

Understanding End-user (women) and Healthcare Provider (HCP) preference for the IUS contraceptive in Nigeria and Kenya

Dissemination report



Routes2Results is a not for profit public health research collective
Registered Charity Number: 1166905





The Story: current market landscape among the study population

Nigeria

Contraceptive use: Among the study population, the majority of women are not currently using any.

- **Currently used:** Among current users, ~1/3 use male condoms and ~1/3 use either an implant or injectable.
- **Life stages:** 'Per occasion' methods are employed by approximately 2/3 of women using contraceptives in the 'Discovering' and 'Adjusting' segments while women in the 'Balancing' and 'Maturing' segments utilize injectables and implants more.

Change method in next 12 months: 40-50% of women indicate they are likely to change methods in the next 12 months.

- **Life stages:** Women in the 'Adjusting' and 'Balancing' segments are most likely to change.

Contraceptive discussions with healthcare providers:

- HCPs discuss contraceptives with ~1/3 of women, mostly married, seen for any condition.
- **Life stages:** 92% of 'Discovering' women and 75% of 'Adjusting' women have not discussed contraception methods with an HCP in the past 12 months.

IUS awareness among healthcare providers:

- 20% of public sector HCPs and 37% of private sector HCPs aware of the IUS. 4% in both sector have ever inserted an IUS.

Kenya

Contraceptive use: Among the study population, ~3/4 of women are using contraceptives currently

- **Currently used:** Among current users, ~2/3 of current use injectables and implants.
- **Life stages:** 'Per occasion' methods are used by 38% of the 'Discovering' segment. The other 3 segments rarely use 'per occasion' methods.

Change method in next 12 months: ~1/3 of women indicate they are likely to change methods in the next 12 months.

- **Life stages:** Women in the 'Maturing' segment are the least likely to change.

Contraceptive discussions with healthcare providers:

- HCPs discuss contraceptives with ~1/2 of women that they see for any condition.
- **Life stages:** Except women in the 'Discovering' segment, ~55% of women have discussed contraceptives with an HCP within the past 12 months. 68% of the 'Discovering' segment has not discussed contraceptives with an HCP in the past year.

IUS awareness among healthcare providers:

- 19% of HCPs in both the public and private sectors are aware of the IUS. 8% have ever inserted it.



The Story: receptivity towards the IUS

Nigeria

Receptivity towards IUS: Initial response to the IUS concept is extremely favourable among HCPs and women alike.

- **Perceptions of efficacy & safety:** ~85% of women and ~95% of HCPs believe the IUS is both effective and safe.
- **Differentiation:** 3/4 of women believe the IUS offers something noticeably different from other contraceptives.

End-user interest: ~70% of women, regardless of life stage segment, are interested in using it.

- **Timing to start using:** Most intend to begin using it within one year of it being available to them.
- **Willingness to pay:** Despite less than 1/3 of women paying for contraception currently, over 2/3 would be willing to pay for the IUS.

HCP interest: 94% of HCPs are likely to provide the IUS to some women.

- **Life stages:** Almost all HCPs will provide it to ~40% of married women who do not want children for at least 2 years. Over 2/3 of HCPs will provide it to ~30-35% of married women who want children within 2 years and unmarried women.
- **Unlikely usage:** <30% of HCPs will provide it to women with fibroids, endometriosis or who never have been pregnant.

Kenya

Receptivity towards IUS: Initial response to the IUS concept is extremely favourable among HCPs and women alike.

- **Perceptions of efficacy & safety:** ~80% of women and >95% of HCPs believe it is effective and safe.
- **Differentiation:** ~70% of women in the 'Discovering' and 'Maturing' segments believe the IUS offers something noticeably different. 58% 'Adjusting' and 'Balancing' segments believe it is different

End-user interest: ~65-70% of women, regardless of life stage segment, are interested in using it.

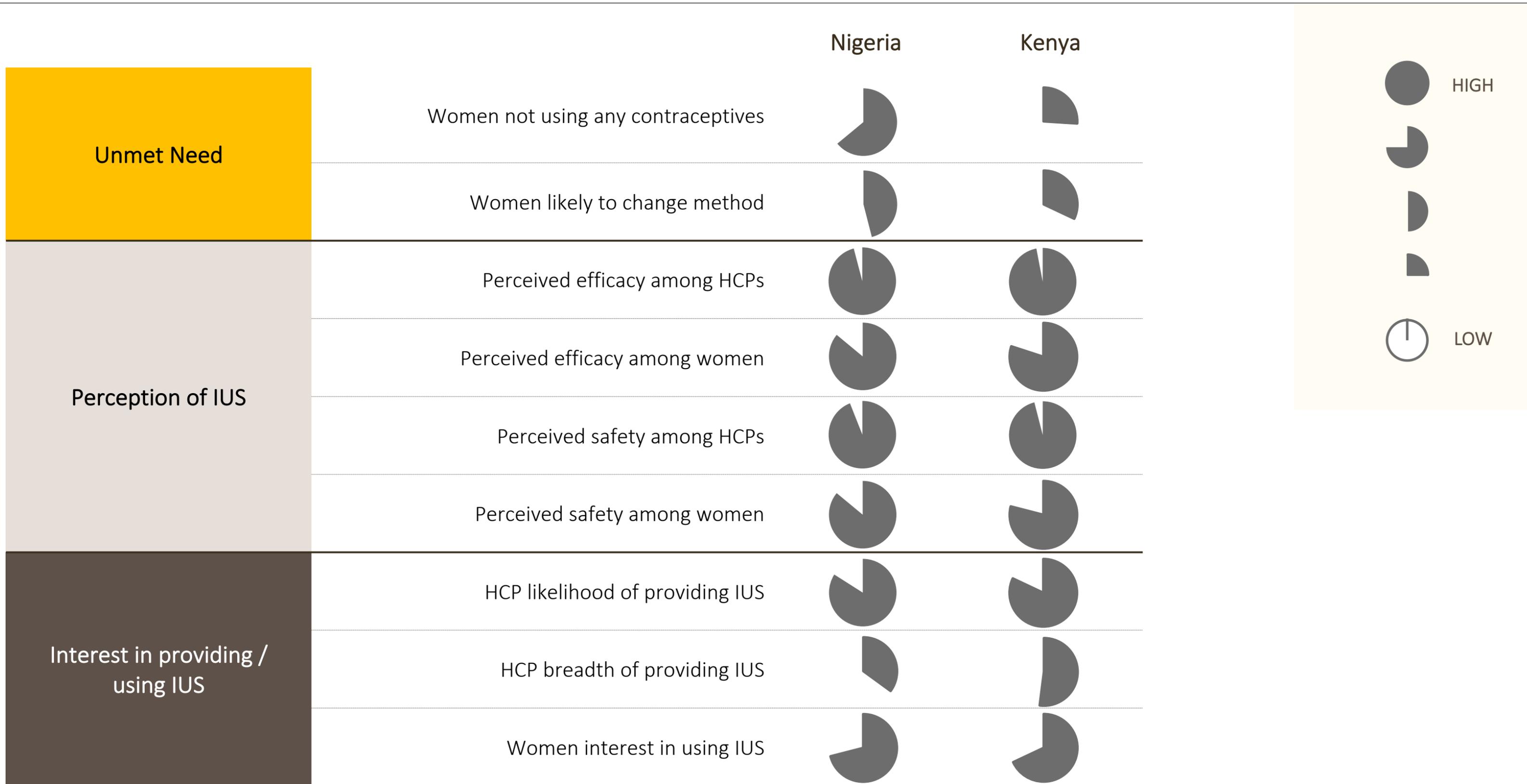
- **Timing to start using:** Most intend to begin using it within 6 months of it being available to them.
- **Willingness to pay:** . Over 2/3 of women are willing to pay for the IUS, which significantly exceeds those who currently pay for their contraceptive.

HCP interest: 91% of HCPs are likely to provide the IUS to some women.

- **Life stages:** ~85-90% of HCPs will provide it to ~50-60% of married women, regardless of their desire and timing to have children. ~75-80% of HCPs will provide the IUS to ~50% of unmarried women.
- **Unlikely usage:** <25% of HCPs will provide it to women with fibroids or endometriosis.



IUS opportunity summary



Methodological Overview





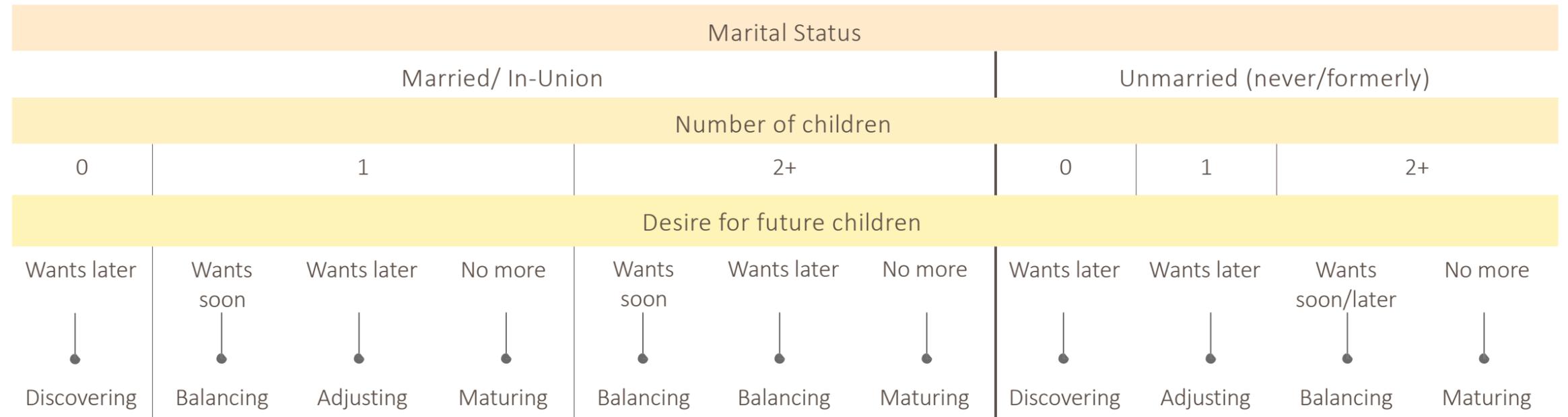
Our research objectives

1	2	3																																				
HCP APPEAL	CONSUMER APPEAL	DEMAND DYNAMICS																																				
ACCESS	DEMAND	FORECAST																																				
<ul style="list-style-type: none"> Gauge current contraception practices – frequency of discussing contraceptive options and providing each option Assess HCP’s willingness to provide the IUS to women with varying situations Determine which current forms of contraception the IUS will most likely displace Capture HCPs’ perception of women’s interest in using the IUS and willingness to pay for it 	<ul style="list-style-type: none"> Gauge current contraception practices – use, preferred form, place of acquisition and likelihood of switching forms Assess women’s willingness to use the IUS for contraception among different life stage segments Determine price sensitivity for the IUS Identify trusted information sources and influencers for learning about the IUS 	<p>potential demand and impact of market environment for IUS</p> <table border="1"> <caption>Potential Demand and Market Environment for IUS (2020-2024)</caption> <thead> <tr> <th>Year</th> <th>Total Demand</th> <th>Discovering (%)</th> <th>Adjusting (%)</th> <th>Balancing (%)</th> <th>Maturing (%)</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>415,676</td> <td>23%</td> <td>12%</td> <td>21%</td> <td>43%</td> </tr> <tr> <td>2021</td> <td>477,867</td> <td>22%</td> <td>13%</td> <td>21%</td> <td>44%</td> </tr> <tr> <td>2022</td> <td>526,272</td> <td>20%</td> <td>13%</td> <td>21%</td> <td>46%</td> </tr> <tr> <td>2023</td> <td>575,070</td> <td>19%</td> <td>13%</td> <td>21%</td> <td>46%</td> </tr> <tr> <td>2024</td> <td>619,985</td> <td>18%</td> <td>13%</td> <td>21%</td> <td>47%</td> </tr> </tbody> </table>	Year	Total Demand	Discovering (%)	Adjusting (%)	Balancing (%)	Maturing (%)	2020	415,676	23%	12%	21%	43%	2021	477,867	22%	13%	21%	44%	2022	526,272	20%	13%	21%	46%	2023	575,070	19%	13%	21%	46%	2024	619,985	18%	13%	21%	47%
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Life Stages

Life Stages segments provided by Quick Sand + Avenir secondary analysis on DHS data. We 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:



Sample distribution

Discovering



Adjusting



Balancing

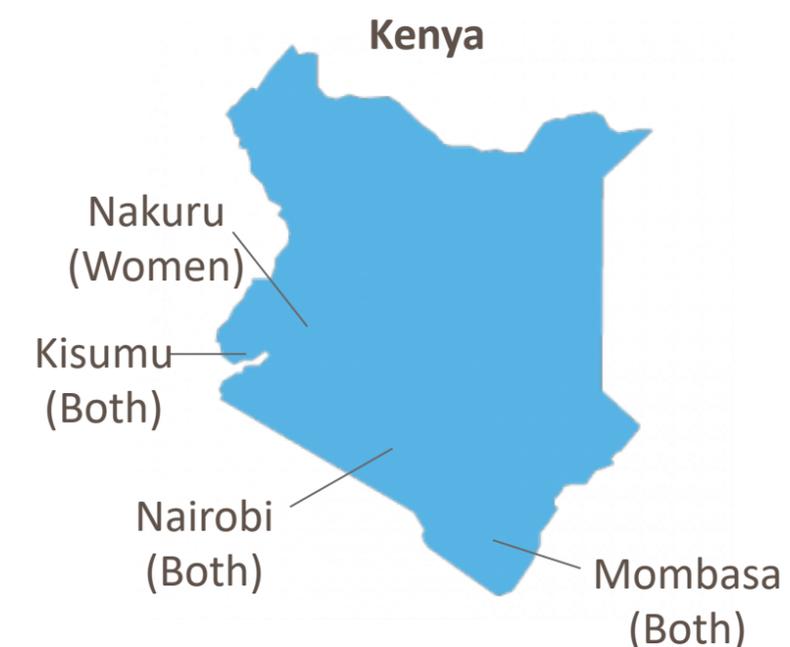
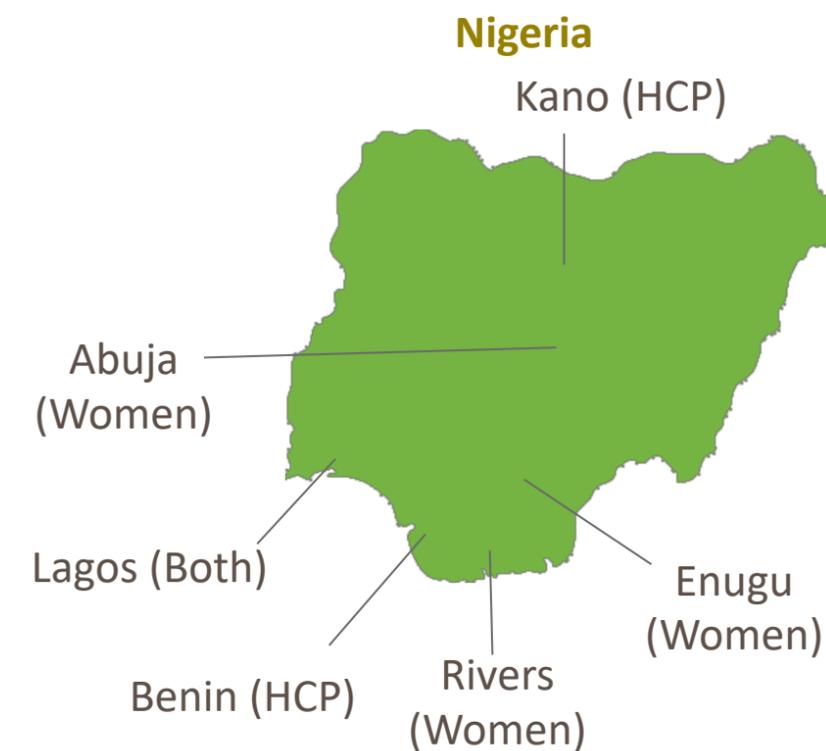


Maturing



	Nigeria	Kenya	Total
Discovering	n=126 (19%)	n=97 (15%)	n=223 (17%)
Adjusting	n=127 (19%)	n=133 (20%)	n=260 (20%)
Balancing	n=201 (31%)	n=229 (35%)	n=430 (33%)
Maturing	n=205 (31%)	n=193 (30%)	n=398 (30%)
Total	n=659	n=652	n=1,311

	Nigeria	Kenya	Total
Doctor	n=32 (30%)	n=26 (22%)	n=58 (26%)
Nurse	n=35 (37%)	n=47 (39%)	n=82 (36%)
Midwife	n=40 (33%)	n=46 (39%)	n=86 (38%)
Total	n=107	n=119	n=226





Demographics snap shot



Nigeria
n=659

Kenya
n=652

RELATIONSHIP STATUS

Married	n=471 (71%)	n=499 (77%)
Unmarried	n=160 (24%)	n=91 (14%)
Formerly Married	n=28 (4%)	n=62 (10%)

SEXUAL ACTIVITY

Sex in the last 30 days	n=409 (62%)	n=470 (72%)
Ever had sex (not in last 30 days)	n=225 (34%)	n=171 (26%)
Never had sex	n=25 (4%)	n=11 (2%)

MOTHERHOOD

Has 2 or more children	n=349 (53%)	n=386 (59%)
Has 1 Child	n=172 (26%)	n=165 (25%)
Has no children	n=138 (21%)	n=101 (15%)

CURRENT CONTRACEPTIVE USE

Using modern contraceptives	n=210 (32%)	n=430 (66%)
Using non-modern methods	n=28 (4%)	n=52 (8%)
Not using contraceptives	n=421 (64%)	n=170 (26%)



Nigeria
n=107

Kenya
n=119

GENDER

Female	n=70 (65%)	n=86 (72%)
Male	n=37 (35%)	n=33 (28%)

TRAINED TO INSERT/REMOVE IUD

Yes	n=98 (92%)	n=117 (98%)
No	n=9 (8%)	n=2 (2%)

CURRENT PRACTICE SETTING

Public hospital/health clinic/centre/facility	n=56 (52%)	n=54 (45%)
Private hospital/health clinic/centre/dispensary/facility	n=51 (48%)	n=65 (55%)

GEOGRAPHIC SETTING OF PRACTICE

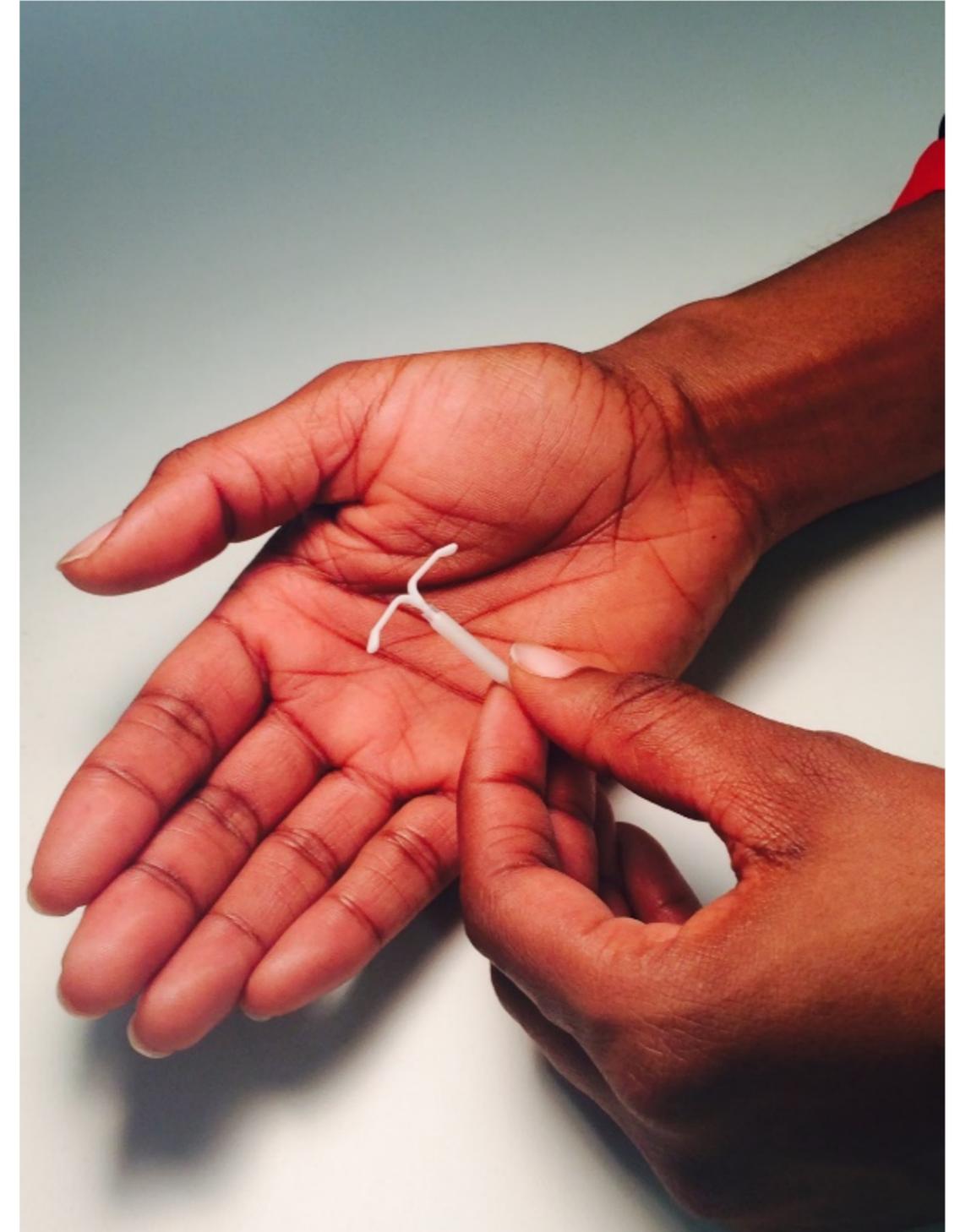
Urban	n=74 (69%)	n=78 (66%)
Rural	n=33 (31%)	n=41 (34%)

The IUS profile



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 break or get lost in the body. It simply stays in the uterus until removed by the trained health care provider.
- Women who use the IUS typically experience lighter, less painful periods. Some users see their periods go away all together. Periods will also return to usual patterns after 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. It may also help women at risk of anaemia.



Fewer side effects

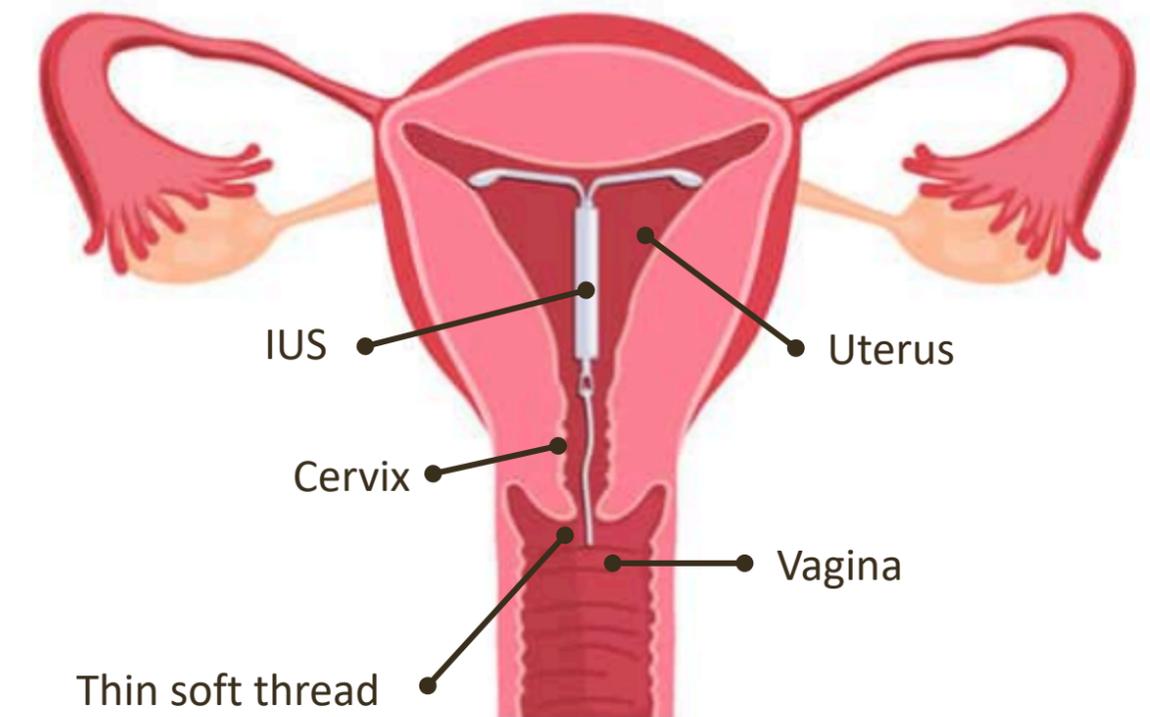
- The IUS delivers the lowest daily levels of hormone of any hormonal contraceptive method – less than pills, implants or injectables.
- The IUS releases the pregnancy-preventing hormone directly into the uterus and has lower levels in the bloodstream than other hormonal methods. This is the reason that there may be fewer side effects than with other methods.

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.

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.
- Periods will also return to usual patterns after the IUS is removed.



A thin soft thread from the base of the IUS can be felt (by the woman) or seen (by a provider) to assure the location of the IUS and for easy removal. The thin soft thread does not interfere with sex, nor does it harm the vagina or uterus, and in the rare instance where a partner might feel it, the strings can be trimmed to solve the problem.

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



Easy and discreet means your privacy is maintained:

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, but 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 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:

Some women experience lighter periods, or their periods stop all together. The benefits of this include:

- Reduce or 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 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:

- For some women, in the first few months after insertion, periods may become irregular, with spotting between periods. Over time, some 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 may 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. Any discomfort should go away within a short time.

Current Market
Landscape





From the HCP's perspective, ~1/3 of women in Nigeria and ~1/2 of women in Kenya who see them for any reason discuss contraceptives as part of the interaction

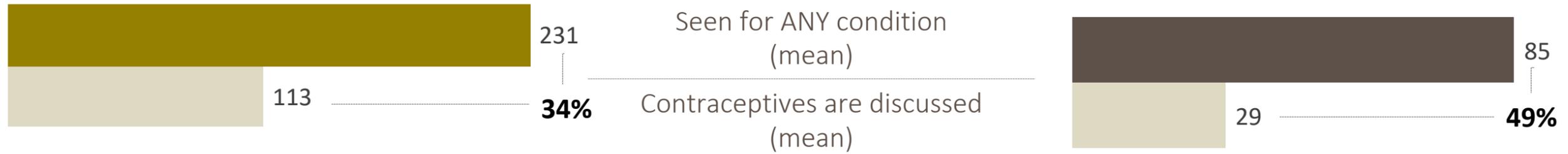
Nigeria

Kenya

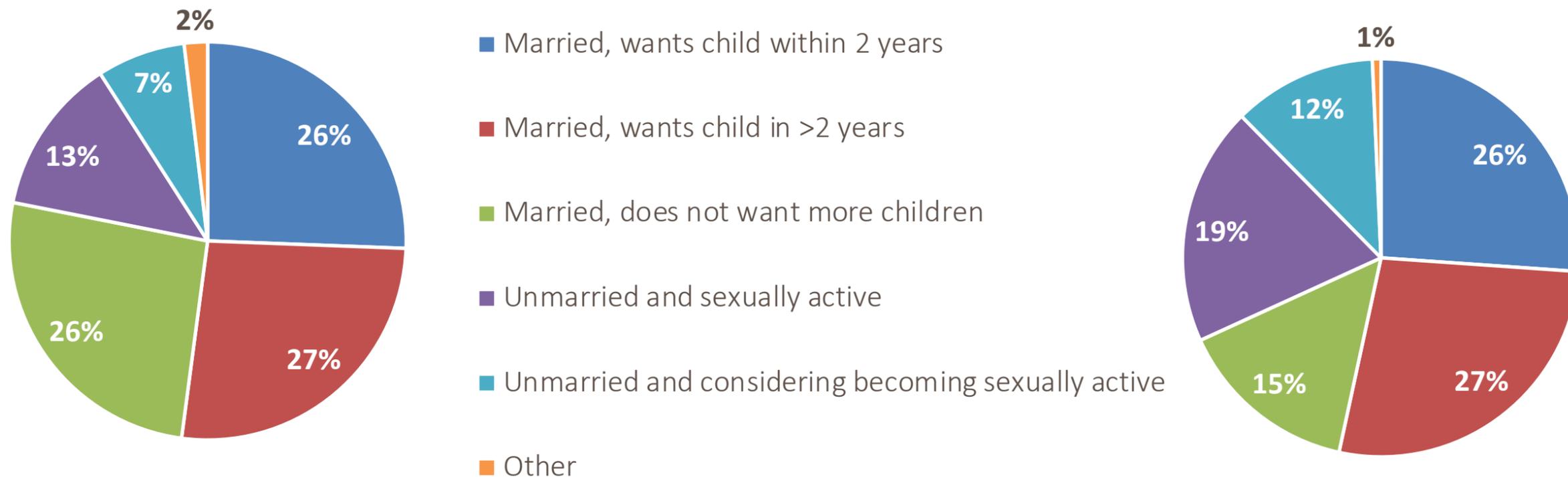
HCPs=107

HCPs=119

HCP patient load of women of reproductive age consulted with each month



Characteristics of women with whom contraceptives are discussed



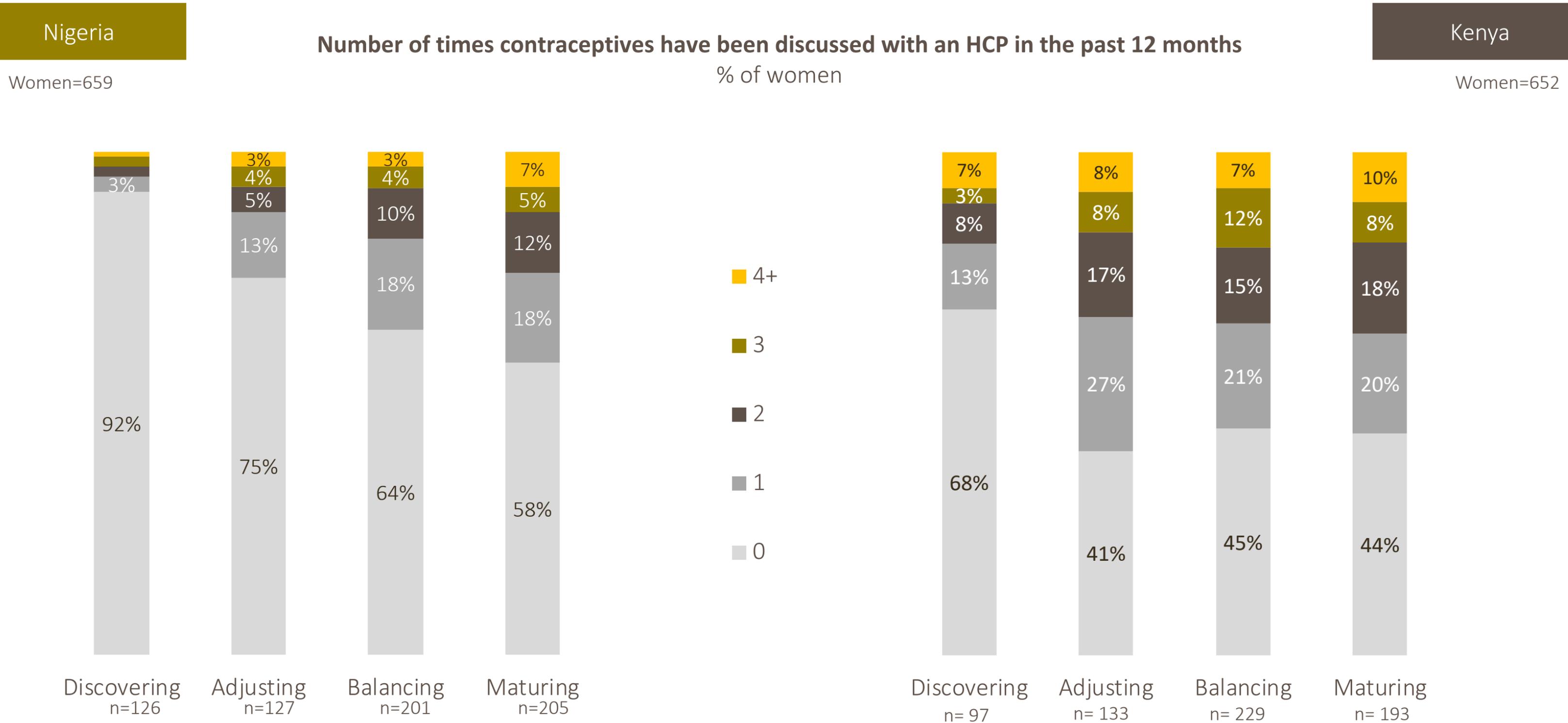
S11. How many total women of reproductive age (age 18-49) do you see and/or consult about any condition in a typical month?

S12. How many total women of reproductive age do you and/or consult within on a one-on-one basis about the use of contraceptive methods or family planning in a typical month?

B2. To the best of your estimation, what percent of the women of reproductive age that you see or consult with specifically about contraception in a typical month fall into each of these groups?



Women in Nigeria are less likely to have discussed contraceptives with an HCP than those in Kenya.
 Across both countries, women in the 'Discovering' life stage segment are the least likely to have discussed it



B1. In the past 12 months, how many times, if at all, have you visited a health care provider and discussed contraceptives? This includes an obstetrician/gynaecologist, a family/general doctor, a nurse or a nurse-midwife.



Women in Nigeria discuss several different contraceptive options with the HCP but most are not provided a method same day. In Kenya, over 50% are provided a method same day

Nigeria

Women=200

Outcome of the most recent discussion about contraceptives

% of women who discussed contraceptives with a healthcare provider in past 12 months

Kenya

Women=345

Across life stage segments, there are no statistical differences between the percent of women who are presented several different contraceptive options or the percent of women who are provided a method on the same day as the discussion.

Provider told me about ... %		
28	Several different options and provided me with the method the same day	43
34	As above, but I did not receive a method	18
14	As above, and told me to get this method elsewhere	6
10	One option and gave me the method the same day	17
5	As above and told me to get this method elsewhere	1
-	Side effects of method currently using	5
3	other	9
6	I don't remember	8



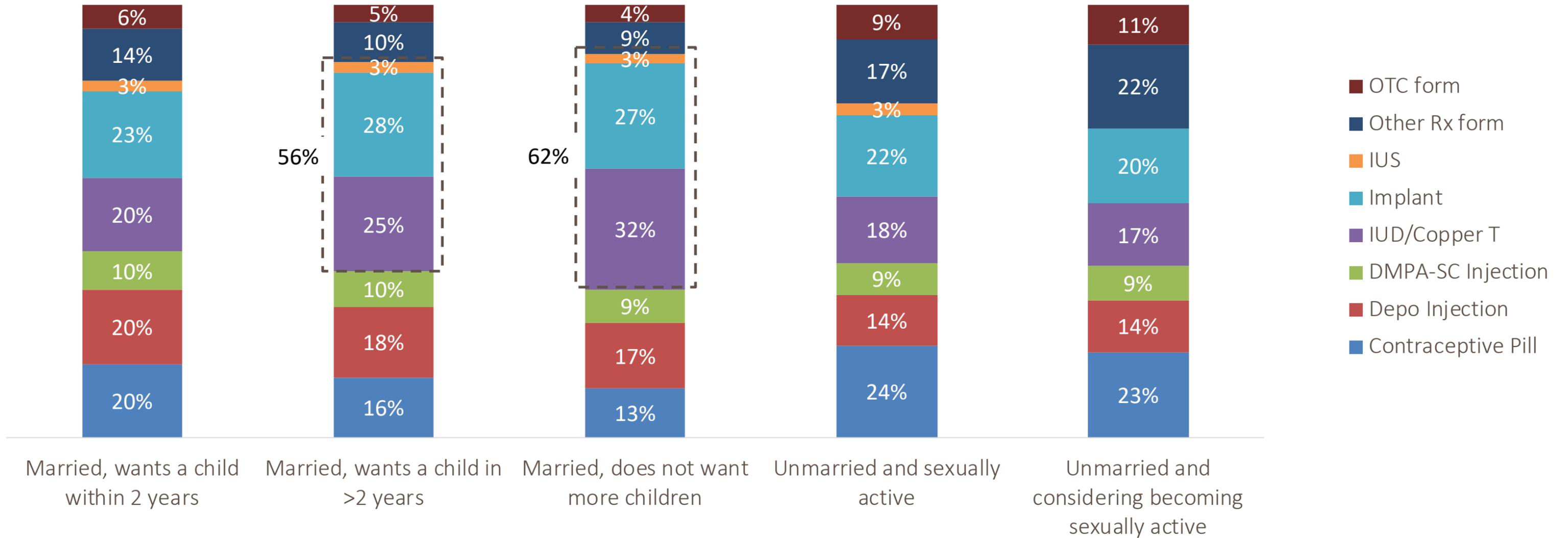
Long-acting reversible contraceptives are used most frequently for women who don't want a/another child for at least 2 years or ever. Other sexually active women are provided LARCs ~40% of the time

Nigeria

HCPs=107

Method of contraception being provided in Nigeria

% of women being provided each method by an HCP



80% of HCPs in the public sector and 63% of HCPs in the private sector have never heard of IUS or do not know any details about it. Only 4% in both sectors have ever inserted an IUS and among those, on average they have inserted 5 IUS (*low base size*).

B5-B9. Thinking about the contraceptive that you have provided over the past 3 months to [INSERT SEGMENT DESCRIPTION], please indicate the proportion of women for whom each form was provided.

C1. Prior to this interview, how familiar were you with the levonorgestrel intrauterine system or IUS?

C2. Approximately how many IUS units have you inserted in all the time you have provided it?

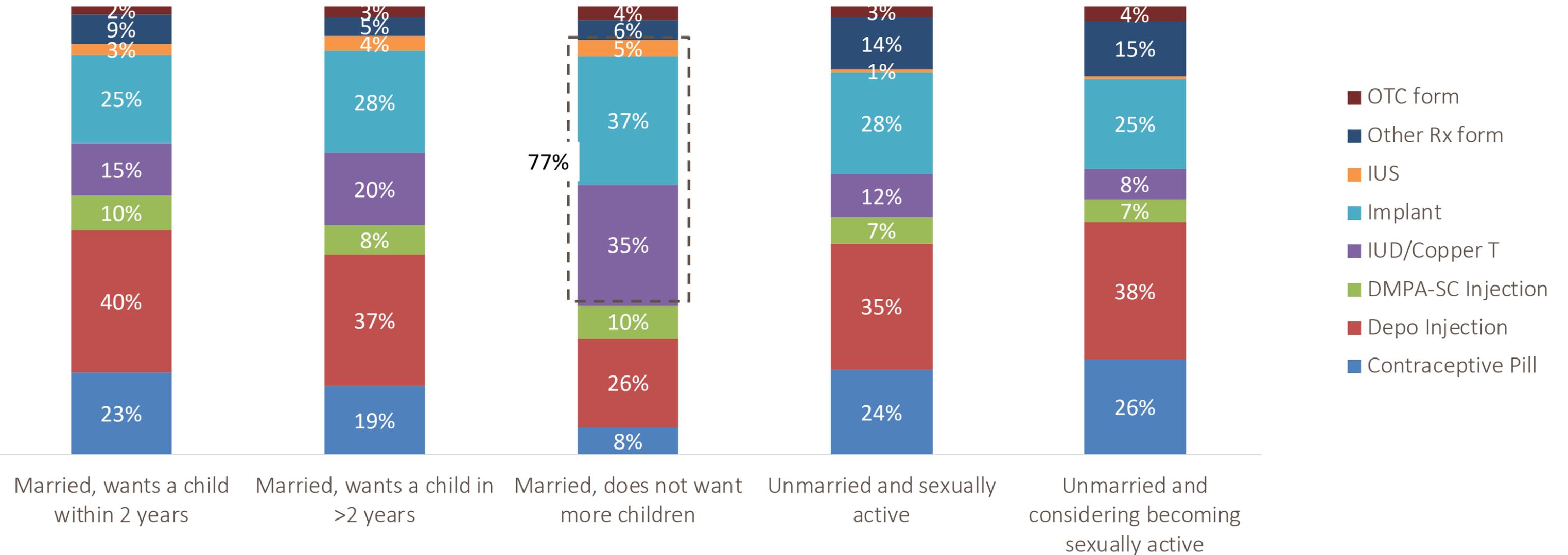


Long-acting reversible contraceptives are used for >75% of women in Kenya who do not want more children. Other sexually active women are provided LARCs ~40% of the time

Method of contraception being provided in Kenya
 % of women being provided each method by an HCP

Kenya

HCPs=119



81% of HCPs across both the public and private sectors have never heard of IUS or do not know any details about it.
 8% of HCPs have ever inserted an IUS and among those, on average, they have inserted 23* IUS (*low base size*).

B5-B9. Thinking about the contraceptive that you have provided over the past 3 months to [INSERT SEGMENT DESCRIPTION], please indicate the proportion of women for whom each form was provided.

C1. Prior to this interview, how familiar were you with the levonorgestrel intrauterine system or IUS?

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IUS evaluation

Detailed findings

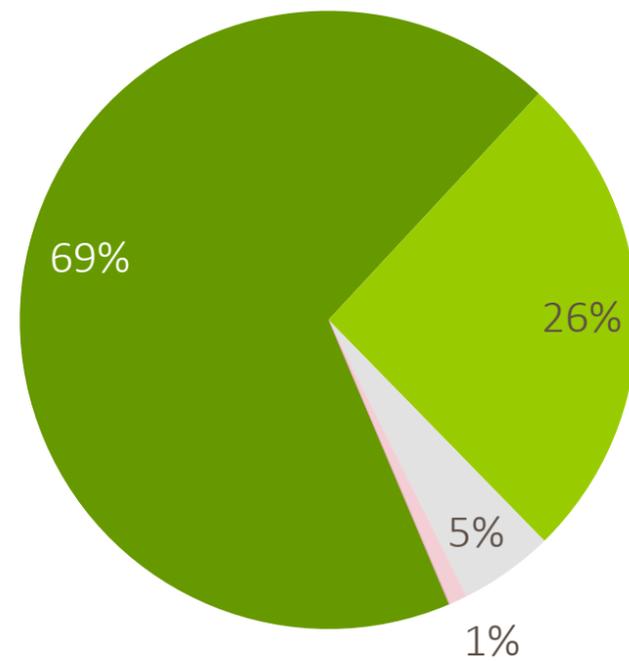




95% of women found the description of the IUS profile easy to understand

Nigeria

Women=659

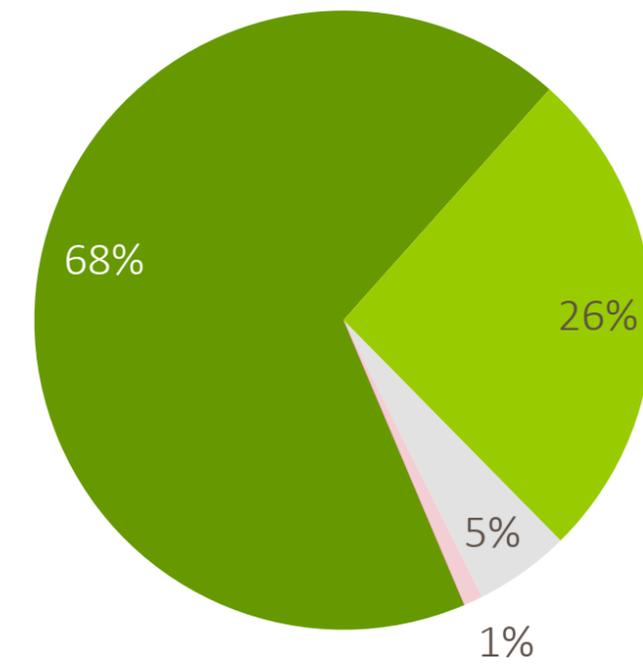


Ease of understanding IUS profile
% of women

- Very easy
- Slightly easy
- Neither easy not difficult
- Slightly difficult
- Very difficult

Kenya

Women=652



Among the 4 women who did not find the profile easy to understand:

- n=2 wanted more details about the process of inserting the IUS
- n=2 wanted to know how much bleeding the insertion would cause

Among the 8 women who did not find the profile easy to understand:

- n=4 wanted a clearer description of the side effects
- n=4 wanted more details about the process of inserting the IUS



Initial impressions of the IUS are very positive, among both women and HCPs

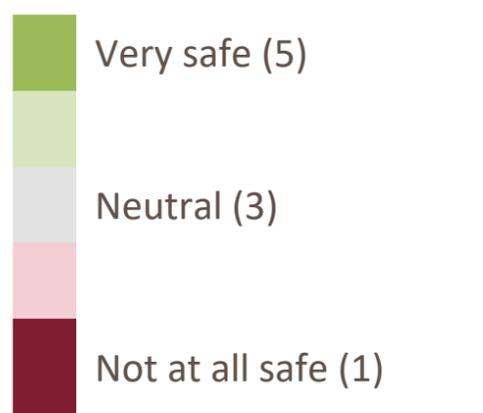
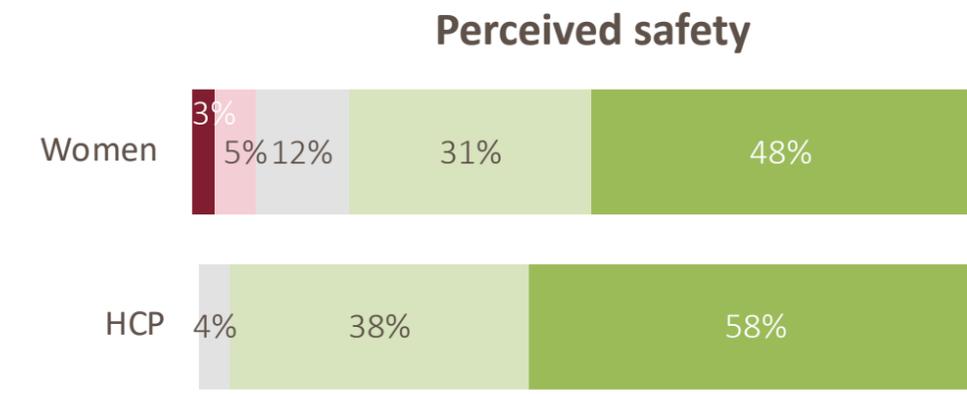
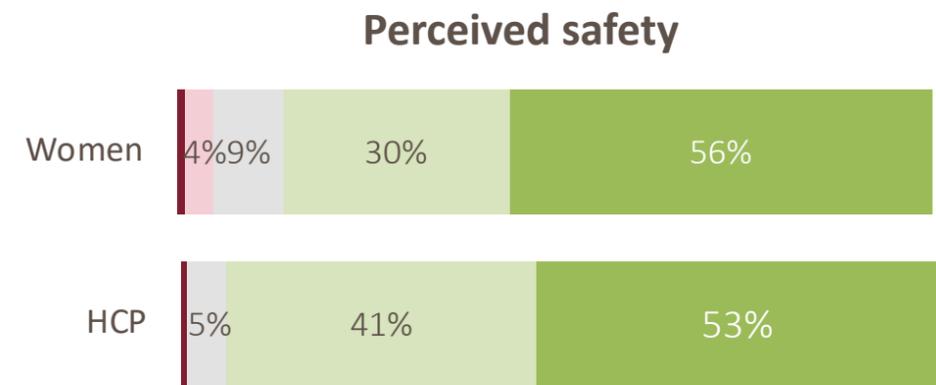
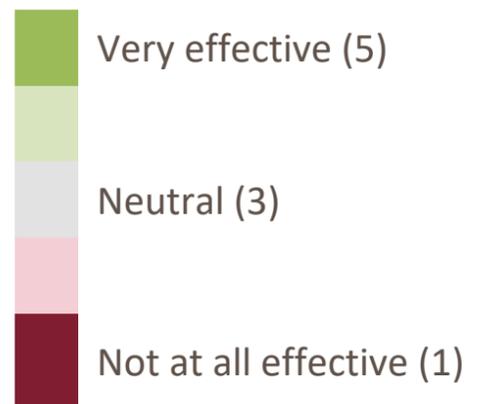
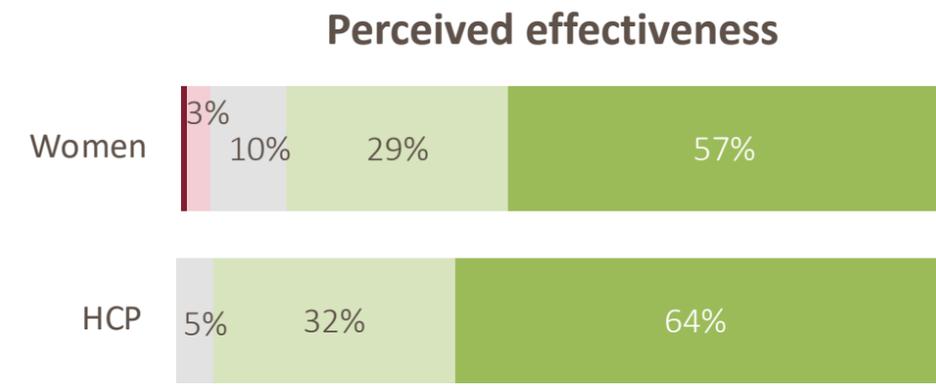
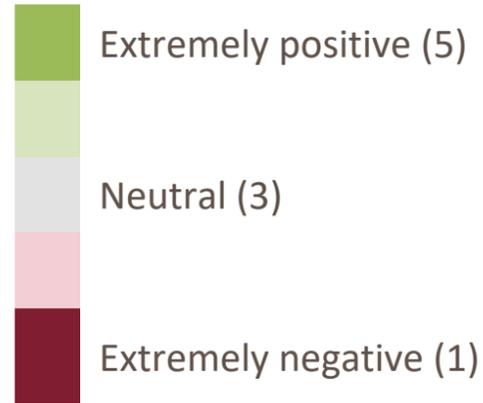
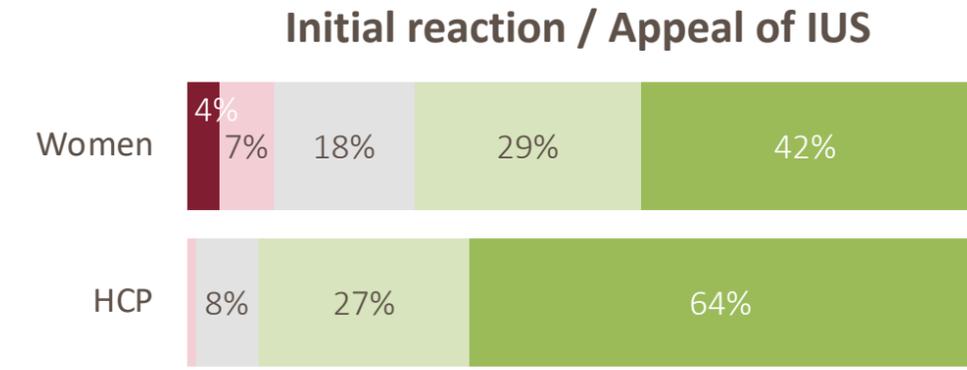
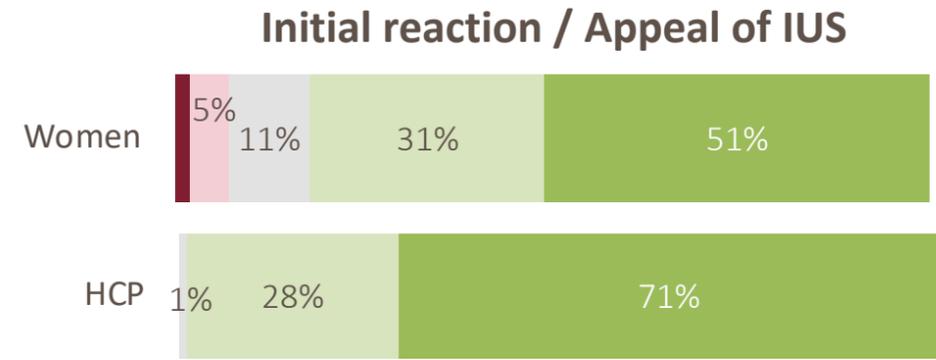
Nigeria

Women=659
HCPs=107

Kenya

Women=652
HCPs=119

Initial impressions of the IUS



C2/C3. Women: How positive or negative is your initial reaction to this product? HCP: How appealing do you find this product?

C5/C4. Considering everything you have just read about the product, how would you rate the effectiveness of this product at preventing pregnancy? Use a scale of 1 to 5 where 1 is 'not at all effective' and 5 is 'very effective'

C6/C5. Considering everything you have just read about the product, how would you rate the safety of this product? Use a scale of 1 to 5 where 1 is 'not at all safe' and 5 is 'very safe'



Almost all HCPs believe most women will find the IUS appealing. Nigerian HCPs believe appeal will be primarily driven by efficacy. Kenyan HCPs believe fewer side effects will be most appealing

Nigeria

Kenya

HCPs' anticipated appeal of the IUS among women

% of HCPs

1 = Extremely unappealing 2 3 = Neutral 4 5 = Extremely appealing

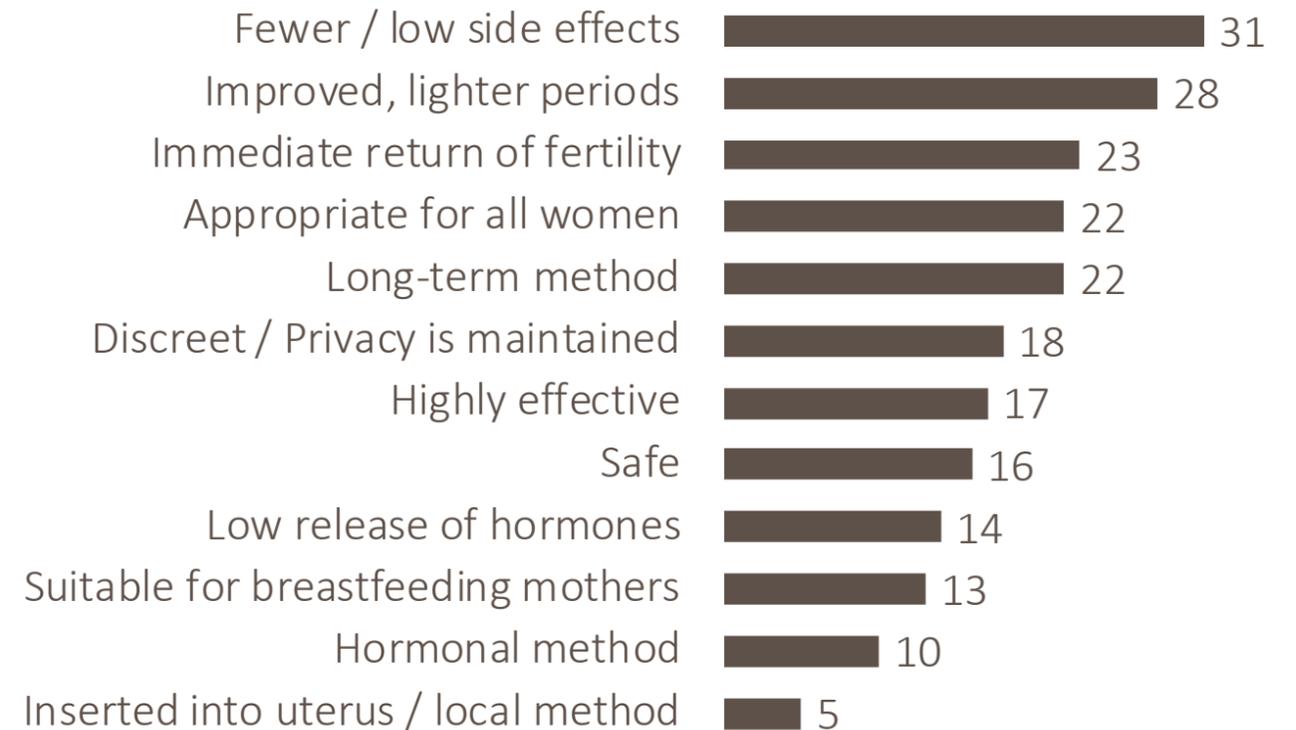
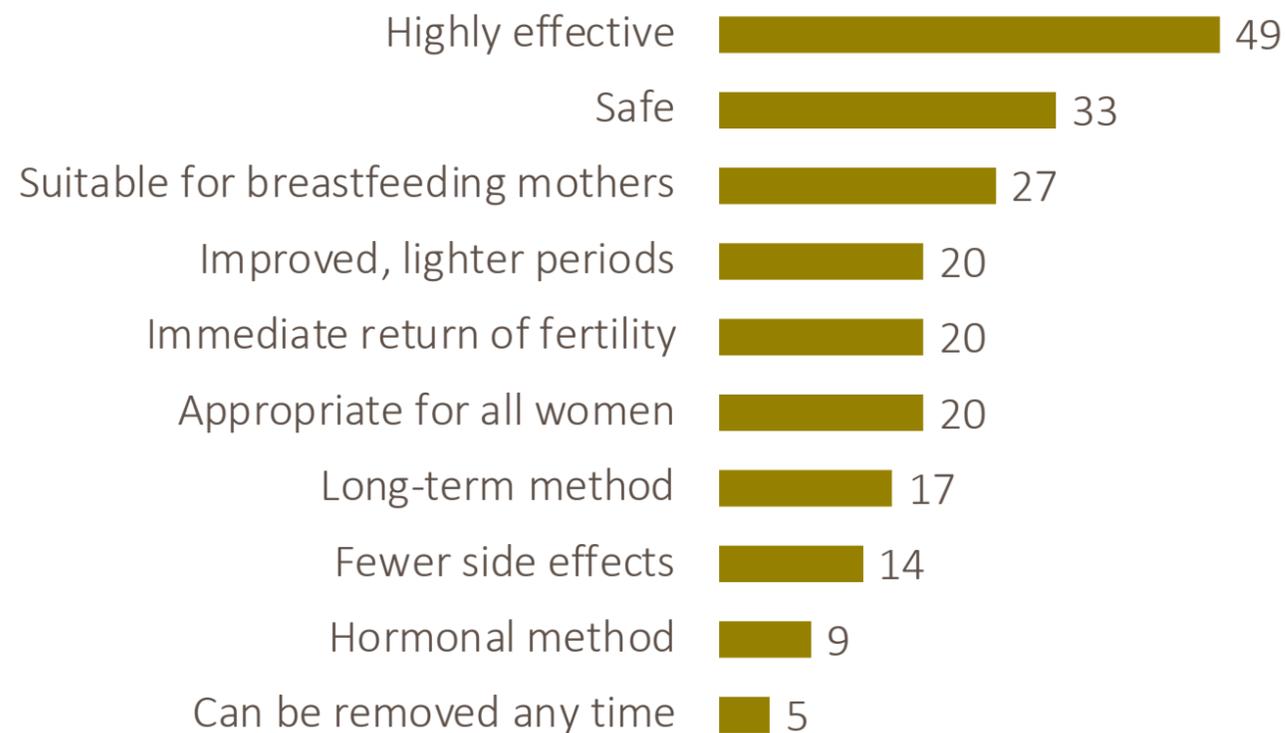


HCPs=107

HCPs=119

Spontaneous reasons why HCPs think women will find the IUS appealing*

% of HCPs citing each reason



C7. How appealing do you think this method of contraceptive will be to most women? Use a scale of 1 to 5 where 1 is 'extremely unappealing' and 5 is 'extremely appealing'

C8. Why do you say this?

*Only showing reasons which were cited by ≥5% of the sample

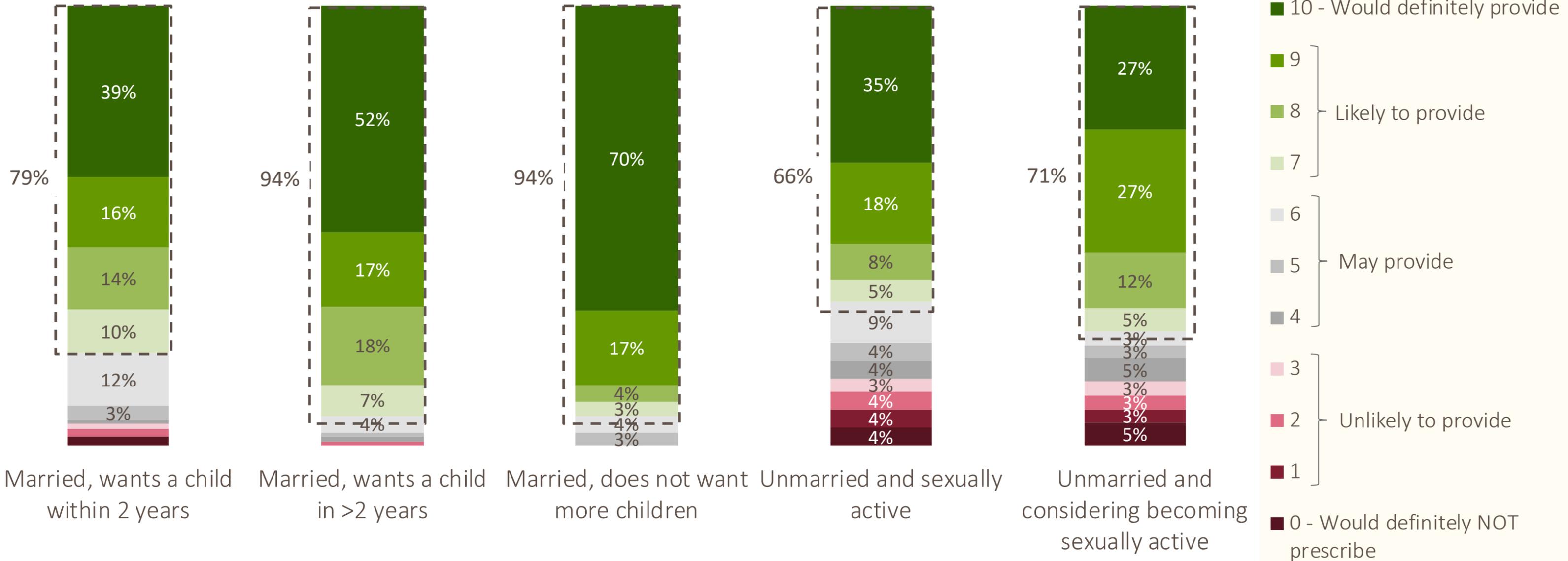


HCPs in Nigeria are likely to provide the IUS to almost all women who are married and do not want to have a child for at least 2 years. They are likely to provide it to >2/3 of other women as well

Nigeria

HCP likelihood of providing IUS to women in Nigeria
% of HCPs in Nigeria

HCPs=107



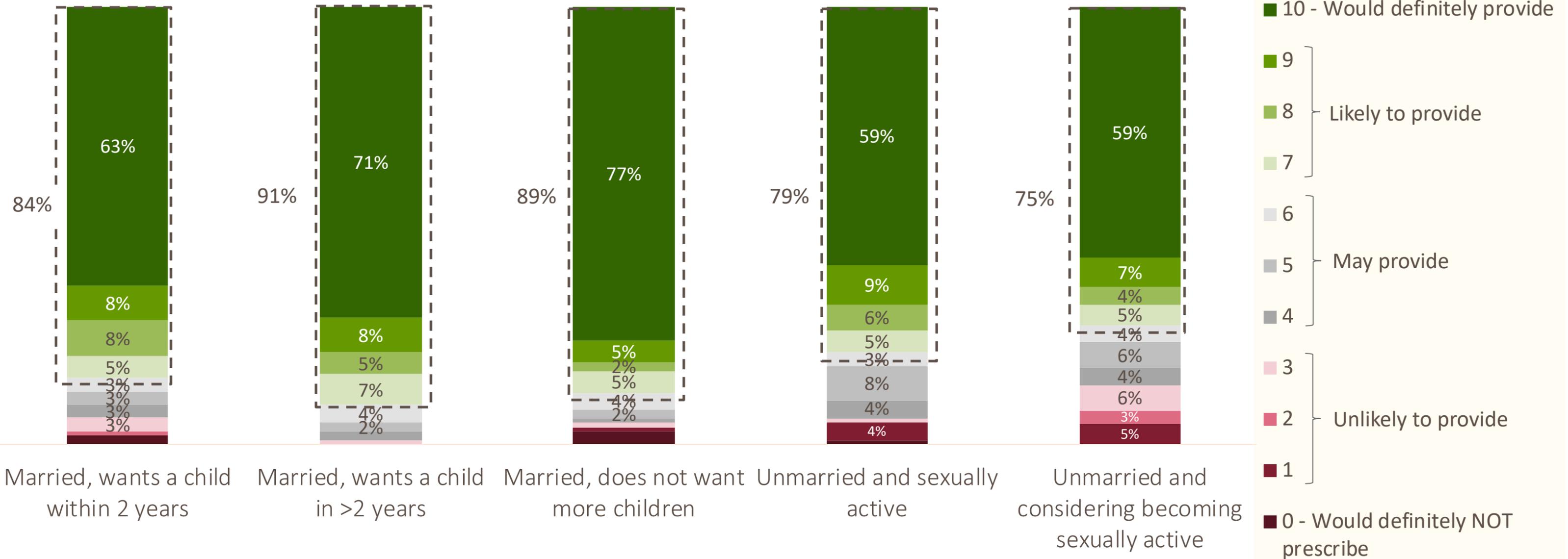
No statistical difference in intent to provide the IUS for any segment was observed between HCPs practicing in the public vs. private sector. Nurses and midwives are directionally more likely to provide the IUS than doctors.

D1-D5. Based on the information you read, which statement best describes how you feel about providing this method to [INSERT SEGMENT DESCRIPTION]. Please answer using a scale of 0-10 where 0 is 'Definitely would not prescribe' and 10 is 'Definitely would prescribe.'



HCPs in Kenya are likely to provide the IUS to ~90% women who are married and do not want to have a child for at least 2 years. They are likely to provide it to more than 75% of other women as well

HCP likelihood of providing IUS to women
% of HCPs in Kenya



Kenya

HCPs=119

- 10 - Would definitely provide
- 9
- 8 } Likely to provide
- 7
- 6
- 5 } May provide
- 4
- 3
- 2 } Unlikely to provide
- 1
- 0 - Would definitely NOT prescribe

HCPs practicing in the private sector were ~10-15% more likely to provide the IUS to each segment than those in the public sector. Nurses and midwives are directionally more likely to provide the IUS than doctors.

D1-D5. Based on the information you read, which statement best describes how you feel about providing this method to [INSERT SEGMENT DESCRIPTION]. Please answer using a scale of 0-10 where 0 is 'Definitely would not prescribe' and 10 is 'Definitely would prescribe.'

THANK YOU

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