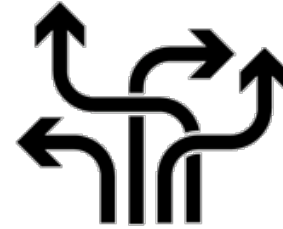# BEHAVIORAL ECONOMICS INTERVENTION TO INCREASE E-COUPON REDEMPTION FOR SEXUAL AND REPRODUCTIVE HEALTH SERVICES

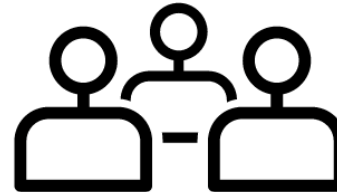www.ideas42.org | @ideas42

CONTENT
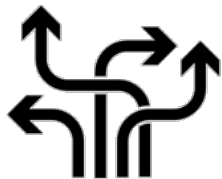
Background

Methods

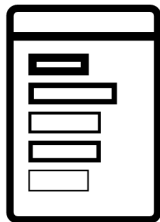**Results**

Discussion

BACKGROUND

BACKGROUND

Uganda has an unmet need of 29.6%. Myths and misconceptions around FP use are believed to limit demand.

Distance from health centers and lack of readily available information contributes to these misconceptions.

Marie Stopes Uganda offers a toll free hotline and electronic coupon system attending 60,000 people/year. Counselors provide information and referrals to services with the coupon.

PROJECT

ideas42 and Marie Stopes Uganda (MSU) partnered to **increase uptake of sexual and reproductive health (SRH) services among clients** who call into MSU's free hotline and receive an e-coupon referral.

In support of this goal, our study's objective was to use **behavioral economics to design an intervention to increase redemptions of e-coupons** for SRH services among hotline clients.
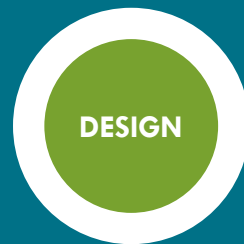
METHODS

BEHAVIORAL DESIGN METHODOLOGY

DEFINE ▶ **DIAGNOSE** ▶ **DESIGN** ▶ **TEST** ▶ **SCALE**

Disentangle presumptions to arrive at a behavioral problem

Study the context and identify key bottlenecks

Create and refine a workable solution

Test our solution and learning from the process

Spread successful interventions more widely

DIAGNOSIS METHODS

After defining the problem of low uptake of coupons through a review of administrative data and literature, we began diagnosis with the following steps:

Behavioral mapping of key decisions and actions to generate hypotheses

Qualitative interviews and observation to confirm or refute behavioral hypotheses and relevant context features
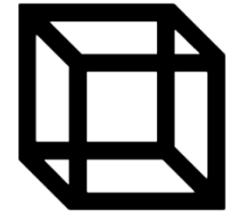
Synthesis of fieldwork findings and refinement of prioritized behavioral insights to target in design process

DIAGNOSIS FINDINGS

1 Most people were unaware of the value of the coupon and the cost of services at MSU.

2 People tend to gravitate towards health clinics they're familiar with and MSU clinics were not known by all callers.

3 People didn't think that people "like them" went to clinics and therefore were less likely to consider going to MSU.

4 Clients often didn't remember to use the coupon.
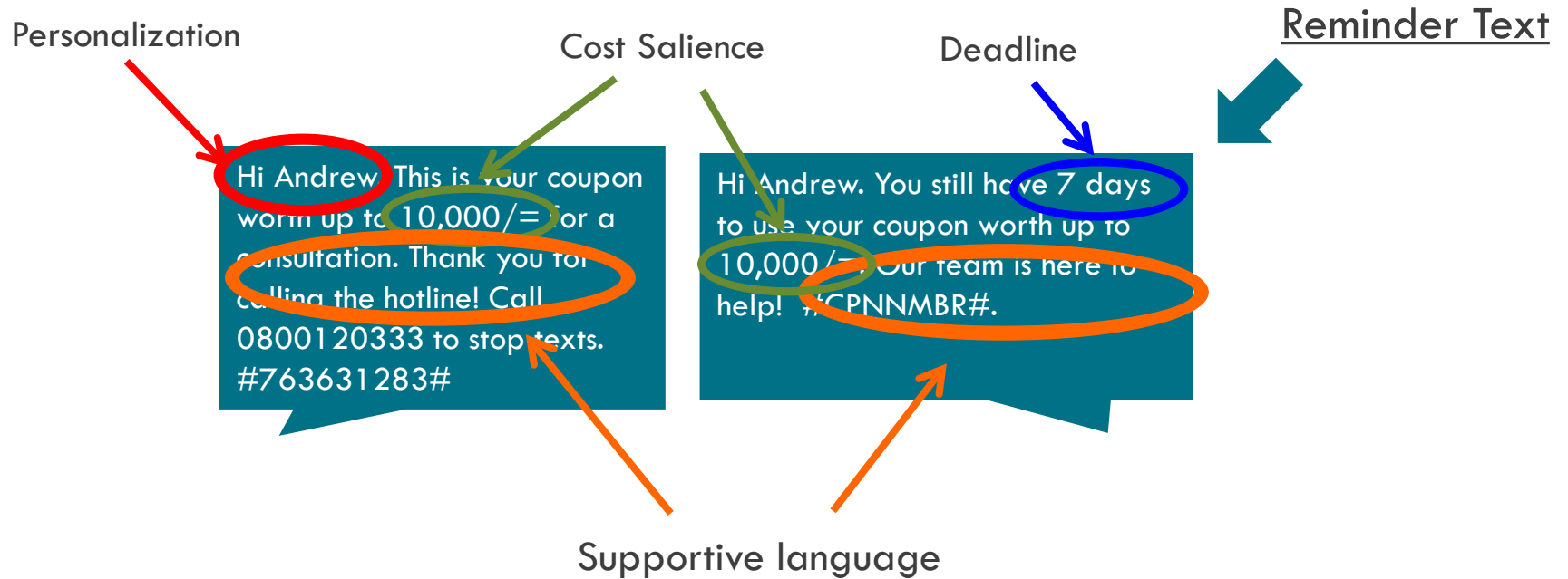
TEXT MESSAGE INTERVENTION

After receiving a referral for SRH services, consenting adult clients in the treatment group received a series of behaviorally—informed e-coupons via SMS text messages to be redeemed for SRH services.

E-coupons provide clients with an up to 10,000 UGX discount (~US$2.75) on service consultation which could even make it free.

Reminder text messages were sent in the evening at intervals of 6 days, 13 days, and 18 days after coupon origination.

TEXT MESSAGES LINK TO DIAGNOSES

Personalization
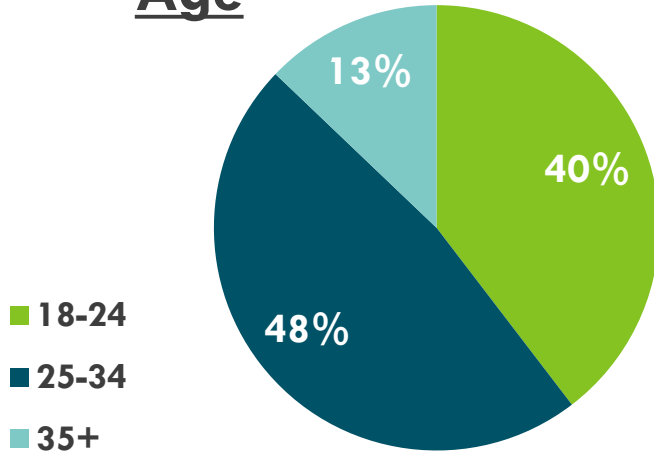
Cost Salience

Deadline

Reminder Text

Hi Andrew. This is your coupon worth up to 10,000/= for a consultation. Thank you for calling the hotline! Call 0800120333 to stop texts. #763631283#

Hi Andrew. You still have 7 days to use your coupon worth up to 10,000/=. Our team is here to help! #CPNNMBR#.

Supportive language

STUDY DETAILS

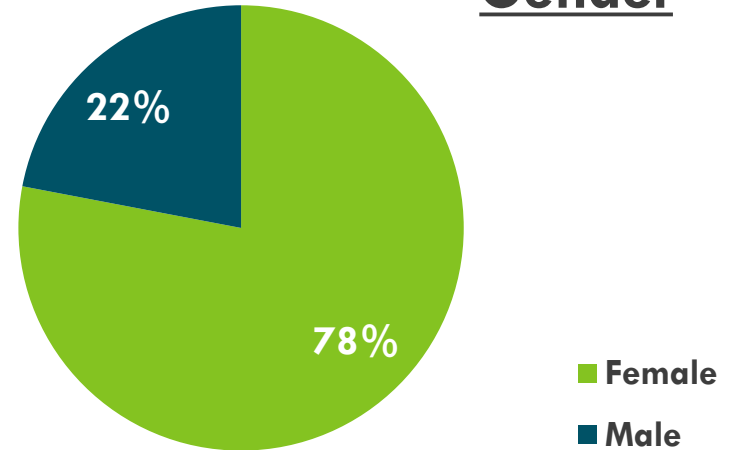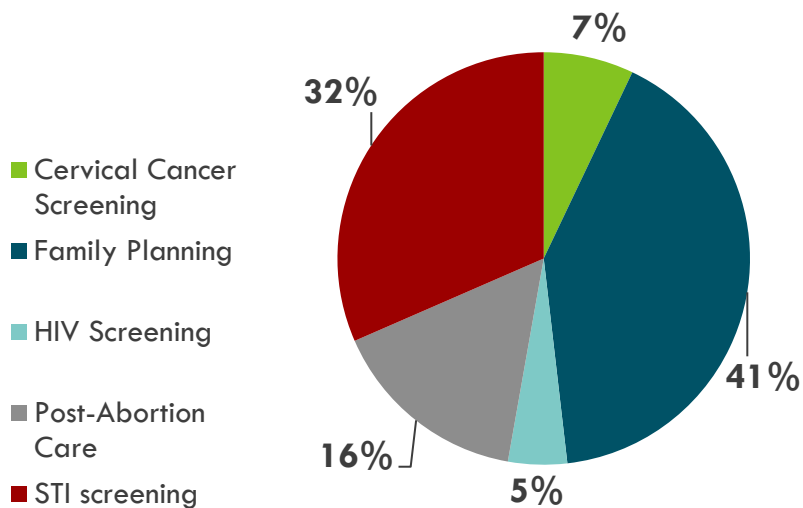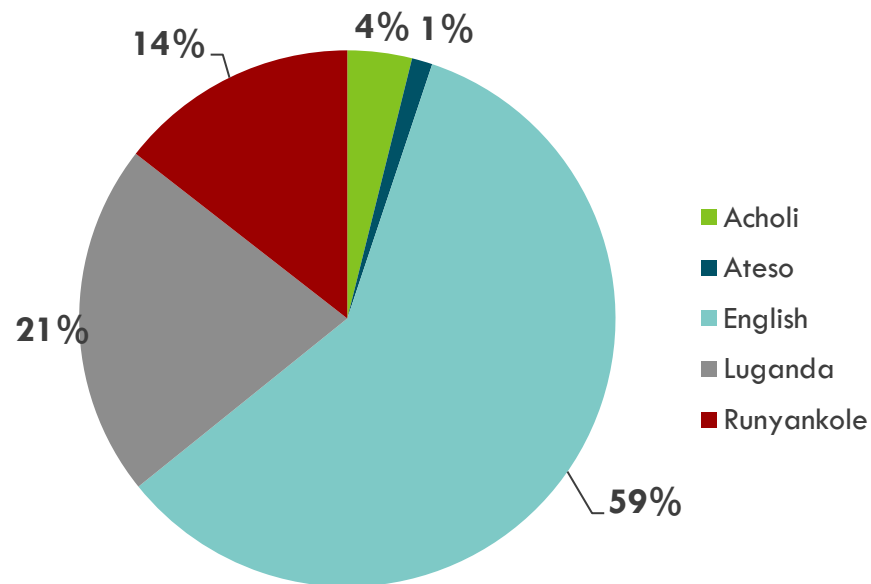| **Randomized Controlled Trial**	• 9 Month Duration • 3,234 coupons issued between treatment and control • 1,122 redeemed • 10 counselors issuing coupons blinded to treatment status • Service uptake data periodically merged with caller data • Data was cleaned and analyzed bi-weekly

RESULTS

PROFILE OF THE SAMPLE

Service Referral

- Cervical Cancer Screening
- Family Planning
- HIV Screening
- Post-Abortion Care
- STI screening

7%
32%
41%
16%
5%

Language
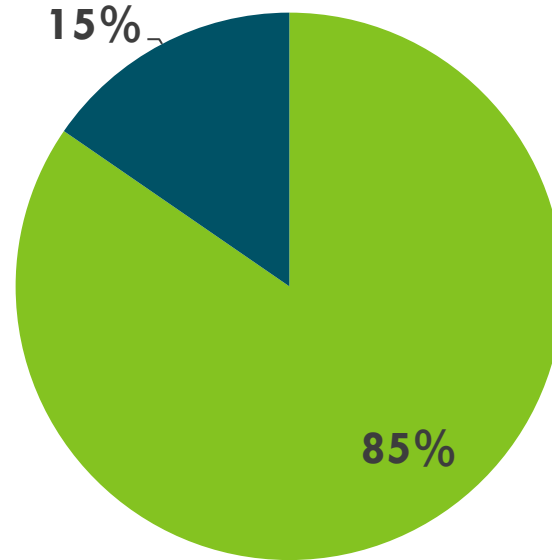
- Acholi
- Ateso
- English
- Luganda
- Runyankole

4% 1%
14%
21%
59%

MOST CALLED ON THEIR OWN BEHALF

15%

85%

■ Called on behalf of self   ■ Called for another

KEY FINDINGS FROM ANALYSIS

We do not find a statistically significant effect size with a 6.2% percent increase (33.6% to 35.7%) in redemption among the treatment group.

Effect of the treatment was an increase in redemption of 9 percent among the sub-group of clients calling on own behalf (marginal significance p=0.10)

Subgroup analysis shows stronger effects for men, those who did not receive a call back, and those received texts in Luganda

No significant difference by age, marital status, and type of service

DISCUSSION
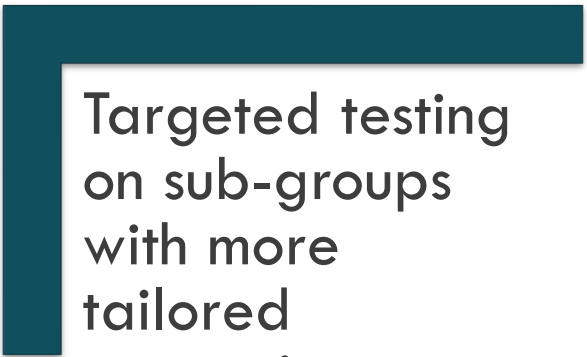
QUESTIONS FOR FUTURE RESEARCH

Why might redemption be higher among men?

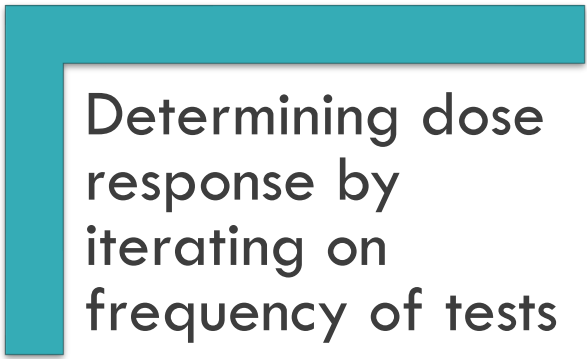**What is the interaction between call backs, voice messages, and text e-coupons?**

Are some languages better than others to send text messages or something different about those groups?

Could this intervention be modified to be effective for clients calling on others' behalf?
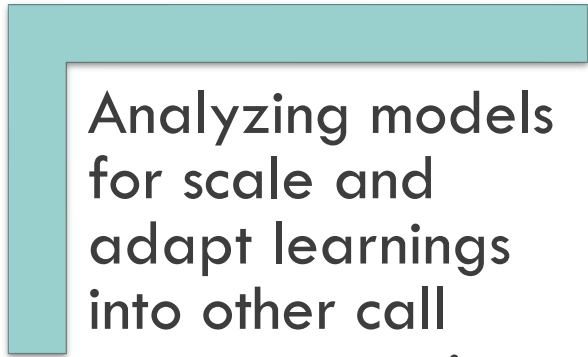
POSSIBILE FOR NEXT STEPS

Targeted testing on sub-groups with more tailored messaging

Determining dose response by iterating on frequency of tests

Analyzing models for scale and adapt learnings into other call center operations