

In-Depth Interviews with Family Planning Providers in Ibadan and Kaduna, Nigeria

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Executive Summary

Background

Nigerian women have on average nearly six children over the course of their lifetime and the national population – already the largest in Africa – is expected to double within 25 years. The high levels of fertility are a function of both low demand for and low use of contraceptive methods – only 10% of married women used a modern contraceptive in 2008 (NPC and ICF Macro, 2009). Increasing contraceptive use entails increasing demand among potential users as well as reducing supply side barriers.

Research with family planning providers has shown that providers often restrict services to potential family planning clients based on various demographic factors, such as, marital status, parity, and age, due to their own personal biases (Stanback and Twum-Bah, 2001). Additionally, research has shown that few patent medicine vendors in Nigeria have adequate family planning training (Fayemi et al, 2010).

The Bill and Melinda Gates Foundation has funded the Nigerian Urban Reproductive Health Initiative (NURHI) to address the problems associated with low quality family planning services in Nigeria. This initiative, led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, will implement activities to promote the increased use and matching supply of contraceptives in six urban areas. The results from this study are intended to inform program design and activity development with family planning providers.

Methodology

The overall aim of this study was to understand the access, use and barriers to use of family planning services in two urban areas of Nigeria from the perspectives of family planning service providers, whose perspectives represent an important component in effective provision and usage of family planning care (Paine et al., 2000; Shelton, 2001).

In September and October, a total of 60 in-depth interviews were conducted with family planning providers in Ibadan and Kaduna, Nigeria. The data were coded using ATLAS.ti 6 software and analyzed using the thematic content analysis approach.

Key Findings

- In general, providers describe demand for family planning as low due to persisting cultural and religious restraints, resulting in low service provision and utilization.
- Despite low demand, providers perceive recent increases in demand, brought about by a growing awareness about the benefits of family planning as well as economic realities forcing individuals to limit their family size to a number of children which they can successfully “cater to.”
- Providers are motivated to offer family planning by the health benefits associated with its use, profits, as well as sense of duty to meet the demand of their clients.

- Methods offered by individual providers depend on the type of provider, with pharmacies and patent medicine vendors (PMVs) offering condoms and pills while more sophisticated methods (such as injectables and IUDs) are reserved for clinics, hospitals and primary health centers (PHCs).
- Providers support a variety of facility types being involved in the delivery of family planning.
- Providers serve a wide variety of clients but youth and unmarried individuals are routinely excluded from family planning services.
- Family planning providers advocate for a more instrumental role of the Nigerian Government in promoting and providing family planning services to Nigerians through marketing of family planning services, distribution of promotional materials and fostering an environment that is conducive to family planning delivery.
- Most providers intend to continue to offer family planning and are interested in expanding services based on increased demand.
- Few providers (across facility type) are sufficiently trained in family planning service provision.

Recommendations

- Messaging aiming to increase demand should emphasize the health benefits to mothers and children, and should incorporate language around having a family the size of which one can cater to, which are made possible through family planning. This messaging should be targeted to both men and women.
- Efforts should be made to communicate with and motivate providers about the need for family planning services among youth and unmarried Nigerians so that these groups receive the family planning services they need.
- Since providers see promotion of family planning as a responsibility of the government, government and non-governmental organization should conduct campaigns encouraging contraceptive use and should distribute promotional materials to family planning facilities directly, so that they can market their services to Nigerians in their own communities.
- Information about where to obtain methods should be shared amongst providers of different types, so that providers can appropriately refer clients for specific methods and counseling.

- In order to combat issues related to method specific side effects (both those real and perceived), family planning providers of all types should receive increased and enhanced training to empower them to be able to better respond to and counsel clients about different family planning methods.

Chapter 1: Introduction

Project background

The Nigerian Urban Reproductive Health Initiative (NURHI) aims to eliminate the supply and demand barriers to family planning utilization in order to increase contraceptive use in selected urban areas of Nigeria. During the first year of the project, several formative research activities took place to inform the design and implementation of program interventions. In-depth interviews with health care providers constituted one of those research activities – the results of those interviews are reported herein.

In tandem with increasing demand for family planning among the urban population in the target cities, NURHI will also work with family planning providers to improve their marketing and supply of family planning methods – in order to plan to meet that increasing demand with quality supply. Research with family planning providers has shown that providers often restrict services to potential family planning clients based on various demographic factors, such as, marital status, parity, and age, due to their own personal biases (Stanback and Twum-Bah, 2001). This study set out to establish the current situation of supply side barriers to increasing contraceptive use in order to inform program activities aimed at improving supply factors with family planning providers.

The Bill and Melinda Gates Foundation has funded NURHI to address the problems associated with low quality family planning services in Nigeria. This initiative, led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, will implement activities to promote the increased use and matching supply of contraceptives in six urban . The results from this study are intended to inform program design and activity development.

Study aim and objectives

The overall aim of this study was to understand the access, use and barriers to use of family planning services in two urban areas of Nigeria from the perspectives of family planning providers. This study was primarily intended to inform the development of program activities geared toward increasing the access to and supply of family planning methods in the six implementation cities in Nigeria through the development of a research-based strategy.

The specific objectives of this study were to:

- Assess providers' perceptions of the family planning context in Nigeria through their own experiences of providing family planning.
- Explore providers' experience with actual family planning service provision.
- Assess whether and how providers market family planning services.
- Examine providers' barriers to providing family planning services.
- Explore family planning providers' service biases.

Methodology

Study design

Qualitative methods, specifically in-depth interviews (IDIs), were used to obtain information on the family planning providers' personal experiences with family planning provision in their current place of employment. The interviews were guided by an Interview Guide (see Appendix One). The interview was supplemented with an observation checklist, which provided an unbiased approach to gain information on the family planning marketing in the facility – inside the facility, outside the facility, on the facility walls, the specific content, and the target audience for the promotional family planning materials.

Study population

Study participants were male and female family planning providers in facilities in Ibadan and Kaduna, Nigeria. The in-depth interviews were separated by city, neighborhood, facility type (hospital, clinic, primary health center, pharmacy, patent medicine vendor), provider cadre, and public vs. private facility. There was a total of 60 in-depth interviews conducted in Ibadan and Kaduna in September and October of 2010. In each urban area, interviews were conducted in ten neighborhoods of the following economic levels: slum, low-income, and middle-income. Family planning providers were recruited based upon identification of the facility as providing family planning during a corresponding community mapping exercise with male and female community members. After study recruitment, verbal informed consent was obtained from all study participants before proceeding. All quotes contain a description of the respondent including sex, title, age, type of facility, economic stratum of urban area and urban area. All pharmacies and patent medicine vendors (PMVs) are private facilities. By contrast, all primary health centers (PHCs) are considered public facilities since they receive government funding. Hospitals and clinics could be either public or private, thus the sector of each hospital and clinic is included in the quotes elicited from providers in those settings.

Procedures

Ethical approval to conduct the study was obtained from the Institutional Review Board (IRB) at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, and the Obafemi Awolowo University, Ile-Ife, Nigeria. Additional approvals were obtained from the state Ministry of Health in the two states where the study was conducted.

Qualified and experienced research assistants were recruited and trained by the research firm hired to conduct the study. The training covered issues such as an overview of the NURHI project goals, qualitative research methods, fieldwork ethics, and teamwork. The research teams were familiarized with the interview guides in both English and the local languages; each question in the guide was thoroughly discussed. In addition, the research assistants carried out role-plays to practice facilitating in-depth interviews. The in-depth interview guides were pre-tested with urban providers during the training and were further refined based on the pre-test results.

Data analysis

All interviews, with the consent of the participants, were audio taped and the recordings were transcribed verbatim in the local languages. The transcribed texts were then translated into English. Data sorting and analysis were carried out using ATLAS.ti software and interview level matrices. In addition to using the interview guide to develop the analysis codes, all transcripts were read to identify emerging themes and allow for the generation of new codes based upon the providers' own words. In this study, 'coding up' as opposed to 'coding down' was utilized; meaning that the codes were developed based on the data and were not defined prior to data collection (Keenan et al. 2005). The data analysis was guided by the thematic content analysis approach (Green and Thorogood 2004).

After all of the transcripts were coded, matrices were created to help identify patterns in the data. The matrices were organized at the in-depth interview level. Each row in each matrix represented one interview and the relevant data from the interviewee was placed in the cell under the column headed with the matching code. The matrices were useful in grouping the different nuances within each theme, discerning differences and similarities between interviewees within themes, and making broader connections.

Chapter 2: Results

Perceptions of Demand for Family Planning Services

Throughout the in-depth interviews, providers discussed topics related to the family planning situation in Nigeria, generally. A few themes emerged from these discussions, they are: providers' perceptions of the demand for family planning; the Nigerian economy and demand for family planning; male opposition to family planning; general healthcare patient load; family planning client load; and the family planning client profile. A description of each theme, and illustrative quotes, follow.

Demand for Family Planning

When asked to characterize the demand for family planning there was wide variation in how providers perceived demand. More providers described their communities as having low demand for family planning than those who perceived it to be high.

It is not encouraging at all. It is very poor. Sometimes, we have packs of pills and condoms in our stores and we will not have people to ask for them.

female, nurse, 34 yrs, private clinic, middle-income, Kaduna

A few providers reasoned that religious beliefs, preferences for larger families and gender norms stymied any substantial demand for family planning.

Demand for family planning is very poor in this community. People love to give birth to many children. They claim that it is supported by their religious beliefs...we have less than 20 clients in a week. This implies a very low demand for family planning.

male, dispenser, 38 yrs, PMV, low-income, Kaduna

Changes in demand were noted by many providers. The majority of those who spoke about a change described an increasing demand for family planning, though some did mention decreasing demand.

Ten years ago the demand for family planning services was low. But year in year out, it has been increasing. This influences my own provision proportionately. I have also increased my provisions.

female, director, 45 yrs, private clinic, slum, Ibadan

Perhaps not surprisingly, there appeared to be some connection between how providers discussed changes in demand and how they perceived demand to be in general. For example, if a provider had experienced an increase in demand, they sometimes expressed demand to be high, although their actual client load might be interpreted somewhat low objectively speaking.

Others noted recent increases in demand although overall levels remained low. Thus, in many cases, expressions regarding demand for family planning and changes in demand appeared somewhat relative to the provider themselves.

The demand is highly encouraging. I did family planning for two people yesterday and another two today. High demand for family planning has really encouraged me...about 12 people seek family planning services in this facility every week and the figures are increasing.

female, chief nursing officer, 36 yrs, primary health center, middle-income, Ibadan

Many providers offered reasons for changes in demand. Among these, increasing knowledge and changing fertility preferences were both offered as reasons for increased demand for family planning.

Usage of family planning services has increased over the years, because the demand for condom and contraceptive drugs is increasing daily. More people are becoming aware of the benefits of using the oral pill and other methods of family planning in Nigeria unlike in the early 1990s.

male, manager, 18-29 yrs, pharmacy, slum, Ibadan

Demand for family planning methods is very high. People are now educated, awareness has increased. People are now interested in limiting the number of children they want to have. They want to have sex without it resulting in pregnancy. These are some of the factors responsible for increased demand for family planning.

male, proprietor, 39 yrs, PMV, slum, Ibadan

Every day you meet different types of people demanding family planning for different purposes... it is relatively better than in the past. More people are becoming aware of family planning services.

male, manager, 46 yrs, PMV, slum, Kaduna

On the other hand, inability to pay for contraceptives because of economic hardship and enduring cultural and religious norms were offered as reasons for reductions in demand.

Some delivering family planning chose to characterize demand in terms of specific methods and their clients' (or in some cases, their own) preferences for one method over another. High demand for condoms was mentioned by a substantial number of providers, who often touted the method's benefits in terms of ease of distribution, use and low cost. Not surprisingly, pharmacies and patent medicine vendors were more apt to express these kinds of views on method-specific demand for condoms, perhaps because this is one of the few methods they are licensed to offer.

The demand for condom as a means of family planning is very high. The reason for this is because condom is not harmful and easy to administer to people.

male, sales partner, 45 yrs, PMV, middle-income, Ibadan

The Nigerian Economy and Family Planning Demand

While not ubiquitous, a number of providers mentioned the economic situation in Nigeria as a factor in the family planning choices made by individuals and couples. Some reasoned that demand was rising because people could no longer afford the larger families they desired due to the failing Nigerian economy.

The population is growing rapidly and the economic situation is not favorable. People cannot afford to have many children again. Therefore, there is a need for family planning.

male, manager, 46 yrs, PMV, slum, Kaduna

People are now interested in family planning services because they know that the economic situation in the country is so bad that if this country continues to allow men and women to reproduce children without control, we will soon be in trouble.

male, chief matron, 49 yrs, private clinic, slum, Kaduna

Others, in contrast, explained that economic factors were decreasing demand, because people could no longer afford to purchase family planning.

...cost [of family planning methods] is discouraging people from utilizing family planning services in this area. Economic downturn has really affected people's purchasing abilities.

male, medical director, 45 yrs, private hospital, low-income, Ibadan

The number [of family planning clients] has been decreasing in recent years. This may be a result of the harsh economic situation.

female, sales clerk, 27 yrs, PMV, middle-income, Ibadan

Thus, there appeared to be a tension between Nigerians' fertility preferences and economic realities, resulting in changes in the demand for family planning in both directions.

Male Opposition to Family Planning

A number of providers discussed resistance to family planning on the part of men. For example, providers said that some male partners did not believe in family planning and did not wish for their wives to use any form of family planning, with many women resorting to covert usage.

Men are very critical of family planning - especially when their wives use it without their knowledge.

female, owner, 30 yrs, private clinic, slum, Kaduna

While for some this form of opposition represented a simple reality and one they had to deal with in their line of work, others took a more proactive role in order to combat this. For example, some providers described responding specifically to male partner concerns with counseling and in some cases even conducting family planning education community meetings with a specific aim to target males.

In any family planning clinic, before you do family planning for a woman, she must seek the consent of her husband. Also, there is need for proper enlightenment. Even some women's husbands follow them here. They want to know about it. I had an experience of a woman who used injectables - noristerat. After some time she began to experience weight gain. When the husband was not pleased with it, he had to come here. I explained different modern family planning methods then I told him about the side effects and complications that can arise from it. Eventually, her husband accepted that she should continue.

female, chief nursing officer, 36 yrs, PHC, middle-income, Ibadan

General Healthcare Patient Load

In terms of general health services, the sample of facilities served a wide range of client-loads, with some seeing less than 50 clients in a typical week and others seeing more than 1,000 patients for health care services each week. Despite the variety in patient loads, the majority of providers interviewed noted a recent increase in the number of patients they were seeing for general health care needs. This perceived increase was noted across facility type, whether the facility was public or private, and in both Kaduna and Ibadan. Interestingly, fewer providers in the middle income areas noted an increase, whereas both those in the slums and those in more affluent areas expressed they had noticed an increase in their client-load recently. Some attributed this increase in clients to a growing awareness around and demand for health care.

It [client load] is increasing. People are now becoming conscious of their health.

female, nurse midwife, 28 yrs, private clinic, middle-income, Kaduna

Others saw the increases more as a reflection of the quality or economy of services they themselves provide.

The patronage we receive has increased in the past year because of the way we attend to our customers as well as the quality of our products.

female, executive owner, 29 yrs, PMV, middle-income, Ibadan

Family Planning Client Load

When asked about family planning-specific client-loads, providers estimated much lower numbers of clients seeking these services compared to general health services. For example, only a handful of providers saw more than 100 clients for family planning in a typical week and over half served less than 50 clients, buttressing the need to create demand for family planning services. Though not at the level or prevalence as general health care client increases, a substantial number of providers also expressed they had noticed increases in the number of clients coming to their facility for family planning. Providers attributed these perceived increases to a variety of reasons, including growing awareness about family planning, provider-side characteristics as well as the economy.

It has increased. Awareness of family planning has increased substantially in the past year.

female, director, 45 yrs, private clinic, slum, Ibadan

Yes, it has increased because of the services we render such as free distribution of condoms and counseling.

male, sales manager, 27 yrs, pharmacy, poor, Ibadan

Family Planning Client Profile

Most providers described some level of diversity in the profile of family planning clients they served. Many noted they served more women than men, although a few saw a reverse pattern, serving more men than women. Providers also tended to note greater numbers of married individuals, especially in the more affluent areas of the two cities. This client profile slant toward married individuals was also more prominent in publicly funded facilities. In terms of tribal and religious affiliations, a few providers did mention that a certain tribe or religious group was more represented among their clientele, however, such client profiles most likely resulted from tribal and ethnic homogeneity in the provider's geographic area. Some providers distinguished between the method preference between the sexes, with male clients more often purchasing condoms and females tending to obtain oral contraceptives. A number of individuals also discussed that they often served women of reproductive age but who already had three or four children, or were looking for ways to space their children.

Married people, wealthy, low income earners and women come to buy different family planning methods from my shop. Men purchase condoms most of the time and women come once in a while. Yoruba and Hausa people come. I don't know them by their religion, but I know both Muslim and Christian purchase my drugs.

female, manger, 35 yrs, pharmacy, low-income, Ibadan

Factors that Influence Family Planning Service Provision

The majority of the in-depth interviews focused on the providers' experiences delivering family planning services in their respective facilities. Themes that were discussed include: who should provide family planning; the Nigerian Government's role in family planning provision; staff training and counseling; staff support for family planning; motivation to provide family planning; promotion of family planning services; marketing of family planning services; family planning methods offered; availability of family planning methods; family planning service utilization; barriers, critics and problems providing family planning; plans to continue family planning provision; user complaints; excluded clients; and post abortion care.

Who Should Provide Family Planning

Providers voiced a wide variety of entities that they believed should be charged with either the ability or responsibility of delivering family planning to Nigerians. In fact, many voiced support for a combination of providers, spanning all facility types.

I think everybody should be involved in providing family planning. Every shop should be actively involved not only pharmacies and private medical vendors. Family planning need is just as the need for sanitary pad.

female, proprietor, 36 yrs, pharmacy, slum, Ibadan

While some reserved provision of family planning for "qualified" providers only, qualified could take the form of a hospital, clinic or even patent medicine vendor.

Basically, I don't want to offer any other family planning services except condom because such services should be left to doctors who are the professionals. They know the appropriate services to prescribe to health seekers.

female, manager, 45 yrs, pharmacy, middle-income, Ibadan

Some also described delivery points needing to be "close to the people" yet this also could be at the level of the patent medicine vendor (PMV) or private hospital. Not surprisingly, hospital-based providers voiced that family planning should be distributed from a hospital or primary health center. Indeed, some also expressed support for community level providers for certain methods, but reserved distribution of other methods for hospitals, primary health centers and clinics.

Government and private hospitals should be responsible for the provision of some difficult methods while PMVs, pharmacies and chemists should be empowered to sell

condoms, pills and injectables to the people...

female, senior community health extension worker, 30 yrs, PMV, slum, Kaduna

The Nigerian Government's Role in Family Planning

Many providers voiced that the responsibility to provide family planning should fall upon the government, not simply upon individual providers at the community level. Because the government had greater resources, some charged it with an instrumental role in the provision of family planning, through either direct or subsidized distribution of methods.

The Government should be responsible for offering family planning services to the people because they have the resources to reach everybody.

male, superintendent, 28 yrs, pharmacy, low-income Kaduna

The role of non-government organizations was also mentioned by some providers in this capacity.

The provision of family planning services should be the Government's responsibility. People who would have loved to buy [family planning methods] are constrained by lack of money. The Government can increase funding for family planning services in Nigeria. Society for Family Health is really helping people who cannot afford some of these services through free donation of condoms and other methods. Despite the small amount of money people pay for condoms, some still cannot afford it. We heard that in some countries the condom is distributed freely. So if the Government can subsidize family planning methods, demand for family planning will appreciate.

male, executive sales manager, 27 yrs, pharmacy, low-income, Ibadan

Others, however, envisioned a broader role for the government, in either empowering community level providers or by educating the populace in order to create demand and a more demand-driven environment for family planning efforts.

... it is necessary for the government to empower patent medical vendors. There is so much emphasis on pharmacies. The Government does not realize that PMVs are closer to the people than the pharmacies. In order to provide adequate services including family planning services, the Government should provide a more conducive atmosphere for PMVs to operate.

male, manager, 54 yrs, PMV, slum, Kaduna

It [family planning] should be the responsibility of every one of us i.e. the Government, concerned people and non-governmental organizations. Nonetheless, when it comes to education and enlightenment on family planning services, I think government should take the lead.

female, 37 yrs, primary health center, middle-income, Kaduna

Providers also voiced support for government promotion of family planning. Some expressed the need for promotional materials in order to market both their own specific services but also to promote family planning in general. Providers saw this as an opportunity for the government to create and distribute materials for these purposes.

This facility does not promote family planning services. It is the government that should do that. The Government can equip private hospitals by organizing workshops, seminars and advertising private hospitals offering family planning services.

male, doctor, 37 yrs, private clinic, middle-income, Ibadan

In addition, many providers expressed the need for additional funding from the government to be allocated for family planning programs, though the intended recipients of these funds varied across providers. Some individuals also discussed how creating a policy environment that encouraged contraceptive use was the responsibility of the government.

Provision of family planning should be funded by the government. Policies encouraging its use should be formulated and implemented by the government.

female, staff, 22 yrs, private clinic, low-income, Ibadan

Finally, providers expressed how government support of health facilities, through a variety of forms, including supply assurance and training would better enable them to deliver family planning services.

There should be governmental institutional support for private individuals that offer family planning. It could be in terms of consistent supply of family planning methods and funds for organizing community based programs on family planning.

male, pharmacist in charge, 46 yrs, pharmacy, middle-income, Kaduna

The Government should work together with private clinics and PMVs in the supply of family planning so that the services reach people in the local community.

female, head nurse, 24 yrs, private clinic, middle-income, Kaduna

Staff Training & Counseling

In general, training of providers in family planning looms as a major area for improvement.

None of our staff has received formal training on family planning services. Nevertheless, they all provide the services.

female, manager, 45 yrs, pharmacy, middle-income, Ibadan

While a number of providers said they had received some kind of health training, most training was not inclusive of family planning. In addition to the low prevalence of family planning training across providers, questions about the quality of training among those who had received training is also an issue.

Among pharmacists and patent medicine vendors, many said they had received some form of “general training” in patent medicine, but it is unclear who administered this training and what it covered. Whereas patent medicine vendors often described their training in the form of apprenticeships, providers in hospitals, clinics or primary health centers offered they had received medical training – such as training as a nurse or community health extension worker (CHEW) from a University. Thus, the level of family planning-specific instruction that these trainings included is unclear. It appears likely that most providers have not received any formal training in family planning. Of course, training on family planning was more common among those in hospitals, primary health centers and clinics. Even in these settings, however, there was often a mix of trained and un-trained staff members. As a safeguard to this, a system of internal referral to more skilled or knowledgeable providers was sometimes used by providers, so that questions requiring more knowledge or administration of more complex methods could be addressed properly. This was also more common among hospitals, PHCs and clinics. However, given that most pharmacists and PMVs only provide condoms and oral contraceptives, perhaps internal referrals are less vital in these settings. Also, given the common method mix offered by pharmacists and PMVs, many saw no problem with having no training, describing condoms and pills as easy to administer and requiring only “on the job” training.

Only a few of the staff have received training in family planning. Those who are not trained in family planning can also provide some basic methods of family planning that do not require much expertise.

male, medical director, 43 yrs, private clinic, middle-income, Kaduna

I did not receive any training in family planning at all. I only learned how to sell drugs some years ago. But, selling condoms is not a big issue that I can handle.

male, owner, 37 yrs, PMV, middle-income, Kaduna

...they were not trained in providing family planning services but because they sell the methods on a daily basis I think that's enough to give them experience to counsel people.

male, manager, 18-29 yrs, pharmacy, slum, Ibadan

Given the low levels of general training in family planning, it's not surprising that most providers report not receiving refresher training on family planning either.

There is no avenue at present for nurses in the private sector to go for refresher trainings.

male, medical officer, 36 yrs, public hospital, middle-income, Ibadan

I do not go for any refresher training in family planning. I learn as I offer the services.

male, manager, 25 yrs, PMV, low-income, Ibadan

Once again, refresher training was more common among clinics and primary health centers. Among those who did receive such training, it was given by government personnel or by non-government organizations focused on reproductive health.

Despite the low level of training, in general, most providers described their staff as supportive and confident to counsel clients on family planning and contraceptive methods. Since there were no direct questions about the degree, length or extent of counseling, questions regarding the quality of the counseling remain. However, since some did use internal referrals, there appeared to be a disconnect between how providers perceived their staff's members' capabilities versus their confidence levels in their staffs' abilities to counsel.

There is no specific training in family planning. I only train them in buying and selling. Every complex issue in family planning is always reserved for my attention. They can't counsel people on family planning services.

male, proprietor, 39 yrs, PMV, slum, Ibadan

As a medical director, I encourage my staff to sell family planning to the people who need them. Even when I am not around, they usually put calls across to me.

male, medical director, 43 yrs, private clinic, middle-income, Kaduna

Staff Support for Family Planning

The vast majority of providers described their staff as supportive of the family planning services offered at the facility. In particular, individuals at hospitals and primary health centers universally agreed that family planning was supported by staff members working in their facility. Some providers expressed their staff's level of support as a "vision shared by all," hinting at staff members' commitment to a larger mission.

My staffs are very supportive of the family planning services. It is a vision shared by all who work with me.

female, manager, 35 yrs, PMV, low-income, Ibadan

Our staffs consider family planning services as part of their services. They accept them with open hands. They even advice those with too many children to do child spacing.

female, CHEW, 45 yrs, PHC, low-income, Kaduna

Others described the support of their staff as “part of their duties,” and thereby something that staff had no choice but to support; in other words, providers considered supporting the services offered at the facility as staff members’ job, regardless of individual staff members’ own personal feelings towards family planning.

They are in total support of the activities we provide here including family planning. Once it is part of the goal of the organization, they must definitely support it.

female, head nurse, 24 yrs, private clinic, middle-income, Kaduna

They support family planning because it is part of their responsibilities and why they are here. Though they may have their personal reservations they do not show them to customers when they come.

male, superintendent, 28 yrs, pharmacy, low-income, Kaduna

This expression of staff members’ support was more common among those working in pharmacies and patent medicine vendors than among those working at primary health centers, hospitals and clinics. Perhaps not surprisingly, describing staff members’ support as duty-based was also more common among providers in the private sector than among those working in publicly funded facilities.

Motivation to Provide Family Planning

In describing why they first began to offer family planning services, many providers gave a variety of reasons that motivated them. These stated reasons generally fell into four domains: the health benefits offered by family planning, the ability of family planning to prevent pregnancy, a desire to meet the demands of their clients and a sense that family planning is a basic service that falls within their purview as a provider.

In terms of health benefits, providers framed these reasons primarily in terms of the health of the mother and the health of the child, and sometimes more broadly with regards to the health of the family and health of the country as a whole. Some described how family planning enabled women to space and limit their births and some even mentioned safe motherhood and reduction of mortality as opportunities made possible by family planning. Hospitals, primary health centers and clinics cited health reasons as motivations to offer family planning more often than PMVs and pharmacies.

Family planning services are offered in order to achieve healthy lives for women during and after pregnancy as well as to improve the health of children.

female, manager, 49 yrs, pharmacy, low-income, Ibadan

I decided to offer family planning services to give women the opportunity to space and limit their children – and to allow for the healthy growth of children.

male, consultant, 46 yrs, pharmacy, middle-income, Kaduna

There are a lot of women's deaths that are a result of pregnancy related complications. In order to reduce these types of deaths, family planning must be offered at all maternity health centers.

female, community health officer, 33 yrs, public clinic, low-income, Kaduna

We started offering family planning so as to help people to prevent unwanted pregnancies, sexually transmitted and HIV/AIDS.

female, community health extension worker, 45 yrs, PHC, low-income, Kaduna

It is good to do this kind of thing in Nigeria; to save lives, and prevent unwanted pregnancies. Wives should have the number of children they can cater for and then continue to enjoy their lives with their husbands.

female, head nurse, 30-39 yrs, hospital, slum, Ibadan

The reason why we began to offer family planning in this hospital was because health is wealth. Some women believe that since they are married their husbands have every right to demand sex at will. Most of the times, the outcome is an unwanted pregnancy. We encourage women to take their health as priority during the childbearing period through effective application of family planning mechanisms. We strongly believe that the use of family planning will minimize some of the pregnancy-related complications.

female, chief nursing officer, 50 yrs, PHC, low-income, Ibadan

In a similar vein, many providers explicitly mentioned helping individuals plan their families as a major reason motivating them to provide family planning. By extension, some offered that prevention of abortion and resulting death served as a factor in their decision to provide these services.

It is to help people plan their families and to prevent unwanted pregnancies.

male, executive sales manager, 27 yrs, pharmacy, low-income, Ibadan

In order to allow people to prevent unwanted pregnancies by using family planning and also to prevent loss of lives when they try to abort such pregnancies illegally.

female, owner, 30 yrs, private clinic, slum, Kaduna

A number of providers also explained that their decision to offer family planning was in response to the demand for the service from their clients. This kind of reason was more common among pharmacies and PMVs than among other health care providers.

I decided to offer family planning services because some women come to me when they are in school and don't want to get pregnant. Some women also come for family

planning when they do not get the kind of method they want at the PHCs. That is what motivated me to start offering family planning. I do not like to disappoint my clients.

male, pharmacist in charge, 46 yrs, pharmacy, middle-income, Kaduna

Even among those providers where initial demand motivated them to begin selling, some also mentioned the collateral benefits offered with family planning, including those relating to health that are mentioned above.

I began to sell family planning methods, most especially condoms, as far back as the 1990s. I was enlightened by family planning providers on how to sell to users. The products are worth selling. They prevent unwanted pregnancies and death. It is also profitable.

male, proprietor, 39 yrs, PMV, slum, Ibadan

What encouraged me initially was high demand [for family planning] received from the people. But now I think profit is not my major driver but how to improve the reproductive health outcomes of every individual by offering them what they can use to achieve this.

female, owner, 45 yrs, PMV, slum, Kaduna

Across all facility types, some providers explained that provision of family planning was, in some sense, an inherent responsibility or, simply put, “part of the business.” While this was more common among those in hospital, clinics and primary health centers, a number of PMVs and pharmacies also expressed this duty-based reasoning.

As a primary health centre, it is our obligation to provide family planning services.

female, nursing officer, 40 yrs, PHC, low-income, Ibadan

Promotion of Family Planning Services

When asked about why they promote family planning, many providers invoked the health benefits offered by family planning as reasons to promote, especially in terms of avoiding unwanted pregnancy and enabling one to plan when and how many children to have. Once again, this theme emerged across all providers but tended to be more pervasive among hospitals and primary health centers compared to pharmacies and PMVs.

The facility promotes family planning services because it wants people to know that it offers the services as well as enhance safe motherhood.

female, staff, 22 yrs, private clinic, low-income, Ibadan

The facility promotes family planning services because it prevents unwanted pregnancy, unsafe abortion and sexually transmitted infections (STIs).

female, manager, 34 yrs, PMV, low-income, Ibadan

Among pharmacies and PMVs, promotion of family planning was often justified in order to expand patronage of one's facility and thereby increase one's profits.

We are doing that in order to increase our sales and attract more people. It will also increase awareness on family planning.

male, superintendent, 28 yrs, pharmacy, low-income, Kaduna

We promote family planning other to attract more customers and increase our turn over.

male, dispenser, 38 yrs, PMV, low-income, Kaduna

However, while many providers understand the potential role that promotion of family planning can play in expanding contraceptive usage among their clients as well as throughout the country, far fewer are actually engaging in any real promotional activities. Among some providers, especially pharmacies and patent medicine vendors, there appeared to be a sense that promotion of family planning did not rightfully fall within their scope of responsibility. Rather, these providers felt they were simply there to provide the services and sell their products, which happened to include contraceptive methods.

We are not promoting family planning services, we sell our products.

female, nurse, 27 yrs, PMV, slum, Ibadan

Ours is to sell family planning products not to promote. Even by selling condom, you are simply promoting it.

female, proprietor, 36 yrs, pharmacy, slum, Ibadan

We don't promote family planning services in anyway. Those producing it are already promoting it themselves. It is not our responsibility to promote it.

female, manager, 35 yrs, PMV, slum, Ibadan

We are not doing anything specific to promote family planning services. We only display the posters on condom because we just want them to know what we sell.

female, manager, 46 yrs, pharmacy, middle-income, Ibadan

Many individuals at family planning facilities expressed that promotion of family planning was an area in which the government should be the key player – as presented earlier. Because of its financial and administrative position, providers described how the government could promote family planning through method delivery, marketing materials distribution and general resource allocation for family planning. Although government approval was mentioned by a few providers, many more described how instrumental support promoting family planning should be the responsibility of the government of Nigeria.

It is not our duty to promote family planning. The Government should be 100% responsible.

female, proprietor, 36 yrs, pharmacy, slum, Ibadan

This facility does not really promote family planning service because the Government does not provide materials for us to promote it.

female, chief nursing officer, 50 yrs, PHC, slum, Ibadan

When asked about how they could potentially promote family planning, providers described a wide range of creative ways in which they could do so right in their own communities. Some mentioned the need to increase awareness and knowledge levels as a way to promote family planning. These individuals envisioned using a variety of avenues to accomplish this, including community campaigns, media campaigns, door to door outreach, integration with other health services and free method distribution.

I think awareness of family planning should be intensified especially in the area of knowledge dissemination. This can be done through community programs on family planning.

female, community health officer, 33 yrs, public clinic, low-income, Kaduna

The facility could go out into the community and hold health talks and programs to sensitize people about the availability and benefits of family planning.

female, head nurse, 30-39 yrs, private hospital, slum, Ibadan

There are so many things to do. We can go to the media to advertise family planning. We can also erect a signboard showing family planning pictures. Family planning products can be supplied freely to the poor in the community.

male, consultant, 46 yrs, pharmacy, middle-income, Kaduna

Free services would attract more clients. There was a time when we offered free immunization for the members of the community. I think if we adopt this strategy in family planning, we could attract more people.

male, medical director, 45 yrs, private hospital, low-income, Ibadan

Others also mentioned increasing their own facility's stocks and efficiency of services as a means of promoting family planning in their community.

Marketing of Family Planning Services

In terms of marketing of family planning, most providers shied away from any external promotion of their services and products, relying instead on a strategy of in-house marketing. This most often came in the form of using posters or stickers promoting products inside the facility.

Family planning services are part of the services required of primary health care centers. We place different posters and stickers displaying family planning pictures and instructions. Through these avenues, people are aware of our services on family planning.

female, junior community health extension worker, 45 yrs, PHC, middle-income, Ibadan

Additionally, many providers mentioned counseling clients on family planning as a way of letting clients know they offer family planning, and by extension relying on word of mouth that was facilitated by this counseling.

The people that patronize the facility tell each other about the family planning services offered here. Also, clients are routinely counseled to prevent unwanted pregnancies by utilizing the family planning services available instead of undergoing abortion. There is no provision to inform the people who are not using the facility about the family planning services offered here.

male, director, 54 yrs, private clinic, slum, Ibadan

Mouth to mouth advert is our strategy. Those who come for family planning advice in our facility always pass the information to others.

male, manager, 46 yrs, PMV, slum, Kaduna

Lastly, a substantial number of providers used “in-situ” advertising of family planning methods, relying simply on the product alone to promote itself on the shelf.

I display family planning services on my shelf. Both users and non-users know that I offer family planning services because it is openly displayed on the shelf.

male, owner, 39 yrs, pharmacy, middle-income, Kaduna

We have many posters and stickers as well as wallpapers on family planning. We also try to display our family planning products in open places where people can see them.

male, superintendent, 28 yrs, pharmacy, low-income, Kaduna

Whether this lack of formal marketing techniques stemmed from lack of will or lack of materials was unclear, though few facilities had any external signage advertizing family planning services offered at that facility.

A few providers did use more innovative and interesting ways of marketing their services and promoting family planning, through community meetings or radio programs. To be clear, however, these providers were truly the exception and not the rule.

Interviewer facility observations further demonstrate the dearth of marketing materials among the family planning service sites. For example, family planning materials were most often

displayed in the interior of facilities rather than on the exterior. This form of marketing relies on individuals having already entered the facility, but does nothing to let people on the outside know what services and products are offered therein. In terms of content, these materials most often used messages around pregnancy and contraception. Abortion and post-abortion care were absent from nearly all materials regarding family planning among the providers interviewed.

Family Planning Methods Offered

Not surprisingly, condoms were the most widely offered method of contraception among providers. Condoms were nearly universally offered among pharmacies and patent medicine vendors. Both pills and injectables were also widely offered amongst providers, though the provision of injectables tended to be more concentrated among primary health care centers, clinics and hospitals.

We provide injectables, the oral contraceptive pills and condoms... We cannot sell beyond pills and injectables as a PMV.

female, auxiliary nurse, 25 yrs, PMV, low-income, Kaduna

While not as widely offered, IUDs were offered at every hospital interviewed and in a substantial number of primary health centers. These trends may have stemmed from government regulations on which types of facilities were permitted to offer certain methods. Sterilization was rarely offered which some providers attributed to the low demand for the permanent method of contraception.

There is also sterilization but it is not common here because people are always afraid of it.

female, chief nursing officer, 36 yrs, PHC, middle-income, Ibadan

Availability of Family Planning Methods

When asked about the availability of their family planning services, over half of providers said that their methods were always available. A sizable number did, however, mention that at times they did not have enough of particular methods in stock, or that low demand prevented them from keeping full stocks of certain methods. This situation tended to be mentioned by providers in regards to IUDs, injectables and emergency contraception. Providers commonly mentioned that condoms were always available. Clinics appeared to have the most consistently available services and individuals in Kaduna described their services as “always available” more often than did those in Ibadan.

The services are always available. There is regular supply of condoms but Postinor (EC) are very few and the supply is very minimal.

female, nurse, 27 yrs, PMV, slum, Ibadan

Family planning services are not always available especially injectables due to low supplies from our dealers. Also, when they are available, the prices are always too high for our clients to afford. But the pills and condom are always available.

male, sales representative, 35 yrs, pharmacy, low-income, Kaduna

Family Planning Service Utilization

When asked about how well utilized were the family planning services they offered, providers gave mixed responses. A minority claimed their services to be well utilized but even fewer termed theirs as poorly utilized – the majority didn't respond directly to the question. Many providers who said their services were well used cited specific methods (often condoms) that were especially well utilized. Likewise, providers often mentioned specific groups (usually women) who tended to use their services more often than others. Individuals working in facilities in Ibadan described their services as well utilized more often than those working in Kaduna.

Yes, the services are well utilized by the people especially women... condoms sell fast in this area especially at this time.

female, manager, 35 yrs, PMV, low-income, Ibadan

Among those providers describing their services as poorly utilized, a few offered reasons for this low utilization. Some attributed low patronage to ongoing religious values and cultural norms leading to a desire for large families.

The services are not well utilized by the people in the community. They cherish having many children.

male, superintendent, 28 yrs, pharmacy, low-income, Kaduna

Family planning services are not well utilized in this community. We have many health facilities where people can buy condoms and pills but they are not patronizing them as a result of traditional and religious value system that support high childbearing.

male, owner, 36 yrs, PMV, middle-income, Kaduna

Others mentioned their own facility's proximity to other health care facilities as a reason for the low utilization of the services they offered.

Barriers, Critics and Problems to Offering Family Planning

Broadly speaking, most providers expressed that they did not experience any barriers in initiating family planning services. Rather, the barriers they faced often pertained more to actual delivery of family planning services. These barriers included user complaints from side effects or condom breakage as well as barriers relating to the price and supply of contraceptive methods.

Sometimes, we have difficulties in getting these family planning methods when due. There are delays. Apart from this, there are no additional barriers.

female, senior CHEW, 30 yrs, PMV, slum, Kaduna

Very few providers described any specific critics they faced in beginning to offer and current distribution of family planning services. For the most part individuals described their communities as supportive of their services. Among those who did have critics, however, “religious fanatics” and husbands of wives who took family planning despite their own wishes were those most opposed to providers’ family planning services.

In terms of problems they have faced in providing family planning services, the sample of providers was split between those who had experienced problems and those who had not. Method-related side effects and user complaints were common problems faced by providers. In addition to this, individuals mentioned low demand for family planning, which some attributed to religious and cultural norms.

Our major challenge is low patronage of family planning and this is due to religion constraint.

male, dispenser, 38 yrs, PMV, low-income, Kaduna

Some raised supply side issues as well as price of contraceptives as problems they faced in the provision of family planning.

Shortage in supply of family planning is our major barrier to effective service delivery. Postinor and emergency contraceptives are very few and difficult to get even when customers need them.

female, nurse, 27 yrs, PMV, slum, Ibadan

In the past, family planning in Nigeria was totally free so introduction of fees has been discouraging community members from patronizing us.

male, medical director, 45 yrs, private clinic, low-income, Ibadan

Plans to Continue Family Planning Provision

Among the providers interviewed there were nearly universal intentions to continue to provide family planning services. Many described a strong commitment to their customers and to the goals of family planning as reasons why they planned to continue offering family planning.

I want to continue to sell family planning methods for the benefit of my customers. Some women may not be ready to bear children but once they do family planning they are safe.

female, manager, 35 yrs, PMV, low-income, Ibadan

While some providers described the delivery of family planning as an integral part of their services, others mentioned demand as a factor in their continuing to provide.

Family planning is an integral part of our services.

female, staff, 22 yrs, private clinic, low-income, Ibadan

The facility intends to continue to offer the services in as much as it is demanded by people and it is legally allowed.

female, sales clerk, 27 yrs, PMV, middle-income, Ibadan

Government approval and support of family planning was also often mentioned in connection to providers' intentions to continue family planning services.

Since the government is very supportive of family planning, this facility intends to continue providing family planning services...

male, director, 54 yrs, private clinic, slum, Ibadan

Most providers said that they would like to expand their family planning services, either in amount or range of methods offered; however, some reasoned that an increase in demand, both in general and in terms of specific methods, was a necessary step in order to expand family planning services.

We would like to expand as the demand for family planning improves. The real issue is the demand level.

male, consultant, 46 yrs, pharmacy, middle-income, Kaduna

We may expand our services if there is high demand for them. The problem is not about increasing our services, the real problem is how to make people buy what you are offering.

male, owner, 39 yrs, pharmacy, middle-income, Kaduna

Intentions and desires to expand services were more common among PMVs and pharmacies than among primary health centers, hospitals and clinics. This is most likely due to the fact that primary health centers, hospitals and clinics were already able to offer a wider range of services, including more sophisticated methods like injectables, implants and IUDs. Thus, despite intentions to expand among the community-level facilities, such as PMVs and pharmacies, licensure and training would be necessary for them to expand.

Even among primary health centers, hospitals and clinics, however, there was interest in expansion of services to include more sophisticated methods, if they did not currently offer them. In order to achieve this, providers discussed the need for more trained personnel and appropriate facilities to accommodate and facilitate the expansion of services.

... if we have the equipment and facilities, we may expand our range of services to more sophisticated methods.

female, CHEW, 45 yrs, PHC, middle-income, Ibadan

User Complaints

Some providers discussed the complaints they had received from family planning clients regarding particular methods of contraception. Complaints surrounding condoms, most commonly breakage and decreased sensation during sexual intercourse were voiced only among providers from pharmacies and patent medicine vendors.

Condoms are everywhere. People do not criticize it at all. It is one of the most accepted contraceptive methods that I know. However, there few occasions when people complain of breakage and failure when they use it.

male, owner, 37 yrs, PMV, middle-income, Kaduna

Again, this reflects the fact that condoms are the primary method offered in these facilities whereas other facilities have a broader range of methods available, and thus, complaints about other methods.

Providers at all different service facility levels received complaints about pills and injectables, most centering around weight change and abnormal menses. A few providers also received complaints regarding the IUD, though these were few, reflecting the low use of this method in Nigeria. Thus, side effects, both those real and perceived, remain a substantial challenge in the provision of family planning services.

Excluded Clients

Nearly half of all providers interviewed discussed some groups to whom they would not offer family planning services. For example, providers often purposely excluded youth from their

family planning services. Though less common than youth, providers also mentioned they would not offer family planning to unmarried individuals. While most did not provide justification for their decision to withhold family planning services from these groups, concerns about promiscuity were mentioned.

We do not provide family planning to unmarried young girls because it can make them promiscuous.

female, head of nursing, 24 yrs, private clinic, middle-income, Kaduna

I don't like attending to youth because of their involvement in what they are not due for. Also, I don't like attending to the unmarried people.

female, owner, 18-29 yrs, PMV, slum, Ibadan

Some providers offered that youth should instead seek services from “youth friendly centers.” This pattern of exclusion of youth and unmarried appeared to be more common among pharmacies and PMVs than among clinics, hospitals and primary health centers, but was still alarmingly prevalent across provider type.

Post Abortion Care

Many family planning providers indicate they do not treat women seeking post-abortion care (PAC). In fact, a number said they have never even received women seeking such care in the first place. Given that many of the individuals were working at facilities such as pharmacies and PMVs, that might not have the capacity to treat PAC patients, this was not a surprising finding. Providers who did see and treat women post-abortion were mostly those in hospitals, clinics and primary health centers.

We treat them occasionally. It depends on their condition. Some may be bleeding profusely while some may have infection after going to procure abortion elsewhere. In most cases after treating them, they are counseled that instead of aborting a pregnancy, it is better to use family planning methods to prevent it.

male, director, 54 yrs, private clinic, slum, Ibadan

Across facility type, many providers described referring women seeking post-abortion care to facilities that were equipped to help PAC patients, usually government hospitals or other “appropriate health centers.” Providers also mentioned counseling these women on family planning, or simply advising them to use family planning in order to prevent unwanted pregnancies on the front end.

I don't treat post-abortion cases. I refer them to the hospital for treatment. Whenever I have the opportunity, I counsel them.

male, owner, 39 yrs, pharmacy, middle-income, Kaduna

While most providers reasoned that they were not able to offer the care that PAC patients needed, some also mentioned the sensitive nature of providing PAC, since abortion is illegal in Nigeria.

We don't deal with post abortion care because it could be implicating and you may be jailed if the person dies in the process. We usually refer them to the appropriate hospitals where they can be treated.

male, manager, 54 yrs, PMV, slum, Kaduna

Two alarming issues arose among a few providers when they were questioned about post-abortion care. First, a couple of primary health centers discussed treating only patients who had experienced spontaneous abortion, claiming to refuse care to those among whom the abortion was induced.

We do on few occasions especially when there are complications due to natural pregnancy termination, but not induced abortions. We don't treat such cases here and we don't abort. We provide counseling on such occasions, but one has to be sensitive to the needs of the patient.

female, nursing officer, 40 yrs, PHC, low-income, Ibadan

Secondly, some providers described sending women seeking PAC back to the providers from whom they received the abortion, rather than to a health facility equipped to handle the case.

We treat those with post-abortion complication especially spontaneous abortion like miscarriage. If it is induced, we refer them to where the abortion was conducted.

female, CHEW, 45 yrs, PHC, low-income, Kaduna

Both of these situations demonstrate the need for greater communication and referral infrastructures for post-abortion care among the family planning provider community in Nigeria.

Chapter 3: Discussion

These data provide insight into frameworks that could potentially increase demand and corresponding usage of family planning in the urban Nigerian context. Information elicited from family planning providers can inform interventions at both the community and provider levels that have the potential to overcome issues of low demand and low service utilization among individual Nigerians and increase individual providers' capacity to deliver quality family planning services.

Providers face few challenges in offering family planning beyond low demand. Despite perceived recent increases, demand for family planning remains low in urban areas of Nigeria due to religious and cultural norms which promote large families and in some cases forbid the use of contraceptives, as perceived by providers. Aside from these enduring challenges, recent increases are encouraging to providers and reflect broader changes in the country, including economic realities and perceptions of a growing sense of awareness about family planning (and health in general) among their clientele. Providers often contextualize demand for family planning within the greater Nigerian context, including the economy and Nigerian culture, recognizing the interplay of family planning, partner dynamics, familial mores and a household's financial situation. Efforts to stimulate demand should integrate messaging around familial responsibility with messaging around the health benefits for both mothers and children. Opposition toward family planning by male partners provides evidence that education and promotional efforts should target both men as well as women. Male opposition to family planning and covert usage among wives has also been documented in Nigeria and elsewhere (Okwor and Olaseha, 2010; Mugisha and Reynolds, 2008). Among those providers who discussed these themes, there was a sense that through greater awareness and knowledge-building, and simple recognition of the role of male partners in family planning decisions, gains toward increasing demand and usage could result.

Echoing findings from previous focus groups conducted among community members, providers discuss how family planning should be used in order to limit one's family members to a number one can "cater to." These data indicate that providers perceive Nigerians to evaluate family planning use based on users' own abilities and desires to take care of their children. At the same time, economic realities can play out in either direction, serving to both motivate clients to use a method but also serving as a barrier to some clients' uptake. Since most providers voice support for a governmental role in provision of family planning, efforts to alleviate the financial burden could be well received. Working with providers to evaluate the optimal modes of support might best serve Nigerians while also preserving the business and livelihoods of providers working in the private sector. Providers' approval of the current mix of provision through pharmacies, PMVs, clinics, PHCs and hospitals indicates that family planning services should continue to be provided from a variety of service points; beyond simply policy enactment, it appears from these data that instrumental government support through

promotional materials, educational opportunities and training would be acceptable to providers at the community level.

Broadly speaking, most providers interviewed are aware of the health benefits that come with family planning. These health benefits serve as reasons for providing, across both public and private sectors. While private providers, specifically pharmacies and PMVs, tend to mention meeting demand and motivations related to profits, these providers also discuss serving customers with an altruistic sensibility in mind. Tapping into this duty-based reasoning could represent an opportunity to educate and train providers about the health benefits of family planning, since training of providers remains low. Furthermore, many providers are aware of how family planning could be better promoted in their communities, however most do not have the means or materials to do so. Building upon a greater knowledge base about the benefits of family planning, providers suggested a number of ways in which marketing and promotion of family planning could contribute to increases in demand.

While staff support of family planning is widespread among providers, inadequate (or non-existent) training limit staff members' ability to properly counsel clients about family planning. The need for basic training in family planning was seen across providers, but most especially among pharmacies and PMVs, since most had learned their trade "on the job". Other research corroborate the lack of training on family planning among these kinds of providers (Fayemi et al, 2010). Given that these providers are restricted to providing a narrower method mix, however, basic training would still be of use in responding to the numerous user complaints that these providers are confronted with. Though somewhat inevitable, these accounts demonstrate the need for better information for providers about the different side effects associated with different methods, and how best to counsel clients in choosing the best method for themselves. Along with information and education on counseling, of course, must be strengthening of supply chains and strengthening of referral infrastructure for methods that are only available in certain settings. The multiplicity of organizational factors such as supply issues and staff training have also represented challenges to quality family planning care in other contexts in sub-Saharan Africa (Mugisha and Reynolds, 2008). Given the scarcity of basic training in family planning, the equally low prevalence of refresher training should come as no surprise. Basic training in family planning should thus be prioritized with additional refresher trainings for those already trained in family planning.

The method mix offered among providers interviewed reflects the licensing structure of family planning in Nigeria, with more sophisticated methods (such as IUDs and injectables) reserved for hospitals, clinics and primary health centers and less sophisticated methods (such as condoms and pills) offered at pharmacies and PMVs. While providers described their services as always available, supply side disruptions sometimes limited access to certain methods such as emergency contraception, injectables and IUDs. Given the current restrictions on methods certain providers are able to offer, greater information sharing among providers and marketing within communities is needed in order to build a more robust referral system so that family planning clients are able to access their method of choice. Enabling providers to expand method provision within their method mix capacity by stimulating demand for more methods

and exploring options for method expansion through expanded licensure should be undertaken. Of course, these expansions must be preceded by sufficient training of providers in those family planning methods.

This sample of providers neither expressed nor reflected a strong infrastructure for post-abortion care, which is cause for concern. This area should be prioritized for intervention efforts, with greater messaging around appropriate facilities to which women seeking post-abortion care should be referred. Providers not equipped to treat women seeking such care should be informed of exactly where to refer women, while providers that should be equipped with PAC services (such as hospitals and PHCs) must be compelled to treat women regardless of whether the abortion was spontaneous or induced. Efforts should be made to increase transparency and publicity around facilities that offer post-abortion care, especially within the provider community as this and previous research has shown inadequate awareness of PAC services (Adinma et al, 2010). This can be achieved through flyers and distribution of information to providers. In addition, providers should be encouraged to offer family planning services to women seeking PAC, when it is time appropriate.

According to providers in this sample, youth and unmarried individuals are regularly excluded from family planning services, leaving them in greater need for access to contraception. Interestingly, these data provide somewhat contrary evidence to prior studies in which youth preferred to use patent medicine vendors for family planning, because they perceive these providers to be easy to access and confidential (Otoide et al, 2001). Despite these preferences on the part of young people, providers' own exclusionary preferences may further prevent young and unmarried Nigerians from accessing the reproductive and sexual health services they need. Previous research has already indicated that adolescents tend to seek abortion more than contraceptive services because of perceived risk of infertility (Otoide et al, 2001), so additional barriers on the part of providers could potentially exacerbate the under-servicing of young Nigerians in accessing family planning. Intervention efforts should therefore attempt to increase providers' knowledge of the consequences of these exclusionary practices and could possibly explore incentive systems in order to motivate providers to include youth and unmarried in their services, as has been successful elsewhere (Meuwissen et al., 2006).

Increasing demand for and use of modern contraceptives in urban Nigeria can and should utilize the current family planning provider system. In addition to adequate training of providers in family planning, providers must be empowered to better market and carry out their services, through distribution of promotional materials, supply assurance and method expansion that can meet demand. Strengthening the provider community through network building and information sharing, so that appropriate referrals are made will also increase the availability and quality of family planning services in urban areas of Nigeria.

Recommendations

- Messaging aiming to increase family planning demand should emphasize the health benefits to mothers and children, and should incorporate language around having a family the size of which one can cater to. Given the persistent opposition to family planning among male partners, communication should be targeted to both men and women. Programmers should also consider targeting men specifically to respond to their concerns directly.
- In order to combat issues related to method specific side effects (both those real and perceived), family planning providers of all types should receive increased and enhanced training to empower them to be able to better respond to and counsel clients about different family planning methods.
- Information about where to obtain methods should be shared amongst providers of different types, so that providers can appropriately refer clients for specific methods and counseling.
- Since providers see promotion of family planning as a responsibility of the government and lack materials to market family planning outside of their facilities, government and non-governmental organization should conduct campaigns encouraging contraceptive use and should distribute promotional materials to providers directly, so that they can market their services to Nigerians in the own communities.
- Efforts to improve supply chains of contraceptives should be made, so that providers are equipped to meet the demand of clients seeking specific methods of family planning, especially in regards to more sophisticated methods and those that are less frequently requested by family planning clients.
- The system of post abortion care in these areas of urban Nigeria should be strengthened by increasing training, publicity and information sharing among providers of all levels, so that providers refer women seeking PAC to the appropriate facilities where they will receive treatment regardless of the nature of the abortion.
- Since young Nigerians prefer to use PMVs for their family planning needs, efforts should be made to communicate with and motivate these providers to include young and unmarried Nigerians in their family planning services, so that these groups receive the health care they need.

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Appendix One

Nigerian Urban Reproductive Health Initiative (NURHI)
Formative Research: In-depth Interviews with Health Care Providers
Interview Guide
Draft June 2, 2010

Background to the study:

The Nigerian Urban Reproductive Health Initiative (NURHI) aims to eliminate the supply and demand barriers to contraceptive use in order to increase the contraceptive prevalence rate by 20 percentage points in five years in selected urban areas of Nigeria. The project will be implemented in 6 Nigerian cities. During the first year of the project, several formative research activities are taking place to inform the design and implementation of program interventions. These in-depth interviews with health care providers constitute one of those research activities.

Objectives of the study:

The objectives of these in-depth interviews are to:

- 1) Understand reasons why providers do or do not provide family planning services.
- 2) Explore providers' experience with providing family planning services.
- 3) Assess whether and how providers market family planning services.
- 4) Examine providers' intention to offer family planning services and potential motivations or barriers to doing so.

General interview guidelines:

The topics and questions below should be used to guide the interview but can be adapted as necessary to each interview. Keep in mind when conducting the interview to respond to the answers provided by the respondent by asking additional questions to those proposed below or adapting to more appropriate questions.

In particular, there are 3 main approaches to eliciting more information from the respondent:

- 1) Seek more detail or explanation of a response. For example:
 - Tell me more about _____
 - Can you give an example of _____?
 - What happened next?
- 2) Explore the reasons behind a response. For example:
 - What makes you say that?
 - What was it about _____ that made you decide to _____?
- 3) Seek clarity and check for inconsistencies. For example:
 - Can you explain what you mean by....?
 - Earlier you said _____ but it also seems like _____. Can you explain?

Recruitment of interviewee:

When deciding who to interview in each facility, choose someone who oversees the day-to-day operation of the facility and has decision-making power.

OBSERVATION CHECKLIST

Note to Facilitator:

Either before or after the interview, please observe the use of family planning promotional materials in the facility and complete the following checklist.

Name of facility: _____

Location: _____

Are any materials on family planning on display inside the facility? No Yes

Are any materials on family planning on display outside the facility? No Yes

Which subjects do they address?

	No	Yes	Type of material
Pregnancy	No	Yes	_____
Contraception	No	Yes	_____
Abortion	No	Yes	_____
Post-abortion care	No	Yes	_____
HIV/AIDS	No	Yes	_____
STIs	No	Yes	_____

Are any of these materials targeted towards youth? No Yes Don't know

Are any of these materials targeted towards men? No Yes Don't know

In-depth Interview Guidelines

INTRODUCTION

- Thank the participant for agreeing to be interviewed.
- Explain the purpose of the interview:
We are from the “Nigerian Urban Reproductive Health Initiative” and we plan to be involved with your community over the coming months and years. We’d like to talk with you about the health services that you offer in your community, including services for family planning. The information we gather from you and other community members will help us develop and improve the programs we will support in your community.
- Tell the amount of time the interview is expected to last.
- Introduce the facilitator and the note taker and explain what each one will be doing.
- Explain that a tape recorder will be used to keep a record of the conversation. Assure the interviewee that the interview will be kept confidential.
- Explain that there are no right or wrong answers.
- Read out the consent script.
- Ask if there are any questions.

PART 1 : CHARACTERISTICS OF INTERVIEWEE AND FACILITY

- 1) RECORD name of facility: _____
- 2) RECORD location: _____
- 3) RECORD type of facility:
Hospital
Clinic
Patent Medicine Vendor
Pharmacy
Other (specify): _____
- 4) RECORD sex of respondent: Male Female
- 5) RECORD age of respondent: 18-29 30-39 40-49 49 or older
- 6) RECORD position of respondent: _____

- 7) When did this facility open?
- 8) What are the opening hours?
- 9) How many staff work here?
- 10) Is this a government-funded facility?
- 11) What types of services does this facility provide?
- 12) (If not mentioned) Does this facility provide family planning services?

PART 2A : CURRENT PROVIDERS OF FAMILY PLANNING

SERVICES OFFERED

- 1) What type of family planning services does this facility provide? For example, oral contraceptives, condoms, etc.

Probe:

- Any others?
- Are these services always available? Probe for explanation.

- 2) Can you describe the facility's experience in offering family planning services?

Probe:

- Have you faced any problems? Probe for explanation.
- Are the services utilized a lot or not? Probe for explanation.
- Has anyone been critical of the facility's decision to offer family planning? Probe for explanation.

- 3) How about the staff in this facility. Are they supportive of the family planning services offered or not?

Probe for explanation.

Further probes:

- Do you think the staff feel confident to counsel people on family planning? Probe for explanation.
- Have staff received training on providing family planning services? Probe for details, including what type of training and when received.
- Are all staff trained or only some? Do untrained staff also provide family planning services?
- How often do staff receive refresher training?

4) Can you explain why the facility first decided to offer family planning services?

Probe:

- Were there any barriers to starting to offer such services?

5) Does the facility intend to continue offering family planning services?

Probe:

- Can you explain why/why not?
- Does it intend to expand or cut back on its family planning services? Probe for details and explanation.

6) How would you describe the demand for family planning services among people in this community?

Probe:

- How does this affect your decision to offer family planning?

7) Who do you think should be providing family planning services to the community?

Probe:

- Government-funded? Private? PMVs? Etc.

8) How often does this facility treat women who seek post-abortion care?

Probe:

- How are they treated?
- Are they counseled on family planning methods?

MARKETING OF FAMILY PLANNING SERVICES

9) How does the facility let people know that it offers family planning services?

Probe for details, including promotion within the facility itself and outside (e.g. in the community).

- Do you think people who use this facility know that it offers family planning services?
- How about people who do not currently use this facility?

10) Why does the facility promote/not promote family planning services?

Probe for explanation.

11) What else do you think the facility could do to promote its family planning services?

Probe for explanation.

DESCRIPTION OF CLIENTELE

In the final topic/last few minutes I'd like to talk about the people who use health services at this facility...

12) How many people, on average, use health services at this facility each week?

Probe:

- Has this increased or decreased in past year?
- Why do you think that is?

13) How many people, on average, use family planning services at this facility each week?

Probe:

- Has this increased or decreased in past year?
- Why do you think that is?

14) Can you describe the type of people who seek family planning services at this facility?

Probe for more details, e.g. married/unmarried, wealth status, men/women, old/young, ethnicity/religion.

15) Is there anyone who the facility does not serve family planning services to?

Probe for detail and explanation.

- Youth?
- Unmarried?

CLOSING

- Thank the participant for their participation.
- Remind them that the discussion will be kept confidential.