

# Contraceptive use in africa essay

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The Effects of Knowledgeable Contraceptive Use on Sub-Saharan Africans

Sub-Saharan Africans have been and are currently riddled with a plague of unexpected pregnancies and sexually transmitted diseases. These diseases include but are not limited to AIDS, Gonorrhea, Herpes, Syphilis, and HPV (Montgomery). A majority of the individuals enduring these afflictions are relatively young males and females with little sexual and academic education.

These young individuals typically start having children at a rapid rate and are only stopped when rendered infertile or killed by one of the many sexually transmitted diseases acquired through unprotected intercourse (Roberts). These self-perpetuating cycles of sexually transmitted diseases and unwanted pregnancies are strong contributing factors to problems of hunger, poverty, birthrate, and minimal female empowerment. Calamities such as these are not going to solve themselves; they need attention (Montgomery).

Afflictions such as unexpected pregnancies, sexually transmitted diseases and the problems associated with them could be vastly reduced, if not eradicated, with cooperative spousal knowledge and use of contraceptives. High rates of unintended pregnancies and HIV infections have been, for a long time, contributed to the lack of availability of contraceptives. Peter Cherutich and a group of his associates conducted a study in Sub-Saharan Africa regarding the availability and usage of contraceptives by females in the corresponding regions. The fifteen hundred women survey concluded that only twenty seven percent of the women had ever used any form of contraception. Of the remaining seventy three percent about five hundred of

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the women had access to some type of contraception but declined them due to cultural taboos and religious beliefs. Upon the conclusion of the study the participants were given the opportunity to take blood test, which revealed that over five hundred of the women were HIV positive (Cherutich). This study and studies like it define the need for contraceptives and adequate education regarding them. The availability of contraceptives in Sub-Saharan Africa is constantly increasing due to the efforts of several foreign relief groups, but pregnancies and STD's haven't reduced at paralleling rates (Hubacher).

The current methods of contraceptive dispersal in Sub-Saharan Africa are mostly that of foreign Anti-AIDS Campaigns. These dispersal methods are impractical in that the locals are given various forms of contraception and are then set on their way without any knowledge of how to correctly use them. This foreign intervention has brought about a sense of false security to the individuals using the contraceptives. Teens in the areas of contraceptive pushing campaigns are getting the appropriate materials to potentially prevent sexually transmitted diseases and things to that effect but without the knowledge of how to use the products they are receiving, the contraceptives are useless (Cleland). Anonymous surveys have been conducted by United States research groups on the teens using the contraceptives being supplied, to determine the current dispersal methods effectiveness. The surveys have shown that since the introduction of the contraceptives teens have this invincible mentality in that they feel that they are immune to STD's and pregnancy.

With this new “ shield of invincibility” males and females alike have become much more promiscuous and engage in sexual activities with many more partners (Cleland). This type of intervention is a perceived solution to unexpected pregnancies and sexually transmitted diseases but it is actually perpetuating the cycle of diseases and unexpected pregnancies. The responsibilities of correctly using contraceptives are primarily that of the individuals partaking in the act but the distributors of the contraceptives have responsibilities as well (Sullivan). With more effort from both parties regarding the basic knowledge of contraceptive use these inaccurate assumptions will be resolved. Having the knowledge of how to properly use contraceptives is a large part of women being able to defend themselves against unintended pregnancy and STD's, but without the full cooperation of both the male and female parties the effectiveness of the preventive measures will be less than expected (Uchudi).

According to Josph Uchudi, a Biosocial Scientist, the men make the majority of the decisions in the relationship, whether it is when the couple has intercourse, how the couple has intercourse or whether or not they will use contraceptives during intercourse. Uchudi's studies define the female in the relationship as an uneducated and submissive being that understands what she is being instructed to do by her husband as beneficial to her. Uchudi suggest that through basic academic and extensive sexual education African females will be able to break this submissive stigma and voice their opinions while also having the courage to stand by them. Collective decisions about contraceptives in the relationship would then be attainable, thus arming the couple with a plan of action when it comes to their intimate relations. Men

are empowered by knowledge regarding contraceptives, but women are empowered a little more because they are finally able to state their opinion and be heard (Uchudi). With this empowerment the couple is able to make informed decisions regarding family size, and the appropriate time to conceive (Uchudi). Basic safe sex education programs are easily assembled and thought with minimal monetary requirements (Sullivan). Decisions regarding cooperative safe sex give the couple the chance and right to more freely dictate the terms of their own life (Uchudi).

The couple will flourish in their freedoms and other couples in their community are likely to follow. As a community they would then be able to address problems facing them as a whole, such as poverty and hunger (Stephenson). Poverty and hunger are terms that people commonly associate with Sub-Saharan Africa, simply because of the fact that it is indeed a poverty stricken area, and with poverty the problem of hunger inevitably follows (Stephenson). These problems of poverty and hunger are not newly acquired but rather problems of decades of overpopulation (Roberts). This nation is in a period of no social or economic advances and is going to continue to be in this rut until the source of the problem is recognized and addressed. The problem of overpopulation is best fought with knowledgeable and habitual use of contraception, because in taking these precautionary measures couples have fewer children and are then able to provide for themselves more adequately (Roberts). Studies suggest that if implemented properly the use of contraceptives could decrease the average family size of families in Sub-Saharan Africa from eight to only five, including the parents. Roberts suggest that, poverty and hunger are reduced

significantly due to the habitual use of contraceptives by Sub-Saharan Africans that have been educated on the subject.

With problems of hunger and poverty on a decline other problems facing the African people such as the inadequate education of their children can be recognized and faced (Stephenson). The inappropriate and inadequate use of contraceptives by Sub-Saharan Africans has many effects on its people; one of which is the fact that it inhibits children from obtaining primary education (Stephenson). Parents that do not habitually practice safe sex are at risk of contracting sexually transmitted diseases, thus inhibiting them from providing their children with appropriate educational experiences (Roberts). Berstein suggest that children growing up in homes with parents afflicted by diseases such as AIDS and things to that effect put their education aside and took on the role of the provider and caretaker for their parents and siblings alike. These afflicted children are essentially robbed of their childhood and are forced into adulthood by the choices their parents made in regards to contraception (Berstein). Berstein notes that if proper education regarding contraceptives is provided to sexually active people in Sub-Saharan African, then those sexually actives persons would be much less likely to contract sexually transmitted diseases. With these educated presumptions Berstein concludes that individuals habitually practicing safe sex in Sub-Saharan Africa, they would enable their children to lead more average childhoods by eliminating unnecessary and unfair obligations, such as caring for their parents and siblings. Primary education would be a key component of this average childhood (Berstein).

According to Mohamed, the education of the youth is a key component of every successful nation, which in turn makes for a successful economy. Sub-Saharan Africa is the poorest region in the world, suffering from the effects of colonialism, economic mismanagement and several other factors (SUB-SAHARAN AFRICA). More than forty percent of the population in Sub-Saharan countries is currently below 15 years in life expectancy, which means that there are rarely new candidates for office (SUB-SAHARAN AFRICA). With the cooperative educated use of contraceptives, fewer diseases will be spread and the life expectancy of Sub-Saharan Africans will increase exponentially (Stephenson). Consequently the children of this region will be able to obtain a proper education, thus producing educated adults (Stephenson). Being educated this fresh generation of adults will be able to effectively run the country in a knowledgeable manner, resulting in effective trade agreements, mandatory contraceptive knowledge, and an overall boost in the economy (Uchudi). Sub-Saharan Africa is currently enduring an epidemic of unexpected pregnancies and many sexually transmitted diseases, these afflictions are major contributing factors to the poverty, hunger, lack of education, and failing economy of Sub-Saharan Africans (Uchudi). This self-perpetuating cycle of decay can be prevented with the implementation of cooperative contraceptive use.

Sexually active members of Sub-Saharan Africa will incur a beneficial rise in primary education, poverty, hunger, sexually transmitted diseases and unwanted pregnancies with the consistent practice of knowledgeable safe sex. The individuals in the affected region will not only gain on a personal level but they will flourish as a nation. Bibliography Cherutich, Peter, Paula

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