



CHATBOTS, BOARD GAMES, AND MORE: USING INNOVATIVE METHODS TO ENGAGE MEN IN FAMILY HEALTH

Questions and answers extracted from the Q&A box during MOMENTUM webinar on June 27, 2023

*Edited for clarity, with additional responses added by speakers after the webinar. Responses cover the majority of questions asked during the webinar.

Questions for all panelists:

HOW CAN WE START MALE INVOLVEMENT FROM WHEN MEN ARE BOYS IN SCHOOLS?

Roseline: At MOMENTUM Country and Global Leadership in Côte d'Ivoire, we have set up future husbands' schools in our intervention zones, which are safe spaces for teenagers and young boys aged 15 to 24 to share information and skills on gender in relation to MNCH/FP. These spaces enable them to think critically and challenge inequitable gender norms, define for themselves what masculinity means, and engage them as allies for gender equality.

HOW DID YOU ENSURE MALE INVOLVEMENT WAS TRANSFORMATIVE AND NOT EXPLOITATIVE AND DISCRIMINATORY TOWARD SINGLE WOMEN?

Roseline: Men's engagement programs for women's empowerment must prioritize the engagement of women at all levels, whether married or single. Women's needs/interests or preferences must be put first, and the program must ensure that no woman is marginalized or discriminated against. It is therefore important to create activities for men and their partners, but also to plan activities that bring together women, whether single or married.

Elizabeth (Back-up presenter from MOMENTUM Country and Global Leadership: During our Most Significant Change data collection we learned that one couples' communication group included a divorced woman who was a peer of the other women participants. She had been invited to attend the group meetings and found the support of the other women to be very helpful as she worked to meet her children's and her own needs. It is important to explicitly define processes around how to not leave women behind so that they can respond appropriately, as facilitators did in this case.

LYDIA MUNGHERERA: HOW DO YOU MAKE THE HEALTH SETTING MORE MALE-FRIENDLY? MOST MEN ARE ACTUALLY SEEN AS PERPETRATORS OF VIOLENCE OR NEGLECT.

Dan Wendo: We recognize their participation when they come with children or family for care.



WHAT ARE SOME OF THE INNOVATIVE ASPECTS OF EACH PROJECT TO ENGAGE WITH MEN? I HEARD ABOUT CHATBOTS AND A BOARD GAME. WHAT ELSE IS THERE?

Elizabeth Arlotti-Parish (Back-up presenter from MOMENTUM Country and Global Leadership): While it does not seem "innovative," the idea of engaging men with gender transformative interventions rather than simply giving them information about family planning/maternal newborn health, and engaging men and women together in a way that supports their own communication and relationship, is still relatively new, as is the idea of examining the impact on changes in couples' power dynamics in addition to changes in health behaviors.

JIMMY YUGA: HOW BEST CAN PARTNERS ESCALATE MALE INVOLVEMENT TO INFORM POLICY CHANGE?

Dan Wendo: There are two possible ways. 1) Encouraging male champions to go live in media and encourage one another; 2) The MOH or the government enacting policies or regulations that have consequences of demeaning or stopping females from accessing care.

Questions for Ayesha Leghari (VIYA Pakistan: Shifting the Family Planning / Reproductive Health Narrative in Pakistan Through a Chatbot)

WHAT ARE THE REASONS BEHIND THE CLIENT'S SATISFACTION OF 49%?

This score is derived from the feedback and ratings provided by clients at the end of their chatbot conversation journey. We offer clients the opportunity to provide feedback and rate their experience on a scale of 1 to 5. However, it's important to note that clients have the option to choose not to respond to the feedback or request a rating. In such cases, they may exit the chat without providing a response. The 49% satisfaction score reflects the collective ratings and feedback received from clients who chose to participate in the feedback process.

The use of chatbot for healthcare / sexual and reproductive health / FP queries is very new and to top it off in a country where such discussions don't take place already; thus, it's a behavior change within a behavior, i.e., talking about these topics and talking about them on digital mediums. From what we (MOMENTUM Private Healthcare Delivery Pakistan) have learned from tech folks in Pakistan a 49/50% customer satisfaction score (CSAT) for something this unique is pretty good. However, there are a few assumptions based on what we are seeing:

- People are looking for more content especially content related to performance / pleasure which we currently do not have.
- A good chunk of users are unmarried, whereas currently the content is more geared toward married and has very limited content related to young adults. We are building on that.
- The expectations from the chatbot are more of an AI experience, whereas currently the bot is a decision tree-based bot.



- More languages may also help with the experience and customer satisfaction scores and this is also something in the pipeline (depending on funding availability).
- We will be conducting an analysis on the comments that people drop towards the end of the experience and those will determine more learnings for us to improve upon these scores. Due to bandwidth issues, we have not been able to do this so far.

HOW MANY CHATBOT GAMES EXIST? HOW CAN WE GET THEM?

Chatbot is the application and accessible at the website/links.

HOW MANY CHATBOT GAMES DO WE HAVE? ARE WE GOING TO GET THEM?

Viya is a chatbot, but not a game. Currently, there are no chatbot games in existence for Viya, and there are also no games being developed specifically for chatbot use.

The use of the chatbot in increasing male engagement and messaging is novel. Do you have this work published otherwise can you share resources? Please see: <https://usaidmomentum.org/viya-pakistan-chatbot/>

HAIDER ABBASI: WHAT DO YOU THINK THE MECHANISM TO EDUCATE A PATRIARCHAL SOCIETY REGARDING FAMILY PLANNING SHOULD BE? ALTHOUGH PAKISTAN HAS BEEN WORKING ON IT FOR DECADES, THE OUTPUT IS STILL ZERO.

Ayesha: Specific programming on male engagement through gender transformative lens has been lacking, though a lot of work has been happening in FP in the last decade. We need to connect with men in the way that they understand messages, on channels and touch points that they use. We need more male engagement programs. Additionally, just like Lady Health Workers, social male mobilizers need to be strengthened.

PRAVA CHHETRI: WE CONDUCTED A COUPLE-FOCUSED INTERVENTION TO POSITIVELY IMPACT COUPLES' RELATIONSHIPS, COMMUNICATION, AND THE USE OF MODERN CONTRACEPTIVE METHODS FOR FAMILY PLANNING. WE SAW A SIGNIFICANT REDUCTION IN GENDER-BASED VIOLENCE AND CHANGES IN MFCPR OVER TIME. I'M CURIOUS TO KNOW, OUT OF THE 48% OF USERS, HOW MANY OF THEM DIRECTLY ACCESSED FAMILY PLANNING CLINICS OR PHARMACIES FOR FAMILY SERVICES?

Ayesha: Currently, the chatbot is not linked to service delivery - we intend to do so in the future. The social media campaigns call to action is also for men, boys, women and girls to get information in a non-judgmental, secure, private place (i.e., the chatbot).

SANDEEP GHIYA: FOR AYESHA (VIYA, PAKISTAN): HAS VIYA BEEN SUCCESSFUL IN REACHING OUT TO MEN IN RURAL AREAS? IF SO, CAN YOU PROVIDE THE URBAN/RURAL SPLIT?



Ayesha: The primary target group has been urban and peri-urban; however we have trained social male mobilizers in 3 districts of Sindh on gender transformative approaches and their call to action is also the chatbot. We run competitions to encourage these mobilizers working in rural areas to promote men to seek more information through the chatbot. The numbers may be low at the moment, but they are encouraging. Additionally, the peri-urban population in Pakistan is becoming huge and the use of Urdu language indicates that the use is from peri-urban and possibly rural areas too. The chatbot currently does not track people by urban/rural areas specifically.

Questions for Roseline Akoua Yeboua (Engaging Men While Strengthening Women's Autonomy: Using Most Significant Change to Understand Male Engagement in Côte d'Ivoire and Togo)

WHAT WAS THE MOST SIGNIFICANT CHANGE IN STORY ADMINISTERED?

The most important change depended on which community you were in. For example, in Muslim communities, the most significant change for both women and men was related to attitudes towards FP, while in some non-Muslim communities positive changes in couple dynamics were seen as men began to reduce their alcohol consumption as a result of the project.

WAS IT A SELF-ADMINISTERED QUESTIONNAIRE OR INTERVIEW?

The Most Significant Change (MSC) research methodology consisted of formulating a single MSC question. Based on this single MSC question, data collection was organized through separate focus group discussions with a maximum of 5 to 10 women and 5 to 10 men who had participated in the couples communication intervention in the project regions.

WERE THERE ANY BARRIERS TO THIS CHOICE?

The biggest obstacle was language. Communities speak different languages in the study regions. As a solution, we recruited local translators who not only had a good command of the local language, but also of French, to ensure accurate translation of the conduct of the focus group discussions collecting the MSC stories.

SYLVIE NGOUBE: WHAT TOPICS ARE DISCUSSED DURING COUPLE COMMUNICATIONS?

Discussion groups focused on the following themes: gender and power; sharing responsibilities at home; sexual and reproductive health and rights; becoming a father; men's participation in MNCH; family planning; communication and active listening; couple relationships.

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SYLVIE NGOUBE: WHAT CHANGES HAVE YOU SEEN IN COUPLES FROM VERY CONSERVATIVE CULTURES, SUCH AS MUSLIM COUPLES, WHERE WOMEN ARE NOT ALLOWED TO TAKE PART IN THE SAME MEETINGS AS THEIR HUSBANDS?

In the Muslim and Christian communities, both men and women took part in focus groups, with groups separated by gender. The differences were in the types of change stories told. For example, in Muslim communities, the most significant change for both women and men was related to attitudes towards FP, while in some non-Muslim communities positive changes in couple dynamics were noted as men began to reduce their alcohol consumption as a result of the project. In all communities, stories of change were heard of harmony in the home and collaboration between men and women in the management of domestic and agricultural tasks. This was made possible by improved communication within the households.

SONALI JANA: I AM CURIOUS TO KNOW IF AND HOW HE PERCEPTIONS OF WOMEN CHANGED DUE TO THE ENGAGEMENT OF MEN IN FACILIATING ACCESS FOR WOMEN. DID THE WOMEN SEE IT AS AN EMPOWERING AND ENABLING STEP FOR THEMSELVES?

Elizabeth Arlotti-Parish (Back-up presenter for MOMENTUM Country and Global Leadership): In Togo and Cote d'Ivoire, women noted increased harmony in their homes as a major change, which included men helping with household work and being more agreeable to women's desires to use contraception. Women found this to be empowering, even if the power dynamic in the household did not significantly change (for example, multiple stories noted that women were now able to use FP because their husbands learned accurate information about it in the discussion groups, not because women now had a greater voice in decision-making).

COULD YOU SHARE MATERIALS ON EXACTLY THE DISCUSSIONS YOU HAD WITH MEN, HOW MANY SESSIONS, MORE INFORMATION FOR THOSE WHO WISH TO REPLICATE AND TAILOR A PROJECT FOR THEIR OWN CONTEXT?

Elizabeth Arlotti-Parish: We would be happy to share the curriculum used in Côte d'Ivoire (which is in French) if you provide your email address. It was adapted/contextualized from this evidence based curriculum: <https://men-care.org/resources/bandebereho-facilitators-manual-fathers/>

Questions for Neide Guesela (Involving Men to Boost Immunization Services in Northern Mozambique)

HOW DO YOU ADDRESS SOCIAL NORMS, KNOWING THAT THERE ARE INFLUENCERS IN SOCIETIES, SUCH AS TRADITIONAL RULERS? ARE THERE MESSAGES TARGETING TRADITIONAL RULERS AND OTHER SOCIAL INFLUENCERS?

To address social norms, MOMENTUM Routine Immunization Transformation and Equity is working with community focal points, religious leaders and community leaders on male involvement. Community gatherings and training are conducted to equip the influential people with knowledge of what is expected when addressing male involvement



issues for them to transmit accurately to the community. The use of influential people in the community (i.e., community and religious leaders) is seen to bring results when addressing social norms.

HOW DO YOU SEE THE EFFECT OF HUSBAND OR PARTNER ENGAGEMENT DURING PREGNANCY CARE AND THE BIRTH PROCESS VS. THEIR ENGAGEMENT DURING PNC, INCLUDING VACCINATION?

If a husband is involved during pregnancy care and the birth process, it is highly probable that this husband will engage in PNC and vaccination as this involvement will nurture interest in the well-being of the child, consequently increasing his interest in the immunization of the child.

SYLVIE NGOUBE: DID MEN RECEIVE SOME INCENTIVES WHEN THEY ACCOMPANIED THEIR WIVES FOR CHILDREN'S VACCINATIONS IN HEALTH FACILITIES IN MOZAMBIQUE?

Willow Gerber: In Mozambique, the men did not receive specific incentives to accompany their wives for children's vaccination. We emphasized the importance of mutual responsibility for children's health and did not want to reinforce existing power imbalances by "awarding" men for doing something that should be considered part of parental responsibilities.

WHAT MAKES MEN TO ENGAGE IN CHILD VACCINATION SERVICE & FP SERVICES?

Dan Wendo (South Sudan, MOMENTUM Integrated Health Resilience): Community discussions staged by community groups under the chiefs touching on the need to reduce infant and child mortality, improved child health when better spaced, and reduction of maternal complications when the mother is given time to recover from one delivery to another.

Questions for Kenyi Athanasius (Male Engagement Implementation and Experiences in South Sudan)

IS RELIGION A BLOCKING OR FACILITATING FACTOR IN SOUTH SUDAN?

Religion in South Sudan can have both blocking and facilitating factors, depending on various contexts, denominations and interpretations of the messages. South Sudan is a diverse country with multiple religious communities, including Christianity, Islam, and traditional indigenous beliefs. Religion can serve as a source of support, guidance, and community cohesion, playing a facilitating role in promoting positive values and behaviors.

However, religion can also act as a blocking factor when certain interpretations or practices reinforces access to sexual and reproductive health services or perpetuate norms their doctrines perceive as harmful such as the use and indulging in FP which they see as going against the biblical teaching of filling the earth.



IN REGARD TO THE DATA THAT YOU SHARED ON THE REDUCED CASES OF PARTNER ABUSE GOING FROM 10 TO 3 - IS THAT MONTHLY OR WEEKLY?

Regarding the data on reduced cases of partner abuse (violence against women), the specific timeframe (monthly or weekly) was just an example timeframe.

I WOULD LIKE TO KNOW MORE ABOUT THE GAMES TO ENCOURAGE MALE INVOLVEMENT.

- Games designed to encourage male involvement in various areas, such as reproductive health, gender equality, and related topics, can be valuable tools for promoting behavior change and fostering dialogue. While specific games may vary depending on the objectives and target audience, here are a few examples of game formats and approaches used to encourage male involvement:
- **Role-playing games:** These games involve participants taking on different roles and engaging in scenarios related to reproductive health, gender roles, and decision-making in family planning. Role-playing allows participants to explore different perspectives and understand the impact of their choices on reproductive health and gender dynamics.
- **Interactive board games:** Board games provide a structured and engaging platform for participants to learn and discuss various topics. These games can include question-and-answer cards, scenario-based challenges, and decision-making tasks related to reproductive health and gender equality.
- **Discussion-based games:** Games that facilitate group discussions and reflection can be effective in encouraging men to critically analyze their attitudes, beliefs, and behaviors related to reproductive health and gender roles. These games may involve prompts or questions that stimulate conversations and enable participants to share their experiences and perspectives.
- **Simulation games:** Simulation games provide participants with a virtual environment where they can make decisions and see the consequences of their choices. These games were designed to address specific reproductive health and gender-related challenges, allowing participants to learn through realistic scenarios.

SONALI JANA: HOW FAR ARE PROVIDER SKILLS IN ENGAGING WITH MEN IMPACTING THE PROGRAM? ARE THE PROVIDERS USING THE BOARD GAMES WITH THE MEN? IF YES, ARE THE PROVIDERS MALE OR FEMALE? IN INDIA, THE COMMUNITY HEALTH PROVIDERS ARE PREDOMINANTLY FEMALE, AND THEY ENGAGE WITH WOMEN AND NOT MEN.

Community providers engage with men through the game. This creates an understanding of family planning, and in the case of India, where most of the providers are female, they could train other men as who will foster the male engagement!

ARE THERE ANY MISCONCEPTIONS RELATED TO THE USE OF VASECTOMY? HOW CAN YOU CONTROL MISCONCEPTIONS AMONG SCHOOL AGE YOUTH?

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There are lots of cases hidden in our community.

HOW CAN WE GET BETTER ORGANIZED? TO FIND A SOLUTION HERE IN MALI???

Vasectomy is not too acceptable everywhere.

For additional information on the prevalence and trends in vasectomy, see [“Down But Not Out: Vasectomy Is Faring Poorly Almost Everywhere—We Can Do Better To Make It A True Method Option.”](#)

ADDITIONAL COMMENTS FROM PRESENTING TEAM

- Scott Radloff: We learned that you don't need a large number of providers to have a measurable impact on vasectomy access and use — as long as there is adequate groundwork on communication/dispelling myths. One reason vasectomy programs have failed is that initiatives are often not sustained beyond a typical project length.
- Roy Jacobstein: Yes, our analysis, based on experience in Bolivia, showed that just 20 providers, working regularly, could achieve a 1% vasectomy prevalence in 8-10 years. The Colombian NGO, Profamilia has an active vasectomy component, provides the majority of vasectomy services in the country, and prevalence has doubled from 1.8% to 3.6%.