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A critical review of the need for and conduct of involvement of community pharmacists and chemists in adolescent family planning services in a youth-dominated Nigerian state

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Abstract

Nigeria, with a median age of 18.5, poses unique challenges for adolescent sexual and reproductive health (ASRH). Expanding family planning services in youth-dominated states requires innovative approaches. Community pharmacists and chemists, readily accessible and trusted, have potential to bridge the gap. A critical review of the need for and conduct of involvement of community pharmacists and chemists in adolescent family planning services in a youth-dominated Nigerian State. A multi-faceted search strategy identified relevant studies on community pharmacists, chemists and adolescent family planning services in Nigeria and globally from 1997-2023. PubMed, Cochrane Libraries, Google Scholar and Semantic Scholar were queried using a comprehensive set of keywords and Boolean operators to ensure focus. Language was restricted to English. Additional techniques like backward citation searching and consultation with experts bolstered the search. The engagement of private pharmacists/chemists in the distribution of family planning commodities will go a long way to address the high unmet needs for family planning in this sensitive age bracket. It is, therefore, imperative to use effective leadership philosophy to successfully secure sentiment-free involvement of this community-based dispensing arm of health services.

Keywords: Community pharmacists, chemists, adolescent family planning, Nigeria

Introduction

Family planning in adolescents, a global contemporary issue in public health, is an area of reproductive health riddled with a lot of controversies and gaps because of the associated social, cultural, ethical and religious implications [1-2]. Family planning refers to a way of thinking and living that people voluntarily adopt based on their knowledge, attitude and practice in order to space out children and have the required number so as to improve both their own health and the health of the entire country [3-4]. The main concern in family planning is contraception, which is simply a way to avoid unintended pregnancies by interrupting the processes that result in conception [5]. Modern family planning methods include natural family planning measures, hormonal contraceptives (oral contraceptives, injectables, implants, transdermal patches and vaginal rings), intrauterine devices, barrier methods (male and female condoms, diaphragm, cervical cap, vaginal sponge/foam), emergency contraception and permanent contraception (bilateral tubal ligation and vasectomy) [6].

Members of health/health-related teams can learn to inform and advise people about family planning [7]. Countries and programs have various policies and rules about who can offer which methods and where [7-8]. In most countries around the world, the people that commonly provide family planning include nurses, nurse-midwives, auxiliary nurse-midwives, midwives; physicians, including obstetricians and gynaecologists; pharmacists, pharmacists' assistants, chemists; community health worker; specially trained traditional birth attendants; shopkeepers and vendors; community members serving as community-based contributors, volunteers, experienced users of family planning, peer educators and community leaders [9]. Major contraceptive benefits include the prevention of unexpected and undesired pregnancy (particularly in adolescents and young people) prevention of -

sexually transmitted infections including Human Immunodeficiency Virus Infection (HIV) regulation of menstrual cycle related disorders [2]. Contraceptives have a critical role in achieving complete physical, mental, and social wellbeing in all areas related to the reproductive system, functions and care, even though they are sometimes linked with some losses and side effects.

According to the resolution of the International Conference on Population and Development (ICPD+5) and the World Health Organization (WHO), the provision of affordable, safe and easily accessible family planning information and services is a legitimate sexual and reproductive right of the adolescents [10]. Although beautiful and fascinating national programs have been developed to implement adolescent family planning policy, contraceptive prevalence among Nigerian adolescents, particularly those that are sexually active, has remained relatively low [11]. This has placed a significant restriction on the effectiveness of the current policy on adolescent contraception. As a result, the rates of teen pregnancy, unsafe abortion and unwanted pregnancy have continued to be unacceptably high [11] (Crawford *et al.*, 2021). Adolescents are disproportionately affected by sexual and reproductive health issues in Ekiti State, Nigeria, according to published and anecdotal data [12-14]. This is especially true when it comes to accessing family planning information and services. In order to increase the use of family planning services among the needy, highly sensitive and picky adolescent age bracket, it has become essential to evaluate different significant community-based youth-friendly contraceptive methods, one of which is the community pharmacists/chemists' contraceptive pathway.

Ekiti State, Nigeria and the burden of unplanned pregnancy among adolescents

Ekiti State, in southwest Nigeria, is a homogenous state dominated by youths. It is located between latitudes 70 and 80 51 N and 40 451 E. It has a land area of 5,435 square kilometres and 2,398, 957 people, according to the 2006 census [15]. The state is divided into 3 senatorial districts and 16 local government areas (LGAs) [15]. A variety of people live in the state; these include farmers, craftsmen, government employees; and elementary, secondary and university students. There are 203 public secondary schools, 380 private secondary schools, four universities, three polytechnics, some of which have satellite campuses; and 909 public primary schools and 913 private primary schools which feed the secondary schools. These indicate that adolescents and young people make up a large portion of the population of the state.

Although modern methods of contraception are now used by over 50% of all couples worldwide, the prevalence of contraception in Nigeria is only about 17% [16-17]. In several Nigerian communities, prevalence rates are even considerably lower than the national prevalence [16-17]. In general, adolescents use contraceptives infrequently, with underdeveloped nations seeing a worse scenario. The dilemma of unintended pregnancy affects teenagers significantly over the world; the majority of them reside in sub-Saharan Africa, where teenage pregnancies and HIV infection are serious problems [18-19]. Girls are disproportionately affected by new HIV infections, which account for more than half of all cases in adults under 25 [20].

In southwestern Nigeria, a report showed that 4-6% of adolescent girls had been raped [21]; some of these occurrences result in unwanted pregnancy due to lack of emergency contraceptive assistance. According to a survey

conducted by Fayemi *et al.*, 53% of teenagers in the state of Ekiti had their first sexual experience by the age of 15 or 16; and this percentage was greater among those who were enrolled in school than those who were not [14]. In addition, a tertiary institution-based audit of maternal mortality and morbidity from unsafe abortion conducted in Ekiti State by Adelekan *et al.* revealed that 82% of the victims were aged between 10 and 29 years, with 77.3% of them being secondary school girls, and that majority (62%) had never used any modern contraceptive method [22]. A case report from the same tertiary hospital also revealed a stone age practice of unsafe abortion in a 15-year-old in-school adolescent, complicated by gangrenous uterus leading to hysterectomy; the patient was aware of contemporary contraceptive methods but had never used any as she had always been told that contraception was for married people [13]. Olaogun *et al.* reported a case of cryptic pregnancy in an in-school adolescent in which unsuspected labour in a hotel room resulted in a near miss in Ekiti State; one of the very few cases of cryptic pregnancy reported globally [23]. The sociocultural lens of the community which sees sensitizing adolescents and youths to sexual and reproductive health issues as being sacrilegious, evil and morally inappropriate, makes it harder for adolescents to realize their rights to quality sexual and reproductive health education, information and care, particularly in the area of family planning services [13].

The need for active involvement of community pharmacists and chemists into adolescent family planning services

In order for adolescents to realize and exercise their sexual and reproductive rights, family planning services are essential [2, 20]. The need for high-quality reproductive health care is highlighted by the fact that adolescents, who make up around one-fifth of the world's population, are a particularly vulnerable demographic group in terms of sexual and reproductive health challenges in every given community or country [24-25]. The Family Planning Initiative of 2020 (FP 2020) aims to increase family planning consumers by 120 million, with a special focus on adolescents, a vulnerable and challenging-to-reach demographic segment [26-27].

In actualizing the rights of adolescent boys and girls to affordable, accessible safe and socially acceptable family planning services free of pressure or intimidation, it has become expedient to review the involvement of private pharmacies and chemists as a new vehicle for change. The concept of "adolescent contraception" has become a source of debate around the world due to the unique sociodemographic, psychological and medical characteristics of adolescents, which have had a detrimental impact on the prevalence of contraception in this population [2]. Premarital sex rates among teenagers, particularly in Nigeria, have been found to be unacceptable [28]. This contributes to the high rates of unwanted and unplanned pregnancies in this age group, which leads to teenage pregnancy and its complications, unsafe abortion, sexually transmitted infections, including HIV infections, adolescent mortality, dropout from school, poverty and other debilitating sociomedical issues [28-29]. Due to the society's unfavourable attitude toward adolescent contraception, stigmatization, confidentiality issues, cost and the negative attitude and hostility displayed by healthcare providers, the prevalence of contraception among adolescents in Nigeria is typically low [30]. The animosity and unfavourable attitudes that adolescents have toward contraception present a

significant barrier, particularly in public health institutions^[30]. As a result of all these obstacles, adolescents become a difficult-to-reach group for contraceptive services. Additionally, research has shown that private pharmacies and drug stores are important private-sector suppliers of contraceptive goods for teenagers^[31-32]. Additionally, there is substantial evidence that many teenagers are favourably disposed to accessing contraceptive services from private sector sources of contraception, particularly those that are run by community pharmacists and drugstore proprietors^[32].

In all the schools in Ekiti State and throughout Nigeria, adolescent and youth-friendly services are almost non-existent. According to anecdotal reports from a sizeable sexual and reproductive health survey conducted by an emerging non-governmental organization in the state, Adolescent Friendly Research Initiative and Care (ADOLFRIC; <https://adolfric.org.ng/>), which involved public high schools randomly selected from all the sixteen local government areas of the state, 85% of the students preferred to access sexual and reproductive health services, especially family planning services, from adolescent friendly services points outside hospital environment like adolescent friendly centers, pharmaceutical shops/chemists and drug vendors. A key informant interview conducted in the same survey revealed that adolescents are more at ease getting contraception from street pharmacists, chemists and drug vendors than from public medical facilities because of the stigma associated with demand for contraceptives.

Recommended conduct of the involvement initiative; with its strength, weakness, opportunity and threat (SWOT) analysis

Giutsi SWOT analysis can be used to analyse the strength, weakness, opportunity and threat of community pharmacists and chemists' involvement in adolescent family planning services^[33]. The engagement program will be most successfully organized and supervised by specialized civil society organizations (CSOs) (i.e. those working in the area of sexual and reproductive health and population control), ministries, parastatals and governmental institutions specializing on adolescent/youth sexual and reproductive health. The achievement of the aims and objectives will be aided by the high degree of technical assistance and professional competence provided by the afore-mentioned bodies^[34]. The State Ministry of Health and Human Services (with the reproductive health/family planning and pharmaceutical departments playing the major roles) and the pertinent civil society groups should be engaged in the program; all of these should be carried out in the spirit of partnership. As the effectiveness and viability of civil society organizations depend in part on approval of and support of the ruling class, those CSOs that are coopted should be those that are recognized and supported by the state^[35].

It is advisable to gather the heads of the various departments and units for a conference where they will be informed about the specifics of the program and their expected tasks. A request for a list of drugstores and pharmacies, along with their addresses and directories, in every local government area of the state should be part of the logistic support.

It is impossible to overstate the importance of research in any program^[36-37]. To succeed in any program that has been designed, preliminary study is essential; it offers adequate guidance and direction for formulating policies^[38]. Therefore, a preliminary survey among the community pharmacists and chemists who are being coopted is

necessary. The purpose of the preliminary survey is to assess the community pharmacists' and chemists' foundational knowledge and abilities to deliver the best possible counselling on the available contraceptive options. The survey should include asking the street pharmacists' and chemists' opinions, experiences and attitude towards adolescent contraception.

Following the survey, the community pharmacists and chemists should be mobilized and arranged into batches for thorough training/seminars (within the ambient of the regulatory national policies and laws and professional regulations) on the provision of appropriate adolescent contraception. The State Ministry of Health and the family planning and reproductive health departments of the CSOs being engaged should provide the training program's facilitators. One of the obstacles that has been cited as hindering the expansion and development of civil society organizations, particularly in Nigeria, is funding^[39]. The cost of running this program won't be an issue because the State Ministry of Health and the collaborating CSOs should share the financial obligation.

Due to the sensitive nature of the topic being addressed—adolescent family planning—one of the program's biggest weaknesses will be a difficulty in getting the street pharmacists/chemists being recruited for training to cooperate. According to Isonguyo and Adindu, the societal context is not just unfavourable to discussing adolescent family planning, but also to connecting teenagers to family planning practices^[40]. Adolescent family planning information and services are viewed by the sociocultural lens of the most Nigerian communities as strange, morally and spiritually unacceptable^[13]. Therefore, for ethical and social reasons, obtaining the proper information may be challenging.

The program under examination will present several prospects for both the dying and needy adolescents as well as for the effective application of pertinent laws. In Nigeria, morbidities and fatalities associated with pregnancy are particularly harmful to adolescents and young adults^[23, 29]. Most times, the majority of adolescents become pregnant unintentionally and without planning because there is a lack of suitable information, direction and links with family planning services^[29, 40]. This is due to the fact that the majority of adolescents cannot get family planning services and care at their preferred sites, such as corner drug stores and chemists. By this involvement initiative, street pharmacists and chemists would have the opportunity to actively function in the family planning service industry. This will increase the state's coverage in family planning services among teenagers and young adults.

Additionally, there have been complex concerns around abortion and the law in the nation. Abortion laws in Nigeria typically oscillate between being restrictive (particularly in the south of the country) and being comparatively illegal (in the north)^[41-42]. As the conception rate would fall precipitously to the lowest level with increased contraceptive prevalence among this sensitive population, ethical issues, stress and concerns surrounding the country's ill-defined abortion laws will also be appreciably reduced. Additionally, integrating pharmacists/chemists into the delivery of family planning services will lighten the workload of the community nurses and doctors; and at the same time make it easier for these members of the health team to continue to work together. There is also paucity of data on adolescent contraception at the state level; this program will offer a dependable chance to increase the state's database on adolescent family planning, which will

favourably influence policy making in the state's reproductive health picture.

A major threat of the initiative is Nigeria's overall high degree of insecurity, which goes beyond the state. Insecurity will be a major issue because the program's preliminary planning calls for a survey that necessitates moving from community to community in order to collect the necessary data/information from street pharmacists and chemists. Kidnapping, terrorism and banditry have all been linked to Nigeria^[43]. Thus, the dread of kidnapping can grip the facilitators who are being recruited for the tour, lowering their spirits and excitement for the initiative. A society with a high level of insecurity has severely hampered growth and development, which usually has a negative influence on the operation and success of existing organizations and their programs^[44].

Additionally, the community may become unnecessarily divided on family planning if the inhabitants see certain members of an organization moving from one pharmacy/drug store to another canvassing for adolescent family planning; some people could believe that such pharmacists/drug stores are collaborating with governmental and non-governmental organizations to force family planning on their daughters, thus trying to limit their daughters' reproductive potentials.

In their action SWOT analysis study, Ambusher and Moran^[45] outlined the concepts of preservation, protection, mitigation, overcoming, capitalizing and enhancing in order to give answers and ideas to public health challenges and actions; this concept can be applied to this initiative. The participating community pharmacists and chemists should be properly informed, educated and trained in order to achieve the required adolescent contraceptive goals. The state government and CSOs could seek donors' assistance if the need arises. Spending should be properly tracked and audits should be performed routinely. Periodic updates on the state of the program's finances should be sent to the government and funding organizations. Donors and supporters will be inspired to provide additional funding as a result. The security and legal units of the various CSOs could work in conjunction with the relevant units of law enforcement agency and government to provide adequate security for the traveling workforce. The members traveling to fields should also be well remunerated.

Other potential risks that may hinder the initiative and recommended solutions to the risks

The hazards associated with teenage family planning program might have an adverse impact on the start and sustenance of the program. First, despite the outlined strategies to secure the cooperation of the participating pharmacists and chemists, they may still refuse the participation request on the basis of sociocultural factors, thus rendering the program ineffective.

Second, the security network for the mobile workforce may be compromised, culminating in kidnapping and abduction. In the event of an occurrence, the government's intervention in paying a ransom for abducted employees might be lost, threatening the employees' lives. Unpredictable withdrawal of funding and other logistics, particularly on the part of government, as a result of political instability and bad politics might potentially have a negative effect on the program's sustainability. Defective data handling, processing and interpretation may also affect policy making and implementation in adolescent family planning programs.

To address the identified risks, the hazard-risk-priority-

control method could be employed (Rout and Sikdar, 2017). Survey interviewers should receive proper training on how to act politely and avoid being judgemental or overly frank while interacting with the street pharmacists or chemists on adolescent family planning. Armed security personnel should accompany the work force while on assignment, and the communication network between those in the field and those in the office has to be enhanced. At the research centres of the state and the CSOs, training and retraining on research and data processing should be provided. More funds should be raised for sustained training of the community pharmacists and chemists; and cash rewards will encourage the street pharmacists/chemists to cooperate the more

Importance and roles of leadership in the success of the initiative

Using and exhibiting the proper leadership philosophy is required for any program efficacy and success. Any organization's ability to realize its vision, purpose and goals depends on its leadership style; as a result, any organization that strives for results should make leadership its main focus^[46]. According to Shastra, Mishra and Sinha leadership is a connection that exists between an individual and a group of individuals when there is a shared interest^[47]. The function of the group is a direct outcome of the individual's inspiration and guidance. It is impossible to overstate the importance of effective leadership techniques in promoting public health programs and achieving desirable outcomes; they are essential for both immediate and long-term community protection and the prevention of environmental risks and threats^[48]. Public health leadership should be multidisciplinary and collaborative^[49]. Therefore, in order to implement the recruitment of private pharmacists/chemists as family planning providers for adolescents in the state and in accordance with the vision of this type of initiative, government representatives and the heads of CSOs, being the initiative's leaders, should adopt a multidisciplinary and collaborative approach. The relevant stakeholders will be effectively engaged by this provision. Leadership is crucial for this transformation since its conception and execution need careful planning, stringent oversight and coordinated assessment procedures. The democratic style of leadership is the one that is best suitable for achieving this type of sensitive program's objectives. Rigorous brainstorming on the drawn proposal and setting up committees for required action involves democratic approach. Official presentation of the proposal to an expanded house for appraisal and approval is democratic as any resolution forced on members of any corporate body may fail to achieve the desired goal. The Ministry of Health and human services of any nation or district should be the central and coordinating body in actualizing this type of initiative.

Conclusion

Any program promoting adolescent and young adults reproductive health should be built on adolescent family planning, and the importance of street pharmacists/chemists as a viable source of adolescent contraception cannot be overstated. Adolescent sexual and reproductive health now places a high priority on family planning services. The engagement of private pharmacists/chemists in the distribution of family planning commodities will go a long way to address the high unmet needs for family planning in this sensitive age bracket. It is, therefore, imperative to use effective leadership philosophy to successfully secure

sentiment-free involvement of this community-based dispensing arm of health services.

Conflict of Interest

Not available

Financial Support

Not available

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