

A lack of knowledge may explain low contraceptive use in Nigeria

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The importance of [family planning](#) in addressing a range of challenges in developing countries is now widely accepted. Family planning is a key factor in achieving the [Sustainable Development Goals](#). And getting it

right can help countries in meeting related targets such as education, particularly for women and girls.

If done properly it can [prevent](#) unintended and [high risk pregnancies](#) that often lead to the deaths of mothers and babies. It's important for other reasons too: it can reduce [women's](#) dependency by allowing them more opportunities to work. And lower population growth, combined with a good political climate, can boost [economic development](#).

Contraceptives lie at the heart of proper family planning. But its use can be shaped by several factors. This includes cultural norms and values as well as the desires and decisions of couples. [Myths and misconceptions](#) also play a role, including beliefs that people who use contraceptives end up with [health problems or permanent infertility](#), or, at one extreme, that contraceptives reduce sexual urge, and at the other that they increase promiscuity among women.

Other contributing factors include low [access to health care facilities](#) and the [patriarchal nature of societies](#).

Nigeria has made no progress in improving the use of [contraceptives for the past 10 years](#). Contraceptive use in the country is incredibly low.

The biggest contributor to the low uptake has been a lack of knowledge about the various available options, combined with misconceptions about the use of contraceptives.

But understanding what we mean by "knowledge" is key to unlocking Nigeria's problem. We all accept that human behaviour is generally affected by what people know. A reasonable deduction would therefore be that knowledge about contraception should be an important predictor of contraceptive use. The reasonable assumption would be that the more people know about contraceptives, the more they would use them.

Nigeria's [2013 demographic health survey](#) showed that this isn't the case. About 85% of women and 95% of men reported knowing a contraceptive [method](#). But just 15% were using it. The unmet needs of women wishing to stop or delay births by not using contraception is 16%.

There's nothing to suggest that the situation has improved since the 2013 report. This is clear from [Nigeria's continued rates of population growth](#) as well as [maternal and infant deaths](#).

Poor state of affairs in Nigeria

[Only 15% of Nigerian women](#) aged 15-49 use contraception for limiting and spacing of birth. A Nigerian woman gives birth to an average of [5.5 children in her lifetime](#). The country's annual population [growth rate as at 2015 was 2.6%](#).

Algeria provides a useful counterpoint. More than half – 57% – of married women are using contraception and a woman will give birth to an average of [3 children in her lifetime](#). The north African country's [annual population growth rate is 1.89%](#).

In Sweden, contraceptive use is [75%](#). A Swedish woman will give birth to an average of [1.6 children](#) and the country's [population growth rate is 1.1%](#).

So what is Nigeria doing wrong? And how can it be fixed?

What's missing

Knowledge of contraception means knowing at least one of the methods. Modern contraceptive methods include female sterilisation, male

sterilisation, the pill, the intrauterine device (IUD), injectables, implants, male condoms, female condoms, the diaphragm, foam/jelly, the lactational amenorrhea method, and traditional methods include [periodic abstinence and withdrawal](#).

On average, a Nigerian woman or man aged 15-49 knows about [5 out of the 15 methods of contraceptives](#).

On top of this, the most common methods cited were those that carry the highest risks of pregnancy. The most common method women cited was the pill (71%) which has a failure rate of 9% and can lead to nine [unintended pregnancies](#) per one hundred women a year.

For men, the most common method cited was the male condom (91%), [which has a failure rate of 18%](#). This can lead to 18 unintended pregnancies per one hundred women in a year.

Among the least known methods by both men and women in Nigeria was the long acting reversible implants method which can last between three to five years for women who use it. [Implants have a 0.05% failure rate](#). However, only 17.9% men and 24.7% women knew about it.

The consequences

If Nigeria continues with the current trends in [contraceptive](#) use and fertility, the population will [continue to grow exponentially in the next 10 to 20 years](#).

The consequences of this will be profound. The population will be a highly dependent one with few productive and more dependent people because of the age structure of exponential [population growth](#). Also, health inequities will worsen. Already limited infrastructure will be stretched while rapid urbanisation will shrink service provision, leading

to further social and economic challenges.

Nigeria needs to urgently rethink family planning programmes. In particular, it needs to focus on ensuring that people know more about the array of available contraceptives, the most effective types and how they can access them.

An initiative like this should also aim to reduce perceptions based on myths and misconceptions. Algeria has successfully plugged [family planning](#) gaps using an [integrated approach](#) of contraceptives availability, educational campaigns and partnering with religious groups.

Only a concerted effort can turn the situation around in Nigeria and narrow the existing knowledge gap.

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