Beyond Culture: Design Anthropology as a Tool of Social Design and Conflict-Resolution

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Design Anthropology [DA] has gained significant prominence in recent years, along with increasing adoption of Design Thinking [DT] strategies, new human-centric approaches, and focused attention on the emotional and functional needs of the users. Both DA and DT have emerged during the last few decades as a result of a broader shift away from the profit-centered business models towards the development of value-driven paradigms that are placing the consumers at the center of research and production. This is a meaningful transformation that reflects the recognition of an urgent need for higher global sustainability and a new economy. The process of personalization, which is based on extensive study of consumers' real needs rather continuous development of products, is the best strategic move to achieve these new global goals and set new social and individual values. Thus, business success in the contemporary world should aspire to merge values of sustainability with a good study of individual needs and lifestyle. DT is not a new way of business thinking and it has existed for decades. Yet, many of its advantages are still unknown, misunderstood, or are being used inefficiently due to lack of knowledge, strategic insights, and proper practices and experience. DT utilizes anthropological methods that provide the best strategies required to unfold hidden needs, heal pain points, and discover core cultural values. Anthropological tools include detailed observations of behavior and various activities, personal interviews, and immersion in the daily lives of individuals and communities studied in order to study their perspective and gain empathy and understanding as an insider. The project presented hereby demonstrates the uses and the professional advantages gained by using DT methods in finding new and creative pathways to complicated solutions in a case study that required the development of a healthcare app for the ASHA workers in India. The ASHA are healthcare activists who became a vital and crucial support system to many families in rural India, especially during the Covid19 pandemic. However, the low social caste to which they belong proved to be as big a challenge to face as the pandemic itself, and DT strategies combined with methodologies of anthropology supported the completion of the project on time with the best outcome possible.

Keywords: design thinking, anthropology, ASHA, India, healthcare apps, caste system, human-centric

BACKGROUND: DESIGN THINKING, ANTHROPOLOGY AND THE HUMAN-CENTRIC IDEOLOGY

Design Anthropology emerged in the 1970s as a new form of research, analysis, and information gathering which merges methods of conventional anthropology with design strategies and product development. It was a major breakthrough in the traditional view of design as an artistic process of turning ideas and abstract images into material and visual shapes made by the gifted designer or artist. For long,

the prestige of artistic talent and aesthetic design endowed a special high status to designers while establishing a clear high-low hierarchy between the artistic creators and the buyers of the products, who were considered outsiders followings tastes, styles, and social class expectations of their culture and period. This status gap started closing down with the appearance of new forms of economy and consumption, from the late 1960s onwards. Changes in consumer behavior, financial remunerations, and social classes led to new adaptations of design in the market field, and open a whole new world of business and product development into the frame of aesthetics and beauty. Design shifted from the artistic pedestal of art into the world of daily production and brands in various industries and service.

The new style of work and consumption shifted the traditional role of anthropology as well, adopting it as a useful strategy and a tool of analysis that could provide valuable research for product development, insights for market research, and ideas for design of improvement of services. Design Anthropology started in the 1970s, and called for an innovative approach based on an interactive exchange between the two sides – the assumed customer of the products and the visionary designer. It placed both on the same level of interaction and defined the designed product as the ideal result of blending ideas and shared desires. The creators and the customers were leveled up to meet each other on similar grounds, and the tastes and needs of the costumers became an integral part of the process of imagination and development, from the initial concept up to the final product or service required. Soon, anthropological methods were adopted since they proved to be the most suitable and adaptable research tools for understanding cultural psychology, human needs, daily lives of both individuals and communities, and value systems.

Anthropology originated in research of ethnicities and cultures, and its research methods aim to understand how people live and how they develop values, practices, and communities that can support continuous collaboration and sharing of values and habits of communities. The goal of anthropology is to understand the complex network of social life, and the methodology it developed became a valuable strategic and analytical thinking in various areas of research and development. The main research forms of the anthropological fieldwork include careful observation of a variety of different activities, behaviors of individuals and interactions between groups, meticulous details of the daily lives observed and studied, written texts and diaries detailing observations, and interviews and discussion conducted with the people who are at the center of the study or observation. Such forms of work turned out to be useful in observations of consumers in shops, market research, and discussions with consumers and users of various products.

While these methods were not new and have been used for long, one key method at the core of anthropological studies became central and highly valuable in many new studies and research: the ethnographic field study. The ethnographic process goes beyond observations to actual participation and immersion of the researcher in the lives of the people and the communities studied. An anthropologist joins the people studied and takes an active part in their daily lives and/or specific activities in order to be as close as possible to the people in order to feel what they do and to understand better the logic behind their practices and decisions. The term *ethnography* refers not only to the process of conducting observations and gathering the information but also to the final written outline of observations and analysis of the research conducted during the fieldwork (Gunn et al. 2013:3).

Thus, anthropology offered the best tools and know-how that were suitable and easily adaptable to business work: a useful style of studies of human behavior and cultural values, different methods of observations and active participation, set rules of proper documentation, writing guidelines for ethnographic diaries, and above all, ways of extracting accurate insights from the material gathered. The latter is the most important contribution of the anthropological methodology of research since the biggest challenge is the extraction of valuable and meaningful information from the so-called "noise" of the many meaningless activities around the core. This is a crucial part of the production of value and decision-making process of any business: how to understand the real meaning of what is observed, pinpoint on the most important needs of the consumers, and make decision about the next development or strategy based on the results.

This was the birth of a new section of anthropology defined as Design Anthropology – methods intended for design of new products and services, redesign of older products that were no longer popular, and then the new and fast-increasing concept of psychological insights intended to develop cultural maps and value systems of groups and large-scale communities. By the end of the 1970s, methods of conducting

ethnographic studies were adopted by many other disciplines and businesses and became a taken-for-granted part of the new studies and work style.

A major innovator in the field was Gregory Bateson, who expanded the meaning and goals of anthropology by pushing its boundaries further away and turning it into a science of larger ecosystems and complex networks. His studies covered multiple disciplines, from psychiatry to biology, animal behavior and cybernetics. He was the first to include and add other areas and academic disciplines and to define anthropology as a study of systems rather than a separated study within the global frame of social sciences, as was accustomed for long in the academic division of departments and disciplines.

The theory of interdependent and interrelated systems suggests there is a constant intermingling and fluidity between borders of different units that are separated from each other. This concept presents complex networks with an ongoing exchange and transfer of units, particles, cells and information that lead to shifting boundaries up to the creation of completely new forms of systems and new units that are unseen in the original constellations. System theory originated in studies of biology and cell division, and focused on the human body as a collection of cells that depend on each other and yet the final system – the entire body – is very different from the sum of its parts even though it depends on each single part. The theory was founded in the 1940s by the Austrian biologist, Karl Ludwig von Bertalanffy, and it was a new scientific mode of thinking about the meaning and the origin of life and reproduction. It was a revolutionary idea that offered an alternative view of analysis opposite to the traditional acceptable theory of closed systems that described all structures and cells as closely framed within rigid boundaries and spheres with no interaction or any possible exchange between different units.

Although Bateson was not the first to define the concept of fluidity and interaction between structures, he expanded the thesis into the field of anthropology and developed the theory of flexible social systems where constructs allow exchange of ideas, concepts, and reframing of social structures and values between various groups that previously were seen as separated and with no influence upon each other. Thus, social structures and cultural systems shifted from closed unites to dynamic open systems that can be changed, have a strong impact on each other, and also create a new form of society or societal nodes that didn't exist in any of the original systems. Anthropology turned out to be a useful strategic tool of critical thinking and analysis of networks and was gaining popularity in different sciences and disciplines as many factors that were previously not included within its goals became crucial components of issues studies: the impact of education systems, political changes, geography and climate, cultural psychology, every single study was part of the new ecosystem of anthropology and its studies.

During the 1990s, as consumption was reaching a new peak and the Cold War ended, economies changed, and globalization quickly accelerated. At the beginning of the decade, in 1989, the World Wide Web was developed and within several years was already popular among individual consumers who owned their own computers and could work from home. By the end of the decade, in 1999, Pine and Gilmore published their seminal work on The Experience Economy declaring the next stage of economic evolution and emphasizing experience and emotional impact were the keys to driving consumption and design products in the future (Pine & Gilmore 1999).[1] The world became connected in a complex system of interdependent economic relations and global media offered videos of Fashion TV and MTV music which proved the Experience Economy was not only real but already alive and with massive influence on the viewers. Emotions were indeed the next wave of appeal and a vital key for success. Although immaterial labor and the power of emotions were part of production from the 1970s, the new methods of R&D that developed in the 1990s provided much better understanding of consumers' needs, desires, and the way to manipulate and influence what people want. Fashion TV that turned into Instagram and YouTube is probably the best example of the line of development of emotional labor along growing personalization of consumers and Internet users. This was the background that opened the door to the boom of Design Thinking and the success of the strategy in R&D. Design Thinking has its roots in the 1960s, when consumption started growing and designers began to consider how consumers use products and design their homes and fashions. It developed into a philosophy of "integrating what is desirable from a human point of view with what is technologically feasible and economically viable…" and became a complex system of networks by the end of the century (Brown 2009).

There are a few key steps that are the core of every research: a need to improve a situation or solve a problem, a well-defined user group that needs to be addressed and supported, a good map of analysis of the user which uses ethnographic methods as well as market research techniques, gathering of information regarding the ecosystem of the user and the origin of the problem, variety of different brainstorming sessions for solutions, and creating a prototype that should provide solutions to the initial problem (Pressman 2019). The uniqueness and the complexity of the method lies in the fact that it has to be tailored to specific needs. There are no two solutions that look the same. Each process is adapted to a specific case and the process can be applied to multiple disciplines, industries, and real-world conflicts. DT developed various original strategies such as the concept of empathy and the need to empathize with the consumer, the importance of using various forms of ideation and not one basic brainstorming map, the demand to develop prototypes and mockups and go through several testing cycles with feedback from the actual consumers. DT rests on unique forms of analysis that develop complex maps of networks and interdependent systems that created the problem, and thus it draws many of its ways of work and thinking from anthropology and social sciences. Therefore, a good design thinker should be familiar with many academic disciplines and studies from different fields and have the skills to bring them all together.

In 1991, IDEO was established and became the first agency that practiced and promoted the ideology of human-centric development based on strategies of Design Thinking. It was the first time DT was offered as the main service and R&D tool for development, and the deep human-centric studies conducted led to a new way of understanding that all development and human needs are part of a complex system of interconnected cause-effect factors.

The focus of the DT process centers on the importance of pinpointing on an accurate definition and framing of the problem facing the consumer or the business, since many issues that are perceived as problems turn out to be only external features that hide much deeper conflicts and challenging socio-political values underneath, as is the case study of the ASHA (Accredited Social Health Activist) presented hereby. The initial problems seemed to be technical – lack of a good tool that could support communication in real time between rural Indian villages and urban centers. But underneath lies a heavy history of social classes, politics, and traditional values that blocked the entire process no matter how good the product offered might have been.

The project was initiated by the NGO, *Aaroogya*, with the hope to create a product that would serve healthcare activists in India during the period of Covid19. The ASHA were the main support that connected rural India with major central hospitals and facilities in urban areas, and the pandemic caused a major chaos due to movement of people back home, lack of transportation, and the difficulties of reaching many of the villages that needed urgent help. The actual work process followed the DT stages and was conducted between India and Japan, where I was based during all the pandemic time. I had no possibilities to travel to India due to the lack of flights and the restrictions on movement that were global, but the project was urgent and the product – a healthcare app to support the activists – had to be designed, prototyped, and tested as quickly as possible. My main support was my colleagues at Stanford University, where I was a member of the teaching team of the Design Thinking course, and a group of students and healthcare professionals in India who were managed and supervised by Priyanjali Datta, the doctor who initiated and run the project from beginning to end.

THE ASHA AND INDIA'S HEALTHCARE INFRASTRUCTURE

The ASHA (Accredited Social Health Activist) healthcare system is a central part of the NRHM (National Rural Health Mission) that was launched by the Indian government in April 2005 with the goal of developing and providing better healthcare services and knowledge to populations that had no access to medical centers and education (ASHA 2024). Those included mostly poor and disadvantaged communities, ethnic groups, and various villages located all throughout the vast rural areas of India. The program initially started as an experiment covering 18 of the 28 states of the country, and once it proved to be successful, it was expanded to include urban areas and suburbs of poverty. The CHW – community health workers – were a cornerstone in improvement of healthcare in Asia but developing the system depended on motivation

and satisfaction since the financial remuneration has never been high. A study on the motivation of CHW to keep working shows job satisfaction, autonomy and empowerment were key factors for the ASHA to continue working, and they felt highly committed to their communities (Wahid et al. 2020:59). As this study will show, similar results appeared in our research of a group of ASHA even during the Covid, a time when they risked their own health as well as the health of their family members. In spite of the threats of the pandemic, the need for personal and professional satisfaction, the wish to have success in treating people, and the desire for independence, empowerment, and respect by the community were the main emotional needs of the ASHA workers. The challenge was to expose their work and change their image not only among their own communities but also in mainstream culture and the media portraying their activities and significant support.

Increasing the access to healthcare by expanding communities' knowledge and individual participation of their members is the best way to improve health condition of both mental and physical levels, and systems based on health volunteers, who are people from inside the community, have proven to work well not only in India but in other areas of Asia. One of the biggest challenges and main goals India had to address was the high rate of maternal and infant deaths that counted for 19% (maternal) and 21% (infant) of the entire global statistics of deaths. According to Hogan et al, India was one of six countries that counted for over 50% of the overall global deaths of mothers and children, and the country was positioned far below the goals set by the MDG no. 5 (millennium Development Goal 5) which centers on the urgent need of reducing the deaths of mothers and infants (Hogan et al. 2010). As India was on course to improve its global position and modern image in order to become competitive economically, it had to face the low level of lifestyle and healthcare that was not only part of its negative image but also a threat to the future of the country and its people.

Thus, the network of volunteers called ASHA – a word which means "hope" – was developed as a section of the larger system of CHM with the specific goal of supporting women and newborns with healthcare and advanced knowledge. The ASHA work was centered on supporting pregnancies, births, family issues, and educating young mothers how to manage baby care. They were the national support system designed to reduce the extreme high rate of death of women and newborn babies and educate people to better family life and hygiene (Khanna et al. 2019).

Soon, the ASHA turned out to be a central part of the volunteer system, and proved their support was much higher than expected. They became part of many people's lives and were involved in family issues in all the areas that were included in the program. They performed well and from the health activist emerged a new function and a new role of a valuable intermediator supporting village life in addition to connecting rural villages with major institution and healthcare services in distant urban areas (Chaurasiya et al. 2020). Several fieldwork studies I conducted thanks to the team in India showed the ASHA provided valuable help in family disputes, children with school problems, teachers who had difficulties managing classes, community conflicts, and other issues that officially were outside of the description of their role. Their position as an insider in the area and at the same time an outsider who arrives to the village for a short time to help set them on a new social status that enabled them to become more involved in conflict-resolution and even in making final decisions. It was a valuable contribution to families and communities that slowly got used to accepting the place of the ASHA and their regular visits as help and not as disturbance. Thus, ASHA responsibility expanded and they were expected to perform regular home visits in their areas, participate in community meetings in order to keep in touch with the families and support changes that should take place outside of the health issues. At the same time, ASHA keep steady connection with health centers that assign their daily/weekly tasks and supervise their remuneration (mostly paid per tasks number), and keep the records of the community and its people in order to be able to follow up regularly over long periods of time.

The ASHA profile included only female workers, preferably married, basic education of at least eight years, and living in the local area of work in order to be available and also familiar with the specific problems and nature of the nature of the population. The training program was 23 days of basic education and it provides a certificate that qualifies them to work. They work was always in pairs (or more), never alone due to risks of violence not only in the villages but also on the bumpy roads in rural places and

mountains that they had to cross in order to reach the destination. The plan designates one ASHA per 1000 people. By 2019, there were already around one million ASHA members working in many parts of India, spread all over India and covering most of the rural areas and providing steady help and healthcare knowledge to a large section of the less privileged populations (Ved et al. 2019).

However, in spite of all the increasing responsibility and long-term involvement in the lives and organization of the villages, ASHA workers were in a lower position and conditions among all the CHW workers. They received basic training that provided the information they needed for daily work, but the fees were symbolic and were not considered a salary due to the system that was defined as "volunteer work". In addition, their advantage – being part of the community – also turned out to be their weakness since they belonged to the same lower social class of the people they served. The development process faces various unexpected obstacles that resulted from social classes, political values, and the image of the workers even though their contribution during Covid19 was vital and saved many lives.

THE ASHA DURING COVID

Covid period was a major disaster in India due to its large population, lack of knowledge, and the inability to reach many people, especially outside of urban areas and among the less privileged population that had no access to reading or basic media information. The ASHA became the main support system during the period and the only ones that were allowed to commute daily and deliver medical care, information, and emergency equipment to their communities. They were mobilized immediately and at a very early stage of the virus, and in March 2020 were already engaged in delivering information around the country, detecting cases of potentially sick people and areas of infection, following updated education information and training daily (Nichols et al. 2022). They were in charge of delivering vaccines, masks, and gloves, posting information in community centers, helping local healthcare facilities learn about the problem, identify sick people, and ask for advice and help from the center that sent them regarding different difficult cases they met during the visits.

The workload they faced was tremendous and there was considerable danger to their own health as well as the health of their families who were under lockdown at home. As careful as they could try to be, it was not guaranteed that they won't get sick (and some of them even did). However, very fast, the under-privileged social class they belonged to became the most important factor in fighting the disease that was increasing fast all over the country with thousands of deaths reported daily everywhere.[2] ASHA showed high dedication to their mission travelling daily to their areas, providing nutrition and equipment, and reached locations nobody else could have reached. Their involvement in urban areas increased and they spread in groups in slams and poverty suburbs in the most dangerous places of cities in order to support the poor and the homeless in this period of national need and distress. For the first time, the ASHA had agency to control their own work conditions, their image, and the high national value of their contribution to the entire country.

DESIGN THINKING DEVELOPMENT: THE ASHA PROJECT

Step 1: Problem Definition

Defining the problem is a key step in DT and quite often the problem-definition changes during a project as new obstacles pop up during the research. The initial goal was to support the ASHA in their daily mission during the pandemic and to help them perform their work under safer conditions and with better real-time communication with hospitals and healthcare centers. The challenges initially described seemed to be mostly technical:

- Communication difficulties with healthcare centers that should have been available to offer immediate advice in cases of emergency. Some of the issues might have been bad infrastructure of the Internet system but some could have been lack of any connectivity between ASHA who were already in the field and a lack of any response on the other side. This obstacle was

observed even in cases of ASHA that were working in suburbs of urban areas, therefore, it was reasonable to assume both issues had to be checked carefully.

- Lack of communication options between the ASHA themselves when they were spread on different areas. Sometimes the activists wanted to ask each other for advice and the usual SNS they used didn't seem to provide the support they needed for work.
- Lack of vital equipment such as gloves, medicines, and masks.
- Some ASHA reported lack of transportation to the area they were in charge of. Others had problems of insufficient explanations or no professional support from the supervising nurses that were providing their daily work plan.

The area chosen for the first case study was in several small villages north of Delhi, and a later testing stage of a prototype we designed was set to be conducted in the south of India.

Step 2: Desk Research and Historical Background

After my first meetings with the Indian team and Dr. Datta, I received a detailed background about the history of the ASHA and the healthcare system, the situation during Covid19, and the challenges the team needed to find solutions for. Next, I conducted an extensive desk research and I was surprised to discover none of the team members mentioned (even indirectly) the social class issue that was raised in some of the articles studying the situation. Originally, I assumed it wasn't an important issue during a severe pandemic, but it was an assumption that proved to be wrong and later in the project forced us to shift our attention and search for completely new directions in order to try to face the class barrier better.

Step 3: Research Design and Preliminary Results

- Interviews and observations: this stage included an individual questionnaire designed with themes concerning their lifestyle, family, values, and problems related to daily work. The goal was to understand their own view of the work they had to perform before moving to participate and observe how a day in their life looks like during Covid. The team in India translated the questionnaire, and conducted the interviews with several women in different areas. In addition, I succeeded to connect with several other groups of ASHA and to receive permission to join and observe directly a pair of activists on their way to work by using a mobile phone.
- Observations / user journey: the observation was conducted through the camera of the mobile phone as planned, and proved to be the most important stage of the research as I could detect new obstacles that didn't appear in the answers to the questionnaires and we didn't think about them as problems.

The interviews provided a good map of the daily life of the ASHA, their hopes and their stress points. They seemed to be honest and expressed their worries, the fears of getting sick and infecting their own family, lack of equipment in the villages, and a worrying decrease in motivation that could be felt clearly although they didn't express it openly. However, the observations I joined virtually with a pair of ASHA revealed important insights that were proven accurate after a second round of interviews.

The two women were a poorly-matched pair with obvious lack of communication, conflicts, and tension throughout the entire day. The root of the mismatch was the big gap between their character, emotional needs, and expectations of the job. One was a young woman with the level of education required, married, and with hopes to use the ASHA years as a stepstone to a career as a nurse. This was an option offered to young women with educational background, and her husband supported her dream and her work. As Munshi and Rosenzweig show, the process of globalization that India adopted enabled young women of the lower caste to have new opportunities to change their status. Their research is highly relevant to the ASHA case since they found a discrepancy between young boys who didn't change their life plans and young girls who took advantage of the opportunity and shifted to English schools with the intention to gaining better education for the future (Munshi & Rosenzweig 2006).

The second ASHA was a much older woman whose children already left home and she felt lonely and hopeless regarding her future. She had no education, couldn't read well basic guidelines, and was looking for a meaning for life through the work. She wanted mostly to feel respect for her age and experience, and

to have a valuable place in the local community. She kept criticizing the younger partner and seemed upset and unhappy on the road to the village, but changed her entire expression as soon as they arrived to areas of work. With the people she supported, whether local healthcare personnel or ordinary villagers that needed help, she was much more accommodating and pleasant. Wahid et al. study reached similar results and shows emotional satisfaction, connection to the community they serve, and a sense of empowerment and competence were vital for their motivation to keep working (2020). The clash between the goals the two ASHA had led to unpleasant relationships that impacted their work, time management, and obviously their motivation.

In addition to the personal conflicts observed, mentioning of the lack of financial remuneration in times of distress were raised during the driving time. Problems and threats on the road were also visible with the information that other women were attacked by men who were on the roads and there was no support to help them in such situations.

Step 4: Empathy Map and Character Design

- Based the results of the observations and the interviews, we developed detailed maps of the two characters and several general character maps of additional profiles we gathered during the interviews. Each one of the maps identified a different character with different needs, emotional state of mind, and future expectations.
- The design of the main character had to be divided into a few different profiles, each with its unique features and motivations for the work.

The critical challenge was the decision whether to create one character map for all due to the lack of time and pressure to shift to development fast, or to create several maps, gather more basic data, and develop a more complex product that can meet demands of several different users. We decided to raise all the questions in our ideation sessions.

Step 5: Ideation

As we were running brainstorming sessions and mind maps to come with ideas for solutions, a few real-life limitations helped us reach conclusions. One of them was the tight schedule and the other the limited budget. We had enough ideas to meet all the key issues, from SOS buttons on the road to ways of creating direct real-time communication with hospitals. One key issue that was left unsolved was the problem of literacy that wasn't foreseen based on the information I received at the beginning of the research. My assumption was that all women have enough literacy of reading and typing, but from my own observation of the ASHA I realized some of the older women were below basic reading skills. I started checking the possibility of using recording and spoken messages on the app we were planning to develop. And as we were searching for the final solution to deal with the text, unexpectedly, the main issue popped up indirectly in a conversation with an Indian professor who was curious about the project. "You must be joking! No one will support a project of ASHA financially. This is the lowest caste. You have no idea how political loaded this issue is and now the caste system is on the rise again. You're an anthropologist, you know you can't fight tradition, right?" This was a shocking comment, and the only thing that crossed my mind was "so what are we doing here?"

Step 6: Prototyping and Testing

While the entire team on developing the UI for the ASHA to use at work, the issue of the caste system and the social class turned out to be a major obstacle. Most likely – the biggest challenge we faced until that stage since, indeed, one cannot change such an old tradition because of an emergency. I decided to keep developing the UI, and to reevaluate what could be done regarding the socio-political issues next. It was decided to develop a design that would match the lowest level of literacy since the older women were the most important for the villages and traditionally, they gained a higher social position and respect within their communities. Various key functions needed to be presented in drawings with visual guidelines, and specific colors were chosen to represent key functions, such as the SOS button for emergency situations that can occur on the roads. The button was connected to local police stations that cooperated with us and

joined the protection network designed to support the safety of the activists along the roads, especially in the mountains. We were ready for testing, but the main issue wasn't solved yet: crossing the caste divide.

THE INDIAN CASTE SYSTEM

The caste system in India has over 3,500 years of history and it is part of the ancient Hindu tradition. In their study, Bidner & Eswaran show it is the oldest and most Indian institution and it lasts since it is based on hereditary, internal marriages within the castes, and specific caste professions that have also been transferred through the generations (Bidner & Eswaran 2015). Women still marry mostly within the caste or are being excluded from the family and the community, and they have very few opportunities to change their lives and gain skills and knowledge that can help them find jobs and independent success. This was the reason many young ASHA were trying hard to use the opportunity and hope it might help them reach a somewhat higher position of a nurse, but none was aspiring to be higher than one step on the hierarchy scale. Dumont's caste theory provides a good explanation of the type of work done by the ASHA, and why workers in marginalized communities are called "activists" and are not paid steady salaries. It also explains why only women can be ASHA and why attempts to improve their financial conditions were in vain over the years (Dumont 1981, quoted in Bidner & Eswaran).

When I raised the issue in front of the Indian team, there was a clear feeling of confusion and embarrassment. None of them thought about the practical issues of the social problem, nor about the emotional stress that could lead to ASHA leaving work in a time they were so badly needed. But there were no ideas how to detour the traditional structure and find a new way.

REBRANDING THE ASHA

"No great improvements in the lot of mankind are possible, until great change takes place in the fundamental constitution of their modes of thought." Mill's key sentence was the guiding idea of the need to change the way people perceived the lower caste, and Covid19 period provided an excellent opportunity to do so since it was obvious around how important the ASHA were. Their threats to stop working unless being observed, paid, and respected was heard by many, and media reports and coverage of their work was increasing fast.

Ideation should lead to new ideas, original combinations, and a creative solution. Drawing from Japanese anime, African tribal fashion shows that were using local women as models, and advertisements in India's YouTube, I designed a campaign to rebrand the ASHA through a variety of activities that didn't need investment, such as offering students from fashion school to create a national set of costumes that would be recognizable everywhere. With Covid around, fashion schools were under stress of the future and young designers could use any opportunity to develop some recognition, even if it was a campaign for the ASHA. Manga stories, comedies online, fun images on the app, a variety of ideas were developed for the rebranding project that had to be ready urgently.

CONCLUSIONS AND FUTURE STUDIES

Political issues and social traditions create major obstacles in development and innovations even when those are much-needed, as was the development process of the ASHA that focused on a product intended to save lives. The case study described has high importance since similar political and social conditions exist in various cultures for different reasons, some based on social hierarchy, others on religion, gender, or ethnicity. Political and ideological conflicts lead to obstacles in the process of innovation, even in situations of urgency and need as is the situation with the ASHA. It is always recommended to find ways to detour sensitive issues rather than meet them straightforward because the direct way is usually doomed to failure when it comes to traditions and social structures that serve as core values in a long history of a community.

The ASHA case provides a good example of a closed system situation when there is no easy way to break the boundaries and create a new system different than the old one. There is some flexibility of choice but it is limited and doesn't break the rules of tradition and politics. However, a good theoretical framework based on Design Thinking strategies provides deeper insights into all the units of the complex system, and supports development of a useful map of networks and values that are necessary for a change. As Wahid at al. concluded, the intrinsic motivations for women like the ASHA to continue working are the real value that needs to be emphasized if the activists' healthcare system should continue. Such motives are never seen or felt and need methods and strategies to help them come to light. This is the goal of a line of steps as they are proceeding in the DT development, from posing the accurate key questions that guide the entire project and up to a design of multiple persona maps for every single individual. Only multiple maps can lead to a common denominator when gathered and studied together. Creativity is rooted in open systems and connections that designers make between different worlds and experiences.

The ASHA app was ready on time and supported the activist women at work, and Covid19 period provided opportunities to define a new segment of population as well as open political discussions on the caste system and the changes that Indian society should consider for a better future for all.

ENDNOTES

1. The Experience Economy presents four stages of economic development: agrarian, industrial, service, and customer experience. The theory presents several key factors that are required for the new consumer, among them entertainment and absorption offered by brands and events, whether real or virtual.
2. It is estimated that around half a million people died in India during the pandemic but the number is most likely much higher since many were not identified and many were immigrants and foreign employees with no IDs.

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