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PROJECT BRIEF
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Views on Family Planning and Long-Acting and Permanent Methods:

Insights from Nigeria

CONTEXT

Nigeria, the most populous nation in Africa, with 170 million people, currently has more than 42 million women of reproductive age. Levels of childbearing are high, with a total fertility rate of 5.7 lifetime births per woman. Many of these women are exceeding their desired family size and are at risk of poor maternal health outcomes: The maternal mortality ratio of 630 deaths per 100,000 births is among the 10 highest such rates in the world (WHO et al., 2012). Yet contraceptive use is low in Nigeria, with just 10.5% of married women of reproductive age using a modern contraceptive method (NPC & ICF Macro, 2009). At the same time, unmet need for family planning is high, with 20% of married women saying they would prefer to avoid a pregnancy but not using any method of family planning. Three-quarters of those women have an unmet need for spacing births and one-quarter an unmet need for limiting future births (NPC & ICF Macro, 2009).

Long-acting and permanent methods of contraception (LA/PMs) are safe and cost-effective for women who desire to delay or limit births, yet they are largely underutilized in Nigeria. These methods—the intrauterine device (IUD), the hormonal implant, female sterilization, and vasectomy—contribute only about 10% of all modern contraceptive use (NPC & ICF Macro, 2009).

To satisfy Millennium Development Goal (MDG) No. 5, the government of Nigeria is committed to expanding access to family planning and to reducing unmet need by 10% per year over the next few years; reaching this target will require a large increase in contraceptive use. To accomplish this, more needs to be known about why so few Nigerian couples practice contraception, despite the high levels of unmet need, and in particular why use of LA/PMs there is so low.

In 2011 and 2012, The RESPOND Project conducted qualitative research in Cambodia, Malawi, and Nigeria to gain insights into the factors that may constrain the use of LA/PMs. These countries were chosen because they are U.S. Agency for International Development (USAID) priority countries and represent not only geographic diversity, but also diversity in contraceptive prevalence and method mix. This brief reports the results of the research in Nigeria and reviews some recommendations that the Nigerian government and nongovernmental organizations

working there should consider to meet the challenges inherent in attaining MDG No. 5 and helping Nigerian couples achieve their family size intentions (Babalola & John, 2012).

RESEARCH METHODS

Data were collected between July and August 2011 in Benue and Oyo states. In each state, three urban locations[1]—one predominantly poor and two nonpoor[2]—were selected to participate in the study. Each site was linked to a health facility that provides family planning services. Study participants included women ages 25–44 who were using an LA/PM (early adopters), women who had stopped using any family planning method (lapsed users), postpartum women,[3] married men, service providers, senior officials of the Ministry of Health, and health facility administrators. The data were collected using key informant interviews, focus group discussions (FGDs), and in-depth interviews to develop a qualitative understanding of how people in Nigeria view family planning and LA/PMs. Free-listing and pile-sorting were used to assess if the attributes people associate with LA/PMs might hinder wider use of these methods.[4] In all, 24 FGDs, 12 in-depth interviews, 10 key informant interviews, 224 free-listing interviews, and 169 pile-sorting interviews were conducted. The FGDs and in-depth interviews were recorded, and the transcripts were translated into English. Thematic coding was performed on all transcripts, differentiating among groups by poor/nonpoor status, place of residence, and user status. The free-listing and pile sorts were analyzed using Anthropac software.

FINDINGS

Perceptions about family size

Study participants almost universally agreed about the importance of limiting family size, seeing it as an essential aspect of modern life. However, some respondents felt more able to do so than others. Fatalistic attitudes about family size (as evidenced in responses such as "up to God") were less common among early adopters of long-acting methods than among the other study participants.

The need to limit family size was influenced strongly by current economic realities, as well as by the perceived need to plan for the future.

> *Now there is no money and the economic situation in Nigeria is bad. ...if you have more than four [kids,] to take care of them will be difficult and you won't be able to give them the best.*
>
> —Postpartum woman, Makurdi, Benue State

However, people still preferred a fairly large family: Four children were considered the ideal. There was little difference among the poor and nonpoor communities, although the poor in Benue seemed to prefer slightly larger families.

Son preference and the widespread belief that daughters are of less value than sons fuel the preference for large families.

> *Some will continue to have children because they want a male child. They can have up to six, and there will be many children on ground, and I have seen people that were looking for a male child and have children up to 10, and they are all girls.*
>
> —Lapsed user, Adeoyo Yemetu, Ibadan, Oyo State

In addition, concerns about relationship insecurities may motivate a woman to continue childbearing beyond the number of children she considers ideal.

While families larger than four may be perceived as burdensome, the decision to have a family of three

[1] Contraceptive prevalence is so low in rural areas that the study was only conducted at urban sites.

[2] Poor and nonpoor sites were classified by the research team based on their knowledge of the sites, not based on specific economic indicators.

[3] Postpartum women serve as a proxy for women with an unmet need for family planning. The categorization of a woman as having unmet need is based on specific quantitative data, beyond the scope of this research. However, analysis shows than many women defined to have unmet need are within one year postpartum (Ross & Winfrey, 2001).

[4] In the free-listing interviews, responses were elicited on the terms people use to describe contraceptive methods. In the pile-sorting interviews, people were asked to group these terms together, to provide perspectives on how people link key family planning–related concepts.

or fewer children is highly suspect. On the one hand, some people thought that having a small family was not made out of choice but rather resulted from health or relationship issues. On the other hand, some respondents labeled a woman with two or fewer children as a "prostitute," interested only in enjoying sex without any family responsibilities. Such views point to the existence of a sexual double standard and gender norms that negatively affect women.

Perceptions about family planning and LA/PMs

Many respondents were aware of family planning methods and associated family planning with peace of mind. However, they had considerable misinformation about specific methods. Fear of side effects—real or perceived—is a key factor hindering the use of family planning. For example, participants feared that some methods cause excessive bleeding, infertility, or cancer. There were common beliefs across all sites that if a woman does not give birth to all of the children in her womb, she may develop cancer. Another commonly held view was that a couple should not use family planning methods early in their childbearing years, to avoid infertility. Some men feared that women become promiscuous when they practice family planning.

> *That one [female sterilization], they said if you do it, and you are not up to age or still have children in your body, it may lead to sickness.*
>
> —Early adopter, Makurdi, Benue State

In both Benue and Oyo states, respondents from nonpoor communities had better knowledge about LA/PMs than did those in the poor communities. Early adopters in both states were more knowledgeable about contraceptive methods in general and about LA/PMs in particular. They were also more likely than the other study participants to perceive that long-acting methods were safe and effective. However, none of the respondents expressed positive views about permanent methods.

While study participants expressed a range of expectations for contraceptive methods, a major, highly desired attribute was lack of side effects—in essence, a method that "suits their body." Service providers confirmed that clients come to the clinic specifically asking for a method that will not harm them. Once they learn that most methods have some potential side effects, some clients settle for a method with side effects that are expected to be minimal and easily managed.

Familiarity with a method was often a reason for preferring it. Moreover, methods introduced recently were viewed with suspicion, with individuals looking for others to take the lead and start using a product before they would try it. In the words of one former family planning user:

> *Injection is one of the family planning methods that people are aware of, but the new ones are still scary to them. They will want others to try it first and see what comes out of it.*
>
> —Lapsed user, Makurdi, Benue State

Knowledge about the IUD

Study participants from both states were familiar with the IUD and recognized its effectiveness and advantages. However, misinformation about the method abounds, including its perceived side effects and the belief that it is harmful to a woman's sex partner. A few participants expressed concern that using the IUD can lead women to gain weight, to bleed excessively, or to become amenorrheic. Others were concerned that since the device is artificial, the body may react to it in some unspecified negative ways.

There was a widespread belief that the IUD makes the user more prone to sexually transmitted infections (STIs), including HIV, and infections of the pelvis. This belief was common not only among community members but also among service providers. Indeed, because of it, some service providers said that they would not recommend the IUD for women in polygamous marriages. Many participants said they had been told by service providers that IUD users were more prone to STIs.

> *Some of them when they put the IUD, they complain of vaginal discharges, and you know with IUD on, you will not be able to move around too much and it is not good to have multiple sexual partners, so some of the women are scared of IUD.*
>
> —Service provider, Adikpo, Benue State

[There are some clients I will not give the IUD to] like a woman in a polygamous family because if there is an infection, it will go round the family, and they can't stay with it. I won't give women that are not neat because of infection, and also women that are not faithful to their husband.

—Service provider, Makurdi, Benue State

Another common misconception was that the IUD may become dislocated and get lost in a woman's abdominal cavity, thereby causing complications and, according to some participants, requiring major surgery to remove it.

In focus groups, participants were asked to compare the IUD with short-acting methods, such as the condom, injectables, and the pill. Most rated the IUD more highly than the pill or injectables, as it was perceived to be more effective and have fewer side effects. For some, the preference for the IUD was based on personal experience with the other methods:

Injection disappointed me, but since I have done the coil, I have my peace.

—Early adopter, Oniyanrin

Knowledge about the implant

Participants knew less about the implant than about the IUD. Some study participants had not even heard of it, while many of those who were aware of the method were misinformed about some aspects of it. Some did not know for certain where the implant is inserted, and others believed that it was only for women who wanted to end childbearing.

A number of study participants had concerns about the implant's side effects. Participants perceived the method to be linked with excessive weight gain or weight loss and amenorrhea. At the same time, these study participants perceived it to be more effective than short-acting methods and even than the IUD.

Knowledge about permanent methods

While many participants had heard about female sterilization, knowledge was limited. Misinformation about the procedure was common. What the procedure entailed was not clear to most participants. For some, female sterilization involved actually removing the womb, tying it somewhat, and putting it back in place. Others believed that the womb is turned upside down.

Sterilization was generally perceived as a method that a woman would select only out of necessity—for example, in cases where another pregnancy could threaten her life or when other methods had failed. Many believed that if a couple had no medical issues, they should not consider sterilization until they have had many children, the woman is nearing menopause, and the man is very old. Concerns included the death of some of a couple's children and divorce or death of a spouse.

Male sterilization was relatively unknown. Participants likened male sterilization to castration: Men who had undergone the procedure were believed to be incapable of enjoying sex or satisfying a woman sexually.

Male sterilization is not good; people say that it doesn't give any satisfaction, and the man will not have the strength to please his woman.

—Early adopter, Adipko, Benue State

Attributes desired in family planning methods

Respondents were asked what attributes might lead people to adopt a family planning method. In Benue State, cost and ease of use were important attributes. In addition, respondents cited collateral benefits, such as perceived beauty-enhancing effects and noninterference with sexual intercourse, as attributes that could influence the decision to adopt a method. In Oyo State, collateral benefits and safety of methods appeared to be the most important considerations. The data further showed that the better the study participants understood a method, the more likely they were to indicate they would use it.

If some women take the injection, they will be beautiful and neat, so that when you see them, you will say this particular one is the best.

—Postpartum woman, Mkar, Benue State

Because it [the implant] is easy to carry about, it is not too expensive, and it can last for years, it doesn't disturb anything [concerning] sexual activities. If you put it in, it is on the arm, there, you can have sex as much as you want and it will not disturb the man. So I think men like it most, and woman too.

—Lapsed user, Adikpo, Benue State

[about female sterilization] You will not conceive again, you are just to enjoy yourself. The stress of taking drugs every day is not there again, the fear of IUD dropped inside will not be there.

—Postpartum woman, Makurdi, Benue State

Saving time and travel to the health facility were reported to be positive attributes. Providers said that clients, especially those living in remote areas, may prefer long-acting methods because they would not have to travel to health facilities as often:

It's because ... some of them don't have the time to come to the clinic often, they say they want to come to the clinic maybe once in six months or once in one year, so they prefer IUD majorly, except those that don't want their husband to know, those are the ones who are taking injectables.

—Service provider, Oniyanrin, Ibadan, Oyo State

Some beliefs, such as the link between IUDs and STIs, may be employed to support inequitable gender norms. A person might turn such a negative attribute into a positive way to enforce a traditional social value:

And some men, if they realize that it will prevent their wife from moving from one man to another, they will take it, because they will not like their wife to be moving from one man to another. If the service provider there says that you should stick to your husband, the person will like it.

—Postpartum woman, Adikpo, Benue State

Experience with family planning and LA/PMs

Early LA/PM adopters were generally satisfied with their method. Most IUD users did not experience the side effects that study participants generally associated with it. Similarly, many lapsed users had had a positive experience and had the IUD removed only when ready to become pregnant again.

Since I have done it, my mind has been at peace and my husband wasn't aware of it, there was no complaint at all, and they told us that if we don't want to do it again, we can remove it, but it gives me rest of mind and it did not affect me.

—Early adopter, Oniyanrin, Ibadan, Oyo State

Some users reported they had had minor side effects in the first few months of IUD use, but these side effects did not lead to a decision to abandon the method. A few previous users, however, related that they experienced serious difficulties (including prolonged menses and abdominal pain) that led to the decision to discontinue use.

When I used it, it changed all my systems, I fell sick, and my husband did not like it, so I had to remove it.

—Lapsed user, Apata, Ibadan, Oyo State

There were few implant users among the study participants, as implants were not available at the three sites in Oyo State and at one site in Benue State at the time of the study. However, among the women who had used implants, many reported perceived or real side effects, although these did not necessarily lead them to abandon the method. The complaints generally had to do with prolonged menstruation, weight gain, chest pain, and infections.

There was limited information on experience with permanent methods, since only three study participants were using female sterilization, and no early adopter of male sterilization was part of the study. Service providers reported that they had yet to encounter a male client desiring male sterilization; they attributed this lack of interest to misinformation, cultural norms about masculinity, and cultural practices such as polygyny.

The women who had had female sterilization appeared to be generally satisfied with their method. Interviews with service providers in Benue State buttressed the point that female sterilization is safe and associated with very few and typically minor side effects.

I have been working here for like five years now; no one has ever come to lodge a complaint after having female sterilization.

—Service provider, Makurdi, Benue State

Decision making

Respondents said that the decision to use family planning should be made jointly by a couple after discussing the options. Study participants thought that knowing how to negotiate contraceptive use with her husband was a necessary skill for a woman. However, in reality, participants thought that men play the major role in whether to adopt contraception and in the choice of method. This is important because men generally demonstrated less favorable attitudes toward family planning than women and were less knowledgeable about LA/PMs, which could affect use of these methods.

It depends on the rapport between them. The wife can call the husband and try to pet him and tell him that she wants them to stop childbearing, considering the number of children they have on ground, and the husband will agree with whatever she likes.

—Married man, Apata, Ibadan, Oyo State

My husband said he doesn't want it because he said if I do it, I will be fat and will not be able to control it.

—Early adopter, Makurdi, Benue State

Lack of support from the husband not only hinders initial contraceptive use but may also lead to premature termination of use of a long-acting method. Some women use contraceptive methods covertly, although such behavior may result in serious marital disharmony if the husband learns of it.

Some men will not give their consent… I had done it [IUD] before I told him and he was angry immediately and ask me why?

—Early adopter, Adeoyo, Ibadan, Oyo State

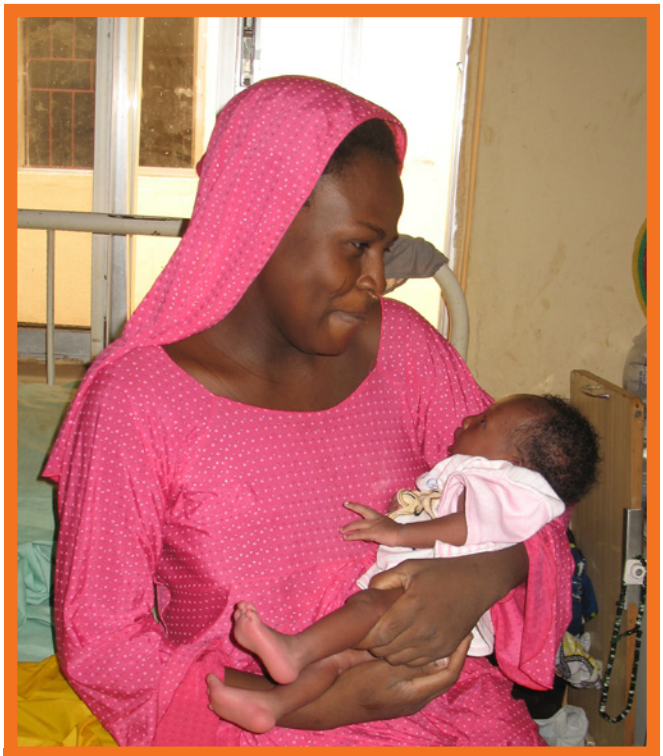
However, the data show that when husbands come to the health facility with their wives, resistance to contraception is likely to be reduced and couples more likely to adopt a method.

Contraceptive decision making was often informed by the experiences with contraceptive use of friends, relatives, and acquaintances. In particular, satisfied early adopters were seen as an important source of information and advice about methods. Advice on contraceptive use was seen as having more weight with a man if it came from his friends or relations than if it came from the wife's.

They can talk to them and say these children you have are enough so that you can take proper care of them. Like my husband, it was his brother that helped me in talking to him, and he agreed.

—Postpartum woman, Adikpo, Benue State

Mass media, including television and radio, were seen as useful sources of information but not of prime importance. In the final analysis, respondents said that potential users rely mainly on the advice of service providers about what method to use.



Mother and baby at a Nigerian health facility

Availability and quality of services

The study highlighted several challenges related to the availability and quality of services. Providers generally understood clients' expectations about quality, but they admitted that it was sometimes difficult for them to meet those expectations. They complained of heavy workloads, a problem that can lead to long waiting times for clients, and insufficient training to provide LA/PMs.

Clients want to have a wide range of contraceptive methods from which to choose. However, long-acting methods were not always available at the study clinics, and permanent methods were not offered at most of them. A lack of basic supplies and equipment may lead providers to charge unauthorized fees or ask clients to buy supplies on the black market, which can often be of uncertain quality.

> *Sometimes we run out of stock but not too frequently; when that happens, I will go into the market to get some so that we will have the methods, because we are mindful of our clients' appointment dates.... I used to tell the community that the IUD is now costly because we used to get it from black market in Makurdi.*
>
> —Service provider, Adikpo, Benue State

Some of the clinics were in a poor state of repair, and many had either no or only intermittent electricity.

On the other hand, clients perceived the quality of counseling in a favorable light and had a generally positive opinion of service providers. Service providers were seen as being the most trusted sources of information and advice on the appropriate choice of contraceptive methods. They were also considered to be trustworthy and credible sources of other health information. Clients particularly appreciated the fact that service providers took the time to explain to them the advantages, side effects, and appropriateness of each available method.

> *Their work is best, because they give us good counseling and ask us if we have any problem, we should come to them, they are doing good in short.*
>
> —Early adopter, Adikpo, Benue State

RECOMMENDATIONS

The findings from this study have important implications for efforts to strengthen the family planning program in Nigeria:

- *Endorse the idea of smaller family size and work to change negative attitudes toward couples with relatively few children.* Targeted messaging should promote smaller families (fewer than four children). Ideas about promiscuity, prostitution, and selfishness need to be delinked from couples who choose to have a small family. Culturally appropriate messages should also seek to increase peoples' understanding about how couples can achieve a smaller family size, and LA/PMs should be positioned as effective and safe methods for couples to achieve their reproductive health goals.

- *Promote long-acting methods by increasing knowledge and correcting misinformation.* Messages need to emphasize these methods' effectiveness and relatively minor side effects. Improving counseling should be part of a comprehensive family planning program, to enable users to understand the side effects of the methods and how to deal with them. It is important to address misinformation, including the belief that there is a link between the IUD and STIs.

- *Highlight the attributes of LA/PMs.* Most attributes that study participants deemed important (e.g., requiring the minimum number of visits to a health facility, having minimal side effects, being easy to use, not interfering with sexual relations, etc.) are naturally associated with LA/PMs. It is important that efforts to promote these methods emphasize these attributes.

- *Transform gender norms to support joint, informed decision making.* The data show that while respondents think it is ideal for couples to decide together to adopt family planning, gender norms often lead to less-than-ideal decision making. Therefore, efforts to transform gender norms need to be part of family planning programming. Wives typically bring up the idea of contraceptive use. However, husbands' opposition often hinders or delays the decision to use a method.

Women need to know how to approach discussions about contraceptive use in general and about LA/PM use in particular. Men need to learn more about contraception and respect women's choices to control their fertility. Providers need to find better ways to help women address any relationship insecurities that may prevent use of LA/PMs.

- *Address supply-side issues that hinder expanded use of LA/PMs.* Methods should be made available to clinics and stock-outs minimized. Steady availability of supplies and equipment needs to be ensured. Shortages of trained staff should also be addressed, possibly through strategies such as task shifting and use of dedicated providers, and in-service and refresher training for current providers should include LA/PMs. Efforts should also be made to introduce training on LA/PMs into the curricula for medical and nursing/midwifery students.

- *Redress provider biases.* Potential users of LA/PMs rely extensively on service providers to guide them in the choice of appropriate methods. Providers, however, have their own biases and misinformation about LA/PMs. Indeed, study participants cited service providers as the source for some of the misconceptions they had regarding LA/PMs. It is important to increase service providers' knowledge about LA/PMs, correct their misconceptions, and strengthen their technical competence to provide the various methods.

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