

# **ANALYSIS OF SRH MARKET CONDITIONS THROUGH FAMILY PLANNING (FP) USERS' PERSPECTIVES IN OSUN, NIGERIA.**

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## **Background**

Sexual and reproductive health (SRH) forms a critical aspect of overall well-being, with family planning (FP) playing a pivotal role in shaping individual and community health outcomes. Consumer choices of SRH services are largely influenced by their experiences and perceptions about these services which may act as enablers or barriers to opting for FP services. Market conditions are important in assessing the healthy performance of a market and users' perspectives can give more insight into the condition of the market. In Osun, Nigeria, understanding the dynamics of the SRH market conditions through the perspectives of FP users is essential for developing targeted interventions and policies. This analysis seeks to inform evidence-based strategies that align with the diverse needs and preferences of the population in Osun, Nigeria. The research aimed to unravel nuanced insights into access, quality, resilience, affordability, availability, and preferences for FP methods and innovations through the lens of the users.

## **Methods**

A cross-sectional study design incorporating a mixed methods approach was employed and Focus Group Discussion (FGD) among 5 socioeconomic groups across different locations expected to have similar characteristics in terms of socioeconomic backgrounds, and sociodemographic data was conducted. Five (5) FGDs were conducted with 9 participants per group accounting for 45 participants across the 5 groups. The FGD was designed to explore various aspects of the FP market such as access to SRH products, quality considerations, resilience, affordability, availability, and preferences for different methods and innovations. FGD was grouped based on (i) Adolescents 15-19 years from lower socio-economic backgrounds (ii) Adolescents 15-19 years from mid/higher socio-economic backgrounds (iii) Young married women 20-24 years from lower socio-economic backgrounds (iv) Young married women 20-24 years from mid/higher socio-economic backgrounds (v) Older married women 25-49 years from lower socio-economic backgrounds. Purposive sampling was used; however, preference was given to study locations known to be inhabited by students in higher Institutions. Data was analyzed for thematic representations from the research questions using QSR NVIVO 8 software whereas, qualitative data was analyzed using SPSS version 23.

## **Results**

Quantitative data revealed that older married women and Adolescent girls from lower socioeconomic backgrounds preferred to access SRH services via the public sector, while young married women from mid/higher backgrounds preferred service from the private sector with an overall 77% preferring public to private sector providers. Among private sector users, oral pills and condoms were largely available compared to the public sector which provided both condoms, mostly complementary to other methods and pills not easily available (17.1). Implants (57.1%) and injectables (72.4%) were commonly available, and IUDs were moderately available in the public sector. 88.8% of respondents were current users of modern FP methods. Comparing adolescent girls, the percentage of modern contraceptive users among Adolescent girls from Lower backgrounds was 100%, when compared with 55.5% among adolescents from

mid/high backgrounds. Also, the percentage of modern contraceptive users among Young married women from lower backgrounds is 88.8%, as compared to 100% among Young married women from mid/higher backgrounds. They reported stockout of condoms and oral pills in the last 6 months and 6% reported stockout on IUDs and injectables in the last 1 year. Products were free in the public sector; however, consumables were paid out of pocket, whereas private sector service ranged from <\$1 to \$2.

Qualitative research corroborated the above findings thus: among adolescents, those from lower socioeconomic backgrounds who use public health facilities, did so due to the free nature of the service, and preference for peer support and counseling, other categories of respondents in addition to free service did so because of a perception of quality product, access to maternal and child services and presence of supportive providers, familiarity with public system and proximity to residence. Adolescents from mid/higher backgrounds preferred the public sector due to the higher quality of care, the accommodative attitude of healthcare workers compared to the private sector, privacy, and confidentiality, shorter waiting time, and prompt attention from healthcare workers. The main reasons for opting for the SRH method were affordability, availability, and dual protection, pain-free. Barriers included concerns around side effects, peer influence, quality issues at the private providers, and unavailability in the public sector. **In terms of resilience**, the public sector had more products available than the private sector. Stockouts were mostly reported for condoms and injectables in the public sector, in the case of stockouts, clients are referred to purchase in the private sector. **For affordability**, respondents considered it to be a not very important factor, but their decision may not be influenced by price. Clinics offered more affordable services than other private sector providers. Generally, the Lower socio-economic groups tend to also be enlightened about prioritization of their sexual and reproductive health needs, however, because SRH products are accessed in the public sector, the majority of them stated that they are not willing to pay for products. **In terms of supply** Majority of respondents stated that their choice of method was not limited due to what is available in the public sector and have not stopped using their preferred method due to unavailability. **For demand**, there was a high demand for FP commodities due to education from mostly healthcare providers. **In terms of Quality**, respondents used the public sector and defined it as the practice of Infection prevention and control that demonstrates good quality of service to them. finding indicates that a significant portion of the respondents are not conscious of product quality and do not take the initiative to verify it. the respondents who utilize the private sector mention that they do look at and define product quality by Checking for the National Agency for Food and Drug Administration and Control (NAFDAC) registration number, Checking Product expiration date, and checking the product to make sure it's factory sealed. **For innovation**, respondents mentioned that services, products, and innovations over the years have consistently met their SRH needs. However, participants mentioned that improved availability of Oral pills, Condoms, and injectables should be improved at the public sector. Respondents recommended that contraceptive options specifically designed for men, such as oral pills should be manufactured, long-lasting injectable options that could provide contraception for up to one year, and Desire for contraceptives with lesser side effects.

## **Conclusion**

The analysis of SRH market conditions through the lens of FP users in Osun, Nigeria, has provided valuable insights into the multifaceted landscape of family planning. The study revealed a high prevalence of modern FP methods, with a strong preference for public sector providers. Quality considerations differed between public and private sector users, emphasizing the need for tailored approaches to ensure informed decision-making. Affordability, while not a top priority, still played a role in users' choices, particularly in

the private sector. Availability of contraceptive methods varied, with implants and injectables being commonly accessible. The study also highlighted a demand for improved availability of specific FP commodities in the public sector. Overall, the findings underscore the importance of considering user perspectives in shaping effective SRH policies and interventions in Osun, Nigeria.