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Barriers to Digital Health Service Adoption for Family Planning Among Underserved Women in Lagos, Nigeria: A Mixed-Methods Study

Abstract Topic : From Policy to

Practice: Bridging the Gap for Effective

Family Planning Services through the

Sector-Wide Approach

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Abstract Summary:

Background & Objectives:

In Nigeria, modern contraceptives remain low, particularly among rural women(12%), the uneducated(8%), and those in the poorest wealth quintile(7%) (NBS & UNICEF, 2022 & MICS, 2021). While e-pharmacy platforms could expand access to FP, adoption among underserved women in Lagos, Nigeria is limited. This study explores the barriers to adopting DHS for FP in this group.

Methods:

An exploratory mixed-methods design was used, targeting women aged 18-45 with secondary or lower education, monthly earnings under NGN100,000, and limited electricity access(<12 hours/day). Participants were drawn from three underserved communities in Lagos (Ajeromi-Ifelodun, Badagry, and Ojo). The study included 18 in-depth interviews and 1,082 survey responses, analyzed using thematic and descriptive statistical analysis.

Results:

Of the 1,082 respondents, 63%(n=638) of mobile phone users(n=1008) owned smartphones, with 79%(n=504) of them using the internet daily. Among respondents aware of FP (n=941), just 16%(n=152) were familiar with DHS for FP, and only 41%(n=63) of them had used such a platform. Privacy was a key motivator for 61%(n=39) of DHS users, followed by convenience for 25% (n=16), and cost savings for 12%(n=8). Major barriers included trust concerns at 35%(n=60), privacy concerns at 25%(n=42), costs at 13%(n=22), lack of awareness at 20%(n=34), and perceived difficulty navigating online platforms at 4%(n=7).

Conclusion:

E-pharmacy platforms offer the potential to improve FP access, but barriers such as trust, privacy, cost, and digital literacy must be addressed. Strategies like community engagement, awareness campaigns, cost-reduction innovations, and low-tech solutions can help overcome these barriers and promote equitable access.