



Social and Behavior Change for Better Reproductive Health

INCREASING POSTPARTUM CONTRACEPTIVE USE IN UGANDA: A BEHAVIORAL APPROACH

KEY MESSAGE: Multiple complementary social and behavior change approaches implemented by trusted health workers can improve family planning outcomes.



Photo credit: Irene Mirembe, IntraHealth International

Saul talks with his wife.

INTRODUCTION

Meet Sam Olupot. Sam has been a village health team (VHT) member in Opuure-Agule, Uganda for 17 years. He was nominated for the role by his community because of his passion for service. Sam was initially trained by the Ugandan Ministry of Health on promoting the well-being of children under the age of five in his community.

Soon, the scope of his job as a VHT member expanded to include family planning and reproductive health (FP/RH), and Sam felt underprepared. He knew very little about FP and felt unsure of how to engage with his community members, particularly men, on the subject. When a social and behavior change project—Scale-up and Capacity Building in Behavioral Science to Improve the Uptake of Family Planning

and Reproductive Health Services (SupCap)—offered a training for VHTs, Sam immediately signed up.

The SupCap project, led by IntraHealth International in partnership with ideas42, aims to increase postpartum contraceptive use among couples in eastern Uganda. Through in-depth conversations with community members, the SupCap team identified several reasons why families weren't choosing family planning after having a child. One primary reason was that men were not discussing FP with their partners. Based on these results, the SupCap team developed a three-pronged intervention: an interactive game for men, planning and referral cards, and SMS messages to be sent to men, VHTs, and health workers. A critical component of the intervention was involving VHTs like Sam to facilitate the interactive game with men in the community and create a safe space for men to discuss FP with their peers.

THE TRANSFORMATION

Through his training, Sam learned about the types of contraception available at his local health center, how to model couples' dialogue, and how to engage men in conversations about FP/RH. After the training, Sam recruited partners of postpartum women to play the interactive game called, "Together We Decide." Men are divided into

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teams (called “households”) and they go through a series of cost, life event, and quiz cards which emphasize child costs, correct underestimations of pregnancy risks, and dispel myths and misconceptions about contraceptive methods. Teams gain or lose wealth as they move through the game and make choices about child spacing. At the end of the game, the team with the highest amount of wealth per child wins.

Saul Opio, Sam’s neighbor, is a 32-year-old farmer with five children. He and his wife never considered using family planning methods until Sam suggested that Saul play “Together We Decide”.

“The game has helped me learn how to save [money] for my family and to space children,” Saul says. “It has taught me not to have children anyhow, but to have a proper plan for my family.”

After playing the game, Saul took a child spacing planning card provided by SupCap and discussed what he had learned with his wife. Soon after they went to a nearby health facility to learn more about their options and decide which family planning method would best meet their needs.

CONCLUSION

Sam says his work with SupCap has positively transformed his ability to communicate with men and couples in his community to improve their health and well-being.

“I have been able to influence men from a negative attitude about family planning to a positive one,” Sam says. “Because of this, I am seeing a difference in my community. Men have learned to space their children. I am now more confident talking with men about family planning and now I have the game to facilitate discussion about family planning use among men.”

The SupCap project used behavioral design to co-develop this intervention with community members to address specific behavioral barriers to postpartum contraceptive uptake. The intervention helped health care providers and community leaders engage men in conversations about FP/RH, which equipped men with knowledge and resources to make informed

decisions alongside their wives about using family planning to ensure the health and safety of their families.

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Photo credit: Irene Mirembe, IntraHealth International

Sam talks with Saul about the game.

Public health problem: Low contraceptive uptake among postpartum women; high rates of unplanned pregnancies.

Audience: Postpartum women; partners of postpartum women; health workers; and village health teams.

Barriers: Limited couple communication about FP-use and if/when to have children; lack of moments to learn about FP; fear of FP side effects; FP myths and misconceptions; inconsistent/limited FP counseling from health workers.

Activities: Interactive game; family planning referral card; SMS messages sent to men, their partners, and health workers.

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