

# Interactive games as levers to influence individual preferences, household decisions, and social norms

## Experience from Uganda and South Sudan

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### Background

Despite advances in the availability of contraceptive methods, high unmet need for modern contraception, especially among postpartum women, persists. Individual preferences of both men and women, household decision-making dynamics, and social norms around conversation, family size and contraceptive use all influence unmet need. Gamification is a promising approach to influence all three of these levers. We sought to engage men through behavioral games to both boost their support for modern contraceptive use and empower women as active, joint decision-makers.

### Formative Research in Uganda

Through clinic-based observations and qualitative interviews with 50 postpartum women, male partners, and health workers in three regions in Eastern Uganda, we identified behavioral barriers impeding uptake of family planning (FP) services, despite a desire to space their next birth. Each barrier suggested a design objective.

BARRIER	DESIGN OBJECTIVE
Couples underestimate the cost of having a child or overweight the benefits	→ Reinforce costs
Couples think their current actions to avoid children are sufficient	→ Elevate risk perception
Couples choose not to use FP because they are afraid of health consequences	→ Mitigate fears
Couples typically do not discuss their desired number of children, spacing of children, or FP	→ Prompt joint decision-making
Couples are not consistently prompted to consider FP or explore options for child spacing	→ Prompt clinic visits

### Design Process in Uganda



- Idea generation, targeted toward identified barriers
- Synthesis and filter
- Build rough draft prototype versions of promising ideas
- Engage local stakeholders in the co-design process
- Introduce prototypes to users
- Use them in action and gather feedback, reactions, and ideas
- Refine designs and repeat

### Evaluation in Uganda

Quasi-experimental study in six districts in Uganda (January – March 2020).

- Conducted baseline and endline surveys of men.
- Treatment group: Men played between one and six sessions of the game and receive a planning card (72 villages)
- Control group: Usual programming (36 villages)

#### Findings of note:

- Men in the intervention group were 13% more likely to say that modern contraceptive methods are a good choice to space children.
- Men in the intervention group increased their use of FP by 9%

Outcomes		Men (n)	Baseline (%)	Endline (%)	Endline – Baseline	Dif in Dif
Male decides on contraceptive use	Treated	583	44	19	-25	-13.48*
	Control	98	46	35	-11	
Couple decides on contraceptive use	Treated	583	49	80	31	14.88*
	Control	98	47	62	15	
Modern methods are a good choice to space children	Treated	583	85	99	14	13.39***
	Control	98	97	98	1	
Couple uses a modern method of contraception	Treated	583	52	81	29	8.75
	Control	98	53	73	20	

\*\*\*p<0.001, \*\*p<0.01, \*p<0.1

### Scale Up in Uganda

Due to the positive results, IntraHealth International decided to scale the intervention to the three control districts. From October 2021 to February 2022:

- 20,576 men were reached during 4,618 game sessions
- 19,271 child spacing planning cards were distributed
  - 41% of which were returned to a health facility by a man, woman, or couple for counseling on FP

In March 2022, RHITES-E (Regional Health Integration to Enhance Services in East Central Uganda Activity) transitioned the intervention to the district health teams, who were involved in all stages of this project starting with the formative research.

### Adaptation to South Sudan

- Validate the problem through desk research and stakeholder conversations
- Co-design a game with local stakeholders, building from the Uganda materials
- User test in communities and refine
- Implementation planned through USAID MOMENTUM Integrated Health Resilience project

### Key Distinctions: Uganda and South Sudan Designs

UGANDA	SOUTH SUDAN
Only men play	Men and women play together
Players build wealth for families	Players build "household harmony"
Players learn and discuss through "quiz" and "life event" cards	Discussion cards added to spur conversation between partners
Consistent with MOH-approved materials and local terms	Consistent with MOH-approved materials and local terms
Game design consistent across regions	Game design is modular to allow for local adaptation

### Reference

Tino, Susan, et al. "Together We Decide: Using behavioral science to improve postpartum contraceptive uptake." Technical brief (2022). <https://www.intrahealth.org/sites/ihweb/files/attachment-files/supcap-tech-briefs-edited-hf-logo.pdf>

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### "Together We Decide" Game

1. Players gather in the community to play the game.
2. Players are divided into "households" and pursue the goal of gaining as much wealth for their household as possible.
3. Players draw cards that present choices about child spacing and contraception, resulting in losses or gains for the household.
4. Players draw quiz cards, which give opportunities to build and demonstrate knowledge about contraception.
5. Facilitators lead a discussion about child spacing.



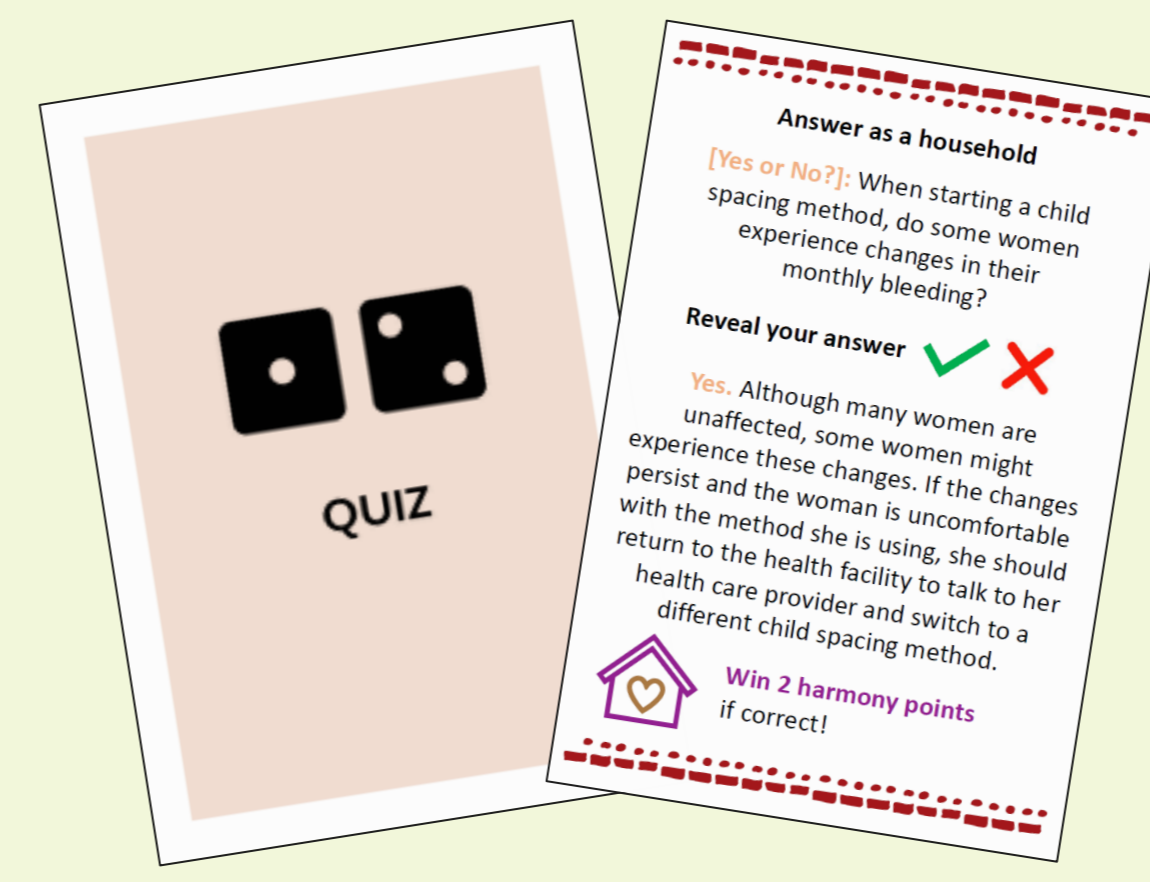
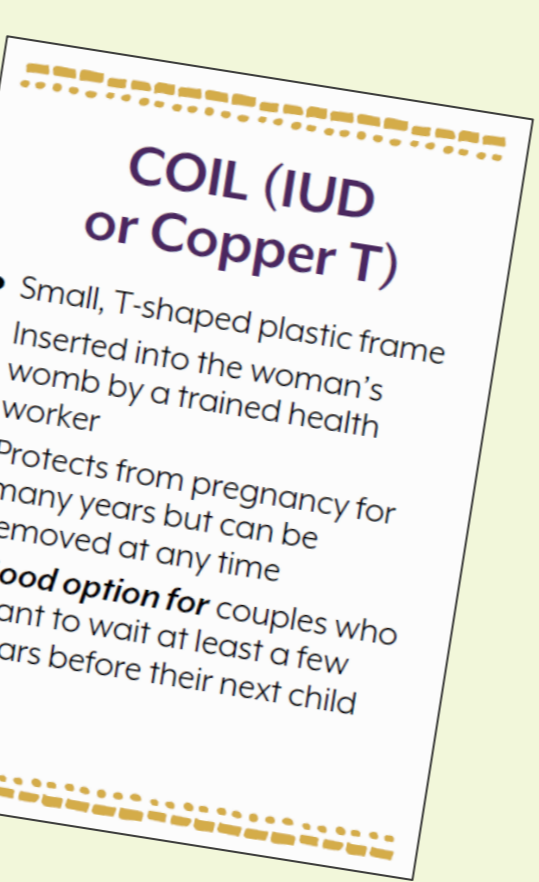
Elements of the game on display in Uganda



Two men discuss a joint decision in the game



Community Health workers facilitate game play



**Child Spacing Method Cards** teach players about different methods, link methods to positive game outcomes, and offer the option to "use" a method within the game

**Quiz Cards** give players the opportunity to discuss questions together, counteract misconceptions, and build confidence that players know enough to have conversations

**Life Event Cards** illustrate consequences of choices about childbearing and FP and model positive behaviors such as having conversations



**Discussion Cards** prompt players to discuss how they might approach an uneasy or uncomfortable situation, and practice having these discussions during the game

### We invite you to your nearby health facility for a child spacing session

**1. Ask your partner**

Do you want any more children?

Yes if yes, in how many years? \_\_\_\_\_

No

**2. Decide when to go to the health facility to learn more**

When will you go to the health facility to learn more?

Date: \_\_\_\_\_

**3. Ask a health worker about available child spacing methods**

Call the toll free hotline: 0800 200 600  
if you have questions about child spacing.

**TOGETHER YOU CAN PLAN FOR A HEALTHY FAMILY!**

**Child Spacing Planning Card** guides couples to make joint decisions about childbearing and child spacing. When brought to the clinics (as a couple, woman alone or man alone), it acts as a cue to begin conversations with health workers.

### Why use interactive games for reproductive health?

1. Build comfort and familiarity with sensitive topics in a lighthearted environment
2. Build confidence engaging in discussion through opportunities to demonstrate learnings
3. Help players feel the consequences of their choices about contraceptive use in terms that resonate with them
4. Elevate perceptions of risks that may otherwise seem remote
5. Model conversations between peers and within couples, with opportunities to practice
6. Illuminate examples of peers who consider and support FP use

SCAN ME for more information about the solutions, including downloadable materials

