

MORE THAN A GAME:

The impact of MSI's *La Famille Idéale* strategy in Niger



*la Famille
idéale*

**YOUR BODY,
YOUR CHOICE,
YOUR FUTURE.**

Overview

Strong social norms in Niger around marriage, childbearing and family planning can make it difficult for women and girls to access contraception. To help spark community conversations on these sensitive topics, MSI developed La Famille Idéale (The Ideal Family), a board game that encourages discussion about wellbeing, family planning and shared decision-making. La Famille Idéale (LFI) is currently used by nearly 600 mobilisers across MSI country programmes in Burkina Faso, Mali, Niger and Senegal who help to facilitate community discussions about reproductive healthcare. This brief explains the impact of LFI activities in Niger – the country where this strategy is most extensively being used.

In Niger, 150 community health workers organise monthly LFI sessions as part of the Women's Integrated Sexual Health 2 (WISH2) West and Central Africa (WACA) programme, funded by the United Kingdom Foreign, Commonwealth & Development Office (FCDO). A recent assessment in Niger found that the approach is helping reduce stigma around contraception, engage influential family members such as husbands and mothers-in-law, and is associated with increased use of family planning services at supported health facilities. Read on to learn more about the approach and what we've learned.



The challenge

Niger is one of the most gender-unequal countries in the world – and one of the hardest places for women and girls to access the sexual and reproductive health (SRH) services they need. UNFPA data shows that only 7% of women in Niger are able to make decisions relating to their own SRH.¹ Adolescent girls face even greater restrictions – one in four girls in Niger is married before the age of fifteen, and by age eighteen almost three quarters have a husband.² More than 70% of married adolescent girls have a husband who is at least 10 years older than they are.³

Social norms around marriage and childbearing create a situation where using contraception is highly stigmatised. A study found that 69% of young married men believed that people in their village would perceive them as more powerful if they had more children.⁴ Gender norms place significant pressure on women to have many children, especially soon after marriage. On average, men in Niger report they want to have 11 children, compared to nine for women, and the fertility rate shows women are having an average of six children.⁵

Only 15% of all married women in Niger use a contraceptive method, and this is even lower for married adolescents – often driven by spousal or mother-in-law opposition and a general sense of community disapproval.⁶ In this setting, where men hold all the decision-making power and young girls face enormous pressure from their husband, mother-in-law (whose household they join upon marriage), and the broader community, married adolescents face increasing difficulty in exercising their right to access reproductive health care.

These high barriers to contraception mean that many women and girls are unable to delay or space pregnancies, increasing their risk of pregnancy-related complications and death. An estimated 880 adolescent girls in Niger die every year due to maternal complications.⁷



What we did

How do you start conversations about family planning in communities where the topic is heavily stigmatised and where many are opposed to it?

For MSI, the answer started with listening: understanding community perspectives to encourage dialogue that links family planning to the realities of daily life. Developed by MSI's country programmes in the Sahel (Burkina Faso, Mali, Niger and Senegal), La Famille Idéale is a set of participatory tools designed for community mobilisers, centred around a board game, that acts as a conversation starter on family planning. LFI aims to create a positive community conversation about family planning, to shift knowledge, attitudes and social norms to improve access to modern contraception for women – especially married adolescents – in rural areas of the Sahel.

Modelled on a 'game of life', participants step into the shoes of a newly married couple. They are given four dried nuts ('money') to celebrate their wedding day and move through the different boxes on the game board. Every box symbolises an event in the life of the couple, and sometimes a choice: for example, a visit to an MSI provider where the player decides to use contraception or not. The 'wheel of chance' determines – by the roll of a dice – if the player will face good or bad fortune. The game is designed to illustrate and facilitate discussions on the potential consequences of using or not using family planning, including the possibility of not having enough money or resources to afford a large family.

How MSI designed La Famille Idéale

With funding from The Hewlett Foundation, and in collaboration with IDEO.org, MSI used a human-centred design (HCD) approach to develop an initial set of resources in Burkina Faso. An adaptation phase funded by FCDO was implemented in each of the other MSI Sahel country programmes. In all countries, steps were taken to ensure government commitment and support for this approach. It is estimated that over 800 MSI staff members, partners and community members across the Sahel participated in the testing and development of the LFI tools. The design of LFI is rooted in proven social and behaviour change techniques that respond to social norms and social cognitive theory, particularly social proof (amplifying 'positive deviants' who are already going against the harmful social norms) and projective techniques (proxy characters) where people project their own beliefs, emotions, fears, or behaviours onto a fictional character who is similar to them, allowing them to express thoughts more openly because they are not speaking directly about themselves.



What we did

The LFI board game is designed to let participants discover how family planning can help them achieve their ‘ideal family’ – a happy, healthy family wanting for nothing. In that way, LFI can help reframe the social norms around what an ideal family looks like. Not by imposing ideas, but through open conversation and by giving space for the voices of community members who are already supportive of family planning – helping to both drive and normalise shifts in attitudes. Every aspect of the game, from the scenarios to the questions, down to the exact outfits worn by the characters, was co-designed with local communities, creating a setting that aims to reflect people’s lived realities. By engaging key influencers (husbands and mothers-in-law – known as ‘reference groups’ in social norms theory) and normalising discussion of the benefits of family planning and birth spacing, LFI aims to ultimately increase married adolescents’ access to contraceptive services. Simultaneously, the game keeps women and adolescent girls at the centre of the activity, building their knowledge and confidence in engaging their husbands in conversations on contraception.

Nearly 600 educators/mobilisers across MSI country programmes in Burkina Faso, Mali, Niger and Senegal currently organise LFI sessions. The Nigerien adaptation of LFI reflects the country’s cultural and social realities, including a name in Hausa (Iyali Nagari – the ideal family) and specific scenarios and myths. Each session has around 10–20 participants, usually groups of all men, all women, or all married adolescents. A government community health worker (CHW) trained by MSI animates the sessions, encouraging the participants to advise the main game player on the decisions to take. Under the UK FCDO WISH2 WACA programme alone, 150 CHWs organise LFI sessions near MSI-supported public sector facilities in four regions of Niger.



What we learned

MSI Niger sought to assess how LFI may influence barriers related to family planning in Niger, and how it may improve access to contraception services for married adolescents among Nigerien couples. They organised a mixed-methods implementation assessment in April 2026 across the regions of Maradi (Guidan Roumdji and Aguié), Tillabéry (Gothèye), and Dosso. Structured as a retrospective reflection of the impact of LFI in the community, qualitative data were collected through interviews with eight community health workers and six health facility staff, and observations of nine LFI sessions. This was complemented with analysis of routine service delivery and monitoring data from 24 MSI-supported public health facilities (11 implementing LFI for the first time and 13 who had been supported by LFI activities for up to three years).

Interpreting the assessment results

While this assessment had some limitations – including its small scale, and the lack of direct community interviews or a comparison group – it provided valuable insights into LFI’s potential contribution to positive change. LFI is one part of a broader ecosystem of MSI Niger’s activities aiming to transform choice for women and girls in Niger, including service delivery support to public health facilities, other SBC interventions, and advocacy efforts. While the interviewees mentioned LFI as a driver of positive change, our evaluation findings reinforce both the contribution of LFI within a wider enabling environment and the need for caution in attributing direct causality. A board game cannot make a change on its own, but it can move the dial when it is combined with activities tackling other barriers to sexual and reproductive healthcare – and most importantly, growing grassroots community support.



What we learned

Key learnings from the LFI Niger assessment

LFI reduces the stigma around contraception, creating space for more open conversations and diversity of thought around the topic. During the conversations that informed the initial design of LFI, family planning was described as a deeply controversial topic. The study found it is now openly discussed and more widely accepted in the communities where LFI is used. This was confirmed by local community health workers and facility staff, who said that family planning is increasingly framed as a couple's choice compared to before, with more diversity of opinion and practice accepted among community members.

“

“Men have positive attitudes towards contraception in general because [they now feel] it promotes family wellbeing. This has changed [since MSI Niger activities started in the community].”

– Community health worker

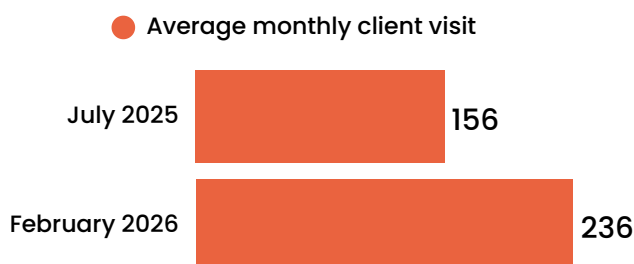
“Not everyone thinks the same way [on family size and spacing]. Some want more and others want less.”

– Health facility staff member

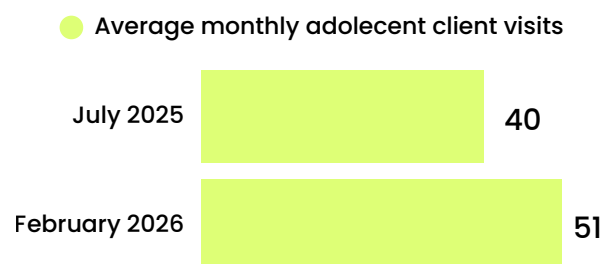
”

LFI helps more women and girls access family planning services, with health facilities reporting 51% more average monthly client visits and 28% more average monthly visits from adolescents in the first seven months. Facilities who were supported by LFI activities for longer reported substantial, sustained increases in the number of client visits and adolescent reach over time. As LFI activities started at the same time as MSI Niger's general support to these public health facilities, this impact cannot be attributed to LFI alone, although community health workers and facility staff consistently singled out LFI as a particularly impactful intervention.

Client Visits (+51%)



Adolescent Client Visits (+28%)



“

“Previously, men were very reluctant to accept family planning. I had a case where a woman received an implant and on the same day her husband brought her back in to have it removed. **There has been a change in attitude because the same woman came back with her husband to have the implant inserted again.**”

– Community health worker

”

What we learned

The gamified LFI approach is highly valued by local healthcare providers and mobilisers, who feel the game makes it easier to have sensitive reproductive health conversations in conservative settings. LFI's game-based format makes it easier for people to ask questions or share opinions they might otherwise be embarrassed to talk about. The study participants felt LFI is more effective than other SBC tools they have seen and used.

“The atmosphere [during LFI games] is so lively and motivating. For me, LFI games are a good way to get the message across about family planning.”

– Community health worker

LFI effectively engages the people who can either support or hinder married adolescents' access to family planning, with the potential to transform them into family planning champions instead. Interviewees shared stories of mothers-in-law now encouraging their daughters-in-law to consider contraception, supportive community leaders hosting LFI sessions outside their house, and reluctant men changing their minds after an LFI game. By increasingly engaging religious leaders and including religious arguments in the question cards part of the game, LFI has also contributed to amplifying the voices of pro-choice religious leaders.

“A mother-in-law said she would discuss this with her daughters-in-law. She explained that, thanks to family planning, her son would be able to manage his resources more effectively and thus preserve his wealth and wellbeing.”

– Community health worker

“Sometimes [clients] are now accompanied by their mother-in-law with the consent of the newlyweds' husband.”

– Health facility staff member



What we learned

At an estimated cost of around £1 per community member reached, LFI is a highly cost-efficient, scalable way to drive better access to reproductive choice. Compared to models that rely on mobilisers hired by individual organisations, the Niger approach of empowering government community health workers to organise LFI sessions is more sustainable and generates significant cost savings for INGOs and funders. MSI Niger has dedicated project staff to quality-assure the activities and provide ongoing supportive mentorship.

While LFI has made meaningful contributions to a more supportive environment for married adolescents to use contraception, challenges and barriers remain. For example, interviewees were unanimous that while joint decision-making in couples has become more common, men still have the final decision-making authority in most cases. This is unsurprising as the activity was designed for step-change as opposed to immediate social norms transformation, which takes time and has to be driven by the community itself.



“We cannot say that all couples decide together on how to plan their births. However, those who do not decide together are a small minority.”

– Community health worker

“Men are becoming increasingly involved in family planning. However, the main burden still falls on women. Most men allow their wives to go to health centres to choose the method of contraception that suits them, and others use condoms to plan their births. There has been a big change compared to previous years when it was very difficult to broach the subject.”

– Community health worker

What this means

Putting the ‘planning’ back into ‘family planning’ can make these messages feel closer to home and more acceptable – especially for men. The way LFI grounds its gameplay in recognisable situations has made the topic of contraception feel more relevant to people, adding to the body of evidence that designing messages on contraceptive access based on the direct needs of different people helps the topic feel less conceptual and more rooted in daily life.

Breaking down social norms barriers takes time, but when activities are rooted in local realities and centred around having open conversations, we can create transformative change to individuals’ lives, even in the immediate term. The strong acceptance of LFI, combined with the trends observed on the immediate increased use of contraceptive services, shows that it works to prioritise human-centred, co-designed SBC approaches when addressing sensitive SRHR topics in conservative contexts.

“Most wives discuss contraception with their husbands on a regular basis because men nowadays are quite aware and want to avoid having children too close together. They want their families to enjoy good health and fear leaving their families without food.”
– Community health worker

The LFI experience in Niger highlights that we need sustained, multi-pronged engagement and approaches when seeking to influence deeply embedded social norms. Our evaluation found that teams implementing LFI should explore how conversations can continue beyond the sessions themselves. While LFI effectively stimulates discussion within sessions and within couples, there is limited evidence of sustained peer-to-peer diffusion, particularly among men, outside the direct activities. Future iterations could explore strategies to encourage informal discussion after sessions, such as peer reflection prompts, or integration in other MSI Niger SBC interventions.

Finally, LFI has shown its potential to adapt to different topics. Beyond Niger and the recent assessment, other MSI country teams are successfully taking the game to other audiences or core subjects. An adapted version of LFI by MSI Mali called Maaya Hakew (Human Rights in Bambara) integrates gender-based violence topics into the game, which is used by women community champions to challenge harmful gender norms. Early results show increased dialogue, stronger grassroots leadership, and promising shifts in attitudes around gender-based violence and gender equality. MSI Mali is also working with WISH2 WACA partner Sightsavers on a version of LFI that fights stigma around the reproductive rights of people living with a disability, through adapted visuals and scenarios. In Senegal, an upcoming MSI pilot will be taking LFI to school settings, where an adapted boardgame called Notre Avenir (Our Future) follows the journey of a schoolgirl instead of a married couple, linking access to contraception to future ambitions.

References

- ¹ United Nations Population Fund. (2026). World population dashboard. UNFPA.
<https://www.unfpa.org/data/world-population-dashboard>
- ² United Nations Children's Fund. (2020). Issue brief: Child marriage in Niger [Issue brief]. UNICEF Niger.
<https://www.unicef.org/niger/media/3076/file/Issue%20Brief%20Child%20Marriage%20Niger%202020.pdf>
- ³ United Nations Population Fund. (2026). World population dashboard. UNFPA.
<https://www.unfpa.org/data/world-population-dashboard>
- ⁴ Equimundo. (2020). New study in Niger shares findings on child marriage and family planning.
<https://www.equimundo.org/new-study-in-niger-shares-findings-on-child-marriage-and-family-planning/>
- ⁵ Institut National de la Statistique (INS) & ICF International. (2013). Niger demographic and health survey 2012 (Enquête Démographique et de Santé et à Indicateurs Multiples du Niger 2012). INS and ICF International.
- ⁶ United Nations Population Fund. (2026). World population dashboard. UNFPA.
<https://www.unfpa.org/data/world-population-dashboard>
- ⁷ Verguet, S., Nandi, A., Filippi, V., & Bundy, D. A. P. (2016). Maternal-related deaths and impoverishment among adolescent girls in India and Niger: Findings from a modelling study. *BMJ Open*, 6(9), e011586. <https://doi.org/10.1136/bmjopen-2016-011586>