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Gaps in modern contraceptive use and practice of safe sex in Nigeria

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Abstract

Introduction: Contraception is the prevention of conception that is pregnancy. On an individual basis, it is important to ensure that all pregnancies are wanted or intended. 71% and 74% of women and men know the role condoms plays in safe sex. Safe sex prevents STIs such as; HIV, Chlamydia, Syphilis, Gonorrhoea, Genital Herpes simplex virus, Human Papilloma virus (HPV), anogenital warts, Molluscum contagiosum, viral hepatitis, chancroid, amongst others. Furthermore, national contraceptive of prevalence of 12% does not get the work done. Of important not is the fact that there was only a 2% increase in a 5-year period, between 2013 and 2018. This was accompanied by a 0.2% increase in unwanted pregnancies. Hence, an obvious increase in the unmet need for contraceptives.

AIM: The objective of this article is to highlight the commonly faced short comings to the (proper) use of Modern contraceptives and practice of safe sex in Nigeria.

Discussion: The points under which the above objectives will be discussed have been summarized into an 11-points acronym;

Contracept.
C- Condoms
O- Oral Sex
N- Nonavailability and Inaccessibility
T- Tribes and Cultures
R- Religion and Myths
A- Abuse
C- Clinical Counsellings
E- Education
P- Paternal Opinions
T- Transactional Sex
S- Side Effects

Conclusion: The population load, religious and cultural diversity, illiteracy burden and quality of health care disparity in Nigeria leaves a lot of gaps to be filled in attaining a nationwide alacrity to regular and appropriate modern contraceptive use and practice of safe sex in Nigeria. Nigeria being a very sentimental nation as regards reproductive health talks and practices is witnessing an increase in its sexually active population and with it, related pathologies and unwanted pregnancies. Appropriate utilization of modern contraceptives is primal to the eradication of unsafe abortions and their complications in Nigeria.

Keywords: Contraceptives, unsafe abortions, unwanted pregnancies, SRHR, Nigeria

Introduction

Contraception is the prevention of conception that is pregnancy. On an individual basis, it is important to ensure that all pregnancies are wanted or intended ^[1]. 71% and 74% of women and men know the role condoms plays in safe sex ^[2]. Safe sex prevents STIs such as; HIV, Chlamydia, Syphilis, Gonorrhoea, Genital Herpes simplex virus, Human Papilloma virus (HPV), anogenital warts, Molluscum contagiosum, viral hepatitis, chancroid, amongst others ^[3].

Notwithstanding, you still find the knowledge-practice gap amongst Nigerians troubling. A study conducted in Ibadan across four tertiary institutions showed that 90.8% of the respondents demonstrated good knowledge and awareness of safe sex and protective measures yet, 21% had multiple sexual partners, 37% never insisted on contraception during sex, 26% insisted on contraception sometimes, 16% insisted on contraception most times, 48.3% do not abstain from sex with partners whose sexual history is unknown and only about 9% declined sex with partners of unknown sexual history ^[4].

Hence, the knowledge on safe sex and contraception is not fully employed in their sexual practices. Moreover, as regards the rising trends of homosexuality, it is imperative to speak about MSM and WSW. Although in their

case it is a case of safe sex only. As they are more at risk of sexually transmitted infections (Figure 1) when compared to heterosexuals. This may be due to negligence my MSM who perceive condoms solely for pregnancy prevention (Figure 2).

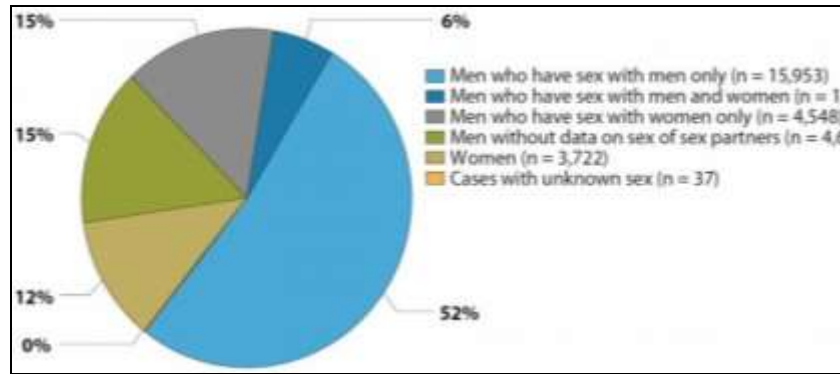


Fig 1: A majority of new syphilis infections occur in MSM. Adopted from *Sexually Transmitted Disease Surveillance 2017*, CDC.

Furthermore, a contraceptive prevalence of 12% in Nigeria does not get the work done. This is very poor when we compare ourselves to other African countries like Kenya that have achieved beyond 60% modern contraceptive uptake [2]. Of important not is the fact that there was only a 2% increase in a 5-year period, between 2013 and 2018. This was accompanied by a 0.2% increase in unwanted pregnancies [2-5]. Hence, an obvious increase in the unmet need for contraceptives. The objective of this article is to highlight the commonly faced short comings to the (proper) use of modern contraceptives and practice of safe sex in Nigeria.

Discussion

The points under which the above objectives will be discussed have been summarized into an 11-points acronym.

Contraception

- C-Condoms
- O-Oral Sex
- N-Nonavailability and Inaccessibility
- T-Tribes and Cultures
- R-Religion and Myths
- A-Abuse
- C-Clinical counselling
- E-Education
- P-Parternal opinions
- T-Transactional sex
- S-Side Effects

Condoms

This barrier contraceptive affords both contraceptive and safe sex properties, making it ideal for casual intercourse [1]. Sadly, its use for safe sex is poorly utilized amongst MSM (Figure 2).

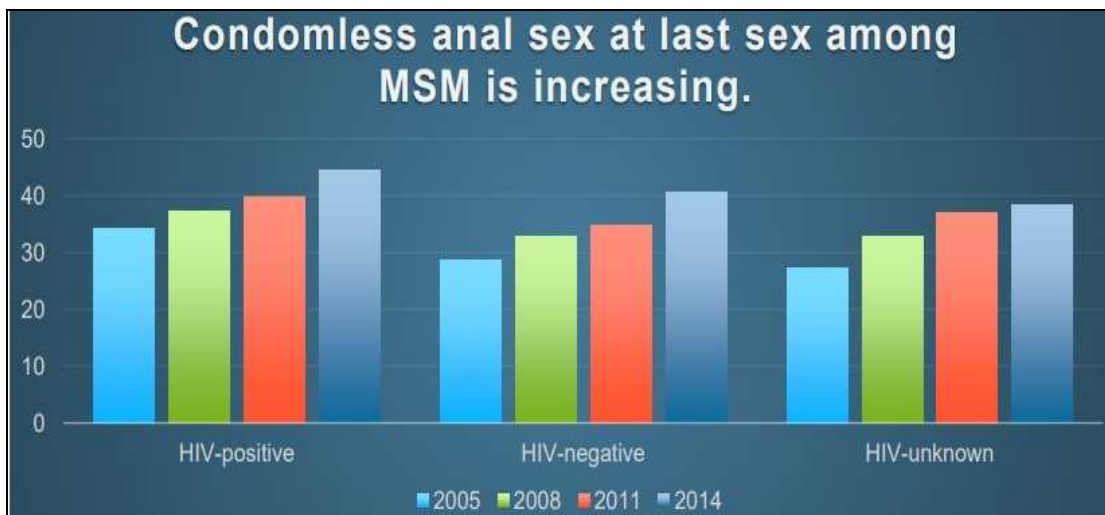


Fig 2: A 10-years study on condom use amongst MSM showing a fall in condom use. Adopted from Paz-Bailey G, AIDS, 2016

It is also the most commonly used modern contraceptive amongst unmarried women [2]. However, educating adolescents on condom use is low, poorly practiced nor encouraged. As it is seen as an early initiation to sex [5]. Thus creating a poor innate knowledge and skill on its proper use when they become sexually active. It is also not readily accessible by in-school and

out-school adolescents, taking into consideration that boys 15-19 years already engage in and even pay for sex in Nigeria [2, 6]. As the negligence in its knowledge and use may have not just have obstetric, but also infectious or oncogenic repercussions, especially amongst MSM (Figure 3). Hence, the Condom gap is one of both knowledge, proper skill and availability.

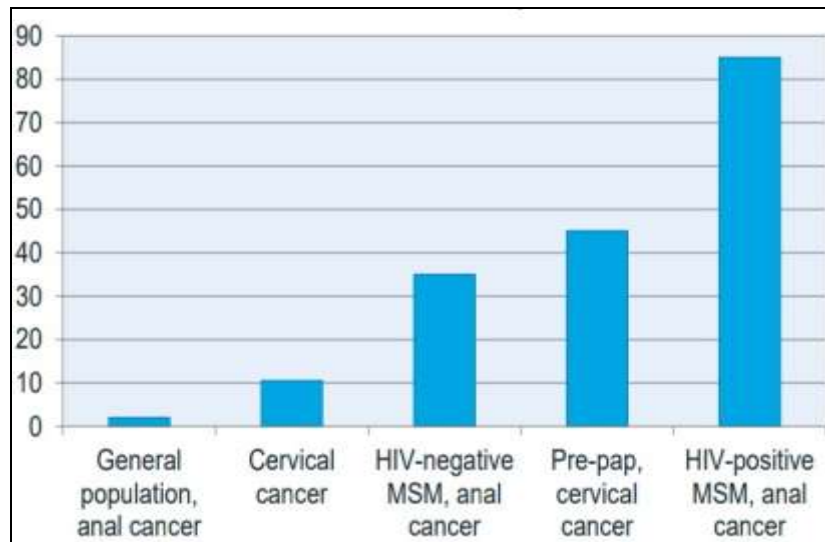


Fig 3: HIV and anal cancer occurring among MSM. Adopted from Chin-Hong PV, J infect Dis 2004, D'Souza G, J Acquir Immune Defic Syndr, 2008

Oral sex

It is a very common practice amongst Adolescents, homo and heterosexual couples, and transactional sex workers. This increases the risk of Oropharyngeal infections and Oropharyngeal cancers [3]. Genito-oral infections of note are the Human Papilloma (HPV) and Herpes Simplex Viruses (HSV) are oncogenic and dermatopathic in nature (Picture 1). Although HPV now has a vaccine, the uptake is very low [7]. There are no readily available contraceptives that can prevent these genito-oral infections in Nigeria. Hence, oral sex is rarely ever safe sex, especially with partners of unknown status or multiple Partners as practiced by some in Nigeria [4].



Picture 1: Hypo-pigmented cyst-like skin eruptions on the lips of a man who shared his photo showing an oral infection few days after having a heterosexual oral sex. He also added to have had fever for 3-days. Adopted from *Linderikejiblog.com*

Nonavailability and inaccessibility

There are many reasons why modern contraceptives may either be unavailable or inaccessible to different group of people in Nigeria. From reasons like fear of disclosure of identity, judgmental attitude of health care providers and none friendly services, to absence of knowledge of modern contraceptives or their use, regional violence limiting distribution, financial limitations, young age of sexual debut are some of the most common reasons amongst adolescents and teenagers [2, 5, 6]. Reason like requirement of their husband or spouse permission are some majorly seen amongst women in unmarried and married sexual relationships [8]. These contraceptives may not be readily available and when they are, not fully accessible, especially in northern Nigeria [6, 8]. Whatever these reasons may

be, they create a gap between the need for contraceptive, safe sex and what is attainable to that region or people.

Tribes and Culture

Pregnancy prevention and thus modern contraceptives are not encouraged in various tribes and cultures. As they judge the strength and wealth of a man, worth of a woman or blessedness of the marriage by how many biological children produced, especially by number of male children [9]. Such regions also pose difficult during outreach campaigns on family planning, as the role of a marriage being solely for children production is about clearly defined. Amongst this group, polygamy is also most common, as one wife may not be producing fast enough. These are also the areas with the lowest use of modern contraceptive methods, as seen in Northern Nigeria as compared to Southern, western and Eastern regions (Figure 4) [2, 9]. Hence, in this group the gap between Knowledge of safe sex and modern contraceptive use is filled with innate tribal and cultural believes.

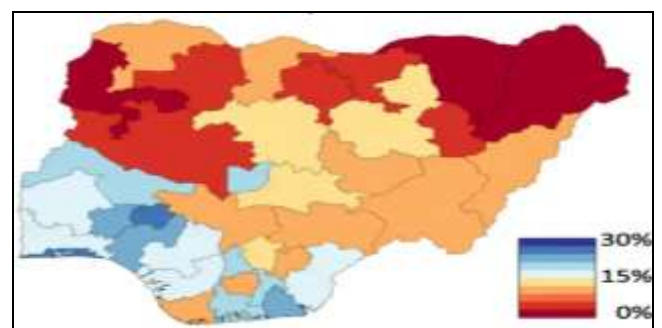


Fig 4: Colour coded schematic map of Nigeria showing the Modern contraceptive prevalence rates. Least prevalence can be observed mainly in the Northern Nigeria regions. Adopted from *Laina D., et al.* 2019 Subnational levels and trends in contraceptive prevalence, unmet need, and demand for family planning in Nigeria with Survey uncertainty.

Religion and Myths

The major religions practiced in Nigeria do not support the use of modern contraceptives. Hence, you find religious reasons as one of the most commonly given against use of contraceptives, like; God deciding one's parity. A study observed this attribute even amongst survivals of severe maternal morbidity [10].

However hard, this is a gap that can be closed. Research has shown that, religious and health collaborations will be most instrumental in clearing myths and religious misconceptions as regards some health practices which religion and myths has ostracized ^[11]. Religion is the most common reason why people

do not use contraceptives, even condoms (Figure 5). Enlightenment and disregarding the biases on myths about contraception may be the solution to the low uptake of various effective modern contraceptives in Nigeria ^[17].

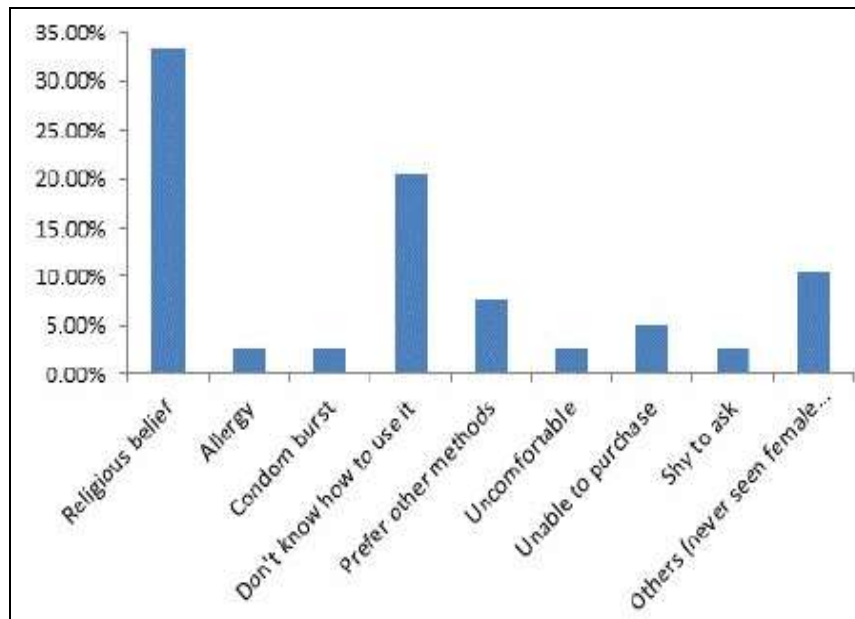


Fig 5: Distribution by reasons for non-use of condoms. Adopted from *Adinma, J., et al.* 2016, Condom-use by students in a higher education in South Eastern Nigeria

Sexual abuse

Due to the assumed fact that, sexual violence is a time critical anxiety/anger driven act, contraception and safe sex would seldom be considered by the perpetrators. With the most common form of violence being spousal violence, there is bound to be unprotected ejaculations into the vagina introitus amongst heterosexual couples. Occurring repeated as most victims result to prayers for help and only a very low percentage seek for actual help ^[2, 13]. This may result in an obviously unintended pregnancy.

A 4-years and 5-years study at UATH and UITH had a burden of 58 and 44 cases respectively ^[14, 15]. While a 3-year study at Gombe State Specialist Hospital showed a burden of 277 cases, with 71.1% of the victims not receiving any form of care nor coming back for any form of follow-up ^[16]. The prevalence of rape is highest in Gombe, in the North-Eastern regions ^[2, 5]. This may be one of the factors that have led to the rapid unchecked population increase in Northern Nigeria, amongst others ^[2]. Coupled with sexual intercourses with minors, absence of matured and informed consent, sexual violence is in itself a crime and a Gap in Nigeria.

Clinical counselling

Proper clinical counselling is most important as it is the most common way people hear about contraceptives ^[17]. Poorly or under-trained and judgmental health providers contribute to poor contraceptive uptake, especially amongst adolescents and young

adults ^[6, 18, 19]. Contraception should be discussed as needed whenever there is an opportunity. Timely clinical counselling is crucial, as seen in a study were as high as 37% unwanted pregnancies occurred because IPI and IPPFP were reserved for postnatal clinics, and these clinics are often missed by nursing mothers ^[20, 21]. Poorly planned or discriminatory clinical counselling on safe sex and modern contraceptive widens the unmet gap.

Education

Both formal and sexual education play a key role in preventing unsafe sex and promoting modern contraceptive uptake. In Nigeria, Men and women with below secondary education engage in sex before the mean age of those with one. The highest percentage of uneducated people are seen in the North-East, North-west and North-Central, Nigeria. Also accompanying these Northern regions are the highest percentage of sexual violence, earliest age at first intercourse, men and women with least knowledge on modern contraceptives, teenage and underage pregnancies, and highest percentage of teenage marriages ^[2]. Hence, Education is a crucial gap that needs to be filled, as low education is proportional to low modern contraceptive use and practice of safe sex. A stitch in time to challenges that may inhibit effective contraceptive education can be tackled via peer group trainings and utilization of the media (Figure 6).

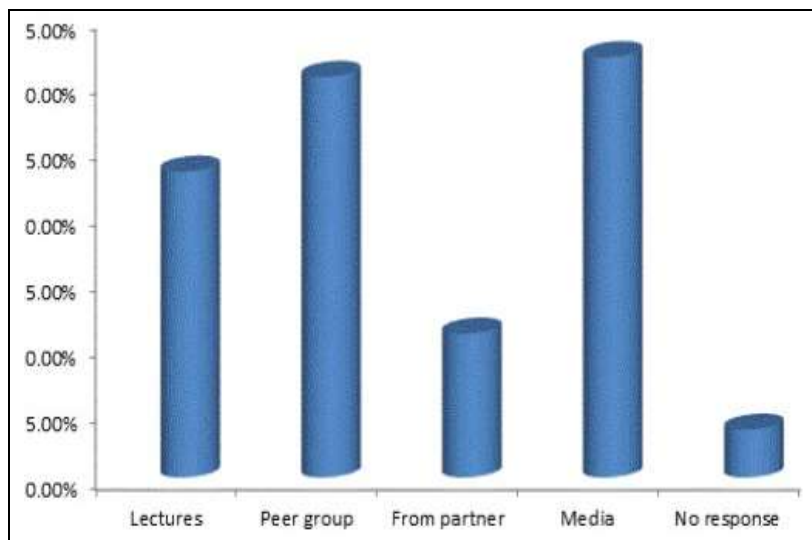


Fig 6: A chart showing common sources on contraceptive education from a study on Condom-use amongst 276 students of higher education. Adopted from Adinma, J., et al. 2016, Condom-use by students in a higher education in South Eastern Nigeria

Parternal opinions

Nigeria is a society where majority of the decisions affecting a woman’s reproductive health are made by their male spouse, not necessarily reflecting her preference or interest. Same is seen as regards modern contraceptive use, as this has driven some women into covert contraceptive use [8]. Although we expect better results will emerge if women make their own reproductive health decisions, men generally make poor decisions and practices towards STI prevention and contraception because, most of the SRHR campaigns have been channeled towards women and girls as the intending audience [9]. Hence, the female population has 3.5 times more knowledge on safe sex and modern contraceptives than the male population [2]. Thus, in a male dominated decision making society this creates a large gap between what she informedly wants; and what he decides.

Transactional sex

This is a very common practice in Nigeria, even amongst adolescents and teenagers aged 15-19 years [2]. The act of paying for sex introduces an uneven negotiating ground for safer sexual intercourse, as higher pay can get less safe services. This type of sexual intercourse is associated with a greater risk of unwanted pregnancies and contracting STIs, because of compromised power relations and the likelihood of having multiple partners. However, there have been a decrease from 34 to 26 men out of every 100 who have paid sex without using condoms [2] [5]. With transactional sex, there are just too many unknown variables. The need to carry out a campaign on safe sex and modern contraceptives to commercial sex workers is now imperative.

Side effects

The fear of unknown side effects starts and ends with not wanting to loose one’s fertility. These fears could be coped with on an expectant note, if proper counselling was done. A study showed that only 65% of women currently using modern contraceptives were informed about the method information index. Thus, from that study, 35% of uninformed women may stop using a modern contraceptive for fear of unexplained side effects they may be experiencing. Side effects have dissuaded users and potential users from uptake of modern contraceptive methods especially the injectables and implants [2]. With Irregular vaginal bleeding being one of the commonest Side

effects [22, 23]. However, sufficient competent of Family Planning (FP) aids, information/recommendation to address these complaints on side effects is a challenge still being worked on [19, 24]. Although there are possible side effects inhibiting the regular and proper use of condoms (Table 1), these can be tackled via CSE on the proper use and advantages of condoms. Where these pitfalls are eminent, alternatives modern contraceptives can be employed. This will serve to treat an unmet need of women who have weighed their need for a contraceptive as being less than the possible repercussions of the side effects.

Table 1: Distribution by knowledge on pitfalls of condom use (n=276). Adopted from Adinma, J., et al. 2016, Condom-use by students in a higher education in South Eastern Nigeria

Characteristics	Number	Percent
Causes cancer	18	6.5
Can burst	102	37
Can be permeable to semen and microbes	30	10.9
Causes allergic reactions	30	10.9
Can delay orgasm in males	60	21.7
NR	36	13

Conclusion

The population load, religious and cultural diversity, illiteracy burden and quality of health care disparity in Nigeria leaves a lot of gaps to be filled in attaining a nationwide alacrity to regular and appropriate modern contraceptive use and practice of safe sex in Nigeria. Nigeria being a very sentimental nation as regards reproductive health talks and practices is witnessing an increase in its sexually active population and with it, related pathologies and unwanted pregnancies. The associated unwanted pregnancies, abortions and increase in related maternal mortalities are also now on a national rise. As over 50,000 women die annually in Nigeria from unsafe abortions to terminate unwanted pregnancies [25]. Appropriate utilization of modern contraceptives is primal to the eradication of unsafe abortions and their complications in Nigeria [26].

Abbreviations

Sexually Transmitted Infection (STI), Human Papilloma Virus (HPV), Human Immunodeficiency Virus (HIV), Inter Pregnancy Interval (IPI), Immediate Postpartum Family Planning (IPFP)

and Family Planning (FP).

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