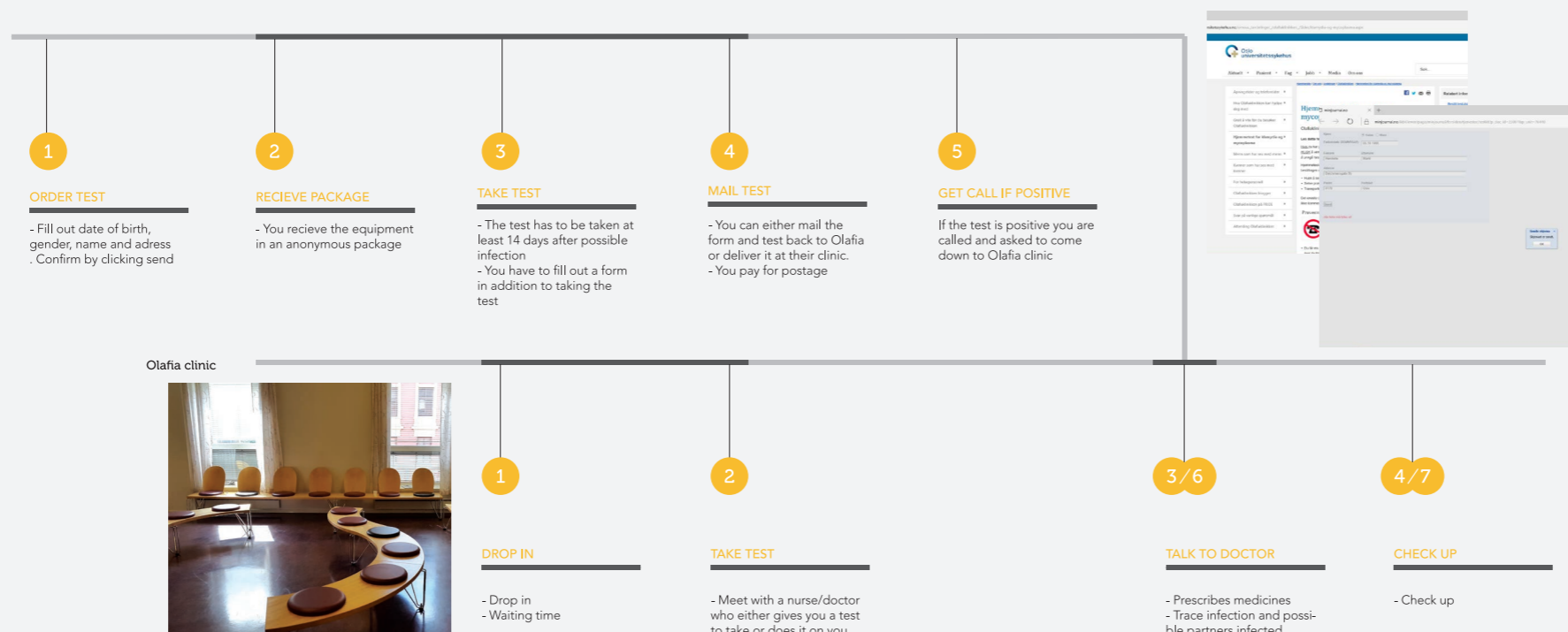
During:

- The test has to be taken correctly,
- Waiting time

After:

- Paying for postage/ deliver the test.
- One time order.

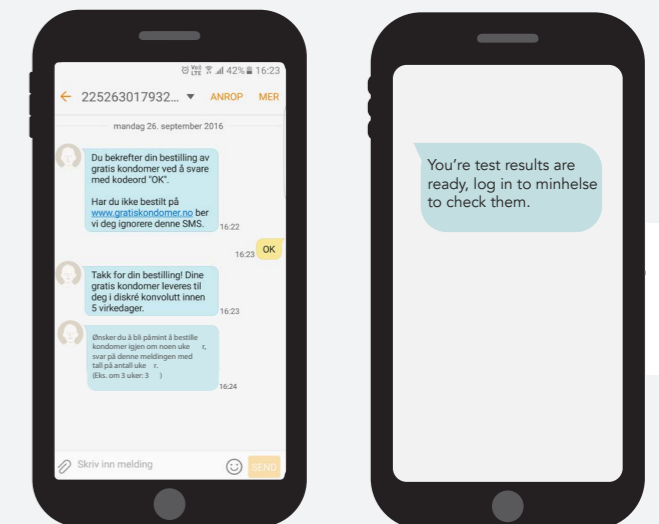
OLAFIA CLINIC:
- The clinic only tests for sexually transmitted diseases.
- In comparison with the home test, going directly to the clinic can be done impulsivly.
- You will also have opportunity to check for other infections.
- The environment at the clinic can be stigmatizing.



Ideas to improve existing touchpoints



We ideated on how to add value to the experience of receiving condoms by mail. We imagined how it would look like when adding positive communication and feedback.



We created some sketches of how it could look like if the user gets positive feedback when ordering condoms or self test. We ideated on how to make single interventions part of a long term relation to the service, connecting the single interventions together. The mockups show positive messages engaging and enabling the users to repeat behaviour.

Get information

These sites have alot of information, not only about sexually related issues but general health and wellbeing. The sites are targeting youth (16-25 years) with it's information.

Strengths

- Easy access
- Documented facts and updated information
- Norm critical, anonymous and neutral
- All of them have a dialogue function, either chat or ask a question.

Pain points

- Directed at young people to get first hand information.
- People often go in only when they have a spesific problem.

Before:

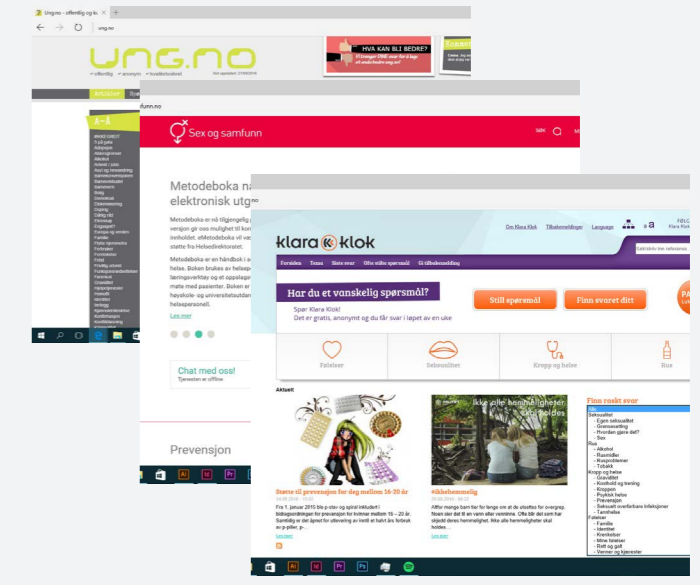
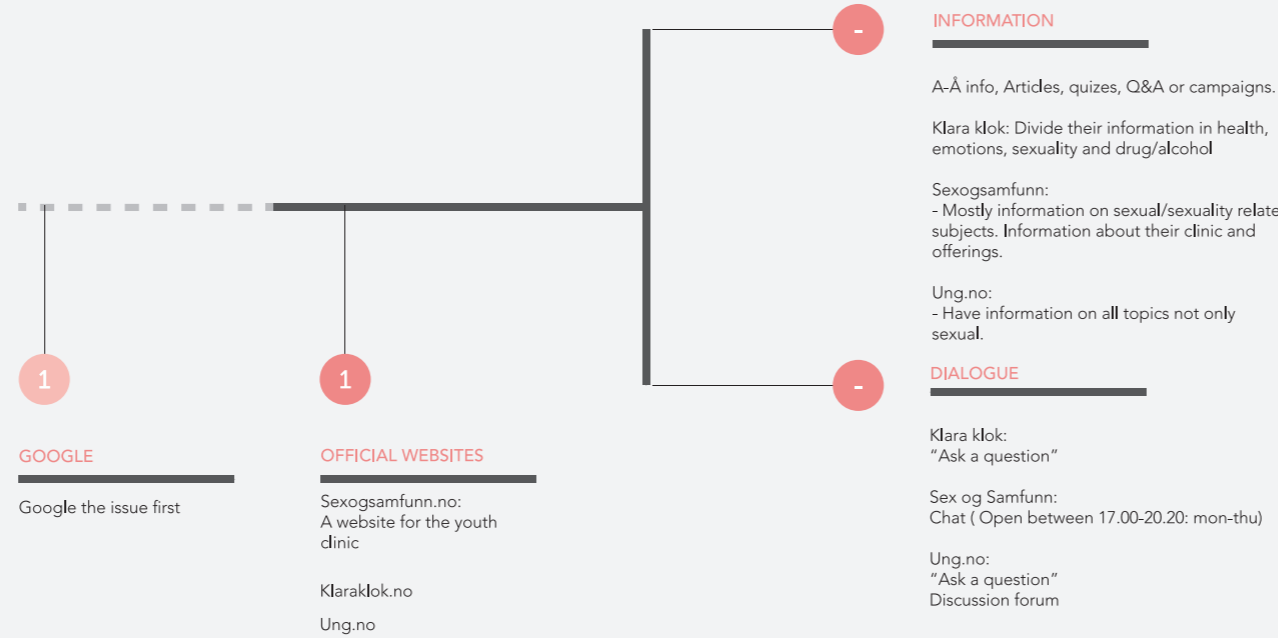
- Making sure people go to these sources rather than undocumented

During:

- Relevance in subjects
- Chat has limited opening hours.
- Questions can take up to 7 days to be answered.

After:

- Making sure the information sticks.



Change contraception/ Lowest threshold health offering

Changing contraception is a typical "low risk" situation were it's needed to go to health professionals. For youth using nurse offices or youth clinics the threshold is lower than at the general practitioners (GP).

*The journeys may look different depending on what health service you use.

Strengths

Professional consultation

Pain points

Before:

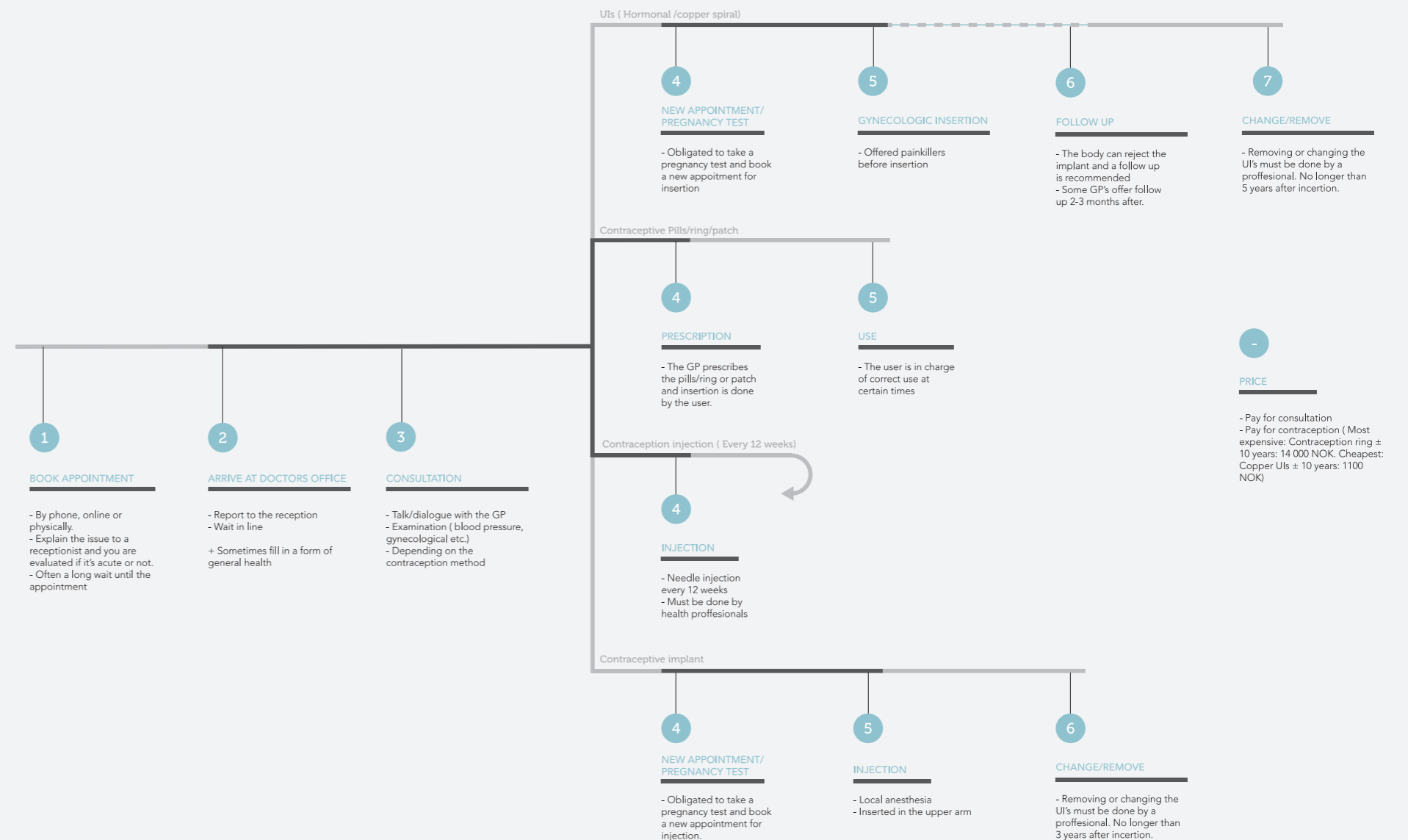
- Being prepared and having a GP in the area you are located
- Traveling, taking time of work/ school to go.
- Knowing what contraception type to choose. (Studies change and most health officials are now recommending long term contraception. (UIs and implant)

During:

- Price
- Having uncertainty of what contraception to choose, what works best for them.

After:

- Depending on the GP, the follow up is individual.
- Some contraception demands that the user follows a routine, others a follow up to remove after a certain time. (pills- every day, injection- every 12 weeks, UIs (spiral)- must be removed after 5 years)



Choosing Direction

We wanted to explore the possibilities creating big change, simple interventions have a big effect, but they meet a small part of the public.

Lifelong perspectives

One of our project aims was the possibility of creating discussions and highlighting the importance of proactive interventions and sexual health.

We knew that in order to do that we needed to think big, see proactive interventions in a user centered, lifelong perspective, and make it meet time-relevant needs.

We decided to base our service opportunity on existing offerings and interventions the public sector has today.

Free condoms, STI self tests, information, health chat and other low level resources are delivered from different public actors in, but it's fragmented, not relevant for the target group or not visible.

Bundling ideas

We started evaluating our individual ideas for improving existing offerings as well as new interventions, and bundled together the ones with best potential. (IDEO 2016) Having a wide ideation process gave us the advantage of explorative and discursive ideas not limited to the frames existing today. Even though we ended up in a realistic frame, we decided to transfer some of the principles and values from the new interventions.

Public health provider

Up until this point of the ideation phase, we had opened up for the service to be provided by actors other than the public health sector, but concluded on framing the service with a public health provider. Introducing a service opportunity in peoples everyday life made it necessary to see which commercial or private actors were already present. Pharmacies, "sex shops" or even grocery stores sell condoms, lubricants, or pleasure products. We decided to acknowledge these actors and their offerings, but for the sake of our project scope we did not elaborate on how these actors meet user needs.

Health and wellness is the responsibility of each individual, however we believe the public health sector should take responsibility in engaging, and empowering people to achieve good health.

Another reason for choosing to have a public health actor providing the service is the authority and professionalism the public sector has. It's important that the service is inclusive and norm critical, providing documented information towards a diverse target group.



Chapter 05

Synthesizing a Service Opportunity



Content

In this chapter we elaborate on the different steps we went through in the construction of a service concept. We start of explaining how we involved users from our target group in the development, and how we frame our overall theme to be about reframing the conversation. More than the individual initiatives, the way sexual health is talked about, promoted and made visible can help reduce shame and stigma related to the topic.

We go on to address how we explored implementing values and mechanisms from everyday interactions in our concept and how we were inspired by behaviour theory to create a framework for engagement. Lastly we elaborate on the process of creating a service identity and the importance the communication of the service towards a diverse target group.

Kal stå i de gæs
kene og hva skal
me kom?
I mellom:
Erfaring i
smøkketoble

r at kondom er filgjengelig
gss klisstemerke som
utser til digitalt?
kost kor?
enviser til digital plattform
merke viser til fysisk plattform
er til digital plattform
Health services
like det samme som Motemærket?
yffe kondom + selvest
stikke digitalt opp?
er find health services?

TOUCHPOINTS THROUGH JOURNEYS

DRIVER ENGAGEMENT
LETTING THE INDIVIDUAL OFFERING DRIVE
ENGAGEMENT AND FURTHER JOHNTMENT

DISCOVER

INTERACT

**Condoms/
lubricant**

STI test

From fragmented to
connected
→ Istedet for enkelte
→ on celleprøve
Alle typer reminders i en
og samme digitale tjeneste.

I need advise on
something.

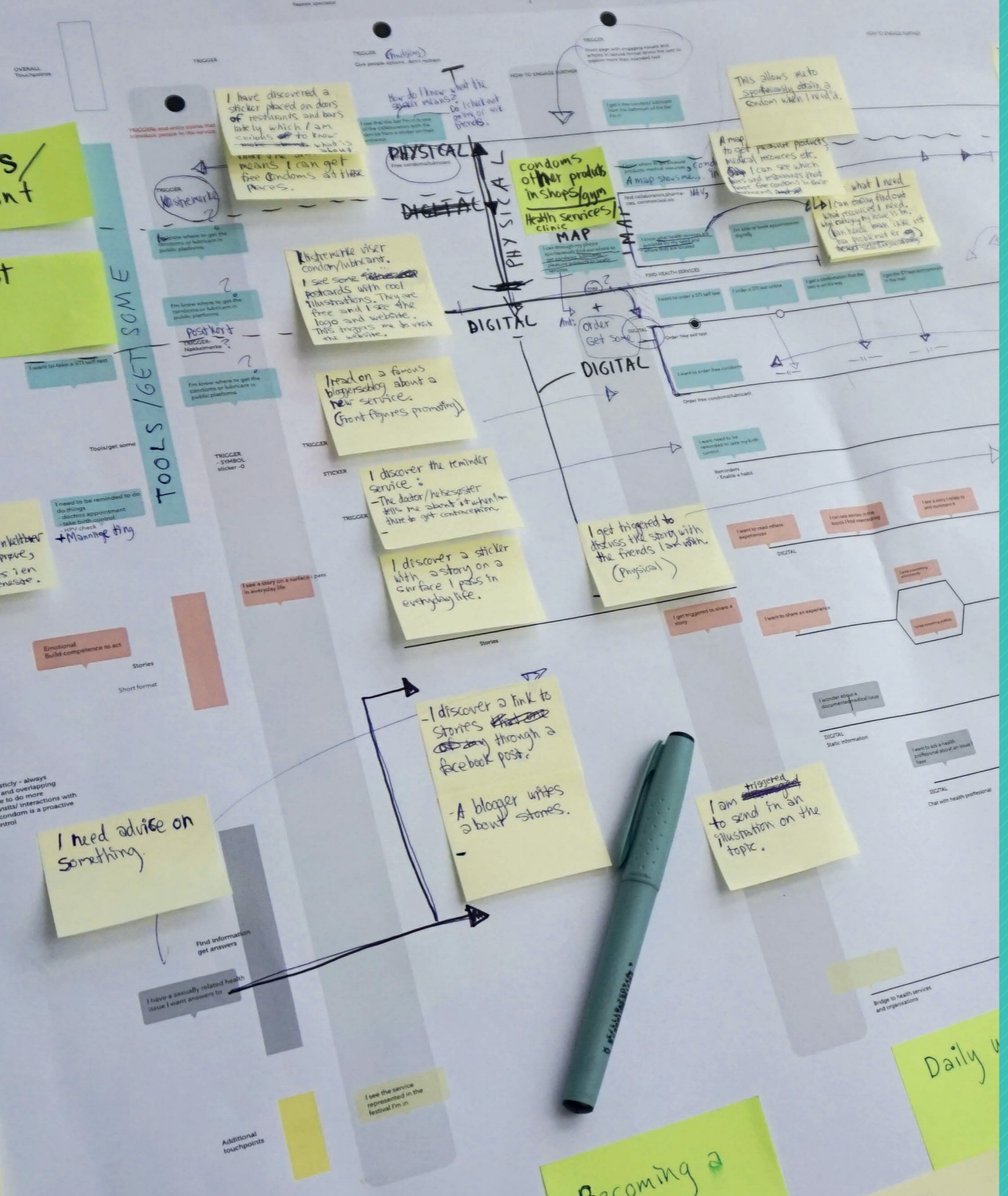
Front Aguer promoter
→ fun på stories?
eller informasjon?

Juleby stille ml.
fysisk og digital
(inviter hver kategori)

I might need condoms
just in case

How do we make sure
that people don't go
in the bathroom?
- they get it behind the bars?

Show how
to use or care
I know what to get!
What's my duty to
what to get?



**Becoming a
user**

sara 26
synes det er fint å
høre kondomer på butik

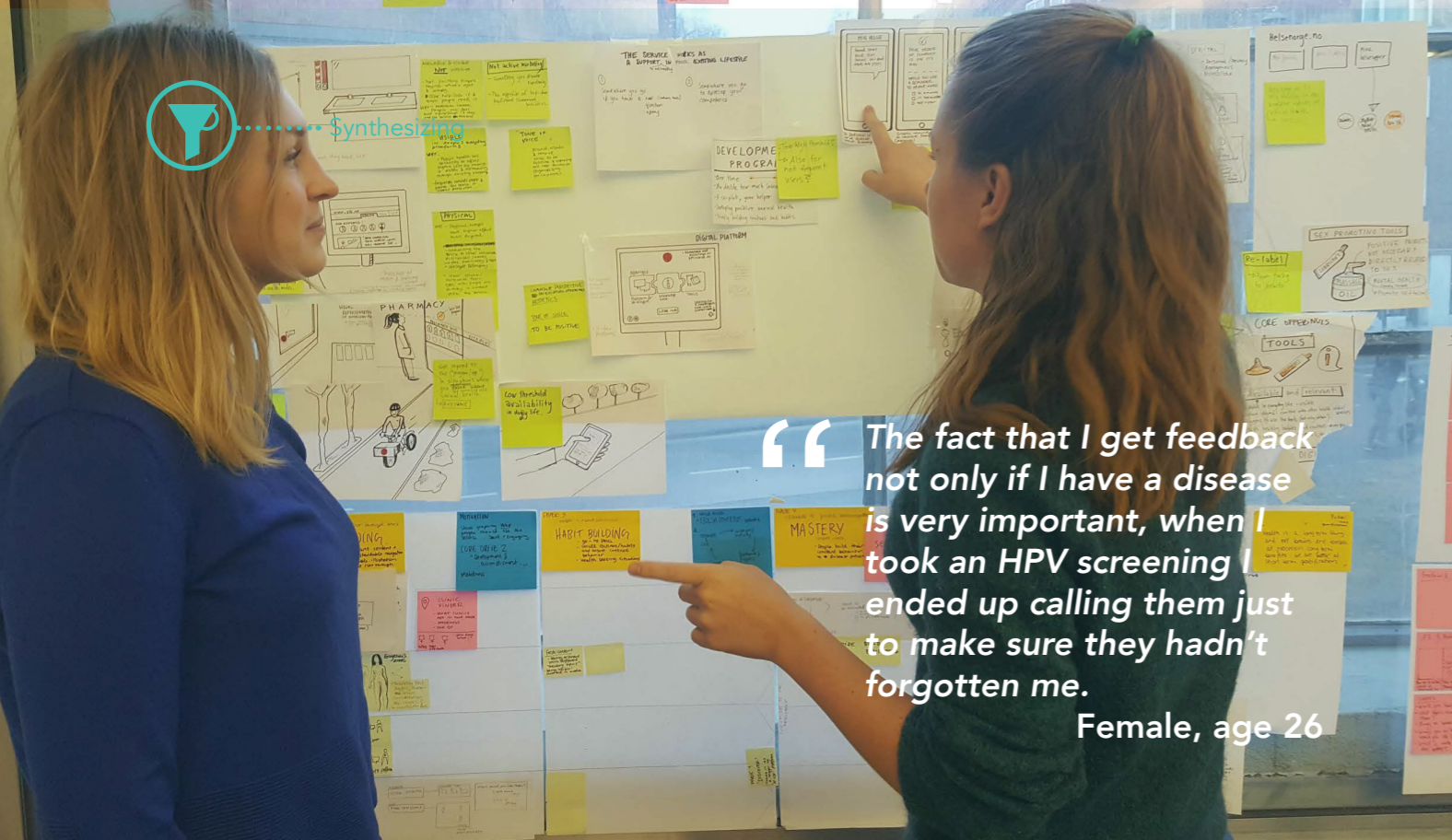
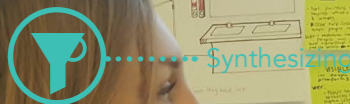
Rules in the journeys:
1. see the journeys holistically - always
facilitate for continuous and overlapping
services- trigger people to do more
2. facilitate for single visited interactions with
the service, getting a condom is a proactive
action- the user in control

I have a sexually related health
issue I want answers to

- I discover a link to
stones through a
facebook post.
- A blogger writes
about stones.

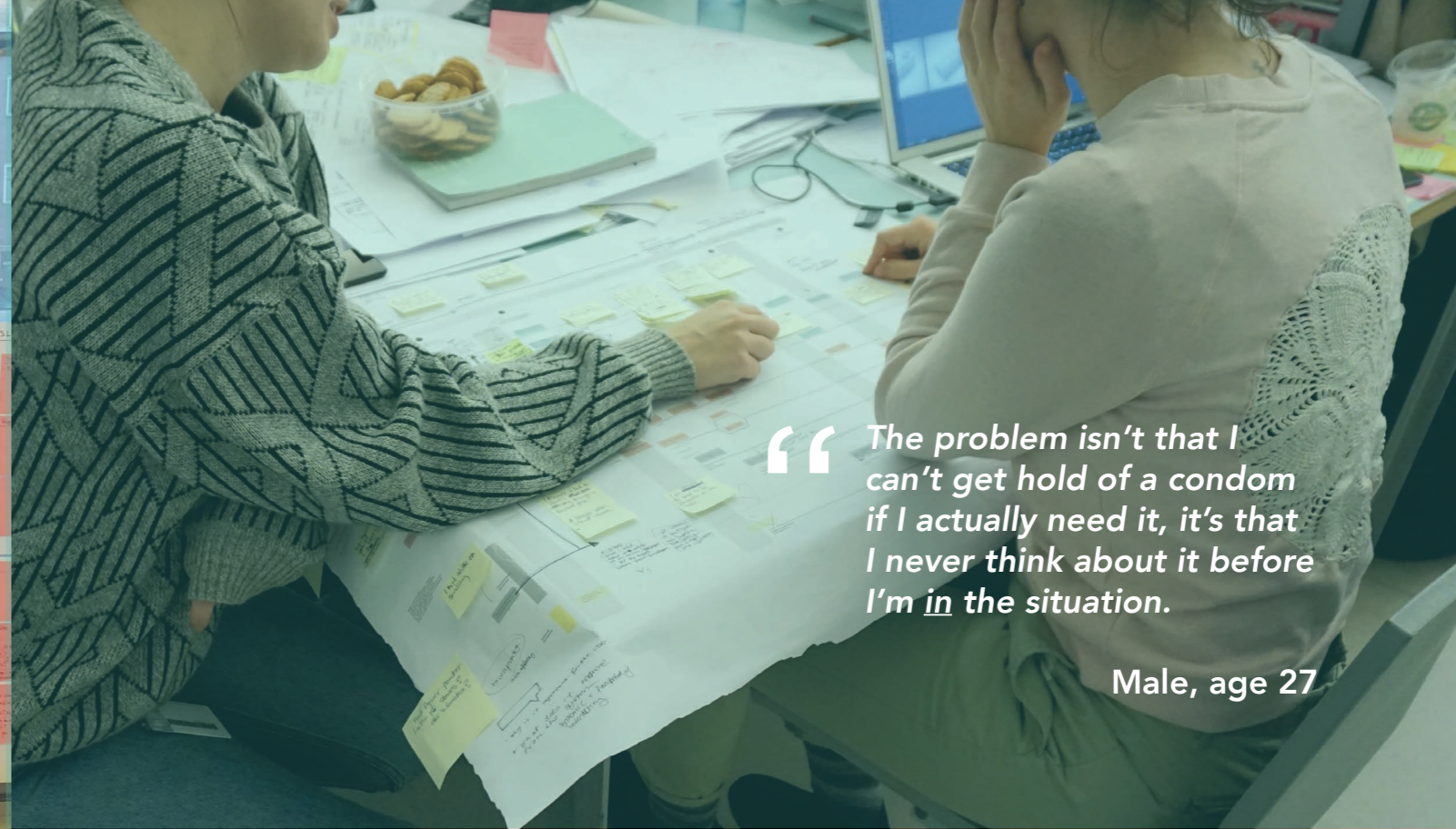
I am triggered
to send in an
illustration on the
topic.

Daily



“ The fact that I get feedback not only if I have a disease is very important, when I took an HPV screening I ended up calling them just to make sure they hadn't forgotten me.

Female, age 26



“ The problem isn't that I can't get hold of a condom if I actually need it, it's that I never think about it before I'm in the situation.

Male, age 27

User Testing

After constructing the first draft of the service we involved the target group to get feedback. We got hold of ten different people whom we ensured that represented a diversity of gender, educational background and age. We choose the participants from outside our school, which had not heard about the project before, in order to get new perspectives. The participants are kept anonymous due to the personal level of information they gave.

How we did it

We tested with the users individually at two different stages of our concept development. Their specific feedback is included in the following chapter, but we made a summary of the activities and overall feedback:

Meeting 1: Validation of proposed needs

To get the users to validate the need for offerings and service aim we constructed a number of statements asking them to rate to which degree they agreed with a need/issue as well as if they had other needs or desires.

Example: "Talking about sex can be difficult" or "I often forget to buy condoms". By evaluating the answers we could determine what offerings and values needed to be prioritized, which statements were less important, as well as being open to adding new.





The validation confirmed that shame and stigma related to sexual health was one of the biggest issues and that the offerings existing today are not visible or relevant for the target group to use.

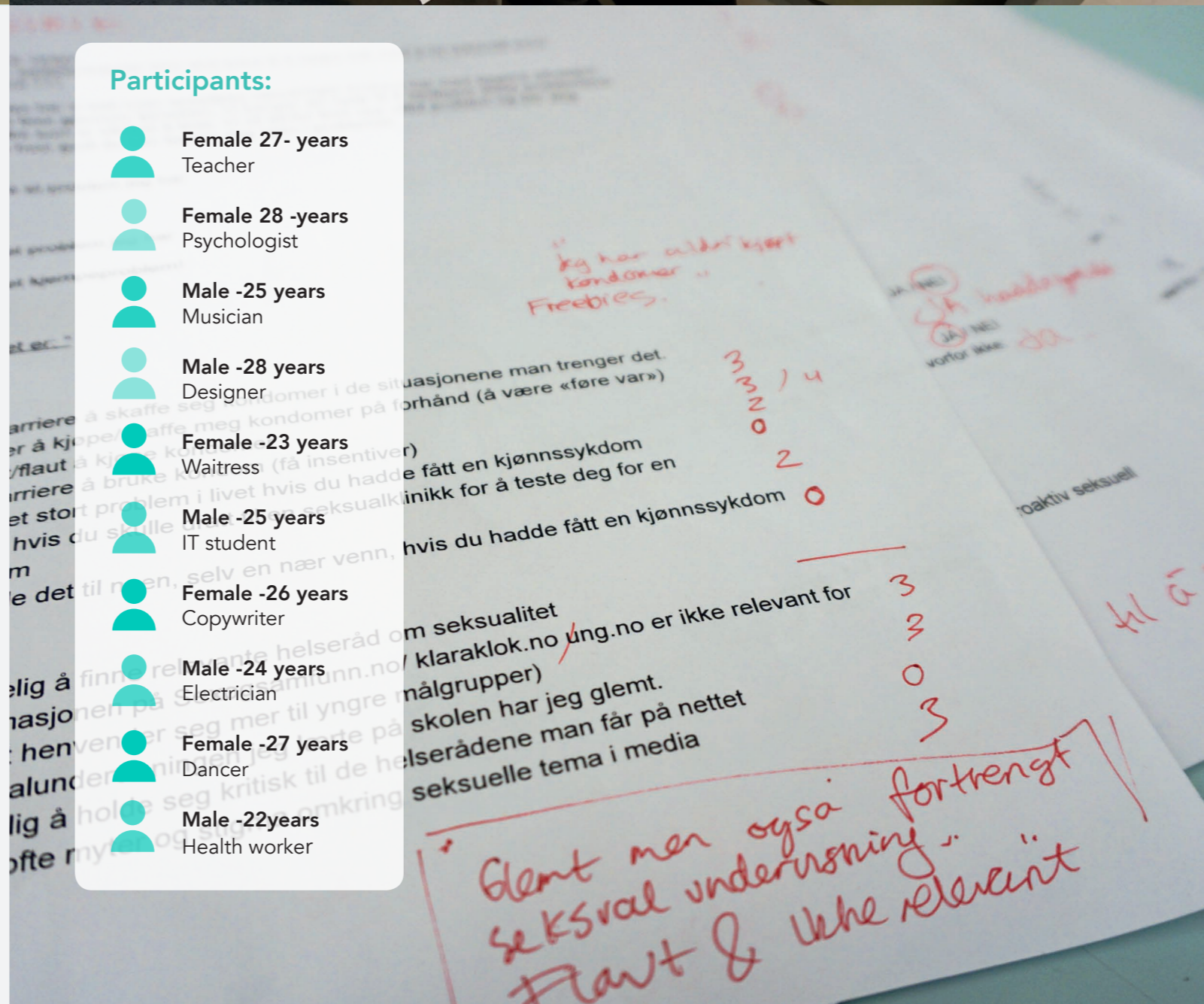
Meeting 2: Initial and final service proposal

We invited the participants individually to a second meeting to view our concept sketches, our improved offerings, journey's and visualizations. We asked them to rate how they thought the solutions answered to the problems they had emphasized in the first meeting.

On the concept sketches the participants highlighted the concepts biggest advantage to be the overall positive framing and communication.

Participants:

-  Female 27- years
Teacher
-  Female 28 -years
Psychologist
-  Male -25 years
Musician
-  Male -28 years
Designer
-  Female -23 years
Waitress
-  Male -25 years
IT student
-  Female -26 years
Copywriter
-  Male -24 years
Electrician
-  Female -27 years
Dancer
-  Male -22years
Health worker



Feedback from the Target Group

Creating a web-page of screens with solutions to meet the needs that we encircled from the user research allowed us to have something tangible to show the users and talk around. These are the most essential points from the user feedback that made an impact on the concept development:

Relevance is more important than availability

Users pointed out that the reason for not obtaining a condom is less about the availability and more about the relevance of it. It is the culture, social circumstances and how we talk about it that influences if one obtains and uses a condom or not, according to our users. From this we concluded to focus more on how to make the offerings relevant to the users.

Making sex present in a different way

We got a useful correction on our aim to 'make sex present in society'. The users pointed out that sex is already very present. This made us reflect and realize that our focus might not be on just making sex and sexual health more present, but that the value of our project rather lays in creating a presence in an alternative way of framing how we talk about it, and facilitate for what we talk about. Today media and popular culture to a large extent define how sex is displayed and what topics are legitimate to talk about. Our users confirm a need for seeing a more realistic diversity of people and perspectives related to sex, as well as a presence of "difficult issues", or taboo issues, that many people face, but are not visible in public discourse.

Our goal is therefore not to force upon people to talk about their private issues in public space, rather to create spaces where people feel comfortable to talk and get advice on their own premisses if they want to. Sexual health should be present without feeling shame or stigma.

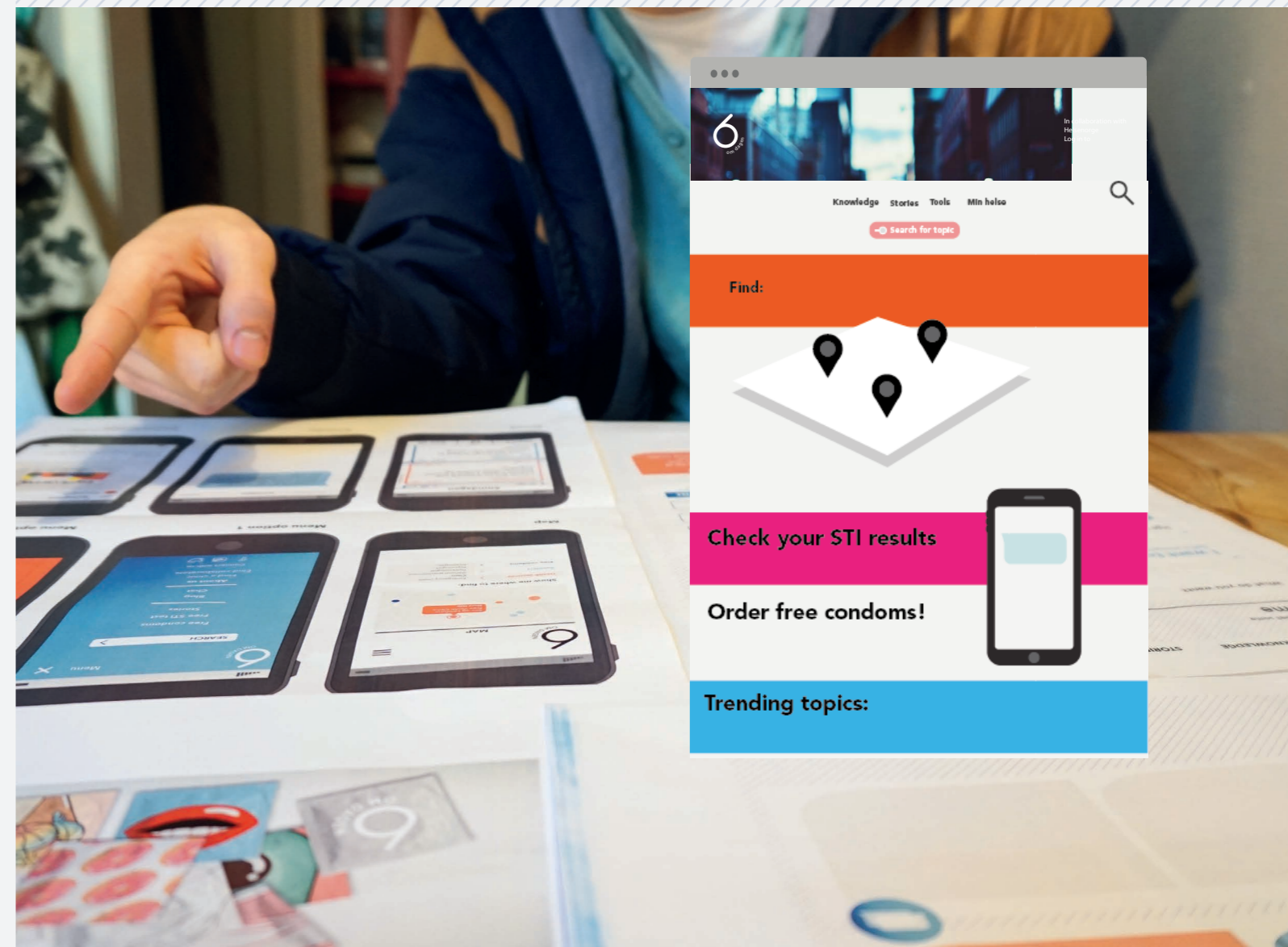
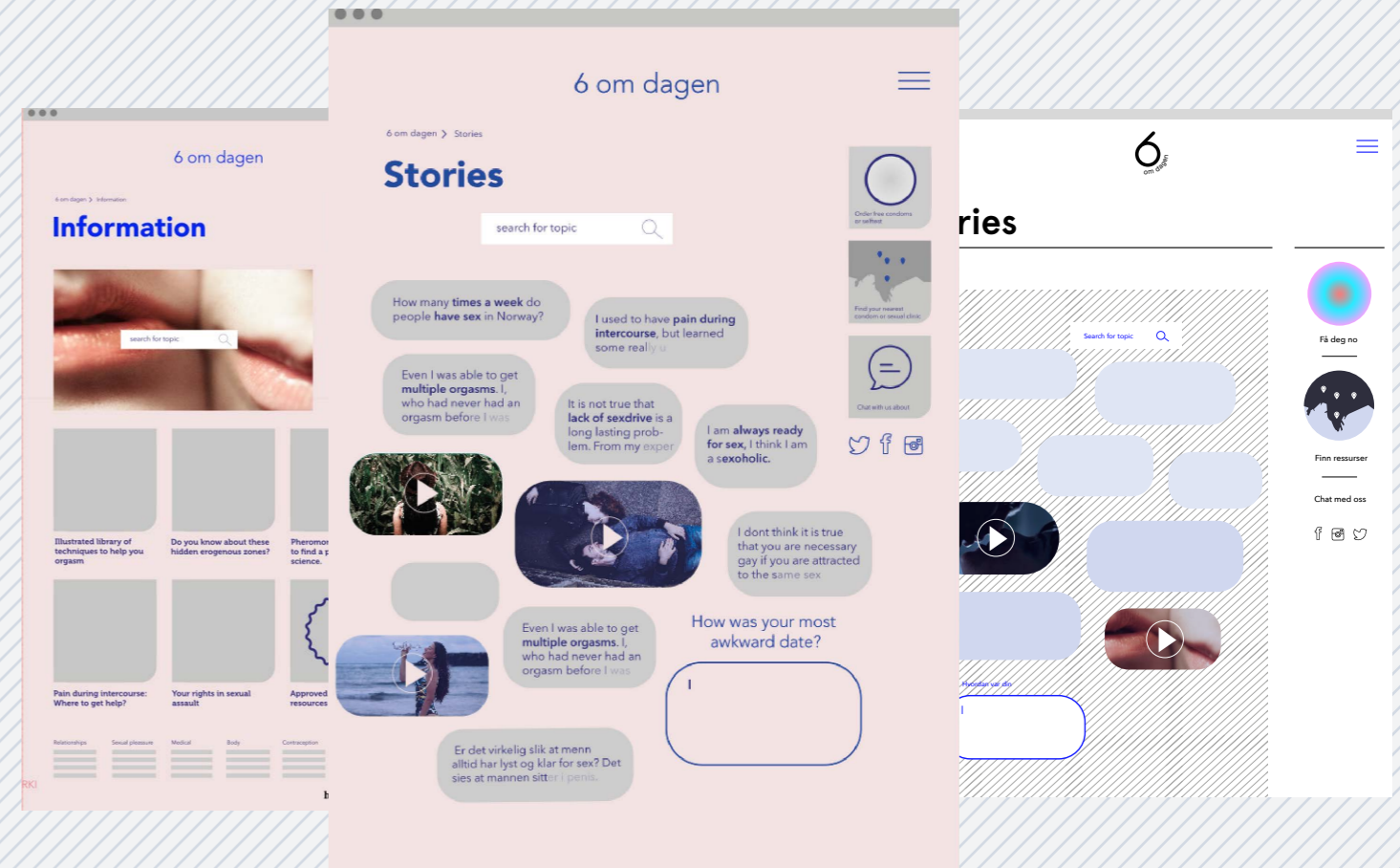
One service, one front to approach

Users pointed out that the information on many official web-pages today is generally very good. However many users say they struggle with knowing who to approach for which issue due to the fragmented offerings. Our service therefore creates value by benefiting from the resources already existing and gather them in one place. To have one front to approach, no matter which issue, increases the user friendliness and is highly desired from the users.

Gender inclusive

From the first screens we tested, we got feedback that it looked too female. In order to include men, we iterated on colours and visual communication. Not only the visuals needed to be gender neutral, also the functions and concepts on the web-page were tested and adjusted on both genders to ensure relevance. It was important that the web-page not only appeal to educated and resourceful users, but also has the potential to be relevant to other groups of society. The tone of voice has therefore also been a part of the iteration process.

Screens from early concept iteration





Reframing the Conversation

When talking about nutrition or physical activity, public actors emphasize positive benefits of eating healthy and be physical active. When comparing the communication with how sexual health is talked about it is striking to see the difference. The focus is on negative consequences of having sex as well as other negative aspects.

In media and popular culture sexual health is typically represented through glossy images of successful and perfect people to discriminating or sinful messages.

Sexual health is personal, and feeling ashamed about our sexuality can stop us from addressing sexual health issues. When talking to one of our experts, he shared how he addresses patients feeling embarrassed:

“All embarrassing topics I talk about to my patients I talk about them as if it is the most boring topic ever, that it is so regular that it’s no big deal”

Jonas Kinge Bergland, G.P. and comedian

5 om dagen

5 om dagen is a national campaign aimed to get people to eat 5 fruits a day. When public actors promote nutrition they highlight the positive aspects of eating healthy. They give advice on recipes, refer to food with healthy

ingredients and show the health advantages of eating healthy. The new national strategy for sexual health addresses how health workers should talk to patients about the health advantages of having sex, but promoting sexual health should also be implemented in the low level, proactive initiatives.

6 om dagen

Reframing sexual health includes reframing the conversations. Sexual health has just as much importance for health and well-being as nutrition or physical activity. Why can’t sex be talked about like we talk about food?

We build our service opportunity on this thought, and introduce *6 om dagen*.

“Reframing dialogue to embrace a positive sexual health perspective can help reduce the stigma and misconceptions that surround many sexual health issues. Currently, because STI’s and other adverse sexual health outcomes are associated with socially sensitive behaviours, individuals may deny risky behaviours or attribute symptoms to other, non-sexual causes, leading to a delay or failure to seek important preventive services and treatment.”

Public health Rep. 2013

helsenorge.no > Sex og samliv

Sex og samliv

Her kan du bestille gratis kondomer

Kondomene sendes i en diskret boblekonvolutt og leveres innen en uke fra du bekrefter bestillingen.

Vurderer du abort?

I Norge har kvinner selv rett til å bestemme om de vil avbryte svangerskapet i løpet av de tolv første ukene.

Abortmetoder

Ved selvbestemt abort før utgangen av 12. svangerskapsuke er det to metoder for å avbryte svangerskapet: Kirurgisk og medikamentell abort.

Kjønnsykdommer

Klamydia, kjønnsvorter og herpes er kjente seksuelt overførbare infeksjoner (SOI). Disse kan gi symptomer som utflod, hevelse, kløe og sårhet.

Gratis kondomer for rekvirenter

Her kan rekvirenter som Helsestasjoner, skolehelsetjenesten, helsesøstre og russestyret bestille gratis kondomer

Skilsmisse og samlivsbrudd

For mange er et samlivsbrudd en alvorlig krise og kan medføre ulike tapsopplevelser. Et samlivsbrudd er vanskelig og vondt for alle i familien.

Prevensjon

Kondom, p-piller eller sterilisering? Hva slags prevensjon som er riktig for deg varierer med alder og livsfase.

Ufrivillig barnløshet

Fruktbarhetsproblemer er vanlige, men det finnes behandling som kan hjelpe.

Nyttige informasjonskilder om seksuell helse

Her får du oversikt over viktige informasjons- og rådgivningssider om seksuell helse.

Helsekonsekvenser og helsehjelp etter kjønnslemlestelse

Kjønnslemlestelse av jenter er en tradisjonell praksis knyttet til lokale normer og verdsett. Kjønnslemlestelse innebærer helseplager for kvinnene.

RELATERT INNHOLD

- Herpes i underlivet
- Klamydia
- Ufrivillig barnløshet og infertilitetsbehandling
- Sex når du er gravid
- Kjønnsvorter
- Impotens
- Barnløshet (infertilitet)

helsenorge.no > Kosthold og ernæring > Tips til hverdagsmaten > Små grep for et sunt kosthold

Små grep for et sunnere kosthold

Her finner du kostholdsråd, inspirasjon til oppskrifter og fakta om kosthold.

Skriv ut

Salt

Vi bør ikke spise mer enn totalt 5 gram salt om dagen, ca. en halv teskje, men får i oss det dobbelte.

Enkle oppskrifter til sunn mat

Oppskrifter på fiske- og kjøttretter, snacks med grønnsaker og dip, supper, vegetarretter og brød og bakst.

Råd for et sunnere kosthold

Et kosthold med frukt, grønnsaker, grove kornprodukter og fisk er bra for helsen. Her er råd om hvordan du kan få i deg næringsstoffene du trenger.

Nøkkelhullet

Lær mer om Nøkkelhullet, hvorfor du bør velge det og hvilke matvarer som kan få merket.

Tips til barns matpakke

Velg grove kornprodukter, og som matpakkesnacks anbefales frisk frukt, fruktalat og lettoghurt.

Mat for barn

Sunt kosthold for barna behøver ikke være vanskelig å få til. Her får du informasjon om middagsmat og drikketil kosttilskudd, sukker og matpakketips.

Sunn hurtigmat

Kjøper du ofte hurtigmat, fast food eller annen tilberedt mat? Her er noen små grep for å ta sunne valg når du er på farten.

Tips til sunn og rimelig mat

Det trenger ikke være dyrt å spise sunt. Se 17 små grep for økonomiske og sunne valg.

Frukt og grønt i hverdagen

Bruk mer av frisk frukt og rå grønnsaker både til og mellom måltidene. Her gir vi fantasien litt fargerik næring til å prøve noe nytt.

Sunt og godt på grillen

Med ti enkle grep gjør du grillmåltidene sunne og velsmakende.

Mer om helsenorge.no

- > Innhold A - Å
- > Personvern og nettsikkerhet

Les bloggen til helsenorge.no

Slik lagde vi en felles nettløsning for alle norske sykehus - Lynforedrag holdt på Webdagene

Bruksstatistikk September 2017

Values and Mechanisms from Social Interactions

In order to create a service that engages, enables and empowers users to manage their own health we needed to look deeper into what motivates and engages our target group. Participants in our workshop and user interviews pointed out that friends or google are the first ones to approach if they needed advice related to health and relationships at a preventive stage.

“The reason I would go to a friend for advice is that a friend is relatable, we have an equal relation, a friend is an allied, has sympathy with me, recognises me and I can talk freely. And we meet up regularly so it is a natural occasion to talk”.

Male, 23

This brought us into the idea of exploring if elements from social interactions could be brought into our service. Which traits and values from social interactions might guide the desired service interaction?

Many brands have successfully used this approach, businesses are after all dependent on driving users engagement in order to gain profit. We explored how brands manage to

drive users engagement through a workshop with about 12 designers from Sopra Steria consultancy. We gave them a take over task asking: *How would it look like if Foodora delivered sexual health services? How would the service look like delivered by Uber?* The workshop participants helped us shed light on the mechanisms and values behind each of the brands (Foodora, Uber, Oslo food truck) and what make the brands drive engaging interactions. One of the groups analysing foodora mentioned visibility as an important factor for success:

“Just think of how you discovered Foodora the first time. You saw someone in pink passing by in flying speed, and after seeing this a few times you google it or ask a friend what this whole thing is about. Imagine applying the discovery effect to a sexual health service, ...a recognizable thing, a sign or something, that you don't know what means and have to discover”.

Male, Sopra steria



Further a participant noted that discovering something yourself is an important mechanism that drives users engagement:

“Just think of the success of SKAM (Norwegian TV-series), part of the success is that no parents or authorities tell you to interact with it, it is something you discover yourself and interact with on your own premisses”.

Female, Sopra steria

An other group pointed out benefits of Oslo food truck:

“It is present in cool places and social occasions, at Aker brygge one day, somewhere else the other. I can easily find where it is online”.

Female, Sopra steria

From the workshop we concluded that success elements we might transfer from these services are: presence and visibility in daily life and social platforms, spontaneous low threshold interaction, something you discover yourself, a little bit secret and cool to know about, and one might see where it is online.

When brands manage to drive users engagement, what does it take to make a public sexual health service do the same? Our next step was to define the desired interactions between the users and a state-run sexual health service.

Driving Engagement

Addressing the need to not only offer products and services but to also drive engagement is something that several designers address.

When constructing the service we are inspired by the methods and theory these designers use.

Behavioural psychology

Dutch designer and researcher Nynke Tromp has written a Ph.D. theses on designs ability to affect pro-social behaviour.

“ **Design can transform behaviours in such a manner that people feel motivated to act a certain way, because the action is tied to a personal concern. (...) We may actually design an environment in which it is easier, more intriguing, more engaging, or more meaningful to act in ways that benefit all of us in the end.**

Nynke tromp (2013)

Gamification and drivers for engagement

Yu Kai Chou is one of the many designers using gamification theory not to implement game elements but to implement core drivers for engagement in services and products. His theory highlights how extrinsic and intrinsic incentives can motivate all humans.

When constructing our service guidelines we have used Chou's Octalysis model as an inspiration to implement triggers for human motivation in our service interactions. We have focused mostly on intrinsic motivators, like feeling of autonomy, sense of learning, curiosity or group affiliation.

Designing for engagement

When making the service guidelines we have been directly influenced by these theories. Designing offerings for a range of individual and isolated situations in peoples lives made us understand that we need a holistic frame of engagement addressing three different phases in which a potential user is in.

The service should aim to motivate users in different situations, from a simple individual intervention to long term proactive behaviour.



Passive situations

Aim:

- Have the service create a presence in peoples perception by letting them know what offerings exist when they eventually need it.
- Directly or indirectly motivate conversations about sexual health. For example by having traces of the service, facts or visual marketing, in public surfaces.
- Nudge curiosity,- make them want to interact with the service.

Health seeking situations

Aim:

- Make the offerings available for spontaneous interaction,- making healthy actions the easiest choice.
- Motivate and enable service interactions by making the content engaging, or appeal to group affiliation.
- Motivate people to repeat interaction with the service as well as healthy behaviour.

Disease preventing situations

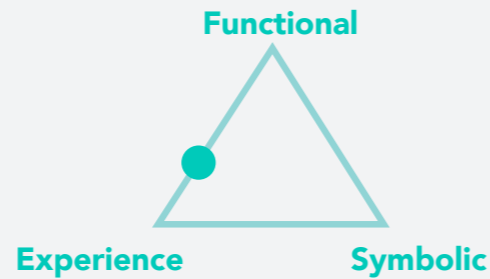
Aim:

- Motivate and enable behaviour leading to healthy continuous habits. Yu Kai Chou 2014
- Lower the threshold to prevent diseases by offering self help and bridging contact with health services.
- Give feedback of healthy behaviour (positive reinforcement- autonomy)

“ **Health is a longterm thing and our brains are terrible at processing long term benefits. We are better at short term gratification”**

Yu Kai Chou (2014)

Brand Strategy



When designing interactions between the service and the users we needed to define a strategy for how we want the service to be recognized by the users and communicate. Throughout the process we got feedback from supervisors with competence and background in graphic design and strategy (Vera Pahle and Nina Bjørnstad) to get guidance on how to best meet a diverse target group.

The name

6 om dagen refers to the nutrition campaign "5 om dagen" (5 a day). Wanting the service to talk about sex the same way as the government talks about nutrition, we believe this is a good reference. In Norwegian the number 6 is pronounced in the same way as the word sex. 6 om dagen can also mean "sex these days", which is a suitable name for a dynamic service aiming to be time- relevant.

When it comes to the writing of the name, we discussed if it should be written "sex om dagen" or "6 om dagen". By keeping the number it normalizes sex as a topic, without the explicit association to "sex", another argument for keeping the number is that it lowers the threshold of visiting a web-page in public space. This argument was backed by our target group, saying that it would lower the threshold for them to visit the page during a lunch break at work or in public transport.

Positioning

Positioning is about creating a clear picture of the fundamental values that represent the brand identity -the unchanging core (Samuelsen, Peretz, Olsen).

We want 6 om dagen to be more than purely a functional health service in order to engage and be relevant to users, therefore we position it closer to an experience based brand. An experience based brand should give a form of enjoyment by appealing to senses or stimulate cognition (Samuelsen, Peretz, Olsen, 2007). For 6 om dagen to focus more towards experience it needs to distinguish from a very functional and clinical identity, but still be recognized as a trustworthy government health service.

Gender inclusive

A conflicting aspect of moving towards a experience based identity is the diverse target group we aim to meet. Associations to pleasure or sexual experience are either very feminine or dark and vulgar. The service needed to appeal and be inclusive to all genders, identities and perspectives. Brands with a gender neutral identity tend to lean in a very clinical, black and white direction.

Moodboards



- We place our service in a bigger picture following a trend of addressing the need for realistic, diverse and positive representations of sex, body image and gender.

Service Identity

Keeping credibility

We wanted 6 om dagen to be understood as a governmental health service in order to retain credibility. Therefore it was natural to look at other health services when defining the identity and position 6 om dagen in this category. We analysed the visual identity of other health services to find opportunities for how we could position 6 om dagen to meet the users and stand out in a beneficial way.

Digital platforms for governmental health actors, helsenorge.no and oslouniversitetssykehus.no are clearly in a functional category of brand experience. The use of colours white, grey and blue give a clinical impression which we see a potential to distinguish from. The visual identity of government supported web-pages for sexual health (ung.no, klaraklok.no) are directed towards teenagers by the use of decorative fonts and colours, giving an impression of being "not so serious". We also found it relevant to analyse commercial actors related to sexual pleasure or health. Pictures that come up when googling sex shop are predominated by pink and red. Sometimes the backgrounds are black, which suggests that the offering is a little bit forbidden, secret, shameful, hidden or at night. This type of visual communication is clearly directed to appeal to the experience more than rationality.

Relatable communication

Although 6 om dagen is an experience based brand, we believe it needs to move away from the visual communication of the commercial sex industry in order to be relatable to the users. Because 6 om dagen should be perceived as a health resource we believe that 6 om dagen can be the opposite of dark (black and sensual), secret and shameful. We want 6 om dagen to communicate positively, shed light on the unrevealed, taboo issues and be brave.

Logo

Given that the name was an important part of the service perception we experimented with different directions for the logo. The logo needed to be a clear element, easy to recognize and to use in different situations. We chose a version where the letters "om dagen" follows the shape of the number six, creating a coherent decorative element in its entirety. The final logo can be used in black and white as well as it is easy to combine together with images or illustrations without being "too much".

Analyzing existing visual communication
Concept development logo



Something hidden, unrevealed, behind layers, can it be tactile?



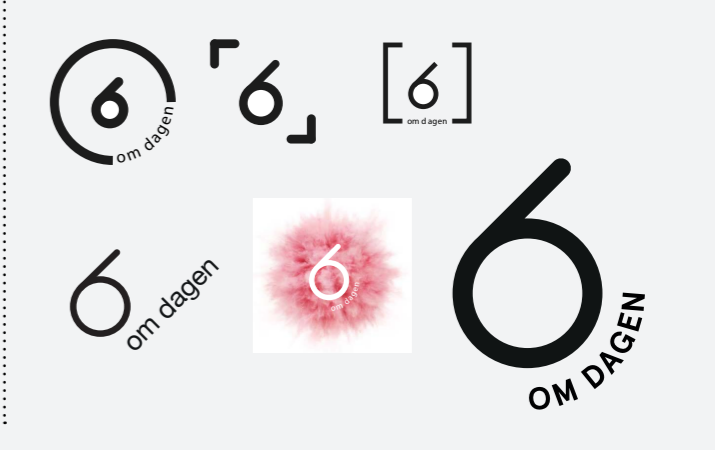
Dynamic logo, where words in front of and after 6 shift in different settings



Shape exploration with the number six



Finalizing process



Sources: Helsenorge.no, Oslouniversitetssykehus.no, boots.no, apotek1.no, ung.no, klaraklok.no, kondomeriet.no, cosmopolitan.com, erotikknett.no, duoshop.no. Screenshots of google searches on "sex shop" and "porn".



Chapter 06

Service Guidelines



Content

In this chapter we have concluded our insight phase and ideation exploration in to a summary of needs and service guidelines. We will first conclude what different user needs the service should aim to meet before we describe the service experience guidelines, both personality traits and functional principles. We believe there are several ways of creating a health service meeting the needs of the target group, but through creating these underlying guidelines we want to embed the ideal experience a sexual health service should have.



Summary of needs

User needs the service should aim to meet

Target group



Passive spectator

The service should aim to create a presence in the target groups perception. Letting people know what offerings exist when they need it and directly or indirectly trigger conversations of sexual health in everyday situations.

Society



The service should meet the society's need for reducing shame and stigma connected to sexuality and sexual health.



Health seeking

The service should meet the need for low threshold access to the resources people need to act sexually healthy.

The service should facilitate for spontaneous and planned interactions as well as it should trigger repetition of behaviour.



Disease preventing

The service should meet the need for enabling and empowering people in disease preventing and selfdeveloping situations.

This includes providing knowledge and motivate interactions leading to healthy habits.

Public health sector



The service should aim to meet the public health sectors need for empowering and enabling individuals health and thereby lowering pressure and cost on health care. The service should also meet public health sectors need to work crossdisciplinary, strengthening competence and collaboration.

Service experience guidelines

Based on the theoretic framework of Mauricy Filhos Brand experience manual (Motta-Filho, M. 2012) we developed brand experience guidelines for the desired service interaction. While traditional brand manuals usually are about visuals, a brand experience manual is "a tool to communicate the brand experience proposition to New Service Development (NSD) teams, and to help them design services that embed the brand into the new experiences" (Ibid). The brand experience guidelines consist of a service personality, personality traits and service principles.

The Service Personality expresses who the service is and the services' relationship with the users. It helps to create a deeper understanding of what user experience it wants to deliver.

The service personality expresses whom the customer will be interacting with and is presented as a set of traits.

The service principles explain how a public health actor can embed 6 om dagen into the development of new services or improving services. The design principles will help a public sexual health service to be consistent in all touchpoints of the service.

Who is 6 om dagen?

6 om dagen is a close friend who lives near by, whom you meet frequently in your everyday life, both on physical and digital platforms. It is a person who is very present in your life, whom you can go to with anything, he is always there for you. 6 om dagen is the first person you go to if you need advice. 6 om dagen is just a little bit older and has gone through many of the things you face, this makes his advice trustworthy. As a person Seks om dagen is very sparkling and inspiring, a role model who you look a little bit up to, yet he is relatable. Everytime you meet him he is updated with the latest news and trends, and eager to tell you inspiring stories.



Personality traits

6 om dagen has some characteristics that make him act and interact with others in a specific way. He is engaging, trustworthy, loyal and brave. The traits are developed through workshops and interviews with users from the target group. These traits describe 6 om dagen during any interaction with the users, and should serve as guidelines when developing new and improving existing services.



Engaging

6 om dagen is someone who inspires you; he is always updated, telling engaging stories about friends experiences, latest news and trends.

6 om dagen gives you positive feedback, reinforcement which motivates you in your daily life.

6 om dagen has a sparkling personality with a positive and openminded attitude.



Loyal

6 om dagen is someone who is always there for you and supports you no matter what.

6 om dagen is someone you meet frequently, who you reach out to spontaneously without needing to plan ahead.

6 om dagen genuinely cares about you and reminds you of your health without being intrusive.



Trustworthy

Someone you trust because of his knowledge and experience. 6 om dagen is slightly older and more experienced than you, therefore you relate to 6 om dagen and trust his advice.

6 om dagen knows the system and can guide you to contact or find the right resources for your need. He has a hands on, problem solving attitude.

6 om dagen is non-judgemental and keeps your secrets, this means that you feel confident to say anything.



Brave

6 om dagen encourages and supports you to encounter challenges and speak about difficult things. She does this in a non-pushy way.

6 om dagen creates a room for sexual health to be talked about.

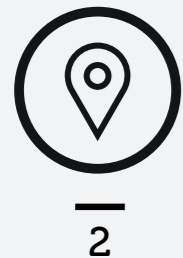
6 om dagen is always unprejudiced, noncritical, open for diverse perspectives and untraditional values.



Service principles



From focus on negative consequences to promoting positive aspects of sex



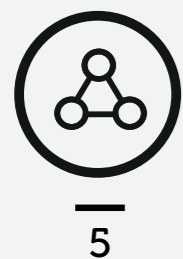
From absent to present in everyday life



From "one size fits all" to diverse people and perspectives



From patient to health seeker



From fragmented to connected



1

From focus on negative consequences to promoting positive aspects of sex

To reduce shame and stigma related to sexuality the service should promote sexual health as a positive resource in peoples life. The service should communicate the benefits good sexual health has for mental health and general health and wellness.

Examples:

- Talk about sexual health as if it was nutrition. Use positive visual communication and tone of voice in content.

- Include sexually promoting content related to all aspects of sexual health.

- Normalize sexual health by implementing it in contexts related to health and lifestyle, for example condoms and lubricant available in a sport shop.

- Give positive feedback when users have shown a proactive approach towards their health, not only when something negative has happened (like the text message when testing positive on an STD).

- Offer sexually promoting resources like lubricant.



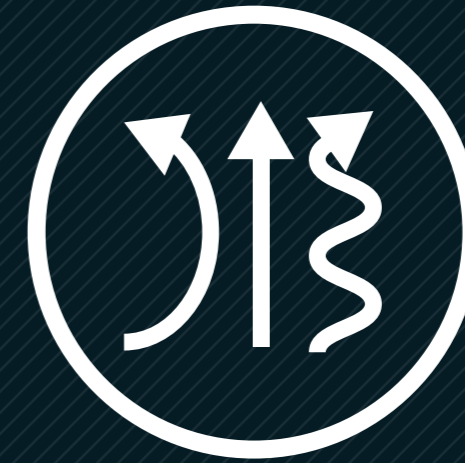
2

From absent to present in everyday life

To engage and enable people's proactive behaviour the service and its offerings should be present in everyday platforms, both physical and digital.

Examples:

- Make the service visible and available where people are in their daily life, for example through marketing in public places or presence in social media.
- Make the interactions with the service relatable to interactions people have in their everyday life. For example through tabloid or media formats.
- Have resources (Ex. condoms/lubricant) be available in situations people are most likely to need them, like bars, restaurants, or taxis.



3

From "one size fits all" to diverse people and perspectives

For the service to be relevant for people to interact with, it should offer content relatable to a diverse audience.

Examples:

- The visual communication should be gender inclusive.
- Offer content that explains the interconnected effects sexual health has on other aspects of health. For example how lack of sexual lust can be a mental issue.
- Let the content be relatable in a time relevant aspect by continuously reflecting trending topics or discussions in media.
- For the content and offerings to be engaging it should be relatable to the interactions people have on a daily basis. For example through tabloid formats, or low threshold conversations.



4

From patient to health seeker

The service should enable, empower and engage users to manage their own health without being intrusive or pointing fingers.

Examples:

- Make it easy for people to get self help.
- Have the public service identity be discreet but visible. Sexual health is still a private matter and shouldn't be explicitly advertised.
- Nudge users interaction with the service and it's offerings by optimizing for motivation, curiosity, or enjoyment. For example by rewarding
- Empower the users to repeat interaction with the service by giving them positive feedback.
- Facilitate for people to learn from each other by sharing experiences or knowledge.
- Engage and inspire peoples healthy behaviour through collaborations with role models.



5

From fragmented to connected

For the individual offerings to engage peoples overall healthy behaviour they should be offered in one connected service.

Examples:

- Connect physical and digital touchpoints through a coherent visual identity easily recognizable in different platforms.
- The service should have one connected digital platform. People should have 1 place to go regardless of need.
- Connect individual offerings, and bridge access to other health offerings or organizations.
- Promote offerings by being present in social platforms like social media, physical space and events.
- Validate commercial actors offering sexual-health promoting products or services.

Phase 03



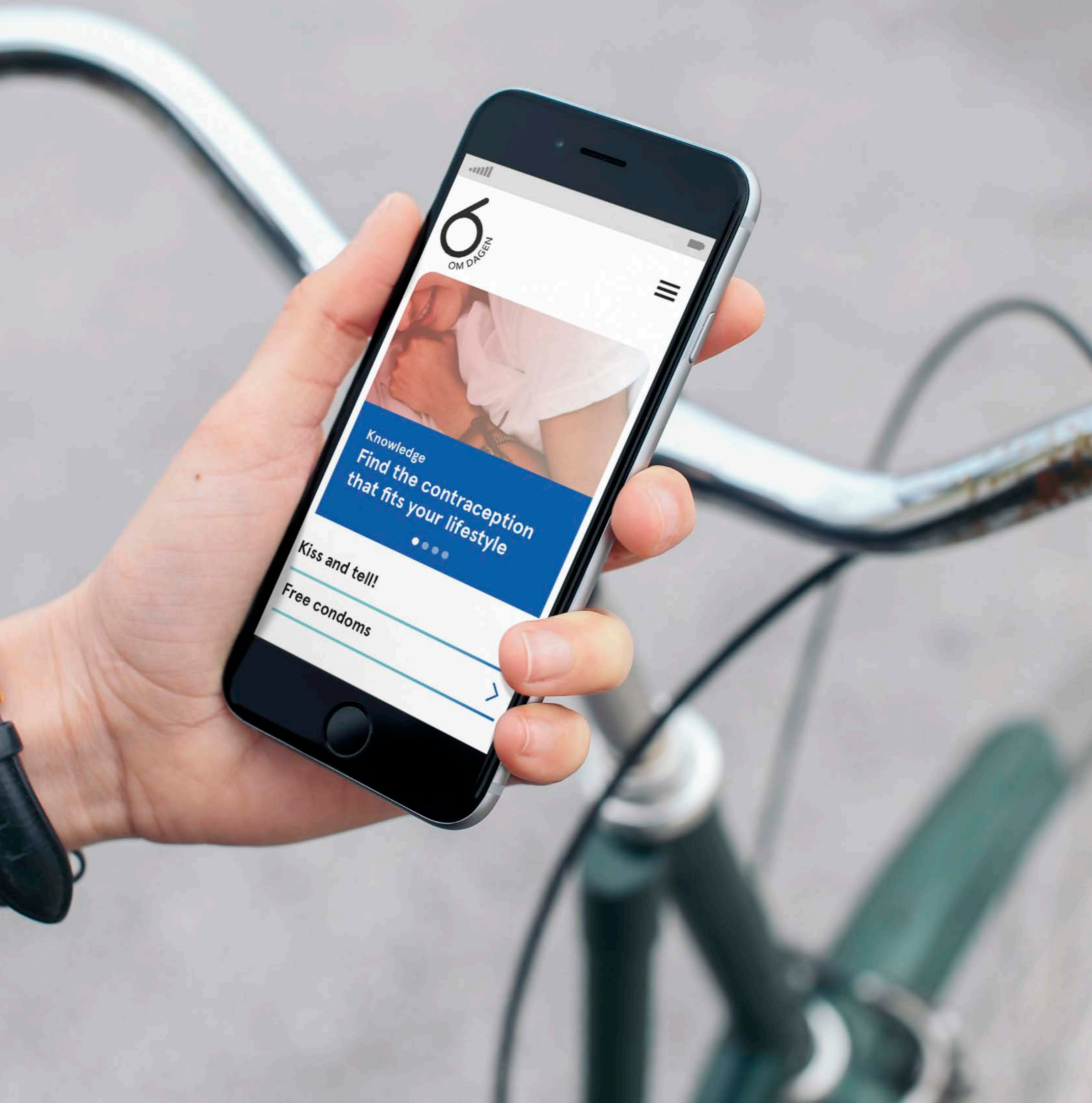
Emotion -Why it exists

Function -What it does

Mechanics- How does it work

Methods & Activities

Service vision
User journey
Visual prototypes
Storyboard



Chapter 07

Emotion

"Why the service exists"



Content

In the previous phase we used design to explore and construct ideal experiences for the target group.

In this phase we will not present a final answer but an opportunity for a service and how our findings and guidelines could manifest through a service concept. The concept shows the ideal service for the target group, and describes how a new type of public health services could look like to empower and enable people's independent health.

We have used our visual communication skills to manifest the service in both illustrated and realistic platforms. Given that neither of us are interaction designers the digital explorations main goal is to communicate the service content and functions, rather than user interface.

▼ 6 om dagen

Vision

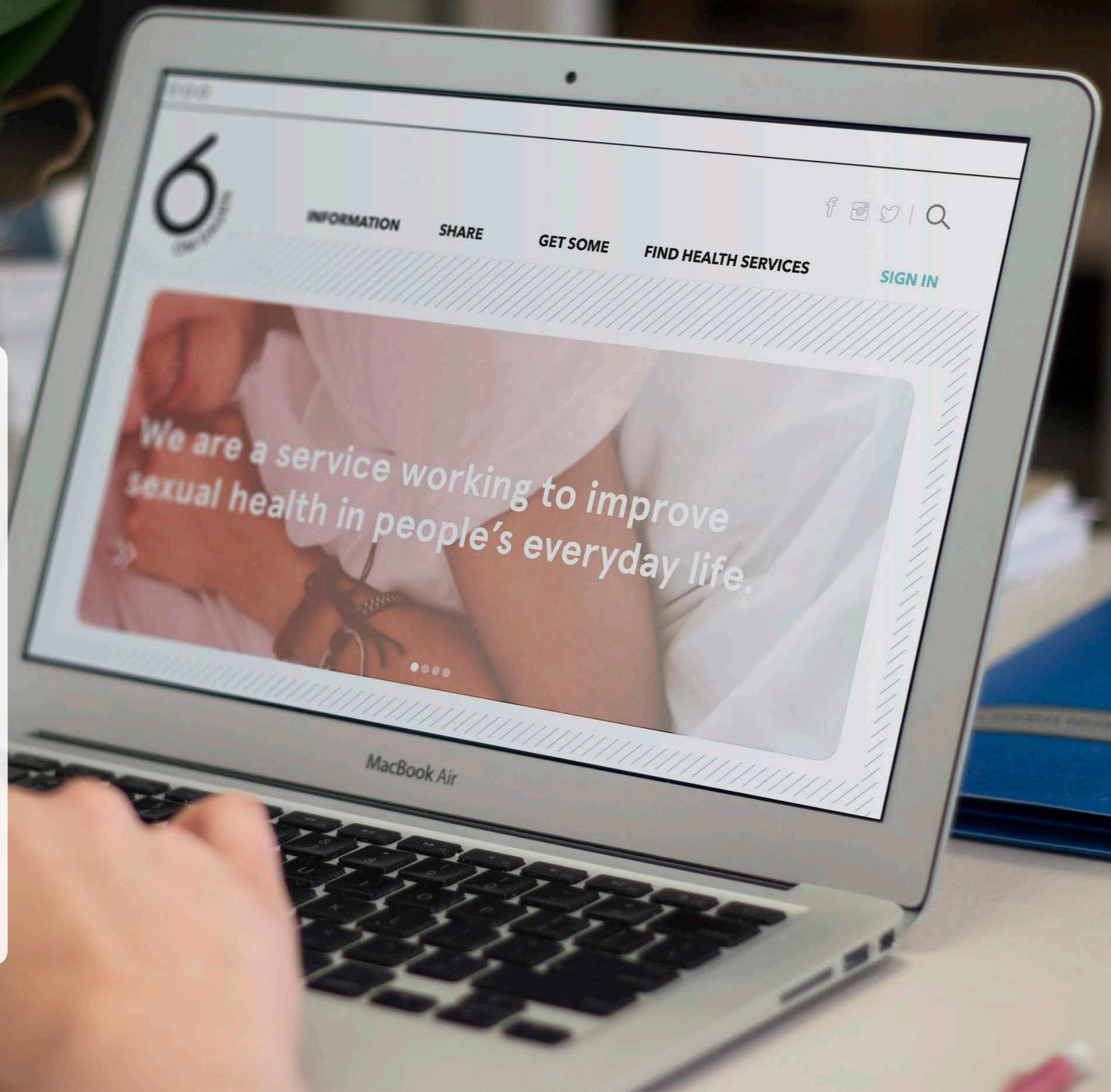
||

A public health service that promotes sexuality and sexual health as a positive part of peoples lives, equal to physical activity or nutrition.

A service that promotes sexual health by being present in peoples everyday life and offer resources that engage, enable and nudge people to act sexually healthy.

||

6 om dagen is a *health enabling service* with a mission to promote sexual health by being present in peoples everyday life and offer resources that enables and empower peoples sexually healthy lifestyle.



11-22 6omdagen

Meeting the target group



6 om dagen is a public health service that moves out of the doctors office and creates a presence in peoples everyday life. A sexual health service that not only offers, but enables, empowers and engages people's sexual health.

The service is your non judgemental best friend, it's always there to help you when you need it, reminds you without pressuring and enables and encourages you to stay informed and healthy.

6 om dagen shares experiences you can relate to, and dares to bring up subjects you might find difficult to talk about.

6 om dagen is the friend you go to when you have a question, he encourages you to learn about new things and let's you spill your secrets without judging or telling anyone.

6 om dagen knows a lot, but is aware that he can't help with everything, he's not afraid to introduce you to others that might help you.

Burger Of The Month
"Pumpkin Chutney"

112:-

Romaine salad, pumpkin chutney, bacon, cheddar and pickles
Hvete, egg, sesam, melk, ost, sennep, grønnsaker, ost



6 om dagen

A public health service

6 om dagen aims to reframe public health services to meet the need of young adults in a proactive phase.

6 om dagen takes already existing proactive initiatives delivered by,- or in collaboration with public health actors, and connects them together in **one** service.

6 om dagen offers existing resources and information, like condoms, STD self tests and information,
- **expands** it to include health promoting offerings, like lubricant, peer to peer sharing, and subscription to reminders.
- **and reframes** how they are offered, to engage, empower and enable sexually healthy behaviour.

By enabling people to take control over their own sexual health, the service contributes to increase health and wellness and reduce the pressure on existing health services.

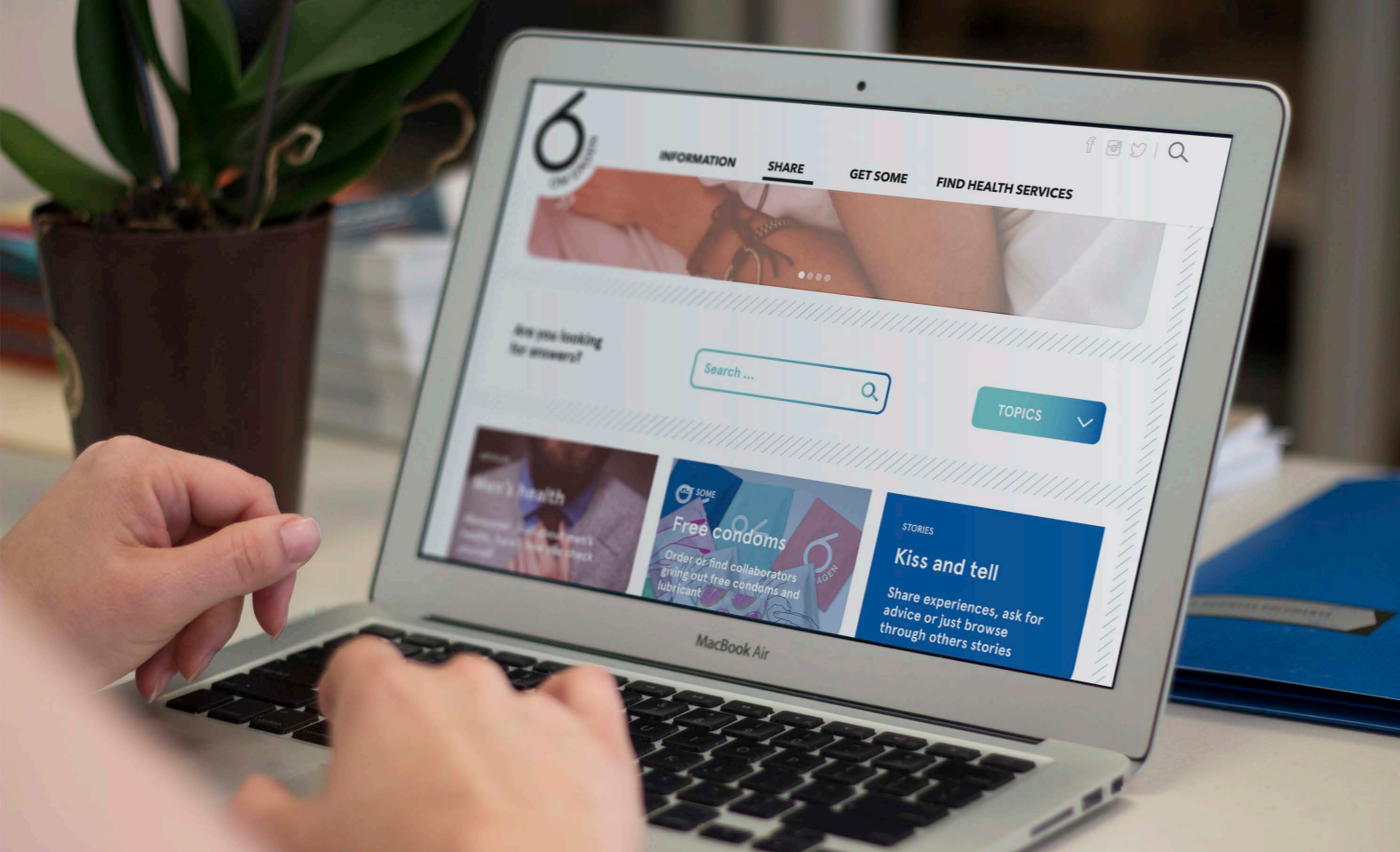
Anonymous 3h ago

#dating #friends

I'm not sure if I just went on a date or met with a new friend...

3 25

6omdagen.no



APERCU -6 OM DAGEN
Apercu 6 om dagen

Service identity

- How the service is communicated

6 om dagen reframes the dialogue of sexual health, it communicates the positive aspects in a relatable way and normalizes it to the same level as nutrition or physical activity.

The service aligns this communication aim through visual identity and tone of voice in all touchpoints.

The phrase "6 om dagen" refers to a well known nutritional campaign "5 om dagen", meaning "5 a day".

Visual identity

The colour pallet, composition and choice of pictures meets diverse people and perspectives, it's gender inclusive without being to clinical.

Tone of voice

The content is communicated with positive tone of voice, relatable to the target group but

still with trustworthy and professional authority. Including positive feedback in the service interactions will engage peoples healthy behaviour. The relatable aspect also follows the choice of pictures. The pictures communicate everyday situations and diversity of people.

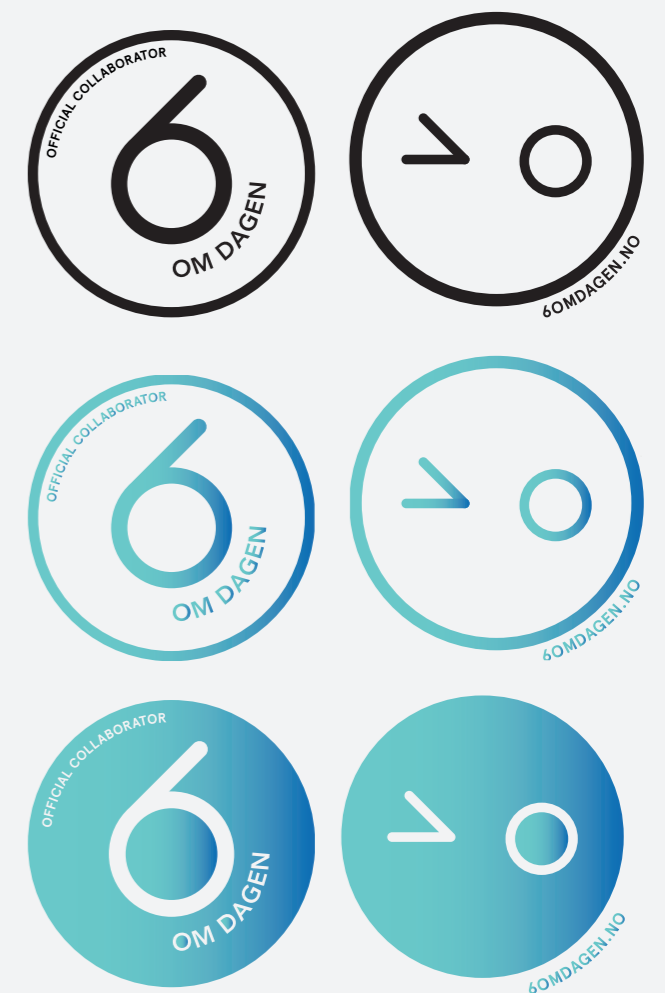
Logo

Using the number 6 (which in Norway is pronounced "sex") normalizes the topic and removes the explicit associations related to the word sex.

Dynamic identity

To drive engagement the identity and content is adaptable and dynamic to meet different surfaces.

The service acknowledges sex to be a personal matter and displays a modest public identity that aims raise curiosity.



Chapter 08

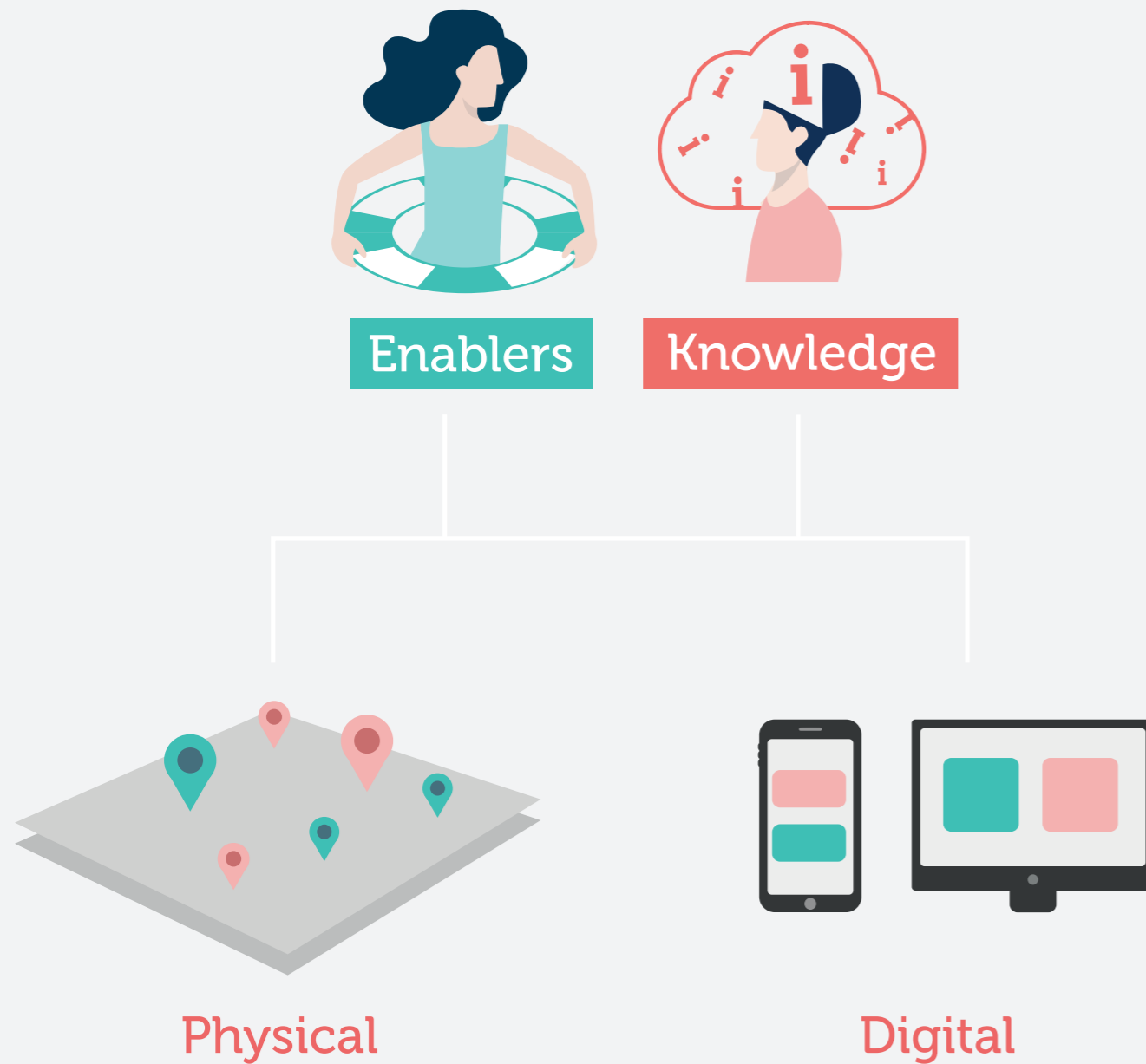
Function

"What the service offers"

Content

Through this chapter we will show you how the offerings of the service could look like. We have made digital sketches, not to show how the user interface could look like, (as we are not interaction designers) but- to highlight how the content and functions could look like if the service guidelines are implemented.

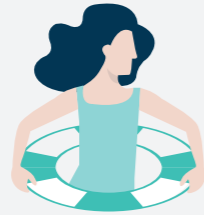
We will first describe the offerings we have constructed to meet the target groups needs for enablers and knowledge. We show how we place the service in connection to existing platforms before we go in to each offering and describe it's aim, content and what requirements it gives the provider of the service.



Needs



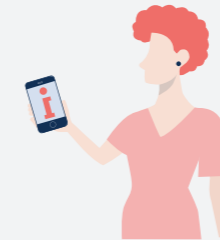
Getting resources



Enablers



Get reminded



Finding information



Knowledge



Sharing experiences

Core offerings



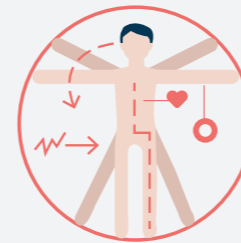
Getting resources
"Get some"

Make resources that enable sexual health and prevent disease low threshold to get and use.



Reminders

SMS reminders, where people can subscribe to be reminded to take their contraception pills, visit their GP, or do exercises.



Static information

Direct and clear information answering questions related to all aspects of sexual health.



Dynamic information

Articles that continuously engage, and empower the user to learn, discuss, talk about sexually related themes.



Sharing platform
"Kiss and tell"

Low threshold platform for people to share experiences, ask questions or voice an opinion.

Additional functions



Map

Map to find resources or health services spontaneous



Present at events

Collaborate with events/ dynamic actors where people are.



Collaboration

Validate and link to public or commercial actors providing products and services contributing to sexual health.



Chat

Low threshold chat with health professionals



Bridge to others

Link to other health services or organisations working for sexual minorities.



Dynamic collaboration

Collaborate with professional artists, writers etc. in dramatizing the stories, create fictional stories or offer artistic displays of sexual experiences.

Present in everyday platforms

Physical platform

The service and offerings are available to the target group in the platforms they interact with every day. This makes **6 om dagen** and the positive display of sexual health present in people's perception. The presence itself can have a proactive effect, aiming to normalize discussions of sex, sexual health and lifestyle.

Digital platform

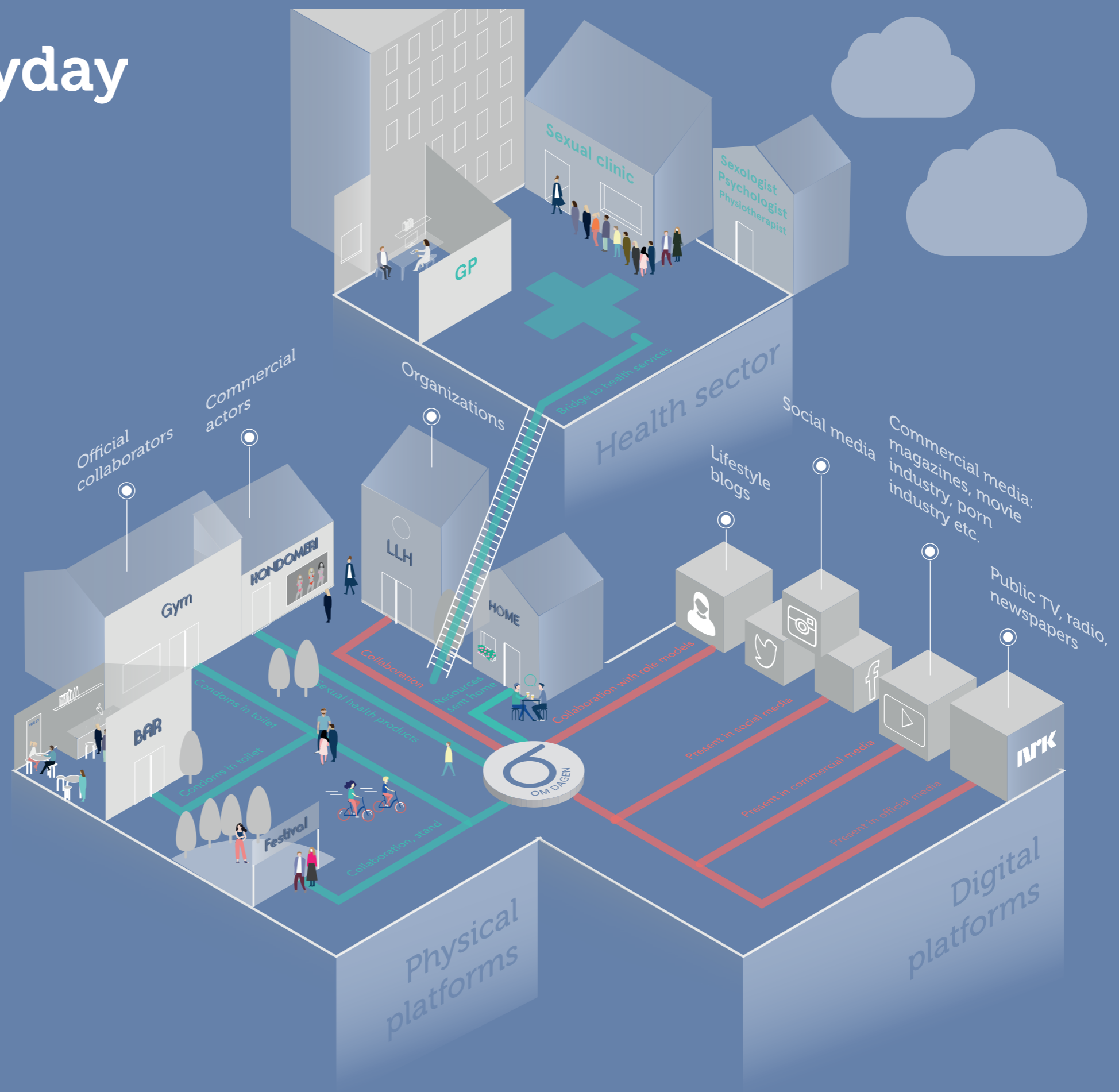
The individual offerings connect through a digital service platform: **6omdagen.no**. To enhance the digital presence the service is visible in social and tabloid media, as well as promoted by popular role models, following a dynamic society.

Spontaneous interactions

By placing the offerings in platforms in everyday life, either digitally, through collaboration with commercial actors, organisations or events, the service aims to meet the spontaneous and individual events in which people need resources or knowledge.

Diverse platforms

The service has the opportunity to reach out to diverse sociocultural and demographic groups, it's important that the offerings also reach outside the city centres, either to local shops or café's, segregated communities, culture or sporting arenas.



Service offerings



Enable



What is the aim of the offerings:

The offerings aims to enable peoples positive sexual health by making the resources people need to stay healthy available on a low threshold level.



What do we propose:

1. "Get some"- To offer physical resources like condoms, lubricant and STD self tests, available to order from 6omdagen.no or to obtain spontaneous in physical platforms.

2. To offer subscription to SMS reminders, enabling and encauraging routines contributing to sexual health and wellness.

Who will provide the service:

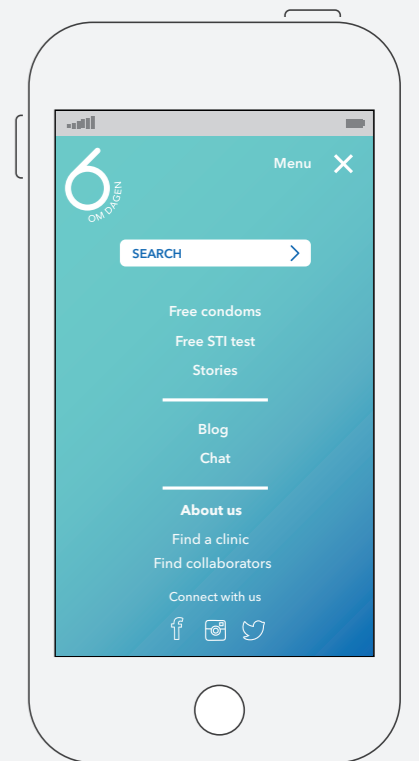
1. The proposal requires distribution and facilitation of physical resources. The service provider needs to build collaborations with actors offering condoms or lubricants in physical platforms and bridge connection to health services offering testing of sexually transmitted diseases.

2. The proposal requires dynamic facilitation of content and back-end software distributing the reminders axiomatically.

"Get some" Order resources online

► How the service guidelines manifest:

- The design and communication of the resources is positive and engaging.
- Condoms, lubricant or selftests are accentuated on the website, making it the easiest choice.
- Recieving the condoms in the mail is anonymous. With the package comes lubricant additionally in order to give a positive signal.
- If you need resources immediately, the service shows you where to get it.
- The service gives a positive feedback when ordering, and offers to remind you to order more later.





Condom and lubricant dispensers

How the service guidelines manifests:

- The design and communication of the resources is positive and engaging. That there is lubricant additionally to just condoms gives a positive signal.
- Free condoms or lubricant are available in a diversity of public places (Restaurants, bars, gyms or schools) that people interact with in daily life.
- The condoms and lubricant include information on where you can order more, enabling further engagement with the service.
- The visual design, colors and logo follows the service identity, making it easy for the user to become aware of the service and identify other offerings.
- The resources are placed in the bathrooms keeping it anonymous.
- The offering allow for spontaneous interaction.



Reminder subscription

How the service guidelines manifests:

- The text messages' tone of voice is positive and engaging.
- The users can get reminders for a variety of reasons, ex. to take contraceptives, go to the doctor, cancer screening, or do exercises.
- The message includes a fact, driving curiosity and triggering long term engagement as well triggering the recipient to learn something new.
- The user decides the frequency of the messages and for what they would like to be reminded of.

○○○


6 OM DAGEN

INFORMATION SHARE **GET SOME** FIND HEALTH SERVICES SIGN IN


6 om dagen > Get some

Get some


What do you need?



Lubricant



Condoms



STI self test

✓ **I want to order!**
Get it anonymously in the mail

✓ **I want it now!**
Show collaborators distributing free condoms, lubricant or STI tests in the city.

✓ **Sign in:**

SIGN IN

Or fill in:

NAME
...

ADRESS
...

PHONE NUMBER
...

Do you want to save your information until next time?

Get it!
Delivered in 2-3 working days

Other resources

Check your test results:

helsenorge.no

Subscribe to reminders

Get reminded to go to the doctor, take your pill or do exercises.

Get more?

See retailers and other actors that offer products and services contributing to sexual health.

Contact us: post@seksomdagen.no

In collaboration with: **helsenorge.no**



Additional functions

Collaborator sticker

How the service guidelines manifests:

- The service being present and associated with actors in everyday platforms can contribute to normalize sexual health.
- The sticker repeats the visual identity of the service, making it recognizable to the user.
- The sticker informs the user humbly of the offering without being intrusive.
- Frequent encounters with the visual representation of the service triggers awareness and might lead to engagement.

Who provides the service:

- The offering requires collaboration and validation with diverse and relevant actors.

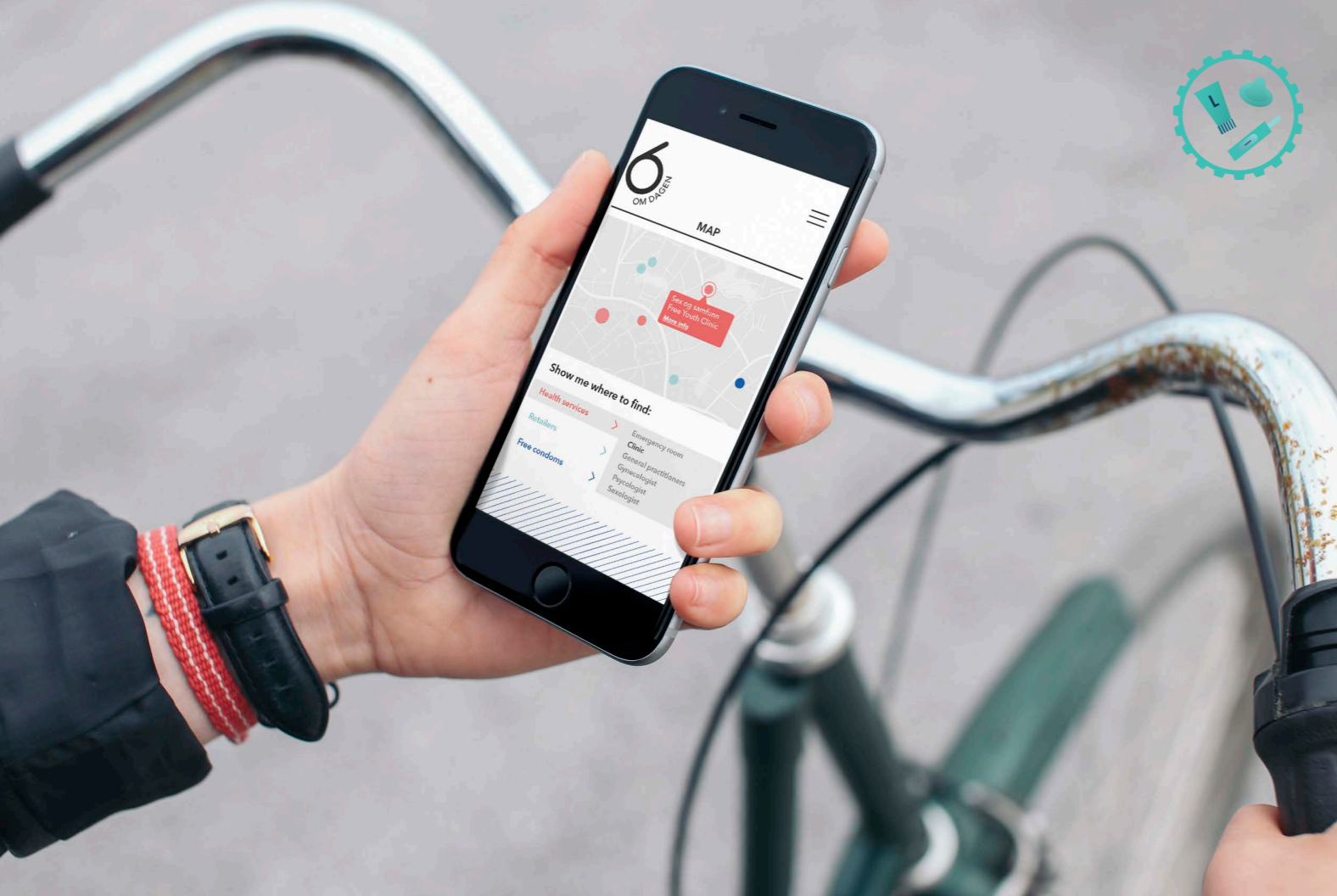


Photo by Henriette S. Marki

Additional functions

Map

How the service guidelines manifests:

- The map enables access to health services, retailers or distributors of free resources.
- The offering allows for spontaneous access to resources and health services.
- By validating commercial actors the service expands users access to sexually promoting products and services.

Who provides the service:

- The function requires back-end software and official validations of commercial actors.

Condom sticker

How the service guidelines manifests:

- A wink symbol aligned with the service identity signifies availability of free resources in the bathroom at this location.
- The symbol communicates the positive promotion of the service offerings and sexual health.
- The sticker triggers curiosity to use the offering, and interact with the service.

Who provides the service:

- The sticker requires distribution in relevant platforms.

Additional functions

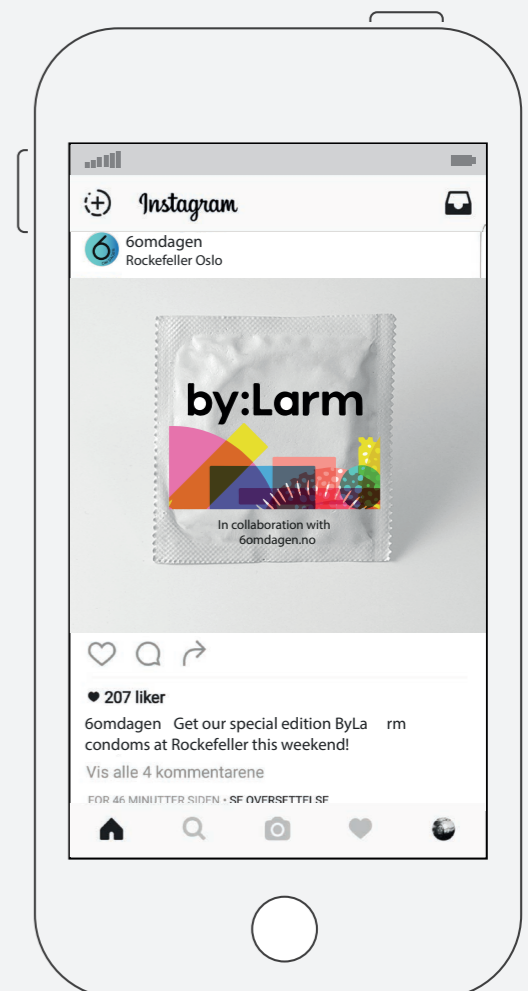
Presence in dynamic platforms

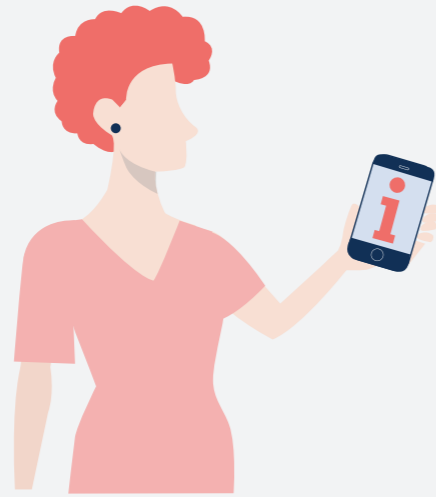
How the service guidelines manifests:

- The service and offerings are visible in social media and other digital platforms, creating a digital presence.
- The service collaborates with events, festivals and other commercial and dynamic partners.

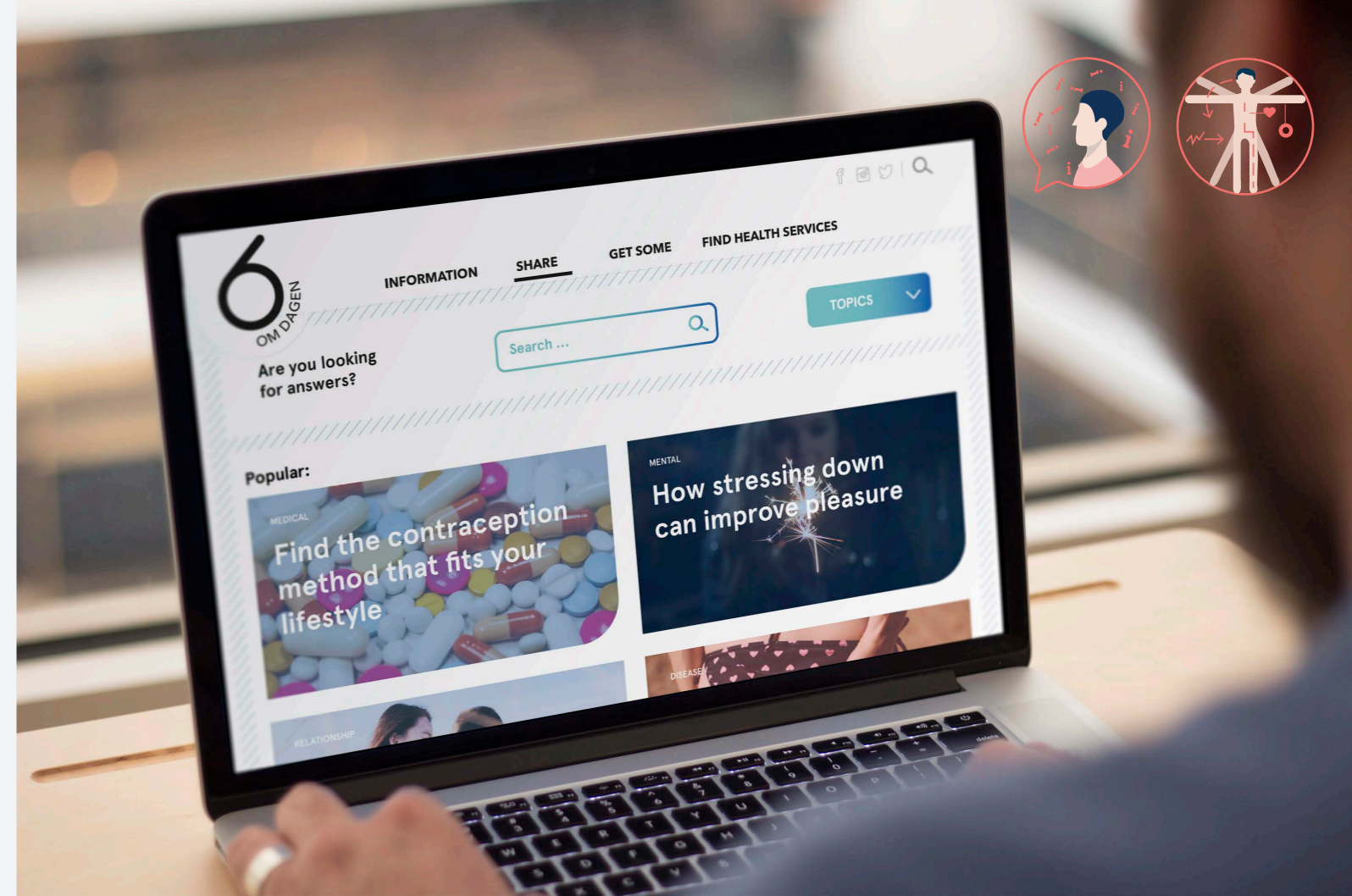
Who provides the service:

- The offering requires dynamic collaborations with diverse collaborators.



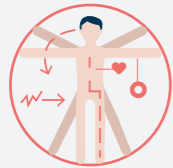


Finding information



What is the aim of the offerings:

The service aims to be the go-to-source for people to get concrete, documented and official information on sexual health and related topics.



What do we propose:

1. To offer direct and static information answering basic questions related to all aspects of sexual health.

2. To offer dynamic articles and information that engages continuously, and empowers the user to learn, discuss, talk about sexual health and related topics.

Who will provide the service:

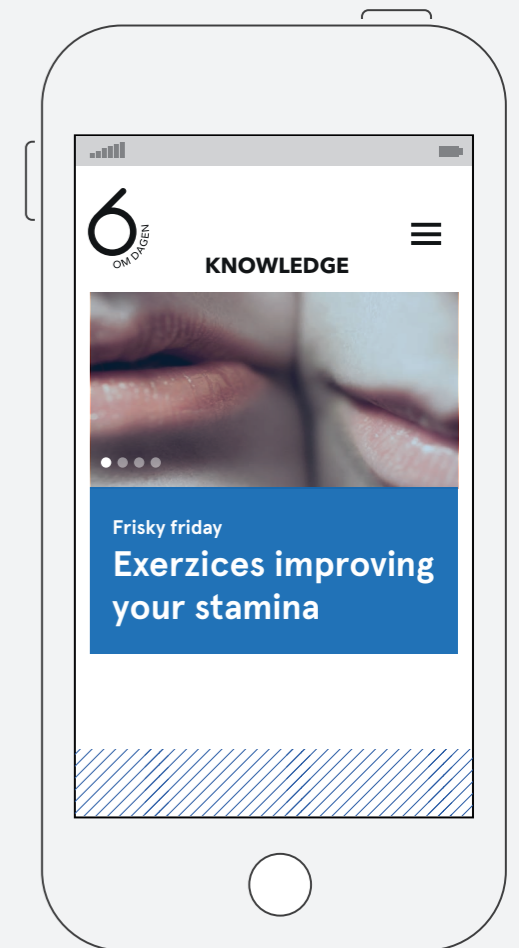
1. The proposal requires content from contributors of different medical disciplines with a focus on a communicative format.

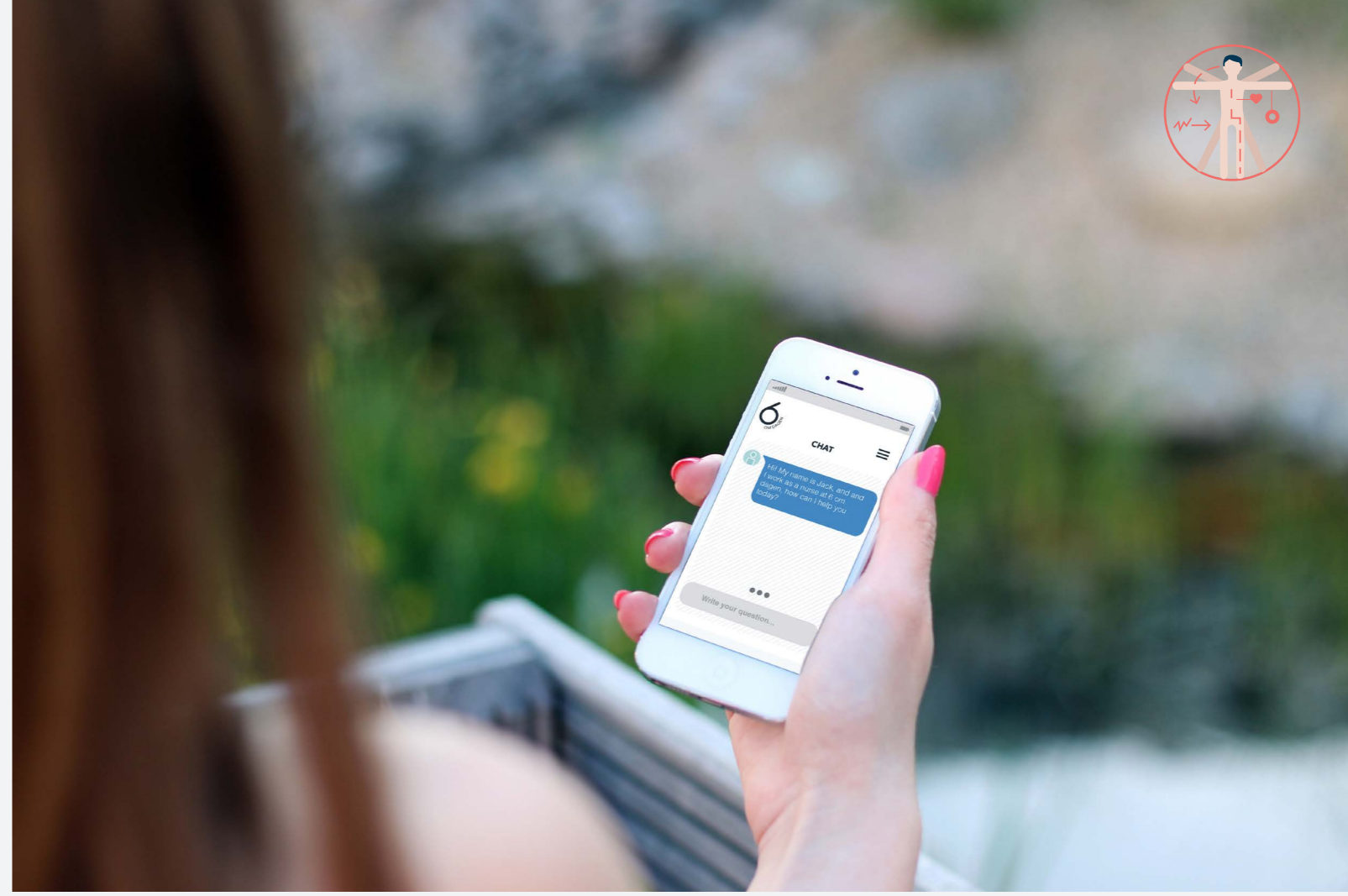
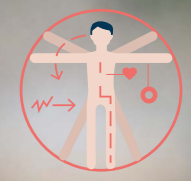
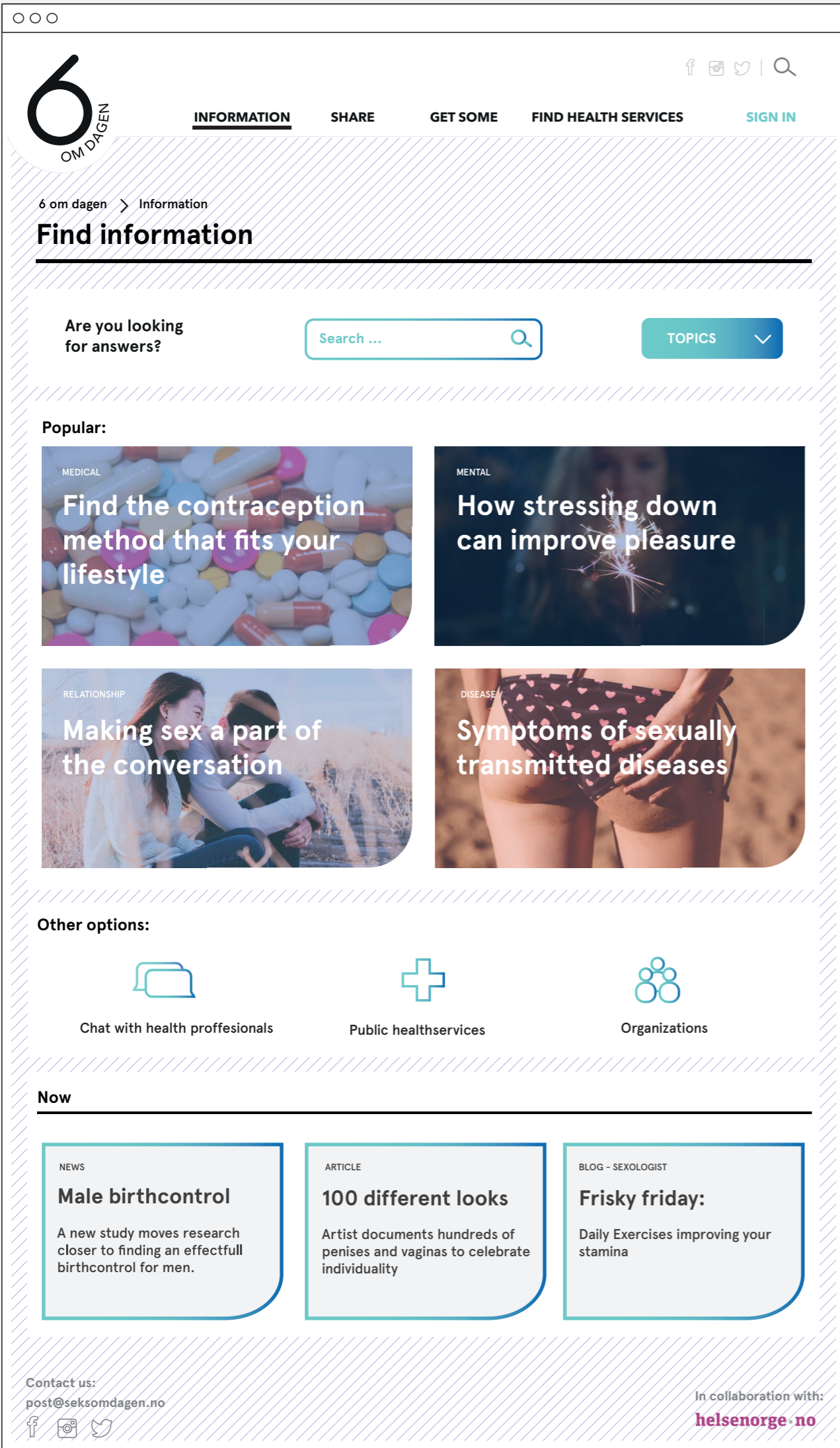
2. The proposal requires dynamic facilitation of content from contributors of different medical disciplines and with communicative competence. For the information to engage learning and discussion it needs to be relatable and relevant in a continuously changing society.

Static and dynamic information

How the service guidelines manifest:

- The information includes health promoting as well as disease preventing diverse information.
- The information talks about sexual health in a holistic context by not distinguishing it from general physical and mental health.
- The information is presented in an engaging format; tabloid or interactive formats with visual descriptions.
- The information is relatable to the user and discuss trending topics or news.
- The information is norm critical, including all aspects of sexual health, people and perspectives.
- The information brings to light invisible or "difficult" topics that might be considered "taboo", and does this in a way that normalizes the topics.





Additional functions

Chat with health professionals

- How the service guidelines manifests:
- The chat lowers the threshold to talk to health professionals.
 - The chat is anonymous and follows a chat format relatable to people.

Who provides the service:

- The offering requires trained health professionals.
- Official regulations restrict what type of health help can be offered anonymously, Advise given needs to be on a general level.

Bridge contact to health services and organisations

- How the service guidelines manifests:
- The service enables contact with other health services and organisations making sure people get the support they need from experienced professionals.

Who provides the service:

- The function requires crossdisciplinary collaboration from the service, other health services and organisations.



Sharing experiences

What is the aim of the offering:

The offering aims to create space for relatable conversations of emotional, social or physical themes related to sexual health in a broad sense. Firstly by offering a room for sharing embarrassing or taboo topics anonymously. Secondly to let peoples collective wisdom lead to peoples competence to act in challenging situations. And lastly to trigger and encourage positive actions through motivation from others.



What do we propose:

1. "Kiss and tell"

To offer a low threshold anonymous platform for people to share or find relatable experiences, ask questions or find alternate answers to the real life issues.

Who will provide the service:

1. The proposal requires back-end software, facilitation and moderation of the digital conversations.



"Kiss and tell" Peer to peer sharing

How the service guidelines manifests

- Letting people share and read each others experiences can contribute to awareness and normalize conversations around sexual health and related topics.
- The stories shared are relatable and meets the diversity of people, values, perspectives and sexual orientations.
- The users can choose to contribute with stories either anonymous or connected through twitter.
- The short format of the stories make them engaging and easily accessible, and is equal to the conversations people have with friends or on social media.
- The possibility to share stories on social media will engage further interaction.

6 om dagen

OM DAGEN

INFORMATION SHARE GET SOME FIND HEALTH SERVICES

Logged in as: Andreas M.

Kiss and tell

I want to share: Spill a secret, share an experience or ask a question ...

I'm looking for something: Search for topic..

Sort by > Newest

Anonymous 10m ago
#dating #tips
Does anyone have suggestions for romantic places to go on a date in Oslo??

Anonymous 12m ago
#love #tinder #boyfriend
I'm one of the few who actually found my boyfriend on tinder, we have been together a year now. It can happen!

Anonymous 16m ago
#dating #friends
I once got so freaked out before a date I sent a friend instead. They ended up together.

Anonymous 3h ago
#dating #friends
I'm not sure if I just went on a date or hung out with a new friend...

Anonymous 37m ago
#inlove #FF
I think I'm in love with my FF, I tried so hard not to but it just happened..

@ldrsgran twitter 2h ago
#kiss #pregnant #6omdagen
When I was 5 I thought I was pregnant after I got my first kiss..

@joksander twitter 18m ago
#dating #6omdagen
Dating when I'm 25 is exhausting! Why can't be like when we were 12, sending a note asking if they like us, get a yes or no. easy.

Anonymous 2h ago
#kiss #friends
My boyfriends bestfriend tried to kiss me last night, should I tell him??

Anonymous 1,5h ago
#girlfriend #sexualassault
My girlfriend was raped 4 years ago, even though she's doing better I feel horrible every time we have sex

Anonymous 2h ago
#paineduringsex
For many years I used to have pain during sex, but after going to physiotherapist I'm finally able to find sex pleasurable! Recommend it to everyone!

Anonymous 2h ago
#workcrush #friends
I have a crush at work, we're having a work party on friday how do I make sure I don't fuck it up???

Anonymous 3h ago
#dumped #heartbreak
I was dumped three days ago, haven't left my bed since then. I'm planning to take a shower today.

Anonymous 3h ago
#virginity
I lost my virginity to a shampoo bottle.

Load more!

Contact us: post@seksomdagen.no

In collaboration with: **helsenorge.no**



Photo by Henriette S. Marki

Additional functions

Artistic contributions

How the service guidelines manifest

- Facilitating collaboration with artists, actors, filmmakers or professional writers allows for a dynamic and diverse flow of experiences communicated in many different ways. Introducing weekly themes or filmatization of experiences will keep the engagement continuous.
- Filtered through themes and hashtags it is easy for people to find relevant experiences.

Who provides the service:

- The offering requires continuous facilitation and collaborations with outside actors.

Physical presence

How the service guidelines manifest

- Leaving traces of the stories out in everyday platforms will engage to interact with the service, or trigger sexual health to be included in everyday conversations.

Who provides the service:

- The function requires contributors with competence in visual communication and marketing strategy.



Collaboration with Samra Avdagic

Additional functions

Collaboration with artists and role models

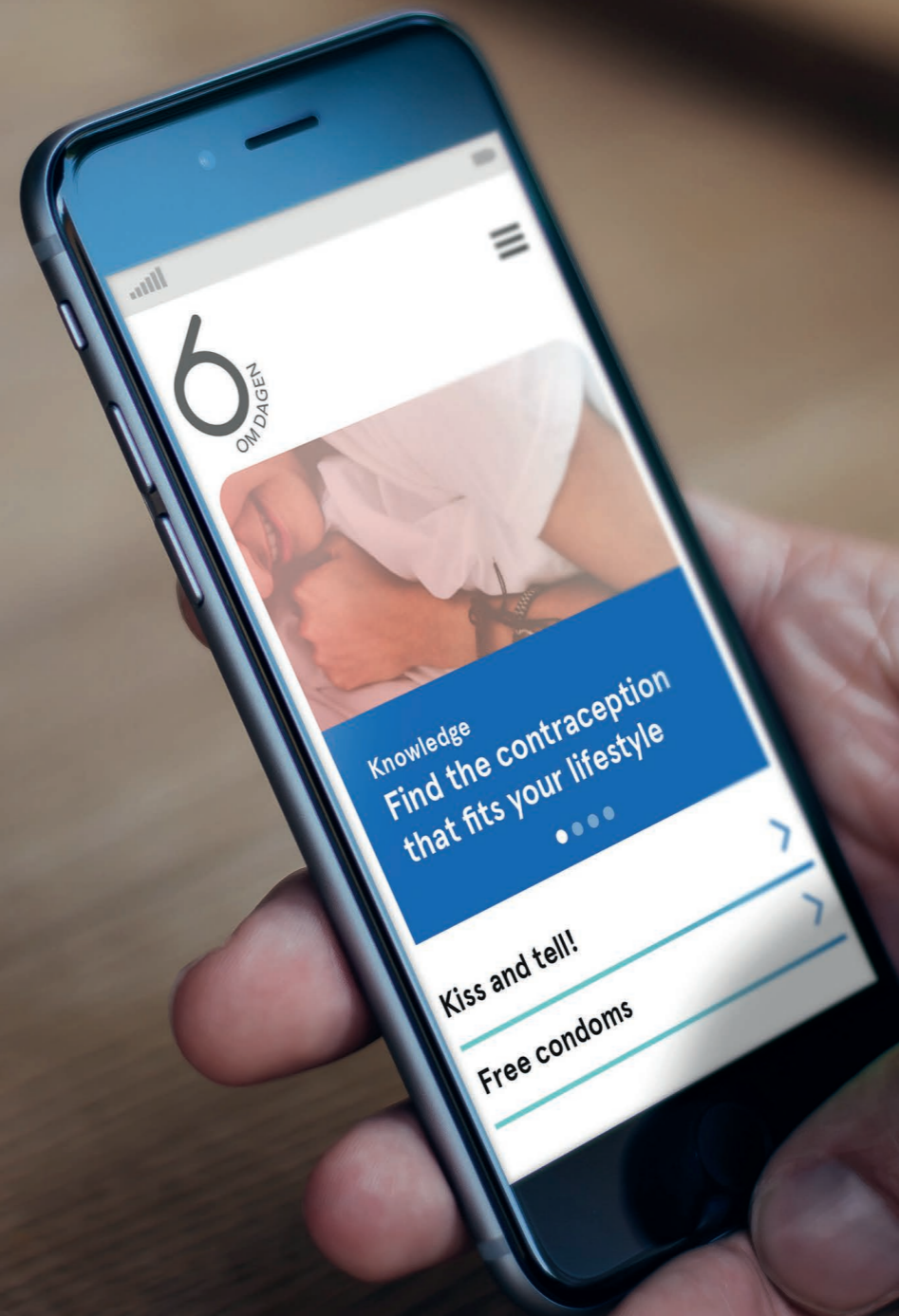
How the service guidelines manifest

- The service drives engagement by offering diverse and positive representations of sex and sexual health.
- Introducing collaborations with artists, limited editions of design or seasonal themes can contribute to drive and maintain user engagement .
- Illustrations and visual expressions can contribute to make sexual health visible and a natural part of our everyday life.

Who provides the service:

- The offering requires contributors with competence in marketing and visual communication.

- The service uses printed art in for example free postcards, to drive peoples curiosity and interaction with with the service.
- The service opens up for collaboration with celebrities or rolemodels people are influenced by.



Chapter 09

Mechanics

"How does it work?"



▼ Passive spectator

In this phase users discover or hear about the service for the first time. At first the users might notice the visual identity unconsciously, and initially become aware after getting exposed a few times. It is therefore crucial that the service triggers curiosity in order to lead the users to awareness.

However, users are still passive spectators in this phase. Once the user interacts with the service, s/he is officially a health seeker.

▼ Health seeking

In this phase the users start to interact with the service offerings and get familiar with the opportunities of the service. It is crucial for the users to quickly and intuitively get engaged and not have to read a guide to manage to interact with it. By rewarding users for doing the desired actions users get engaged to continue and repeat the actions.

However, when the user starts to repeat the engagement with the service on a regular basis, the user is in the disease preventive phase.

▼ Disease preventing

The disease preventive phase is where users either come back on a regular or daily basis to commit mostly repetitive desired actions, or they are referred to other healthcare services for early treatment of disease or discomfort. There needs to be a motivation and enablement for the user to come back and do the same thing over again. This could be intrinsic rewards like getting positive feedback or motivation for personal development and accomplishment.

In this phase users should be the most engaged and achieve autonomy.

Content

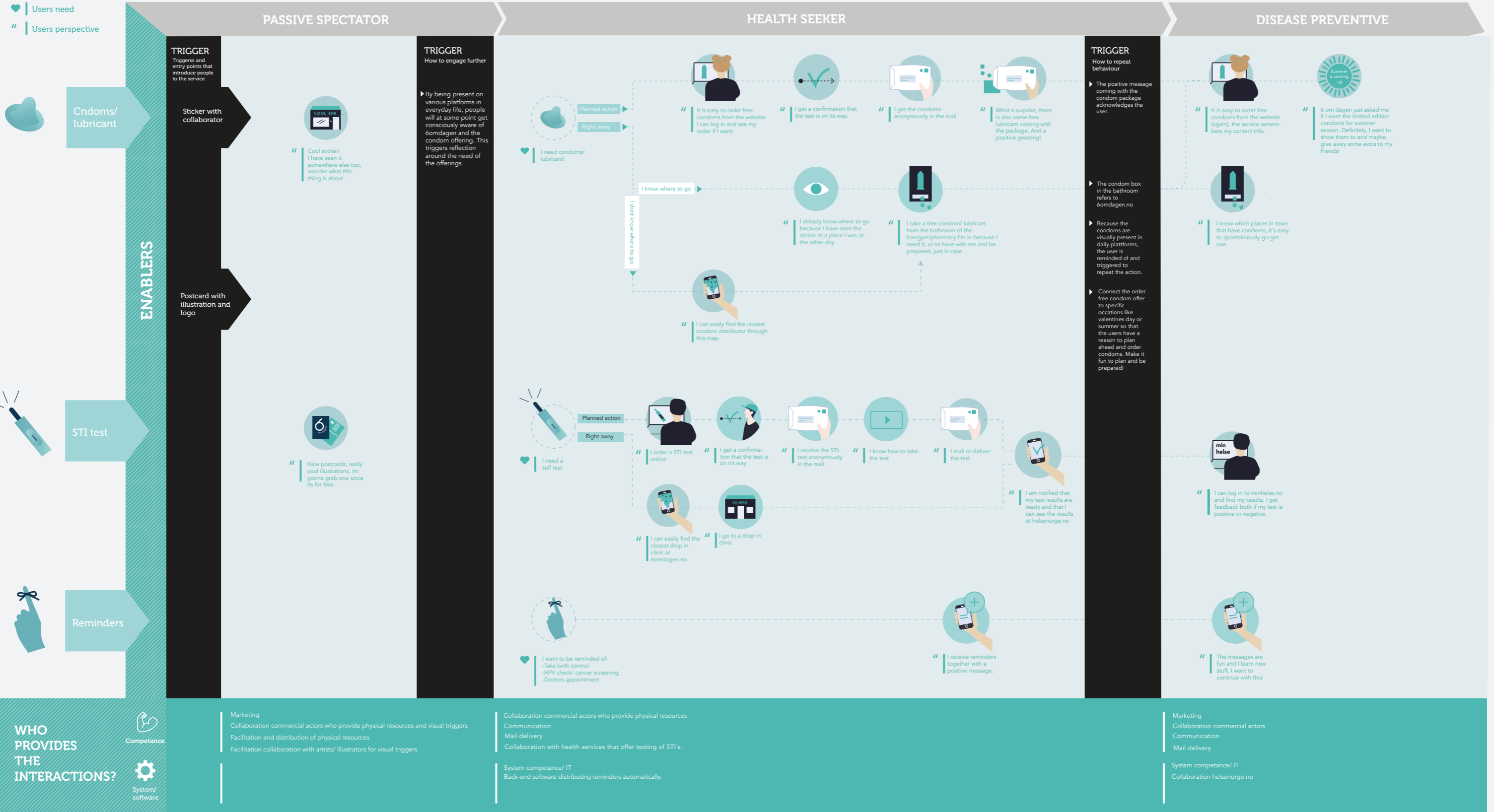
Through this chapter we will describe the mechanics of how the service could work. This includes in further detail journey maps of possible user situations with descriptions of backstage requirements as well as service journey moments.

Health is a longterm thing, it's important to remember that all small or big interactions with the service could have a proactive effect. The service needs to not only aim to offer resources but also drive users engagement and healthseeking activities. By dividing the potential user interactions with the offerings in three phases the service aims to directly or indirectly engage proactive behaviour.

The offerings and interactions we propose demands activities both frontstage and backstage. We divide the requirements of the service provider in system interactions and competence. As our focus has been on user experience we have chosen not to elaborate on how a public actor could solve these requirements.

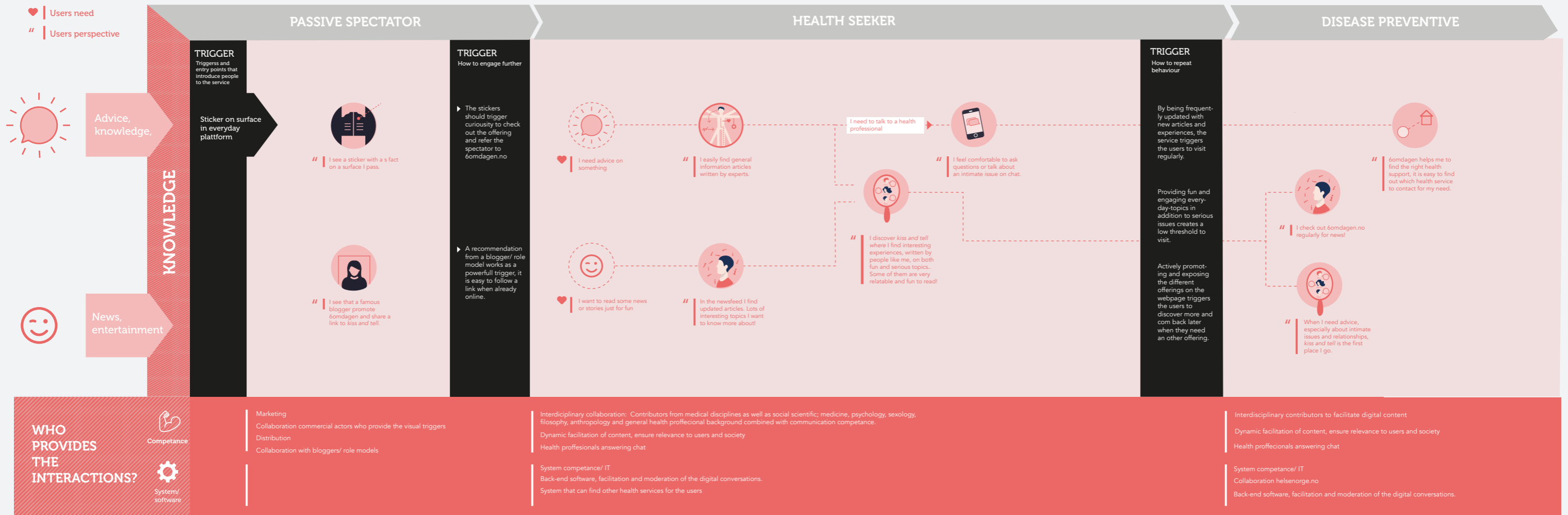
We also include our analysis of how a health service like this could benefit the public health sector.

Service interactions



Service interactions

Knowledge

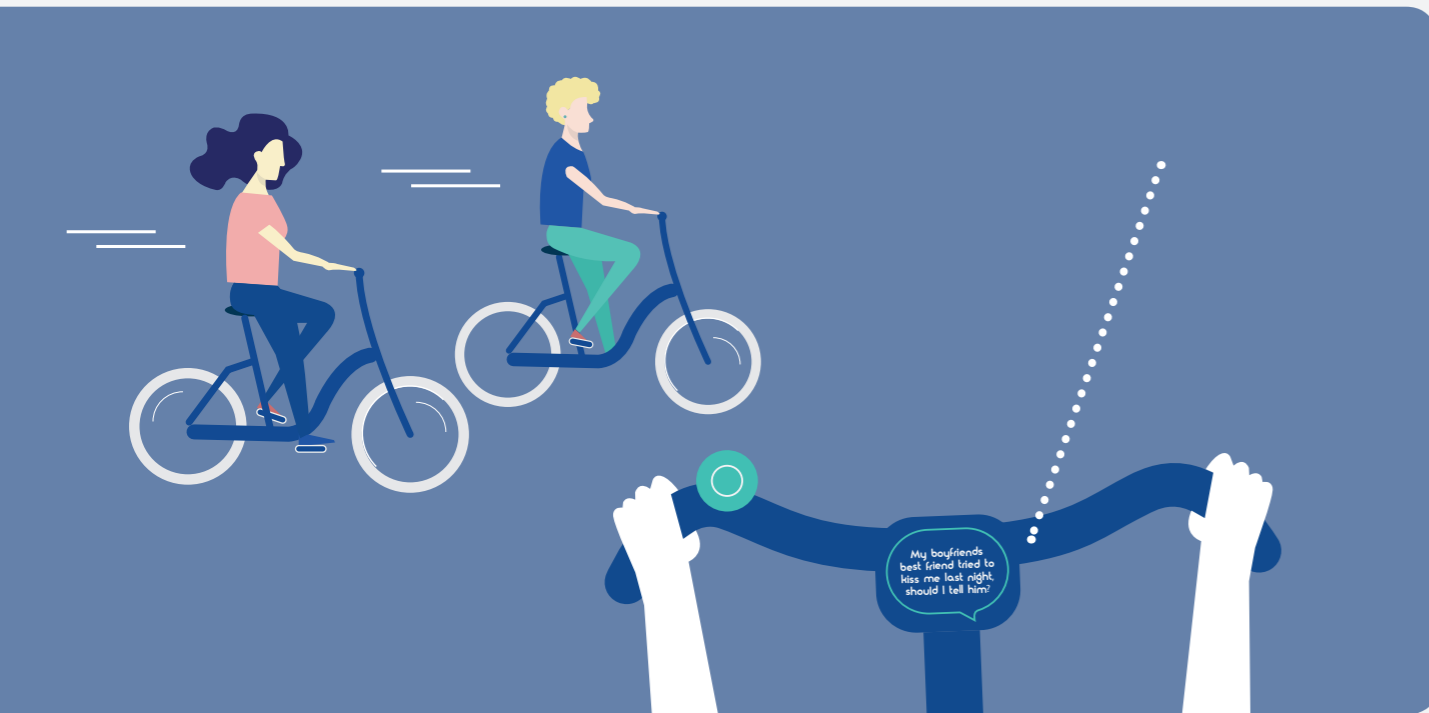


Moments

Service journeys

Moments are examples of an ideal journey where the principles are applied. These examples serve as inspiration and help to express the desired brand experiences from the perspective of the user.

Discovering the service



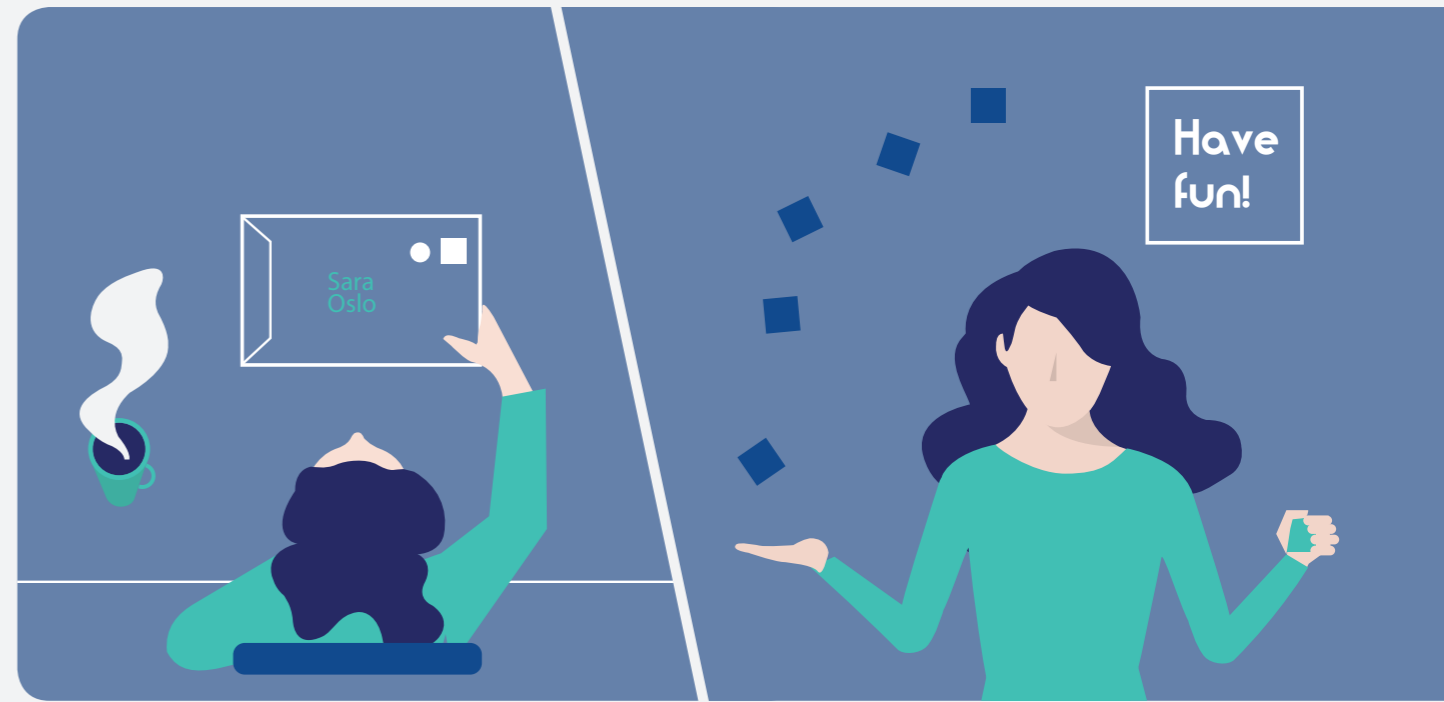
This is Sara and Sophie. On their way to meet a friend they discover a sticker with a quote from 6omdagen on their city bikes. The quote leads them into a conversation and make them curious to check out 6 om dagen.no.

Becoming a user



Sara just met up with her tinder date outside a cafe. On the way in she notices a sticker on the entrance door. She knows what this means since she recently checked out 6omdagens webpage. It's a sign that the cafe is an official collaborator with 6 om dagen and provides free condoms in the bathroom.

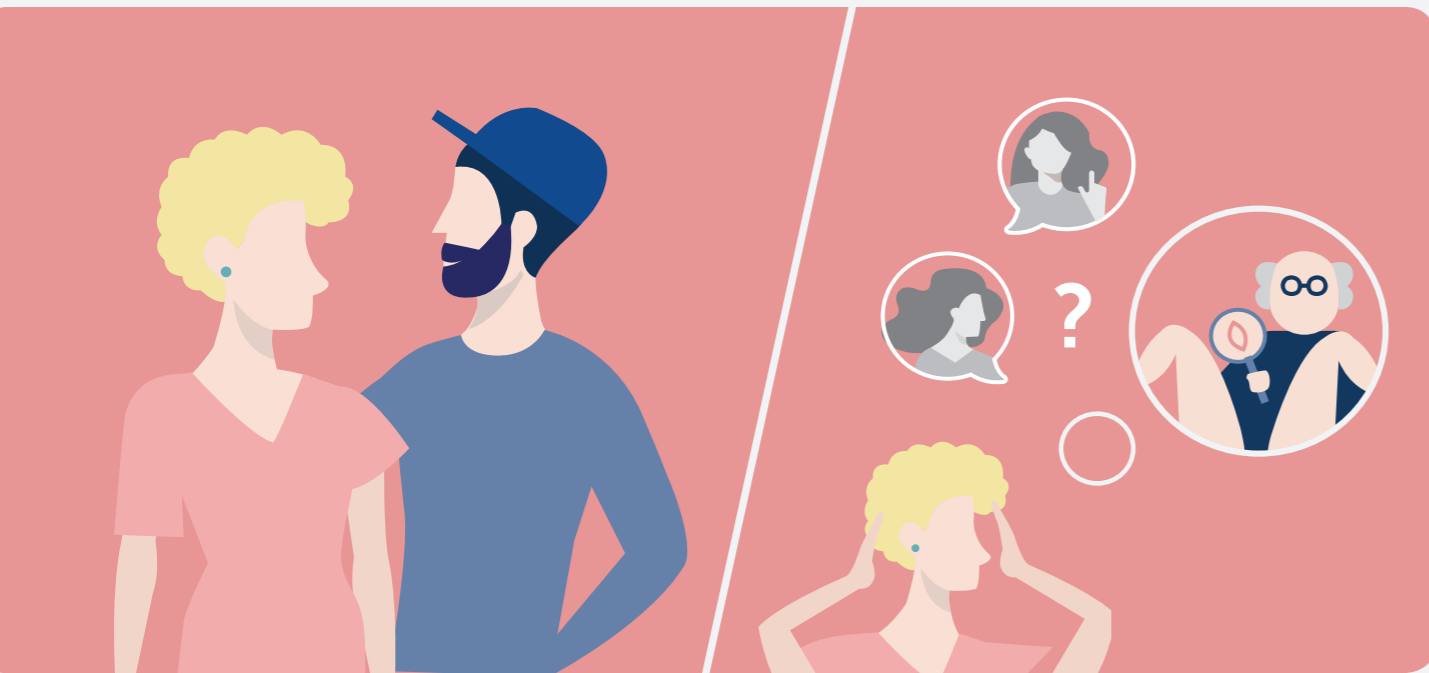
When Sara uses the bathroom she takes a condom and puts it in her pocket, good to have one just in case. She notices the writing on the condom box: "Need more condoms? Order for free at 6omdagen.no. A week later Sara orders the condoms.



A couple of days after ordering Sara receives the condoms by mail in an anonymous package.

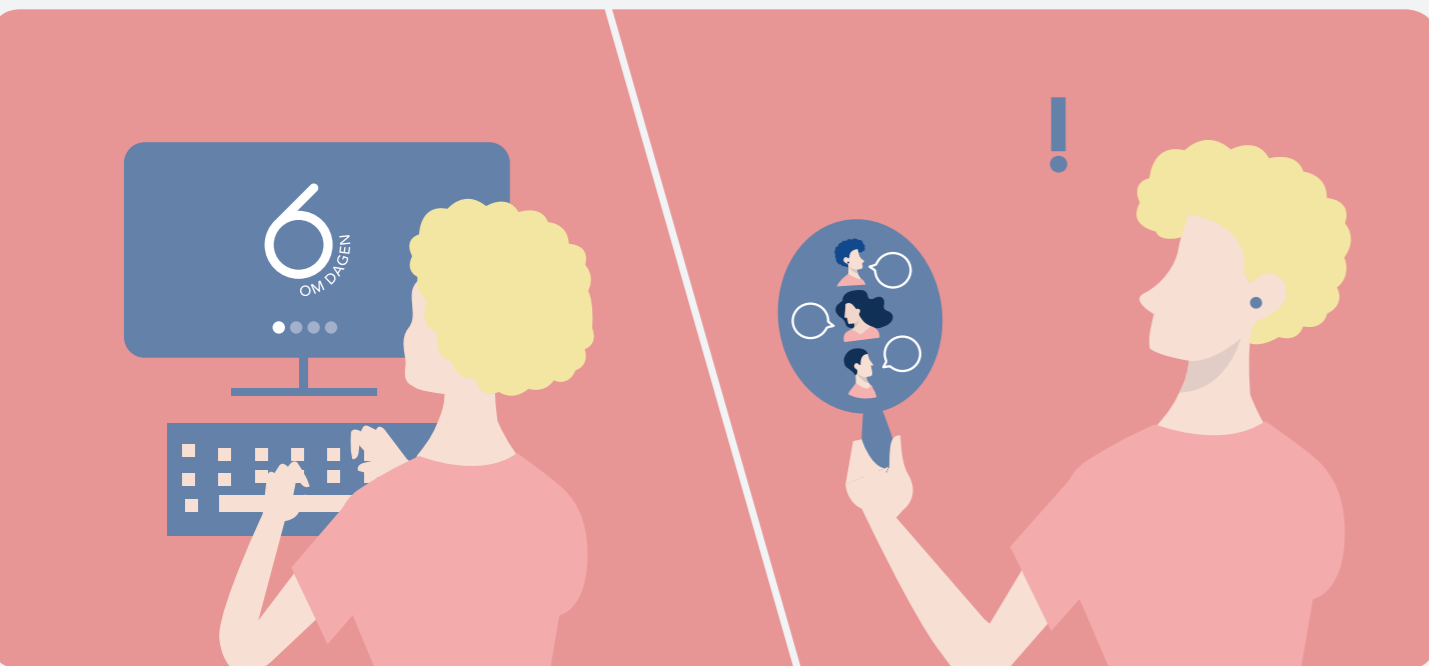
When she opens the package she gets positively surprised, she not only receives condoms, but also a positive message, and guess what, ...lubricant!

Daily use



This is Sophie, she is 28 and has a boyfriend with whom she lives together with. For a while she is experiencing a lack of lust, while her boyfriend wants to have sex more often. When Sophie comes home from work or the gym, she is always too tired. She is worried that her boyfriend will eventually leave her because of this.

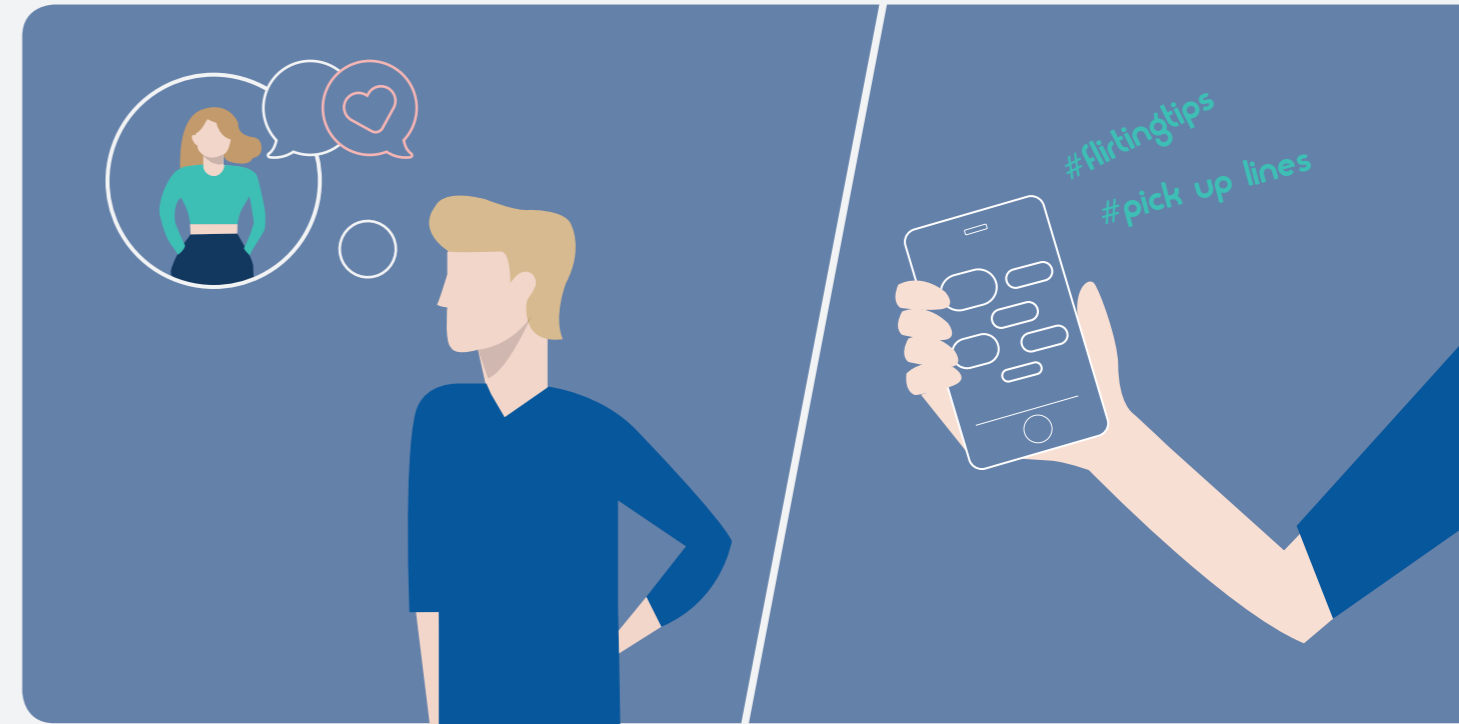
Normally when she has a problem she would go to close friends and ask for advice and get different perspectives. She finds it uncomfortable to talk with her friends about this. Maybe she needs to visit a professional?



She decides to first google the problem in hope to find information on how to solve it. Maybe she can find some tips for new positions to try out? In stead she discovers 6omdagen.no, and finds the general information page where a sexologists writes about this issue. She understands that her lust problem might be caused by her busy lifestyle and decides to make some changes in her daily life.

Sophie also finds "kiss and tell" where lots of people have written their experiences and different perspectives on this topic. She is surprised to see that this is a very common problem, its just that noone talks about it! This makes her feel more normal.

Daily use



This is Erik, a 23 year old student. Erik is single and wants to get better at flirting and getting in contact with girls. He regularly visits kissandtell, this time he wants to find some flirting tips! Just for fun.

Erik eagerly discovers more topics and clicks on new hashtags that pop up. He often recognizes himself in the experiences of people. He continues to visit 6omdagen for news and experiences, often while waiting for the bus, or just if he needs a break from school!

Exeptional situation



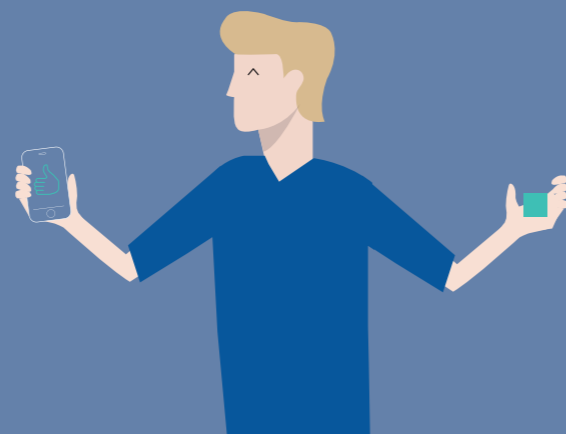
The flirting tips Erik found on the webpage turned out to be very useful and Erik finally starts dating a girl.



He immediately falls in love and through his rose-colored glasses he can not imagine that she could ever have an STI, when they jump in to bed, a condom is the last thing on his mind. -But after a few days he starts to worry... what if he got an STI?



Luckily he knows that he can go to 6omdagen with anything. 6omdagen stands by his side and sends him a free self test. He receives his online delivery anonymously in the mail. It is easy to take the test and send it back.



After a couple of days, Erik receives a text from sexomdagen that the test results are ready. He recieves a link to log into his personal medical record at helsenorge.no and get's a confirmation that he worried for nothing, he doesn't have an STI! Just in time, for his next date, and this time he brings a condom!



Reframing Public Health Services

Benefits and requirements of the public health sector as a service provider

The detailed requirements of the service provider is included in previous visualizations of the service. There is however some interactions and requirements we wish to highlight.

Digital content

As the service proposes a dynamic flow of information with articles, blogs or sharing of knowledge between people, the provider of the service must facilitate this continuously. This includes moderation of the peer to peer sharing (Kiss and tell) and making sure the content is time relevant in a changing society. Public regulations today do not allow for health help to be given digitally. Sexogsamfunn.no and Klaraklok.no has however solved this today by making sure the advice they give in their chat or in a blog format is general and not directly personal.

Cross-disciplinary interactions

As the content should reflect all aspects of sexual health, the service provider needs to include contributors from different medical fields to work cross-disciplinary. A challenge the health sector has today is the communication and collaboration across silos and medical fields, however we believe the public health sector will benefit of this collaboration. Kari Jussie (SIO-student health) mentioned in our interview with her that one of the reasons they could meet patients so holistically was because of their close collaborations and cross-disciplinary work.

New roles for health workers

The proposed service offerings suggests shaping new cross-disciplinary roles for health workers. Making content relatable and engaging while still obtaining professionalism requires health workers with communicative competence. Health professionals with communicative competence exists already, one of

them is the Comedian/GP we talked to; Jonas Bergland. But there are also others, both general practitioners and psychologists that today contribute with articles to newspapers or in blogs.

Systemic changes

The overall service concept suggest creating a new role for public health services, focusing to offer not only *health care services* but to also offer *health enabling services* under the public health system today.

Benefits

This proposal demands a mindset change for public health actors today, however, grounded in diverse research, the change could potentially help make the public health sector to be more sustainable.

"Prevention is the key to both better health and lower health-care costs over the long haul. This is where the nation — and each of us as individuals — needs to put energy and resources."

S. C. Schimpff- Harvard Business Review

Enabling and empowering people to take charge of their own health the service will improve health and wellness in general, but could potentially also reduce pressure on existing public health services.

"Where they are known to be effective, many of the public health interventions reviewed across the spectrum of prevention were found to be cost-effective (...), particularly when a long-term horizon and societal perspective are adopted."

PHAC- Investing in prevention- 2009
Societal advantages

Reframing how sexual health is communicated could result in societal changes when it comes to issues of shame and stigma. Normalizing the conversations can help improve a norm critical society, and make it easier for people to seek help when they experience issues related to sexuality, identity or emotional aspects of sexual health.

"Reframing dialogue to embrace a positive sexual health perspective can help reduce the stigma and misconceptions that surround many sexual health issues. Currently, because STIs and other adverse sexual health outcomes are associated with socially sensitive behaviours, individuals may deny risky behaviours or attribute symptoms to other, non-sexual causes, leading to a delay or failure to seek important preventive services and treatment"

Association of Schools of Public Health 2013

Challenges

The feasibility of the a proactive service initiative will require systemic changes on a governmental level.

The service itself is an ideal situation aiming to improve health and wellness for the users. For health promoting initiatives to be successful it needs to be build in to governmental policies.

Moving from silos to cross-disciplinary collaboration and participation of policy makers, healthcare professionals, educators, employees and other disciplines is one of the biggest challenges connected to proactive initiatives.



Chapter 10

Feedback and Reflection

Content

In this last chapter we will share our reflections on how the service meets the users needs, as well as describe our visit and the feedback we got on our project from the health directorate. Not having included official health actors in our concept development gave us the chance to design with the user in the center, creating ideal experiences answering to their needs. We did however want to present our results to public health actors, and get their opinions to how the concept could be feasible, as well as hear takes on our findings and service guidelines.

Lastly we will reflect on our end result, our design contribution and how we choose to bring this project further.

▼ How the Service Meets the User Needs

Target group



Passive spectator

The service meets the users needs by being present in the target groups everyday platforms. It lets people know what offerings exist when they need it and directly or indirectly trigger conversations of sexual health in everyday situations.

Public health sector



The service meets the public health sectors need by empowering and enabling individuals resulting in relieved pressure on existing health services.
Through crossdisciplinary collaboration the service focuses on strengthening health workers competence in meeting the target group.

Society



The service meets the society's need for reducing shame and stigma by communicating the positive aspects of sex. It contributes to normalize sexual health by placing it in everyday platforms and by triggering conversations.



Health seeking

The service meets the users need for low threshold access to the resources, either through physical platforms in peoples everyday context or online. The service drives learning through engagement and it enables spontaneous interactions and engage to repetition of behaviour.



Disease preventing

The service meets the need for enabling and empowering people in disease preventing situations by giving positive feedback of healthy behaviour and directing them to find health help more easily.

The service also motivatate people to build health habits through triggers, and engagement



Feedback from the Directorate of Health

We wanted to discuss our project with people within the public health sector who had knowledge and experience within the field of sexual health.

Having focused our project around the users requirements for a proactive health service we knew that we needed to get feedback on the requirements and feasibility of having a public health actor as the provider.

We were fortunate to set up a meeting with a group of the advisors from the health directorate, all involved in making the draft for the new national strategy for sexual health.

The meeting started with us presenting our main findings, guidelines and overall service aim and concept, then discussing how feasible the service concept would be placed in today's system.

The participants found our project interesting valuable and agreed that a holistic change and implementation in everyday platforms had value.

"Our initiatives today, towards public health, may reach out and affect about 5%, while initiatives in schools, workplaces, road-plan-

ning or lighting in hiking trails,- all those things constitutes for about 95% in affecting people's general health (...). So you are touching on something very important, we can't affect the public general health in the doctors office."

Arild Johan Myrberg - Senior advisor

When discussing the feasibility of the project put in today's system the participants confirmed our analysis for challenges regarding funds, regulations and politics. They also addressed issues of getting actors from different parts of the system to collaborate on one platform, and how implementing interventions like these would take years given today's regulations.

Overall we got feedback that the proposed solution had good value in regards to our focused aim, content and proposed interactions.

The participants highlighted the fact that we had taken advantage of existing resources and collected them in one platform, as well as our focus of addressing the positive promotion of sexual health.

"There are a lot of actors, and just collecting them in one platform is very smart"

Arild Johan Myrberg - Senior advisor

"The things that we also focus deeply on, is the seeing the bright sides of sexuality, it's by doing that we can prevent the dark sides. Sexual autonomy, safety and joy makes it less likely for you to experience the dark sides. That's a deeply grounded theory you have captured"

Arild Johan Myrberg - Senior advisor

Regarding the challenges, governmental regulations would be challenging concerning, among other things,- the digital interactions, as the regulations today are not aligned with modern digitization.

"The time it will take for regulations to be updated, this will unfortunately be outdated"

Adélie Dorseuil - Advisor

"One of the reasons why the focus has been

on abortions or the negative consequences is because it's easy to measure. It's very hard to measure how happy people are with their sexual health. That's one of our challenges, but it's an important factor."

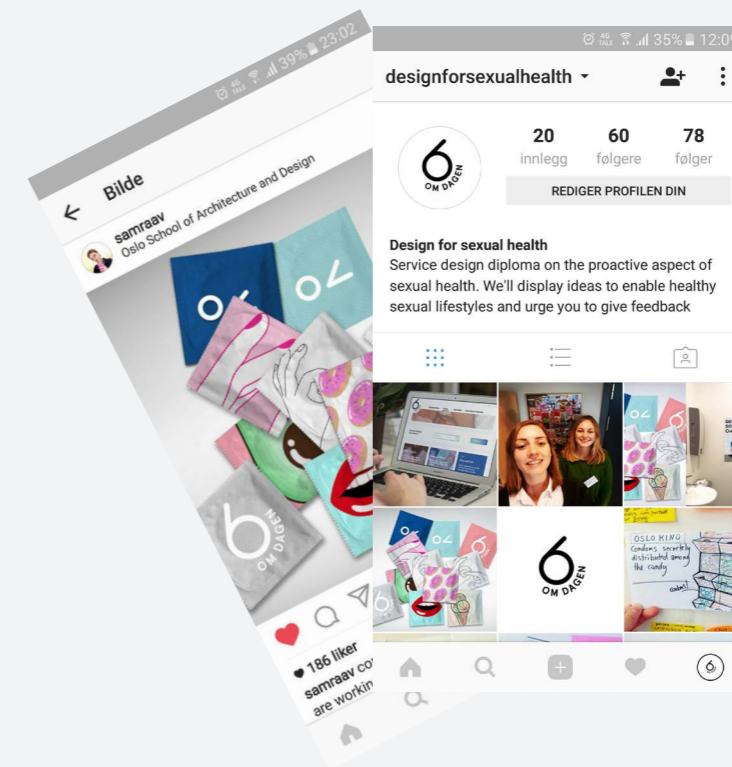
Adélie Dorseuil - Advisor

We agreed to give Karl Kristian a copy of our report and he expressed in the meeting that there was especially one thing he wanted to take further;

"One thing we will take, if it's OK with you is you're points on how sexual health is communicated on helsenorge's official websites. That we should communicate sexual health more like how we communicate nutrition. It's a very good idea, and towards the spring when we will through those pages we should just do that."

Karl Kristian Kirchhoff- Senior advisor

▼ Reflection on the result



This service is just a concept, but it can teach us something. It is possible to make a connected health service with a focus on enabling, empowering and engaging users in their everyday life.

With our explorative and theoretical approach in connection to our grounded expert insights and communication with the target group, the service concept developed into something very tangible. Although the feasibility given today's governmental system and regulations is a challenge, we see the potential our concept has to inspire towards change.

Our end result, both the process and findings, the service guidelines and our final service concept should all be seen in relation to each other.

Reframing health services

The end result reflects the importance we believe preventive initiatives should have in today's health systems. By not only having individual initiatives in fragmented places but offering them in one connected service equal to existing health services.

We believe Public health should not only offer

health care services but also health enabling services.

Another aspect of the service concept the relevance it has towards its users. By being present in the platforms people already use and using mechanisms and values that are relatable to their everyday interactions, we believe the services experience is highly adaptable with the target group.

Reframing the conversation

Our most important contribution in regards to the topic of sexual health is the reframing of the conversations.

Focusing on reducing shame and stigma through positive representations and promotion of sexuality, sexual health or identity the service concept opens for potential societal impacts.

Design for peoples engagement

Even though people should be responsible for their own health and well-being, we firmly believe the public health sector has a opportunity and responsibility to empower their citizens to do this.

To affect peoples behaviour, health services

needs to not only offer resources but also aim to engage, enable and empower people to stay healthy.

When actors and politicians lay the ground for preventive initiatives, they should centre it around the target groups needs and motivational factors. This should be done with a focus on the holistic understanding of peoples everyday life and interactions, seeing peoples natural behaviour patterns in context of affecting interactions.

What now?

We wish that our process and project itself can be used as a backdrop for a wider discussions about proactive initiatives, and sexual healths presence in society. We have scoped our project within the field of sexual health but see potential in how the guidelines and service concept could be transferred to other medical fields.

Discussing and getting feedback on the project from the health directorate was an important factor in our process. The fact that even the short introduction we gave them inspired

them to change how they communicate sexual health on their websites leaves us thinking that the project has potential to inspire further. We agreed to give them our report as well as we plan to make a short version to distribute to the experts we interviewed and other potential actors.

As our focus has been with the users we also see potential in addressing the target group, showing our concept and how it can benefit their everyday sexual health. By doing this we can hopefully engage conversations to the importance of sexual health and how the health sector can meet people more holistically.

We have already used social media to spread our ideas and concepts, and will continue to do so.

THANK YOU

We want to give thanks to the people who made this project possible and enjoyable:

To our supervisors, Berit, Jonathan and Natalia for guiding us in the in the right directions, encouraging us to explore more and helping us make sense of the complexity.

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References

A

Association of Schools of Public Health 2013: - "Sexual Health Training and Education in the U.S. Written by; J. V. Ford, R. Barnes, A. Rompalo, and E. W. Hook "

AT-ONE method written by Simon Clatworthy- How to design better services. Feb. 2016

Beck, M. (2012). "Delayed Development: 20-Somethings Blame the Brain." Retrieved from <http://online.wsj.com/article/SB10000872396390443713704577601532208760746.html>

Bendik Meling Samuelsen, Adrian Peretz, Lars Erling Olsen, Merkeveledelse på Norsk, Cappelen Forlag. Oslo 2007.

The Economist Intelligence Unit Limited, 2011

Folkehelseinstituttet- Rapport om svangerskapsavbrot for 2015, Rapport Mars 2016. ISSN (elektronisk): 1891-6392. Available at www.fhi.no

Halpern, Carolyn Tucker (2010) "Reframing Research on Adolescent Sexuality: Healthy Sexual Development as Part of the Life Course" Retrieved from: <https://www.guttmacher.org/about/journals/psrh/2010/03/reframing-research-adolescent-sexuality-healthy-sexual-de>

velopment-part#8 (Tatt ut 03/09/2016).

Helsedirektoratet 2016- "Statistikk om seksuell helse" Retrieved from: <https://helsedirektoratet.no/folkehelse/seksuell-helse/statistikk-om-seksuell-helse-i-norge#abort>

Helsedirektoratet.no 6 Juni 2016: "Prinsipper for tiltaksutforming -Godt folkehelsearbeid må også handle om å utjevne sosial ulikhet i helse." Retrieved from: <https://helsedirektoratet.no/folkehelse/folkehelsearbeid-i-kommunen/veivisere-i-lokale-folkehelseiltak/prinsipper-for-tiltaksutforming>

IDEO design kit 2016 <http://www.designkit.org/>

McGinnis, M.J., Williams-Russo, P., Knickman, J.R. 2002- "Determinants of health"

McGinnis, M.J., Williams-Russo, P., Knickman, J.R. (2002). The case for more active policy attention to health promotion. Health Affairs 2002; 21(78)-93.

Motta-Filho, M. (2012) The Brand Experience Manual: Addressing the Gap Between Brand Strategy and New Service Development, Proceedings from the 2012 International Design Management Re-

search Conference.

Perry, W. G. (1999). "Forms of ethical and intellectual development in the college years": "A scheme" San Francisco: Jossey-Bass. (Original work published 1970)

Public Health Agency of Canada (PHAC) May 2009- "Investing in prevention- The economic perspective." Retrieved from: <http://www.phac-aspc.gc.ca/ph-sp/preveco-index-eng.php>

Public health report 2013- Sexual Health Training and Education in the U.S. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3562751/>

Regjeringen.no 6 december- 2016- "Snakk om det! Mer åpenhet om seksuell helse. Strategi for seksuell helse (2017-2022)" From: <https://www.regjeringen.no/no/aktuelt/mer-åpenhet-om-seksuell-helse/id2522936/>

Statistisk sentralbyrå: "<https://www.ssb.no/a/aarbok/tab/tab-097.html>", tatt ut 06.12.2016

Stephen C. Schimpff May 12,2010- "Cut Health Care Costs With Prevention, Harvard business review" Retrieved from : <https://hbr.org/2010/05/cut-health-care-costs-with-pre>

Å

vention

Systems oriented design - Course ar AHO 2014- Birger Sevaldson

Tromp, Nynke (2013) *Social Design. How products and services can help us act in ways that bene t society.* TU Delft

World health organisation (WHO) 2016- "Defining sexual health" Retrieved from: http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

Yu-kai Chou at TEDxLausanne 26 feb. 2014- *Gamification to improve our world.* Retrieved from: <https://www.youtube.com/watch?v=v5Qjuegtiyc>

Ø. Nilsen -Folkehelseinstituttet 2016 " Seks ganger så mange får syfilis nå, som for ti år siden " Retrieved from: <https://www.nrk.no/rogaland/lite-kondom-og-mer-kjonnsykdom-1.12793697>

-All unmarked mockups are retrieved from the free resource page <https://www.mockupworld.co>

