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EXPANDED SOCIAL MARKETING PROJECT IN NIGERIA

Utilizing the Framework for Qualitative Studies in Social Marketing (FoQUS) for Insights into Family Planning Programming in Nigeria



This report was made possible by support from the U.S. Agency for International Development (USAID) under terms of Cooperative Agreement 620-A-00-10-00016-00.

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TITLE: Utilizing the Framework for Qualitative Studies in Social Marketing (FoQUS) for Insights into Family Planning Programming in Nigeria

Recommended Citation. --- Jagha, T.O. and Inungu, J. (2013). Utilizing the Framework for Qualitative Studies in Social Marketing (FoQUS) for Insights into Family Planning Programming in Nigeria. Society for Family Health, Abuja Nigeria.

ISBN: 978-978-5250-2-6

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EXECUTIVE SUMMARY

Various negative perceptions based on traditional opinions surrounding family planning and modern contraceptives have created a barrier towards the use of modern contraceptives in Nigeria. The rising population growth in Nigeria requires drastic action and can be solved through family planning. In an attempt to understand the perception towards family planning and modern contraceptives of men and women of reproductive age, Society for Family Health (SFH) and Population Services International (PSI) conducted a qualitative study. The primary focus of the study was to determine the factors that motivates or prevents women in Nigeria from using modern contraceptive methods. The information obtained from this study will be used to develop marketing and behavior change communication messages designed to increase the use of modern contraceptives among women of reproductive age in urban/rural Nigeria.

Performance Framework for Social Marketing (PERForM) qualitative research framework was used to design the study. A qualitative interview with open-ended questions designed to evoke emotion was administered and induced interviewees to honestly speak of their perceptions. The Framework for Qualitative Data Analysis (FoQUS) was used to design the interview questionnaire. The population sample was selected using the following criteria: marital status, age, gender and place of residence. A total of fifty participants, twenty eight women and twelve men, were interviewed in the six geopolitical zones of Nigeria.

The results from the study indicate there is common knowledge of child spacing and family planning methods amongst the population. A large percentage of those interviewed were aware of a least one form of modern contraceptives. Although many participants were enlightened, there was no evident correlation between knowledge of family planning methods and contraceptive use. Women in Nigeria generally have a positive perception of contraceptives. A number of the women expressed their relief in using family planning methods because it allows them to space out their children. By doing so, they believe they can better care for their children by sending them to better schools as well as having more time to spend with their families.

The study resulted in four recommendations for SFH which include: promoting the benefits of modern contraceptives among women of reproductive age, dispelling the fear of contraceptive side effects, reassuring women that family planning is not against conception but focuses more on birth spacing in order to have a manageable household, agreeing that family planning methods must always be available and easily accessible for people to use them.

INTRODUCTION

Nigeria is the most populous country in Africa, as of 2012 an estimated 168.8 million people inhabited the country. (The World Bank, 2013) Because of its political instability, corruption and mismanagement of its vast natural resources, Nigeria has some of the world worst health indicators. (Folakemi O., 2013) According to the 2008 National Demographic and Health Survey (NDHS), the maternal mortality ratio remains high at 545 per 100,000 live births while the infant mortality rate also remains high at 88.40 per 1000 live births. The total fertility rate (TFR) in Nigeria is 5.7 children per woman with a wide variation among the six geopolitical zones in Nigeria. The TFR is lower in the more urbanized zones of the South East (4.8), South South (4.7), and South West (4.5) compared to the two mostly rural northern zones, the North West (7.3) and the North East (7.2) (NDHS, 2008). The annual population growth is estimated at 2.8%. (World Bank, 2013).

Any decline in the population growth rate in Nigeria or the rest of sub-Saharan Africa depends on the balance between the demand for smaller families and the supply of birth control technology (Butler R.A., 2013). In a study conducted in 13 countries of western Africa, Cleland et al (2011) showed the subjective demand or need for contraceptives, as expressed by married or cohabiting women, remains low at about 46% and has not changed over the past decade. Use of modern contraceptives was traditionally unacceptable as it violated the natural process of procreation (Feyisetan J. and Bankole A., 2002). The high value placed on marriage encourages marriage at an early age. Consequently, child bearing begins early in life and in most cases continues until late in the reproductive span (Feyisetan J. and Bankole A., 2002). The

institution of polygamy sometimes promotes competition for childbearing among co-wives also contributes to high fertility rate.

Knowledge of modern contraceptives in current day Nigeria is widespread, with an estimated 72 percent of all women and 90 percent of all men knowing at least one modern method of family planning. However, the overall contraceptive prevalence among all women in Nigeria remains unacceptably low at 15 percent. The low contraceptive prevalence presents many social consequences. Teenage pregnancy is a major health concern. In rural areas of the country 29% of young women between 15-19 years have begun childbearing and the percentage in the North West is 45%. Teen pregnancy is associated with higher morbidity and mortality for both the mother and child and often affects the educational attainment of young women.

Society for Family Health (SFH), a Nigerian non-governmental organization, has been implementing social marketing interventions to improve maternal and child health in Nigeria for over 20 years. Under the ongoing Women Health Projects and the Expanded Social Marketing Project in Nigeria (ESMPIN), SFH and its partners strive to improve the health of women and children in Nigeria by increasing modern contraceptive prevalence and reducing maternal and child morbidity and mortality. Increased access to maternal and child health services and the practice of healthy behaviors can be achieved through social marketing interventions. However, designing effective social marketing interventions requires familiarity with the target audience and the context in which behavior change takes place.



Currently, little is known about what motivates or prevents women in Nigeria from using modern contraceptive methods. The purpose of this study is to collect actionable information which will be used to develop marketing and behavior change communication messages. These messages, in turn, will promote an increase in the use of modern contraceptives among women (20 to 40 years old) in urban/rural Nigeria. The specific objectives of the study are to:

1. Understand the values, fears, habits and aspirations of women of reproductive age regarding the use of modern contraceptive methods.
2. Identify the beliefs to reinforce and beliefs to change towards the use of modern contraceptives.
3. Examine current strategies women use to overcome obstacles to using modern contraceptives.
4. Determine the level of knowledge and sophistication about modern contraceptives.
5. Describe when, where, and by whom target audience members can be reached.
6. Describe their experiences with modern contraceptives and alternative behaviors.

THEORETICAL FRAMEWORK

The Population Services International (PSI) internal framework for behavior change and health impact along with the Performance Framework for Social Marketing (PERForM) was used to guide this study. The PERForM framework (Figure 1), has been described in other studies (Chapman and Patel, 2004; Kassegne et al., 2011). In a nutshell, PERForM framework



portrays a set of theoretical pathways through which social marketing interventions can potentially influence behaviors that affect health. The framework assumes that the behaviors of

people are influenced by two factors: their socio-demographic characteristics and mutable behavioral determinants.

The PERForM framework identified 16 mutable behavioral determinants drawn from various health behavior theories: Belief Model (Rosenstock, 1974), Theory of Reasoned Action (Fishbein and Ajzen, 1975), and Marketing Theory (Chapman, 2004). These behavioral factors are grouped into 3 categories:

1. Factors of **opportunity** (ability, social norms, etc) encompass institutional factors that influence someone to perform a desired behavior;
2. Factors of **ability** (knowledge, social support, self-efficacy) which relates to individual's skills or proficiencies to perform the behavior;
3. Factors of **motivation** (belief, attitude, expected outcome, etc) influence individual's desire to perform the behavior (Rothschild 1999).

Promoting increased risk-reducing behavior and/or greater use of protective products or services through social marketing interventions will likely improve the health status and the quality of life of individuals.

METHODOLOGY

1. Source of Data

This study used data from a qualitative study conducted on the use of modern contraceptives among women of reproductive age in Nigeria. The study was conducted in May and July 2012. Utilization of in-depth interviews with open-ended questions, gave respondents the opportunity to express their feelings, perceptions, and experiences about the use of modern contraceptives. Interviewers were trained to use a sensitive approach when asking questions related to the study objectives to induce an emotional connection with interviewees.

2. Study Population and Sampling Strategy

SFH enlisted the help of female and male interviewers to recruit participants in rural and urban localities in the six geo-political zones of Nigeria. The following criterion was used when selecting the interviewee sample population: marital status, age, and place of residence. A screening questionnaire was used to interview the sample population.

Twenty eight (28) women and **Twelve** (12) men were selected for the study. Men whose spouses use (n=6) or never used modern contraceptives (n=6) were selected for this study. Women aged 20-25 (n=14) and 30-40 years (n=14) were selected. Both age groups included women: who used modern contraceptives consistently; women who never used a modern contraceptive method; and those who were not using any method of family planning at the time of the study but had used a form of contraceptives in the past. Only respondents who consented to participate in this study were interviewed.



3. Data Collection

Training of Interviewers

Six female interviewers, three male interviewers, and four translators were used to conduct interviews in the various geo-political zones. Six supervisors (one per geo-political zone) were designated to oversee the interviews. Supervisors with prior experience in the interviewing process were used to oversee the data collection for health research. Interviewers and supervisors were trained for 3 days on the methodology, participant recruiting, probing, and the discussion guide, ethics, and the objectives of the study.

Interview Procedure

The interview took place at the home of the participant or any other place where she/he felt comfortable. Interviews were conducted in the primary language of the interviewee or the most comfortable language to the interviewee. All interviews were recorded, only with the consent of the participant. To improve the quality of data, field supervisors and interviewers met at the end of each day to review the data collected. They listened to the recorded interviews and discussed areas of concern such as the formulation of questions, the time spent on a given question, and the tone used etc.

Interview Guide

The FoQus approach (REF) was used to develop the interview guide and the design of the study. This approach will be described below. The discussion guide was not intended to direct the interview or dictate the order of questioning; it contained questions and probes to address the following areas:

1. Identify the beliefs to reinforce,
2. Identify beliefs toward change,
3. Build an audience profile (or archetype),
4. Identify strategies used to behave,
5. Acquisition experience - Understand where they receive the services,
6. Opening – determination of how the target audience receives health information,
7. Determine their level of knowledge and
8. Understand their experiences with modern contraceptives.

All eight areas correspond to the objectives of the study. Ethical clearance was obtained from the Nigeria Institute of Medical Research (NIMR) before the data collection began. The interview guide was pre-tested by trained supervisors in areas that were not part of the selected study site.



4. Data Analysis

Transcription

Interviews were transcribed verbatim to English. The tapes containing the interviews were discarded / destroyed once the transcription and the analysis were completed.



Coding

The FoQUS framework was also used to analyze the data. Unlike the normal qualitative approach, each objective of the study represents a theme. The eight themes mentioned above were defined for the current study. Data codification consisted of assigning different quotations to each one of these themes/codes. In order to obtain the most precise data, the codification process was done in two separate rounds.

The first round of data coding was conducted by the research team. Eight researchers were trained to identify the different codes/themes. Four groups of two trained researchers were formed. Each group worked independently. They were asked to assign a code to each quotation received. Discordant codes were reviewed in groups until a consensus was reached.

At the end of the first round of codification, a set of approximately 300-350 quotations were selected by a team of 3 researchers. Each selected quotation was written on a separate piece of paper to facilitate its use during the analysis. The following criteria guided the selection of these quotations:

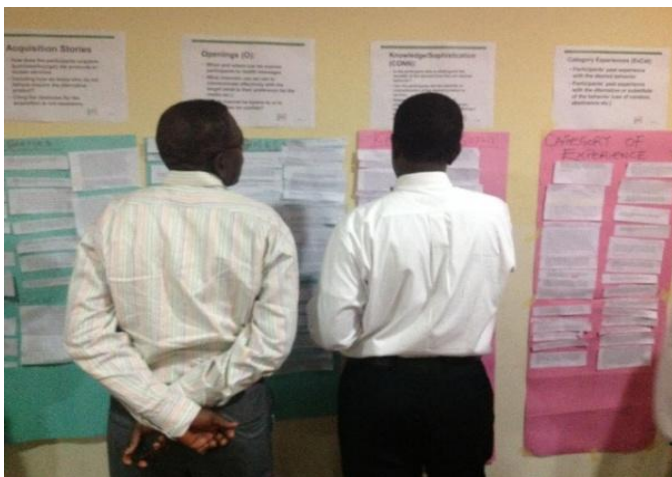
- ❖ **Representative** – It shows the main themes that appear frequently in the dataset and shows the different groups in your study (e.g., users and non-users).
- ❖ **Realistic** – It sounds like a respondent. You can “hear” this voice when you read the quote. He or she might use local language terms in the quote.

❖ **Memorable** – The quote is clear and makes a strong point. It contains descriptive information and language. It is a quote you might remember easily or one you might use as an example when describing the study results to a programmer or marketer.

It is recommended to select a number of quotations proportional to the number of quotations per theme. Certain themes, such as strategies to behave, often have few quotations where archetype or opening themes, have several quotations. The second round of data coding took place during the data interpretation workshop described below.

Interpretation Session

A total of 15 to 20 individuals were convened for a two to three day data interpretation workshop. The team was composed of researchers, marketers, and administrators without prior involvement in the study. The workshop started with a review of the study objectives and the data collection methods. Then the different themes or FoQUS codes (objectives) were explained in details using examples. The team was divided into four independent groups ranging from three to five individuals. Each small group was tasked to work on specific themes/codes as shown below:



1. Group 1: Audience profile or archetype and acquisition story.
2. Group 2: Belief to reinforce and level of knowledge
3. Group 3: Belief to change and strategies to overcome obstacles
4. Group 4: Members' past experiences and opening

In total, 300-350 quotations were selected. The quotations were divided into five piles. Each group received one pile of quotations to identify the quotations that fit their theme. For example: Is a given quotation related to belief to reinforce or level of knowledge? All quotations that did not fit into the group's assigned themes were passed to the other groups until all quotations were housed under a theme.

Upon completion of this exercise, each group posted the coded data on the walls (as shown in **Figure 2**). A peer review was conducted by all four groups to ensure that quotations were classified correctly. All misclassified quotations were discussed in plenary until a general consensus was reached.

Once an agreement was reached, each group was asked to: (1) summarize the main ideas of each theme and (2) identify key words from each quotation in selected themes. The summary also included strong quotations to back up some statements. The following reoccurring key words (within a theme or among themes) were selected for further analysis:

1. First quotation: “Modern family planning (FP) methods are difficult to find in my village.”

Keywords: FP methods difficult to find.

2. Second quotation: “To have healthy children and send them to good school, we must do FP in order to have fewer children.”

Keyword: Do FP to have fewer, healthier and educated children.



In the FoQus approach, the identification of keywords is a critical step. It allows researchers to identify the determinants of behaviors as defined in the conceptual framework, PERForM. This was achieved when participants answered the following question: *What were the interviewees inferring (thinking or talking about) when they used the following keywords?*

Using the aforementioned example, we see that the following key words: “Modern family planning methods are difficult to find in my village” referred to the concept of availability. While key words: “Do FP to have fewer, healthier and educated children” referred to the concept of outcome expectancy.

The results selection presents the summary of different themes and the determinants of behaviors inferred from the key words identified. The summary was written in a narrative style to evoke emotion from the interviewees. The name “Ladi” is used to personify the Nigerian woman of reproductive age in need of modern contraceptive methods.

RESULTS

1. Summary of the themes

ARCHETYPE – LADI, the caring mother.

Ladi is a 25-year old secondary school teacher. She is married to a low income civil servant and together they have four children. She does petty trading in a shop not far from her house to support her family.

Ladi and her husband live in a self contained apartment in a semi-urban area of Nigeria. They look up to God and usually start their day with morning prayers. They take turns in taking their children to school.

Ladi’s aspirations include educating her children so that their future can be better than their current situation. She also has dreams of going back to school to earn a first degree. She and her husband desire to one day become homeowners. Ladi is concerned about the future of their children. She is aware of the common challenges that affect large families. She is also concerned about the decaying social norms and insecurity in Nigeria.

Through her interactions with other women, she heard about the benefits of using family planning methods to space children. She also heard stories about the associated side effects and the negative



ways providers may treat women at public health centers. In the midst of this, she has also

been inundated with messages on radio urging women like her to visit family planning clinics to access modern contraceptive methods.

Ladi and her husband always find time to discuss the current economic problems in the country, especially the growing poverty among the semi – urban dwellers like themselves. Ladi is interested in using family planning methods, but her husband has yet to respond to her suggestion. Since Ladi and her husband make decisions conjointly on important matters affecting their family, she continues to wait for her husband’s consent. She admires their neighbors. The wife has been on Depo-Provera for several years. They look happy.

One day, when talking with her husband, Ladi mentioned how happy their neighbors are since they plan their family. To Ladi’s surprise, her husband confessed that he has been talking about family planning with their neighbor. He is worried about the risk of having a fifth child. Ladi offered to arrange an appointment with a family planning counselor at a nearby health center for advice. Ladi chose the injectable family planning method and is no longer worried about having a fifth child which allows her to enjoy her family as well as pursue her dreams.

BELIEF TO REINFORCE

Ladi believes that spacing children makes her better suited to care for her family. Spacing her children will allow her to rest and recuperate before her next pregnancy. She also believes that increasing the time between each child will help alleviate stress and allow her to better manage her family.



With the way our Nigeria is going now, you don't even need a prophet to tell you that it's very important to space your children so that you can give them good education and feed them well.

Ladi thinks that using family planning results in a happier and healthier family. Husband and wife can enjoy each other without worrying and being afraid of pregnancy. Using family planning gives her peace of mind.

It prevents me from taking in, that's the satisfaction, by knowing motive of going into it, that protection it gives me and I can enjoy my husband any time I feel like, there is no quarrel again that my wife did agree or refuse today or tomorrow. There is peace in the family.

Ladi thinks that women who want family planning should first consult a health care provider to be enlightened about the methods that are good for them. They should talk to a specialist who knows the best methods for each woman's body.



For Ladi, the man's involvement in family planning decision-making is critical. Men's support ensures success and prevents problems in the family.

Honesty, if the men are involved in the process of family planning, there will be a very big success because they will understand and be able to give the go ahead... the man is the owner of the house whatever he says they should do that.

BELIEF TO CHANGE

Ladi is afraid of the side effects associated with modern contraceptive methods. She heard several women saying that modern contraceptive usually leads to weight gain, amenorrhea, back pain etc.

Well, they do say that this family planning... the family planning does give breast cancer, they said it high blood pressure all those things, so that's just my fear.

She is concerned about the inability to conceive or to return to fertility should she decide to have a child again. She also fears the fact that condoms can burst and that some methods can fail.

Ladi worries about fake drugs on the Nigerian market.

Of course I have told you I don't use contraceptives because the Nigerian market has been flooded with fake drugs and fake contraceptives sorry to say this so I don't use any I only use the local withdrawal method and it is working for me I don't think I will have anything to do with them because of the negative consequences that are bound.

STRATEGIES TO BEHAVE

To overcome her fear of side effects, Ladi seeks counseling from health providers about ways to manage them. Ladi's friends have switched methods in order to find the method that works best for their bodies.



To overcome her husband's opposition to family planning, Ladi tried to convince him about the economic and health benefits of modern contraceptives. She enlightened her husband to get his consent to start family planning. Because of her determination and help from her neighbor, Ladi was able to convince her husband. The reluctance of some of the husbands of Ladi's friends drove them to proceed with using family planning methods without the consent of their husbands.

ACQUISITION STORIES

Ladi seeks family planning services from public health facilities. The facility is easily accessible and the service is not expensive.

We get health services from the nearby government health center. The place has been okay, we do not have any cause for alarm. I think the service has been okay.

She knows several other sources including private facilities and pharmacies.

OPENING

Although Ladi first learned about family planning through friends and relatives, she now gets information about family planning from several other sources. Health facilities and health care providers are her preferred sources of information.

Ladi also gets information from the media. She listens to the radio and watches TV. Sometimes she accesses the internet or reads a newspaper. Bill-boards, stickers, posters, and leaflets are also sources of information.

KNOWLEDGE AND SOPHISTICATION

Ladi knows more than one modern contraceptive method. She has detailed knowledge of common contraceptive methods (pills, injectable, and condoms). However, like many women in the community, Ladi has some misconceptions about modern contraceptive methods. She thinks that they can mess up women's reproductive system or they can even cause some forms of cancer.

CATEGORY EXPERIENCE

Ladi currently uses an injectable. She likes it because she does not have to worry about taking pills daily. Although she experienced amenorrhea, her doctor told her not to worry. She has a favorable opinion about the condom because of its dual protection, against unwanted pregnancy and sexually transmitted diseases. There are no associated side effects, condoms are easily accessible and she can still get pregnant whenever she decides. However, she is worried because condom can be rough and can burst. She hesitates to use it because her husband did not feel sexual pleasure the last time they tried.

Ladi's friends prefer to use natural methods (withdrawal or calendar).

2. Identification of keywords and Inference of the Determinants

Following the summary of each theme, participants were asked to identify keywords as explained above. Twenty one key words were identified. From these key words participants inferred the OAM associated with each key word. Table 1 shows the determinants of human behavior (OAM) derived from the different key words. Participants identified 10 OAMs: availability, fear of side effects/threats, social norms, attitude, outcome expectancy, cost, social support, Knowledge and, brand appeal.

3. Identification of keywords and Inference of the Determinant

Table 1: Twenty one key words were identified.

Keywords	Determinant	Keywords	Determinant	Keywords	Determinant
1. Female condoms are hard to find in my area	Availability	2. May not have children when needed since FP methods are not reversible	Threat/Risk	3. Religion teaches/encourages having many children	Norms social
4. Injectables are offered at the public clinic in my area.	Availability	5. Different methods for different people	Availability	6. The ideal number of children is between 3 - 7	Knowledge
7. I prefer Gold circle over other types of condom	Brand appeal	8. FP ensures harmony of household	Outcome expectation	9. Husband encourages me to do FP.	Social support
10. Adherence issues with using pills	Self Efficacy	11. FP allows you to nurture and educate your children	Outcome expectation	12. FP causes profuse/prolonged bleeding	Knowledge
13. IUD has fast return to fertility	Product attribute	14. Spacing results in a happier and healthier family	Outcome expectation	15. Use of FP destroys the womb	Threat/Knowledge
16. FP services are cheaper in government hospital	Cost/Access	17. Fear of fake FP products	Threat	18. Women need to talk to providers to know what best for them	Attitude
19. FP prevents pregnancy	Knowledge	20. Condoms reduces pleasure	Threat	21. FP has side effects	Threat/knowledge

To be more effective, SFH should focus interventions only on 3 or 4 determinants that are considered to be important. In order to narrow down the number of determinants from 10 to 4, we assessed the programmatic importance of each determinant and the frequency with which the determinant was encountered in this study. Participants identified 6 high frequency (>3) and highly intensity (programmatic importance) (>3) as shown in the Table 2.

Table 2. Frequency and Intensity against Themes

Themes	Driver/Barrier (D/B)	Frequency	Intensity	Decision
Availability	D	1	5	
Cost	B	1	4	
Brand Appeal	D	4	4	
Knowledge	D/B	4	3	
Outcome Expectation	D	4	4	Selected
Quality	B	2	3	
Self Efficacy	D	2,5	2,5	
Social Norms	B	5	5	Selected
Social Support	D	3	4	Selected
Threats/Risk	B	5	5	Selected

Analyzing the table of frequency and intensity, participants narrowed the choices to four determinants: perceived threats, social norms, social support, and outcome expectancy.

DISCUSSION

The high level of knowledge about modern contraceptives among women of reproductive age in Nigeria did not translate into high uptake of modern contraceptives which causes the need to identify the drivers and barriers of modern contraceptive use in Nigeria.



In general, women in Nigeria have a positive perception of modern contraceptives. The use of modern contraceptives gives them peace of mind and gives them more control of their lives.

It prevents me from taking in, that's the satisfaction, by knowing motive of going into it, that protection it gives me and I can enjoy my husband any time I feel like, there is no quarrel again that my opinion.

Many traditional communities in Africa attach shame with having multiple children, one after another. Women in Nigeria think that modern contraceptives will allow them to have fewer children, making it possible for them to better care for their children and send them to better schools.

The way our Nigeria is going now, you don't even need a prophet to tell you, it's very important to space your children so that you can give them good education and feed them well.

Experts in behavior change communication should capitalize on this knowledge to establish a link in the mind of consumers between birth spacing and use of modern contraceptives.

Unfortunately, several factors (myths, misinformation, etc.) hinder the use of modern contraceptives among women of reproductive age. Fear of side effects or health complications is a common barrier towards the use of modern contraceptives. Many women and their

husbands think that the use of modern contraceptives can “mess up” the body and prevent the return to fertility when a woman wants to conceive a child.

Well, they do say that this family planning... the family planning does give breast cancer,... they said it do give BP high blood pressure all those things, and you may no more have a child, so that's just my fear.



Health care providers and public health experts should take the fear of health complications seriously when promoting the use of modern contraceptives. Efforts should be made to offer a wide range of contraceptives (pills, injectables, implants, IUDs and condoms) to meet the needs of different women.

The lack of support from husbands is another critical barrier to modern contraceptives use noted in this study. The negative attitude of husbands towards modern contraceptives has been reported in several studies in other parts of Africa (Mnyanagola L. and Msaki M., 2012, Tudoro T., Wakgari A., Ahmed A. et Gail D., 2006, Igwegbe A., Ugboaja J. et Monago E., 2009; Marthe, J.K., Kasonia K.K. and Maliro A.K., 2011) Many women resort to practicing family planning without informing their husbands. These women chose to make this decision in order to protect themselves against the health risk of multiparity in conjunction with safeguarding their relationships with their husbands.

Yoder et al (2011) described three main reasons why men are opposed to the use of modern contraceptives by women. Religious beliefs are the most common reasons why men oppose modern contraceptives. Men from rural communities often think that modern contraception is imposed by the government or the Western world to control population growth. Finally, the third common reason is fear of infidelity among women.

The results of this study illustrates that in order to increase the use of modern contraceptives in Nigeria, SFH should:

1. Promote the benefits of modern contraceptives among women of reproductive age. The idea of preventing unwanted pregnancy and STIs; having healthier children and happier families seems to be very appealing to women.
2. Dispel the fear of side effects. There is at least one good contraceptive for every woman. Women are encouraged to always consult health care providers before starting an FP method and any time any side effects occur. Misconceptions about family planning must also be addressed.
3. Reassure women that family planning is not against conception, but it is about birth spacing to have a manageable household. Men should be enlightened and be involved in family planning.
4. Agree that the methods must always be available and easily accessible for people to use them.



Although the need for data collection and research is essential to solve growing health problems, limited resources are being invested in research. Researchers are forced to turn to qualitative studies due to lack of funding. Qualitative research produces large amounts of data and often times requires a tremendous amount of work and labor on the part of the researcher. Innovative approaches to qualitative data analysis are needed.

The FoQus framework offers several useful characteristics for qualitative research. FoQus provides a user friendly approach to analyzing qualitative data. The hallmark of this approach is the predefinition of codes that can be used as study objectives and guidelines for the entire study design. The number of codes varies with the focus of the study being considered. The definition of codes makes the study more focused, efficient and easy to complete. The second useful characteristic of FoQus is the use of two rounds for data codification because it minimizes the risk of error. The third characteristic is



the participatory approach used in data collection and analysis. Individuals from different backgrounds work side by side to interpret data. Interactions between these individuals fostered a sense of collaboration and lead to a sense of ownership as well as minimize the researcher bias.

In the past, participants in the data interpretation workshop have complained that the identification of keywords can be time consuming. Some wondered if existing software could not be used instead. While the advent of software has made a significant contribution to qualitative data analysis, it cannot replace the human brain in interpreting social concepts. Software may be able to identify keyword, but they may not accurately link these keywords to the correct determinant of human behavior.

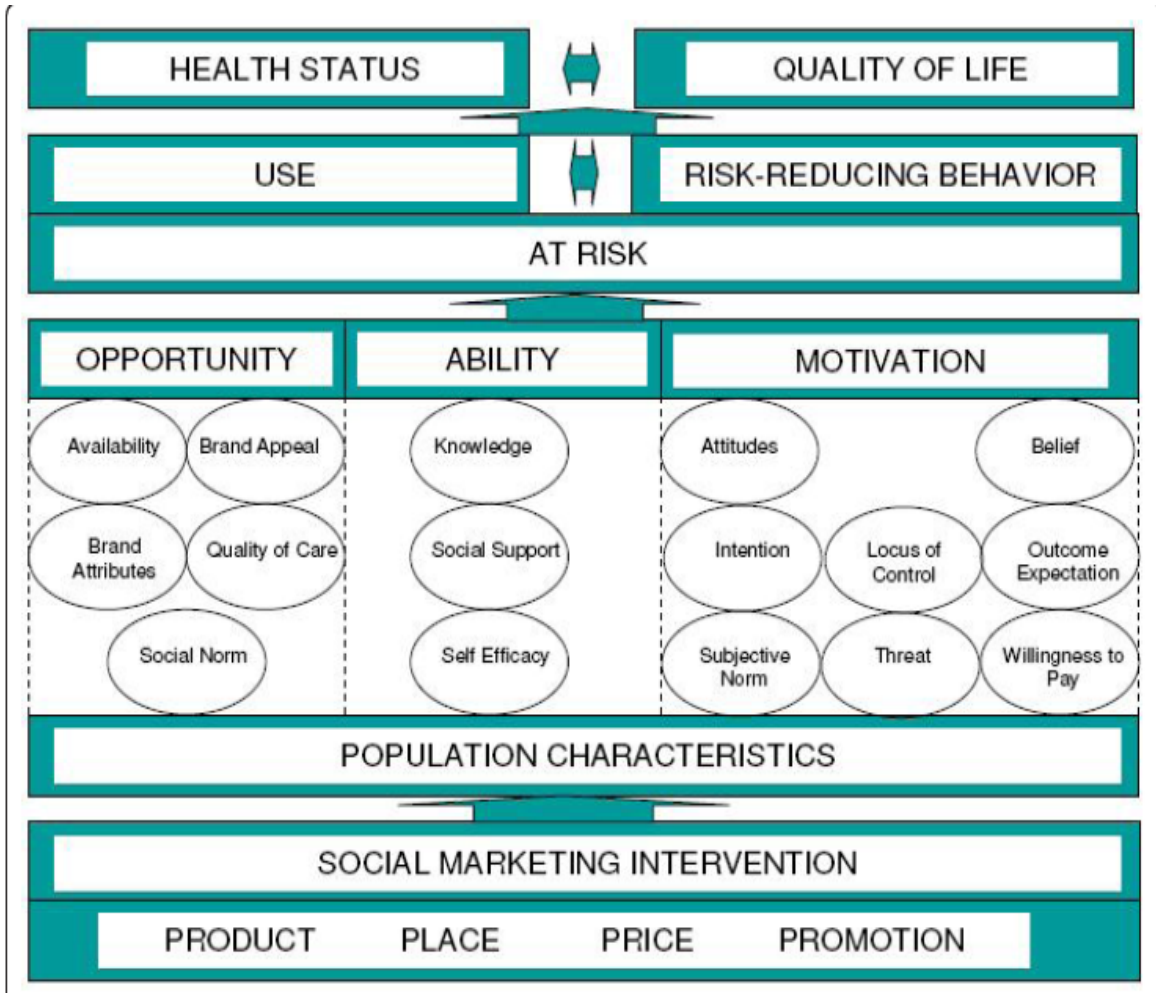
The use of small sample sizes does not allow researchers to generalize the results. The introduction of 2 rounds in the data codification can be time consuming, but it ensures accuracy of the results. Bringing researchers, marketers and administrators together demystifies the perceived secrecy of research and promotes collaboration and ownership of the results of the study.

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APPENDIX 1: Performance Framework for Social Marketing (PERForM)



Appendix 2: Coded data collage



Appendix 3: Frequently occurring Keywords

1. Female condoms are hard to find in my area	2. FP is not reversible	3. Religion teaches/encourages having many children
4. Injectables are offered at the public clinic in my area.	5. Different methods for different people	6. The ideal number of children is between 3 - 7
7. preference for condom	8. Better Management of household	9. FP causes weight gain
10. I am ok with natural methods	11. PF allows you to nurture and educate your children	12. FP causes profused/prolonged bleeding
13. IUD has fast return to fertility	14. Spacing results in a happier and healthier family	15. Use of FP destroys the womb
16. FP services are cheaper in government hospital	17. Fear of fake FP products	18. The need to talk to a provider to know what best method
19. PF prevents pregnancy	20. Condoms reduce pleasure	21. FP has side effects
22. I knowledge more than one method	23. Condoms can burst	24. Fear of return to fertility
25. Dual protection (Condoms)	26. Adequate/more trained provider in public health care services	27. Adherence issues with pills

Appendix 4: Table of Frequency and Intensity

Themes	Driver/Barrier (D/B)	Frequency	Intensity	Decision
Availability	D	1	5	
Cost	B	1	4	
Brand Appeal	D	4	4	
Knowledge	D/B	4	3	
Outcome Expectation	D	4	4	Selected
Quality	B	2	3	
Self Efficacy	D	2,5	2,5	
Social Norms	B	5	5	Selected
Social Support	D	3	4	Selected
Threats/Risk	B	5	5	Selected

D: driver (scale: 0 to 5) B: Barrier (scale: 0 to 5). Frequency: How often this concept appeared in this study? Intensity: How important is this concept programmatically?



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