social business creation

supported by Scotiabank

Project Report Portfolio

LOVE LAB

Start-up Love Lab

Team: Julia Pollin, Angela Montanaro

Submission date: 1st May 2023

The following portfolio reports reflects on our entrepreneurial journey during the Social Innovation Phase of the HEC Social Business Creation Competition. We picked five methods we used and found particularly helpful in this phase and reflected on our implementation of the method and key lessons learned. The report further includes our own data gathered in the problem validation process.

Julia Pollin

Julia Pollin

Table of Contents

Methods Reflection 3

1.1 Stakeholder Map 3

1.2 Problem Validation Interviews 7

1.3 Customer Journey 13

1.4 XYZ Hypothesis and Hypozooming 17

1.5 Value Proposition Canvas 26

References 30

Methods Reflection

1.1 Stakeholder Map

In this chapter, the methods used for the Social Innovation phase are described and applied along with our team lessons learned. Our social problem space covered the wide area of contraception. To better analyze, categorize and define a specific problem area, we decided to use the tool known as the stakeholder map.

Method description

A stakeholder map is a tool used to visualize the relationships and interests of stakeholders within a given organization or project. It can be used in various ways to identify the main stakeholders and their interdependence. Further, it helps to identify potential conflicts of interest and develop strategies for addressing them. (Lopez, 2021) A stakeholder map is a valuable tool for organizations and project teams seeking to engage with and manage their stakeholders effectively.

Method implementation

The project team developed and used a stakeholder map in three different iterations. The stakeholder map was created on the Miro board. Miro is an online whiteboard and collaboration platform that allowed the team to brainstorm, plan, and organize their startup project in a visual and agile way. It features a variety of tools such as sticky notes, shapes, images, and text that were used to create the map. For the stakeholder map, the different stakeholders were clustered into three groups initially. We marked private individuals with a red post-it, Professionals with a green post-it, and institutions with a yellow post-it.

1. We started with an initial brainstorming around the individual stakeholders we encountered in the first problem area.
2. We collected various case studies during the interviews and adapted the stakeholders to different cases. We applied three additional case studies to the stakeholder map. The first journey relates to the first gynecologist

visit of an adolescent. The second case study relates to the sexual education of individuals or students. The last case is about a woman who stops taking the pill and shows the stakeholders she encounters.

3. During the concretization of the problem area, the individual stakeholders were again shown in the stakeholder map and brought into dependency.

Key insights and learnings

The stakeholder map is perceived as a valuable tool to focus on the project's primary stakeholders and target group. We could identify all stakeholders of different case studies for our project. It was essential to include all of them in one stakeholder map. The Map ensures that all parties should be considered and that their needs and interests are known.

The stakeholder map also helped us to understand the power dynamics between different stakeholders and how they influence decision-making, for example, gynecologists, chambers of physicians linked to health insurers, and the ministry of health.

Thirdly, it supported us while deciding on our vision and direction of the project. By starting with the problem area of contraception, we could recognize that we have different institutions, private persons, doctors, and professionals in our stakeholder map.

We realized that we have many stakeholders. Regular communication with stakeholders is essential to maintain good relationships and to ensure that their needs and concerns are addressed. Thus, we had to narrow down the problem space.

We prioritized stakeholders based on different cases we conducted in the context of an interview. We needed to identify which stakeholders had the most significant influence and impact on our project. The allocation helped us to divide our time and resources according to prioritization. The stakeholder map also enabled us to identify which target group needed to be consulted for this project. It showed that we needed to interview individuals such as women and men first, followed by institutions and doctors.

Lastly, we have learned that we continuously adjust the stakeholder map after each iteration. Stakeholders can be prioritized differently, dropped, or added as the project progresses. It is crucial for us to communicate regularly with stakeholders and to adjust the stakeholder map constantly.

Appendix

Figure 1: Stakeholder map with all stakeholders in the problem space

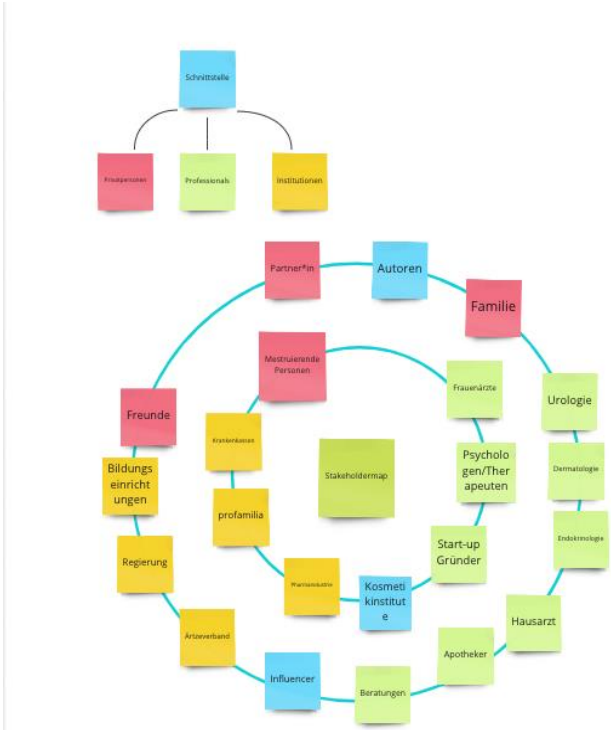
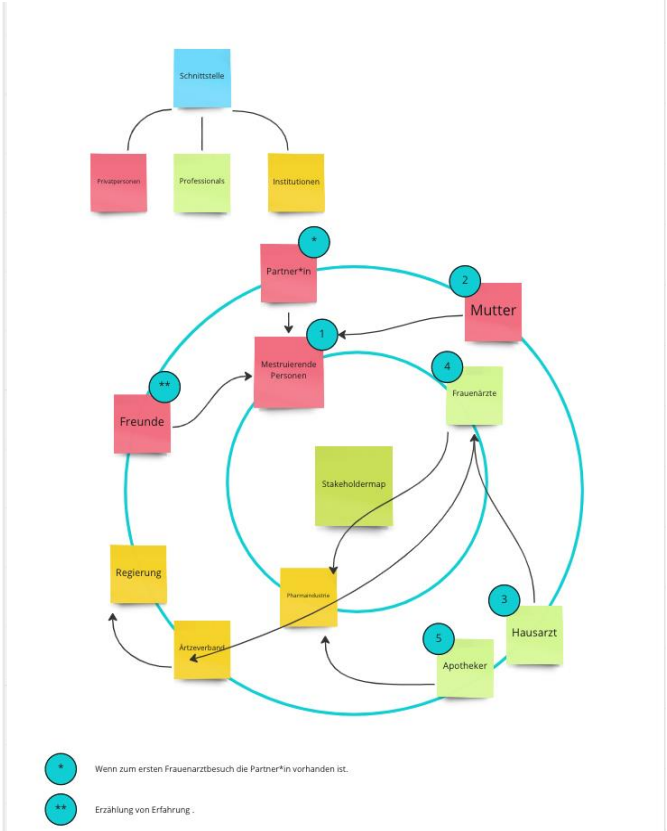


Figure 2: Stakeholder map: first visit at the gynecologist



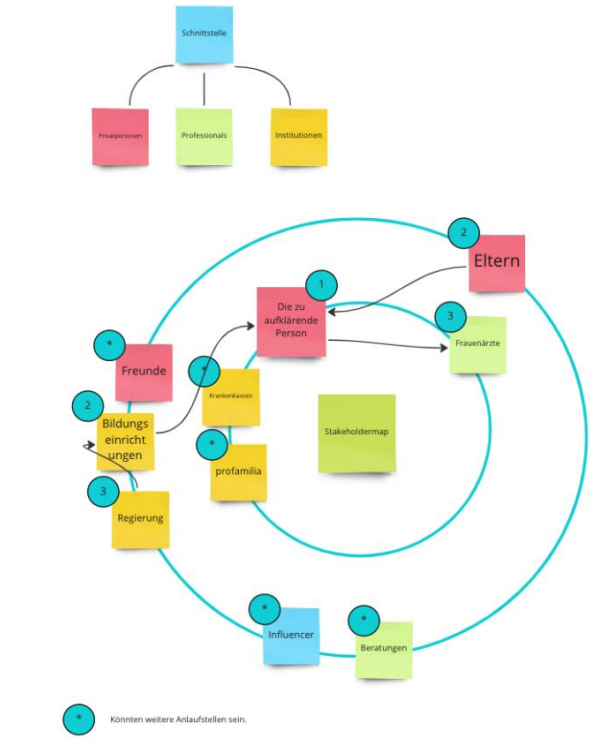


Figure 3 Stakeholder map: first sex education

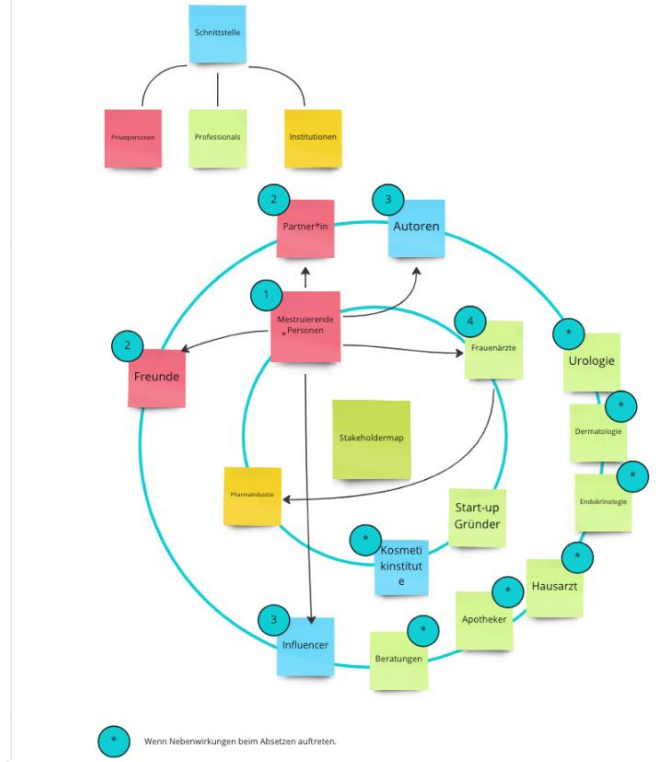


Figure 4 Stakeholder map: Stop taking the contraceptive pill

1.2 Problem Validation Interviews

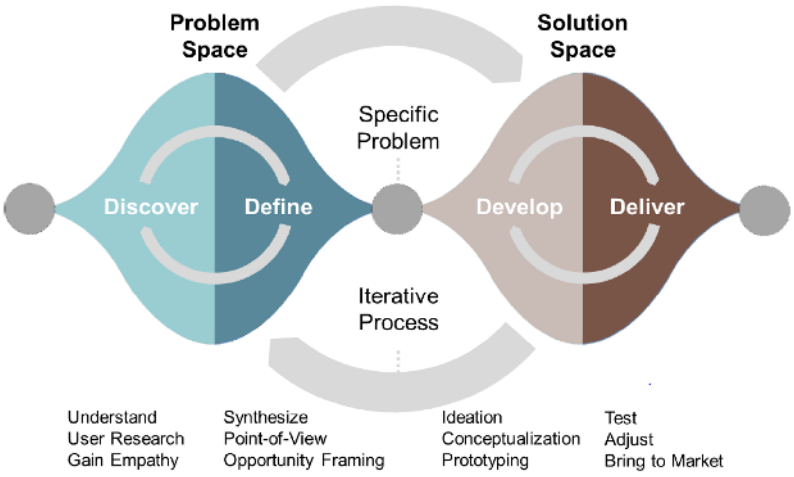
Truly understanding the target group is key to the success of a business model. Once the different stakeholders of the problem market were defined, it is important to talk to them to understand them and to discover and validate existing needs.

Method description

The focus in this early project stage lied in gathering qualitative feedback by conducting problem validation interviews with prospective customers. To generate a variety of insights into the target market and the typical customer journey, the team started with problem interviews of the individual stakeholder type. At first, the team planned to conduct both individual and expert interviews in parallel, but then decided to start with the individual interviews first. The goal was to validate the hypotheses formulated during previous desk research and identify a clear problem direction before interviewing professionals.

The team‘s approach followed the double diamond process model by decoupling the solution from the problem, focusing on the problem alone in the early stage (Croll & Yoskovitz, 2013).

Figure 5: The Double Diamond Design Process Model



Extract from Huber et al. (2016)

Method implementation

The implementation process can be divided into three parts: designing problem validation scripts, practicing them within the team by interviewing the project team counterpart, and finally conducting the interviews with friends, partners, family members and campus students, who are in and around the relevant space of interest.

The interview scripts were designed based on the example questions of the „problem validation script“ provided by the Board of Innovation. The team reviewed the example questions, adjusted the one’s that suited to their problem space and customized them by adding relevant context. Additional questions were included to the script to validate assumptions the team had taken. During desk research, the team identified a recent change in behavior towards hormonal contraceptive usage, especially the pill. By comparing the current Federal Centre for Health Education (BZgA, 2018) study results on adult contraceptive behavior in Germany with the previous study results from 2011 (BZgA, 2011), condom usage increased by 9%, but pill usage decreased by 6%. The strongest decline was in the young age group between 18-29 years and amounted to 16%. Since most respondents of the individual problem interviews are family and friends of the project owners and therefore fall into that age group, one tested assumption was the usage of the pill as contraceptive method in the past as well as a (planned) change of the contraceptive method due to side effects. A second assumption was that there is insufficient education regarding contraceptive methods, especially for men. To validate it, one question included an enumeration of existing contraceptive methods the respondents needed to explain to demonstrate their level of knowledge.

The final interview questions were structured as follows:

- The designed interview questions were differentiated in unisex questions for both gender types, female only and male only questions

- The interview script started with demographics and age questions of relevant events such as first period or first gynecologist visit to be able to draw the customer journey
- As the problem discovery phase covers the area of divergent thinking, the remaining interview questions were phrased as broad as possible and fairly open-ended

„The key to qualitative data is patterns and pattern recognition“ (Croll & Yoskovitz, 2013: 162). Therefore, the team defined specific positive and negative patterns to watch out for during the interviews to see trends by identifying patterns in people’s feedback (Croll & Yoskovitz, 2013).
Each team member aimed to interview at least 10 people representing a balanced gender share.
The team used their Miro board to collect the requested interviewees upfront to ensure a heterogeneity of respondents. During the conduction phase, the problem validation scripts gave a solid orientation and ensured a common thread throughout the whole interview.

Key insights and learnings

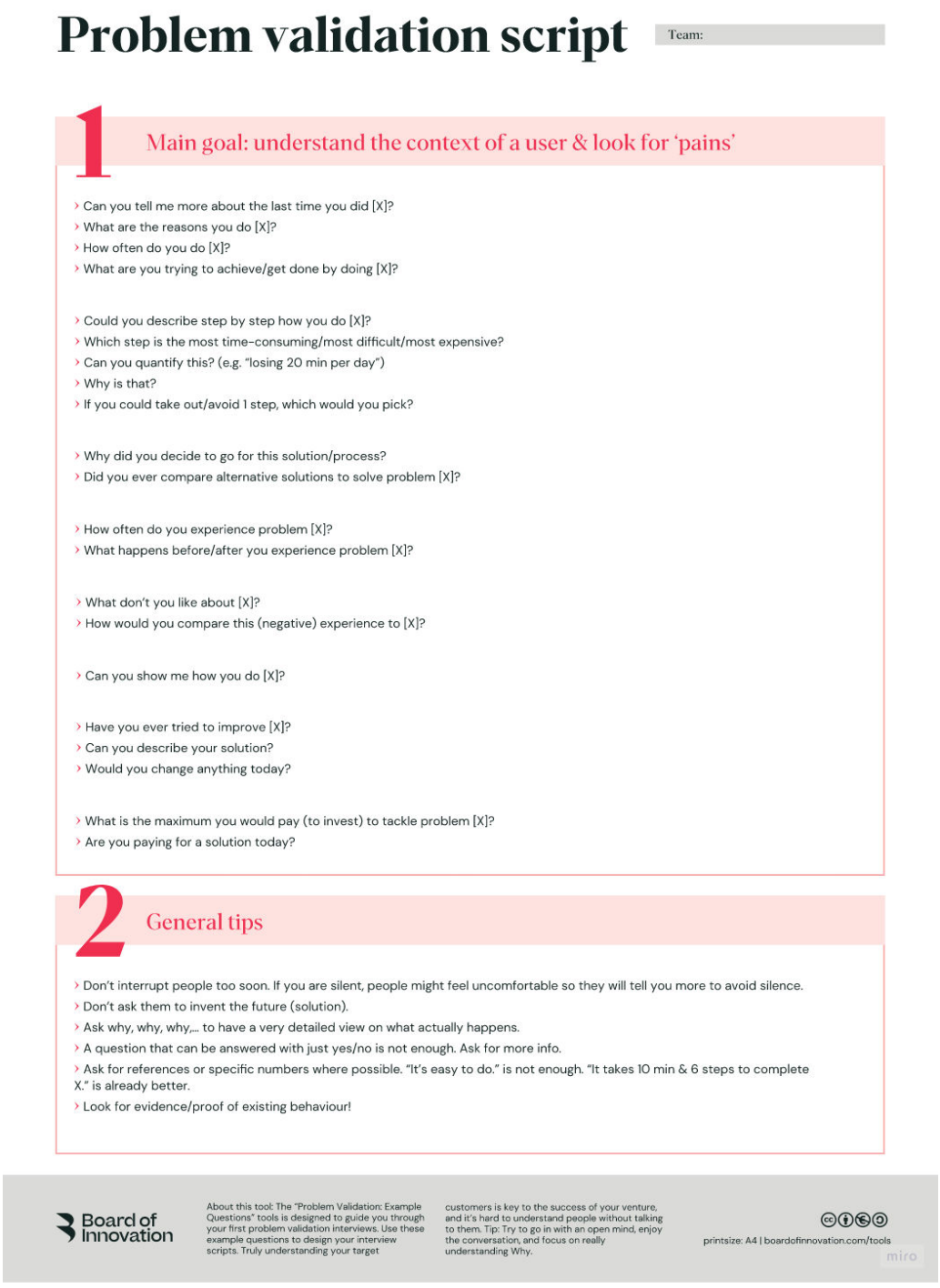
The information gathered over the interviews were used to draw a typical customer journey and to identify, which problems are of the greatest interest. The outcome served as a base to define the direction for the solution phase and what features need to be included in a minimum viable product (MVP). Once this phase is achieved, the team plans to conduct solution interviews as well as presenting their MVP to the same (target) audience.

In conducting the first interviews, the team learned a lot about its target group and identified initial patterns that were addressed more intensively in the subsequent interviews. One example was the statement of the first interviewees that they did not receive comprehensive education on contraception at school. For this reason, we listened carefully to responses about sex education during subsequent interviews and asked questions to verify that this was a common

occurrence. In general, we learned to stick to the "Why?" question and ask it several times during an interview to get to the bottom of facts.

Appendix

Figure 6: Problem Validation Script - Board of Innovation



Problem validation script

Team:

1 Main goal: understand the context of a user & look for 'pains'

› Can you tell me more about the last time you did [X]?
› What are the reasons you do [X]?
› How often do you do [X]?
› What are you trying to achieve/get done by doing [X]?

› Could you describe step by step how you do [X]?
› Which step is the most time-consuming/most difficult/most expensive?
› Can you quantify this? (e.g. "losing 20 min per day")
› Why is that?
› If you could take out/avoid 1 step, which would you pick?

› Why did you decide to go for this solution/process?
› Did you ever compare alternative solutions to solve problem [X]?

› How often do you experience problem [X]?
› What happens before/after you experience problem [X]?

› What don't you like about [X]?
› How would you compare this (negative) experience to [X]?

› Can you show me how you do [X]?

› Have you ever tried to improve [X]?
› Can you describe your solution?
› Would you change anything today?

› What is the maximum you would pay (to invest) to tackle problem [X]?
› Are you paying for a solution today?

2 General tips

› Don't interrupt people too soon. If you are silent, people might feel uncomfortable so they will tell you more to avoid silence.
› Don't ask them to invent the future (solution).
› Ask why, why, why,... to have a very detailed view on what actually happens.
› A question that can be answered with just yes/no is not enough. Ask for more info.
› Ask for references or specific numbers where possible. "It's easy to do." is not enough. "It takes 10 min & 6 steps to complete X." is already better.
› Look for evidence/proof of existing behaviour!

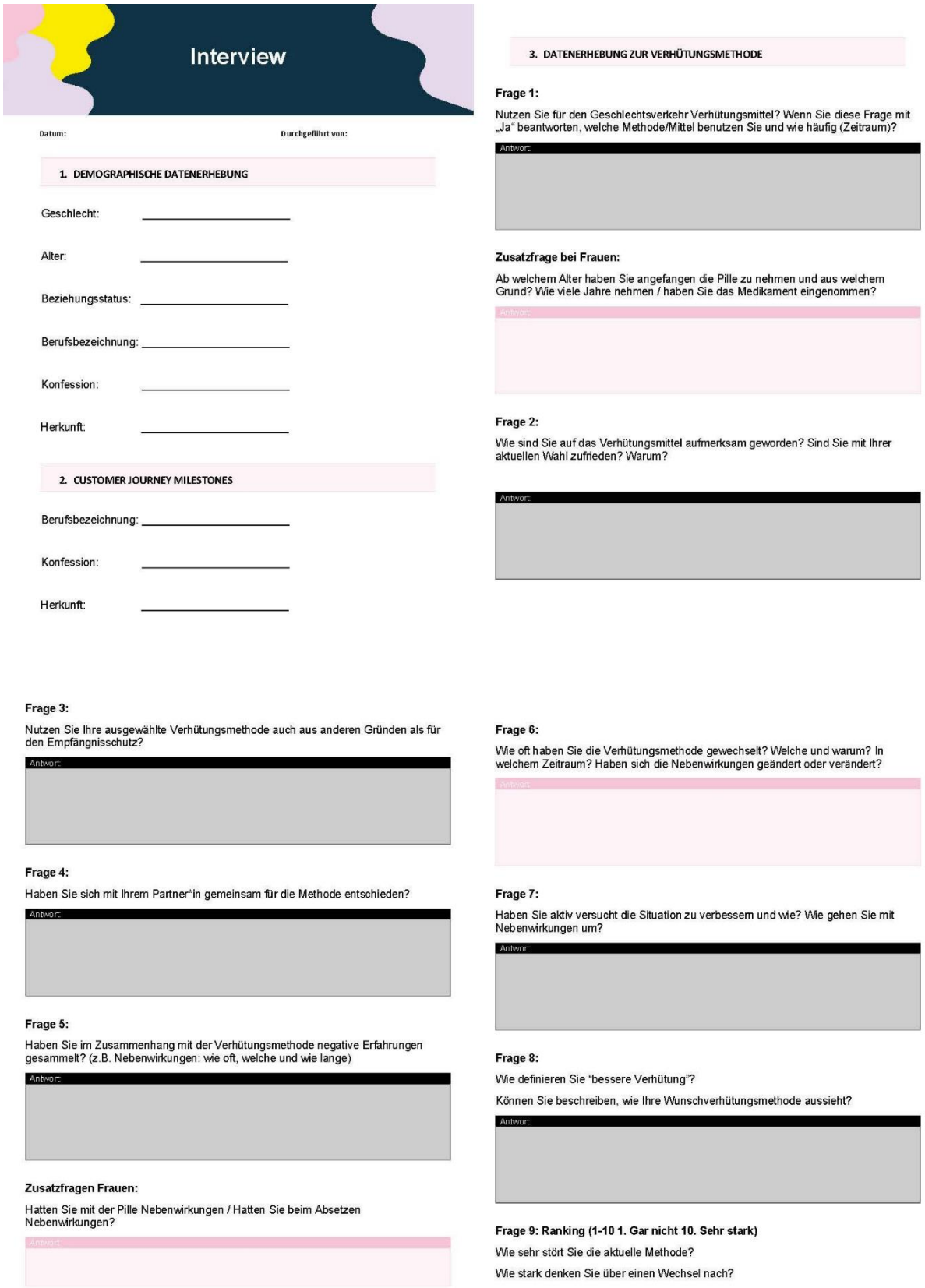
Board of Innovation

About this tool: The "Problem Validation: Example Questions" tools is designed to guide you through your first problem validation interviews. Use these example questions to design your interview scripts. Truly understanding your target customers is key to the success of your venture, and it's hard to understand people without talking to them. Tip: Try to go in with an open mind, enjoy the conversation, and focus on really understanding Why.

printsize: A4 | boardofinnovation.com/tools

miro

Figure 7: Individual Problem Validation Script



Interview

Datum: Durchgeführt von:

1. DEMOGRAPHISCHE DATENERHEBUNG

Geschlecht: _____

Alter: _____

Beziehungsstatus: _____

Berufsbezeichnung: _____

Konfession: _____

Herkunft: _____

2. CUSTOMER JOURNEY MILESTONES

Berufsbezeichnung: _____

Konfession: _____

Herkunft: _____

3. DATENERHEBUNG ZUR VERHÜTUNGSMETHODE

Frage 1:

Nutzen Sie für den Geschlechtsverkehr Verhütungsmittel? Wenn Sie diese Frage mit „Ja" beantworten, welche Methode/Mittel benutzen Sie und wie häufig (Zeitraum)?

Antwort:

Zusatzfrage bei Frauen:

Ab welchem Alter haben Sie angefangen die Pille zu nehmen und aus welchem Grund? Wie viele Jahre nehmen / haben Sie das Medikament eingenommen?

Antwort:

Frage 2:

Wie sind Sie auf das Verhütungsmittel aufmerksam geworden? Sind Sie mit Ihrer aktuellen Wahl zufrieden? Warum?

Antwort:

Frage 3:

Nutzen Sie Ihre ausgewählte Verhütungsmethode auch aus anderen Gründen als für den Empfängnisschutz?

Antwort:

Frage 4:

Haben Sie sich mit Ihrem Partner*in gemeinsam für die Methode entschieden?

Antwort:

Frage 5:

Haben Sie im Zusammenhang mit der Verhütungsmethode negative Erfahrungen gesammelt? (z.B. Nebenwirkungen: wie oft, welche und wie lange)

Antwort:

Zusatzfragen Frauen:

Hatten Sie mit der Pille Nebenwirkungen / Hatten Sie beim Absetzen Nebenwirkungen?

Antwort:

Frage 6:

Wie oft haben Sie die Verhütungsmethode gewechselt? Welche und warum? In welchem Zeitraum? Haben sich die Nebenwirkungen geändert oder verändert?

Antwort:

Frage 7:

Haben Sie aktiv versucht die Situation zu verbessern und wie? Wie gehen Sie mit Nebenwirkungen um?

Antwort:

Frage 8:

Wie definieren Sie "bessere Verhütung"?

Können Sie beschreiben, wie Ihre Wunschverhütungsmethode aussieht?

Antwort:

Frage 9: Ranking (1-10 1. Gar nicht 10. Sehr stark)

Wie sehr stört Sie die aktuelle Methode?

Wie stark denken Sie über einen Wechsel nach?

Ist Geld ein Faktor für Ihre Entscheidungswahl?

Wie hoch ist die Bereitschaft mehr Geld für bessere Verhütung zu bezahlen?

Frage 10:

Wie viel bezahlen Sie monatlich für Verhütungsmittel?

Antwort:

Frage 11:

Wie sehr beeinflussen Ihre moralischen, ethischen und kulturellen Werte die Wahl Ihres Verhütungsmittels?

Antwort:

Frage 12:

Wie wurden Sie aufgeklärt? Über welche Quellen/Kanäle erhalten Sie Informationen zu diesem Thema?

Antwort:

Frage 13:

Unterstreichen Sie die Verhütungsmethoden, die Sie nicht kennen und keine Grundkenntnisse besitzen:

Tubenligatur, Minipille, Kombinationspille, Verhütungsring, Depo-Spritze, Implantat, Hormonpflaster, Hormonspirale, Kupferspirale, Vasektomie, Kondom, Coitos Interruptus, Diaphragma, Femidom, NFP-Methode, Portiokappe, Zäpfchen, Schwamm, Kalendermethode

Frage 14:

Würden Sie hormonelle Verhütungsmethoden für den Mann nehmen, wenn es Sie geben würde?

Antwort:

Frage 15:

Würden Sie die Pille für den Mann bei folgenden Nebenwirkungen einnehmen?

Antwort:

Häufig auftretende Nebenwirkungen (zwischen 1 und 10 von 100 Anwenderinnen können betroffen sein):

- Kopfschmerzen
- Brustschmerzen einschließlich Brustbeschwerden und Brustspannen

Gelegentlich auftretende Nebenwirkungen (zwischen 1 und 10 von 1.000 Anwenderinnen können betroffen sein):

- Entzündung der Genitalien (Vaginitis/Vulvovaginitis), Vaginale Pilzinfektionen (Candidose, vulvovaginale Infektionen)
- Erhöhung des Appetits
- Depressive Verstimmung
- Schwindel
- Migräne
- Hoher oder niedriger Blutdruck, in seltenen Fällen erhöhter diastolischer Blutdruck (unterer Blutdruckwert)
- Bauchschmerzen (einschließlich Schmerzen im Ober- und Unterbauch, Beschwerden/Blähungen)
- Übelkeit, Erbrechen oder Durchfall
- Akne
- Haarausfall (Alopezie)
- Hautausschlag (einschließlich fleckenartiger Hautausschlag)
- Juckreiz (teilweise über den gesamten Körper)
- Irreguläre Abbruchblutungen einschließlich starke Blutungen (Menorrhagie), schwache Blutungen (Hypomenorrhoe), seltene Blutungen (Oligomenorrhoe) und Ausbleiben der Blutung (Amenorrhoe)
- Zwischenblutungen (vaginale Hämorrhagie und Metrorrhagie)
- Schmerzhafte Monatsblutungen (Dysmenorrhoe), Beckenschmerzen
- Brustvergrößerung einschließlich Brustanschwellung, Brustödeme
- Ausfluss aus der Scheide
- Eierstockzysten
- Erschöpfung einschließlich Schwäche, Ermüdung und generellen Unwohlseins
- Gewichtsveränderungen (Erhöhung, Abnahme oder Schwankung)

Selten auftretende Nebenwirkungen (zwischen 1 und 10 von 10.000 Anwenderinnen können betroffen sein):

- Entzündung im Eileiter oder Eierstock
- Entzündung am Gebärmutterhals (Zervizitis)
- Harnwegsinfektionen, Blasenentzündung (Zystitis)
- Brustentzündung (Mastitis)
- Pilzinfektionen (z.B. Candida), Virusinfektionen, Lippenherpes
- Grippe (Influenza), Bronchitis, Infektionen der oberen Atemwege, Nasennebenhöhlenentzündung (Sinusitis)
- Asthma
- Erhöhung der Atemfrequenz (Hyperventilation)
- Gutartige Wucherungen in der Gebärmutter (Myome)
- Gutartige Wucherungen im Fettgewebe der Brust (Brustlipom)
- Blutarmut (Anämie)
- Allergische Reaktionen (Hypersensitivität)
- Vermännlichung (Virilismus)
- Appetitsverlust (Anorexie)
- Depression, Stimmungsschwankungen, Reizbarkeit, Aggression
- Schlaflosigkeit, Schlafstörungen
- Durchblutungsstörungen des Gehirns oder des Herzens, Schlaganfall
- Dystonie (Muskelstörung, die z.B. eine abnorme Körperhaltung verursachen kann)
- Trockene oder gereizte Augen
- Sehstörungen
- Plötzlicher Hörsturz, Beeinträchtigung des Hörvermögens
- Tinnitus
- Gleichgewichtsstörungen
- Schneller Herzrhythmus
- Thrombose, Lungenembolie
- Venenentzündung (Thrombophlebitis)
- Krampfadern (Varikose), Venenbeschwerden oder -schmerzen
- Schwindel oder Ohnmacht beim Aufstehen aus dem Sitzen oder Liegen (orthostatische Dysregulation)
- Hitzewallungen
- Entzündung der Magenschleimhaut (Gastritis), Darmentzündung (Enteritis)
- Magenverstimmung (Dyspepsie)
- Hautreaktionen/Hautbeschwerden einschließlich allergischer Hautreaktion, Neurodermatitis/atopischer Dermatitis, Ekzem, Schuppenflechte (Psoriasis)
- Starkes Schwitzen
- Goldbraune Pigmentflecken (so genannte Schwangerschaftsflecken) insbesondere im Gesicht (Chloasma), Pigmentstörungen/verstärkte Pigmentierung
- Fettige Haut (Seborrhoe)
- Kopfschuppen
- Männliche Behaarung (Hirsutismus)
- Orangenhaut (Cellulite)
- Spinnennävus (Netzförmige Blutgefäße mit einem zentralen roten Fleck auf der Haut)
- Rückenschmerzen, Brustkorbschmerzen
- Beschwerden an Knochen und Muskeln, Muskelschmerzen (Myalgie), Schmerzen in Armen und Beinen
- Zervikale Dysplasie (abnormes Wachstum von Zellen auf der Oberfläche des Gebärmutterhalses)
- Schmerzen oder Zysten an den Adnexen (Eileitern und Eierstöcken)
- Zysten in der Brust, gutartige Wucherungen in der Brust (fibrozystische Mastopathie), Schwellung von angeborenen zusätzlichen Brustdrüsen außerhalb der Brüste (akzessorische Brüste)
- Schmerzen beim Geschlechtsverkehr
- Brustdrüsensekretion, Brustausfluss
- Menstruationsstörungen
- Periphere Ödeme (Flüssigkeitsansammlungen im Körper)
- Grippeartige Erkrankungen, Entzündung, Pyrexie (Fieber)
- Erhöhung der Triglyzerid- und Cholesterolwerte im Blut (Hypertriglyzeridämie, Hypercholesterolämie)
- gesundheitsschädliche Blutgerinnsel in einer Vene oder Arterie, zum Beispiel:
  - in einem Bein oder Fuß (d. h. VTE)
  - in einer Lunge (d. h. LE)
  - Herzinfarkt
  - Schlaganfall
  - Mini-Schlaganfall oder vorübergehende, einem Schlaganfall ähnelnde Symptome, die als transitorische ischämische Attacke (TIA) bezeichnet werden
  - Blutgerinnsel in der Leber, dem Magen/Darm, den Nieren oder dem Auge.

Frage 16:

Was ist Ihre persönliche Meinung zu folgenden Zitat: „Da Frauen nur an wenigen Tagen pro Zyklus fruchtbar sind, ist es im Grunde absurd, dass sie sich durch Verhütungsmittel gesundheitlichen Gefahren wie erhöhtem Thrombose-, Schlaganfall- und Brustkrebsrisiko aussetzen.[…] Und wozu das? Um sich vor einem Mann zu schützen, der Millionen Spermien pro Stunde produziert."

Antwort:

Persönliches Feedback:

Dinge, die noch gesagt werden müssen…

Was würde Ihnen am meisten helfen?

- ☐ **bessere Aufklärung**
- ☐ **Plattform zu dem Thema**
- ☐ **Pillensimulator**
- ☐ **Events**
- ☐ **Workshops**
- ☐ **Neue Verhütungsmethode**

1.3 Customer Journey

After conducting the individual problem interviews, the team analyzed the responses and identified common milestones for creating a customer journey.

Method description

Customer journey is the series of interactions and experiences a customer has with a particular subject or product over time. It encompasses the various touchpoints the user encounters during their journey, such as first sexual education at school, first period or ejaculation, first visit to the gynecologist, or first sexual intercourse.

To determine the average age during the milestones, responses were entered into an Excel spreadsheet and calculations were made to create the Customer Journey Timeline. For the analysis, the team worked with mean values, except for the current age of the interviewee, the team used the median value to devalue outliers.

Method implementation

The team conducted 20 individual interviews with 11 female and 9 male interviewees. The median age of the interview participants was 24. The following charts illustrate the customer journey of the interviewees and their average age over time.

Figure 8: Customer Journey of female interviewees (n=11)

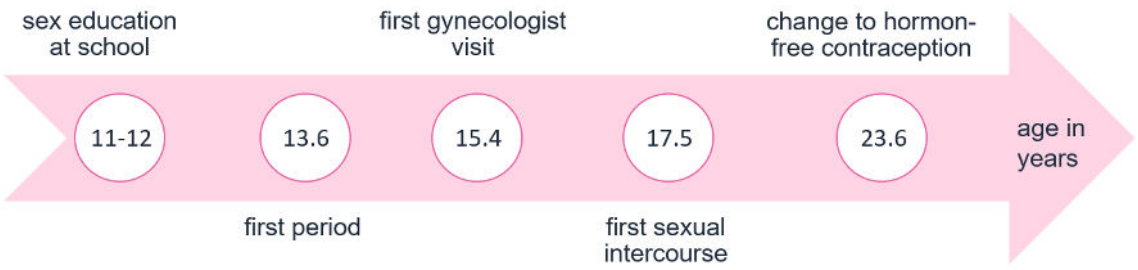
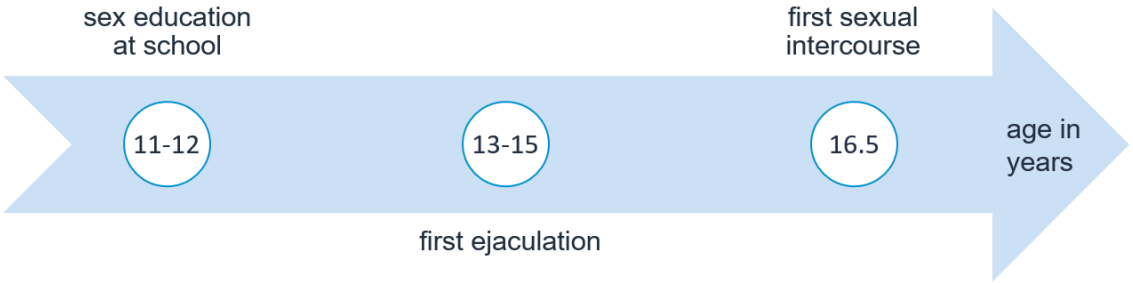


Figure 9: Customer Journey of male interviewees (n=9)



The analysis shows that women in particular are concerned with the topic, as they have more milestones compared to men. While it is a matter of course for women to visit the gynecologist after their first period, men only visit the urologist in rare cases, such as when they have a complaint. Sex education is taught in 4th and 5th grade, but the level of education varies from school to school. Respondents' education levels ranged from comprehensive, such as safer sex and overview of different contraceptive methods, to basic, such as the pill and condom, to absent. However, over 80% of respondents reported little to no instruction in school. The assumption that the level of knowledge about contraceptive methods is lower among males than females was confirmed by the knowledge question, as male respondents were unaware of 39.5% of the methods queried, while female respondents were unaware of 17.2%. However, the general level of education was higher than expected, as it was below 50% for both genders. Regarding first sexual intercourse, male respondents were on average one year younger than female respondents at 16.5 years. This contrasts with the recent BZgA (2020) study on youth sexuality in Germany, which found that 69% of 17-year-old females had already had their first sexual intercourse, but only 64% of males. Looking at contraceptive use over time, the second assumption about the decline of the pill as the main contraceptive method is confirmed, especially among 18- to 29-year-olds. Among female respondents with a mean age of 24 years, 10 out of 11 (90.9%) used the pill as their first contraceptive method, but only 27.3% still use a hormonal contraceptive today. In addition, 85.7% changed their method due to side effects. This suggests that side effects of hormonal contraceptive methods are a concern today, and women in their early 20s are increasingly and actively seeking alternatives. Another common statement was that women do not feel that they receive individualized advice from their gynecologist about which

contraceptive method is appropriate, and that the focus is exclusively on hormonal contraceptive methods, especially the pill. Every person is unique, so the appropriate contraceptive method is also different for each individual. This should be addressed by the gynecologists in the counseling sessions and include a comprehensive query of previous diseases as well as a detailed explanation of possible side effects of the respective method. The survey results showed that 44.4% of female respondents with migraine with aura as a pre-existing condition were prescribed the pill, although the WHO advises against it (World Health Organization, op. 2015).

In addition to qualitative analysis, the team worked with anecdotes to illustrate users' experiences at different stages of the journey and to identify key statements from potential customers (see Appendix).

Key insights and learnings

In summary, the key findings from the interviews were as follows:

1. Lack in professional education, especially for men
2. Side effects of hormonal contraceptives matter
3. Desire of individual consultation

By identifying key touchpoints and mapping out the customer journey, the team learned more about the market and experiences of their target audience. Anecdotes helped us to understand the motivations, pain points, and behaviors of the target audience and develop an MVP that addressed those needs. In retrospect, it was difficult to identify specific personas based on the information gathered because each person is unique and therefore requires individualized guidance. We realized that a one-size-fits-all solution in the area of contraceptive methods was not possible. Therefore, we pivoted to focus on a key identified problem that we could address with our resources, but still pursue our vision: Increase professional sex education through explanatory videos.

Appendix

Figure 10: Interview Anecdotes (blue = male, pink = female)

1.4 XYZ Hypothesis and Hypozooming

After the analysis of interviews identified a lack of sex education as key problem, the team validated this finding by conducting a quantitative survey. The goal was to use a quiz to assess the current state of sex education to confirm the hypothesis. At the same time, the quiz served as the basis for the MVP, with the most frequently answered incorrect question being the topic of the first explanatory video.

Method description

The team was inspired to this methodology by Alberto Savoia, author of "the right it" and inventor of the terms XYZ hypothesis and hypozooming. The XYZ hypothesis is a powerful tool to formulate the fundamentals of your business idea with numbers by hypothesizing "X% of Y will Z"(Savoia, 2019).

In terms of sexual education, there is no fixed percentage above which it can be said to be inadequate, as this depends on various factors and can be assessed subjectively. However, it can be said that the more people have access to accurate and comprehensive information about contraception and sexual health, the less likely they are to experience unintended pregnancies and sexually transmitted diseases. The team formulated the following hypothesis about the current state of sexuality education based on personal assumptions: *On average, one-third of 150 quiz takers will answer the questions incorrectly*.

Once the hypothesis was set, the team did hypozooming by testing local. Hypozooming minimizes the time, dollars, and distance to data, which is exactly what the team needed in that early stage (Savoia, 2019).

Method implementation

First, the team formulated six quiz questions that could be answered unambiguously with right or wrong. The quiz contained questions on both gender types and covered topics related to male contraceptive methods, the effects of hormones, and the female cycle. The questions were selected based on the knowledge gaps identified in the qualitative interviews and were of similar

difficulty. At the end of the quiz, the team added two demographic questions about the gender and age of the participants to make greater use of the data. The six questions are as follows, always beginning with "Is the following statement true?":

Question 1: The higher the Pearl Index, the safer the contraceptive

Question 2: There are only two methods of contraception for men

Question 3: Women ovulate while taking the pill

Question 4: Bleeding while taking the pill is not real menstrual bleeding

Question 5: Condoms are only for men

Question 6: The first day of the female cycle is the first day after menstruation

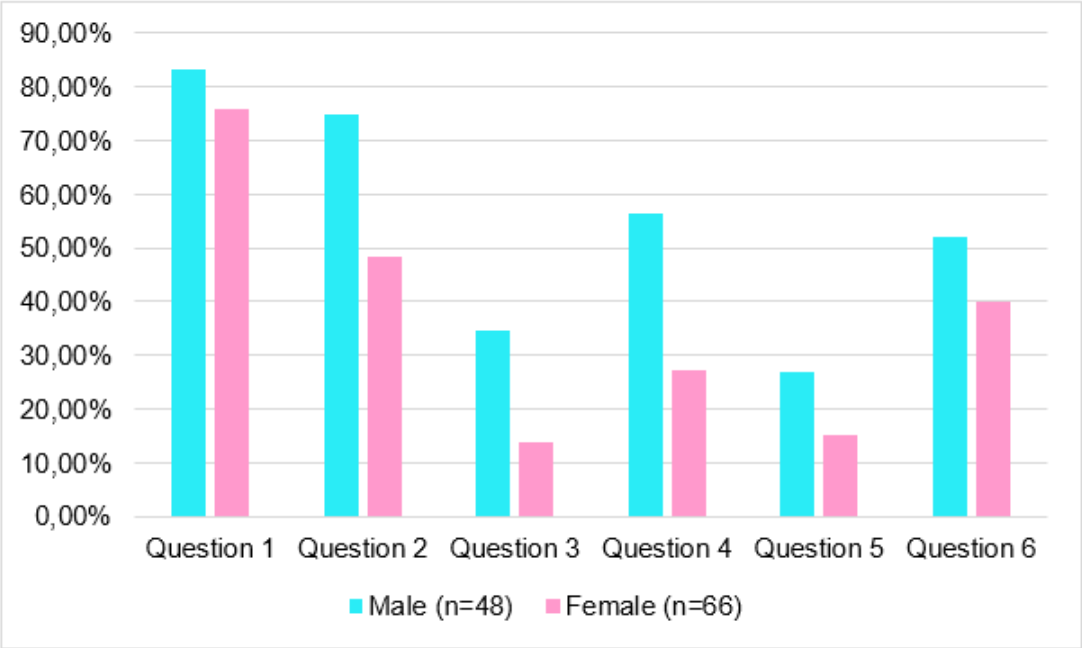
Second, the quiz was created using Google Forms, a free online tool that allows for easy data collection and analysis. In parallel, the team worked on a name, logo and headline and came up with "Love Lab - We talk about amore". The team created flyers with the new branding, a QR code, and the CTA "Test your knowledge" to distribute the quiz both on the THI campus and in various public places, such as a café in Berlin. In addition, the quiz was distributed through our private social media accounts and chat groups, with a focus on students and those under thirty. The team set a goal of reaching 150 participants within five days and achieved 78% of their goal with a total of 116 quiz participants.

Once the critical mass of 100 participants was reached (n=116), the team processed and analyzed the results using Python. Although the overall statistics were available in Google Forms, they did not allow for gender-specific analysis. Since the gender distribution was fairly homogeneous (57.8% female, 41.4% male, 0.8% heterogeneous or NA), such an analysis was useful. The team first downloaded the raw data in csv format, then imported it into Google Colab and split it into two datasets "Male" and "Female" using the Python library Pandas.

This allowed the team to perform a deeper analysis (see Sweetviz report in the Appendix) and extract meaningful information.

Overall, 44.75% of the 116 quiz takers answered the questions incorrectly, confirming the XYZ hypothesis. The gender analysis also shows that men are less educated than women, which in this case could be due to the female focus of some quiz questions. The graph below shows the proportion of questions answered incorrectly by gender.

Figure 11: Quiz Analysis - Percentage of wrong answered questions



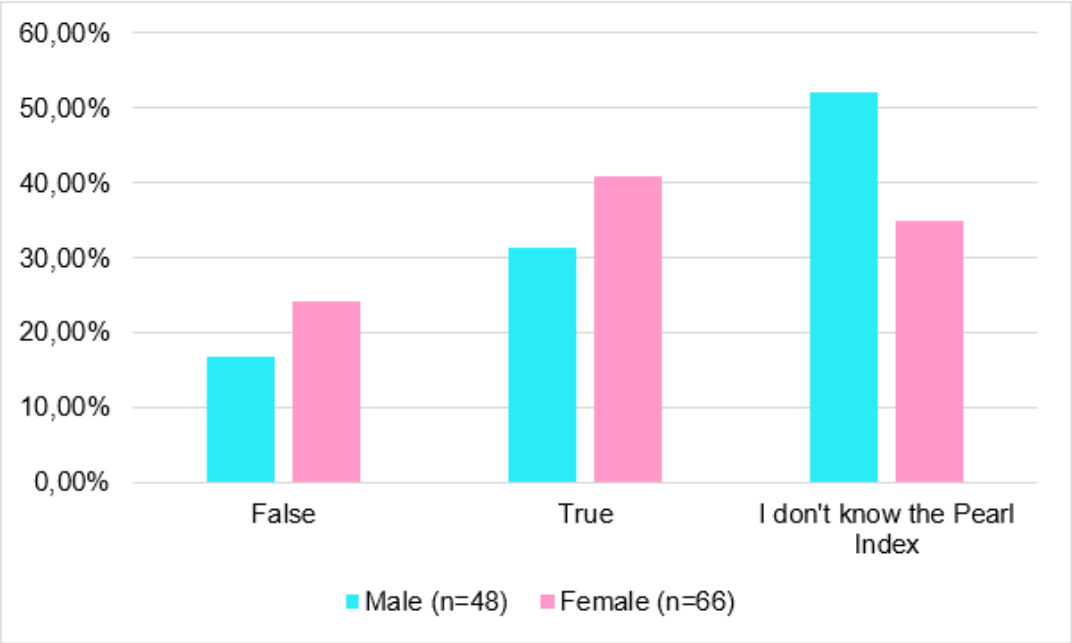
The age distribution ranged from 17 to 30 years old, of which almost 40% were 24 or 25 years old. The result was very striking for the first question, which was answered correctly by only 21% of respondents (Figure 12). This question was also the only one in the quiz that included a third answer option ("I do not know the Pearl Index"). The option was added subsequently by the creators, as questions about the term arose in the preliminary testing round of the quiz. The results outlined the unfamiliarity of the term, as 41% of respondents chose this answer.

This was a clear indication of lack of knowledge for the team, as the Pearl Index is a widely used measure of the effectiveness of a contraceptive method. If people

don't know the index, they probably don't know how to compare different contraceptive methods.

Figure 12: Quiz answers on Question 1

"The higher the Pearl Index, the safer the contraceptive is"



Key insights and learnings

The XYZ hypothesis and hypozooming helped the team to learn a lot about baselining and focusing on real, **own** data. The XYZ hypothesis required us to make subjective assumptions about how to define the lack of sex education and determine the number of participants we wanted to reach. After five days, we realized that we could not meet the goal of 150 respondents. However, we now have a baseline that can be used for future surveys. Another lesson learned is the importance of having a competent social network. Initially, the team struggled to find a suitable quiz tool that was free yet could reach an unlimited number of users. We first started with Survey Monkey but realized we could display a maximum of 10 answers with the free version. Secondly, we tried Lama Poll, which was free, unlimited but did not have the option for users to view the correct answers after submitting the quiz. As it was of importance to the team to educate users right from the start, we asked our network for further alternatives. Finally, one of our e-commerce contacts introduced us to Google Forms, which met all

the relevant criteria. A third learning was the usage of Python to create detailed analytics for free. It also helped the team improve their programming skills.

Hypozooming demonstrated the team how easily hypotheses can be validated by testing local, without high costs and effort.

Appendix

Figure 13: Love Lab Quiz

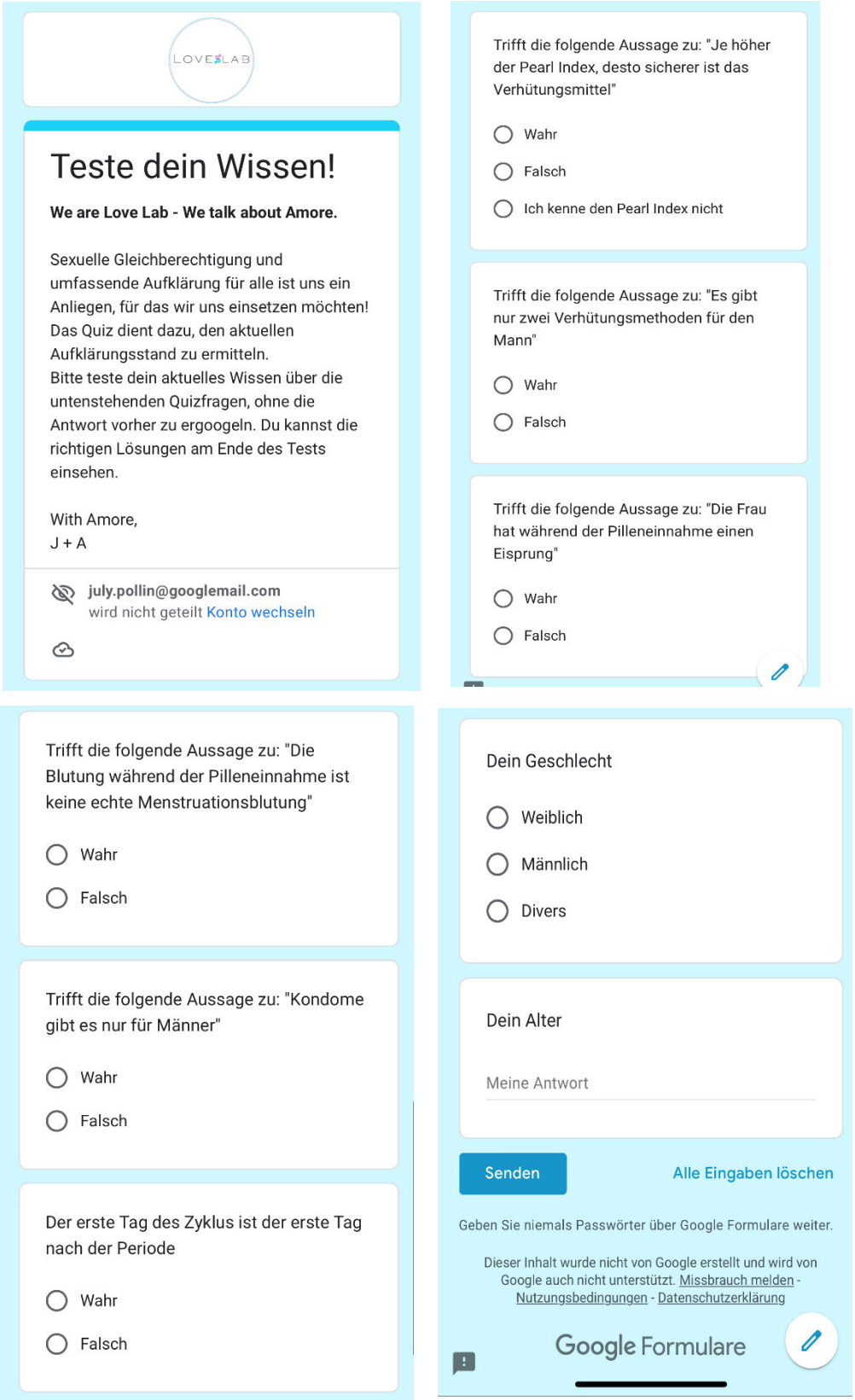
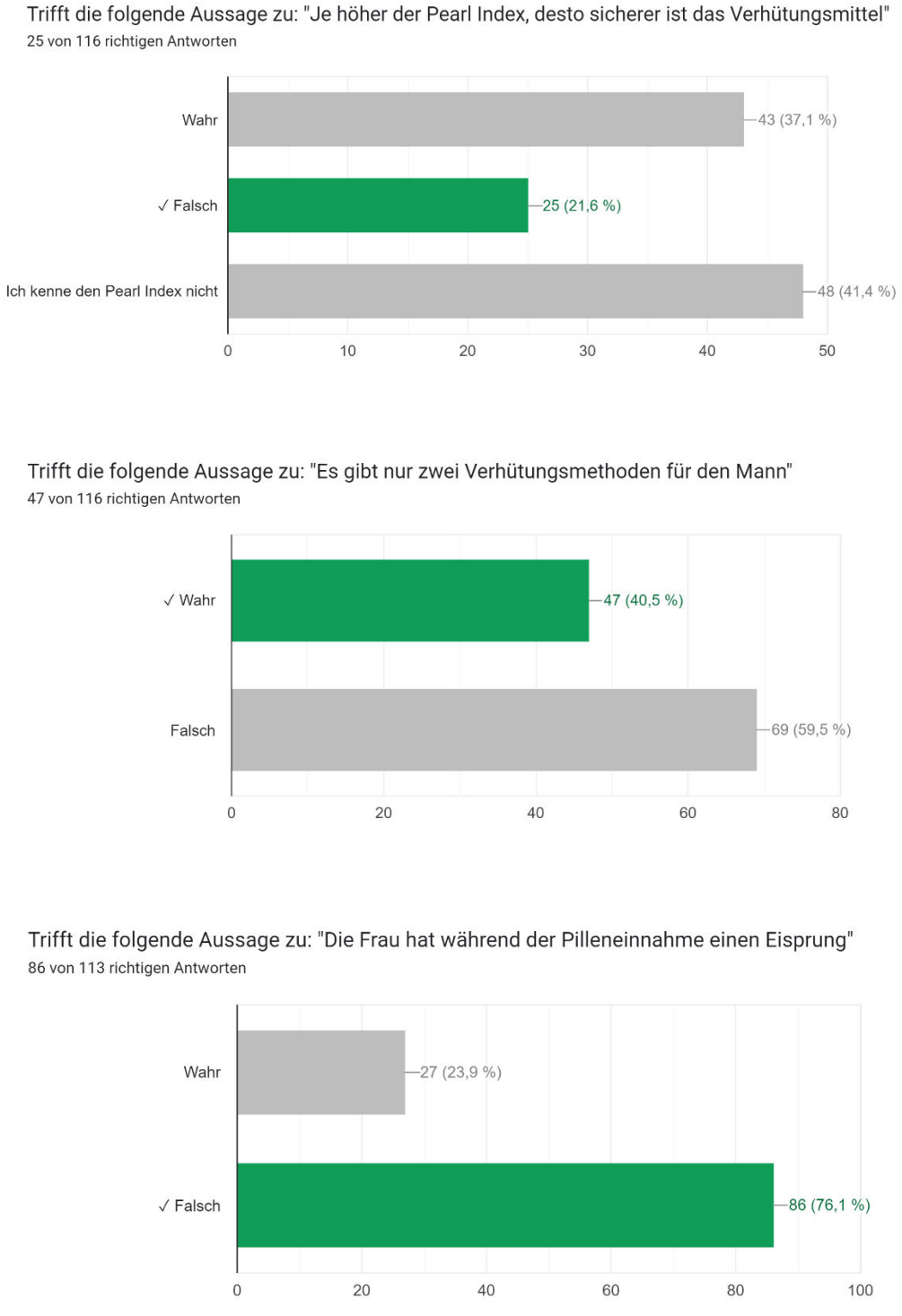
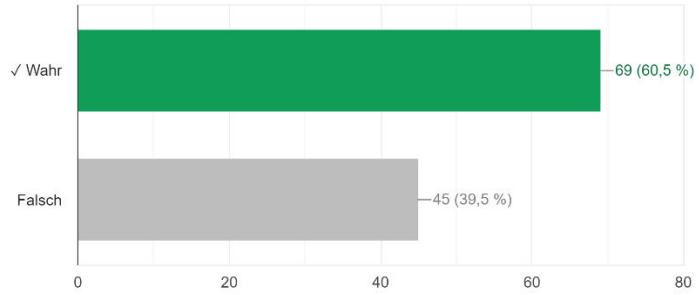


Figure 14: Love Lab - Quiz Results



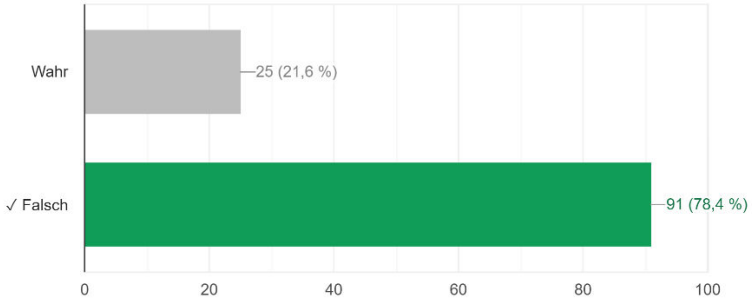
Trifft die folgende Aussage zu: "Die Blutung während der Pilleneinnahme ist keine echte Menstruationsblutung"

69 von 114 richtigen Antworten



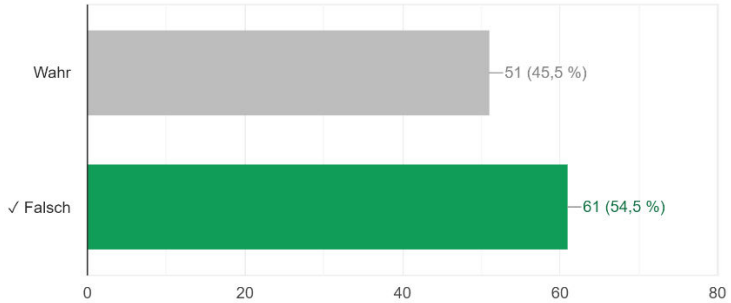
Trifft die folgende Aussage zu: "Kondome gibt es nur für Männer"

91 von 116 richtigen Antworten



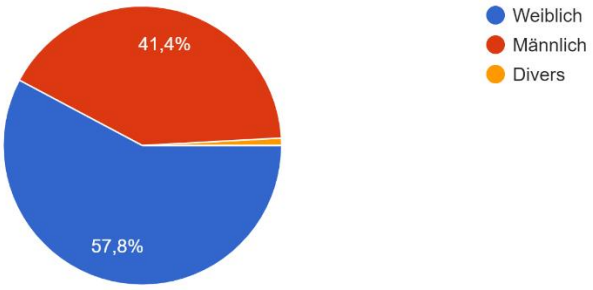
Der erste Tag des Zyklus ist der erste Tag nach der Periode

61 von 112 richtigen Antworten



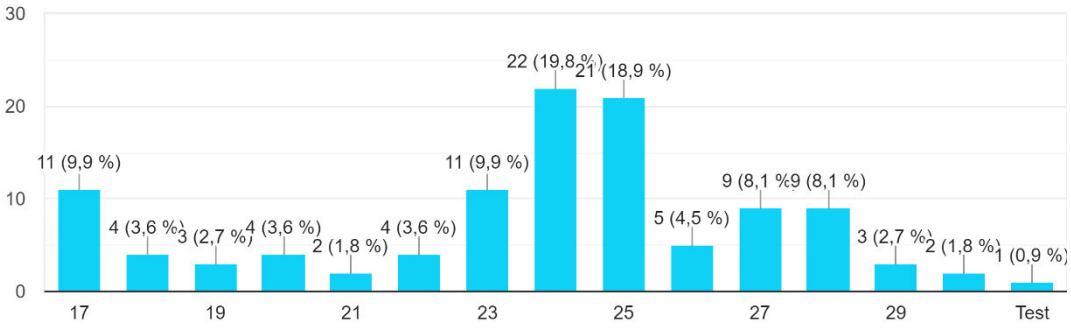
Dein Geschlecht

116 Antworten



Dein Alter

111 Antworten



Sweetviz Report: html document, will be sent extra

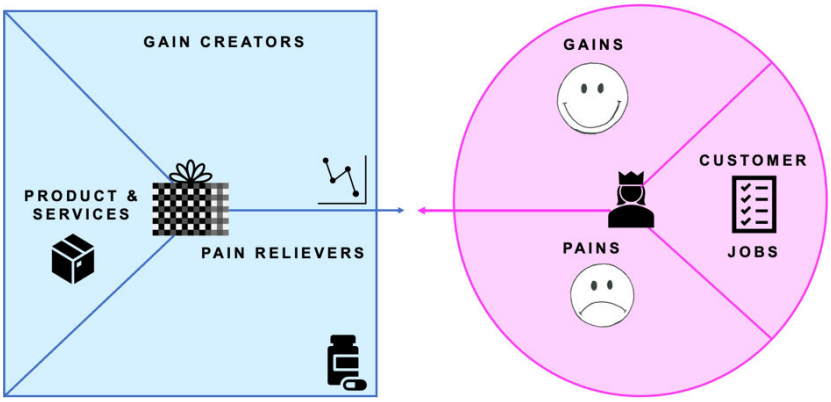
1.5 Value Proposition Canvas

We used this method to figure out under which conditions the customer will prefer our product to that of the competition.

Method description

In 2014, Osterwalder, Pigneur, Bernarda, and Smith developed a heuristic model for shaping a company's value proposition called the Ohmae model, which focuses on the relationship between the customer and the company. The model describes the fit between a customer's needs and a company's offering by profiling the customer's situation and addressing three essential issues: customer tasks, profits, and pain. The customer profile is used to develop the targeted value proposition, which consists of products and services, profit drivers, and pain drivers. While the model helps determine the relationship between the customer and the company, it needs to sufficiently consider the competitive perspective, as Ohmae's strategic triangle recommended. To overcome this limitation, the model is applied to the relationship between the customer and the competitor. The results can be compared to the company's value proposition to adequately account for the importance of customer advantage (Wittmann, Reuter, Jünger & Alexy, 2019).

Figure 15: The value proposition canvas based on Osterwald et al. (2014)



Method implementation

The Value Proposition Canvas was used in the Project Love Lab as support after we had collected some business ideas in our idea parking in the Miro tool. First, we started with the right side. Here we looked at our selected customer segment. We use the created personas from our evaluated interviews to put ourselves in the customer segment's shoes. We started by looking at the Pains of our customer segment. We also used the anecdotes of our interviewed target groups, such as the non-existent individual consultation for contraceptives or the lack of sex education. We then looked at Customer jobs. The Customer job refers to what the customer must do to solve the pain. After we have broken down the Customer jobs, we look at the Gains. Here we asked ourselves, what does the customer gain if he fulfills his jobs correctly?

After we unlocked the customer segment, we started with the left side of the value proposition canvas.

The left side is the counterpart to the customer's needs. We started systematically outlining our solution and user proposition. We started with the Pain Relievers, broke down the answers for the customer's Pains, and derived the Gain Creators from that. Lastly, we thought about the products and services and decided on a mobile app that would be a learning platform for sex education. The outcomes of the value proposition canvas are illustrated in Appendix 1.

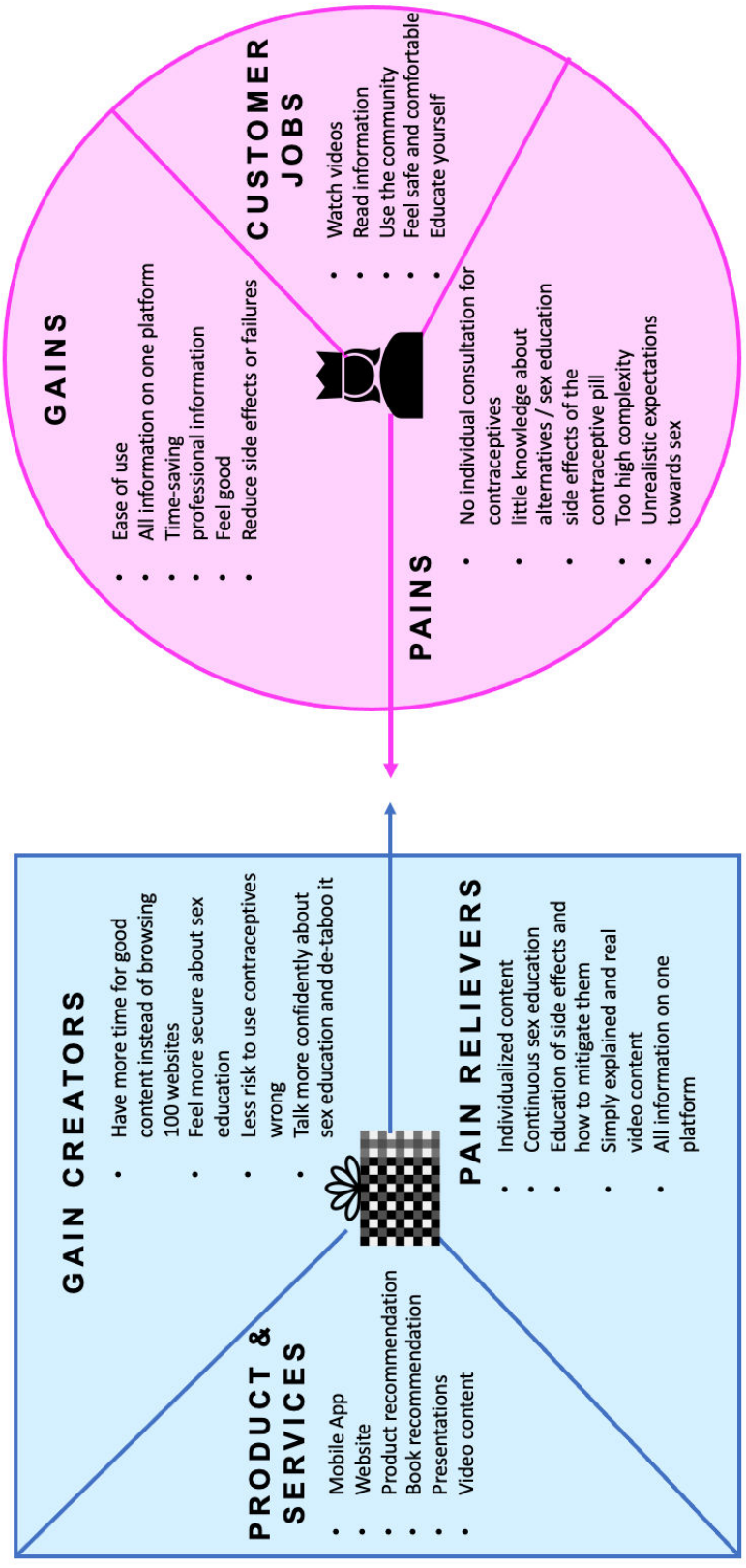
Insights and key learnings

The Love Lab team found the use of the tool complex at first, as there were always questions when filling in the sections. Accordingly, as a team, we first had to familiarize ourselves with the "Value Proposition Canvas" method. It was difficult for the team to correctly delineate the "Value Proposition Canvas" sections in the big topic, which led to extensive discussions.

Once the initial teething problems were overcome, the team found the "Value Proposition Canvas" very helpful in defining a potential product and final business idea and what features are essential to the customer. The tool was useful as it encouraged clear thinking about the business idea. We achieved positive effects on the customer side via the gains. We were able to work out what positive experiences the customer has when his Customer jobs are completed and how we can implement the implementation in the product. The division in the pages Pains, Gains, and Customer jobs made it possible for us to personally put ourselves in the customer's shoes and his everyday life. We also found out which characteristics our product has to take along so that the end customer is fulfilled and his Pains can be solved. We will also use the value proposition canvas for the following product features to see if the customer owns the pain and if we can create value for the customer.

Appendix

Figure 16: Value Proposition Canvas



References

BZgA, (2011). Verhütungsverhalten Erwachsener. Available from: https://shop.bzga.de/verhuetungsverhalten-erwachsener-2011-13317200/ [accessed on 12th January 2023]

BZgA, (2018). Forschung Sexualaufklärung: Verhütungsverhalten. Available from: https://www.forschung.sexualaufklaerung.de/verhuetung/verhuetungsverhalten-2018 [accessed on 12th January 2023]

BZgA, (2020). Erste Ergebnisse der neuen Befragungswelle BZgA-Studie „Jugendsexualität“. Available from: https://www.bzga.de/aktuelles/2020-12-03-erste-ergebnisse-der-neuen-befragungswelle-bzga-studie-jugendsexualitaet/ [accessed on 12th January 2023]

Croll, A., & Yoskovitz, B., (2013). *Lean analytics: Use data to build a better startup faster* (1st edition). The lean series. Sebastopol, CA: O'Reilly Media.

Huber, F., Peisl, T., Gedeon, S., Brodie, J., & Sailer, K., (2016). *Design Thinking-Based Entrepreneurship Education*. In Proceedings of 3E - ECSB Entrepreneurship Education Conference., (42-43)

Lopez, A., (2021). Stakeholder Mapping 101: A Quick Guide to Stakeholder Map. Available from: https://www.projectmanager.com/blog/stakeholder-mapping-guide [accessed on 8th January]

Osterwald, A., Pigneur, Y., Bernada, G., Smith, A., (2014). *Value Proposition Design: How to create products and services customers want*. New Jersey

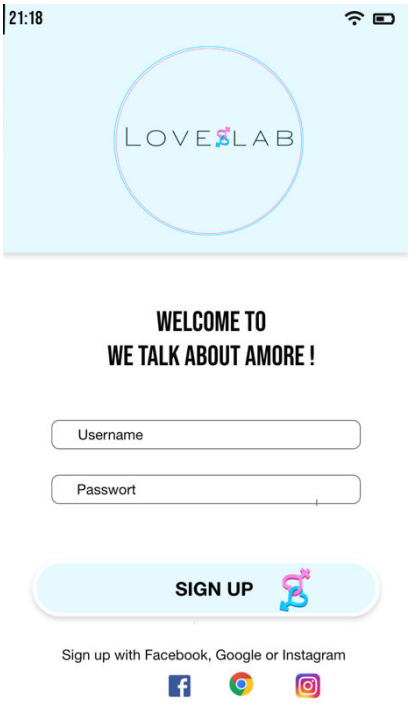
Savoia, A., (2019). *The Right It*: *Why So Many Ideas Fail and How to Make Sure Yours Succeed.* Wiesbaden: HarperCollins; divibib GmbH.

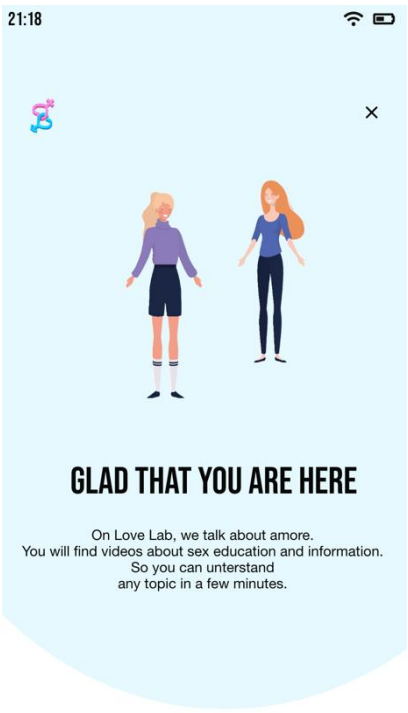
Wittmann, R., Reutner, M., Jünger, M., Alexy, N., (2019). *Strategy Design Innovation: How to create business success using a systematic toolbox*. Augsburg: Ziel.

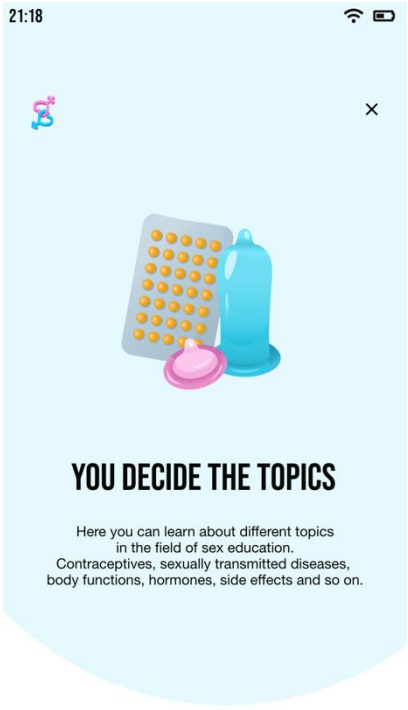
World Health Organization, (2015). *Medical eligibility criteria wheel for contraceptive use (5th ed.)*. Geneva: World Health Organization.

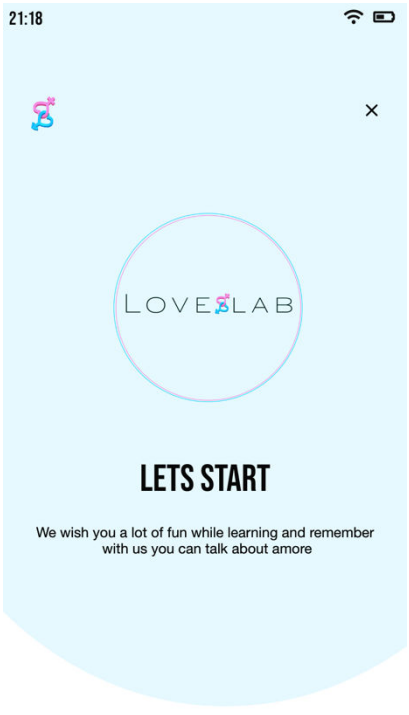
Prototype:

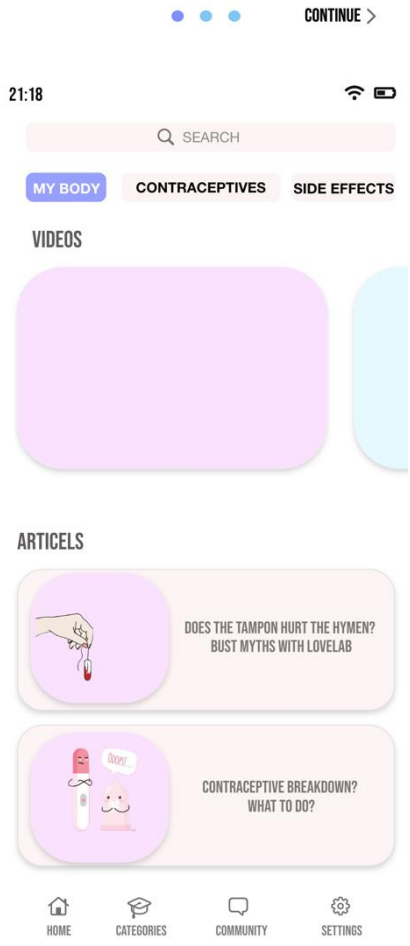
LOVELAB


21:18
LOVELAB
WELCOME TO
WE TALK ABOUT AMORE !
Username
Passwort
SIGN UP
Sign up with Facebook, Google or Instagram

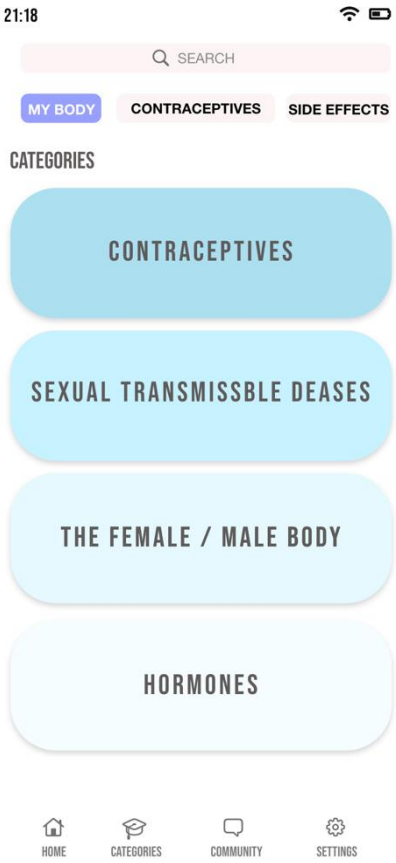

21:18
GLAD THAT YOU ARE HERE
On Love Lab, we talk about amore.
You will find videos about sex education and information.
So you can unterstand
any topic in a few minutes.


21:18
YOU DECIDE THE TOPICS
Here you can learn about different topics
in the field of sex education.
Contraceptives, sexually transmitted diseases,
body functions, hormones, side effects and so on.
BACK
CONTINUE


21:18
LOVELAB
LETS START
We wish you a lot of fun while learning and remember
with us you can talk about amore
BACK
CONTINUE


CONTINUE
21:18
SEARCH
MY BODY
CONTRACEPTIVES
SIDE EFFECTS
VIDEOS
ARTICELS
DOES THE TAMPON HURT THE HYMEN?
BUST MYTHS WITH LOVELAB
CONTRACEPTIVE BREAKDOWN?
WHAT TO DO?
HOME
CATEGORIES
COMMUNITY
SETTINGS

21:18
SEARCH
MY BODY
CONTRACEPTIVES
SIDE EFFECTS
VIDEOS
ARTICELS
IT BURNS? ATTENTION TO SEXUAL TRANSMISSIBLE DISEASES
THE CURRENT RESEARCH FOR MALE CONTRACEPTION
HOME
CATEGORIES
COMMUNITY
SETTINGS


21:18
SEARCH
MY BODY
CONTRACEPTIVES
SIDE EFFECTS
CATEGORIES
CONTRACEPTIVES
SEXUAL TRANSMISSBLE DEASES
THE FEMALE / MALE BODY
HORMONES
HOME
CATEGORIES
COMMUNITY
SETTINGS

brigk.digital
Aushänge der Studierenden
NEON
LOVELAB
WE TALK ABOUT AMORE
LOVE LAB
pro familia
LOVELAB
WE TALK ABOUT AMORE
TESTE DEIN WISSEN!
DICH!
Pille