

The Consumer's Market for Family Planning in Uganda, Kenya, and Nigeria

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Background: Family planning (FP) is known to be an effective and cost-effective tool for reducing the burden of both maternal and infant morbidity, improving newborn health outcomes, and bringing about socioeconomic gains for a society at large through reductions in fertility and population growth. Globally, the use of family planning among women has taken off in the recent decades. In 2017, an estimated 715 million women of reproductive age who are married or in union (or 58% of women in this population) were using a modern method of contraception, an increase of 22% since 2000.

Despite the positive trend, the uptake of FP among the populations that would benefit the most from it remains too low. The Guttmacher Institute estimates that nearly 214 million women living in developing countries across the globe want to prevent or delay pregnancy but are not using a modern method of contraception. This unmet need for FP is greatest in Africa, where more than 46 million women who are married or are in union would like to prevent or delay childbirth but are not using a modern method of contraception. This signals the presence of multiple barriers to uptake that may include limited access to methods, lack of awareness about family planning methods and/or their benefits, concerns about side effects, and other issues such as cultural norms against use.

In recognition of the needs of women and girls living in countries where these gaps persist, including Uganda, Kenya, and Nigeria, Family Planning 2020 was launched as a major international initiative at the 2012 London Summit on Family Planning, with the goal of “expanding access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries by 2020.” During this meeting, various stakeholders, including national governments, civil society organizations and donors, committed US\$2.6 billion worth of resources toward this goal, with the intention of using the resources to tackle the key issues that face family planning use such as supply chain and service delivery barriers, insufficient demand among women, and shortage of innovations in contraceptive technologies.

Since the launch of FP2020 in 2012, an additional 38.8 million women have begun using a modern method of contraception globally and Uganda, Kenya, and Nigeria have all seen growth in the modern contraceptive prevalence rate (mCPR). While the progress in these countries represents an important gain, more work remains to be done in order to realize the ultimate goal of adding 120 million new users by 2020 globally. In particular, a challenge remains to close the gap in regional disparities. These gaps have been attributed to inadequate service provision, poor access to family planning commodities, and lack of support for contraceptive security because of overdependence on donor funding. These gaps suggest the need for new approaches that can augment existing efforts to expand the coverage of family planning.

Traditionally, efforts to promote the uptake of family planning have focused on demand generation activities, supply-side activities, or a mixture of both. Demand generation interventions seek to change knowledge, attitudes, and practices around family planning, while supply-side interventions aim to increase access (including to a wider method mix), improve quality, and lower costs for family planning services. Supply side interventions currently receive a substantial share of family planning resources, and this may be warranted given that supply issues are often cited as barriers to addressing unmet need and given the evidence suggesting positive effects of such interventions on contraceptive use. However, the fact remains that not enough is known about how consumers experience, perceive and respond to various

supply side issues. Without a comprehensive understanding of the family planning market as it appears to the consumer (rather than assumptions made from top-down extrapolations), family planning actors and decision-makers cannot adequately and cost-effectively identify or address supply-side barriers to contraceptive use.

Objectives: The Consumer’s Market for Family Planning (CM4FP) is a pilot study which aims to address these data gaps by producing high quality contraceptive market data that is matched to consumer data to provide a robust picture of the “complete market” for family planning as it is and as it appears to consumers. Two main research questions are: 1) Do supply-side constraints modify the contraceptive behaviors of consumers?; and 2) Do consumers always go to the geographically most proximal service delivery point (SDP) for contraceptive services?

Methods: The CM4FP study is composed of two quantitative surveys, to be carried out concurrently within selected study regions in each country. Each quantitative survey is fielded every three months for a total of three rounds of data collection in Uganda and four rounds of data collection in Kenya and Nigeria.

The first survey is a longitudinal study of the family planning supply market which involves enumerating and surveying all outlets in a purposefully selected geographic area, which we refer to as a “ringed fence census”, that offer family planning methods and/or services beyond only condoms. In surveying all available outlets and conducting an audit of all FP products available at these outlets, the study aims to identify all contraceptive methods available on the market (including product type, brand names, formulations, manufacturers, and costs) in the defined geographical areas (a departure from the methodology of current large scale surveys which use a sample of outlets); and in doing this quarterly, the study aims to shed light on the dynamism of the FP market in the given geographies. In addition, through the use of GPS data collection, this study will produce maps that depict the density and spread of outlets within each “ring fence” which serve (and have the potential to serve) as the point of FP access for the local community.

The second survey, designed to capture demand-side information, is a repeated cross-sectional survey of 250 female contraceptive users of ages 18-49 living in households that are randomly sampled from a defined area, which we refer to as the inner ring, located within each outlet census area, the outer-ring. This “ringed fence” approach aims to survey women who are most likely to obtain family-planning products from the SDPs included in the census. with the goal of capturing demand-side information for the local FP market and understanding women’s FP use behaviors in relation to the local FP supply market. This survey captures information about women’s family planning use history, experiences and perceptions of accessing family planning services and products from local outlets, choice of outlets that women frequent to obtain such products and services and factors driving this choice, and their level of knowledge of the supply market in general including availability and pricing of various FP methods.

Results: For all three countries, longitudinal data analysis methods will be used to analyze the four rounds of outlet survey, to help shed light on the dynamism of the contraceptive market in the selected areas, especially contraceptive availability and stock history. Supply-side and demand-side data will be linked and analyzed together to uncover, among other things, whether consumers’ perceptions of FP supply in their area is similar or dissimilar to the reality of the supply-side data. Analyses will also seek to understand where and how far current contraceptive users travel to receive FP commodities and services and whether this reflects the traditional notion that women travel to the geographically closest facility.

We will report on the following:

- The proportion of outlets that had any modern family planning methods in stock at the time of the survey visit, by outlet type.
- The proportion of outlets that had each family planning method of interest (e.g., condoms, oral contraceptives, emergency contraceptives, injectable contraceptives, contraceptive implants, IUDs) in stock at the time of the survey visit, by outlet type.
- The proportion of outlets that had three or more modern family planning methods in stock at the time of the survey visit, by outlet type.
- Family planning market composition: the distribution of outlet types among outlets with at least one and three or more modern family planning methods in stock on the day of the survey.
- The total volume of each modern family planning method sold or distributed in the last month, by outlet type, within each specific geography.
- Proportion of women who obtained their most recent/last method from an outlet not geographically most proximal
- Main reasons for choosing a non-geographically proximal outlet
- Percent of women who have heard about a commodity stockout from people in their family or community
- Percent of women who don't know whether methods are stocked out of outlets in their community
- Percent of women who are able to provide correct price that an outlet charges for methods

Note: We will have these results for round 1 of data collection in Uganda, Kenya, and Nigeria by November 2019 to present.

Discussion: The data from this study are intended to provide a comprehensive understanding of the family planning market as it is and as it appears to the consumer (rather than assumptions made from top-down extrapolations) so that family planning actors and decision-makers can adequately and cost-effectively identify or address supply-side barriers to contraceptive use. This information can elucidate where efforts to enhance commodity security might be best placed and what other barriers, beyond what we know currently, may exist that prevent women from using contraception when they want to and from where they want to.

Results from this study can be used by government agencies in their evaluation and implementation of policies that support the distribution of contraceptives. Use of these results will enhance their ability to project and stock a mix of contraceptive methods that match the demands of women. Additionally, civil society organizations and donors will also be able to use the results from this study in focusing funding, programming, and research support on better effective supply programs.