



2012

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## Recommended Citation

Ahonsi, Babatunde A. O. , Salisu Mohammed Ishaku, Araoyinbo Idowu, and Ayodeji Oginni. 2012. "Providers' and key opinion leaders' attitudes, beliefs, and practices regarding emergency contraception in Nigeria: Key findings," program brief. New York: Population Council.

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# PROVIDERS' AND KEY OPINION LEADERS' ATTITUDES, BELIEFS, AND PRACTICES REGARDING EMERGENCY CONTRACEPTION IN NIGERIA: KEY FINDINGS

By Babatunde Ahonsi, Ishaku Salisu, Araoyinbo Idowu, and Ayo Oginni



## BACKGROUND

Nigeria is the most populous country in Africa; its population is estimated at more than 150 million. With the population growth rate at 2.8 percent, the country is projected to double its population size in 25 years. Nigeria's maternal and infant mortality rates are among the highest in the world: 545 per 100,000 and 75 per 1,000, respectively. Contraceptive prevalence for modern methods is 10 percent, and less than 1 percent for the emergency contraceptive pill (ECP).

The main access point for users of modern contraceptives is the private sector (61 percent), compared with 23 percent in the public sector. Patent medicine vendors and local pharmacists constitute 39 percent and 9.7 percent of the private sources, respectively. Younger unmarried women tend to patronize the private sector, whereas older married women typically obtain these products through public sector sources.

## OBJECTIVE

The objective of this study was to document provider attitudes, beliefs, and practices regarding ECP, and identify key opinion leaders' (KOLs') opinions and insights pertaining to policy and programmatic issues.

## METHODOLOGY

The study uses quantitative and qualitative data to investigate attitudes, beliefs, and practices in Kaduna and Abuja. Through a quantitative survey applied to a representative sample of service providers in these two urban centers, the study gathered information on providers' attitudes towards ECP, their perceptions of women who seek ECP, their level of knowledge and

training, and their opinions and practices regarding repeat use. Qualitative data, gathered via in-depth interviews with purposively selected KOLs, supplements the provider data to give a robust and nuanced picture of the current situation regarding provision of ECP in Nigeria.

## Provider survey

A simple random sample of providers in Kaduna and Abuja was drawn from a sampling frame (obtained from the respective authorities) consisting of a list of patent medicine vendors, family planning clinics in both the private and public sectors, and registered pharmacists. From this sampling frame, 735 providers were selected, and a pre-survey questionnaire was administered, leading to the identification of 550 providers who were currently providing or had ever provided ECP. This multi-stage sampling selection procedure yielded 407 providers who were revisited for the actual survey interview.

**TABLE 1** Number of survey respondents, by provider type

Provider Type	Nigeria
Doctor	21
Nurse/midwife	118
Pharmacist	146
Patent medicine vendor	122
Total	407

## Interviews with key opinion leaders

In Abuja, 13 key stakeholders were purposively selected from members of the national legislative houses and officials of the Federal Ministries of Health and Women Affairs (4 respondents); heads of relevant professional associations such as the Nigeria Medical Association,

Pharmacists Council of Nigeria and National Association of Nurses and Midwives (4 respondents); relevant leading social marketing organizations/development partners (2); and leaders of civil society organisations focused on reproductive health and/or women's rights (3 respondents).

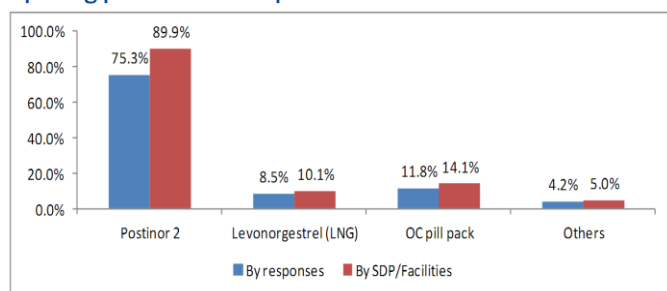
### SELECTED FINDINGS FROM PROVIDER SURVEY

- Significant gaps existed in providers' knowledge, attitudes, and practices regarding ECP.
- Many providers would not provide ECP to young unmarried women—arguably a critical population in need.
- Providers of ECP offered no instruction or counseling to recipients.
- Almost all providers were unaware that ECP can provide protection for up to five days after intercourse, despite this fact being clearly stated in the country's family planning service protocols.
- Providers were generally averse to repeat use of ECP.

Three-quarters of current providers correctly described how ECP works. This is remarkable progress since the 1990s, when a study found that not a single provider interviewed was aware of how Postinor 2—the only available packaged EC pill in the country—works. Approximately 10 percent of providers considered ECP to be an abortifacient, an improvement compared with an earlier finding of 32 percent among providers in Lagos. Only 29 percent of the providers knew all the categories of women that are eligible to use EC.

In the 1990s, Postinor 2 was the only packaged ECP available in Nigeria. The present study revealed a wider ECP mix, with other types gradually emerging, as depicted in Figure 1.

**FIGURE 1: Percentage of survey respondents and facilities reporting provision of ECP products**



### INSIGHTS FROM KEY OPINION LEADER INTERVIEWS

ECP was generally perceived to be appropriate, and all the KOLs agreed that strong need exists for such a product. The concerns expressed were related to the possibility that widespread use of ECP would lead to lower use of barrier methods with the resultant escalation in sexually transmissible infections.

The recognition among KOLs of the importance of ECP suggests that the policy environment in Nigeria will be supportive of ECP in the near term. Despite the favorable attitudes toward ECP among key policy stakeholders, however, procurement, distribution, and monitoring is entirely dominated by nongovernmental organizations and the private sector. In Nigeria, most of the suitable service infrastructure, facilities, and human resources are largely controlled by the government; thus, the government needs to play a leading role in formulating supportive ECP policies and monitoring their implementation.

### CONCLUSION

Our findings reveal that ECP is well known in urban Nigeria. Its provision is controlled mainly by the largely unregulated and unmonitored private sector. Government plays a distant role, thereby leaving family planning and ECP supply almost entirely in the hands of donor agencies. For wider availability and affordability of ECP products at both the private and public sectors, official policy action is required, along with increased education of potential users and providers.

Given that fewer than half of the surveyed providers had ever received training in ECP, and considering that training was directly related to the level of knowledge, a strong need exists for training of ECP providers, especially those in the private sector. Training must target the patent medicine vendors who dominate the sale of ECP (36 percent). Although knowledge and attitudes concerning ECP has improved in recent years, negative perceptions among providers persist.

ECP training and counseling, distribution of ECP brochures and information documents, and provision of service guidelines for health facilities must be given greater attention within family planning policies and programs in Nigeria in order to improve the provision of ECP.

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