

Understanding the market potential of the IUS in Kenya and Nigeria

Learning about Expanded Access and Potential of the IUS (LEAP) Initiative.

Key Findings from our qualitative phase of research.

Webinar, Final
27.02.19





Overall research aims and process

We have three distinct aims:

Qualitative phase



UNDERSTAND

the optimal way to communicate IUS functional and emotional benefits.

Qualitative + quantitative phase output



POSITION

the IUS within identified optimal framework and test quantitatively.

Quantitative phase



PREDICT

the overall demand (incremental and replacement) from women, HCPs and assess the impact on the contraceptive market.



This report is focused on aims 1 + 2 via the qualitative research with 12 FGs across Kenya and Nigeria.

The output for the qualitative phase is this report with deep learnings on reactions and reflections on the IUS and a refined profile for the quantitative phase.

Sample breakdown

1. UNDERSTAND Qualitative Phase	Kenya	Nigeria
Method	120 minute FGDs (n=6 per FGD)	120 minute FGDs (n=6 per FGD)
Urban Location	1 (Nairobi)	1 (Lagos)
Number of focus groups	6 FGDs	6 FGDs
FG types by Life Stages*	Discovering = 1 FGs Balancing = 2 FGs Maturing = 2 FGs Adjusting = 1 FGs	Discovering = 1 FGs Balancing = 2 FGs Maturing = 2 FGs Adjusting = 1 FGs
Total Kenya and Nigeria	12 FGDs (n=72)	
Screening	<ul style="list-style-type: none"> ○ 18-40 years ○ SEC C1-D ○ Self-report sexually active ○ Not currently or trying to get pregnant ○ Open to using contraceptives/family planning 	

- Life Stages segments provided by Quick Sand + Avenir secondary analysis on DHS data. R2R and Ask Afrika utilized the same questions developed by Quick Sand + Avenir (based on DHS surveys), to create a screening tool for recruitment. The number of FGs per Life Stage reflected the overall distribution of Life Stages across population.
- It is important to remember that sample size changes due to the qualitative nature of this research: participants were free to not answer any question they did not want to, inclusion of FG participants also leads to changes in base sizes, as participation varies throughout the discussion.



Life Stages

Life Stages segments provided by Quick Sand + Avenir secondary analysis on DHS data. R2R and Ask Afrika utilised the same questions developed by Quick Sand + Avenir (based on DHS surveys), to create a screening tool for recruitment.

The following diagram illustrates broadly how women are categorised into the 4 life stages:

Marital Status										
Married/ In-Union					Unmarried (never/formerly)					
Number of children										
0	1		2+		0	1	2+			
Desire for future children										
Wants later	Wants soon	Wants later	No more	Wants soon	Wants later	No more	Wants later	Wants later	Wants soon/later	No more
●	●	●	●	●	●	●	●	●	●	●
Discovering	Balancing	Adjusting	Maturing	Balancing	Balancing	Maturing	Discovering	Adjusting	Balancing	Maturing



Framing the research





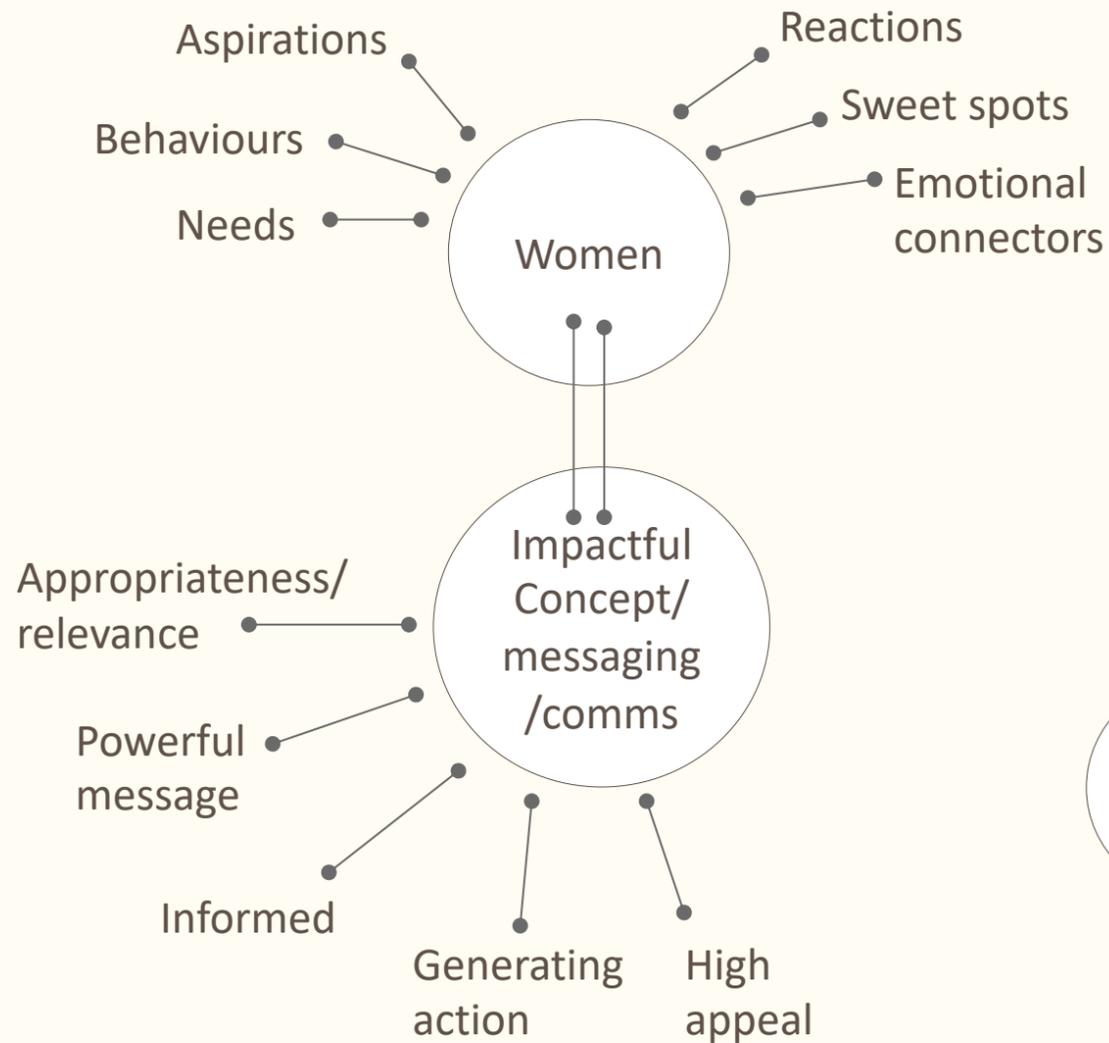
Framing the research: How R2R sees it

1

CONSUMER APPEAL

CREATE

concepts with women that communicate information and benefits effectively

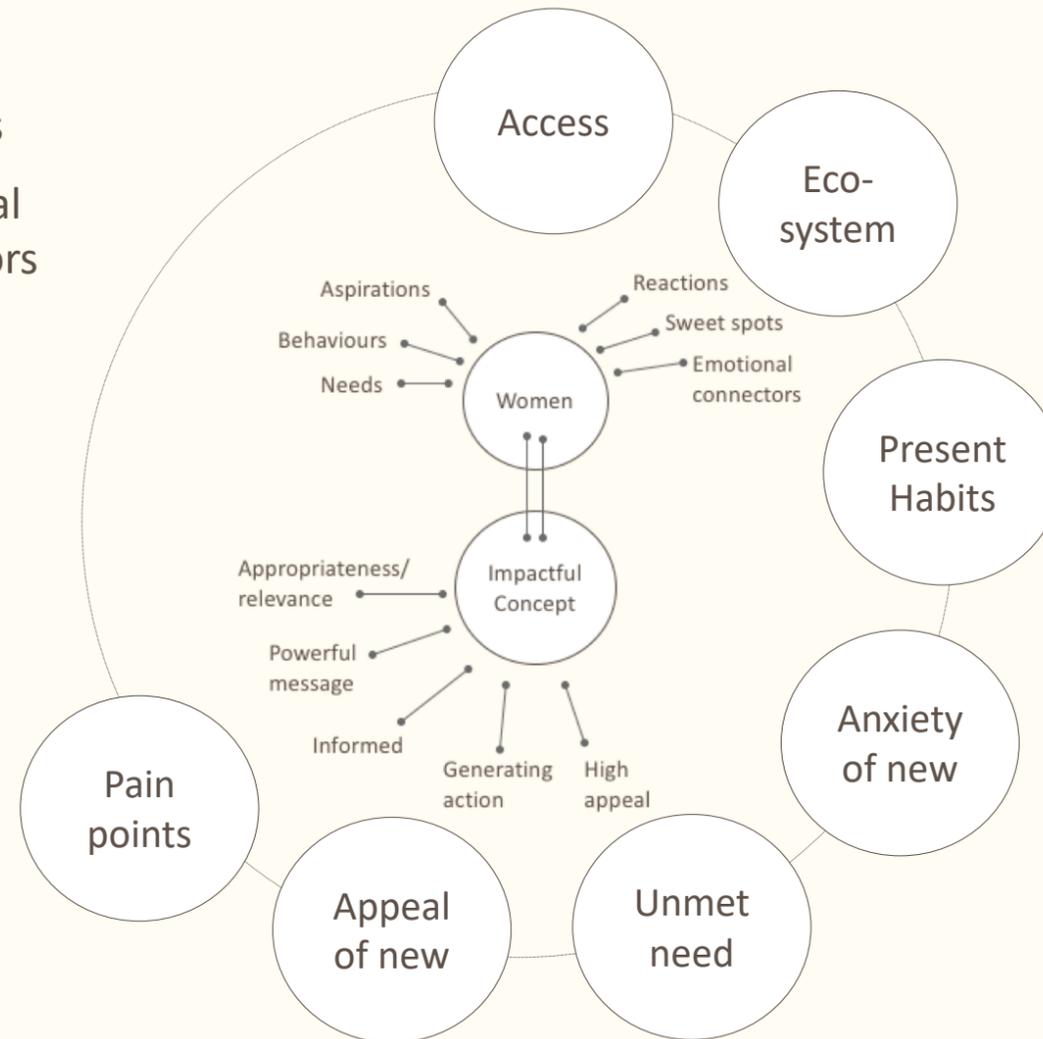


2

CHOICE FRAMEWORKS

FRAME

the context of women's lives and what impacts their decision making

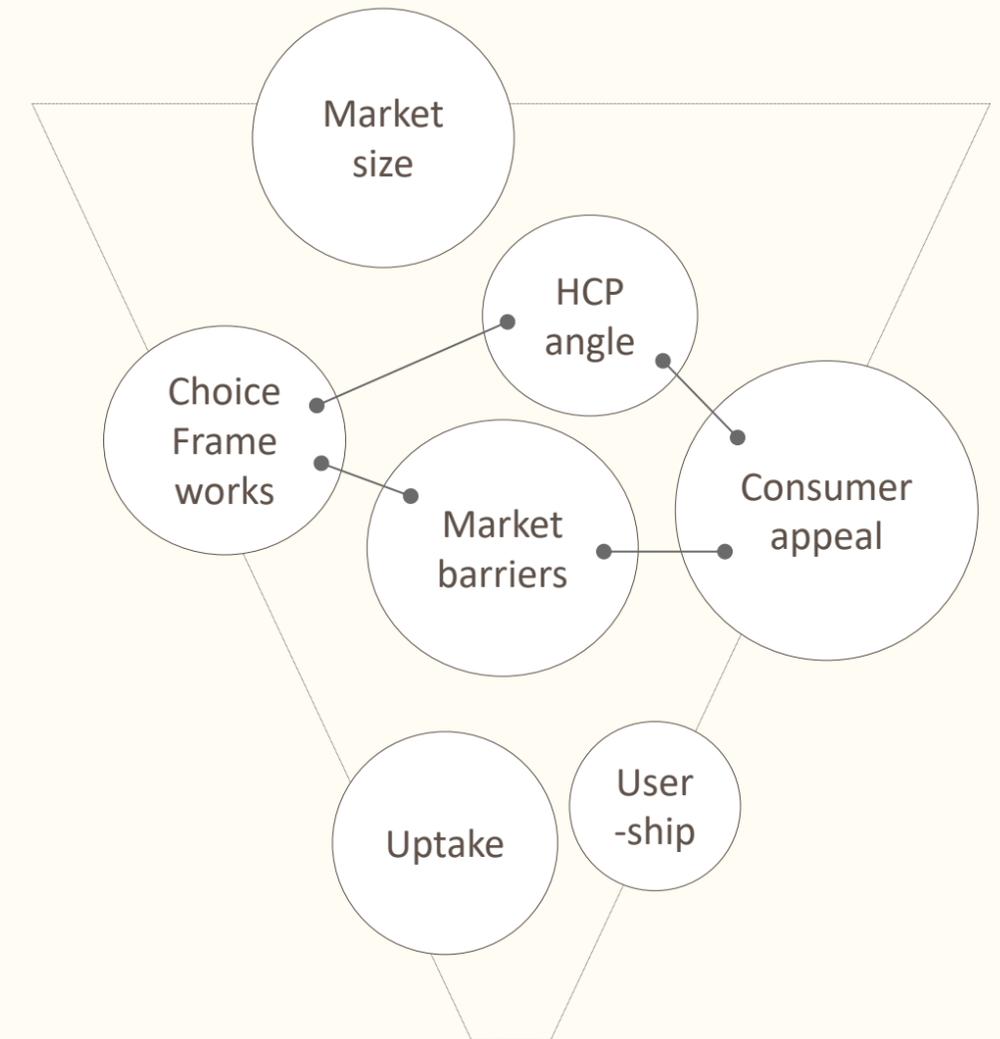


3

DEMAND DYNAMICS

PREDICT

potential demand and impact of market environment and systemic context



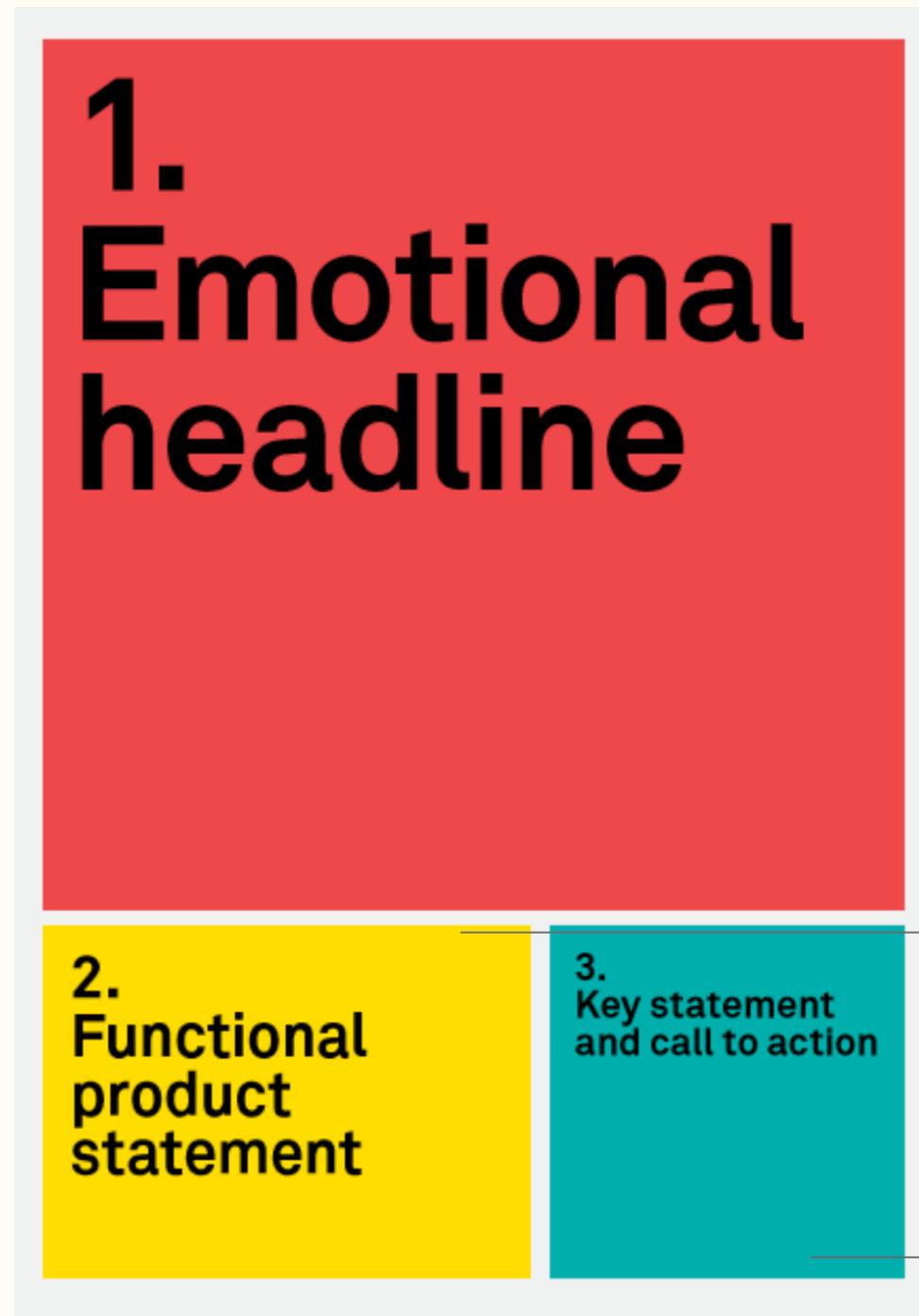


1. Consumer appeal: Messaging should be designed around a central framework that engages the user, speaks to them emotionally and to their needs, as well as allaying concerns up front

Concepts are critical first interaction with a product or service.

We learnt from previous research that:

- **Consumers make up their minds on a very limited amount of up-front information = 1. get to their emotional needs quickly and 3. allay concerns with key statement**
- **This demonstrates the importance of a compelling initial communication = 1. emotional headline and 2. a clear functional product statement that holds value**
- **This must be supported by appropriate levels of advice and support and ability to discuss with other users and key eco-system influencers =3. Key statement that answers critical concerns/questions and call to action for further information and advice**



Central elements:

● Style	Tone and feel (e.g. colours and font)
● Image (emotional, aspirational, social identity)	Represent emotional connections and aspirations of consumer, as well as their social identity: how they think they will be perceived, how they would perceive others, and reflect their setting
● Key message (emotional headlines/ aspirational hooks)	Central themes that resonate – drawing on emotional and aspirational needs
● Functional product statements (reason to believe, product personality)	Practical factors such as duration can illustrate reason to believe – linking back to key message, as well as important product personality benefits
● User experience (allay concerns)	Statements from users on experience – to address concerns of potential users
● Call to action	Incorporate next steps, based on their critical influencers and information access points

See our full quantitative report with MTN [here](#) and our essential qualitative story [here](#).



Messaging for this research centred on an informative profile, with consumer language and provider dissemination in mind I

This is not going to be a product description

There is a clear need to move away from clinical product descriptions
Limited emotional or value-driven propositions within such a concept

This is not going to be a selling tool

We cannot be seen to be selling the product.
Need to look out for balance – whilst expressing its brand and value ensure it is not solely marketing (PSI to set parameters as to what can be said)

The real-life setting of provider-style detailing

Providers will have limited time to share information on IUS, and won't be using advert/communications campaign materials
Need to ensure that the materials are set in a realistic framework

We want to develop a concept that reveals the value of the IUS and resonates with women

Creating a concept that harnesses the attributes of the IUS and connecting it to critical drivers and emotional touchpoints that encourages appeal and stays within the realms of what is allowed to be stated and realistically showed to women by providers

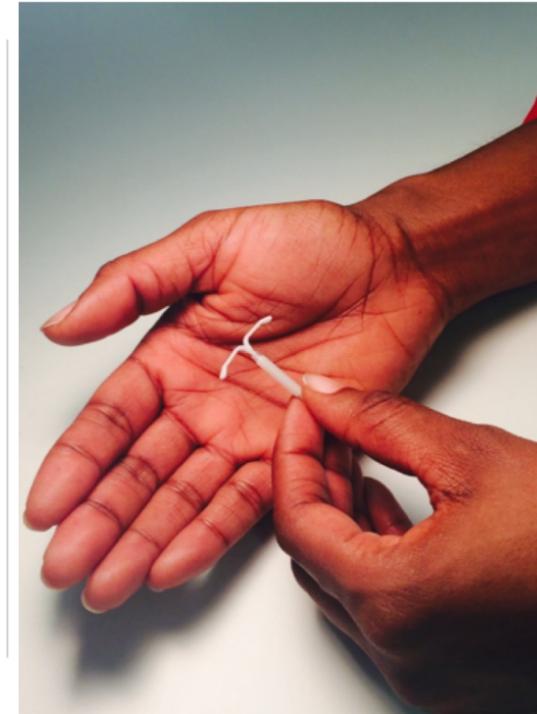
Profile was created with and finalised by PSI + FHI 360

Design support included for selecting images, wording, placement of sections

The IUS

What does the IUS do?

- The IUS is a contraceptive that prevents pregnancy. It is one of the most effective methods of contraception available, more than 99% effective. This means less than 1 person out of 100 women may get pregnant whilst using the IUS.
- The IUS can prevent pregnancy for up to 5 years, and it can be removed any time.
- The IUS is inserted into the uterus and it cannot move or get lost in the body. It simply stays in the uterus until removed by a health care professional.
- Women who use the IUS typically experience lighter, less painful periods. Many users see their periods go away all together. This is safe for the woman and her future fertility will return to normal when the IUS is removed.
- Because the IUS causes lighter periods or no periods, it is also a proven treatment for women who experience heavy, prolonged periods with potentially dangerous blood loss. It may also help women at risk of anaemia.



The IUS

How does it work?

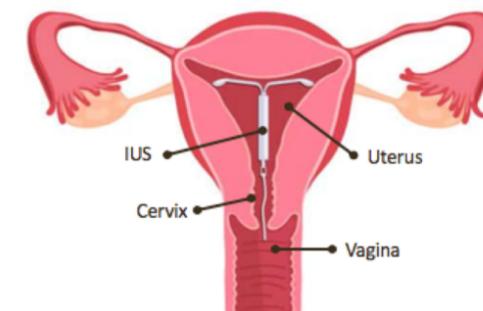
- The IUS is inserted into the uterus and removed by a trained healthcare provider.
- The IUS delivers the lowest daily levels of hormone of any hormonal contraceptive method, less than pills, implants or injectables.
- The IUS releases the pregnancy-preventing hormone directly into the uterus, rather than into the bloodstream like other hormonal methods. This is one reason that there are fewer side effects than with other methods

Who can use the IUS?

- The IUS is safe for any woman of any age to use, including those with or without children.
- Breastfeeding women can safely use the IUS. The hormones will not harm a baby or affect quality or quantity of breast milk.

When can women get pregnant again?

- When a woman decides to have the IUS removed, she can try to become pregnant again right away. Her fertility will return to the normal level that would be expected if she had never used the method.
- Periods will also return to usual patterns after the IUS is removed.





Messaging for this research centred on an informative profile, with consumer language and provider dissemination in mind II

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Design support included for selecting images, wording, placement of sections

The IUS: Positives

There are positive things about each different contraceptive method, and every woman's body responds differently.

 **Duration:**

- Once the IUS is inserted, users are protected from pregnancy for up to 5 years.
- Users simply return to their healthcare provider for removal after 5 years or any time before that.

Low hormone level:

- The IUS releases the lowest dose of hormone of any contraceptive and therefore its side effects can be easier to tolerate than side effects associated with other hormonal contraceptives.

Easy and discreet:

- The IUS does not require any preparation before or during sexual intercourse.
- It's discreet, no one will know a woman has the LNG-IUS inserted unless she tells them. In some cases your partner may feel the strings of the IUS during intercourse, this is safe.

 **Improved periods:**

- Most women experience lighter periods, or their periods stop all together. The benefits of this include:
 - Avoid the discomfort and inconvenience of periods, and the need for sanitary pads.
 - Lighter or no painful cramping during periods.
 - Improve heavy periods and make periods more manageable by reducing blood loss.

Safe:

- The hormones in the IUS are safe for breastfeeding mothers and their babies; the quality and quantity of breastmilk will be normal while using the IUS.

Satisfaction:

- Satisfaction among women who have tried the IUS is very high.

The IUS: Things you should know

There are things you should know about each different contraceptive method, and every woman's body responds differently.

 **Change in periods:**

- In the first few months after insertion, periods may become irregular, with spotting between periods. Over time, most women's periods either become lighter or stop.
- Bleeding changes, including periods stopping are normal and safe and will not harm your fertility.

Side effects:

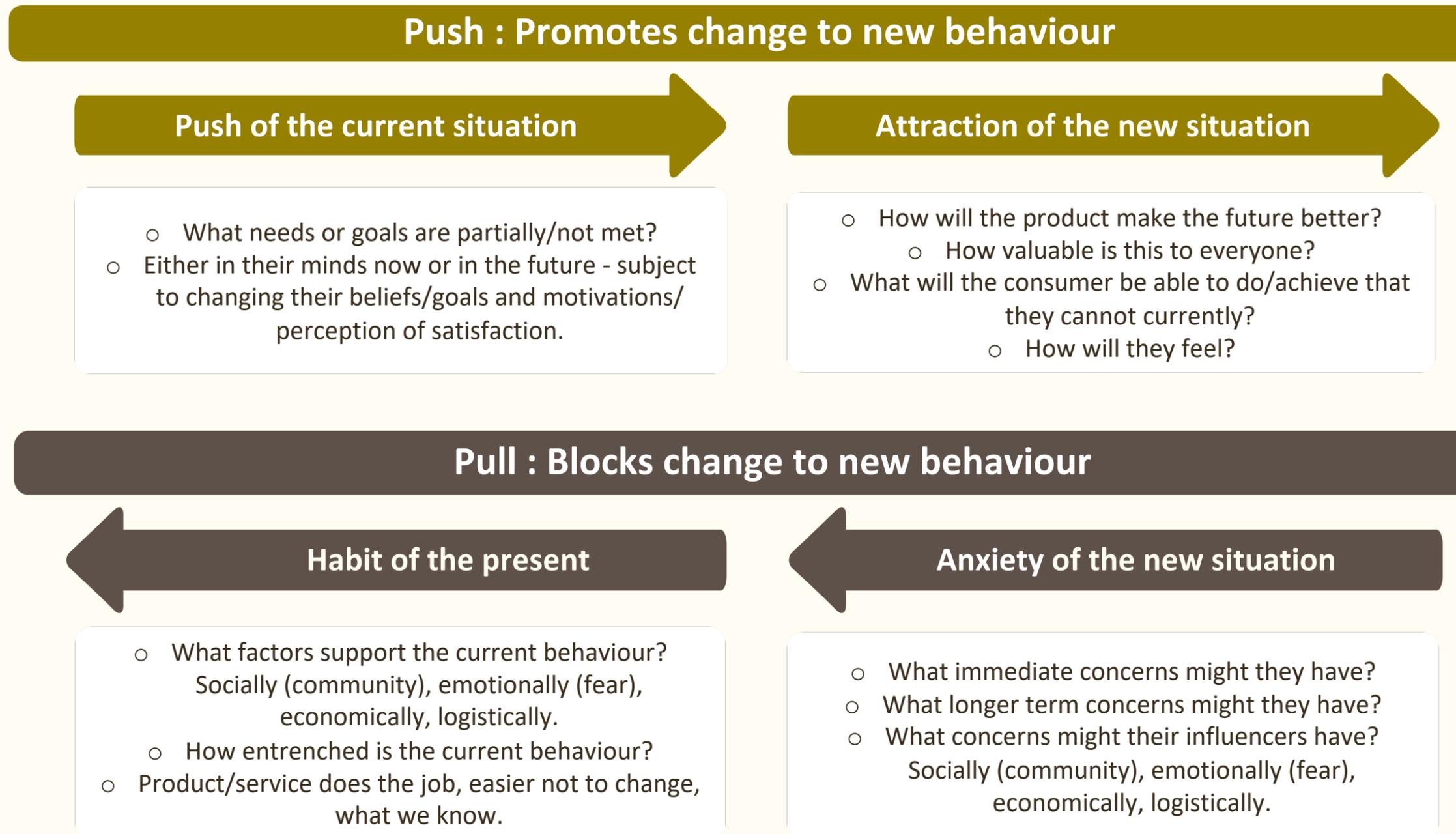
- Some women experience headaches, backache, acne or weight gain when they begin using the IUS. These side effects usually go away with time as the body adjusts to the IUS.

Insertion:

- There can be some discomfort during insertion, as well as cramping after insertion as the body adjusts to having the IUS in the uterus.

2. Choice frameworks: Provides understanding around choice and for this research (not fully explored) can illustrate experiences with current FP which may illustrate opportunity as well as unmet needs

The push and pull of behaviour change



The story

Key findings





The Story: High level summary

1. Emotional headline

The major perceived contraceptive benefits marry with women's critical needs around: freedom, being worry-free, family size control/changes, effectiveness and convenience.

These factors come into play when women are evaluating the IUS profile – women are drawn to the information which directly leads to such benefits: long-acting, trained provider administration, discreet, effective, immediate return to fertility.

Women select the discreet / convenience value proposition as one of the most important statements [with lower side effects] for willingness to try the IUS. Important positive shifts in willingness to try occur post-value proposition discussion in Kenya.

A major drawback to contraceptives generally are side effects: they are the most mentioned negative experiences, and for some are a concern with the IUS.

However, women frame IUS side effects as manageable, within the critical value proposition of “fewer side effects” [due to lower hormone] as well as the long-acting nature of the IUS. Women mitigate the side effects with the clear appeal of a long-acting, low-hormone, inclusive, convenient and effective method.

2. Functional product statement

3. Key statement and call to action

Fears around insertion are concerns for some women, although they are somewhat mitigated by the statement around a trained provider being the administrator of the IUS [creates confidence in the ease of the procedure]. Perceived discomfort comes from two aspects the image of the string from the IUS and the discomfort raised in the statement around insertion. Consider re-wording ‘discomfort’ or allaying such concern upfront.

Encouraging women to connect with IUS users, or statements from users would be important as positive shifts occur post reflection and discussion as a group. Relevant eco-system influencers: partners, providers, trusted friends and elder family members will need to have well-designed messaging in order to support women's understanding of the IUS.

The contraceptive context

Key findings





There is a strong feeling that the benefits of FP greatly outweigh the drawbacks



Sense of freedom

Majority of mentions

No differences by life-stage

- Ability to consider the optimal time to conceive
 - First child / next child (spacing)
 - When financially stable
 - Have a career
- Reassured about decision to delay pregnancy
 - Contraception does not affect fertility in the future
- Empowered to take control of fertility and life
 - Again, ability to plan ahead for a better future

“[I feel] very relieved because you don't have to give birth to many children and especially with the economy.”

[R11, Group 2, Discovering, Nigeria, 24 years, no children, withdrawal + condom user]

“I feel liberated because I am able to make my decision on when I want to get a child and when I am comfortable financially and emotionally.”

[R3, Group 3, Balancing, Kenya, 34 years, 2+ children, Depo user]



Fear / anxiety

Minority of mentions

Mostly in Balancing and Discovering groups

- Fear of perceived side effects
 - Gaining weight, irregular periods, heavy bleeding, absence of cycles, dizziness
- Worry over possible contraceptive failure
 - Particularly from stories of other women
- Sense of apprehension on hormonal FP methods other than withdrawal, safe days
 - Lack of confidence in these contraceptives

“To me I don't want to do it because some said when they do family planning they will be fat. Some they will be bleeding during their menstrual period and it will not be a balanced cycle and I will panic.”

[R5, Group 1, Balancing, Nigeria, 41 years, 2+ children, doesn't use anything]

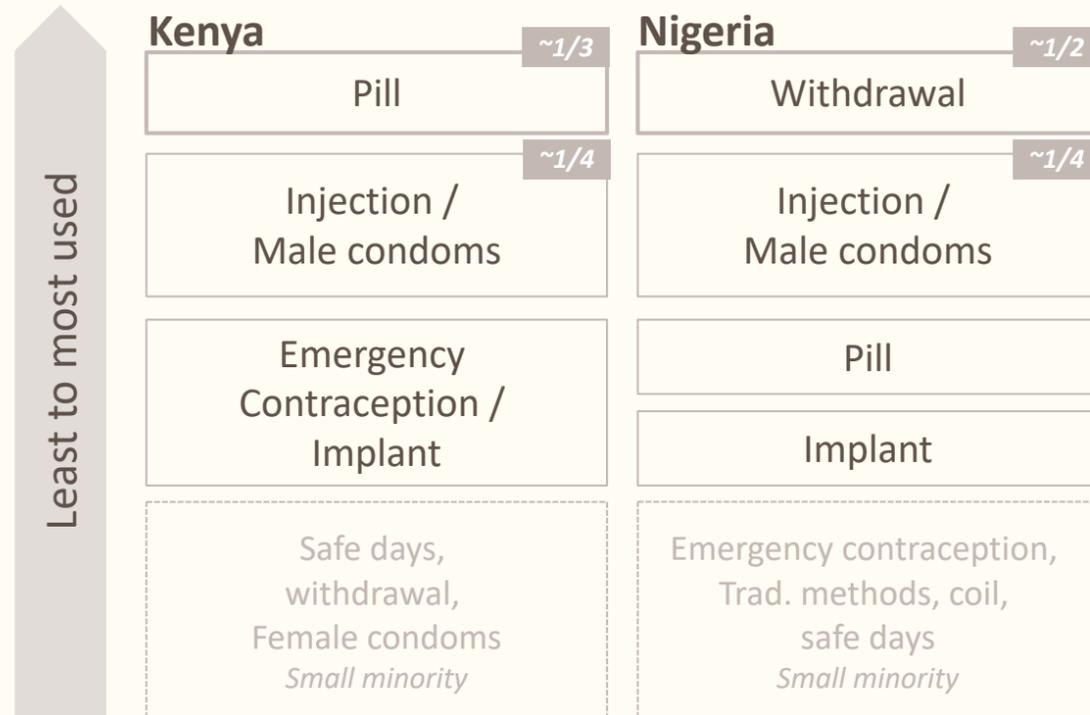


Kenyan women report greater and longer use of hormonal methods vs Nigerian women



Contraceptives used

- Majority of women are using some form of contraception



- Injection and pills more common Balancing and Maturing groups.*
- Time since using contraceptive method are **typically longer among Kenyan women**, possibly due to uptake of hormonal methods e.g. pill, injection, implants.
- On the contrary, some mentions of unsuccessful withdrawal methods among Nigerian women thus resulting in shorter length of use of withdrawal or other methods
 - Kenya: more than 5 years
 - Nigeria: 1-5 years
- No differences by life-stage*

“[I use] Norplant because I feel safe, no side effects and its good for me.”

[R31, Group 6, Adjusting, Nigeria, 35 years, 2+ children, Implant user]

“I did withdrawal method for 4 years and nothing happened but sometimes you feel this thing has entered then I go for [Postinor2].”

[R3, Group 1, Balancing, Nigeria, 28 years, 2+ children, Withdrawal]

“I have used [Norplant] for 4 years now, it is just about to expire [...] Because I don't have time to keep on going to the hospital for injection, so I decided use the Norplant for 5 years [...] I am always afraid of new change.”

[R6, Group 6, Adjusting, Kenya, 45 years, 1 child, Implant user]

“This pill then when I used it, it was from the method I had from someone when I used it, it destabilised my menses, it ceased my menses, instead of having easy flow like the lady was having, I had a destabilised menstrual cycle.”

[R23, Group 4, Adjusting, Nigeria, 32 years, no children, Condom user]



Major positive experiences hold strong emotional connectors around being worry-free and ability to plan/space (relax/safe/free). Side effects make up main negative space



Positive Experiences

Overall, Nigerian women reported more positive experiences of contraceptive use (half are using withdrawal).

Positive experiences across Kenya and Nigeria:

Ability to relax / feeling safe

- To enjoy sex – pleasure for man and woman
- And not consider the prospect of possible pregnancy

Ability to plan pregnancy / space children

- Working towards an agreed plan with partner about when to have a child
- Allow women to plan ahead so they feel prepared for motherhood

Contraceptive method has so far been tolerable

- Any side effects mentioned outweighed potential pregnancies



Negative Experiences

Kenyan women provided more detail on negative experiences, particularly on side effects (due to hormonal contraception).

Negative experiences across Kenya and Nigeria:

Side effects affecting the menstrual cycle

- Heavy flow, absent or irregular cycle, abdominal pain, bleeding

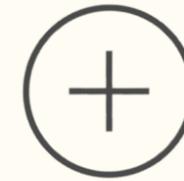
Other physical side effects

- Weight gain, bloating, low libido, mood swings

Reduced pleasure / willingness to use (condoms)

Can be challenging to adhere to

- Compliant with using condoms and the pill



Improvements

- Fewer side effects
- Some women in Nigeria would opt for a method other than withdrawal, whilst others want a more natural contraceptive method
- Some Kenyan women mentioned a contraceptive that doesn't interfere with libido

Minority mentions (n=1 or 2)

- A less painful process than injections
- Consultations with HCP instead of friends
- A method which doesn't interfere with menstrual cycle
- More information on family planning



Most mentioned decision maker in Kenya were women themselves. Overall, eco-system players of husband/partner, Providers and trusted friends or elder family members have important roles

Self – 1st Kenya

Most mentioned - Kenyan women often make decisions on what contraceptive to use by themselves. *Mostly Balancing and Adjusting..* However, 'myself' one of the least mentioned decision-makers in Nigeria

Why?

- Having the information enabled women to make the decision themselves

Family and Friends – 4th Kenya, 3rd Nigeria

4th most mentioned and 3rd most mentioned influencer in Kenya and Nigeria respectively – an important reference point for women, in particular friends, then sisters/sisters-in-law and cousins, with 1 mention of mother each.

Mostly maturing and adjusting.

Why?

- Shared experiences and value of advice of other women in their lives considered important
- Women confide in other women



Media and Internet – last

Reported among few Kenyan women

Husband / Partner - joint 2nd Kenya, 1st Nigeria

Are often involved and play a significant role in the choice of method, particularly among Nigerian women – as top mention (joint 2nd mention for Kenya after self and with HCPs)

Mostly maturing in Kenya, no differences in Nigeria

Why?

- Partners either have a preferred method, or want to space or have more children
- Some wanted the partner involved in the decision
- One Kenyan woman mentioned relying on her partner for finances

Healthcare Providers - joint 2nd Kenya, 2nd Nigeria

Predominately mentioned to as doctors, but including nurses and pharmacists, HCPs have a central involvement in choice – as joint 2nd most mentioned influencer.

Mostly maturing and balancing in Kenya, no differences in Nigeria

Why?

- Women see doctors as knowledgeable and being able to give advice based on their needs and bodies
- Women can seek advice from nurses when they have problems

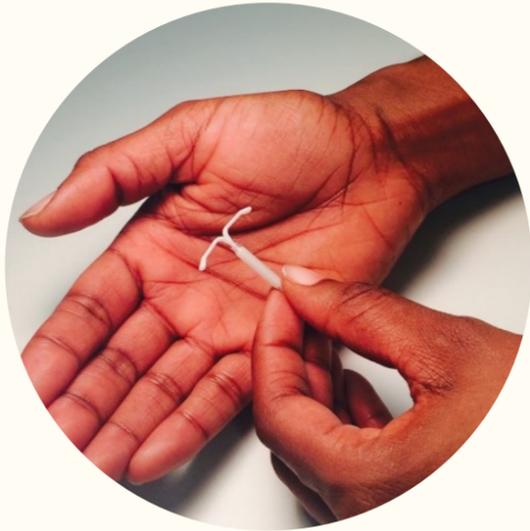
IUS profile evaluation

Key findings





IUS profile is well received as a long acting device with immediate return to fertility if removed



Willingness to try

n=	Kenya	Nigeria
YES	21	18
NO	8	13
UNSURE	6	5

Kenya: No difference in life stages, except unsure which is not selected by any discovering

Nigeria: Yes – mostly maturing and adjusting, No – mostly balancing and discovering, Unsure – all except adjusting and discovering

Initial reactions to the profile / IUS



A safe, efficacious device with no long lasting effect on fertility is considered to be appealing among Kenyan and Nigerian women:

- Safe / comfortable / discreet
- Long acting / removable
- Effective i.e. in line with their needs
- *Particularly among Kenyan women:* No impact on fertility once removed



However, some initial concerns were raised, and more strongly among Kenyan women:

- IUS may not be discreet enough; while the profile cites that this is safe, women are concerned their husband / partner may feel this and therefore negatively impact sex
- Moreover, they feel that sexual intercourse may break or dislodge the device
- Discomfort from insertion and possible side effects have been highlighted as a worry

Key aspects highlighted

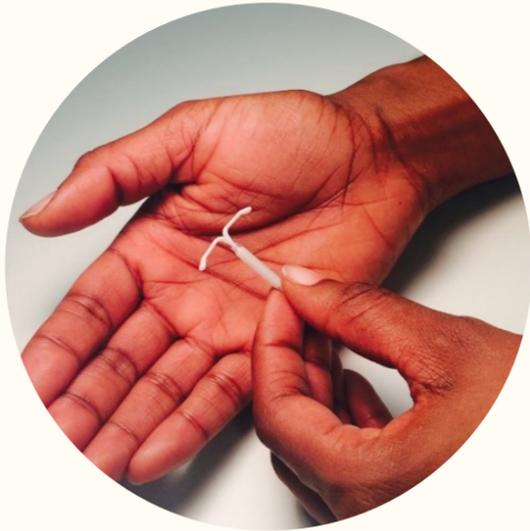
While Kenyan women seemed to be more vocal, both found the following information to be impressive / intriguing:

- Alleviates heavy menstruation / possibility of lighter or no periods / cramps
- Ability to breastfeed with the IUS inside.
- Other mentions include
 - Kenyan women: High efficacy
 - Nigerian women: attractive design

“I think of it that it is very hygienic...the way it's being treated and the way it's being inserted [...], I see safety in it and very comfortable....safety in the sense that the fallopian tube will not be damaged and they said even during intercourse if the penis should touch it, it still does not change the position [...] so that gives me [re]assurance that it is safe, that even during intercourse [it can't be] tamper[ed] with.”

[R23, Group 4, Adjusting, Nigeria, 32 years, no children, condom user]

Upon reflection and discussion, various benefits of the IUS are reaffirmed, in spite of discomfort concerns



Willingness to try

	Kenya	Nigeria
YES	25 (+4)	24 (+6)
NO	9 (+1)	3 (-10)
UNSURE	2 (-4)	9 (+4)

Nigeria: Unsure – mostly balancing

Consolidating the key points



Key points of appeal: Kenya almost half stated the profile and the device is well presented:

- Long-acting - perceived to be convenient
- Reduced, and less painful periods
- Good tolerability
- Immediate return to fertility
- Ability to breastfeed during use

Key points of appeal: Nigeria

- Perceived safety
- High efficacy
- Alleviate period pain while not reducing sexual pleasure



Key concerns raised include potential pain experienced implementing the device:

Kenya

- Mode of administration (in the uterus)
- Anticipated discomfort inserting / removing the device
- Interference with the menstrual cycle

Nigeria

- Side effects (e.g. weight gain, headaches)
- IUS may be displaced at some point
- Anticipated discomfort inserting / removing the device

Additional info?

Few Kenyan women raised the aspect of cost, while Nigerian women (few) would be further reassured in knowing how long side effects / discomfort would last for.

“Because you won't be stressed out with your husband, you know once it's there it's a done deal. Secondly you will save money considering you will have no periods or less. Thirdly getting pregnant at your own time.”
[R4, Group 5, Maturing, Kenya, 40 years, 2+ children, Daily pill]



Provider involvement is key to the appeal of the IUS, while device string is a worry for some women

How does it work?

The IUS is inserted into the uterus and removed by a trained healthcare provider.



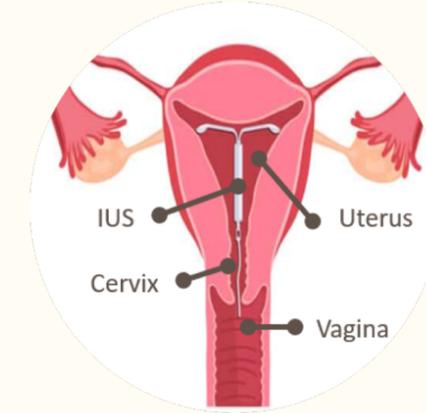
All Kenyan women and more than half of Nigerian women voiced that application / removal of the device by a healthcare provider is an extremely important piece of information.

Because:

- Trust in a trained person
- Uterus is a sensitive organ and has the potential for complications / risks
- Therefore women feel
 - *Confident* in their skills
 - *Comfortable and reassured* to go ahead with the procedure
 - *Safe* that the procedure will be conducted in an environment that reduces complications e.g. infections

Most mentions refer to presentation of the device on the hand where women cite that it is perceived to be:

- Simple, and small
- Fragile (particularly by hand placement)
- Comfortable and harmless
- Potentially a good and comfortable fit for the uterus (matches shape)



Around a third of women expressed apprehension over the string extending into the vagina:

- Felt that this can interfere with sexual intercourse
- Cause partner discomfort
- Perceived harmful to the vagina/uterus

Explanation slide: Understanding the 3 most important and 3 most concerning pieces of profile information

The IUS profile was divided into statements across each information area

Each participant had time to select the 3 most important and the 3 most concerning statements

Focus Group participants **individually** selected the statements

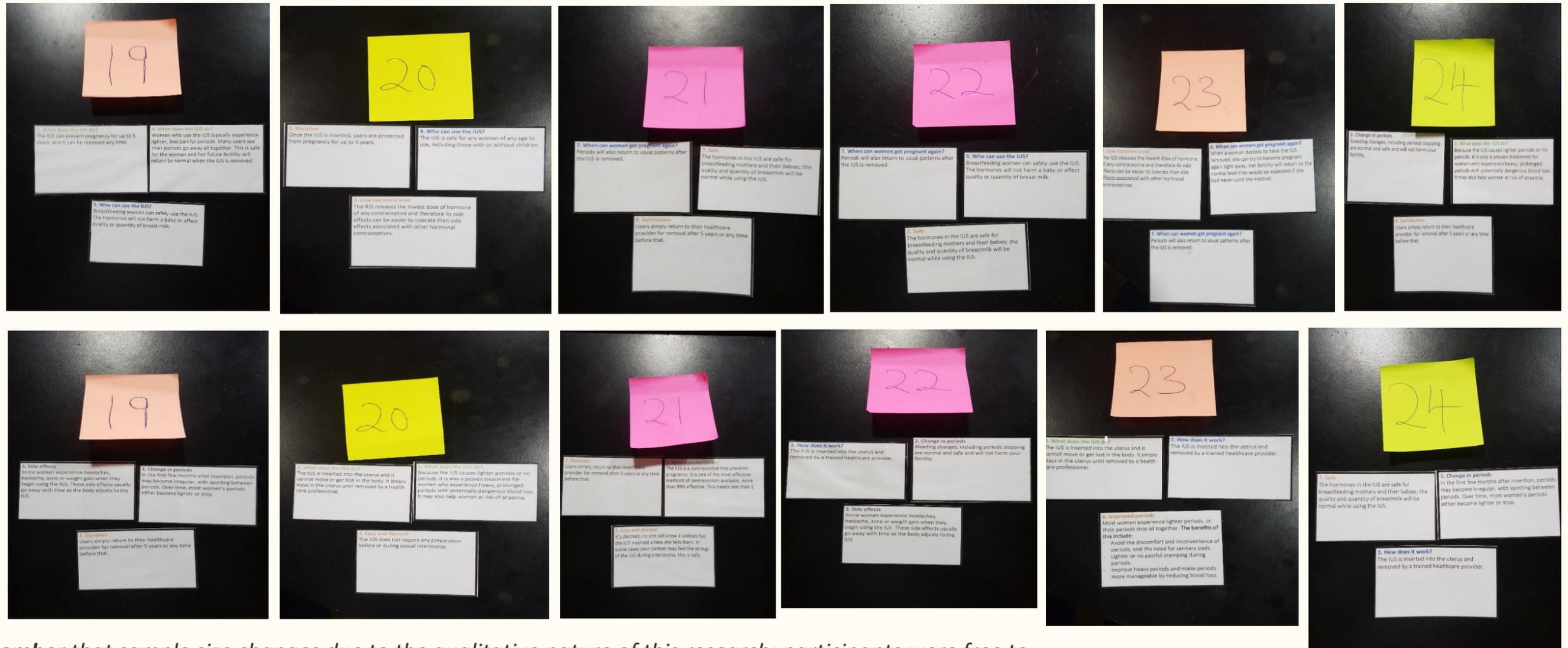
Moderators would explain the task and walk around the room to ensure it was understood and checking answers

Photographs were taken of each respondent's selection (post-it note attributing respondent number, unique across FGs)

n=~72

Top row 3 most important pieces of information

Bottom row 3 most concerning pieces of information



- **It is important to remember** that sample size changes due to the qualitative nature of this research: participants were free to not answer any question they did not want to, inclusion of FG participants also leads to changes in base sizes, as participation varies throughout the discussion.

Photo: Actual activity photographed from FG

Key messages selected relate to Provider involvement, return on fertility (at any time) and reassurance on safety / efficacy given the device is long-acting

Most important information types	Kenya	Nigeria
What does the IUS do?	n=24	n=29
How does it work?	n=14	n=13
Who can use the IUS?	n=11	n=16
When can women get pregnant again	n=10	n=13
Easy and discreet	n=8	n=10
Duration	n=7	n=3
Improved periods	n=5	n=5
Safe	n=3	n=6
Low hormone level	n=4	n=3
Side effects	n=3	n=2
Change in periods	n=2	n=2

Information regarding side effects / effect on menstruation felt to be less compelling than what the IUS is and how it works.

Return to fertility felt to be important for women who are *adjusting / balancing*. Greater interest in safety, improved periods and duration among *maturing* women.

Key messages selected	
Kenya	Nigeria
<p><i>Key compelling messages include:</i></p> <ul style="list-style-type: none"> • IUS handling by a trained HCP • Long-acting protection with the option to remove protection at any time • Perceived little or no impact to fertility once IUS is removed • Safe to use for women of all life stages 	<p><i>Key compelling messages include:</i></p> <ul style="list-style-type: none"> • Perceived little or no impact to fertility once IUS is removed • Safe for mothers who are breastfeeding • Efficacy • Reassurance that IUS will not be displaced elsewhere in the body / HCP handling
The IUS is inserted into the uterus and removed by a trained healthcare provider. (n=8)	When a woman decides to have the IUS removed, she can try to become pregnant again right away. Her fertility will return to the normal level that would be expected if she had never used the method. (n=10)
The IUS can prevent pregnancy for up to 5 years, and it can be removed any time. (n=7)	Breastfeeding women can safely use the IUS. The hormones will not harm a baby or affect quality or quantity of breast milk. (n=9)
When a woman decides to have the IUS removed, she can try to become pregnant again right away. Her fertility will return to the normal level that would be expected if she had never used the method. (n=7)	The IUS is a contraceptive that prevents pregnancy. It is one of the most effective methods of contraception available, more than 99% effective. This means less than 1 person out of 100 women may get pregnant whilst using the IUS. (n=8)
The IUS is safe for any woman of any age to use, including those with or without children. (n=7)	The IUS is inserted into the uterus and it cannot move or get lost in the body. It simply stays in the uterus until removed by a health care professional. (n=9)



Apprehension around the discomfort described on insertion and impact on periods

Most concerning pieces of information types	Kenya	Nigeria
Change in periods	n=27	n=20
Side effects	n= 21	n=24
Insertion	n=25	n=18
What does the IUS do	n=12	n=15
Easy and discreet	n=3	n=9
How does it work	n=9	n=3
When can women get pregnant again	n=1	n=3
Low hormone level	n=1	n=3
Improved periods	n=1	n=3
Duration	-	n=4
Safe	n=3	n=1

Key messages selected	
<p><i>Key concerning messages raised by Kenyan and Nigerian women include:</i></p> <ul style="list-style-type: none"> • Effect of the IUS on their periods <ul style="list-style-type: none"> • Irregular cycles • Kenya: <i>maturing</i> and <i>balancing</i> women • Nigeria: by all groups of women • Possible side effects <ul style="list-style-type: none"> • Kenya: <i>discovery</i> and <i>balancing</i> women • Nigeria: by all groups of women, less so among <i>adjusting</i> • Discomfort associated with inserting / removing the device <ul style="list-style-type: none"> • Nigeria: particularly among <i>maturing / discovering</i> women 	<p>There can be some discomfort during insertion, as well as cramping after insertion as the body adjusts to having the IUS in the uterus. (Kenya n=25, Nigeria n=18)</p> <hr/> <p>In the first few months after insertion, periods may become irregular, with spotting between periods. Over time, most women's periods either become lighter or stop. (Kenya n=23, Nigeria n=18)</p> <hr/> <p>Some women experience headaches, backache, acne or weight gain when they begin using the IUS. These side effects usually go away with time as the body adjusts to the IUS. (Kenya n=21, Nigeria n=24)</p>

“So people start questioning, if you are supposed to be bleeding and the blood is not coming out where do they go? So for me it is not like I would be worried but I would like to be more informed about what happens when you are not getting your period, what happens to your uterus. So the no bleeding at all would be the biggest worry for me.”

[R5, Group 3, Balancing, Kenya, 37 years, 2+ children, Condom user]

“I do not like the side effect of weight gain something should be done especially its not normal weight gain. [...] I would not know the composition in it. Men complain that women are adding weight so they wont look out.”

[R26, Group 5, Balancing, Nigeria, 38 years, 1 child, Withdrawal]

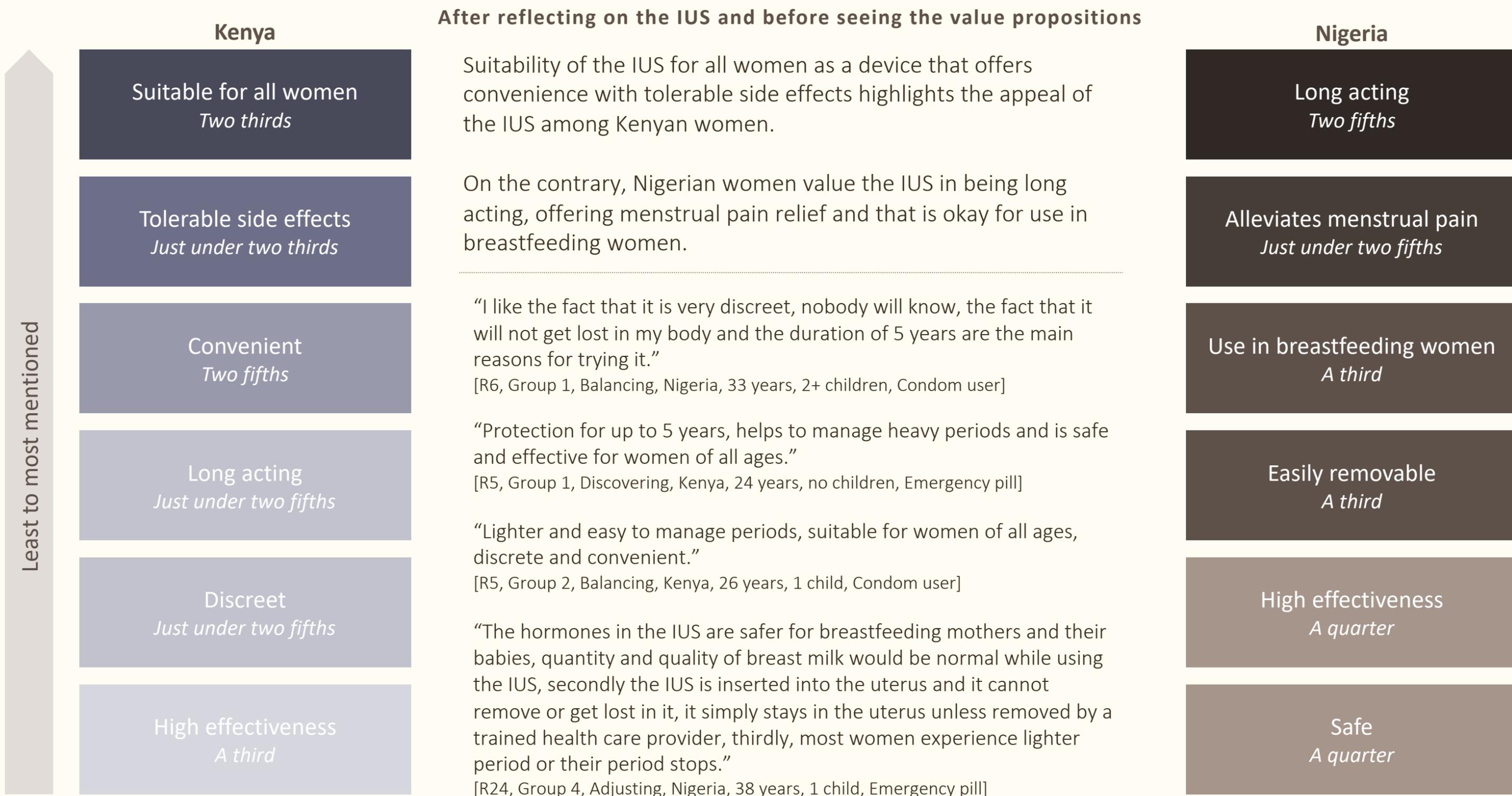
Value propositions

Key findings





Two thirds in Kenya state 'suitable for all women' and two fifths in Nigeria believe 'long acting' are top IUS value statements





Explanation slide: Understanding the 3 most important statements as value propositions

6 value propositions were described to the FG

Each participant selected their top 3

Focus Group participants **individually** selected the statements **within the group setting**

Moderators would explain the task: what I want you to do, is help me understand how valuable you find these statements and if you think they really represent the true value of the IUS to you. In other words, would these statements be things you would tell people in order to convince them to use the IUS?

Scans of the tally sheets were taken

n=~72

Tally sheets used by moderators to calculate top 3 statements to evaluate

Section E: Value propositions tally sheet
This is to help you determine which 3 value propositions to discuss in the group
Whichever 3 have the most respondents, share the corresponding value proposition card with the group and discuss

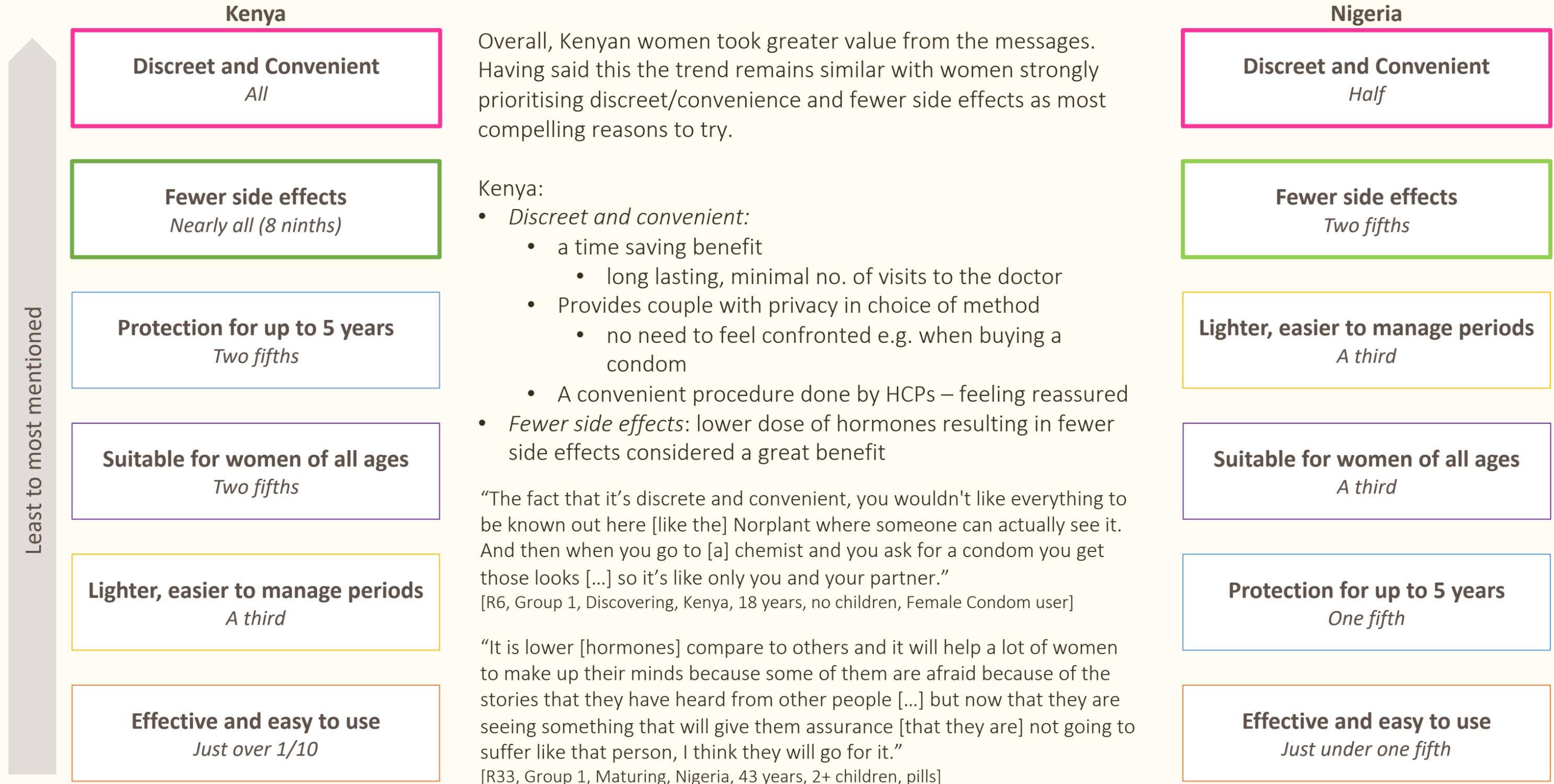
Lighter, easier to manage periods	Fewer side effects	Effective and easy to use
<small><Write in below Respondent numbers who raise hands></small> 16 13 17 18	<small><Write in below Respondent numbers who raise hands></small> 17 15	<small><Write in below Respondent numbers who raise hands></small> 16 13 14 18
Protection for up to 5 years	Suitable for women of all ages	Discreet and Convenient
<small><Write in below Respondent numbers who raise hands></small> 16 13	<small><Write in below Respondent numbers who raise hands></small> 17 18 15	<small><Write in below Respondent numbers who raise hands></small> 13

- **It is important to remember** that sample size changes due to the qualitative nature of this research: participants were free to not answer any question they did not want to, inclusion of FG participants also leads to changes in base sizes, as participation varies throughout the discussion.

Photo: Tally sheet from FG



Discreet / convenience and fewer side effects hold the greatest appeal for women to try IUS



Willingness to try

Key findings



Explanation slide: Understanding willingness to try: hands-up

At 3 separate points participants are asked how willing they are to try the IUS

Each participant raises their hand for the statement which they agree with: 'yes, would try', 'no, would not try' and 'not sure'

= true to real-life setting across various awareness levels: post immediate review, post discussion, post exploration of value propositions

Focus Group participants **individually** answered **within the group setting**

Moderators would explain the task and ask the group to raise their hands

Moderator stated participant number aloud for transcription and scans of the tally sheets were taken

n=~72

Tally sheets used by moderators to calculate top 3 statements to evaluate

Willingness to try tally sheet
This is to help you remember what each respondent selected at each willingness to try hands up exercise – so you can see if anyone changes their mind, and ask them why?

Willingness to try – hands up exercise	Section C Introduction to IUS (after profile is read out)	Section C Introduction to IUS (after question 14 'reflection')	Section F Wrap-up (beginning of section)
Yes, would try	<Write in below Respondent numbers who raise hands> 23 20 19 22 24 21	<Write in below Respondent numbers who raise hands> 22 20 19 21 24	<Write in below Respondent numbers who raise hands> 20 19 24 21 22
No, would not try	<Write in below Respondent numbers who raise hands> —	<Write in below Respondent numbers who raise hands> —	<Write in below Respondent numbers who raise hands> —
Not sure	<Write in below Respondent numbers who raise hands> —	<Write in below Respondent numbers who raise hands> 23	<Write in below Respondent numbers who raise hands> 23

- **It is important to remember** that sample size changes due to the qualitative nature of this research: participants were free to not answer any question they did not want to, inclusion of FG participants also leads to changes in base sizes, as participation varies throughout the discussion.

Willingness to try improve with ability to reflect and discuss the IUS profile and further for Kenyan women with connection to value propositions. Women further reassured on safety and discomfort

Willingness to try: hands-up exercise

Round 1: immediately post profile read-out (n=)		Kenya	Nigeria
Yes		21	18
No		8	13
Unsure		6	5
Round 2: post profile reflection (n=)		Kenya	Nigeria
Yes		25 (+4)	24 (+6)
No		9 (+1)	3 (-10)
Unsure		2 (-4)	9 (+4)
Round 3: post value proposition discussion (n=) [numbers +/- from round 2]		Kenya	Nigeria
Yes		32 (+7)	25 (+1)
No		4	3
Unsure		1	8 (-1)



Change in willingness to try - rationale

Round 2 changes: Nearly all positive changes

Kenya - reaffirmed that the IUS is:

- Safe
- Easily removable
- Long-acting / convenient
- Cost-effective

Nigeria - reassured on:

- String would not be noticeable
- IUS is removable
- Can use after childbirth

Round 3 changes: All positive changes

Kenya - value propositions convince women:

- Side effects are tolerable / low hormones
- 1 mentions: Safe, inserted by HCP, more informed now, discreet and convenient

Nigeria - value propositions convince women:

- Side effects are tolerable / low hormones
- 1 mentions: Safe, inserted by HCP, no pain



Explanation slide: Understanding willingness to try: war-gaming

Moderator divides the group into 3 teams of 2

Each team represents either: 'yes, would try', 'no, would not try' and 'not sure'

= to gauge the most important reasons behind decision on willingness to try

Focus Group participants **shared their reasons in order to convince the group and moderator**

Moderators would explain the task and ask the group to raise their hands

Now, you are in your teams, you have to convince the rest of us on your point of view, by explaining why you would/would not/aren't sure on trying the IUS.

You have 5 minutes to think about this in your teams, and then one of you or all of you, will present back. I will then decide who was the most convincing.

Ok, each group representative or group will now take the floor to present their reasons and convince us!

Ask the group after each presentation: are you convinced? Yes? No? Why?



Photo: Moushira El-Sahn, R2R

Yes groups perceived as most convincing, offsetting side effects as manageable against a long acting, safe and removal IUS that is suitable for women of all life stages

War gaming central arguments

Yes groups

No groups

Not sure groups

Most mentioned

It's ideal for breastfeeding mothers

It's very effective – 99%

It's long acting and removal

The side effects are low/manageable – low pain

It's for all women of all ages, types – no restrictions

You have lighter periods/cramps

It's safe

Trained doctors insert it for you

There are some side effects you don't want e.g. weight gain, headaches

It may cause discomfort to partner/ reduced sexual pleasure due to strings – partner may reject it

There can be pain/ discomfort – including during insertion

It may disrupt your menstrual cycle

Can't be inserted by yourself (Nigeria)

The strings will cause discomfort to me/my partner – not sure how long they are

Irregular periods are concerning

We're unsure of extent of side effects/pain associated with insertion

There may be pain/discomfort

We can't be sure if providers will be well-trained / dear of someone else inserting

Lesser mentioned (not including mentions n=1)

Moderator most convinced by the yes groups

Picked 7 times

Picked 3 times

Picked twice

Next Stage + Recommendations

For the quantitative phase and
updated profile to utilise





3. Demand dynamics: Our next stage is to predict the potential demand of the IUS in Kenya and Nigeria utilising the refined IUS Profile

DEMAND DYNAMICS

PREDICT

potential demand and impact of market environment and systemic context for the IUS

To build a market-reflective forecast, alongside a refined profile and understanding of consumer appeal, which should reflect the information and buying process for the IUS.

The starting point is the physician:

- The IUS will always require provider insertion and removal
- Women found trained provider information and insertion critical

→ We are layering the women's reactions, trial data and systemic context (with secondary data) within this framework.

→ **The more complex the buying process is for the consumer; the more in-market barriers there will be.**

→ A physician-led product is a more complex buying process, therefore there will be more in-market barriers to be considered within this forecast.

Recommendations

1. Emotional headline

UTILISE critical benefits and needs in the language: freedom, being worry-free, family size control/changes, effectiveness and convenience.

DIAL UP most appealing product characteristics: long-acting, convenience trained provider administration, discreet, effective, immediate return to fertility, inclusive (all women can use it)

PLAY TO YOUR STRENGTHS AGAINST YOUR COMPETITORS: with fewer and manageable side effects, lower hormone level, less pain (cramps) and less bleeding.

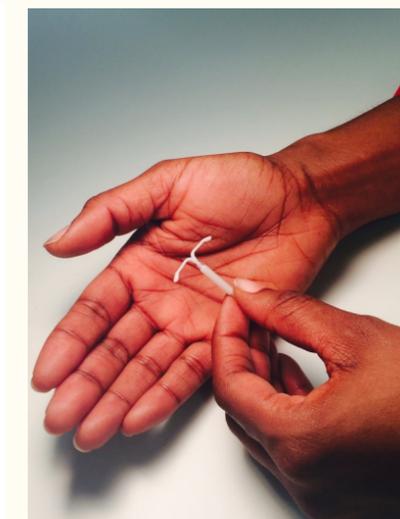
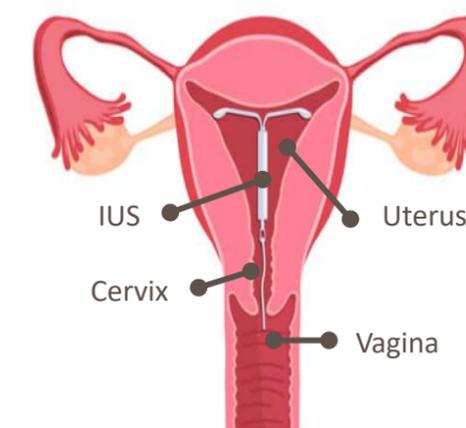
ALLAY CONCERNS, CREATE CONFIDENCE: keep trained provider language and description, update 'discomfort language' for 'sensation', and include terms like 'some women may feel' and 'for a short period of time' (if possible).

With string image, create statement alongside image allaying concerns around: interference with sexual intercourse, partner discomfort and harm to the vagina/uterus.

Maintain image of IUS in hand (felt to illustrate smallness, simplicity, comfort and good fit). However, allay concern around fragility with statement on durability (maybe linked to long acting aspect).

2. Functional product statement

3. Key statement and call to action



For the quant: recommendations in practice: IUS Profile I – annotations. Changes in green

~~What does the IUS do?~~ A 99% effective contraceptive for up to 5 years

- The IUS is a contraceptive that prevents pregnancy. It is one of the most effective methods of contraception available, more than 99% effective. This means less than 1 person out of 100 women may get pregnant whilst using the IUS.
- The IUS can prevent pregnancy for up to 5 years, and it can be removed any time.
- The IUS is inserted into the uterus **by a trained healthcare provider** and it cannot move or get lost in the body. It simply stays in the uterus until removed by **the trained** health care professional.
- Women who use the IUS typically experience lighter, less painful periods. Many users see their periods go away all together.
- Because the IUS causes lighter periods or no periods, it is also a proven treatment for women who experience heavy, prolonged periods with potentially dangerous blood loss. It may also help women at risk of anaemia.
- Periods will return to usual patterns after the IUS is removed.

~~How does it work?~~

- ~~The IUS is inserted into the uterus and removed by a trained healthcare provider.~~

[add] Fewer side effects

- The IUS delivers the lowest daily levels of hormone of any hormonal contraceptive method, less than pills, implants or injectables.
- The IUS releases the pregnancy-preventing hormone directly into the uterus, rather than into the bloodstream like other hormonal methods. This is one reason that there are fewer side effects than with other methods

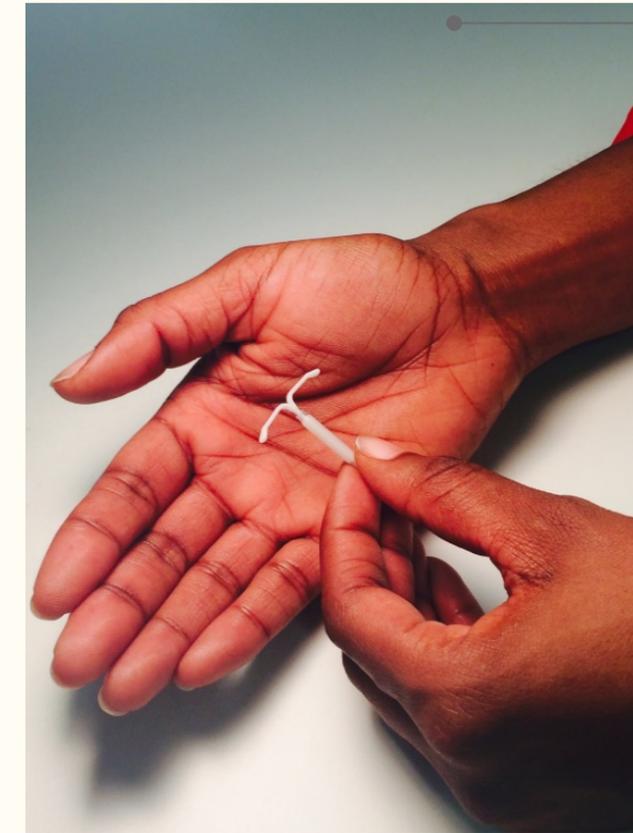
~~Who can use the IUS?~~ Suitable for all women

- The IUS is safe for any woman of any age to use, including those with or without children.
- Breastfeeding women can safely use the IUS. The hormones will not harm a baby or affect quality or quantity of breast milk.

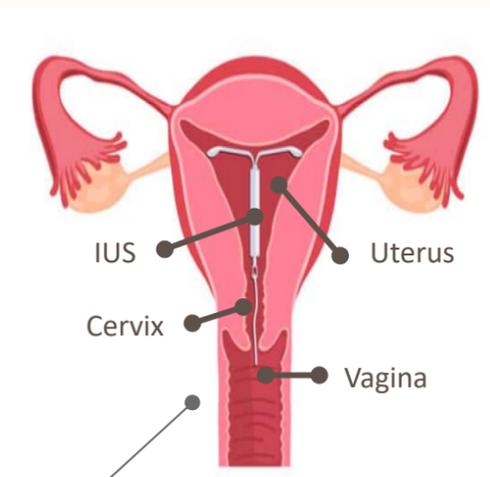
~~When can women get pregnant again?~~

Immediate return to normal fertility

- When a woman decides to have the IUS removed, she can try to become pregnant again right away. Her fertility will return to the normal level that would be expected if she had never used the method.



Maintain image of IUS in hand (felt to illustrate smallness, simplicity, comfort and good fit). However, allay concern around fragility with statement on durability (maybe linked to long acting aspect).



With string image, create statement alongside image allaying concerns around: interference with sexual intercourse, partner discomfort and harm to the vagina/uterus.



For the quant: Recommendations in practice: IUS Profile I – annotations. Changes in green



The positives

- There are positive things about each different contraceptive method, and every woman's body responds differently.

Easy and discreet **means your privacy is maintained** [moved to top]

- The IUS does not require any preparation before or during sexual intercourse.
- It's discreet, no one will know a woman has the IUS inserted unless she tells them. In some cases your partner may feel the strings of the IUS during intercourse, this is safe.

Long-duration **means convenience, control and freedom:**

- Once the IUS is inserted, users are protected from pregnancy for up to 5 years.
- Users simply return to their **trained** healthcare provider for removal after 5 years or any time before that.

Low hormone level **means manageable and fewer side-effects**

- The IUS releases the lowest dose of hormone of any contraceptive and therefore its side effects can be easier to tolerate than side effects associated with other hormonal contraceptives.

Improved periods **means less pain:**

- Most women experience lighter periods, or their periods stop all together. The benefits of this include:
- Avoid the discomfort and inconvenience of periods, and the need for sanitary pads.
- Lighter or no painful cramping during periods.
- Improve heavy periods and make periods more manageable by reducing blood loss.

Safe **and suitable for all women:**

- The hormones in the IUS are safe for breastfeeding mothers and their babies; the quality and quantity of breastmilk will be normal while using the IUS.

Women who tried the IUS are satisfied **satisfaction:**

- Satisfaction among women who have tried the IUS is very high.



Things you should know:

- There are things you should know about each different contraceptive method, and every woman's body responds differently.

Change in periods:

- **For some women**, in the first few months after insertion, periods may become irregular, with spotting between periods. Over time, most women's periods either become lighter or stop.
- Bleeding changes, including periods stopping are normal and safe and will not harm your fertility. **Remember your fertility will return to the normal level that would be expected if you had never used the method.**

Side effects:

- Some women **may** experience headaches, backache, acne or weight gain when they begin using the IUS. These side effects usually go away with time as the body adjusts to the IUS.

Insertion:

- **For some women** there ~~maybe can be some~~ discomfort during insertion, as well as cramping **for a short period of time**, after insertion as the body adjusts to having the IUS in the uterus. **Don't worry it will go away after a short period of time.**

THANK YOU

Routes2Results is a not for profit public health research collective



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Photos from the field during various briefing and pilots in 2018



MISSION STATEMENT

To promote and protect good health, through collaborative research with a human centred approach to developing scientific knowledge.