



REPRODUCTIVE HEALTH INNOVATION EXCHANGE

SHOWCASE YOUR INTERACTIVE SBC DESIGNS, IDEAS, AND TOOLS

Together We Decide: Interactive Game for Male Engagement in Family Planning

Innovation presented by: IntraHealth International and ideas42

Problem statement		
Low postpartum uptake of modern contraception among women in eastern Uganda		
Circle of Care stage		
Before: Generates Demand Sets Supportive Norms	During: Empowers Clients	After: Supports Behavioral Maintenance Enhances Follow Up
Audience(s)		
Men, women, and health workers (both in facilities and the community)		
Country of implementation or design		
Uganda		
Outcome(s) of interest		
<ul style="list-style-type: none"> Increased couple communication on family planning Increased knowledge of contraceptive methods and side effects Increased knowledge of postpartum pregnancy risk Reduction in unmet need for modern contraception in the postpartum period 		
The innovation		
<p>ideas42 and IntraHealth International designed this innovation with funding from the William and Flora Hewlett Foundation. It was implemented with the Regional Health Integration to Enhance Services in Eastern Uganda Activity via community health workers (called village health teams in Uganda). The innovation includes the following:</p> <ol style="list-style-type: none"> Interactive game: Offers men opportunities to learn about contraceptive methods and family planning, partner communication, and “experience” the consequences of choices about child spacing and contraceptive use. Child spacing planning card: Encourages men to have conversations with their partners about desired number and spacing of children, make a plan to visit a health facility, and discuss the type of contraceptive method they want information on. Text messages: Reminds and educates via and text messages sent to men, game facilitators, and health workers. 		

Why you should consider adapting and scaling this innovation

The innovation shows a new approach to reach men with family planning programming that addresses their unique needs and leaves space for women to actively participate in decision-making. In our quasi-experimental study, men in the intervention group were *less likely to say that they were the sole decision-maker for contraceptive use* in their household (-13.48, $p < 0.06$), compared to men in the control group, and *more likely to say that the couple decides together on contraceptive use* (14.88, $p < 0.04$). Men who received the intervention were *more likely to say that modern methods are a good choice to space children* relative to control participants (13.39, $p < 0.00$). Responses potentially indicated an increase in self-reported use of modern methods in intervention relative to control participants (8.75, $p < 0.21$); while this was not significant, this could be related to COVID-19 restrictions, as the follow-up survey took place five months after COVID-19 began.

Resources needed to adapt or scale this innovation

The interactive game can be implemented by any healthcare provider or community health worker who has basic knowledge of family planning and is able to read the card content. The game is designed for four to 16 players and lasts about one hour. It can be played anywhere that men or couples gather. The planning card can be distributed after game play or when men and/or women are in a health care setting and are encouraged to have conversations about family planning. A digital health partner needs to be available to implement the text message component of the intervention.

Procurement of game instructions, printed game cards, game “money,” planning cards, and dice are needed to facilitate the game. Based on the setting, implementers may want to account for facilitator and participant refreshments and transportation reimbursement.

Implementation recommendations

We recommend validating the intervention by conducting consultations with relevant stakeholders such as community members, district health officials, the Ministry of Health, and health workers. Potential users should test the intervention components with the target audience to ensure they are contextually relevant.

IntraHealth scaled the intervention to six districts in Eastern Uganda after the initial study, reaching over 20,000 men and contributing to 61.5% of postpartum family planning uptake over a five-month scale-up period. Key components for the successful scale-up of this project included: involving district health teams from the onset of the project; procuring supplies for the districts to begin the intervention; incorporating all leaders in the community in shared decision making; and involvement of health workers. Based on lessons learned during our research, the greater involvement of health workers led to greater engagement and an improvement in reporting in family planning registers and in DHIS2. Our emphasis on shared ownership led to the development of district-led sustainability plans for when IntraHealth’s implementation period ended. ideas42 adapted the game in South Sudan to include additional audiences such as men and women together, polygamous families, and young couples.

Have more questions? Contact the following people

- Susan Tino (stino@intrahealth.org)
- Katelyn Bryant-Comstock (kbryant-comstock@intrahealth.org)
- Ely McElwee (elizabeth@ideas42.org)
- Rahin Khandker (rkhandker@ideas42.org)

Relevant links

<https://www.intrahealth.org/news/interactive-game-helps-men-start-family-planning-conversations-eastern-uganda>
<https://www.intrahealth.org/resources/tested-solutions-engaging-men-family-planning>
<https://www.ideas42.org/project/supporting-couples-to-make-active-joint-decisions-about-childbearing>
<https://www.ideas42.org/wp-content/uploads/2021/06/Engaging-Men-in-Family-Planning-vF.pdf>