Commentary

Preventing pregnancy after unprotected sex: What options for Nigerian women?

Meredeth Turshen

Edward J. Bloustein School of Planning and Public Policy, Rutgers University, 33 Livingston Avenue, Suite 500, New Brunswick, NJ 08901, USA.
E-mail: turshen@rci.rutgers.edu


For Nigerians in need of them, obtaining viable, unadulterated pharmaceutical products has become much more difficult since the IMF/World Bank policies of structural adjustment destroyed the indigenous Nigerian pharmaceutical industry in the late 1980s. Structural adjustment policies called for a high tax on imported raw materials and the devaluation of the naira; between them these policies wiped out 65 per cent of local firms manufacturing pharmaceuticals. Local drug manufacturing meets only 20 per cent of the nation’s health needs; 80 per cent of drugs are imported. Nearly half (48 per cent) of all drugs in circulation in 2001 were found to be counterfeit or substandard. Nigeria currently imports all raw materials for drug manufacture at very high cost. Public consumption of drugs declined dramatically following the liberalization of the sale of drugs and the introduction of user fees at health facilities (two more structural adjustment policies).

Outside of major cities like Lagos and Abuja, there are few pharmacies. Over 90 per cent of all pharmacies are in urban areas, 30 per cent concentrated in Lagos. Some states have fewer than 25 pharmacies to serve populations of 1 million or more, and most states have almost no pharmacies in the rural areas. No hospital in Nigeria is currently registered to dispense drugs, which is the privilege of doctors who are not keen to turn over the responsibility for dispensing medicines to pharmacists. In any case, according to WHO, there were only 0.13 pharmacists per 1000 population in Nigeria in 2008 (in comparison there were 0.28 in South Africa in 2004). Patent medicine shops outnumber pharmacies. There are
tens of thousands of illegal pharmacies and drug markets run by unqualified individuals without any form of control.

Hence, the importance of patent medicine vendors and the study by M.M. Fayemi et al published in this issue of the *Journal of Public Health Policy*. Fayemi et al provide useful information about over-the-counter distribution of emergency contraception in southwest Nigeria. The distribution system that patent medicine vendors represent is of real importance and value to Nigerians. And emergency contraception is a product of special interest to everyone wishing to prevent dangerous, often self-induced, abortions. An estimated 760,000 abortions occur each year in Nigeria where the procedure is illegal; about one-fourth involve complications, and some 20,000 are fatal.

Until the study by Fayemi et al, the only information available on dispensing emergency contraception was a survey of 735 Ibadan health-care professionals’ knowledge, attitudes, and practice.³ Adekunle et al administered a questionnaire to nurses, doctors, pharmacists, social workers, and administrators that revealed how few professionals understood the efficacy of emergency contraception. The authors concluded that lack of awareness was a major barrier to emergency contraception use. Unfortunately Fayemi et al confirm their findings: fewer than one-third of patent medicine vendors were aware of emergency contraception, and only half knew that emergency contraception could prevent pregnancy. And only 40 per cent had ever dispensed emergency contraception.

Contraception may be an answer to unintended pregnancies, but not to the unconscionably high rates of maternal mortality (1,100 per 100,000 live births), which require better antenatal care and the presence of skilled personnel at delivery. To lower mortality from illegal abortions, the government of Nigeria should legalize the procedure; to lower morbidity from unsafe abortions, the government should train health workers to make abortions safer by using proper techniques.

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About the Author

Meredeth Turshen, DPhil, is a professor in the Edward J. Bloustein School of Planning and Public Policy at Rutgers University. She has edited two books on African women’s health and written a third, *Privatizing Health Services in Africa*.

References