

A CRITICAL REVIEW OF THE PLACE OF EMERGENCY CONTRACEPTION IN NIGERIA ADOLESCENT FAMILY PLANNING PICTURE: A TOOL FOR POLICY REAPPRAISAL

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Abstract

Background: Emergency contraception (EC), one of the recent advances in family planning, describes a class of birth control methods that, when administered within specified time frames following unprotected sexual activity, can stop an unintended pregnancy. Its value in preventing unplanned pregnancy among adolescents, especially in a developing country like Nigeria, cannot be overemphasized. **Objective:** The reproductive health review explored the place of emergency contraception in Nigeria adolescent family planning picture **Methodology:** Relevant studies on emergency contraception in adolescent family planning services in Nigeria and around the world from 1997 to 2023 were searched for using a multifaceted search technique. We employed a broad range of keywords and Boolean operators to ensure focus while doing queries across PubMed, Cochrane Libraries, Google Scholar and Semantic Scholar; with search focussing on the English language. The search was strengthened by other methods such as expert advice and reverse citation searching. **Conclusion:** Higher emergency contraceptive use amongst adolescents is not just about preventing pregnancies; it is about reducing maternal mortality, boosting educational attainment and fostering economic growth. Strengthening sex education, expanding access to youth-friendly healthcare, combating stigma and ensuring affordability are vital steps in increasing emergency contraceptive prevalence among Nigerian adolescents.

Keywords: Emergency contraception, Family planning, Adolescents, Nigeria.

INTRODUCTION

Adolescent family planning has consistently remained an interesting and contemporary issue in public health and gynaecological domains because of its social, cultural, ethical and religious peculiarities (Yeh *et al.*, 2022). Family planning is a voluntary way of thinking and living that allows couples and individuals to space out families and have the number of children they need in order to improve both the individual's and the country's overall health (WHO, 2020). The main concept of family planning revolves around contraception, which is essentially a way to stop the

processes that lead to conception and avoid unintended pregnancies (Senderowicz, 2020).

Emergency contraception (EC), one of the recent advances under family planning, describes a class of birth control methods that, when administered within specified time frames following unprotected sexual activity, can stop an unintended pregnancy (Jamieson, Hertweck and Sanfilippo, 1999). Unlike conventional contraceptive methods, which are used prior to sexual activity, EC is meant to prevent pregnancy following unprotected sex; and it is the only method of contraception intended to avoid pregnancy following sexual activity. As such, it offers a last-resort chance of preventing unintended pregnancy and, consequently, unsafe abortion, which is a desirable objective-particularly in a nation like Nigeria where abortion law is restrictive (Kongnyuy *et al.*, 2007). Sexual assault, vomiting after taking oral contraceptive pills, condom breaking or slipping, missed or late doses of contraceptives, such as the oral contraceptive pill, contraceptive patch, injectable contraception and rings, are among the conditions where EC is indicated for use. The most commonly used EC include standard-dose (Yuzpe regimen) combination oral contraceptive (COC) pills, low-dose COC, progestin-only pills (eg postinor), mifepristone (an antiprogesterin); and copper-containing intrauterine devices (IUDs), which is the most effective form of EC (Haeger, Lamme and Cleland, 2018).

There is evidence that EC is not only underutilized globally but also one of the best-kept secrets in reproductive health picture (Gemzell-Danielsson and Marions, 2004). Emergency contraception (EC) is a safe and effective method of preventing pregnancy after unprotected sex. It is important for adolescents to be aware of EC and to know how and when to use it. However, studies have shown that many adolescents have low levels of knowledge and awareness of EC (Jamieson, Hertweck and Sanfilippo, 1999). Adolescents' knowledge of EC, including its purpose, availability and effectiveness, varies significantly. Numerous studies highlight gaps in EC knowledge among adolescents, with misconceptions and misunderstandings about its use and mechanism of action (Jamieson, Hertweck and Sanfilippo, 1999; Haeger, Lamme and Cleland, 2018). The reproductive health review explores place of emergency contraception in Nigeria adolescent family planning picture.

Peculiar Adolescent Reproductive Health Challenges Among Nigerian Adolescents And Justification For Emergency Contraception

Nigeria is a country of young people with a total population of about 206million (National Population Commission, 2020); adolescents, defined as young citizens aged 10-19 years, constitute about 15-20% of the total population and with nearly one third of the population between the ages of 10-24 years (Esiet, 2019). In Nigeria, young people's points of view have revealed that they are faced with many barriers in accessing quality sexual and reproductive health services; which include policies constraints, operational barriers, lack of information, stigmatization, rudimentary adolescent friendly health services, confidentiality issue and feelings of discomfort while in the midst of adults (Odo *et al.*, 2018). A central effect of all these reproductive health delivery challenges is very low contraceptive prevalence among adolescents and young adults.

Most Nigerian communities lack dedicated adolescent reproductive health centers that should ideally render family planning services to this needy population; this is further worsened by negative community attitude to young people's contraception. Therefore,

these young people are left to do self exploration of available means of preventing unwanted pregnancy, with emergency contraceptives being the best option that could bail them out in the face of not being able to freely approach the few available adult-dominated reproductive health services centers.

Unwanted and unplanned pregnancies negatively affect young adults' reproductive health in many low-income countries because some of them turn to unsafe abortions, which are frequently complicated by genital infections, infertility, permanent morbidities and occasionally death (Chandra-Mouli, 2018; Atuhaire, 2019). Young people make up about 44% of Nigeria's population (Liles *et al.*, 2016).

Many Nigerians are now getting married later than in the past as a result lengthier formal education, thus culminating in lower threshold for premarital sex behavior as a result of closer interaction, experimentation and peer pressure (Awoleke *et al.*, 2015). As a result, the demand for EC has increased for this group of people, who occasionally get engaged in irregular, informal and casual sexual relations. Studies have shown that EC can lower the chance of getting pregnant after just one sexual act by 75–99%, depending on the technique (Yeboah, Appiah and Kampitib, 2022).

According to a survey, 4-6% of teenage girls in southwestern Nigeria have experienced sexual assault (Folayan *et al.*, 2014). Some of these incidents result in unintended pregnancies for there is a challenge with accessing emergency contraception. Anecdotal reports have shown that more adolescents and young adults are getting pregnant from sexual assault in Nigeria. Over 60% of the nation's induced abortions, with total more than 610,000 each year, are performed on young women (Ebuehi, Ekanem and Ebuehi, 2006).

Adelekan *et al.*'s institution-based audit of maternal mortality and morbidity from unsafe abortions in Ekiti State found that 82% of the victims were between the ages of 10 and 29 years, with 77.3% of them being girls in secondary schools, and that the majority (62%) had never used any modern method of contraception (Adelekan *et al.*, 2017). A case report from the same tertiary hospital also revealed a prehistoric practice of unsafe abortion in a 15-year-old in-school teenager, complicated by gangrenous uterus and bowel for which she had hysterectomy and intestinal resection and anastomosis (Olofinbiyi *et al.*, 2019).

The teenager had earlier been told by her mother that family planning of any nature was only designed for married people. Embracing EC could have prevented this cascade of complications.

One of the very few cases of cryptic pregnancy recorded worldwide (Olaogun *et al.*, 2023) was a case of cryptic pregnancy in an in-school adolescent, where unanticipated labor in a hotel room resulted in a near miss! The patient had never used any form of modern contraceptive method despite the fact that she was aware of them. Nigeria teenagers find it more difficult to know their rights to high-quality sexual and reproductive health education, information and care (especially issues bothering on family planning) because of the community's sociocultural lens which views educating adolescents and youths about these issues as sacrilegious, evil and morally inappropriate (Olofinbiyi *et al.*, 2019).

Ethical Issues, Misconception And Myths Surrounding Adolescent Emergency Contraception In Nigeria

EC is a valuable tool for reproductive health, but its use as the primary focus for sexual and reproductive health (SRH) education among Nigerian adolescents raises ethical and safety concerns; partly because of the country's peculiar sociocultural background (Ahanonu, 2014; Ogunjuyigbe and Adepoju, 2014). Some opponents of EC believe comprehensive SRH education is more crucial and that EC is a reactive measure for preventing unintended pregnancy after unprotected intercourse.

Thus, focusing solely on EC in adolescent SRH education may neglect crucial pre-emptive education on topics like consent, healthy relationships, safe sex practices and responsible decision-making (Savage-Oyekunle and Nienaber, 2015). In addition, they also believe there is a room for potential misuse as over-reliance on EC as a primary contraceptive method can lead to misuse, increasing the risk of sexually transmitted infections and potential long-term health consequences (Morhason-Bello *et al.*, 2014).

The opponents also think providing EC solely to adolescents without addressing the underlying social and cultural factors influencing their sexual behavior, such as gender inequality, power dynamics, and lack of agency, raises ethical concerns and risks perpetuating harmful practices (Savage-Oyekunle and Nienaber, 2015). It is also believed in some quarters in Nigeria that EC could be used as abortifacients (Ajah *et al.*, 2015).

Recommendations

Although advocacy should generally be directed towards the promotion of the conventional regular contraceptive methods, EC remains a viable means for the prevention of unwanted and unplanned pregnancy among Nigerian Adolescents; it is, therefore, a critical tool for the attainment of adolescent reproductive health rights and should, considering Nigeria peculiar reproductive health picture, be a central component of adolescent family planning services.

The country's adolescent reproductive health policies and programs should be reappraised and appropriately adjusted with a view to achieving the following; making EC patient-centered, effective, available, equitable, safe and affordable; achieving better professional performance in administering EC; improving the present health system performance; securing more government's commitment in the area of policy modification and implementation in the area of use of EC among the young population.

Comprehensive sex education in schools is indispensable. This goes beyond mere biology, encompassing healthy relationships, consent, decision-making skills and accurate information about various general contraceptive methods, EC inclusive. Engaging parents and community leaders in these discussions can foster supportive environments for open communication and reduce social stigma. Adolescents need convenient and confidential access to a range of contraceptive methods, EC inclusive.

Partnering with local healthcare providers to offer youth-friendly services, including extended clinic hours, dedicated adolescent clinics and telemedicine options can be crucial. Additionally, advocating for affordable or even free contraception through insurance coverage or community programs can significantly remove financial barriers. Breaking down social stigma surrounding adolescent EC requires community-wide intervention. Engaging faith-based organizations, peer educators and

youth-led initiatives in awareness campaigns and educational workshops can foster understanding and address cultural or religious reservations.

Continuous monitoring and evaluation of existing programs and policies are crucial. The community needs to understand what works and what does not, tailoring interventions to address specific needs and challenges within the community.

Improving adolescent EC use is not solely a medical issue; it is a community responsibility. By prioritizing education, expanding access, empowering providers, engaging the community and adopting a data-driven approach, teenagers in the community would have the opportunity to make informed choices about contraception and build a brighter future for themselves and generations to come.

Empowering healthcare providers with the necessary knowledge and skills is crucial. Training modules focused on adolescent development, communication techniques and non-judgmental care are essential. Providers need to understand the unique vulnerabilities and anxieties of teens, navigate sensitive topics with empathy and address concerns without condescension. This fosters trust and creates a safe space for adolescents to openly discuss their needs and seek guidance.

Governments, as architects of well-being, hold the power to bridge the various gaps in adolescent family planning services chain, championing policies and programs that enable informed contraceptive choices for adolescents. **Strengthening contraceptive legal frameworks** is crucial; removing parental consent requirements for accessing contraceptives while respecting cultural sensitivities in certain circumstances allows young people to make autonomous decisions about their reproductive health. Additionally, explicitly guaranteeing confidential access to services for minors through legislation fosters trust and encourages adolescents to seek needed care. **Investing in comprehensive sex education** within school curricula is essential. This education must move beyond anatomy, encompassing healthy relationships, consent, decision-making skills and accurate information about various contraceptive methods. **Leveraging technology** can revolutionize access to information and services. Developing interactive online platforms, mobile apps and chatbots providing contraceptive knowledge and confidential consultations is highly desirable. These platforms can also offer anonymous peer support networks, further empowering young people navigating their choices.

CONCLUSION

Higher emergency contraceptive use amongst adolescents is not just about preventing pregnancies; it is about reducing maternal mortality, boosting educational attainment and fostering economic growth. Every girl saved from the risks of early childbirth is a girl who can finish school, build a career and contribute to her community. This is how we unlock the true potential of Nigeria's adolescents and young adults, creating a ripple effect of prosperity and well-being. Strengthening sex education, expanding access to youth-friendly healthcare, combating stigma and ensuring affordability are vital steps in increasing emergency contraceptive prevalence among Nigerian adolescents.

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