Software Development – App User Interface for Contraceptive Study

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| **MOCK-UP OF CONTRACEPTIVE INTRO PAGE** | | |
|  | | |
|  | | |
| **MyPreferences** | | |
|  |  |  |
| **[INSERT LOGO HERE?]** | | |
|  | **a** |  |
|  | **BEGIN SURVEY** |  |
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| **MOCK-UP OF CONTRACEPTIVE INTRODUCTION** | | |
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| Please select a language below to begin the survey: | | |
|  |  |  |
|  | **English** |  |
|  |  |  |
|  | **Setswana** |  |
|  |  |  |

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| **MOCK-UP OF CONTRACEPTIVE INSTRUCTIONS** | | | | |
| **INSTRUCTIONS:**  Some people may prefer one family planning method over another because of the different characteristics of each method.  This survey is interested in what YOU think would be most important regarding a family planning method you consider using. | | | | |
|  | 🡨 **BACK** |  | **NEXT** 🡪 |  |
|  |  |  |  |  |

\*All instructions will need to be translated into Setswana.

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| **MOCK-UP OF CONTRACEPTIVE BEST-WORST SURVEY** | | | | | | | | | | |
| Choose the statement that is **MOST** important to you and the statement that is **LEAST** important to you. | | | | | | | | | | |
| Please select one of each in the boxes below: | | | | | | | | | | |
|  |  | | | | |  |  |  | |  |
|  |  | | | | **MOST** | |  | **LEAST** | |  |
|  | I want to avoid a pregnancy at all costs | | | | ✔ | |  |  | |  |
|  |  |
|  | I want no periods or bleeding at all | | | |  | |  | **X** | |  |
|  |  |
|  | I want to avoid injections or needles | | | |  | |  |  | |  |
|  |  |
|  | I want a method that will work for a long time | | | |  | |  |  | |  |
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|  | **[ 1 / 12 ]** | | | | | | | | |  |
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|  | | 🡨 **BACK** |  | **NEXT** 🡪 | | | | |  | |
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\*Only one option should be possible for “Most” and “Least”

\*Patients should not be able to click “next” until they have selected a “Most” and “Least” important attribute.

\*Include option to enlarge/zoom in on text, if possible

\*Wrap text for long attributes

\*All instructions will need to be translated into Setswana.

|  |  |  |
| --- | --- | --- |
| **MOCK-UP OF CONTRACEPTIVES THANK YOU PAGE** | | |
|  | | |
| Thank you!  A report will now be sent to your family planning provider for discussion. | | |
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\*All text will need to be translated into Setswana.

**SAMPLE CONTRACEPTIVE OUTPUT FOR CLINICIANS**

\*\*Items in **RED** will need to be translated into Setswana

\*\*Final output will contain both the English version and the Setswana Version

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Client Family Planning Preferences Report | | | | | | | | |  |
|  |  | |  | |  | **Top 2 Contraceptive Options:** | | |
|  | **Client Initials:** | | | GAIA |  |  | 1. | Oral Contraceptive |
|  | **Client ID:** | | | 001 |  |  | 2. | Male Condom |
|  | **Date of Assessment:** | | | 09/12/18 |  |  |  |  |
|  |  | | |  |  |  |  |  |
|  |  | | |  |  | **Top 3 Valued Attributes:** | | |
|  |  | |  | |  |  | 1. | I want to avoid a pregnancy at all cost |
|  |  | |  | |  |  | 2. | I want to no periods or bleeding at all |
|  |  | |  | |  |  | 3. | I want to avoid injections or needles |
|  | |  | | | | | | |
|  |  | | | | | | | | |  |
|  | Client Family Planning Preferences Report (*written in SETSWANA*) | | | | | | | | |  |
|  |  | |  | |  | **Top 2 Contraceptive Options:** | | |
|  | **Client Initials:** | | | GAIA |  |  | 1. | Oral Contraceptive |
|  | **Client ID:** | | | 001 |  |  | 2. | Male Condom |
|  | **Date of Assessment:** | | | 12/09/18 |  |  |  |  |
|  |  | | |  |  |  |  |  |
|  |  | | |  |  | **Top 3 Valued Attributes:** | | |
|  |  | |  | |  |  | 1. | Ke batla go thibela boimana ka tsela tsotlhe |
|  |  | |  | |  |  | 2. | Ga ke batle setswalo gotlhelele |
|  |  | |  | |  |  | 3. | Ga ke batle mekento kgotsa bonnale |
|  | |  | | | | | | |

**APPENDIX I: Contraceptive Attributes in English and Setswana**

1. I want to avoid a pregnancy at all cost

Ke batla go thibela boimana ka tsela tsotlhe

1. I want to avoid a delay in my ability to fall pregnant after stopping a method

Ga ke batle tiego mo go kgoneng go ima game morago ga go emisa motlhale

1. I want a method that will work for a long time.

Ke batla motlhale o o tla berekang lobaka lo lo telele

1. I want to use a method privately without other people knowing, for example, my partner or family or friends.

Ke batla motlhale o nka kgonang go o dirisa mo sephiring batho ba bangwe ba sa itse,jaaka molekane wame kana ba masika kana ditsala tsame

1. I want a method that will not require me to remember to use frequently or attend frequent clinic visits to continue using it.

Ke batla motlhale o nka o dirisang ke thoke go o gakololwa kana ketelo ya bookelo kgapetsakgapetsa gore ke tswelele ke o dirisa .

1. I want to avoid interruptions during sex to use my method.

Ga ke batle go kgoreletsega mo tlhakanelong dikobo fa ke dirisa motlhale o

1. I want to continue having my periods.

Ke batla go tswelela ke bona setswalo same

1. I want no periods or bleeding at all

Ga ke batle setswalo gotlhelele

1. I want to avoid prolonged or irregular periods

Ga ke batle setswalo sa malatsi a malele ebile se tla e se ka tlhwaelo

1. I want to avoid heavier periods or more painful period cramps

Ga ke batle setswalo sa madi a mantsi kgotsa ditlhabi tsa setswalo tse di oketsegileng

1. I want to avoid weight gain

Ga ke batle monono

1. I want to avoid side effects such as acne, headaches, nausea, breast tenderness, mood changes or lowered sex drive

Ga ke batle ditlamorago jaaka, bogwata, tlhogo e opang, go feroga dibete, mabele a botlhoko, phetogo maikutlo kgotsa kwelo-tlase ya keletso ya go tlhakanelo-dikobo.

1. I want to avoid injections or needles

Ga ke batle mekento kgotsa bonnale

1. I want to avoid a method that requires insertion into my womb

Ga ke batle motlhale o tlhokanang le go tsenngwa mo popelong yame

1. I want to avoid a method that requires insertion into my vagina on my own

Ga ke batle motlhale o tlhokanang le gore ke o itsenye mo bosading

1. I want a method that protects me from sexually transmitted infections and HIV

Ke batla motlhale o ntshireletsang mo malwetsing a tlhakanelo-dikobo le mogare wa HIV

**APPENDIX II: CONTRACEPTIVE OPTIONS**

|  |
| --- |
| 1. Male Condom |
| 2. Female Condom |
| 3. Combined Pill |
| 4. Progesterone Only Pill |
| 5. Vaginal Ring |
| 6. Injection |
| 7. Copper IUD |
| 8. Implant |
| 9. Bilateral Tubal Ligation |
|  |
| \*\*All contraceptive options will need to be translated into Setswana. |