

User Perspectives on Online Family Planning Services: Qualitative Insights from Current and Potential Users of e-Pharmacy and Telemedicine in Lagos, Nigeria



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A Background and Objectives



5.31
live births
per woman

30.9
months median
birth interval

200+
million people

Nigeria is the most populous country in Africa. This is, in part, due to poor access to modern family planning (FP) products and services across the country. Limited access to modern FP is worsened by factors on both the supply and demand sides resulting in low demand and a significant unmet need for FP services.

Digital health services, particularly e-Pharmacy and telemedicine, have the potential to improve provision and access to FP services and products by scaling up access, expanding end-user choice, and improving time and resource efficiency in FP provision in Nigeria and similar contexts. This study aimed to understand the social, cultural and behavioral barriers and enablers for driving demand for FP through digital platforms in Lagos, Nigeria.

B Methods

The study employed an exploratory qualitative research approach, conducting in-depth interviews (IDIs) with **17** current FP e-Pharmacy users, **16** current non-FP e-Pharmacy users, and **17** users of brick-and-mortar pharmacies in Lagos, Nigeria.

IDI guides were developed by Busara and the Society for Family Health Nigeria (SFH Nigeria). Thematic data analysis was carried out using NVivo Software.

C Thematic Areas Explored

The study explored three key thematic areas to understand the factors impeding or influencing the demand for FP through telemedicine and e-Pharmacy channels:

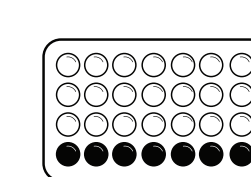
- **Technology uptake and experiences:** Current and past use of digital services, trust in, and opinions on, information from online platforms and sources.
- **Awareness, attitudes and uptake of FP services:** Knowledge of FP, past utilization of FP products and perceptions of accessing FP services via digital platforms.
- **Uptake of digital health services:** Awareness/attitudes toward telemedicine and e-Pharmacies for healthcare, and beliefs affecting digital services adoption for FP.

D Key Findings

Respondents from all categories reported using **digital services**, including **e-commerce platforms** like Jumia and Konga, as well as **social media platforms** such as Facebook and Instagram. Online health information about FP, sourced from platforms like social media and online articles, were embraced by some respondents.

Commonly cited sources included WebMD, non-site-specific Google searches, and social media platforms. However, most were skeptical about online information and preferred verifying it through guidance from their healthcare providers (HCPs), and to a lesser extent with friends.

Study participants were well-versed in FP as a healthcare service, including its services and products.

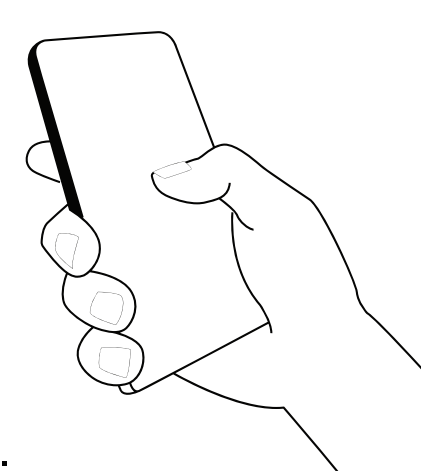


Contraceptive pills, both daily and emergency, were the most commonly FP products accessed through e-Pharmacy platforms.

Similarly, respondents exhibited greater awareness and usage of e-Pharmacy services compared to telemedicine services. This preference was linked to the belief that telemedicine was unnecessary due to the availability of traditional in-person healthcare services. The perception was further shaped by the convenience of accessing online health information for self-diagnosis, a preference for in-person consultations with healthcare professionals to evaluate their capabilities and authenticity, and concerns about online scams.

Key **DRIVERS** that encourage the adoption of digital services for FP products and services were:

- ✓ **Social proofing** - referrals from family and friends.
- ✓ The **convenience** of accessing digital health services through smartphones.
- ✓ Providing **onboarding support** to guide users through registration and product ordering.
- ✓ Providing online information about the available FP methods and potential side effects to **guide user choice**.
- ✓ Accessing **multi-language support** for guidance and counseling services.



When making the decision of what FP product to purchase, the major **DRIVERS** for this decision are:

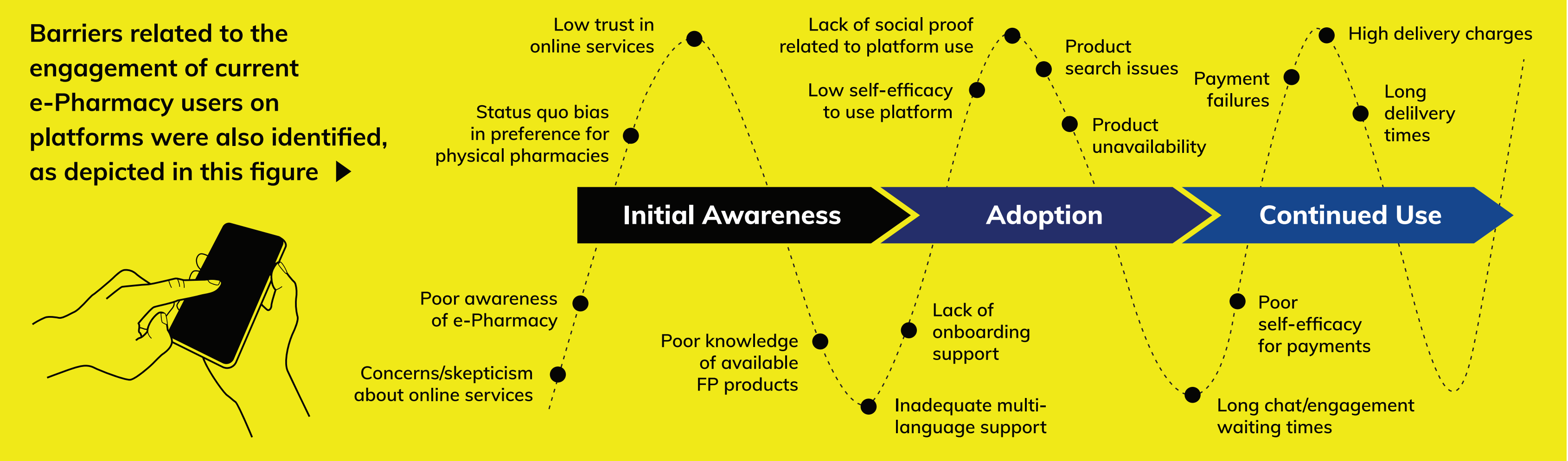
- Partner approval and support.
- Referrals and recommendations from friends.
- Ease of use of the contraceptive method.
- Financial considerations related to purchasing and delivery costs.
- Perceived protection against side effects.

Conversely, critical **BARRIERS** against the use of FP product and services through digital services were:

- ✗ **Lack of awareness or information support** about the variety of FP products available.
- ✗ **Preference** for accessing FP products through physical sources such as brick-and-mortar pharmacies and healthcare facilities, i.e., being able to physically inspect products physically prior to purchase.
- ✗ **Perceptions** that accessing FP through digital services was associated with a markup on the purchasing costs and added delivery charges.
- ✗ **Skepticism** regarding the credibility of online health professionals.
- ✗ **Pre-existing beliefs** against the use of FP caused by religious views (the use of FP being seen as a sin) and negative misconception about FP being associated with long-term infertility, chronic health conditions and death.

We also identified the following structural **BARRIERS** to the uptake and use of digital services for FP purposes:

- Network connectivity issues was the most common perceived challenge to access.
- Limited language support for users that were not fluent in the English language.
- Delays, long waiting times and slow responses when engaging in online consultations.
- UX design limitations and issues that negatively impacted processing payments and searching for desired products.
- Long delivery times.



E What's Next?

We will conduct additional surveys and co-design workshops with e-Pharmacy users and non-e-Pharmacy users using the human-centered design process to develop and experimentally test more user-friendly prototypes based on these recommendations to encourage the uptake of FP through digital services.

References

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