Emergency contraception (EC) is widely available in urban Nigeria and rates of knowledge and use are higher than in many other African countries; however, 70% of Nigerian women have still never heard of EC. Some, but not all, policies support the use of EC in Nigeria. Social marketing programs have procured EC and local drugstores, pharmacies and private chemists distribute EC.

ABOUT NIGERIA
Nigeria is the most populous country in Africa with an estimated population of 177,155,754, with approximately 50% living in urban areas. Only 18.3% of women have completed the secondary level of education.

CONTRACEPTIVE & EC KNOWLEDGE AND USE
• Total fertility rate: 5.5 children per woman (6.2 Rural, 4.7 Urban)
• Unmet need for contraception: 16.1%
• Current contraceptive modern method use of all women: 11.1%
• Between 1990 and 2013, rates of contraceptive use more than doubled, and are expected to continue to increase.

Source: Demographic and Health Surveys, Nigeria 2013

According to the 2013 DHS, sexually active, unmarried women are more likely to know about EC. The 2008 DHS, which measured EC use, indicates that women 20 years of age or older are somewhat more likely to use EC than teens. Secondary analysis indicates that wealthier and more educated women are more likely to use EC.

POLICIES
Essential Drug List: The 2012 EDL does not include LNG at the proper dose for EC.4

National Norms and Guidelines: Information about EC is included in the Ministry of Health’s National Family Planning/Reproductive Health Service Protocols (2010). It includes sections on the effectiveness of emergency contraceptive pills, advantages, disadvantages, and instructions on dosage and follow-up care.5

Prescription Status and who is authorized to dispense: EC is available over the counter from patent medicine shops and pharmacies.6 It is also available in social marketing outlets and some private and NGO-led clinics.

Post-rape care: There is no policy regarding EC and post-rape care, but EC is usually provided to victims of rape as part of the package of clinical care of victims of rape.7

PRODUCT AVAILABILITY
Registered Products: Two levonorgestrel-alone EC pills (ECP) products are registered and distributed: Postinor 2 (Gedeon Richter) and Pregnon (FamyCare).

Locally manufactured products: None available.

Poor quality or counterfeit EC products: Counterfeit and poor quality drugs are a significant problem in Nigeria and anecdotal evidence suggests that counterfeit EC pills may be found in Nigeria.8

Source: Demographic and Health Surveys, Nigeria 2013

KNOWLEDGE AND EVER USE OF MODERN CONTRACEPTION AND EC

Source: Demographic and Health Survey, Nigeria

According to the 2013 DHS, sexually active, unmarried women are more likely to know about EC. The 2008 DHS, which measured EC use,
WHERE WOMEN CAN ACCESS EC

EC in the commercial sector: The 2013 DHS shows that 59.9% of current contraceptive users obtain their method from the private/for-profit sector, so this is an important source of family planning information and supplies.² Both Postinor-2 and Pregnon⁶ (dedicated LNG ECP products) can be obtained over the counter in local drugstores, in pharmacies, and from private chemists.⁷

EC in the public sector: In 2006, the Nigerian Ministry of Health, following the guidelines set by the Planned Parenthood Federation of Nigeria, included ECPs in its national FP norms and guidelines.⁷ The Nigerian government does not purchase EC; however, around 6.8% of EC products are distributed through the public sector.⁸

EC in the NGO, social marketing, and social franchising sectors: The Society for Family Health (SFH), a social marketing organization started by DKT and PSI that distributes multiple family planning products, sold 1,104,241 packets of EC in 2011.⁹ SFH sells two brands of EC at different price points as part of a Total Market Approach.

Community-based distribution of ECPs: There is no community-based distribution of EC.⁶

PROVIDERS AND KEY OPINION LEADERS

A 2006 study⁶ conducted in Lagos on provider knowledge, attitudes and provision of ECPs determined that while 87% of respondents had heard about emergency contraception, only 58% had prescribed or provided it. Only 10% of those who had provided EC could describe the correct name, dose and timing of the first pill for the Yuzpe regimen (made up of oral contraceptive pills) or Postinor-2 regimen.

Among all respondents, physicians demonstrated better knowledge and reported more frequent provision of ECPs than nurses, community health workers and pharmacists. However, pharmacists and drug sellers distribute the majority of ECPs through the private/for profit and social marketing sectors. In addition, 39% of providers surveyed believed that ECPs may act as an abortifacient, while only 30% knew that ECPs were legal and included in Nigeria’s National Family Planning Guidelines.

A 2011 survey of EC providers offers further information on knowledge, attitudes, and practice. The study showed that only 43.5% of providers had ever received training on EC, and 75% could describe how it worked. Of those surveyed, 10% believed EC is an abortifacient, only 29% knew that all women were eligible to use EC, and only one provider understood that EC was possibly effective up to 120 hours after unprotected intercourse.¹⁰

MEDIA COVERAGE OF EC

Almost 40% of women have been exposed to a family planning message in mass media in the few months leading up to the survey.² EC has received some positive coverage in the media. The Daily Independent (Lagos) described EC as a method to protect yourself after ‘quick sex’.¹¹ The publication also detailed the difference between EC and abortifacients while providing information on modern contraceptive methods.

DONOR SUPPORT

Donors have purchased EC for Nigeria’s family planning programs. According to RHInterchange, between 2006 and 2012, eight shipments of EC have been made to Nigeria; the funding sources were DFID, IPPF, BMFG and PSI.¹²

REFERENCES

⁷ S. Ishaku, Personal Correspondence, February 3, 2012.