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SCHOOL
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BODY

NURHI

Nigerian Urban Reproductive Health Initiative

Perspectives on Family Planning in Ibadan and Kaduna, Nigeria: A Qualitative Analysis

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JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
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Contents

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Executive Summary

Background

Nigerian women average nearly six children over the course of their lifetime and the national population – already the largest in Africa – is expected to double within 25 years. This population growth will exacerbate the growing urbanization of the country, continue to strain national resources, and worsen the poor health conditions currently faced by much of the population, particularly the urban poor. The high levels of fertility are a function of both low demand for and low use of contraceptive methods – only 10% of married women used a modern contraceptive in 2008 (NDHS 2009).

To address the problems associated with high fertility in Nigeria, the Bill and Melinda Gates Foundation has funded the Nigeria Urban Reproductive Health Initiative (NURHI) led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs to implement activities to promote the increased use of contraceptives in six urban areas. The results from this study are intended to inform program design and activity development.

Methodology

The objective of this qualitative study was to understand key factors influencing the demand, or lack thereof, for family planning in Ibadan and Kaduna, Nigeria.

A total of 26 focus group discussions were conducted in September and October 2010. The groups were stratified by sex, age, marital status, wealth, family planning use, and city. The data were coded using ATLAS.ti 6 software and analyzed using the thematic content analysis approach.

Key Findings

Participants for this study came from two different cities in Nigeria – Ibadan in the south and Kaduna in the north. Differences by region in Nigeria in development and health indicators are often described by the difference between those living in the north as compared to those living in the south. For this reason, a north and a south city were chosen to represent the two different types of people living in these diverse regions of the country. The expectation was that research findings would differ between the two cities; however, the findings were more similar than different. There were only a few isolated instances where a subtheme only emerged in Kaduna or vice versa. In sum, there were few differences between Ibadan and Kaduna in regards to family planning attitudes and beliefs.

Juxtaposition exists in the participants discourse in that positive opinions about smaller families as compared to larger families were evident alongside palpable feelings of fear and distrust in family planning discussions and family planning methods. The participants discourse signals a potential tipping point in Nigeria where the right combination of family planning messages that resonate with couples coordinated with accurate perceptions about family planning service provision and quality family planning service provision could significantly increase the contraceptive prevalence rate.

The issue of wealth being the main determinate of family size surfaced repeatedly during the focus group discussions. There was a sense that the wealth of the parents dictated the number of children

they should produce. If parents had more children then they could “cater for” than the children would suffer, not attend good schools, and grow-up to become the miscreants of society. The discussions of family size did not hinge on a particular accepted family size – as might be apparent in focus group discussions in another setting, such as the US, but focused on the fact that parents must plan their family size according to their wealth. The focus on wealth in determining family size shows that urban Nigerians, for the most part, have shifted their thinking from children as assets to children as a liability.

The topic of children’s educational opportunities arose often during the focus group discussions. There was a clear sense that families with fewer children and more resources could afford to send their children to good schools while larger families would have to focus on meeting the day-to-day needs of the children – and there wouldn’t be any resources nor energy left to support children’s educational pursuits. These comments are in line with the theme of wealth and family size, as it is finances one needs to educate children, and it shows a perception among the participants about the importance of education and future opportunities for children. Again, these comments demonstrate a perception that children are no longer assets to parents but are seen as liabilities – and this shift in perception will likely shift also family size desires from large to small and family planning use motivations to meet those changing desires.

Nigerians live in an extremely gendered society. How society defines a man, and the attitude and behaviors of men, are very important to men and women alike. A man should act like a man, and a woman act as society has described a woman. There is little, if any, cross over between the attitudes and behaviors of men and women in this context. Given this backdrop, one can perceive how reproduction, which naturally involves a male and female in the process, becomes a grey area in a society that defines most attitudes and actions as either male or female and not gender neutral. In this study the results show that husbands have authority in family-size decision-making. Although the man is expected to decide on the number of children – it is the woman who carries the pregnancy and bears the burden of childbirth. She is also the one who has more options in terms of family planning methods. Given her position of carrying the pregnancies and delivering the children – she is expected to be the one to initiate the family planning discussion in the house; however, her use of family planning is ultimately dependent on her husband’s acceptance of her delivery of a family planning discussion, his education, and his temperament. If the husband doesn’t agree to family planning use – the wife is left with few options. In most cases she doesn’t use family planning. In some cases she can use covertly with great risks to her life if her use is discovered. If her husband finds out she is using family planning without his permission she might suffer from his infidelity, him taking a second wife, or divorce. In this gendered context one can see how family planning use decisions can be an area of conflict for couples – and a topic that creates general unease and distrust in relationships.

Although there are many motivations for family planning use the steps in the process of initiating family planning use were presented mainly as deterrents. If a woman is interested in using family planning, it is her responsibility to bring up the conversation about family planning with her husband. This is not an easy task for her, as one participant articulates “fear could grip her heart”. When she initiates the conversation about family planning with her husband she must be adequately prepared with knowledge from an outside source, a family planning service provider or experienced user, she must also wait to present the topic to her husband when he is in the right “mood”, and she has adequately pampered him with his favorite meal. Her fear of initiating this topic with her husband is due to the fact that his acceptance of family planning use depends heavily on her delivery of the topic to him. She might also be in fear of broaching this sensitive subject with her husband because he might suspect her of promiscuity, which could lead to negative repercussions for her. Women were not the only study

participants to discuss this difficult situation for wives – male study participants also contributed to this discussion indicating that they are well aware of the grief women undergo when desiring to use family planning.

Choosing a family planning method was presented as a very medical decision. In order for a woman to find the right family planning method for her she needed to go a doctor who could conduct the appropriate tests on her to determine her body type – and the type of family planning method she should use. This level of medical mystery placed on family planning is problematic, especially since a test that can determine what family planning methods will give an individual side effects and which ones won't does not exist. A belief that this type of test exists would likely result in disappointment by the new user when side effects, which are likely to occur with most modern methods, do occur with contraceptive method use.

Recommendations

In light of the data that emerged from the focus group discussions in Ibadan and Kaduna numerous programmatic recommendations can be made. What follows is a list of recommendations for different aspects of program development and for future research.

Overall recommendations:

- Nigerians from the southern and northern regions of the country are more similar than different. Program content can capitalize on the similarities, allowing for a set of core content in production that requires tailoring in language, family structure, appearance, etc. but not in basic messaging.

- There was a clear preference for smaller family size by most study participants – yet little discussion about how to achieve that preference. Program messages that highlight the processes through which couples must go, and decisions they have to make, to achieve smaller family sizes will likely assist Nigerians who are interested in limiting births but have few examples in their lives on how to realize this preference. Couple communication about family size is one example.

Demand generation messages:

- Messages that focus on having the number of children you can "cater for" will resonate with more individuals than messages that promote a specific family size.

- Messages about family planning should include considerations of future expenses per child – especially the expense of quality education, health care, nutritious foods, and clothing/shoes.

- Messages should emphasize the linkages between family planning use and wealth, education, health, food/nutrition, and happiness in message delivery.

- Messages that emphasize the idea of the modern urban family that is educated and plans their family in the modern, civilized era that we live in as opposed to a traditional viewpoint on children as assets to assist on the farm might motivate new family planning adopters.

- Not having adequate spacing between births is seen as nearly risky as abortion and sterilization. Messages that focus on the benefits of modern family planning methods to ensure adequate

birth spacing will have more traction with consumers than an emphasis on limiting births – especially if the messages highlight the higher risk of failure with traditional method use as compared to modern method use as consumers are already aware of increased failure risks with traditional method use.

Family planning service provision messages:

- The misperception that a "test" exists that can determine a woman's body system, and therefore the most appropriate family planning method for her should be addressed and corrected – especially with correct information that family planning method choice reflects more a woman's spacing or limiting needs than her body system. Thus, messages should target 'demedicalization' of family planning.

- The sense that doctors are the only ones who can help a woman find the appropriate family planning method for her should be downplayed –women and couples should know that they can have opinions about the best method for them based on their reproductive goals. Couples are more likely to have a stronger sense of the best method for them if they were more educated about the different family planning methods, their benefits, and their associated side effects.

- In contrast, the level of trust individuals place in health providers could be used to spread positive messages about family planning through the media by using health providers as advocates and educators.

Chapter 1: Introduction

Project background

Nigeria is yet to experience the demographic transition observed in many other countries. Nigerian women continue to average nearly six children over the course of their lifetime and the national population – already the largest in Africa – is expected to double within 25 years. This population growth will exacerbate the growing urbanization of the country, continue to strain national resources, and worsen the poor health conditions currently faced by much of the population, particularly the urban poor.

The high levels of fertility are a function of both low demand for and low use of contraceptive methods. Only 35 percent of married women in Nigeria have a stated need for family planning and less than half of these women are currently using a contraceptive method (NDHS 2009). Factors contributing to this low demand include a continued preference for large families – married women want an average of 6.1 children and married men want an average of 8.8 children. Low levels of contraceptive use, even among those wanting to limit their family size, have been attributed to concerns about side effects, a belief that religion opposes contraception, gender norms that limit women's decision-making power within their household, perceptions that social norms link contraception with promiscuity, and inadequate access to high quality family planning services.

To address the problems associated with high fertility in Nigeria, the Bill and Melinda Gates Foundation has funded the Nigerian Urban Reproductive Health Initiative (NURHI) led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs to implement activities to promote the increased use of contraceptives in six urban areas. The results from this study are intended to inform program design and activity development.

Study aim and objectives

The overall aim of this study was to understand key factors influencing the demand, or lack thereof, for family planning in two urban areas of Nigeria. This study was primarily intended to inform the development of program activities to increase the demand for family planning in the six implementation cities in Nigeria through the development of a research-based strategy.

The specific objectives of this study were to:

- Explore participants' perceptions of a happy family and aspirations for themselves and their families;
- Understand individual and social barriers to contraceptive use;
- Explore the language associated with fertility and family planning to inform message development.

Methodology

Study design

Qualitative methodology, specifically focus group discussions, were used to obtain information on the socially sanctioned attitudes and beliefs regarding family planning as opposed to individual experiences.

The discussions were guided by a Discussion Guide (see Appendix One). Projective techniques were used, which provided an indirect approach to gain information about underlying norms that can be overlooked or otherwise influenced by direct questioning or facilitator bias.

The specific projective techniques used include:

- Photo elicitation – visual aids to explore participants' perceptions of family aspirations
- Free-listing and pile sorting – listing and grouping exercise to explore language associated with fertility and family planning
- Ranking – exercise to evaluate risk perception of family planning vis-à-vis other related reproductive health issues including pregnancy, childbirth, and abortion
- Storytelling – using a fictitious story with follow-up questions to explore social norms and perceptions of decision-making surrounding family planning

Study population

Study participants were men and women of reproductive age who were residing in Ibadan and Kaduna, Nigeria. The focus group discussions were separated by city, marital status, sex, age (18-24 years and 25-49), wealth, and family planning experience (for women only). There was a total of 26 focus group discussions conducted in the two cities in September and October of 2010. Family planning user study participants were recruited at family planning facilities aided by the service providers through the use of screening a form to determine eligibility. To recruit never-users a similar screening form was used at the community level with the assistance of community leaders who mobilized potential study participants. After study recruitment, verbal informed consent was obtained from all study participants before proceeding.

The following focus groups were held in the two cities:

Female groups:

1. Young (age 18-24) married never-users from poor neighborhoods
2. Young (age 18-24) married current users from poor neighborhoods
3. Older (age 25-49) married never-users from poor neighborhoods
4. Older (age 25-49) married current users from poor neighborhoods
5. Young (age 18-24) married never-users from middle-class neighborhoods
6. Young (age 18-24) married current users from middle-class neighborhoods
7. Older (age 25-49) married never-users from middle-class neighborhoods
8. Older (age 25-49) married current users from middle-class neighborhoods
9. Young (age 18-24) unmarried from poor neighborhoods (users and non-users of contraception)

Male groups:

10. Young (age 18-24) married from poor neighborhoods
11. Older (age 25-49) married from poor neighborhoods
12. Young (age 18-24) married from middle-class neighborhoods
13. Older (age 25-49) married from middle-class neighborhoods
14. Young (age 18-24) unmarried from poor neighborhoods

Procedures

Ethical approval to conduct the study was obtained from the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, and the Obafemi Awolowo

University Ile Ife, Nigeria. Additional approvals were obtained from the state Ministry of Health in the two states where the study was conducted.

Qualified and experienced research assistants were recruited and trained by the research firm hired to conduct the study. The training covered issues such as an overview of the NURHI project goals, qualitative research methods, fieldwork ethics, and teamwork. The research teams were familiarized with the discussion guides in both English and the local languages; each question in the guides was thoroughly discussed. In addition, the research assistants carried out role-plays to practice leading focus group discussions. The discussion guides were pre-tested with urban residents during the training and were further refined based on the pre-test results.

Data analysis

All discussions, with the consent of the participants, were audio taped and the recordings were transcribed verbatim in the local languages. The transcribed texts were then translated into English. Data sorting and analysis were carried out using ATLAS.ti software and group level matrices. In addition to using the discussion guide to develop the analysis codes, all transcripts were read to identify emerging themes and allow for the generation of new codes based upon the participants' own words. In this study, 'coding up' as opposed to 'coding down' was utilized; meaning that the codes were developed based on the data and were not defined prior to data collection (Keenan et al. 2005). The data analysis was guided by the thematic content analysis approach (Green and Thorogood 2004).

After all of the transcripts were coded, matrices were created to help identify patterns in the data. The matrices were at the focus group discussion level. Each row in each matrix represented one focus group and the relevant data from study participants in that group was placed in the cell under the column headed with the matching code. The matrices were useful in grouping the different nuances within each theme, discerning differences and similarities between groups within themes, and making connections broadly between themes.

Chapter 2: Perspectives on Large vs. Small Family Size

At the beginning of the focus group discussions the facilitators, using the photo elicitation technique, displayed two photos of Nigerian families to the participants and asked a few questions about the photos to stimulate dialogue. One photo showed a middle-class family with two children and the other showed a poor family with five children – both families were urban families. The participants had many comments to make in regards to the photos in response to the prompting questions. In fact, the photo elicitation technique elicited the most nuanced discussion in the focus groups.

Family size and wealth

The first question prompted the participants to describe the two families they saw in the photos. The most common reaction to this question related to finances, specifically, the inability of the larger family to adequately care for all family members due to limited financial resources spread thin by the need to distribute the few resources among many family members.

> *The challenge will be that money can never be enough for the one with many children, while the other family with fewer children will find it easier to cope.*
>
> Female, 20 years, unmarried, low SES, Ibadan

> *In the picture with 6 children, this man and his wife are in hardship, yet they still give birth to children.*
>
> Male, 35 years, married, 2 children, low SES, Kaduna

> *This family looks poor and they might yet be ignorant of the role that the large family size is playing in their poverty. They already have 5 kids, and the wife is carrying the 6th child in her womb. I don't think they can be happy in such a situation.*
>
> Female, 30 years, married, 0 children, family planning nonuser, low SES, Ibadan

> *Picture 1 (smaller family) would be a family filled with love & joy since they will have enough cash to take care of their family.*
>
> Female, 27 years, married, 1 child, family planning user, low SES, Ibadan

> *The small family will have a better life while the large family will have a poor and wretched life.*
>
> Male, 47 years, married, 3 children, low SES, Ibadan

> *The couple is ignorant and their ignorance could have blindfolded them to the effects of having so many children without considering their means and chances of survival.*
>
> Female, 35 years, married, 3 children, family planning nonuser, low SES, Ibadan

Some of the comments that compared the finances in the two families extended the argument to providing basic needs for the family.

> *The family with two children will have peace. Food will be sufficient for them but it will be very hard for the family with five children because of the number of children they have. They will find*

it difficult to cater for and meet the financial needs of their children because more children will be competing for the little available resources in the home.

Female, 25 years, married, 2 children, family planning user, middle SES, Ibadan

The large family will be more concerned about issues of feeding the family rather than sending the children to school. They will have so much to cater for but little of these will be achieved due to financial incapability.

Female, 20-24 years, married, 1 child, family planning nonuser, low SES, Ibadan

The responses about wealth were sometimes couched in the current dire economic situation of the entire country.

The large family may not be happy due to the degenerating state of Nigeria's economy, which may make it difficult for them to raise their children and provide good education for them.

Female, 20-24 years, married, 2 children, family planning nonuser, low SES, Ibadan

I think they (parents in the photo of the smaller family) must have planned it that way having considered their purse and perhaps bearing in mind the kind of economy the nation is experiencing.

Female, 35 years, married, 0 children, family planning nonuser, low SES, Ibadan

A common theme in regards to finances was that a couple should have the number of children they can "cater for", in other words, people should select a family size that is compatible with their wealth – those with a lot of money can have many children while poor people are limited in the number they can have by their limited finances.

I support the idea of having the number that one's capacity can cater for. So it is not in the number but it is in the capacity. The second picture (larger family), however, does not seem to have the capacity to cater for the number they had.

Female, 24 years, married, 4 children, family planning user, low SES, Ibadan

The large family will not be happy with the number of children they have. Once you give birth to children that you cannot cater for, you will not be happy.

Male, 22 years, married, 2 children, middle SES, Ibadan

The family with two children will be able to pay their children's school fees but the large family will find it difficult to do so. Also children in the large family are not looking healthy because resources available to them will not be enough to meet their needs. It is always good to have the number of children you can adequately cater for.

Male, 24 years, married, 2 children, middle SES, Ibadan

Having too many children is not good. Everyone knows his capacity and I think it is necessary to limit your childbirth to what your capacity can take you. God will not come down from heaven to help.

Female, 24 years, married, 2 children, middle SES, Ibadan

Happiness is not in the number of children you have but how are able to take care of them.

Male, 20 years, married, 1 child, middle SES, Ibadan

There was a different perception of wealth when comparing the parents of the smaller and larger family. For the smaller family – the parents used their wealth to provide for their children. For the larger family, the parents saw the children as potential sources of income – hoping at least one child would overcome the obstacles in order to provide for the parents and siblings in the future.

> *Those that have two children desire to take care of their children to any length while the parents of five children believe that one of them will be financially okay to help other siblings to achieve their aspirations in life. It could be that large family believes in children as source of income.*
>
> Male, 30 years, married, 1 child, middle SES, Ibadan

Family size and education

The second most common comment when comparing the two photos was to note the difference in education of the two families. Some comments specifically compared the educational background of the parents from the two families.

> *The family with a few children looks well educated while the other family looks like some illiterates in a rural settlement.*
>
> Male, 23 years, married, 1 child, low SES, Ibadan

> *The children in the second picture (large family) look like people who are suffering. The parents must be illiterates because only illiterates believe in having plenty children which has eventually turned out to become a great burden for them in that they cannot cater for the number of children they produced.*
>
> Female, 35 years, married, 2 children, family planning user, low SES, Ibadan

Most comments were, however, related to the different ability of the parents in the two families to provide educational opportunities for their children.

> *The family with fewer children would be able to send their children to school and not just merely apprenticeship shop.*
>
> Female, 18 years, unmarried, low SES, Ibadan

> *The family with large number of children cannot send their children to school, but the man with few children can take care of his family and train them to any level they desire to attain.*
>
> Female, 24 years, married, 3 children, family planning nonuser, low SES, Kaduna

> *…children of the family with three will be in private school while the other attends public schools. There is no way their educational quality will be the same.*
>
> Male, 30 years, married, 3 children, low SES, Kaduna

The parents of the small family will want their children to be educated like them and even have a better education than theirs unlike the parents in the other group who do not have what it takes to provide for all the children.

Male, 22 years, married, 1 child, low SES, Ibadan

The parents of five children are not okay. How to meet their basic needs - housing, shelter and feeding - will be paramount to them. Giving the children good education will be secondary. Even if the children desire good education, the parents may not be able to afford it and this may frustrate the efforts of the children.

Female, 25 years, married, 2 children, family planning user, middle SES, Ibadan

In families with many children – the parents might opt to focus their attention on one child, financing the education for only that child. This scenario is problematic, however, as the quotes below suggest.

They large family will have to give priority to one child over another when they want to educate them if their resources cannot cope with the number of children at the same time. Preferential treatment will rule in the family and that could be a bane to unison in the family.

Female, 22 years, married, 2 children, family planning nonuser, middle SES, Ibadan

The result of a large family's inability to afford quality education for the children was said to be child labor, children working to put themselves through school without any assistance from their parents, and poor employment opportunities later in life.

To me especially in the aspect of schooling; the family with many children cannot to train them all. Some of them will become artisans. Even those that are going to school will not be able to concentrate because they have many problems. They are not well fed, often get sick and might need to contribute to family income through child labor.

Female, 30 years, married, 6 children, family planning nonuser, low SES, Kaduna

When the children (from the larger family) are grown, you might see them at motor parks selling pure water, gala (snacks), etc., to truck drivers. Though some may eventually go to school but they will have to source for money themselves. The females among them may become house helps and have to depend on their benefactors to send them to school or learn a trade.

Female, 24 years, married, 4 children, family planning user, low SES, Ibadan

Giving birth to many children is not good. It will be difficult for you to give them any tangible training. Some of them will turn out to be armed robbers, prostitutes, drug addicts, etc. while some of them will impregnate young girls.

Female, 32 years, married, 4 children, family planning user, middle SES, Kaduna

Overall, the theme in regards to family size and education emphasized the point that parents should plan to provide educational opportunities for all of their children so that they may grow up to be responsible members of society.

One family with good education will do more than what millions of children who are not well nurtured and trained would do. The need is not in having many children but in having the number one can successfully provide for.

Female, 20 years, married, 1 child, middle SES, Ibadan

…the pride of society lies not in the number of children you have but how responsible your children are in the society.

Female, 27 years, married, 2 children, family planning user, middle SES, Ibadan

Family size and health

Participants commented that the smaller family appeared to be healthier than the larger family due to access to finances and good living conditions.

The smaller family can even afford private hospital, while the other family will find it difficult to even go to government hospital.

Male, 27 years, married, 1 child, low SES, Ibadan

…it is very easy for the crowded family to be sickly because the house looks unkempt and contagious diseases could be spread easily.

Female, 24 years, married, 3 children, family planning nonuser, middle SES, Kaduna

Within the theme of health – there were comments specific to the different nutritional status of the two families. The comments about health and nutrition were not prompted by a question from the topic guide – rather these comments arose spontaneously by the participants when they were comparing the families they saw in the two photos.

The family with many children doesn't eat a balanced diet unlike the other family with few children who look better fed.

Male, 24 years, married, 2 children, low SES, Ibadan

The children in the large family are not well taken care of. They look rough and unkempt. They hardly eat 3 times a day. Their growth is stunted.

Female, 24 years, married, 3 children, family planning user, middle SES, Ibadan

The small family looks healthy and they eat good food. They will not have many problems. But the large family looks hungry and unkempt.

Female, 32 years, married, 4 children, family planning user, middle SES, Kaduna

My concern for them (large family) is to get what to eat, rather than thinking of good education and good health. Food comes before everything. The children are malnourished.

Female, 28 years, married, 3 children, family planning nonuser, middle SES, Kaduna

There was also some discussion about the different appearance of the two families – with the smaller family having a cleaner, nicer appearance than the large family. The appearance of the family was linked to the positive health, wealth, and happiness of the smaller family.

The family in the first picture (smaller family) is also able to afford good clothes for their family members and they are all looking quite healthy while the second family in picture two (larger family) are not looking well taken care for.

Male, 24 years, unmarried, low SES, Ibadan

The children in the large family are not well dressed. They appear unhappy, wearing no shoes. They are very dirty and poor.

Female, 24 years, married, 3 children, family planning user, middle SES, Ibadan

The small family takes care of itself very well. They have enough resources to take care of themselves. They look beautiful, clean, and healthy.

Female, 24 years, married, 2 children, family planning user, middle SES, Ibadan

Family size and happiness

One question prompted the participants about the happiness of each family with the number of children they have. Most study participants felt the smaller family was happier than the larger family.

The family with few children is happy and bright but the other family is not fine.

Male, 24 years, married, 1 child, low SES, Ibadan

The large family is not happy because the children are too many. The children also look sickly and hungry.

Female, 27 years, married, 2 children, family planning user, middle SES, Kaduna

The large family will always have problems and crises to settle all the time because the children are too many. They may not have peace and because of that they may express some unhappiness. But the other family (small family) will definitely be happy with their children. Unity and love will prevail in the family.

Female, 20 years, married, 1 child, family planning nonuser, middle SES, Kaduna

Truly, the family with five children is not happy. The children have become a burden to them. They look rough, poor, and dirty. But the other family will have peace and tranquility.

Female, 30 years, married, 2 children, family planning nonuser, middle SES, Kaduna

When a qualifying reason was given for the difference in happiness it was often related to the expense of a large family and the inability of the parents to meet the needs of all family members when a family is large.

…the large family will not be happy because of the size of the family and their inability to cater adequately for the family.

Male, 22 years, unmarried, low SES, Ibadan

The smaller family is happy with the number of children they have. It shows in their outlook that they are very happy. Their children will have no problem in achieving good education, good clothing, and other necessities of life.

Female, 22 years, married, 1 child, family planning nonuser, middle SES, Ibadan

The small family appears very happy, the large family looks unhappy. Difficulties in providing for the children will make them to be unhappy because meeting the needs of such a large family will be extremely difficult.

Female, 23 years, married, 1 child, family planning user, middle SES, Ibadan

The large family is not happy with the number of children they have because there are too many children to cater for. They will be very unhappy because there are so many things that the parents will be finding difficult to meet and even so, the survival of their children will predominate their thoughts each day.

Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

The small family will be happier. They will eat whatever they like. They will be able to buy clothes that their children want. They will be able to take their children to hospital whenever they are sick. But the large family will find it terribly and extremely difficult to buy clothes for their children. As it was observed from the picture, the large family looks highly unkempt. They are not happy with number of children they have at all.

Female, 26 years, married, 1 child, family planning user, middle SES, Ibadan

To me the large family is really suffering because the parents don't have what it takes to take good care of them. How can they be happy when they lack the basic necessities of life? It is very unfortunate for them and many people find themselves in this position today especially in our society.

Female, 30 years, married, 6 children, family planning nonuser, low SES, Kaduna

There were a few comments that the smaller family might not be happy as the large family since the number of children they have was not a choice but a necessity to save the mother's life after difficult pregnancies or childbirth. Even though there were some comments about the unhappiness in the smaller family, these were certainly the minority of the comments.

Some couples have problems at birth so they stay with none or at most one or two children as long as the woman is alive. Life is more important.

Female, 24 years, married, 1 child, family planning user, low SES, Ibadan

The family with two children may not be happy. It could be that the woman can no longer give birth due to secondary infertility.

Female, 35 years, married, 4 children, family planning nonuser, middle SES, Ibadan

Family size and modernity

Less commonly discussed than the themes of wealth, education, health, and happiness in relation to family size was the difference in the two families in modern vs. traditional viewpoint.

The two families are different. The family with two children is highly educated and civilized but the other looks primitive and older.

Female, 22 years, married, 2 children, family planning nonuser, middle SES, Ibadan

The first picture (smaller family) depicts a family that suites the present day civilization as most people these days settle for fewer children.

Female, 20 years, unmarried, low SES, Ibadan

I agree with the last speaker as the world is already civilized so people don't have more than two children at most.

Female, 18 years, unmarried, low SES, Ibadan

The small family is a young family but the large family looks very old. It could be that when they got married (large family), things were very primitive and they might have reasons for having many children. Nowadays people don't give birth to too many children again. At least a family could have two or maximum of three children.

Male, 22 years, married, 1 child, middle SES, Ibadan

Aligned with the modern vs. traditional perception of the parents from the two families, there were comments about the urban vs. rural residence of the two families, despite the fact that both pictures were taken of urban families.

The large family is practicing the old system of living. In the olden days when they were doing farming, people liked to give birth to too many children who will assist them on the farm. But nowadays we are told to space our families. It is important to have the number of children you can cater for.

Female, 25 years, married, 2 children, family planning nonuser, middle SES, Ibadan

It depends on the economic condition of the state they live. You can compare the financial status of those who live in the city with those who live in the village. Those who live in the city are usually educated and they always have in mind how many children they want to have but those who live in the village usually have too many children because of their low educational level. More often than not, these children are recruited to work on the farm.

Male, 23years, married, 1 child, middle SES, Ibadan

Similarly to the comparison of modern and traditional - the participants sometimes commented on the occupation of the parents and the effect of their occupation on the children's health and education.

We can infer from the picture that the parents of the two children have good jobs. Therefore, they can send their children to school. Their aspirations for the children will be high and their access to the resources to get them done will not be too difficult for them.

Female, 20-24 years, married, 1 child, family planning nonuser, low SES, Ibadan

The father of the large family looks like a hunter and is highly unskilled. I do not think he will ever consider education for his children. The children may never go beyond primary school even if they struggle to go that far. Fulfilling the children's aspirations of better education and health will be very difficult for them.

Female, 20-24 years, married, 1 child, family planning nonuser, low SES, Ibadan

Family size and family planning

Although the participants were not prompted with a question related to family planning – most groups raised the issue of discrepancy in family planning use when describing the photos of the two families.

Picture 1 shows a man and his wife with their two children and I can observe that this family is practicing family planning.

Male, 24 years, unmarried, low SES, Ibadan

I can see that the family of two kids is using family planning to regulate the number of children they have.

Female, 24 years, married, 2 children, family planning user, low SES, Ibadan

Picture 1[smaller family] must have done family planning while picture 2 [larger family] did not do family planning. They were just mass producing babies.

Female, 35 years, married, 3 children, family planning user, low SES, Ibadan

The smaller family has the number of children they want. They put their discretion into childbearing. They adequately planned their family.

Female, 23 years, married, 2 children, family planning nonuser, middle SES, Ibadan

The family with six children shows those who don't have family planning while the family with three children shows those who have family planning.

Female, 28 years, married, 4 children, family planning nonuser, low SES, Kaduna

The smaller family gave birth to the number of children they can cater for. They did not over-burden themselves with excess luggage of childbearing.

Female, 21 years, married, 1 child, family planning nonuser, middle SES, Ibadan

The small family planned their family from the beginning - because of this the future of the children will be bright.

Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

I have seen the two families, this one has 5 children and a pregnancy, while the other family shows that they did family planning and there are indications of rest and enjoyment on the body of the woman.

Female, 35 years, married, 3 children, family planning user, low SES, Kaduna

Parents of two children impressed me a lot because they applied common sense in child bearing while the other parents did not impress me at all.

Male, 23 years, married, 1 child, middle SES, Kaduna

It is good to have family planning. See this picture, a woman with pregnancy and 5 children. This means they are suffering while the other family is enjoying life with their few children.

Female, 27 years, married, 3 children, family planning nonuser, low SES, Kaduna

Within the comments about family planning use – some were specific to spacing.

You can see that the small family practiced spacing children as we all know gathering a lot of children is not the best.

Female, 30 years, married, 4 children, family planning user, low SES, Kaduna

Picture 1 (smaller family) kids have a healthy gap in between them while picture 2 (larger family) kids seems to lack gap in between them, they look as if they were all born on the same day.

Female, 35 years, married, 2 children, family planning user, low SES, Ibadan

As for me the family in this photograph (small family) will have rest of mind because there is a gap in between the children but the other family will face many challenges due to their number.

Male, 24 years, married, 0 children, low SES, Kaduna

In the large family, you can hardly differentiate the older from the younger children. They look almost the same in age.

Male, 23 years, married, 1 child, middle SES, Kaduna

The large family is just there one after the other. If they continue that way it is going to very tough for them because there is a need to be spacing the children, so that the mother can rest and even if she will be pregnant again, it should be later.

Female, 32 years, married, 5 children, family planning user, low SES, Kaduna

When we talk of family planning, it is not that we are afraid of having children, but that the births should be spaced and planned for so that they can also have a good life with regards to education, health, etc. most families that have children that are not planned are always sickly and disorderly. So if you plan your family, it will be easy to achieve your goals in life.

Male, 46 years, married, 3 children, middle SES, Kaduna

The discussion about family planning use was often not made in isolation – it was often linked to comments about other aspects of life, such as wealth, health, education, and happiness, which are aspects of life that are not typically associated with family planning in discussions that are generated from questions that are specific to the broader effects of family planning use on life.

Family planning and wealth

In the family with many children, the father wears a look that shows that he is finding it very difficult to cater for the children. The reason may be because they are not doing family planning.

Male, 23 years, married, 3 children, low SES, Ibadan

If children are many, family income will be affected. Whether you a salary earner or a trader, by the time you estimate your monthly income and relate it to how much you spend on each child, there will be need for you to plan your family.

Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

The small family has aspirations for their children that is why they give birth to just 2 children in order to be able to provide for them. But the large family size never had any plan for their children. How can you have 6 six children in this period of economic downturn? It is crazy.

Female, 24 years, married, 2 children, family planning nonuser, middle SES, Kaduna

Family planning, wealth, and health

The one that did family planning is living comfortably and looking younger than the family that did not do family planning who is just giving birth anyhow. The large family is not looking healthy at all. Their resources are not enough for them.

Male, 22 years, married, 2 children, middle SES, Ibadan

The family that spaced their children looks younger than the other large family (the husband and wife). The family with a large family size looks older and dirty. They look like a family who is bewildered with poverty. Poverty is seen all their faces.

Female, 36 years, married, 5 children, family planning nonuser, middle SES, Ibadan

The family of two children properly spaced their children. On the other hand, the family of five children did not adequately space their children. Their children are closely spaced and look malnourished. The father of the large family looks very old and he may not have enough capacity in terms of energy and vibrancy that he needs to provide for the family and this may constitute big impediments to feeding the children adequately but the small family didn't take their childbearing pattern lightly. They applied common sense in childbearing that made them to foresee the consequences of having many children. Because of this, they will have enough resources to feed their family.

Female, 26 years, married, 1 child, family planning user, middle SES, Ibadan

Family planning, wealth, health, and happiness

The family of two children spaced their children very well while the large family did not space their children at all. They were just giving birth as they like. Also, the large family looks very poor and unhealthy but the family with two children looks very healthy. The parents in the large family look frustrated and unhappy.

Male, 22 years, married, 0 children, middle SES, Ibadan

Family planning and education

The large family did not practice family planning at all. They are just giving birth anyhow. There is no spacing between the children. Nowadays parents take glory in their children's educational attainment and we always want our children to go to the best schools. The large family will not have any option but to put their children in public schools where the standard of education is low and even sometimes assist on the farm.

Female, 27 years, married, 2 children, family planning user, middle SES, Ibadan

Family planning, wealth, and education

The large family is not happy because poverty is really disturbing them, unlike as in the educated family, the couple already knew how many children they wanted to have.

Male, 24 years, married, 2 children, low SES, Ibadan

When children are too many, parents sometimes borrow to pay for their children's education because they don't plan according to their purse.

Female, 26 years, married, 1 child, family planning user, middle SES, Ibadan

Family planning, wealth, health, education, and happiness

The children in the picture of the small family are well spaced; they also look well-fed and well-educated. From all indications, it must be a happy family.

Female, 35 years, married, 1 child, family planning nonuser, low SES, Ibadan

The small family controlled their births because of economic reasons. He can take care of the children and they will grow up in good health and have good education. The large family however have too many children that are not well spaced. Educating the children will be a big problem for the man unless he is very rich.

Male, 44 years, married, 6 children, middle SES, Kaduna

Family planning, health, and happiness

The family in the first picture is a happy family because they spaced their childbirth but the family in the second picture shows the family is not happy… the wife is obviously pregnant and ready to have the seventh child soon. It is obvious also that they didn't plan for their family thus they can't be happy.

Male, 22 years, unmarried, low SES, Ibadan

The family that has plenty children did not space their children but the family in the other picture looks healthy and happy because they spaced their children.

Female, 27 years, married, 1 child, family planning user, middle SES, Kaduna

As is shown in the quotes above, participants linked the different family sizes portrayed in the photos to family planning use – and family planning use was then linked to many other positive life outcomes for both the parents and the children in the small, planned family, such as: wealth, education, health, and happiness.

Family size and Allah/God

In response to the majority of the comments about the smaller family having better health, wealth, and education as compared to the larger family some participants defended the large family – mainly citing the theme that children are a blessing from God, indicating persons with many children have received many blessings from God and nothing bad could be said about that scenario.

I think that both families would be glad since children generally are a gift from God. There are many homes where there are no children despite their wealth.

Female, 35 years, married, 3 children, family planning user, low SES, Ibadan

Children are from God. It is only God that can take care of them. Any number God gives, take. There is no moral justification for an abortion. It is only God that knows. It is neither parents' nor family's wealth that will determine the future of a child. The greatness of any child depends on God and not on the family's wealth.

Female, 36 years, married, 4 children, family planning nonuser, middle SES, Ibadan

In this kind of situation, it is only God that knows because we cannot say that the smaller family is a better family, or their children will make it in life - neither can we assert that the children of the larger family will be poor. Nobody knows how God does His work.

Female, 34 years, married, 6 children, family planning nonuser, middle SES, Ibadan

All I understand about the two pictures is that children are gifts from God. If God gives, one must accept them with gratitude and pray for the means to cater for their needs from their creator. I believe both families are happy with the number of children they have since it is God that gives. God says we should multiply.

Male, 24 years, married, 2 children, middle SES, Kaduna

There was an opposing view that God will evaluate your fate on judgment day based on the care you provided your children on earth – implying that leaving fate to God doesn't always result in healthy, educated children, that parents must plan for their children in order to please God.

If you multiply and do not take care of your children, God will ask why.

Female, 34 years, married, 2 children, family planning nonuser, middle SES, Ibadan

Now whoever has a child the prophet said, there is a judgment day, so you must plan for them and take good care of them.

Male, 30 years, married, 2 children, low SES, Kaduna

Family size and aspirations

After the study participants had described the two families in the photos they were asked if it will be easy for the two families, the one with few children and the one with many children, to achieve their aspirations. All groups discussed this issue and the majority of the groups indicated that it will be easier for the smaller family to achieve its aspirations as compared to the larger family. Married, wealthy, family planning nonusers, and Kaduna residents were more likely to state that there is an association between family size and achieving aspirations.

The larger the family size, the more difficult it will become for the family to achieve their aspirations.

Female, 27 years, married, 3 children, family planning nonuser, middle SES, Kaduna

The small family will find it easy to meet their aspirations but it will be difficult for the large family to make it.

Male, 24 years, married, 2 children, middle SES, Ibadan

There is connection between fertility and aspiration. The popular Yoruba saying is "Omo beere osi beere" i.e. the more the number of children the greater the poverty of the family.

Female, 23 years, married, 2 children, family planning nonuser, middle SES, Ibadan

It will be easy for the small family but the large family may find it practically difficult and even impossible to achieve their aspirations and that of their children. Several responsibilities at home and beyond will forestall achieving these aspirations.

Female, 27 years, married, 2 children, family planning user, middle SES, Ibadan

Some comments even alluded to the connection between fertility, aspirations, and family planning.

By the time you know your capability and the kind of future you desire for your children, it should naturally inform how many children you will give birth to.

Female, 30 years, married, 0 children, family planning nonuser, low SES, Ibadan

Those who said there was no connection between family size and aspiration were most likely to state the connection was between family size and wealth, for example – a rich man could have many children, or that aspiration was determined by God and not man. There were fewer comments about family size not being connected to aspiration than there were that affirmed a connection.

When asked to compare the aspirations of the smaller family and the larger family in the two photos– it was clear from the comments that the study participants' interpreted the smaller family as having higher educational aspirations for their children as compared to the larger family. The larger family didn't have the luxury of high educational aspirations for their children due to distractions in meeting the more immediate needs of the family. Poor and Ibadan residents were more likely to contribute to this theme.

The family with two children, their aspiration would be to provide sound education for their two children while the larger family would be in a real struggle and all their efforts would be towards feeding.

Female, 27 years, married, 1 child, family planning user, low SES, Ibadan

The small family will have good aspirations for their children such as good medical care, quality education, good career prospects, etc. but the other family is not happy because to eat will be a problem to them let alone giving their children good and quality education.

Female, 33 years, married, 4 children, family planning user, middle SES, Kaduna

The predominant aspiration of the larger family noted by the study participants would be to feed the family. Young and family planning user participants were more likely to make these comments.

The aspiration of the family in the second picture will be limited to just feeding their children only.

Male, 23 years, unmarried, low SES, Ibadan

The parents (with many children) may not be able to cater for all of their children's needs and all the father will be doing is looking for a way to feed them. The father can't think of other aspirations beside food.

Female, 24 years, married, 1 child, family planning user, low SES, Ibadan

The large family will be confronted with the challenges of meeting the basic needs of life before thinking of any other things. If it is difficult for them to meet this need and they may not think of other things in life rather than to continue to live from hand to mouth.

Female, 32 years, married, 5 children, family planning nonuser, low SES, Kaduna

At much less of a frequency than comments about family size being connected to aspirations – there were comments about how God decides on the fate of children, not family size nor wealth. These comments were mentioned more often by old, female, and Ibadan residents than young, male, and Kaduna participants.

Only God can say which family will find it easier to achieve its aspirations because achieving aspirations in life depends on God. God is the source and author of every purpose in life.

Female, 35 years, married, 7 children, family planning nonuser, middle SES, Ibadan

It is only God that knows who will find it easy to satisfy their aspiration. Logically, one may reason that a smaller family will make it in life, but God often does his wonders and enrich the man with many children while the one with only one child suffers. It happens a lot. Only God knows.

Male, 32 years, married, 2 children, middle SES, Kaduna

There was a conflicting view expressed by a few participants- that praying to a higher power to provide for your children does not always work in these present times.

The smaller family will find it easier to satisfy their personal and family aspiration. Despite the fact that it is God that gives riches, in this present world, having many children can be a problem.

Male, 32 years, married, 2 children, middle SES, Kaduna

SUMMARY

Family Size Perceptions

When comparing the photo of the family with many children and the family with few children the participants discussed the differing wealth, or reach of the existing wealth to adequately provide for the children, the different educational opportunities of the children in the two families – and, consequently, their future employment opportunities and even contributions to larger society, the health and nutrition differences, the different personal appearances, the difference in happiness, and, finally, the different use of family planning between the two families. Most study participants noted more positive attributes of the smaller family as compared to the larger family – the smaller family was described as wealthier, happier, better educated, and healthier – and all of these positive attributes were tied to the smaller family's use of family planning. The comments that compared family planning use in the two families, the smaller family used family planning while the larger family did not, and the connection made by the participants between family planning use and less immediate positive outcomes shows the awareness among study participants about the broad, long-term benefits of family planning.

The discussion about achieving aspirations uncovered the perception among study participants that the smaller family would have an easier time achieving their aspirations than the larger family, mainly due to differences in wealth, or reach of existing wealth, in the two families. While the aspirations of the smaller family were said to be centered around educational opportunities for the children – the larger family didn't have time for loftier aspirations such as educational pursuits due to the distractions of meeting the family's basic, daily needs, most importantly, food.

There was conflict in the discussions between those who championed the smaller family for their foresight in planning for the children's future while those who defended the large family noted the ability of God to provide for all – regardless of family size. When promoting the small family respondents emphasized the parents' responsibility to provide for the children vs. the discussion defending the large family where God's role to provide for the family was emphasized.

Chapter 3: Family Planning Decision-Making and Use

In order to uncover the attitudes and norms surrounding family planning decision-making and use, the discussion guides included a short story about a woman who is considering using family planning. In addition to her husband her family includes two young female children. In the fictional story, the woman becomes interested in using family planning after visiting the local health center and seeing a family planning poster. After the focus group discussion facilitators read the short story aloud to the study participants – they prompted discussion via questions on the thoughts and next actions of the fictional characters in the story. What follows here are the themes that emerged from the discussion from the short story and follow-up questions.

Family size planning

The study participants were asked to describe who in the family decides on the number of children to have. The overwhelming response was that it is the husband as befitting his role as "head of the family" and financial provider for the family.

> *In our culture, it is the man's responsibility to determine the number of children to have.*
> Female, 18-24 years, married, 2 children, family planning nonuser, low SES, Ibadan

> *The husband decides on the number of children to have. Whatever pleases the husband must please the wife. A woman cannot force her husband to agree with her on issues relating to the number of children to have.*
> Male, 22 years, married, 2 children, middle SES, Ibadan

> *The husband's decision (on family size) takes priority, the wife can only beg.*
> Male, 46 years, married, 3 children, middle SES, Kaduna

> *The husband is the head of the family. He provides for the family needs. The wife doesn't have any other option but to yield to the demand of her husband on childbearing.*
> Females, 18-24 years, married, family planning nonusers, middle SES, Kaduna

The consequences of not agreeing with the husband's decision were grave to a women's future – they could involve either infidelity or divorce.

> *The responsibility of the family rests on the husband. Some husbands will say that they need two children and some will say they need many children. If the husband and wife disagree on the number of children, the husband may resort to extra-marital affairs. The wife will always submit to the demand for children made by her husband. The husband has the final say on how many children to have.*
> Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

> *If the wife says no more to child birth, the husband can overrule her decision and if she disagrees she may be threatened with divorce.*
> Female, 21 years, unmarried, low SES, Ibadan

A few participants said the wife has the authority on family size decisions – some of the reasons given for the wife making the family size decision included pain in childbearing, control of finances if she is the breadwinner, polygamy (where having many children is advantageous to the wife, and her children's, survival), and trying for a particular sex of a child. The participants from the low SES communities and females were more likely to say wives have this authority.

> *Women can decide on the number of children they want to have. Some women already have in mind how many children they plan to have regardless of their husbands' opinions.*
>
> Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

There were also some instances where participants noted family size planning is a joint decision between the husband and the wife. Young, female, and Ibadan participants were more likely to indicate family size planning that included both the wife and the husband.

> *I believe both husband and wife have equal rights to make this (family size) decision.*
>
> Male, 24 years, unmarried, low SES, Ibadan

> *Both of them should have equal influence on the number of children to have in a family since they are both needed to bring the child to life.*
>
> Female, 24 years, married, 2 children, family planning user, low SES, Ibadan

> *The man has more power than the woman to decide on the number of children to have but sometimes the woman wields more influence because she could determine which pregnancy stays and which goes.*
>
> Female, 18-24 years, married, 1 child, family planning nonusers, low SES, Ibadan

The focus group discussion facilitators probed as to whether members of the extended family have any say in family size planning. More participants discussed how the extended family does have a say in family size decisions than argued that they do not have a say; however, those that did mention that the extended family has a say either noted the extended family has an influence or can only give advice. The direct role of extended family members in family size planning was mentioned more often by females and participants from Ibadan.

> *Sometimes, the extended family has a strong influence on the number of children they want their son or daughter to have. They sometimes put pressure on them to have more children. That is what Africa culture permits.*
>
> Female, 18-24 years, married, 2 children, family planning nonuser, low SES, Ibadan

Approximately half the time the direct role of extended family members' role in family size decision making was discussed a specific influential family member was mentioned: the mother-in-law.

> *There are some of those mothers-in-law that are the ones dictating to their sons how many children they want him to have-and the number is usually high.*
>
> Female, 35 years, married, 0 children, family planning nonuser, low SES, Ibadan

There was some discussion of the mother-in-law's views being influenced by her own experiences with childbearing. If she had only a few children, had children late in life so was restricted in the number of

children she could have, or had only one son she was more likely to pressure her son and his wife to have many children.

> *The mother in-law may be very influential in such a decision - particularly if she had only one male child, she may influence the son to have many children. She may be of the opinion that her son should have enough children to compensate for her own inability to have many children.*
>
> Female, 20 years, married, 1 child, family planning user, low SES, Ibadan

More males than females said the extended family has a say in family size planning – not direct influence.

> *Extended family may advise them but they don't have authority on how many they should have.*
>
> Male, 24 years, married, 5 children, middle SES, Ibadan

Those who said the extended family does not have a say in family size decisions were adamant that the extended family does not have a role in this decision-making process. The language used to express their opinions was very blunt.

> *No family member has the right to tell the wife what to do. It is chiefly the husband's prerogative irrespective of who is prevailing on him for or against children.*
>
> Female, 18-24 years, unmarried, low SES, Ibadan

> *The extended family members don't have any reason to interfere in the affairs of husband and wife.*
>
> Male, 18-24 years, unmarried, low SES, Kaduna

Motivation for Family Planning Use

The study participants were asked why a woman might be interested in using family - the most common response was related to concerns about her health – related to the risks of pregnancy and childbirth. Most often the comments were solely about the woman's health – but at times the comments included the children's health, too. The idea of rest and relaxation was also mentioned in relation to the woman's health – and similarly to the health theme, mostly focused on the woman's need to rest but a few participants indicated that the husband, too, could benefit from a period of rest after birth and the stress in raising an infant. Female and Kaduna participants were more likely to mention the female's health as a motivation for family planning use as compared to male and Ibadan participants.

> *It could be that she wanted to rest for a while before she continues to giving birth. Health reasons could be the reasons why she is thinking of family planning. She does not want to suffer.*
>
> Male, 23 years, married, 1 child, middle SES, Kaduna

In relation to health there were a few comments about the woman's age – if she is young she can afford the time it takes to space births and she might want to space births to retain her youthful appearance.

The second most commonly mentioned motivation for family planning use was spacing births. Older, female, family planning users, and Kaduna residents were all more likely to mention birth spacing as a motivation for family planning use.

> *Maybe she wants the last born to grow up a bit before she conceives again.*

Female, 35 years, married, 2 children, family planning nonuser, low SES, Ibadan

Within the theme of spacing births as a motivation for family planning use – some other subthemes arose, such as: spacing allows parents to adequately afford quality health and education for their children. In addition, there was some discussion of increased sibling harmony with greater spacing between children.

She wants good education and health for her children. The number of children impact on the health of the mother and that of her children. If children are closely spaced, their health status may be impaired. … Her thoughts on family planning may come from the desire to avoid these problems in her family.

Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

Maybe she wants her children to have good education and also have respect for one another. You know if there is no space between the children they will always quarrel and not give respect for one another due to the closeness in age.

Male, 24 years, unmarried, low SES, Kaduna

A third theme on motivation for family planning use was limited family resources, mostly financial resources, to cater for too many children. Participants who were young, unmarried, poorer, family planning users, and from Ibadan were all more likely to discuss the motivating theme of scarce resources as compared to other participants.

Maybe their standard of living in the house is low thus her plan to embrace family planning.

*Male, 22 y*ears, unmarried, low SES, Ibadan

She considers her husband's income level to be grossly inadequate to cater for too many children and she thought the best thing to assist is to look for a way of preventing unwanted births by using family planning.

Male, 36 years, married, 3 children, middle SES, Ibadan

The reason may be because the husband cannot cater for the needs of the family.

Female, 24 years, married, 4 children, middle SES, Kaduna

I think it was difficulty in meeting the family needs that prompted her to be thinking about family planning.

Female, 25 years, married, 6 children, family planning user, low SES, Kaduna

Another motivating factor for family planning use is limiting births. Ibadan and married participants were more likely to comment that limiting births is a motivation for family planning use.

Maybe she believes that the two children she already has is enough.

Male, 23 years, married, 3 children, low SES, Ibadan

If she feels he is okay with the number of children she has, then she may start thinking about family planning.

Female, 24 years, married, 1 child, low SES, Ibadan

The theme of sexual intercourse came up as a motivator for family planning use – whether it was the freedom family planning gives couples to enjoy sex often and without fear of an unwanted pregnancy, to counter a fertile wife, or a husband who wants to have sex all of the time. Young and male participants were more likely to bring up this topic.

> *If her husband agrees (to family planning use), they will both enjoy each other more than before as they can make love without the fear of pregnancy.*
>
> Female, 21 years, married, 1 child, family planning nonuser, low SES, Kaduna

> *She may like it because it will give her opportunity to rest while she could still satisfy her sexual urge and that of her husband.*
>
> Female, 22 years, married, 1 child, family planning nonuser, middle SES, Ibadan

> *If her husband is the type that enjoys having sex and is not ready to have another child, then he may encourage the wife to start using family planning.*
>
> Male, 29 years, married, 1 child, low SES, Ibadan

Another motivating factor mentioned was being positively affected by family planning poster messages as well as interactions with health care professionals who promoted the use of family planning. The motivation of family planning posters and health care professionals to use family planning was mentioned more often by Kaduna residents, nonusers of family planning, married, and male participants.

> *Because she has seen how the family with many children (in the photo) is suffering and she does not want to suffer the same. The family planning poster has really spoken to her and has raised her desire for a small family.*
>
> Female, 32 years, married, 5 children, family planning nonuser, low SES, Kaduna

There was some discussion about the effect of peers, or role models, on motivation to use family planning methods. Peers could act as motivating factors by the mere fact that they modeled using family planning methods. Poor, unmarried, and male participants were more likely to make these comments.

> *Maybe some of her friends had done it before and she wants to imitate them.*
>
> Male, 24 years, married, 1 child, low SES, Ibadan

> *As for me, it may be that she saw her friends doing it (using family planning) and she admires them because they did it and they are living well and happy, she may decide to follow suit.*
>
> Male, 23 years, married, 1 child, low SES, Kaduna

Initiating the family planning conversation

Study participants were probed with the following question, “In this community, who usually starts the conversation about family planning?” Two people were identified as candidates for initiating the family planning conversation – the wife or the husband. A few people mentioned that either the wife or husband can initiate this discussion; however, the most common response was that the responsibility of initiating the family planning conversation rests on the wife. Nearly all groups discussed the central role of the wife in initiating family planning discussions at home. The main reason women were said to initiate this conversation was due to the fact that they carry the burden of pregnancy and childbirth.

Women initiate the family planning issue in the family.

Female, 20-24 years, married, 1 child, family planning nonuser, low SES, Ibadan

The woman is directly involved because she carries the pregnancy. Men will only impregnate you and the burden of child bearing is always left for the woman to bear.

Female, 35 years, married, 0 children, family planning nonuser, low SES, Ibadan

Those that indicated the husband initiates the family planning conversation were more likely to be married, male, young, from Kaduna, and from the lower SES communities. Husbands were said to initiate the family planning conversations because they are the head of the family, they decide on the number of children to have, and the burden of taking care of the family rests solely on them.

It is the man that first talks about family planning because the responsibility of taking care of the children rests on him. He cannot afford to have many children that he cannot cater for.

Male, 24 years, married, 2 children, middle SES, Kaduna

Consulting others about family planning before initiating use

The groups were asked to discuss who the wife might talk to about her feelings about using family planning. In all groups, except for two, participants discussed that the wife should discuss the topic with her husband.

Frankly, the husband is the best person to approach; I don't support her to seek for (family planning) advice somewhere else.

Male, 23 years, married, 1 child, low SES, Kaduna

She should consult her husband first because he owns her.

Female, 30 years, married, 6 children, family planning nonuser, low SES, Kaduna

She may discuss it with her husband. If she doesn't tell him before she opts for family planning, such an act can disintegrate their family.

Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

It is not easy for a wife to consult her husband about family planning issues. She might be riddled with fear at the prospect, especially if she doesn't have a good relationship with her husband, suspects her husband is against the idea of family planning use, or if her husband is a particularly difficult man.

Fear of telling her husband (about her wish to use family planning) could grip her heart.

Female, 22 years, married, 1 child, family planning nonuser, middle SES, Ibadan

She should just go ahead to inform her husband. He will not kill her. The worst he can do is for him to object to it.

Female, 24 years, married, 2 children, family planning nonuser, middle SES, Ibadan

If she is afraid to consult her husband, or upon consulting her husband he doesn't agree with her idea to use family planning, she might turn to others for support in tips for consulting her husband or acting as a mediator between the wife and the husband on the issue of family planning use.

If she is afraid of telling the husband directly, she can indirectly pass the message across to her husband and see how he will react to it. She could use many ways to find out about her husband's reaction.

Female, 35 years, married, 0 children, family planning nonuser, low SES, Ibadan

She can discuss it with her husband probably for a trial. If the husband agrees, she may decide to start using family planning but if he declines, she may look for another way to communicate her intention.

Male, 36 years, married, 3 children, middle SES, Ibadan

One person the wife could consult regarding her idea to use family planning is her mother. The reason a woman might go to her mother for advice would be that her mother is experienced in these issues, will give her accurate advice, and can give her advice on how to best approach this topic with her husband. Older, married, females, and participants from Ibadan were more likely to suggest the mother as a confidant as compared to younger, unmarried, males, and participants from Kaduna.

Apart from the husband, the other person the woman can also tell is her mother. After all, your mother will not give you wrong counsel.

Moderator: Why?

Because if she tells her friend, she may be wrongly advised; if she tells her husband, he may also not welcome the idea. But her mother should counsel her right.

Female, 35 years, married, 1 child, family planning nonuser, middle SES, Ibadan

It will be easier to tell her mother because she will always listen to her. Her mother will know how to discuss it with her husband. Her mother can also teach her strategies to adopt when she wants to approach her husband.

Female, 26 years, married, 1 child, family planning user, middle SES, Ibadan

A wife might consult her mother or mother-in-law as she could be the one to broach the subject with her husband or intervene when the husband reacts negatively to the wife's suggestion regarding family planning use.

She can come to this extent (wife consulting her mother-in-law) if her husband is not willing to accept since her husband should be obedient to his own mother.

Male, 28 years, married, 3 children, low SES, Ibadan

If she finds it difficult to discuss family planning with her husband, she may penetrate her husband through her mother.

Female, 33 years, married, 3 children, family planning nonuser, middle SES, Ibadan

It is her mother that can intervene on her behalf with her husband when crises begin on the family planning issues.

Female, 28 years, married, 1 child, family planning user, low SES, Ibadan

Some study participants indicated the wife could consult her doctor to either obtain more information about family planning or to request that her doctor help her tell her husband about the benefits of family planning use with the expectation that the husband will listen more favorably to the doctor's advice than to the wife. Participants from middle SES neighborhoods were more likely to make this suggestion than participants from lower SES neighborhoods.

> *She can also discuss with the doctor, who can give her the best advice from a professional perspective.*
>
> Female, 19 years, married, 2 children, family planning nonuser, low SES, Kaduna

> *I will advise a woman to plead with doctor to help her inform her husband about family planning. The doctor can even speak with the husband on phone.*
>
> Female, 20 years, married, 1 child, family planning user, middle SES, Ibadan

> *She (the wife) will take him there (family planning clinic) too so that they (health professionals) can explain to him to his understanding. Because if she tells him, he may not agree, he will see it as if it were some women that urged her. If she takes him there to have this explanation, probably he may agree.*
>
> Male, 30 years, married, 1 child, low SES, Kaduna

The wife could also consult her friends. There were a number of reasons the wife might consult friends – to "sample their opinions" or to share with confidants plans for use or covert use; however, the main reason a wife would consult friends about this issue was driven mainly by fear of approaching her husband – she would rely on a friend who is an experienced family planning user to give her advice on how to approach this delicate topic with her husband, the wisdom of family planning use generally, and how to handle a difficult husband. Female participants and those from Ibadan were more likely to suggest consulting friends than male participants and those from Kaduna.

> *She (the wife) cannot talk to any friend but the one that has experience in family planning.*
>
> Female, 30 years, married, 8 children, family planning nonuser, middle SES, Kaduna

> *If she will be afraid of telling her husband directly, she can first seek a friend's counsel on how to go about it.*
>
> Female, 35 years, married, 3 children, family planning nonuser, low SES, Ibadan

There were some participants who mentioned the wife can go to someone her husband respects – most often this person was identified as the husband's friend or best friend. The purpose of the wife going to the husband's friend to discuss family planning is to due to her fear of her husband's response to the idea and to ask the husband's friend to approach her husband for her or assist her in the process of convincing her husband that family planning is a good option for them. Males were more likely to make this comment, as were younger and unmarried participants.

> *She can talk to her husband's close friend about family planning who will act as a medium of taking the message to her husband.*
>
> Female, 23 years, married, 2 children, family planning nonuser, middle SES, Ibadan

The wife might also consult the husband's friend if she has tried to talk to her husband about family planning and her husband refuses to accept the idea.

If she (the wife) approached him (the husband) and he refused, she should relate the matter to the person the husband respects in order for such a person to talk to him (her husband).

Male, 23 years, married, 0 children, low SES, Kaduna

Only two persons suggested the wife could consult her religious leader – one male and one female both from Ibadan. From the female's perspective – the religious leader would then be the one to consult her husband and convince him. The other females in her group didn't agree that a wife should seek a religious leader's council for family planning advice or assistance with the stance that religious leaders' shouldn't interfere in private matters of the family.

Prior to initiating family planning use

According to our study interlocutor's, before a woman can initiate family planning use she must obtain permission from her husband to use family planning. Female, poor, and married participants were more likely to discuss this theme.

The husband may agree or may not (to the wife's family planning use wishes); she will have to settle for whatever the man says.

Female, 20 years, unmarried, 0 children, low SES, Ibadan

I believe that the woman will inform her husband about her intention to go for family planning and her next action will be determined by the reaction of her husband.

Female, 35 years, married, 2 children, family planning nonuser, low SES, Ibadan

I too will advise her to tell her husband first but if he disagrees then she will be helpless on this issue.

Female, 35 years, married, 2 children, family planning user, low SES, Ibadan

I will advise her to talk to her husband about it. The next step will be decided by her husband's response. Regardless of her feelings, it is necessary she talks to her husband about it first.

Male, 23 years, married, 2 children, middle SES, Ibadan

As far as he is her husband, she needs to accept him and tell him, and whatever he says, they should both agree.

Female, 30 years, married, 2 children, family planning nonuser, middle SES, Kaduna

The consequences of using family planning without a husband's consent were great.

The husband may agree with her but if the husband does not agree and the wife insists the family may break-up...

Male, 24 years, unmarried, low SES, Ibadan

The family planning discussion

There are certain preparations a wife can do to increase the odds that her husband will accept her idea to initiate family planning use. The most important thing she can do is present the issue well. Presenting the family planning issue to her husband includes pampering him and being prepared with knowledge about family planning from an outside source prior to broaching the subject with him.

> *The husband may agree if she is able to convince her husband very well.*
>
> Male, 35 years, married, 5 children, middle SES, Ibadan

> *People are different- he may accept when she explains the way he will be satisfied with the explanation.*
>
> Male, 24 years, married, 0 children, low SES, Kaduna

> *It will be good for her to say it at the right time to get the best response, for example, when he is relieved or enjoying himself, then she should explain to him.*
>
> Male, 23 years, married, 0 children, low SES, Kaduna

Some felt that women have "ways" and those womanly ways will make this task easy; however, most felt that this task was not an easy one.

> *It will be easy for her to tell her husband because women have different cunning ways of arresting their husbands' attention and presenting critical issues.*
>
> Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

> *She knows the right way to inform him about her decision to go for family planning.*
>
> Male, 21 years, unmarried, low SES, Kaduna

With respect to the discussion about family planning that occurs between a husband and a wife, which is usually initiated by the wife as noted earlier, the discussion is easier on the wife if the husband and wife have a good relationship or the husband "loves" her.

> *It depends on the relationship between the wife and the husband, if the husband and wife are having cordial relationship, there will be no problem at all. But if the relationship is not cordial, then the husband may be suspicious of the wife's intention to do family planning.*
>
> Female, 21 years, unmarried, 0 children, low SES, Ibadan

> *It is her husband she must confront him. She doesn't need to be afraid if they are very close.*
>
> Female, 28 years, married, 3 children, middle SES, Kaduna

> *If the husband loves her he will not like to see her suffering unnecessarily.*
>
> Female, 25 years, married, 5 children, family planning nonuser, low SES, Ibadan

There was also a sense that a husband who initially disagrees with his wife on the idea of family planning might eventually come around to the idea after some time has passed or she has been persistent in developing her case for family planning use.

It is rare to see a man that would agree to family planning easily but after much appealing, he would agree.

Female, 21 years, unmarried, 0 children, low SES, Ibadan

Family planning use barriers

Throughout the focus group discussions various barriers to family planning use would surface. The most commonly mentioned barrier to family planning use was husband's disapproval of family planning.

It is the women's responsibility to first talk about family planning but it is subject to their husbands' ratification. Once they oppose, it will be very difficult for such women to implement family planning usage.

Female, 28 years, married, 2 children, middle SES, Ibadan

If the man feels like he has what it takes to cater for all the children he has, there is no reason for the wife to do it.

Male, 23 years, married, 3 children, low SES, Ibadan

If her husband is pleased with it, he can tell her to go for it. On the other hand, he may not allow her to take up family planning if he is not pleased with it.

Female, 27 years, married, 2 children, family planning user, middle SES, Ibadan

A second barrier to family planning use was contraceptive method side effects. Most comments noted the issue of side effects, without specifically identifying the harmful side effects.

There is no perfect family planning method. Each of them has its deficiencies and side effects.

Female, 34 years, married, 2 children, family planning nonuser, middle SES, Ibadan

I will advise her not to do it. Family planning is very dangerous to person's health. Great caution needs to be exercised.

Male, 30 years, married, 1 child, middle SES, Ibadan

I will not allow my wife to use tablet because the consequences outweigh the benefit.

Male, 30 years, married, 1 child, middle SES, Ibadan

Some comments noted side effects that are not necessarily side effects of family planning use, such as, temporary or permanent infertility. Family planning use barriers related to side effects were more likely to be noted by Ibadan, older, middle SES, male, and family planning users.

Her husband may not agree with her (to use family planning) because he may want more children now and he is scared that family planning methods may permanently hinder their opportunity to have children in the future.

Female, 32 years, married, 7 children, family planning user, low SES, Ibadan

It (family planning method use) could destroy the womb such that when she wants to have another child it becomes difficult.

Male, 18 years, unmarried, low SES, Kaduna

Another barrier to family planning use mentioned was a fear of infidelity. In all cases, the comments were directed to the questionable fidelity of the wife if she wants to use family planning. Interestingly, this barrier was mentioned most often by female participants and not male participants. Ibadan and family planning users were also more likely to discuss this theme.

> *Some husbands will not support their wives' decision for family planning because they may feel it's a license for promiscuity on the side of the woman.*
>
> Female, 35 years, married, 3 children, family planning user, middle SES, Ibadan

A few participants mentioned the barrier of religion to family planning use. This theme only surfaced in three male focus groups. The issue of prohibitive contraceptive expense was voiced in only one group.

> *In the Islamic religion, they see family planning as a sin. They believe that if God doesn't want a child to be born at a particular point in time, no matter how frequently the couple sleeps together, it can't result into a pregnancy. So they believe that every pregnancy is ordained by God for a reason and shouldn't be prevented for any reason.*
>
> Male, 24 years, married, 1 child, low SES, Ibadan

Family planning use

In consideration of all the family planning obstacles, study participants were asked why someone would start using family planning. The most common response was related to the husband – if a woman had started using family planning then her husband must have given his approval to her. Family planning nonusers, Kaduna residents, and female participants were all more likely to contribute to this theme in the data.

> *She couldn't have started at all if her husband had not supported her. The support she received from her husband boosted her moral.*
>
> Female, 18-24 years, married, family planning nonuser, low SES, Ibadan

> *Her husband was involved because if he wasn't she wouldn't have gone back to see the doctor for family planning.*
>
> Female, 28 years, married, 2 children, family planning user, middle SES, Ibadan

> *She was encouraged by her husband. A responsible wife will not like to do anything that the husband detests.*
>
> Female, 24 years, married, 0 children, family planning nonuser, middle SES, Kaduna

> *Her husband must have supported it. She can't use family planning without the consent of her husband.*
>
> Female, 18-24 years, married, family planning nonuser, middle SES, Kaduna

> *Before she can start to use family planning methods, her husband must have certified it.*
>
> Female, 27 years, married, 3 children, family planning nonuser, middle SES, Kaduna

As noted above, the husband's approval of family planning use was not just consent, at times; it was his support as well that mattered. Some participants described a female's initiation of family planning use

as a result of a joint decision between husband and wife; however, the predominant theme was the husband giving the wife permission to use family planning and it was not discussed as a unified decision. All comments in regards to a more unified decision between a husband and wife to initiate family planning use were made in Ibadan.

> *It may be that there is total agreement between her and her husband (to use family planning).*
> Male, 22 years, married, 2 children, middle SES, Ibadan

Whether a husband would consent or not to family planning use largely depended upon the wife's presentation of the issue, their relationship, and the husband himself. Kaduna residents were more likely to discuss the issue of agreement depending on the husband's temperament than participants in Ibadan.

> *I think the personality of the husband matters a lot here.*
> Female, 24 years, married, 2 children, family planning user, low SES, Ibadan

> *Some husbands will agree while some others will disagree with the idea even though they cannot take care of the large family.*
> Female, 27 years, married, 4 children, family planning nonuser, low SES, Kaduna

Some adjectives used to describe a husband who would consent to family planning use were "exposed", "reasonable", "focused", "calm", and "cooperative".

> *If the husband is heady, he will say that the wife should not do it. On the contrary, if the husband understands, he will agree to it.*
> Female, 35 years, married, 1 child, family planning nonuser, low SES, Ibadan

> *If the husband I the cooperative type, the woman will be able to rest.*
> Female, 24 years, married, 4 children, family planning user, low SES, Kaduna

He is more likely to accept and consent to family planning use if he is educated.

> *It depends on the kind of husband she has. If the man is educated, he will agree otherwise he may not want to agree.*
> Male, 23 years, married, 3 children, low SES, Ibadan

There was some mention that regardless of the husband's personality type or disposition – he would have to consent to family planning given the situation of the economy.

> *The husband may agree with his wife on family planning. The current economic situation is forcing people to limit the number of children to have. People do not want to give birth to thugs anymore.*
> Male, 21 years, married, 2 children, middle SES, Ibadan

Some other reasons given for family planning use by a few participants each were limiting births, spacing births, maternal health, and child health.

She could also be thinking of family planning if she wants to space her children to enable her and the children to have good health.

Female, 24 years, married, 2 children, family planning user, low SES, Ibadan

I feel that she is convinced that child spacing is good and she need to do it for her health and her child's health. It can also be because of the pains of carrying pregnancy or it is possible she realized the hardship of the economy with so many children. She might have heard the advice of those that are doing well with few children.

Female, 32 years, married, 5 children, family planning nonuser, low SES, Kaduna

Covert family planning use

The issue of covert family planning use was discussed in 70% of the focus groups. The issue of covert use was at times referred to in a clandestine way, much like the behavior that was being described. There were more positive statements about covert use than against covert use. Women, Ibadan participants, family planning users, and older participants were more likely to discuss covert use.

The wife owns her body and she may decide to use family planning anytime she wishes.

Female, 24 years, married, 1 child, family planning nonuser, low SES, Ibadan

If any reason was given for covert use – it was most often related to bearing the burden of pregnancy and childbirth complications.

It depends on the nature of the husband. If he is the type that will not support family planning, I will tell her to go and do family planning without her husband's consent. Women are always at the receiving end of any pregnancy related complications.

Female, 20 years, married, 1 child, family planning nonuser, middle SES, Ibadan

At times covert use was said to be the last resort for women who tried to involve their husbands in the family planning use decision-making process and failed – or the husband became a barrier to the wife's wishes to use family planning.

At times the woman will go and do it (use family planning) without the knowledge of the husband because of his failure to give attention to her request.

Female, 30 years, married, 4 children, family planning user, low SES, Kaduna

I will advise her to first discuss it with her husband in order to avoid trouble but if her husband refuses, I may advise her to go for family planning without her husband's knowledge.

Female, 25 years, married, 2 children, family planning user, middle SES, Ibadan

There was also discussion about the consequences of covert use - how covert use discovered by the husband could lead to trouble in the home, sometimes even leading to divorce or him taking another wife. The consequences were mentioned more often by females and Ibadan participants than males and Kaduna participants.

She has to inform the husband first before embarking on any family planning method because if she doesn't then trouble is inevitable.

Female, 35 years, married, 4 children, family planning user, low SES, Ibadan

Male involvement in family planning

Study participants were asked whether the husband was involved in the wife's decision to use family planning and initiating family planning use – the term "carrying the husband along" in the family planning process was often used to describe the wife's involvement of their husbands in the family planning decision-making process. These comments were made most often by participants from the lower SES neighborhood, married, and family planning users.

> *Yes, she cannot use family planning without her husband's knowledge. Her husband must have played a very significant role in her decision to use family planning.*
>
> Female, 33 years, married, 6 children, family planning user, middle SES, Kaduna

> *The contribution of the husband is allowing her to go for family planning and ensuring she continues as long as it works.*
>
> Male, 24 years, married, 0 children, low SES, Kaduna

In addition to being involved generally, husbands were specifically noted as providing the funds necessary for the wife to use family planning. The comments that male involvement was financial provision for family planning services came mostly from participants from the lower SES neighborhoods and females.

> *The man should be very much involved. If he has the financial wherewithal, he will ask how much it will cost and he will take care of whatever expenses incurred.*
>
> Female, 24 years, married, 1 child, family planning user, low SES, Ibadan

> *Even if they are poor, the husband will have to agree to pay for the cost of family planning because he should be involved.*
>
> Female, 24 years, married, 2 children, family planning user, low SES, Ibadan

A few study participants, mostly males, mentioned that the husband's involvement could include "following" his wife to the hospital or family planning clinic.

> *The husband should follow the wife to family planning clinic to know it better.*
>
> Male, 30 years, married, 0 children, low SES, Ibadan

> *He should follow her to the clinic to know what is happening there.*
>
> Male, 47 years, married, 3 children, low SES, Ibadan

Analysis of the comments in regards to the husbands' involvement in family planning included the word "should" – indicating the common perception that the man should be involved in the family planning process but may not actually be involved in reality.

Choosing a family planning method is a medical decision

Study participants often mentioned the issue of whether a family planning method is compatible with a woman's "body system" or not. If a particular method was compatible with the woman's body system then she wouldn't suffer side effects from method use; however, if the method was not compatible with her body system then she would suffer from associated side effects. Female and married participants were more likely to make these comments as compared to males and unmarried participants.

> *One can't say one method is better than this other one; it all depends on the body chemistry of each individual that partakes of it.*
>
> Female, 27 years, married, 1 child, family planning user, low SES, Ibadan

> *I think it (using injectables) is somewhat risky because our human bodies are different. What is good for one can be bad for another.*
>
> Male, 46 years, married, 3 children, middle SES, Kaduna

> *I think there is no straight answer, as long as it's conducive with the user's system, it is good. Different types are suitable for different people.*
>
> Female, 30 years, married, 0 children, family planning nonuser, low SES, Ibadan

Doctors were the ones who could assist a woman in identifying the appropriate family planning method for a woman - they would identify the appropriate family planning method for a woman after conducting the necessary clinical tests on her to determine her body system type.

> *The method to use depends on the doctor's prescription after the appropriate test has been conducted...*
>
> Male, 24 years, married, 5 children, middle SES, Ibadan

> *They (health professionals) normally conduct some tests and recommend the most befitting for a person so if it wasn't good for her, it wouldn't have been recommended for her.*
>
> Female, 35 years, married, 0 children, family planning nonuser, low SES, Ibadan

An absolute trust in health professionals, hospitals, and governments was evident from the study participants in regards to family planning method advice. Males, middle SES residents, married, young, and family planning nonusers were all more likely to comment on this theme.

> *It (pill use) is not harmful since it's at the hospital they gave her.*
>
> Female, 20 years, unmarried, 0 children, low SES, Ibadan

> *I think the oral pill is a good one for her because if it wasn't good, it would not have been introduced to her or to any other woman in the first place.*
>
> Female, 35 years, married, 2 children, family planning nonuser, low SES, Ibadan

> *Doctors are in the best position to know whether the pill is a good contraceptive method or not.*
>
> Male, 22 years, married, 1 child, middle SES, Ibadan

In my own opinion, it is very good because it is a doctor that prescribed the drug, and I know that he cannot give drugs that will harm his patient.

Male, 24 years, married, 0 children, low SES, Kaduna

Pill is the least risky. If it has any health hazards, the doctors and government would not have given permission for its use.

Male, 44 years, married, 6 children, middle SES, Kaduna

While the trust of the health system, health professionals, and the Nigerian government that they would not harm Nigerians is among the most, if not only, positive themes in regards to direct family planning use in this study – it is a bit disconcerting as the level of trust is so high that individuals could feel betrayed should anything go wrong when using family planning. For example, the quote below demonstrates how the young man feels that the doctor wouldn't give anyone an injectable that would have side effects as a result of injectable use. This level of trust in the doctor is tenuous because a doctor cannot predict when a woman will experience side effects with injectable use or not – and most likely she will experience some side effects.

It has no danger, because the doctor that gives the injection knows it doesn't have any side effects.

Male, 23 years, married, 1 child, low SES, Kaduna

Additionally, the theme about doctors having a test that could determine the appropriate family planning method for an individual based on their body system is also incorrect. If individuals believe these tests exist – then they will be sorely disappointed if either the test is not conducted or experience side effects as a result of using family planning method recommended by a health professional. While it is good to use the trust of health providers to spread family planning messages, it must be done carefully to not exacerbate these feelings of trust and should most likely address these misconceptions about providers' ability to predict negative family planning experiences before they happen in order to avoid a negative backlash from disappointed users.

Types of methods available for use

Study participants were asked to name different types of family planning methods, besides oral contraceptive pills, a woman could use. The study interlocutors mentioned many different types of methods, some modern methods, traditional methods, and herbal concoctions. Among the modern methods, the most commonly mentioned method was the condom. Only females indicated the condom could be either the male or female condom while males only mentioned the male condom. Young males were the group most likely to mention condoms. The next most frequently modern method mentioned by study participants was the injectable – followed by the pill and IUD. Married females were more likely to mention the IUD than any other demographic. A few people mentioned sterilization – and just one participant noted each of the following methods: Norplant, cervical cap, and emergency contraception. The groups mentioned numerous traditional methods, including withdrawal, the calendar, rhythm, body temperature, postpartum amenorrhea, and abstinence methods. Males were more likely than females to mention traditional methods.

Reasons for discontinuing family planning

At the end of the fictional story about the Nigerian wife and husband the focus group participants learnt that the wife stopped using the oral contraceptive pill after six months of use. The facilitators asked participants why the wife stopped using the pills. The most common reaction, and always mentioned first, was a desire for pregnancy. All focus groups mentioned this theme except for one, the unmarried males in Ibadan.

> *She is ready to be pregnant. Her aim initially was to prevent child birth and now that she is ready to be pregnant, she needs to stop using the oral contraceptive pills.*
>
> Female, 28 years, married, 2 children, middle SES, Ibadan

> *She wants to have more children and she doesn't want the pills to hinder her aim.*
>
> Male, 21 years, unmarried, low SES, Kaduna

The second most common theme related to discontinuation was the mention of side effects, actual or feared, which can force a woman to stop using the pill. Young, female, nonusers of family planning, and participants from Kaduna were all more likely to mention side effects as a reason for method discontinuation.

> *Maybe she stopped the pills because the pills are beginning to have adverse effects on her body system and she wanted to be careful to not endanger her life.*
>
> Female, 35 years, married, 1 child, family planning nonuser, low SES, Ibadan

Another series of common themes related to discontinuing family planning use were related to the husband. Out of the discontinuation themes related to the husband, the most common was related to covert family planning use and fear of husband discovering suspecting the wife's covert family planning use.

> *Maybe she did not want her husband to find out because she did not seek his opinion when she started.*
>
> Female, 32 years, married, 4 children, middle SES, Kaduna

Ibadan participants talked of husbands complaining about the wife not getting pregnant, which insinuated covert use without explicitly saying covert use took place.

> *Maybe her husband is complaining that she has not taken in (gotten pregnant) for a while.*
>
> Female, 21 years, unmarried, low SES, Ibadan

> *Maybe she's beginning to suspect her husband of infidelity due to her not being able to satisfy the man because of the family planning issue, so she may decide to stop using the pills so that she can keep satisfying the man the way she used to do.*
>
> Male, 23 years, married, children, low SES, Ibadan

In addition to issues related to covert use – a common theme in discontinuation related to husbands was husbands' agreeing, asking, telling, advising, instructing, or forcing the wife to stop using family

planning. Most often the comments under this theme did not give a reason for the husband telling her to stop – just noted that his word would be the reason for discontinuation.

> *The husband might have supported it. And maybe he was even the one that told her to stop when she stopped.*
>
> Female, 35 years, married, 0 children, family planning nonuser, low SES, Ibadan

Some participants, all females, noted that another option rather than to discontinue pill use was to switch from pill use to a different method, whether due to experience with side effects, fear of side effects, doctor's advice, suitability with one's body system, or effectiveness.

> *Honestly speaking, it is not easy to use drugs on daily basis. She might be tired of the drug and feels that she needs another method that is more reliable. It may also be due to the envisaged dangers of the drug.*
>
> Female, 30 years, married, 6 children, family planning nonuser, low SES, Kaduna

There were a few participants who commented on the expense of pill use and the fact that an individual may discontinue family planning use if funds for the method were insufficient.

> *Maybe the money to continue using the pills is no more easy to get or bearable. I mean it may be because the money to buy the pills is not available.*
>
> Male, 24 years, unmarried, low SES, Ibadan

Another theme brought up by a few participants related to finances was the effect of sudden wealth on decisions to continue childbearing. There was a sense that wealth determines family size, as presented earlier, so there is a corresponding feeling that if a person comes upon sudden wealth then there is no need for family planning as the person can have more children due to the extra, unexpected riches.

> *Probably the husband has gotten into sudden wealth and the economic status of the home has risen so they could afford to have more children now.*
>
> Female, 21 years, unmarried, low SES, Ibadan

> *Maybe she decided to use family planning because the husband does not have the means to cater for more children and now God has provided the means and she has decided to continue having children.*
>
> Male, 38 years, married, 5 children, middle SES, Kaduna

SUMMARY

Family Planning Decision-Making and Use

The decisions about family size are typically made by the husband as is the decision whether or not to use family planning. Although the husband has the final say in family planning use decisions – the wife is tasked with the job of initiating the family planning conversation with her husband. She must present the idea well to her husband – waiting for him to be in the right mood, preparing his favorite dish, and bringing up the topic in a way that will be pleasing to the husband – usually relying on outsiders for details for this important conversation. Whether or not her husband agrees with her idea to use family planning, and gives her permission and funds for use, depends largely on her presentation of the idea, her husband's education level, and his personality. If he reacts unfavorably to the wife's suggestion, or she is too afraid to broach this important topic with her husband, she can consult others in her social network for advice or to act as mediators in the discussion. These potential mediators include mothers, mother-in-laws, doctors, friends, and even her husband's close friends.

If a wife receives permission from her husband to use family planning she then consults a doctor about the appropriate method for her. She undergoes tests that the doctor interprets to understand her body system and advice her on which method would be best suited for her body system. The main reason a woman might discontinue family planning use is that she desires a pregnancy. Other reasons for discontinuation include method side effects, real or perceived, husband demands she stops, or she decides to switch to another method that is more suitable for her.

Chapter 4: Weighing Various Reproductive Health Risks

Study participants were asked to identify the risk associated with six different family planning methods, condom, pill, injectable, IUD, sterilization, and fertility awareness methods, as well as four pregnancy related risks, abortion, getting pregnant soon after having a baby, having a birth under 18 years of age, and having six children. For each family planning method or pregnancy related item, study participants could indicate whether they thought the item was most risky, somewhat risky, or least risky. A weighted, proportional to the number of comments, summary score was created to order the items from most risky to least risky.

When ordering the six family planning methods in order of risk, sterilization was found to be the most risky, followed by the pill, IUD, injectable, condom, and finally, fertility awareness methods. Sterilization was thought to be much more risky than the other methods, while the use of fertility awareness methods was associated with very minimal risk. Pill and IUD risk were nearly the same in risk level – pill use had just a slightly higher risk score than the IUD. Injectables were found to be more risky than condoms – but not by a large margin, both were found to be much less risky than sterilization, pills, and IUD.

The four pregnancy items ordered from most risky to least risky from the participants' perspectives are abortion, no birth spacing, teenage motherhood, and having six children. Birth spacing followed closely behind abortion in level of risk. Teenage motherhood was not close to the level of risk assigned to birth spacing and having six children was associated with even less risk.

Taken together, family planning methods and pregnancy risk, from most risky to least risky the items were ordered as follows: sterilization, abortion, no birth spacing, pill, IUD, injectable, teenage motherhood, condom use, having six children, and fertility awareness methods. Sterilization and abortion risk were seen as nearly equally most risky – and no birth spacing followed closely behind in risk level. Giving birth at an age of less than 18 was seen as just slightly less risky than injectable use and slightly more risky than condom use. Although having six children was ordered as only more risky than fertility awareness methods – the difference in risk score between the two was quite wide.

When comparing the order of risk of the items by group characteristics – city, wealth, sex, age, marital status, and contraceptive use – some patterns emerge. Sterilization and abortion are always ordered as the two most risky items, however, whether abortion is more risky than sterilization or vice versa is not consistent across any of the characteristics. The risk of no birth spacing is consistently the third most risky event while having six children and using fertility awareness methods are consistently the least risky items. The order of the remaining items: pill, IUD, injectable, condoms, and teenage motherhood, differ by characteristic.

During the process of identifying the level of risk for each item presented above the focus group participants were asked to explain why they chose the level of risk that they did – and why one item was identified as more or less risky as another. In the following section the themes that arose about the risks of each item are presented along with quotes to illustrate the themes.

Fertility awareness methods

When study participants discussed the risks and benefits of using fertility awareness methods to prevent an unwanted pregnancy there were more comments about the risks than the benefits. The only risk mentioned was failure – and this was said to occur either through a miscalculation of the fertile period due to changes in the menstrual cycle or if the husband wants to have sex during the fertile period. Only females mentioned the second issue. Overall, through the comments about the risks of using fertility awareness methods the study participants showed accurate knowledge about the menstrual cycle and corresponding fertile periods; however, there were more comments in Ibadan about failure through menstrual cycle changes/miscalculations possibly indicating a better understanding of the menstrual cycle in Ibadan than Kaduna.

> *It is somewhat risky because everything changes. Her menstrual cycle may change as well. If they have unprotected sex during this time, it could result in pregnancy.*
>
> Male, 24 years, married, 5 children, middle SES, Ibadan

> *If your husband wants to have sex during your unsafe period, you will not want him to go outside (infidelity) and that can result in pregnancy.*
>
> Female, 23 years, married, 2 children, nonuser of family planning, middle SES, Ibadan

The comments regarding the benefits of fertility awareness methods ranged from “free”, “convenient”, “natural”, and “no side effects” .

> *It (fertility awareness methods) has no side effects and is convenient. You enjoy the sex and yet do not fear pregnancy. It is the best and was created by God Himself*
>
> Female, 27 years, married, 3 children, family planning nonuser, low SES, Kaduna

Condoms

Study participants were asked to discuss the risks associated with using a condom for family planning use. Nearly every focus group mentioned the fact that condoms can break, burst, tear, or slip off during sex. Not only did participants discuss this undesirable aspect of condoms with a high frequency, they also mentioned a consequence of condoms breaking during intercourse – specifically, failure. Failure is even more troubling than the consequences of an unwanted pregnancy in this situation. The husband operates under the assumption that he had protected sexual intercourse with his wife so in order for her to get pregnant she must have had sex with another man; this unfortunate situation was sometimes said to lead to divorce.

> *Sometimes it (the condom) can also have a hole and some sperm escape into the woman. The husband will believe he used a condom and the wife should not get pregnant. He may believe that he is not responsible for the pregnancy.*
>
> Female, 24 years, married, 3 children, middle SES, Ibadan

There were also comments made in regards to the effect of condoms on sexual pleasure. It is interesting to note here that in contrast to the usual complaints about reduced sexual pleasure with condom use -

there were more comments related to females feeling reduced pleasure, or even pain, with condom use than males feeling reduced sensation.

> *It (condom use) always makes the woman not to enjoy the sex; she only enjoys it when she feels the sperm inside her.*
>
> Female, 25 years, married, 3 children, family planning nonuser, low SES, Kaduna

There was a general sense that not all condoms are equal – that the "original" condom is the best but is hard to find nowadays. The "fake" condoms that were available presently could lead to breaks/tears and failure, as mentioned above, as well as transfer of sexually transmitted infections through breaks/tears or through the substandard material.

> *The ones available are not good enough and HIV/AIDS virus can penetrate through the sub standard ones. Even many homes have been scattered due to condom failure.*
>
> Male, 35 years, married, 0 children, low SES, Ibadan

In addition to the negative comments about condom use for family planning there were quite a few positive comments as well. There were about twice as many positive comments from men as compared to women, which is unexpected and encouraging.

> *… condom is the best family planning method.*
>
> Male, 25 years, married, 0 children, low SES, Ibadan

The main positive themes mentioned in regards to condom use were that the condom has no side effects and it is easy to use. Another positive comment included the fact that condoms not only prevent pregnancy but other sexually transmitted diseases as well.

> *Instead of the lady unnecessarily risking her life (by using hormonal methods), I will rather suggest that the husband should be using condom whenever they want to have sex without the mindset of having children.*
>
> Male, 22 years, married, 3 children, low SES, Ibadan

Oral contraceptive pill (pill)

The dominant reaction to questions about the risks of oral contraceptive pill (pill) use for family planning was related to the method of administration. Many study participants mentioned the fact that the user, the woman, must remember to take the pill every day. A local term used to explain this aspect of pill use mentioned by the participants was "ma gbagbe mi". The possibility of forgetting to take the pill every day was presented as a major risk of pill use as the consequence of a forgotten pill is unwanted pregnancy.

> *Personally, I cannot use pill because once you miss one day, it becomes dangerous.*
>
> Female, 25-49 years, married, family planning nonuser, middle SES, Kaduna

The consequences of forgetting to take the pill were greatly exaggerated among the study participants. This could potentially reflect misinformation coming from family planning service providers about the

consequences of a missed pill – or confusion about the difference in severity of consequence of missed pills when using combined oral contraceptive as compared to progestin-only contraceptive pills.

General comments about the risks of using oral contraceptive pills and the safety of using pills were nearly equal in frequency. Study participants often mentioned the "side effects" or health risks of pill use without delving into the specifics. This surface level discussion about risks may signify an awareness of pills and that they have side effects – without accurate, detailed information about the actual side effects that may result from pill use. Young, females, Ibadan residents, and family planning nonusers were more likely to note the general risks of pill use. There were only a few comments about the specific side effects associated with pills –menstrual disruptions, weight gain, and abdominal pain.

The comments regarding the safety and ease of pill use seemed to come from individuals with a better understanding of pills and their associated benefits. Young participants and respondents from Kaduna were more likely to discuss pill use as safe.

> *The oral pill is very good because it will help you to prevent pregnancy and still enjoy sexual intercourse with your husband.*
>
> Female, 33 years, married, 6 children, family planning user, middle SES, Kaduna

> *The oral pill is a good method to use. It will give you the opportunity to plan your family, so you will not have random childbearing.*
>
> Male, 24 years, married, 0 children, middle SES, Kaduna

In addition to mentioning the safety of pill use generally, there were specific comments about the benefits of pill use, such as: its use is not sexual contact dependent, unlike condoms, it is easy to discontinue, and fertility returns quickly when users discontinue pill use.

> *…we were told that condom is the best bet as regards to family planning but some people after foreplay get so carried away that they even forget to use the condom so the pills can still work in such a situation without so much risk.*
>
> Male, 18-24 years, married, low SES, Ibadan

Comments from the study participants that often straddled the risk/safety concerns mentioned the clinical aspect of pill prescription. There was a feeling that health care professionals wouldn't prescribe something that is harmful to people – but the health professionals must use tests to determine whether the method suits each individuals' "body system". The comments about the medical aspect of pills came only from Kaduna participants.

> *In my own opinion, it is very good because it is a doctor that prescribed the drug, and I know that he cannot give drugs that will harm his patient. It is not dangerous because it is a doctor that gave the advice and he knows what is good for her.*
>
> Male, 24 years, married, 0 children, low SES, Kaduna

> *Pill is the least risky. If it has any health hazards, the doctors and government would not have given permission for its use.*
>
> Male, 44 years, married, 6 children, middle SES, Kaduna

> *I think pill is somewhat risky because it can be good for some people and harmful to others. Proper tests will have to be conducted to determine which method to use.*
>
> Male, 30 years, married, 2 children, middle SES, Kaduna

A number of myths and misperceptions were brought up by the study interlocutors during the discussion of pill use risks. The misperceptions were not very common comments but some were truly outrageous. One misperception was that pills, especially if used over a long duration of time, can cause infertility.

> *Oral pill does not have time duration, if she uses it for a long time, there is the tendency for the woman not to give birth again.*
>
> Male, 27 years, married, 1 child, low SES, Ibadan

Another misperception was that the pills would "sediment" in the stomach or cause a "swelling stomach", or "store up" in the body. These misperceptions were only made by Ibadan participants.

> *It (oral contraceptive pill) makes the belly of the woman to swell up or protrude.*
>
> Male, 32 years, married, 2 children, low SES, Ibadan

Finally, the most obscure myths mentioned were that it can lead to a "drug addiction" or "destroy body immunity", both of which were comments from Kaduna participants.

Injectable

When discussing the risks associated with injectable use the most common comment, next to menstrual changes, was that injectable use is not risky.

> *Most (injectable) users don't complain of any problems. There is no risk attached.*
>
> Female, 20 years, married, 1 child, family planning nonuser, middle SES, Kaduna

Many study participants, when speaking positively about injectables, added that whether injectables works for you depends on the doctor's advice and the individual's "body system". These comments were more common among Kaduna participants.

> *The injection is the one I see that is good because you will be tested and once you are confirmed okay, it will be done to you.*
>
> Female, 28 years, married, 3 children, family planning nonuser, middle SES, Kaduna

Two other positive themes about injectable use were that it is easy to remember, especially in comparison to pills, and it is very flexible – one can use the injectable for a short period of time and stop easily or switch to another method without any problems.

> *It (injectable use) is least risky because once someone takes the injection the doctor or nurse will always remind you on when next to come back. It could be two or three months. Also the person involved will always be on the alert for the next visit to the hospital. It is safest.*
>
> Male, 23 years, married, 2 children, middle SES, Ibadan

Injection is good because a woman does not need to take it daily so the risk of forgetting is minimal.

Male, 28 years, married, 0 children, middle SES, Kaduna

It (injectable use) is better because you can use it for a while and later stop and try other methods without any problems.

Female, 24 years, married, 5 children, family planning nonuser, low SES, Kaduna

One main theme when discussing the risks of injectable use was the corresponding side effects. Some participants just mentioned that there are side effects or health problems associated with injectable use generally but most were specific about the type of side effects. The most commonly mentioned side effect was changes to the menstrual cycle, whether excessive bleeding, painful menstruation, or amenorrhea. Only female participants spoke of changes to the menstrual cycle and participants from Kaduna were more likely to note this issue. Another side effect mentioned, albeit less frequently, was fluctuations in weight – either gaining or losing weight.

Three female groups discussed the possibility of failure with injectable use – citing personal experiences or anecdotes from others. A few others were concerned that there is a risk that "unskilled health personnel" are the ones who give the injections. There was some discussion about a delayed return to fertility with injectable use; however, there were also comments on the ease within which one can become pregnant once discontinuing injectable use.

It (injectable use) is not risky because if you want another pregnancy, you can stop and get pregnant.

Female, 36 years, married, 6 children, family planning nonuser, middle SES, Ibadan

During the discussion of the risks associated with injectable use, some participants unveiled their myths and misperceptions about the potential side effects of injectable use. Males and participants in Ibadan were more likely to report injectable myths. Some of the misperceptions noted include "permanent barrenness", cancer, expedited aging, using expired injection solutions, piercing veins, amenorrhea causing health problems, excessive bleeding leading to death, baby's health affected or death, and weakened immune system.

The doctor might unintentionally pierce a vein and burst it which can lead to an untimely death.

Male, 24 years, married, 2 children, low SES, Ibadan

Injectables make menses to cease and this portend a great danger for the woman's health because of the accumulation of waste in body resulting from cessation of the menstrual period.

Female, 25 years, married, 2 children, family planning nonuser, middle SES, Ibadan

The injectables could disorganize the woman's menstrual cycle and that in turn makes the woman look old faster.

Male, 24 years, married, 1 child, low SES, Ibadan

I think it is dangerous because for my mum, she stopped menstruation after using injectables for a year. One day she started bleeding and we almost lost her.

Female, 24 years, married, 3 children, family planning user, low SES, Kaduna

IUD (intrauterine device)

The comments by the study participants in regards to the risk of IUD use were many and varied – possibly reflecting a low awareness and understanding of the IUD among the study population. In fact, the young and old married females who don't use family planning in the lower SES community in Kaduna commented that they had never heard of nor seen the IUD before.

The most common comments about IUD use were positive – that the IUD is safe, has no side effects, doesn't cause infertility, is easy to remove, and the user "doesn't have to worry about doing things periodically" unlike pills and injectables. Over half of the groups made positive comments in response to questions about IUD risk.

> *It (IUD) is very safe. You can remove it anytime you want to remove it.*
>
> Males, 18-24 years, married, middle SES, Kaduna

In contrast, a group of young family planning users in Ibadan noted the advice they received from the health providers. This situation possibly reflects the bias of family planning health providers toward certain family planning methods and potentially an age bias in family planning service delivery.

> *The advice given to us in the hospital is that the IUD is risky.*
>
> Female, 21 years, married, 1 child, middle SES, Ibadan

Four different female groups discussed the possibility of failure with IUD use. Three of the comments were from female family planning users and one comment was from a family planning nonuser that demonstrated inaccurate knowledge about the IUD.

> *If IUCD is not well fixed, it can shift during sexual intercourse and pregnancy may occur.*
>
> Female, 37 years, married, 7 children, family planning nonuser, middle SES, Ibadan

There were comments about the side effects associated with IUD use. Study participants noted that the IUD can cause "infection", "discharge", and "serious abdominal pains". There were conflicting views about whether IUDs contain hormones – one participant noted the "chemicals" in the IUD can adversely affect the user and another noted that it is not a risky method because it doesn't leave chemicals in the body.

> *I think IUD is least risky because unlike the pills and injectables it does not leave any chemical substances in the body.*
>
> Male, 47 years, married, 8 children, middle SES, Kaduna

Finally, a concern noted by the study participants was the delicate procedure of inserting and removing the IUD. Given the high importance put on fertility in Africa, there appears to be a strong fear associated with tampering with reproductive organs and the effect that has on one's ability to reproduce.

> *I think IUD is most risky because putting it in and removing it is an intricate procedure that could be very dangerous to the woman.*
>
> Male, 30 years, married, 4 children, middle SES, Kaduna

Study interlocutors' myths and misperceptions about IUD use surfaced during the focus group discussions. All of the misperceptions were related to the fact that the IUD is inserted into a woman's

body and the location of the IUD once it is inserted. A common misperception was the location of an inserted IUD. Individuals perceived that the IUD would be placed inside the vagina – not in the uterus. This perception led them to believe that through incorrect placement by the provider, natural movements, or sexual intercourse the IUD might be pushed into the uterus and cause complications for the woman. Some words used to describe the movement of the IUD once inserted were "stuck", blocking the woman's vagina, "drop inside the woman", "stocked inside", and "fall out".

> *It most risky because once IUCD is inserted it can go into woman's womb during sexual intercourse.*
>
> Male, 22 years, married, 1 child, middle SES, Ibadan

Along with the theme noted above, there were concerns among mostly male participants that the IUD would be an "obstruction", "irritant", or "cause discomfort" during sex. Some participants thought the IUD was so risky it could lead to "death" either through the need for an operation to remove the device or as a result of the associated health complications.

> *Its (IUD) removal may be difficult and may eventually lead to death especially if it is being done through operation.*
>
> Female, 34 years, married, 2 children, family planning nonuser, middle SES, Ibadan

Sterilization

The most common reaction to questions about the risks of sterilization as a family planning method were that it is "dangerous", it is "irreversible", and if all children die the person would remain childless.

> *If all the children die, it will be impossible for such person to have children again. It is the least wanted method for me. Why should someone remove his/her reproductive part? It is unheard of and unethical as far as our culture is concerned.*
>
> Female, 27 years, married, 3 children, family planning user, middle SES, Ibadan

> *It is half castration. If an accident occurs and all the children die, what would now happen to the family? "Won so fun afoju pe ojo tin ro" "Eniyan gbo kuku ojo, o wa domi inu agba sonu" i.e. You heard the sound that there may be rain you then pour away the water in your container, what if it didn't rain again?*
>
> Male, 22 years, married, 2 children, middle SES, Ibadan

Only a few side effects of sterilization were mentioned by a few participants, mostly by participants from Kaduna. The side effects mentioned included "infection", "abdominal pain", and "ectopic pregnancies".

There was also a concern among participants about the incompatibility of sterilization and religious teachings.

> *That is like trying to unravel the mysteries of God by recreating what he created making it unnatural. It is bad. What is not good is not good!*
>
> Male, 24 years, married, 2 children, low SES, Ibadan

Despite the fact that the majority of comments about sterilization were negative – there were a mix of respondents who mentioned the positive aspect of sterilization - mainly that it is a good family planning method for a person who is satisfied with the number of children that they have.

> *Sterilization is good for a woman. It will allow the man to be able to cater for the needs of his family.*
>
> Male, 47 years, married, 8 children, middle SES, Kaduna

A variety of myths and misperceptions came up during the discussions about risks associated with sterilization. These comments were made mostly by Ibadan males. The risk of death was the most common myth – as related to the risk of death when undergoing surgery.

> *Nigerian hospitals are not reliable. I have seen somebody that drove himself to the hospital for a minor operation and did not survive the operation. Why will I risk my life because of family planning?*
>
> Male, 24 years, married, 2 children, middle SES, Ibadan

Other myths and misperceptions mentioned were that sterilization is "murder", "it can lead to HIV", and a "loss of the function of the spinal cord". Females noted that it is a hysterectomy or is riskier than a hysterectomy. These comments were not very common among the participants but reflect the level of misperception about sterilization procedures and effects of sterilization among some persons in Ibadan and Kaduna.

> *That part of the man's reproductive system that is "tied" will just be getting unnecessarily big!*
>
> Male, 23 years, married, 1 child, low SES, Ibadan

> *It could also affect the health of the man because of accumulated sperm in the body. Because such a man will not be able to release real sperm. It is only water that will be released.*
>
> Male, 22 years, married, 1 child, middle SES, Ibadan

> *Anyone who does sterilization is a killer.*
>
> Male, 27 years, married, 1 child, low SES, Ibadan

Abortion

The study interlocutors displayed their awareness of the risks of abortion in Nigeria – where abortion is illegal and often performed under unsafe conditions. In fact, three quarters of the focus groups mentioned the risk of mortality with abortion – an equal representation of groups in Ibadan and Kaduna.

> *It (abortion) is somewhat risky because it can lead to death. It is 50 - 50 chance.*
>
> Male, 35 years, married, 2 children, low SES, Kaduna

> *There is nothing like safe abortion. It can lead to death.*
>
> Female, 18-24 years, married, 2 children, low SES, Ibadan

It (abortion) is more than dangerous. What if the person dies?

Male, 23 years, married, 3 children, low SES, Ibadan

Abortion is like a suicide mission…

Female, 30 years, married, 6 children, low SES, Kaduna

In addition to the risk of mortality, many study participants also discussed the morbidity risks, especially infertility, when discussing the risks of abortion.

It is very risky because it can destroy the womb of the woman, and when she is ready for a child, she won't be able to have one.

Male, 30 years, married, 2 children, middle SES, Kaduna

Not many doctors that do it know about it. I've seen cases where the operation was so poorly done that the woman had to go back again to clear out the womb; I've also seen a case where the doctor forgot some surgical instruments inside the woman and the woman bled to death. What could be more dangerous?

Male, 23 years, married, 1 child, low SES, Ibadan

Men and participants in Ibadan were more likely to make harsh, judgmental comments when asked about the risk of abortion.

Abortion is a prelude to killing adult people.

Male, 24 years, unmarried, low SES, Ibadan

Harsh comments about abortion were often couched in reference to religion.

Abortion is sin against God, humanity, country, and husband.

Male, 24 years, unmarried, low SES, Ibadan

Speaking as a Christian, abortion is murder-let's call a spade a spade!

Male, 23 years, married, 2 children, low SES, Ibadan

It is murder and a sin against God.

Male, 47 years, married, 3 children, low SES, Ibadan

It is against the principles of religion. It is a criminal offense and unpardonable to God because you are taking the life of other people.

Male, 30 years, married, 1 child, low SES, Kaduna

For the most part, comments about the risk of abortion were negative – some were harsh and judgmental while others highlighted the health risks of abortion. Despite the fact that the majority of the comments were negative – some participants made neutral, or even positive, comments. More participants in Ibadan had neutral comments than did participants in Kaduna.

If it is well done, the risk involved is minimal.

Female, 18-24 years, married, 1 child, low SES, Ibadan

It is least risky because if the pregnancy is very young nothing will happen to her.
Male, 22 years, married, 1 child, middle SES, Ibadan

… it (abortion) provides a good avenue to get rid of an unintentional pregnancy.
Female, 25 years, married, 2 children, middle SES, Ibadan

If the pregnancy is hazardous to the health of the mother, it is better to abort than to risk the health of the mother.
Female, 20 years, married, 1child, middle SES, Kaduna

Giving birth at less than 18 years of age

Facilitators asked the focus group participants about the risks to women associated with giving birth when younger than 18 years of age. The reaction among participants was mixed; however, the main comment highlighted the maternal health risks associated with early childbearing as a result of young girls having a small, immature physique. The maternal health risks ranged from complications during delivery, some respondents specifically mentioned vesico-vaginal fistula (only in Kaduna), to maternal mortality.

Her pelvic girdle would not have expanded enough to be able to deliver safely and if she is operated on, as we all know, there is no guarantee that she will come out of it alive.
Male, 23 years, married, 3 children, low SES, Ibadan

It brings complications during labor that could lead to loss of life or result in vesico-vaginal fistula.
Female, 30 years, married, 6 children, family planning nonuser, low SES, Kaduna

In contrast, some participants felt that when women give birth at an age of less than 18 years of age, it is safe – drawing mainly on examples from the community or family as well as the social norm of early childbearing. In addition, but mentioned less frequently, were advances in medicine and the decreasing age at onset of puberty (mentioned only in Kaduna).

We have many living examples.
Female, 24 years, married, 3 children, family planning nonuser, low SES, Kaduna

I have seen someone who is already nursing her third child. Children of around 11 years are already rearing children and nothing can happen to them. They will deliver safely with God's help.
Male, 47 years, married, 3 children, low SES, Ibadan

It is least risky because the girl can attend good ANC and get operated on during delivery.
Male, 21 years, unmarried, low SES, Kaduna

Due to changes in maturity, girls can have children from age 14 without any complications.
Male, 20 years, unmarried, low SES, Kaduna

In addition to comments about the physical risks of childbirth at a young age there was some discussion of the social and emotional risks – which seemed to be alleviated if the father of the child, or his family, was rich. These comments were only made in Ibadan.

Such a woman will be demoralized.

Male, 24 years, married, 0 children, middle SES, Kaduna

It is least risky because such a person will enjoy herself if the husband is very rich - otherwise she will suffer greatly.

Female, 27 years, married, 3 children, family planning user, middle SES, Ibadan

Birth spacing

The facilitators asked the focus group participants to discuss the risks of getting pregnant soon after having a baby. Participants generally seemed quite knowledgeable about the health consequences of short birth intervals. This is likely due to the fact that birth spacing has been practiced historically in Nigeria with traditional methods prior to the introduction of modern family planning methods.

Nearly every focus group discussion included a comment in regards to the mother's health generally and a few mentioned specifically time for the uterus and vagina to heal. Some groups even noted a connection between short birth intervals increased maternal mortality risk. The following quote shows the awareness among the participants that both pregnancy and childbirth affect the mother's health, however, many participants only commented on childbirth affecting the mother's health.

The mother is at risk because her body is yet to fully recover from the last pregnancy and child birth.

Female, 22 years, married, 2 children, middle SES, Ibadan

Most groups also commented on the risk to the children's health – especially the first born. The comments centered around the health of the child, the issue of insufficient time to breastfeed, sickness, deformity, emotional care, and even, death.

The growth of the child may be stunted and the child may not even enjoy the love and care of the mother.

Female, 26 years, married, 1 child, middle SES, Ibadan

Many comments about maternal and child health were not made in isolation, but the health of both parties was mentioned in the same comment.

It is risky because the health of both mother and child are at risk.

Male, 40 years, married, 4 children, middle SES, Kaduna

It is dangerous because it can lead to the death of the mother and the child. The mother may be very weak and fragile to carry another pregnancy through. The child will be poorly fed.

Female, 27 years, married, 2 children, middle SES, Ibadan

There were a few study participants who commented that the short birth interval may not be too risky – usually these comments were made in reference to persons who could afford to cater for the children and for people who started reproducing late in life or had infertility problems in the past.

> *It is not risky because if there is money, nothing will happen.*
> Female, 18-24 years, married, non family planning user, low SES, Ibadan

> *What if they had late marriage and they want to rush their children?*
> Female, 24 years, married, 2 children, family planning user, low SES, Ibadan

> *People who have been experiencing delays in child birth in time past are often counseled to get pregnant as soon as possible even after just delivering a baby.*
> Female, 26 years, married, 2 children, family planning user, low SES, Ibadan

Having six children

The topic of having six children and whether there was any associated risks with having this many children was broached with the focus group participants. The most common responses among study participants related to finances. Many people commented that the size of the family, however large, doesn't matter as long as the parents have the financial capacity to cater for the needs of the children. Comments about the ability of parents to cater for the children allowing for larger family size were more commonly made in Kaduna than in Ibadan.

> *Some parents are rich such that even if they have 20 children they can take care of them comfortably.*
> Male, 30 years, married, 3 children, low SES, Kaduna

Other participants, more so in Ibadan than Kaduna, noted the financial hardship of having large families and the inability of parents to adequately care for the children and their nutritional, educational, and health needs.

> *Many children will hinder the parents from giving quality care and good education to the children. The children will always think that their parents are irresponsible for the inability to give them quality education.*
> Male, 35 years, married, 0 children, low SES, Ibadan

> *It might be very difficult to feed a large family, not to mention health care and education which is very expensive.*
> Male, 29 years, married, 2 children, middle SES, Kaduna

> *It (having six children) is risky since the cost of feeding may almost kill them.*
> Female, 18 years, unmarried, low SES, Ibadan

A few focus groups mentioned the common experience in Nigeria of large families – using the many living, healthy examples to demonstrate the low risk involved in having six children.

> *Ah! Many people have more than six children around us and they don't have any problems.*

Female, 18-24 years, married, family planning user, low SES, Ibadan

Some study participants even noted the risks in having fewer children as compared to having six. Some of the themes mentioned included having more children as insurance against losing all children in an accident (child death), to care for aging parents, and to arrange for parents' burials/funerals.

> *The Yoruba have an adage that says "a o m'o omo ti yio sinni" one is not sure of the child that will survive the parents. Anything can happen at any time. For example, a couple with 3 children will send all of them to go and spend the holiday with their cousins and while on the way, there was an accident that claimed the lives of the 3 children, who will bury the parents when they die?*
>
> Male, 24 years, married, 1 child, low SES, Ibadan

> *We need children to take care of us when we grow old.*
>
> Female, 30 years, married, 3 children, low SES, Kaduna

> *When the parent(s) (of six children) die, the burial ceremony will be the talk of the town because there will be lots of people to plan for it.*
>
> Male, 22 years, married, 3 children, low SES, Ibadan

Mentioned less often by study participants, five of the twenty-six groups, were the health risks for the mother– one male group and four groups of females – specifically related to childbirth.

> *The womb may get tired and this can lead to complications.*
>
> Female, 25-35 years, married, family planning user, middle SES, Kaduna

SUMMARY

Weighing Reproductive Health Risks

Focus group participants showed an awareness of family planning methods, and the risk of use, without specifying the side effects associated with each method. This may portend a situation in which most Nigerians are aware of the most commonly used family planning methods, except possibly the IUD, and have awareness that all methods have side effects but a low level of understanding of the actual side effects associated with each method.

When discussing the risks of the four pregnancy-related risks the participants used "living examples" to espouse the safety of giving birth at a young age and having many children. Abortion was seen as a very risky event by all – while men were more likely to make harsh, judgmental comments in regards to those who abort. There was a high level of understanding of the risks of birth spacing to the woman and the children – their health and even their lives, as no birth spacing was rated as more risky than all contraceptive methods and pregnancy related events except for sterilization and abortion.

Chapter 5: Integration of Family Planning with Other Health Services

Focus group participants were asked how they felt about integrating family planning into other health services, generally, and into antenatal care, immunization visits, HIV testing centers, during post abortion care, or visiting the hospital for any reason, specifically. For the most part the responses to the questions on whether family planning should be integrated into other health services were overwhelmingly positive.

> *Family planning should always be discussed at all times.*
>
> Males, unmarried, 18-24, lower SES, Ibadan

> *The integration will yield a positive result and enhance better health for the mothers and their children.*
>
> Female, married, 30 years, 6 children, non FP user, lower SES, Kaduna

> *It is good for Doctors to always seize every opportunity they have to talk to people about family planning irrespective of the purpose for which the patient came [HIV testing/vaccination].*
>
> Females, married, 25-49, FP users, lower SES, Ibadan

There were conflicting views on who the audience should be for the family planning messages.

> *Family planning should always be discussed with women at every available opportunity.*
>
> Males, unmarried, 18-24, lower SES, Ibadan

> *I disagree with that (integration). I would like to go with my wife for family planning and since she is the only one that goes for child immunization, I will not support it.*
>
> Male, married, 30 years, 3 children, lower SES, Kaduna

Despite the positive comments, there was some concern about the additional time needed for integrated health visits.

> *Although most people will not have the time but yet, it is very good.*
>
> Male, unmarried, 22 years, lower SES, Ibadan

There was also some concern about discussing such a sensitive topic as family planning with an individual recovering from a miscarriage or spontaneous abortion.

> *It's not proper. She went to the hospital for another reason entirely.*
>
> Females, married, 25-49, non FP users, lower SES, Ibadan

> *Who knows if that was her first pregnancy? For someone desperate to be pregnant, it's not the best.*
>
> Female, married, 30 years, no FP use, 0 children, lower SES, Ibadan

The comments in regards to integrating family planning with post abortion care noted the protective effect of family planning on preventing repeat unwanted pregnancies.

I think that it is good so that the woman will know how to guide against unwanted pregnancy another time.

Male, married, 28 years, 0 children, lower SES, Kaduna

It is most essential to post abortion care because if someone has adequate knowledge of family planning, she will not need abortion.

Female, married, 30 years, 6 children, non FP user, lower SES, Kaduna

The most controversial area for family planning integration was HIV testing centers. Many groups felt it would be good to integrate HIV and family planning.

They can also encourage those who come for HIV/AIDS tests to use family planning methods.

Male, married, 27 years, 1 child, lower SES, Ibadan

In contrast, some groups' comments held undercurrents of their stigma towards persons living with HIV/AIDs.

Yes, it makes the society safer.

Males, unmarried, 18-24, lower SES, Ibadan

Absolutely yes to prevent the spread of the deadly disease.

Female, married, 30 years, 6 children, no FP use, lower SES, Kaduna

In my own opinion, someone already HIV positive needs no awareness about family planning. Such a person is already "sentenced to death" "o ti mojo iku e, ki lo tun fe fetosomobibi fun?"

Female, married, 30, no FP use, 0 children, lower SES, Ibadan

SUMMARY

Family Planning Integration

Overall, the were many more comments in favor of integrating family planning into other health services than there were cautioning against it. Integrating services might be difficult for the service providers to orchestrate but it would be greatly appreciated by the users of health services.

Chapter 6: Reproductive Health Terminology

All groups were asked to share the words, phrases, or idioms people commonly use to describe different reproductive health terms, such as: family planning, emergency contraception, abortion, and spontaneous abortion. Generally, the local terms differed by location due to the different local languages in the two cities. The one exception is emergency contraception where there was a lot of similarity in responses in Ibadan and Kaduna. Overall, study participants in Ibadan mentioned a wider variety of terms for each concept than did the study interlocutors in Kaduna. The following is the result of this exercise organized by term.

Family Planning

There were only a few family planning terms mentioned by the study participants in Kaduna. The most frequently mentioned terms, in order of frequency, were: “tsarin iyali”, “tazaran haihuwa”, and “kayyada iyali”. Only the older females in the low SES neighborhood who use family planning mentioned “haihuwan rakumi”, younger males in the middle SES neighborhood mentioned “bata ta daukan ciku”, and older females not using family planning in the middle SES neighborhood mentioned “tsare kai”.

A few groups in Kaduna mentioned specific family planning methods; however, the only type of method mentioned was different types of abstinence. The young, unmarried males in the low SES neighborhood mentioned postpartum abstinence and the older married females in the same neighborhood mentioned a two day period of temporary abstinence following menstruation.

In Ibadan the term mentioned most often was “ifetosomobibi/fi feto s’omo bibi/feto si omo bibi/ fetosomobibi” (family planning). Another saying mentioned by the older female participants was “cut your coat according to your size”. Young, unmarried males in the low SES neighborhood also mentioned “idabobo” (prevention). Young unmarried females in the low SES neighborhood noted the slang terms “take cover” or “cover yourself” while young, married females who use family planning mentioned “find your way”, “take care of yourself”, and “use your senses”. Young, married females who don’t use family planning in the low SES neighborhood and older females in the middle SES neighborhood both mentioned “se bo ti mo” (act according to your capability), “won do’gbon si” (wisdom was applied to it), and “won dab obo” (protect the pregnancy). Older, females who don’t use family planning in the low SES neighborhood mentioned “o feto si” (she planned it). Older females who use family planning in the low SES neighborhood mentioned “fi ala fo si” and “won si mi laarin re” (they are doing family planning). The older males in the middle SES neighborhood talked about “o pa dimo” (implies to put a hold on having sex) and “o yan dipo”. Older females who use family planning in the middle SES neighborhood mentioned “elegbe je nkele” (a group of careful persons).

Some groups in Ibadan also mentioned names for specific family planning methods. The young, married males in the low SES neighborhood noted some modern, traditional, and mythical methods: “condomise”, abstinence, lime, lemon, local herbs, “lilo roba idabobo”, “ki eyan kuku yago fun ibalopo okunrin s’obinrin”, “kaun”, “osan wewe”, and “agbo”. The same demographic in the middle SES neighborhood mentioned lime and “kaun” as well. They also discussed seven-up, Andrew liver salt and lime mixture, and Bara Melon with honey. The older males in the middle SES neighborhood also talked about condoms and slang terms for condoms: rain-coat and tarpaulin.

Emergency contraception

In response to the terminology question on emergency contraception (EC) the most common response in both Ibadan and Kaduna, by nearly 40% of the groups, was EC pills. The following groups named Postinor: unmarried young males and married older female family planning users in the lower SES neighborhood in Ibadan, young married female non family planning users and older married males in the middle SES community in Kaduna.

> *I have heard about the drug called postinor, this drug will destroy the sperm in the woman.*
>
> Male, 24 years, unmarried, low SES, Ibadan

Some groups, such as the older married female family planning users in the lower SES community in Ibadan and the older married males in the middle SES neighborhood in Kaduna, mentioned Mestrogen. The older married males in the lower SES community in Ibadan mentioned Ozmy. 2 and the older married female family planning users in the lower SES community in Ibadan mentioned EP.40. The following groups mentioned going to the chemist or doctor for pills: unmarried and married young females (who don't use family planning), older married females who use family planning, and young married males in the lower SES neighborhood and young married males and older married males in the middle SES community in Ibadan.

> *I know they will go to the chemist but I don't know the drugs they will give them there.*
>
> Female, 21 years, unmarried, low SES, Ibadan

> *In my own opinion, if such issue would come to me I will refer her to go and see the doctor for proper guidelines on how to prevent pregnancy after having unprotected sex.*
>
> Male, 21 years, married, 1 child, middle SES, Ibadan

> *Someone may not be able to afford to pay for the medical bill. When unprotected sex occurs, you can give your wife a little money to buy drugs from the chemist. They know the type of drug they will sell to her.*
>
> Male, 21 years, married, 2 children, middle SES, Ibadan

Many respondents also mentioned traditional methods/herbal concoctions including a local/traditional ring, salt "iyo", lime, bitter lemon "osan wewe", potash "kaun", a mixture of lemon orange and potash stone, a mixture of lime and potash, a mixture of lemon and potash, a mixture of lime and salt, a mixture of postash and salty water "kanhun", a mixture of salt, water, lemon, and orange, a mixture of 7-up and alabukun (medicine for stomach aches), "agbo", "ogun", "osan wewe".

> *I have heard about traditional ones though I have not seen it before but I know its most likely herbal concoctions.*
>
> Male, 22 years, unmarried, low SES, Ibadan

Another type of response was ineffective actions the female could take immediately after sex, such as going to the toilet to pass excreta and:

> *There is a way the lady will lie down to get rid of the guy's semen.*
>
> Male, 24 years, married, 1 child, low SES, Ibadan

You can also push out the sperm immediately after sex.
Female, 23 years, married, 2 children, middle SES, Ibadan

There was also mention of sayings in relation to this situation, such as: “fetosi pajawiri” (EC), “dogbon soro are re” (take care), “won do’gbon si”(wisdom was applied to it), “o dogbon si” (be wise), “finding a way out”, demolition, and medicine after death.

Eight groups didn’t have any response to this prompt, or claimed they did not know of any such methods – such as the young married females who use family planning in the lower SES neighborhood, young married females who don’t use family planning in the middle SES neighborhood in Ibadan, young married males and females who use family planning and older married females in the low SES community in Kaduna, and the young married males and young and old married females in the middle SES community in Kaduna.

Abortion

In Kaduna the terms mentioned the most often in response to “taking a medicine or having a procedure to end a pregnancy” were “zubar da ciki” and abortion. Young married males in the middle SES neighborhood also mentioned “cire ciki”.

In Ibadan, as compared to Kaduna, there was a wider variety of local abortion terms mentioned. The young, unmarried females in the lower SES neighborhood were reluctant to comment, some said “I don’t know anything about that” while others said “I don’t know what slang people use”. The most common terms mentioned by the other groups included “ose D&C” (D&C), “oyun sise” (abortion), and “o ti lo gbe yo” (she has gone to remove it). The young, unmarried and married males mentioned spoiling a pregnancy and used the following local terms: “ogbeyo/won gbe yo”, “oseyun/won seyun”, “won gbon jade”, and “won baje”. There were additional responses among young married females, which included: “they wash it away or flush it away”, “they remove it”, “find your way out”, “use your brain”, “swallow it”, “be wise”, and “final solution to it”. The older females noted the local terms, such as: “o boyun je” (to terminate the pregnancy), “o gba yo” (kicking it out), and “he don wash am” (washing it off). In the middle class neighborhood the young, married females who were not using contraception noted the term “fetosomobibi” and “o faayo” (she has pulled the baby out). They also noted traditional methods such as “osan wewe” (bitter lemon) and “kanhun” (potash and salty water). The older, married males in the middle class neighborhood also mentioned delete e, flush e, o erase e, and “o do’gbon si” (applying wisdom).

Spontaneous abortion

In Kaduna the term mentioned the most often in reference to spontaneous abortion was “bari/barin ciki” (miscarriage).

In Ibadan, as compared to Kaduna, there was once again - a wider variety of terms mentioned. The terms mentioned most often were miscarriage, “oyun e walee/oyun walee”, “oyun baje/o ti baje” (miscarriage or spontaneous abortion), and “o wale/o yun wale/oyun wale/oyun wa le” (miscarriage or spontaneous abortion). The young married males in the lower SES neighborhood also mentioned “omi

danu". The young married females who use family planning shared the following terms, "it is a bad thing", "God forbid", "it was aborted", and "it could not stay". The older married females in the lower SES neighborhood who don't use family planning also mentioned "o jabo" and "he don commot" (miscarriage). The young, married female family planning users in the middle SES neighborhood added "omi danu sugbon agbe ko fo" (the water is wasted but the container is not affected). The older married males in the middle SES neighborhood noted "enter voice mail" (slang used to express disappointment) and "gba f'olorun" (to accept or resign to fate).

Chapter 7: The Nigerian Family Planning Logo

Questions about the family planning logo in Nigeria included topics on whether the logo was recognized by the participants or not, the meaning of the logo, whether the logo is culturally acceptable, and a request for suggestions to modify the logo to make it more suitable to portray an acceptable family planning message.

Recognized

Overall, the family planning logo was widely recognized by all types of groups: young, old, unmarried, married, male, female, family planning users, and family planning nonusers alike.

> *Yes, it is a very popular picture seen everywhere at hospitals, clinics, and even at pharmacies.*
> Female, 35 years, married, 4 children, non family planning user, middle SES, Ibadan

Meaning

Focus group participants were asked about the meaning of the family planning logo. The majority of groups, 65%, said that the logo represented family planning. In general, the female respondents were more likely than males to state the logo represented family planning.

Male respondents were more likely than females to report perceiving negative meanings. In other words, the logo resonated better with the females.

> *This is rather preaching that we should keep giving birth. The couple is carrying a baby and everybody looks happy. This (logo) is just preaching the joy of giving birth.*
> Male, 23 years, married, 3 children, low SES, Ibadan

Females often commented on the happiness of the family and the positive relationship between the husband and wife – in addition to the comment that the logo represented family planning.

> *The picture signifies a happy family in which both the husband and wife agree on the number of children they want.*
> Female, 35 years, married, 2 children, family planning users, low SES, Ibadan

Cultural Acceptability

The majority of focus group participants indicated the family planning logo was culturally acceptable. Those who had concerns mentioned religious opposition to family planning and the small family size represented in the logo.

Suggestions for improvement

The main comment made by most groups in regards to the logo was that the number of children in the picture was inadequate. Participants suggested adding additional children, the number suggested ranged from one to “as many as possible”. Interestingly, many of the comments about including additional children in the logo also specified that the children should be “well spaced”.

> *Someone cannot have one child since we are not in the Republic of China.*
> Female, 18-24 years, married, 2 children, low SES, Ibadan

Yoruba believe that "if you have only one child, you are not different from being barren" "olomo kan ko tii kuro l'agan". This is because any couple who has only one child could lose the child and become childless; this is why many children are usually more preferred by couples.

Female, 35 years, married, 2 children, non family planning user, low SES, Ibadan

They should increase the children to at least four since four is the ideal number being advocated by the government.

Female, 21 years, married, 1 child, family planning user, low SES, Kaduna

In addition to adding children, the study interlocutors specified older children should be added to the logo and that the parents should be older. These comments allude to a bias among the participants that family planning use is for limiting and not spacing. One person even suggested removing the baby from the photo to make it more "family planning friendly".

The picture does not depict family planning effectively. It looks like a family who is just starting to give birth and I know family planning is for older couples who do not want to have any more children.

Female, 24 years, married, 2 children, non family planning user, low SES, Ibadan

Another common suggestion was to add text to the poster. Some suggested adding the text, "plan your children" "ko se to somo bibi", family planning", or details about how to use family planning. Others suggested also including pictures of family planning methods around the photo on the poster. Including a nurse in the photo was another suggestion. Finally, some individuals suggested including the colors of the Nigerian flag, green and white, in the logo, and another suggested removing the Nigerian map from the background of the logo.

Chapter 8: Discussion

Juxtaposition exists in the participants discourse in that positive opinions about smaller families as compared to larger families were evident alongside palpable feelings of fear and distrust in family planning discussions and family planning methods. While the participants show an understanding of the benefits of a smaller family size there is a sense of unease with family planning use, discussions about use, and use. The participants discourse signals a potential tipping point in Nigeria where the right combination of family planning messages that resonate with couples coordinated with accurate perceptions about family planning service provision and quality family planning service provision could significantly increase the contraceptive prevalence rate.

The issue of wealth being the main determinate of family size surfaced repeatedly during the focus group discussions. There was a sense that the wealth of the parents dictated the number of children they should produce. If parents had more children then they could "cater for" than the children would suffer, not attend good schools, and grow-up to become the miscreants of society. The discussions of family size did not hinge on a particular accepted family size – as might be apparent in focus group discussions in another setting, such as the US, but focused on the fact that parents must plan their family size according to their wealth. The focus on wealth in determining family size shows that urban Nigerians, for the most part, have shifted their thinking from children as assets to children as liability. This is often noted as a crucial step in the fertility transition countries progress through as the social norm shifts from large to small families (Easterlin, 1975). While there was a lingering sense among a minority of participants that children would be the ones to provide for the parents in their old age, and at their burial ceremonies, there was a counterargument that investing in a few children proffered better results than having many and waiting for one to break through the obstacles in order to support all other family members.

The topic of children's educational opportunities arose often during the focus group discussions. There was a clear sense that families with fewer children and more resources and could afford to send their children to good schools while larger families would have to focus on meeting the day-to-day needs of the children – and there wouldn't be any resources nor energy left to support children's educational pursuits. These comments are in line with the theme of wealth and family size, as it is finances one needs to educate children, and it shows a perception among the participants about the importance of education and future opportunities for children. Again, these comments demonstrate a perception that children are no longer assets to parents but are seen as liabilities – and this shift in perception will likely shift also family size desires from large to small and family planning use motivations to meet those changing desires.

Although not as common of a theme as wealth an education, some participants noted the difference in modernity when comparing the larger and smaller families – indicating that the family with many children comes from a more "primitive" time, or has a rural lens in that many children are desired for their ability to contribute to the farm labor, and the smaller family as the "civilized", "modern" style of family. This is an interesting theme as modern is often perceived as better, or superior, to the traditional views – especially evident here as the traditional views are described as "primitive". This theme demonstrates how using family planning to plan childbearing could be seen as the "modern" or enviable way of life for the urban, forward-thinking reproductive aged person.

Nigerians live in an extremely gendered society. How society defines a man, and the attitude and behaviors of men, are very important to men and women alike. A man should act like a man, and a woman as society has described a woman. There is little, if any, cross over between the attitudes and behaviors of men and women in this context. Given this backdrop, one can perceive how reproduction, which naturally involves a male and female in the process, becomes a grey area in a society that defines most attitudes and as action as either male or female and not gender neutral. Men were seen as having the authority in family-size decision-making in this study as well as others (Odumosu et al., 2004). They have this duty due to their role as the "head of the household" or financial providers for the family. Although the man is expected to decide on the number of children – it is the woman who carries the pregnancy and bears the burden of childbirth. She is also the one who has more options in terms of family planning methods. Given her position of carrying the pregnancies and delivering the children – she is expected to be the one to initiate the family planning discussion in the house; however, her use of family planning is ultimately dependent on her husband's acceptance of her delivery of the family planning discussion, his education (Keating, 2006), and his temperament. If the husband doesn't agree to family planning use – the wife is left with few options. In most cases she doesn't use family planning. In some cases she can use covertly with great risks to her future if her use is discovered. If her husband finds out she is using family planning without his permission she might suffer from his infidelity, him taking a second wife, or divorce. In this gendered context one can see how family planning use decisions can be an area of conflict for couples – and a topic that creates general unease and distrust in the relationship.

Although there are many motivations for family planning use the steps in the process of initiating family planning use were presented mainly as deterrents – the main one being the process of joint decision-making, which is becoming more common in Nigeria (Keating, 2006). If a woman is interested in using family planning, it is her responsibility to bring up the conversation about family planning with her husband. This is not an easy task for her, as one participant articulates "fear could grip her heart". When she initiates the conversation about family planning with her husband she must be adequately prepared with knowledge from an outside source, a family planning service provider or experienced user, she must also wait to present the topic to her husband when he is in the right "mood", and she has adequately pampered him with his favorite meal. Her fear of initiating this topic with her husband is due to the fact that his acceptance of family planning use depends heavily on her delivery of the topic to him. She might also be in fear of broaching this sensitive subject with her husband because he might suspect her of promiscuity (Federal Ministry of Health, 2007), which could lead to negative repercussions for her. Women were not the only study participants to discuss this difficult situation for wives – male study participants also contributed to this discussion indicating that they are well aware of the grief women undergo when desiring to use family planning. Given this background it is not surprising that nearly two-thirds of married women report that they have never discussed family planning with their husbands (NDHS 2004).

Choosing a family planning method was presented as a very medical decision. In order for a woman to find the right family planning method for her she needed to go a doctor who could conduct the appropriate tests on her to determine her body type – and the type of family planning method she should use. This level of medical mystery placed on family planning is problematic, especially since a test that can determine what family planning methods will give an individual side effects and which one won't does not exist. A belief that this type of test exists would likely result in disappointment by the new user when side effects, which are likely with most modern methods, do occur with contraceptive method use.

The order that study participants indicated their perception of family planning method risk for specific methods did not align with the clinical ordering of method use risk. For example, pills were seen as nearly equally as risky as the IUD whereas the IUD use is more risky to use than pills, and injectables were reported to be nearly as risky as condoms whereas clinically injectables are more risky to use than condoms. Among married women in Nigeria who use family planning, the most common method used is the injectable (National Bureau of Statistics, 2007). The low perceived risk of injectable use, as observed in this study, might contribute to the preference for this method.

A study in Nigeria found that the median birth interval, across urban and rural populations in all Nigerian states, is just 24 months (Keating, 2006). In this study, when comparing the risk of pregnancy related events to family planning methods – the lack of spacing in between births emerged as riskier than using the pill, IUD, injectable, or condom – but not sterilization. Given the short median birth spacing interval across Nigeria and the recognition by Nigerians in this study, and others (Odimegwu, 1999), about the risks inherent in short birth intervals, program content that includes messages about achieving optimal birth spacing will likely resonate with Nigerians. Program content that focuses on birth spacing could have an impact on family planning method use as well as other health indicators over the longer term – such as maternal (MMR = 800 per 100,000 live births) and infant mortality (IMR=105 per 1,000 live births), which are among the highest in the world (WHO, 2007).

In regards to the idea of integrating family planning into other health services – the response by the participants was overwhelmingly positive. According to most of the study participants, it would be ideal if family planning was discussed at every interaction with a health provider – with the exception of after a miscarriage or spontaneous abortion should the woman be desperate for a pregnancy.

Participants for this study came from two different cities in Nigeria – Ibadan in the south and Kaduna in the north. Differences in Nigeria development and health indicators by region are often described by the difference between those living in the north as compared to those living in the south. For this reason, two cities – one from the north and another from the south were chosen to represent the two different types of people living in these diverse regions of the country. The expectation was that research findings would differ between the two cities; however, the findings were more similar than different. There were only a few isolated instances where a subtheme only emerged in Kaduna or vice versa. This only occurred within subthemes, not major themes that espoused a view shared by only a few of the participants.

This study suffers from a few limitations. The study is qualitative in nature so the results here cannot be generalized to the population from which the participants were drawn. In addition, the translation of the Kaduna transcripts into English were not as good as the translation from the Ibadan transcripts. Due to this fact, the themes could be extracted from the Kaduna transcripts but fewer quotes from the Kaduna transcripts were appropriate for insertion into this report to demonstrate the themes. Finally, sterilization was included in the guide but the type of sterilization, male or female, was not specified so it is not possible to know whether the comments about sterilization were filtered to male or female sterilization.

Despite the limitations of this study, there are numerous strengths. This qualitative study included many different types of persons from two different Nigerian cities. The number of characteristics allowed for the analysis of data by each of the categories to examine for crosscutting themes and contradictory perceptions among and between groups. The various techniques used in the discussion guides,

especially the photo elicitation technique, generated a rich discussion in most of the focus groups that went well beyond the few prompts used to facilitate the discussion.

Chapter 9: Recommendations

In light of the data that emerged from the focus group discussions in Ibadan and Kaduna numerous programmatic recommendations can be made. What follows is a list of recommendations for different aspects of program development and for future research.

Overall recommendations:

- Nigerians from the southern and northern regions of the country are more similar than different. Program content may can capitalize on the similarities, allowing for core content in production that requires tailoring in language, family structure, appearance, etc. but not in basic messaging.
- There was a clear preference for smaller family size by most study participants – yet little discussion about how to achieve that preference. Program messages that highlight the processes through which couples must go, and decisions they have to make, to achieve smaller family sizes will likely assist Nigerians who are interested in limiting births but have few examples in their lives that demonstrate how to realize this preference. Couple communication about family size is one example.

Demand generation messages:

- Messages that focus on having the number of children you can "cater for" will resonate with more individuals than messages that promote a specific family size.
- Messages about family planning should include considerations of future expenses per child – especially the expense of quality education, health care, nutritious foods, and clothing/shoes.
- Emphasize the linkages between family planning use and wealth, education, health, food/nutrition, and happiness in message delivery.
- Messages that emphasize the idea of the modern urban family that is educated and plans their family in the modern, civilized era that we live in as opposed to a traditional viewpoint on children as assets to assist on the farm might motivate new family planning adopters.
- Not having adequate spacing between births is seen as nearly risky as abortion and sterilization. Messages that focus on the benefits of modern family planning methods to ensure adequate birth spacing will have more traction with consumers than an emphasis on limiting births – especially if the messages highlight the higher risk of failure with traditional method use as compared to modern method use as consumers are already aware of increased failure risks with traditional method use.

Demand generation images:

- The exercise of photo elicitation generated ample discussion and reflection regarding the effect of large family size on wealth, educational opportunities of children, health, nutrition, etc. – the

program might consider a similar approach in advertising by placing pictures of two families next to each other, of differing size, with a simple message (or not) to convey the family planning message as it was evident the message resonated well with the study participants

Family planning methods:

- There is a high awareness of family planning methods and the fact that most family planning methods have side effects but a shallow knowledge of actual method side effects. Accurate knowledge about the side effects associated with each method would likely dispel some exaggerated fears and misperceptions about nonexistent side effects.
- Injectables were perceived to be nearly equal in risk to condoms (i.e. low risk) – and much less risky than pills or IUDs. Since injectables are an effective modern family planning method, and the perception among Nigerians is that they are a less risky family panning option, it might be easier to attract new and returning method users to injectables as opposed to trying to push other, less desired, family planning methods.
- The main risk noted in condom use is failure and the resulting consequences of distrust between a husband and wife. Given this fear of failure it might be possible to advocate for dual method use within couples to dispel fears of condom failure. Male participants made positive comments in regards to condom use in the discussions indicating that males may be more receptive to condom use than is currently perceived by family planning programmers.
- There was uneasiness in regards to the IUD due to fact that the IUD is placed inside the uterus of the woman. Many participants had misperceptions of where the IUD is placed and how its location could affect sexual intercourse.
- A high awareness of failure risks with fertility awareness methods exists. Messages about the benefits of modern methods can serve as a solution to the fears about increased risk of failure with traditional method use.
- Given the negative feelings towards sterilization it would be a challenge to advocate successfully for increased use of this method without a focused campaign on this method that was designed to dispel the myths and misperceptions shrouding sterilization as well as amplifying its benefits. Even a program and campaign that is focused on sterilization might not see a big increase in the prevalence of sterilization in Nigeria.

Family planning service provision messages:

- The misperception that a “test” exists that can determine a woman’s body system, and therefore, most appropriate family planning method should be addressed and corrected – especially with correct information that family planning method choice reflects more a woman’s spacing or limiting needs than her body system. Thus, messages should target ‘demedicalization’ of family planning.

- The sense that doctors are the only ones who can help a woman find the appropriate family planning method for her should be downplayed –women and couples should know that they can have opinions about the best method for them based on their reproductive goals. Couples are more likely to have a stronger sense of the best method for them if they were more educated about the different family planning methods, their benefits, and their associated side effects.

- In contrast, the level of trust individuals place in health providers could be used to spread positive messages about family planning through the media by using health providers as advocates and educators.

Messages for family planning service providers:

- The risk of missing one dose of the oral contraceptive pill has been exaggerated. While it is risky to miss a day of the progesterone only pills, most pill users actually use combined oral contraceptive pills, in which case missing a pill is not a serious failure risk. Family planning service providers should be sensitized to the true risks of a missed pill by type of pill so that they can provide their clients with accurate information.

- The lack of understanding about the associated method side effects among study participants, including family planning users, could signal a low understanding of side effects among service providers. Family planning service providers at all levels could probably benefit from refresher trainings on available family planning methods and their associated risks and side effects, and how to communicate these to clients.

Health service activities:

- This research supports the hypothesis that integration of family planning into other health services will be an effective route to increase the contraceptive prevalence rate. The idea of integration of family planning into other health services was well received by the individuals from both cities.

Focus group discussion research methods:

- Photo elicitation generated an in-depth discussion among the study participants – it is recommended that this method be used in future qualitative research projects.

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Appendices

Appendix One: Focus Group Discussion Guide

NURHI Demand Generation Formative Research

Topic Guide

Draft May 10, 2010

Background to the study:

The Nigerian Urban Reproductive Health Initiative (NURHI) aims to eliminate the supply and demand barriers to contraceptive use in order to increase the contraceptive prevalence rate by 20 percentage points in five years in selected urban areas of Nigeria. The project will be implemented in 6 Nigerian cities. During the first year of the project, several formative research activities are taking place to inform the design and implementation of program interventions. This focus group exercise is one of those research activities.

Objectives of the study:

The objectives of this exercise are to:

1) Understand the individual and social barriers to contraceptive use;
2) Explore participants' perceptions of a happy family and aspirations for themselves and their families;
3) Evaluate demand for integrating family planning services with maternal and child health care, HIV/AIDS services and post-abortion care;
4) Explore the language associated with fertility and family planning to inform message development.

General guidelines:

The topics and questions below should be used to guide the focus group. Keep in mind when conducting the focus group to respond to the answers provided by the respondents by asking additional questions or adapting to more appropriate questions.

In particular, there are 3 main approaches to eliciting more information from the respondents:

1) Seek more detail or explanation of a response. For example:
    - Tell me more about _____
    - Can you give an example of _____?
    - What happened next?
2) Explore the reasons behind a response. For example:
    - What makes you say that?

- What was it about ____that made you decide to_____?

3) Seek clarity and check for inconsistencies. For example:
    - Can you explain what you mean by….?
    - Earlier you said_____ but it also seems like_____. Can you explain?

Focus Group Discussion Guidelines:

INTRODUCTION
Suggested time : About 15 minutes

- Thank the participants for coming.
- Explain the purpose of the group discussion:

  We are from the "Nigerian Urban Reproductive Health Initiative" and we plan to be involved with your community over the coming months and years. We'd like to talk with you about families and family planning in your community. We will not ask you about your own behavior, just about your opinions. The information we gather from you and other community members will help us develop and improve the programs we will support in your community.
- Tell the amount of time the discussion is expected to last – about 2 hours.
- Introduce the facilitator, the note taker and other team members and explain what each one will be doing.
- Explain that a tape recorder will be used since the note taker can't write down everything.
- Assure that the discussion will be kept confidential. Remind the participants that anything which is said in the discussion should not be talked about outside of the group.
- Explain that there are no right answers and it is okay to disagree. It is important to respect others' opinions.
- Ask everyone to speak one at a time.
- Read out the consent script.
- Ask if there are any questions.
- Have participants introduce themselves. If they want they can choose a nickname or fictional name to use during the group discussion instead of their real name.

ACTIVITY 1 : FAMILY ASPIRATIONS (Technique: Photo elicitation)
Suggested time: About 30 minutes.

Materials: 3 photo cards

Note to Facilitator:

In this activity, you will use photos of Nigerian families to encourage discussion among group members. To do this, show each photo one-by-one and after each photo, start a discussion using the questions below.

The photos are:

1) *Urban couple from poor neighborhood, 5 children*
2) *Urban couple from poor neighborhood, 2 children*

Discussion questions/prompts:

1) How would you describe the family in this picture?
2) Do you think they are happy with the number of children they have? Why?
3) What aspirations do you think they have for themselves or their families?
    - probe: e.g. education, health, prosperity
4) Are these aspirations going to be easy or difficult for them to achieve? Why?

ACTIVITY 2 : TERMINOLOGY (Technique: Free-listing)

Suggested time: About 10 minutes.

Note to facilitator:

In this activity, you will conduct a free-listing exercise by asking participants to think of different words, phrases or idioms that people in their community commonly use to describe the concepts below.

Ask participants: What words, phrases or idioms do people commonly use to describe:

1) When a man or woman spaces or limits the number of children they have
2) Birth control you can use to prevent pregnancy up to five after unprotected sex
3) Taking medicine or having a procedure to end a pregnancy
4) The loss of pregnancy in the first 5 months through natural causes
5) A method or methods used to prevent pregnancy

ACTIVITY 3 : DECISION-MAKING FOR FAMILY PLANNING (Technique: Story-telling & discussion)

Suggested time: About 45 minutes (20-25 minutes for each part)

Note to Facilitator:

In this activity, you will read out a fictional story about a Nigerian husband and wife.

Read out part one, then start a discussion using the questions provided. Next, read out part two, where the story picks up again two months later, and continue the discussion using the questions provided.

Story, part one:

[Wife name] is 25 years old and married to [husband's name]. They have 2 girls, the oldest is 4 and the youngest is 1 and a half years. [Wife] has seen a poster at her local clinic about family planning methods that women can use to space the birth of their next child and thinks it would be good to wait a while before her and her husband have their next child. [Wife] isn't sure how her husband would feel about this and isn't sure what to do.

Discussion prompts:

1) Why is [wife] thinking about using family planning?
2) What do you think will happen next?
3) Who could she talk to about her feelings?

   Probes:

   - Why?
   - What could she say?
   - Will this be easy or difficult for her? Why?
   - Would she talk to her husband? Why/why not? What would she say?
   - What would her husband say? Why?
   - In this community, who usually starts the conversation about using family planning?

4) Who has the most influence over deciding when and how many children to have? Why?

   Probe:

   - What about the extended family?
   - How involved do you think her husband will be in making the decision to use family planning? Why?
   - How involved should the husband be?

5) If [wife] was your friend, what would you advise her to do? Why?

Story, part 2:

Two months later, [Wife] returns to the clinic and talks to the doctor about different methods of family planning. The doctor prescribes her the oral contraceptive pill. She uses this for around 6 months but then stops.

Discussion prompts:

1) What do you think prompted [wife] to start using family planning?

   Probe:

   - Why motivations do you think she had to start using family planning?
   - Did her husband play a role in the decision to start using family planning? How?

2) Why do you think she stopped using the pill?

   Probe:

   - Did her husband play a role in the decision to stop? How?

3) Do you think the oral pill was a good method to use? Why?

   Probe:

   - What other methods could she use?
   - Are these better or worse than the oral pill? Why?

ACTIVITY 4 : RISK PERCEPTION (Technique: Card-ranking; Discussion)

Suggested time: About 20 minutes.

Materials: 3 risk cards (Most risky, somewhat risky, least risky)

8 action cards

Tape (to tape card to wall) or stones (to hold cards firm on ground)

Note to Facilitator:

In this activity, you will ask participants to rank a set of actions based on the level of risk they think each action poses to health. Participants will place each action card in order from least risky to most risky. Try to get participants to all agree on the order of the cards. If this is not possible, you can use the majority opinion to make the final decision.

This is a good opportunity to energize the group after a lot of discussion so make sure all the participants are involved and moving around to place / move the action cards on the ground or floor.

At the end of the activity, ensure the notetaker makes a record of the final ranking.

Step 1: Place 3 cards on the ground or on the wall – at the far left place “Least risky”, in the middle “somewhat risky”, and at the far right “most risky”.

Step 2: One by one, ask participants to place the following picture cards in order from least risky to most risky, guiding discussion for each card using the following prompts. Continue discussion until the group agrees on the order of the cards. Each action should be more risky than the action to its left.

Discussion prompts:

- Why is this action risky?
- Why is ‘x’ more/less risky than ‘y’?
- *For family planning methods (oral, rhythm, condom, sterilization):* Do you think people would be more likely to use family planning if these risks did not exist? What

Action cards:

- Using the oral contraceptive pill to space or limit number of children
- Getting pregnant soon after having a paper
- Getting sterilized to limit the number of children
- Having a birth under 18 years of age
- Using a condom for family planning
- Having 6 children
- Having an abortion
- Using fertility awareness to space or limit number of children

CLOSING

- Thank people for their participation.
- Remind them that the discussion will be kept confidential. Anything said in the discussion should not be talked about outside of the group.
- Provide refreshments

Appendix Two: Photos from Photo Elicitation Technique

Large Family

Small Family