

Supporting Couples to Make Active, Joint Decisions About Childbearing



An interactive game on family size, child spacing, and contraceptives in Uganda

Healthy spacing of pregnancies is vital to protecting families' health and financial wellbeing. Engaging men, women, and health workers to think differently about child spacing and contraceptives can reduce stigma around family planning and smooth the pathway to services that enable families to take control of their reproductive futures. Working with partners, ideas42 designed solutions to boost male support for modern contraceptive use, encourage couple communication, and position men to empower their partners as active decision-makers about pregnancy and contraceptive use.

Background: Child Spacing and Contraception in Eastern Uganda

The timing and spacing of pregnancies are critically important for women's and children's health. Closely spaced pregnancies have a higher risk of adverse outcomes, including miscarriage and maternal and newborn death.¹ Closely spaced pregnancies can also strain a family's financial resources, leading to downstream consequences for the health and wellbeing of all family members.² In Eastern Uganda, unintended pregnancies soon after childbirth are common, leaving the health and wellbeing of women and children at risk.³

Among Ugandan women who have recently given birth, unmet need for modern contraception is particularly high: 68% of women who are within two years postpartum wish to avoid pregnancy but are not using any modern contraceptive method.⁴ The Scale-up & Capacity Building in Behavioral Science to Improve the Uptake of Family Planning & Reproductive Health Services (SupCap) project aims to protect women's and children's health by reducing unmet need for modern contraception among postpartum women living in Eastern Uganda. SupCap is a collaboration between ideas42 and IntraHealth International, funded by the William and Flora Hewlett Foundation and implemented in close coordination with the USAID-funded Regional Health Integration to Enhance Services in Eastern Uganda Activity (RHITES-E).

Highlights

- ▶ Men play an important role in family planning decisions but education and outreach programs often fail to engage them effectively.
- ▶ Encouraging men to think about family planning in terms that resonate with them, such as the costs of raising a family, may boost their support for using modern contraceptives.
- ▶ Modeling discussion and joint decision-making may help ensure that women are empowered to play an active part in choices about contraception.

¹ USAID, fact sheet. HTSP 101: Everything you want to know about healthy timing and spacing of pregnancy. Last updated March 25, 2019. Available at <https://www.who.int/pmnch/topics/maternal/htsp101.pdf>.

² Vlassoff M, Sundaram A, Bankole A, Remez L, Mugisha F. Benefits of meeting the contraceptive needs of Ugandan women. Issues Brief (Alan Guttmacher Inst). 2009;(4):1-8. PMID: 19938236.

³ Wasswa, R., Kabagenyi, A. & Atuhaire, L. Determinants of unintended pregnancies among currently married women in Uganda. J Health Popul Nutr 39, 15. 2020. doi: 10.1186/s41043-020-00218-7

⁴ Moore Z, Pfitzer A, Gubin R, Charurat E, Elliott L, Croft T. Missed opportunities for family planning: an analysis of pregnancy risk and contraceptive method use among postpartum women in 21 low- and middle-income countries. Contraception. 2015 Jul;92(1):31-9. doi: 10.1016/j.contraception.2015.03.007. Epub 2015 Mar 11. PMID: 25769442.

In Eastern Uganda, as in many other settings, men play an important role in decisions about child spacing and contraceptive use but are often left out of education and outreach programs, which primarily target women.⁵ Moreover, because men approach these choices differently—with different priorities, assumptions, and preferences—approaches that are effective in improving contraceptive access for women may fail to resonate with their partners. Recognizing the role that men play in decisions, we knew that engaging them effectively is an important part of increasing women’s access to services. However, bringing men more deeply into the decision-making process may also generate a risk of undermining women’s agency. With this in mind, we sought to engage men in a way that both boosts their support for modern contraceptive use and empowers women as active, joint decision-makers. To further smooth couples’ access to reproductive health services, we then sought to link men and women directly to health workers, and motivated health workers to consistently provide contraceptive counseling to couples visiting a clinic.

Our Approach and Design Objectives.....

Through clinic observations and qualitative interviews with 50 postpartum women, partners of postpartum women, and health workers across three districts—Kapchorwa, Kibuku, and Serere—of Eastern Uganda, we gained insight into individuals’ and couples’ experiences and perspectives about modern contraceptive use. This behavioral diagnosis research led us to identify the following objectives for program design:

1. Reinforce Costs

Encourage men to consider all the costs of having children (including monetary costs and health-related costs) so they are motivated to space their children and improve their ability to afford them.

Couples (and men in particular) often underestimate the costs of having a child because they do not fully consider the costs of school, food, shelter, and medical needs. Children become expensive as small costs add up over time and must be paid for multiple children, but these costs are often not apparent until that’s already happened. This underestimation may be exacerbated by the assumption that some children will not survive, grounded in men’s experiences of the early death of their own siblings or other young children, even though child mortality has decreased dramatically in recent years. In addition, when health workers discuss spacing children, it’s often framed as a benefit to the current child—giving the child time to grow and be healthy before another child arrives. Health workers rarely emphasize the potential risk of poorly spaced pregnancies for the mother’s or new child’s health or the financial implications of a poorly spaced pregnancy. Having a large family is tied to higher status for the head of household, but only to the point that he can afford to care for his family well. Helping men to build a clearer understanding of the costs may make them more receptive to the idea of spacing their children so they can better afford them.

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260026/>

2. Elevate Pregnancy Risk Perception

Lead couples to reassess their likelihood of getting pregnant if they are not using modern contraception.

Couples often think their current actions to avoid pregnancy are sufficient. Many think they are not at risk of becoming pregnant because the woman understands her cycle, they intend to abstain from sex, or the woman is currently breastfeeding. However, they do not always fully understand how to avoid pregnancy using these strategies, or may overestimate their ability to adhere. Our interviews revealed misunderstandings about topics such as the most fertile days in a woman's cycle and whether it's possible for a postpartum woman to get pregnant before her period returns. Building a more accurate perception of pregnancy risk may help to elevate the perceived value of modern contraceptives.

3. Mitigate Fears

Address fears rooted in misconceptions about the health consequences of using modern contraception and present health workers as a trusted resource for information and guidance.

Health concerns figure significantly in decisions about contraception. Concerns about contraceptive methods that are rooted in myths and misconceptions are widespread in Eastern Uganda. The men and women we spoke with described fears that some contraceptive methods—such as implants and intrauterine devices (IUDs)—may disappear or move around the body; cause cancer, infertility, or birth abnormalities; or cause chronic weakness or fatigue. They also described fears of actual side effects that occur for some users but are not harmful. We also learned that men have less contact with the health system and often assume that health facilities and health workers cater towards women. This means that they aren't aware of any resources for them to learn more about contraceptives, which further entrenches fears. Providing basic information about methods and countering myths may assuage some concerns and encourage openness to modern contraceptives. Reinforcing that guidance and support from health workers is available and meant for them may encourage men that remaining concerns can be addressed.

4. Prompt Joint Decision-Making

Encourage couples to discuss childbearing and contra-ceptive options, equip them with the information they need, and reinforce that it's a joint decision.

Couples typically do not discuss the number and spacing of their children or whether to use contraceptives. Women often feel it's not their place to broach the topic of childbearing, and hence don't consider using contraceptive methods unless promoted specifically by their partner. Men often think that decisions about childbearing and contraception are theirs, but don't feel equipped with enough information to start a conversation. Men are often less knowledgeable about contraceptive methods than their wives, which makes it uncomfortable to broach the topic. Encouraging and modeling discussion between partners may help to generate confidence to start the conversation.

5. Encourage Clinic Visits

Encourage both men and women to visit health facilities to learn more about contraceptive methods.

Men rarely attend child spacing counseling sessions with their partners at health facilities. Both men and women perceive men to play an important role in decisions about contraceptives, but it's difficult for this to happen when men aren't a part of the conversation. Inviting and encouraging couples to visit a health clinic together may make it more likely that the couple is able to align on a contraceptive option that they are both comfortable with. Making men feel welcome to access health workers to learn more may further encourage them to consider contraceptives, even if they have some remaining concerns.

6. Facilitate Health Worker and Client Conversations

Prompt health workers to consistently discuss contraceptive options with men and women.

Health workers do not consistently raise the topic with all clients due to assumptions about who needs and wants to hear about child spacing and contraception. Some assume that men who don't proactively ask about contraception don't want to talk about it or shouldn't hear about it, despite the fact that men we interviewed reported an interest to learn more. Some health workers avoid raising the topic with women who are young, have relatively few children, and appear healthy. The busy schedules of health workers can cause them to focus on the immediate needs that seem most urgent, even if they intend to raise the topic more often. Prompting health workers to consistently bring up the topic rather than waiting for clients to broach it may create more opportunities for men and women to discuss, consider, and take up methods.

Solutions to Reduce Unmet Need

Based on insights from our qualitative interviews, evidence from previous successful solutions, and input from partners and other stakeholders, we designed a solution package with three distinct components: an interactive game, a child spacing planning card, and text messages (Figure 1). Each of these components were translated into recipients' local languages.

Figure 1: Final solution package

Design objectives based on diagnosis	SOLUTION PACKAGE		
	Interactive game	Planning card	Text messages
1. Reinforce costs	✓		
2. Elevate risk perception	✓		
3. Mitigate fears	✓		
4. Prompt joint decision-making	✓	✓	✓
5. Prompt clinic visits	✓	✓	✓
6. Facilitate health worker and client conversations		✓	✓

“Together We Decide” Game



Men who are partners of postpartum women play an **interactive game** called “Together We Decide” with a group of peers. The game—facilitated by trained, male, village health team (VHT) workers—offers men opportunities to “experience” the consequences of choices about child spacing and contraceptive use, build familiarity with contraceptive methods, and envision having conversations with their partners and visiting a health clinic for contraceptives. Each game session lasts one hour, and men are invited to attend multiple game sessions. Since men already often meet in groups to play games in the community, the game fits well with existing habits and provides an opportunity to freely discuss contraceptives amongst themselves.

The game was designed to keep players engaged through competition and active participation across a variety of steps. Players are assigned to “households,” given a starting amount of wealth in the form of beads, and assigned a starting number of children. Each household’s goal is to gain as much wealth as possible. Throughout the game, households draw cards that introduce “Life Event” or “Quiz” content, and these cards create opportunities for households to gain or lose wealth. At the end of the game, households divide their wealth among their children, and the household with the greatest wealth *per child* is celebrated as the winner. Below are examples of how the game content responded to the design objectives described above (Figure 2).

Figure 2: “Together We Decide” game cards

<p style="text-align: center;">Children eat so much food!</p> <p style="text-align: center;">Pay 1 bead per child to buy food for them this year.</p>	<p>This Life Event card reinforces the monetary costs of children. It illustrates how routine expenses add up for a family with many children.</p>
	<p>This Quiz card aims to elevate the perceived risk of becoming pregnant again soon after giving birth by correcting a misperception that women cannot become pregnant before their period returns. Topics such as this one are repeated throughout the game and between game sessions, giving players an opportunity to learn and demonstrate their growing knowledge.</p>

<p>A man in your community asks if child spacing methods cause deformities in babies. Do you tell him yes or no?</p> <p>Everyone reveal your answer.</p> <p>No. Child spacing methods do not cause deformity in unborn babies. Deformity comes from other factors, such as not getting proper antenatal care.</p>	<p>This Quiz card counters a common myth and also models conversations between men about contraceptives. It prompts men to envision themselves reassuring a peer that contraceptives are safe.</p>
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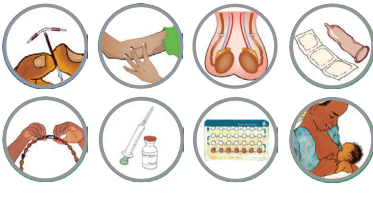
<p>You talk to your wife about child spacing and visit the health facility together to learn more.</p> <p>For planning a healthy family, toss the die to see how much you earn and get a CHILD SPACING METHOD CARD.</p> 	<p>+</p> 	<p>This Life Event card prompts joint decision-making and clinic visits by rewarding the choice to discuss child spacing and visit a health clinic with additional wealth. It comes with a Child Spacing Method card that provides simple, digestible information on one child spacing method, building men’s comfort and confidence that they can engage in conversations. Men are then presented with opportunities to either use this child spacing method or not, and can see the consequences of their decisions during the game.</p>
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Child Spacing Planning Card

After playing the game, men receive a **Child Spacing Planning card** and are encouraged to begin a conversation with their partners using this card (Figure 3). The planning card guides them to discuss the number of children they want, the desired spacing of children, and the use of contraceptives. Couples are encouraged to fill out their planning card and bring it to a health clinic for further information. When brought to the facility, the card also serves as a physical cue for health workers to discuss contraceptives and avoids the awkwardness of either party needing to broach the topic on their own.

Figure 3: Child Spacing Planning card

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

 <p style="background-color: #4a4a8a; color: white; padding: 5px; text-align: center;">1. Ask your partner</p> <p>Do you want any more children?</p> <p><input type="checkbox"/> Yes <i>If yes, in how many years? _____</i></p> <p><input type="checkbox"/> No</p>	 <p style="background-color: #4a4a8a; color: white; padding: 5px; text-align: center;">2. Decide when to go to the health facility to learn more</p> <p>When will you go to the health facility to learn more?</p> <p>Date: _____</p>	 <p style="background-color: #4a8a4a; color: white; padding: 5px; text-align: center;">3. Ask a health worker about available child spacing methods</p> <p style="font-size: small; text-align: center;">Call the toll free hotline: 0800 200 600 if you have questions about child spacing.</p>
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TOGETHER YOU CAN PLAN FOR A HEALTHY FAMILY!

This Child Spacing Planning card models discussion and joint decision-making for couples. It also provides a physical cue as a conversation starter for both couples and health workers.

Text Messages

Using a sign-in sheet, VHT staff collect mobile numbers from men attending their first game session. After the first session, text messages are sent to men who play the game, the VHT members who facilitate the game, and health workers (Figure 4). Messages sent to men remind them to discuss child spacing with their partners using the planning card and to visit health facilities for more information. Messages sent to VHTs and health workers remind and encourage them to engage in conversations with men and women about child spacing.

Figure 4: Example text messages for men who play the game, VHT members, and health workers.

Text messages for men

Many couples use child spacing methods to plan healthy families. Use your planning card to plan your next health clinic visit.

Being able to provide for your family is important. Talk with your wife about child spacing so you can cover all costs.

Did you know that even while breastfeeding a woman can become pregnant? Visit the health clinic to learn more about your child spacing options.

Text messages for VHT game facilitators

Playing "Together We Decide" once can change a man's life! Help men learn about child spacing by inviting them to play with you.

Tip: Sometimes men feel embarrassed to ask their questions about pregnancy. Invite them to play "TOGETHER WE DECIDE" with you to learn more!

Text messages for health workers

Did you speak with any men about child spacing today? Many men report wanting to learn more about child spacing methods and you can help!

Even young, healthy mothers must rest their bodies after childbirth. Reassure her that there are child spacing options for her too!

Your hard work in providing family planning has kept your community healthy. Great job and keep it up!

Implementation Insights

In February 2020, our team began pilot implementation and a quasi-experimental evaluation of the solution package across three districts in Eastern Uganda. Although rollout of the solution package was interrupted due to the COVID-19 pandemic, we recruited over 650 men in postpartum relationships to play the game and collected enough data—from observations of over 70 game sessions, survey responses from 1,374 men and women in postpartum relationships, and survey responses from 45 health workers—to generate valuable insights. While analysis of the impact of our solution on knowledge, attitudes, and behaviors related to child spacing is underway, early findings on changes that occurred after our solution was implemented offer promising evidence for our approach.

The solutions were implemented and received as intended. Of the men who were invited to participate in the game, 90% reported attending at least one game session and 88% reported receiving or seeing the Child Spacing Planning card. Of women whose partners were invited to participate, 85% reported knowing that their partner attended at least one game session, and 83% of these women reported seeing the Child Spacing Planning card. Game observations suggested that by their second game session, VHTs were generally adept at facilitating the game and responding to questions.

Qualitative evidence suggests that the solutions were embraced and enjoyed by the community. Game sessions were filled with laughter, excitement, and lively discussions. Observers noted that the competitive nature of the game caused some losing teams to laugh and vow to play again and win the next time: “[The] household that won was happy and the other households promised to be winners the next game.” Indeed, observers noted that the second game sessions had more players than the first, suggesting that not only are men willing to continue playing the game, but also that word-of-mouth might have attracted more participants who were initially hesitant to attend. Ministry of Health officials who observed several game sessions appreciated the comprehensive involvement of men in discussions about family planning—noting this was often missing—and recommended scale-up of the game. Qualitative feedback suggests that within this fun and engaging environment, the solutions successfully addressed design objectives.

Men who played the game described the costs of children as a motivator for using contraception and appeared to perceive greater relative benefits to using contraception. During and following game sessions, men actively discussed the costs of children, including food, clothing, and medical expenses, among others. Observers noted that messages about the financial implications of spacing children resonated with players, including the message that “If you space your children well, you are able to save money and acquire wealth” and “you will be able to treat, educate, and provide [your children] food.” At the end of the games, teams that had smaller families were celebrated by players because they accumulated more wealth per child.

Men responded positively to the game content on pregnancy risk, side effects, and myths. Players were attentive during trivia questions about pregnancy risk, side effects, and myths. These cards sparked conversation during the game sessions. As one observer noted, “They were always eager to toss the

dice and pick up the quiz card in order to try their luck answering the questions and earn more wealth.” Observers also noted that men who answered trivia questions incorrectly the first time later correctly answered similar questions in subsequent rounds and expressed pride in their growing knowledge.

Couples jointly discussed child spacing as intended after the game sessions. Early pilot results suggest that couples’ communication about contraceptive use and child spacing dramatically improved after the solution package was implemented. When asked who makes decisions about using contraceptive methods in the household, we saw a large uptick in the response “we decide together,” indicating a shift in decision-making agency away from solely men to a model that empowers women.

Players’ survey responses also give insight into how these new conversations went. One man mentioned, “Together with my wife, [we] decided to choose a five-year implant,” while another said, “We discussed the number of children we want and to have them after five years.” Surveys with women told a similar story. One woman stated that during conversations with her partner “[We] discussed and agreed not to have another child when this one is still young,” while another stated, “We choose a three-month contraceptive after the games; however, we plan for a longer child spacing method of three years and above.”

The planning cards were brought to the health clinic by couples and supported the efforts of health workers. Health workers confirmed seeing a mix of patients (men alone, women alone, and couples together) visiting the clinic with the planning cards. Health workers overwhelmingly spoke positively about the planning cards and pointed to numerous benefits to using the cards. Some health workers mentioned the link the cards created between the community and the health clinic. For example, one recalled that “[The cards] are very good, [they] carry the message and give couples confidence to come to the facility. They actually feel part of the facility when they have the cards.” Other health workers noted the impact the cards had on men’s engagement: “Now with the cards, men are coming to the facility without fear.” Most health workers commented on how that cards improved their service efficiency: “We don’t make them wait because just seeing them with the card tells us the service they want.”

Conclusion

These initial insights suggest that the solution set was both well received and effective in meeting our design objectives. Through a fun, lighthearted environment, the game allowed participants to tackle sensitive topics, feel the consequences of their choices, and build confidence to engage in sometimes uncomfortable discussions. The planning cards acted as a cue to guide discussions, and text messages reinforced key concepts and reminded men and facility- and community-based health workers that they all can and should begin conversations. Together, the solution components show a new approach to reach men with family planning programming that addresses their unique needs but also leaves space for women to participate actively in choices. They offer a promising means to empower both men and women to “decide together” about their families’ reproductive futures and to reduce unmet need for modern contraceptives during the postpartum period.