Adolescent Sexual and Reproductive Health in Nigeria

Action Health Incorporated

Why “Adolescent Sexual and Reproductive Health” ?

It is a “population” issue:

Over 30 million Nigerians are between the ages of 10-19 years and nearly one third of Nigeria’s total population is between the ages of 10-24 years i.e. about 50 million people.

Why “Adolescent Sexual and Reproductive Health” ?

It is a “governance” issue:

These youth need to work constructively to improve their conditions

These youth will govern—but need education and—for women—need power and means to manage their own fertility

The answer to the ASRH challenges facing us implicates the public sector—all sectors, not just health

Key Messages of Presentation:

Who are the adolescents and young people we are

Adolescent Sexual and Reproductive Health

The physical, mental, and emotional well-being of adolescents. It includes freedom from:

Adolescent Sexual and Reproductive Health

The SRH status of any adolescent is determined by:

- Adequate investment in growth and resources over life course
- Education, information and agency to protect their health
- Effective access to education and clinical services and commodities to protect themselves
- The knowledge and confidence to recognize and resist all forms of sexual violence and coercion

The Nigerian Reality: Profile of Adolescents' Sexual and Reproductive Health

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Represent majority of new infections. Young girls aged 15-24 are 3 times more likely to be HIV-positive compared to boys the same age.

teenage mothers typically physically, emotionally or economically unprepared to care for their children; lose life options

evidence on the ground shows that teen mothers are twice as likely as older women to die of pregnancy related causes and the children are more likely to die in infancy.

54% of females have given birth to a child by age 20

Hospital based studies show adolescent girls make up over 60% of women treated for complications from unsafe abortion—many resulting in death or permanent injury or infertility

Profile of Adolescents' Sexual and Reproductive Health

50 % of girls are already married by age 20. There are regional variations

Violates the rights of young women who are still minors

loss of schooling and livelihood opportunities

early and risky pregnancy

married girls may be more at risk for HIV: more frequent sexual activity and less able to refuse or demand protection be used.

Profile of Adolescents' Sexual and Reproductive Health

extent of problem remains unknown--unreported.

includes sexual harassment, unwanted sexual contact, coercion, rape, incest, commercial sex work and child-trafficking.

perpetrators against children are not strangers, they are relatives, neighbors and acquaintances.

young women and girls at high risk: the younger a girl at first sexual intercourse, the more likely that it is coerced.

Drivers of Adolescents' Sexual and Reproductive Health Experiences

Economic, social and cultural factors influence African adolescents' poor sexual health status:

- Overwhelming poverty predisposes adolescents to high-risk behaviors and pushes parents to e.g. marry off girls
- Socially prescribed gender roles undermine young women's agency and ability to pro 23..412r ltrsl

We know what needs to be done

- Analysis of determinants and key elements of effective/best practices which can be adapted to context well documented
- Nigerian agencies deep and extensive experience in all regions
- Strong constituency in civil society
- Substantial public and private resources and policy justifications

A Comprehensive approach and coordinated support from all sectors

Public and private actors whose responsibilities include assuring that children and adolescents are given equal access to:

adequate nutrition and preventative and curative health services including comprehensive sexual and reproductive health services (e.g. contraceptive choice, termination)

relevant and high quality education including sexuality education;

social awareness and educational programs which foster changes in gender norms which discriminate against girls and women and push young men into risky sexual activity early in life

reliable public infrastructure communication and transport networks to allow them to manage their overall health, pregnancy or its termination, safe delivery and follow up care;

What is being done: Findings of the 2009Assessment of State of ASRH Programming in Nigeria

Supporting policies available on paper, but most are yet to be translated into meaningful programme interventions

Key programme success: the National Family Life and HIV/AIDS Education (FLHE) curriculum and programme. Widely adopted (34 states) yet implementation (training, texts, teaching) remains very poorly- resourced despite national policy backing

Majority of the existing programmes are focused on young people in school and very few programmes target out-of-school adolescents, married adolescent girls, young people in especially difficult circumstances, or those in rural areas.

Source: Federal Ministry of Health, Nigeria, *Assessment Report of the National Response to Young People's Sexual and Reproductive Health in Nigeria*, Federal Ministry of Health, Abuja, 2009 and

Sedgh G et al., *Meeting Young Women's Sexual and Reproductive Health Needs In Nigeria*, New York: Guttmacher Institute, 2009.

What is being done: Findings of the 2009 Assessment of State of ASRH Programming in Nigeria

A severe lack of funding persists at the federal and state government levels and no clear budgetary provision is made for programming on young people's SRH needs

The bulk of funding available for ASRH programming is provided by international donors thus, programming is on their terms and usually at pilot level, never at scale

Poor coordination among governmental and nongovernmental stakeholders plagues existing programmes resulting in very limited impact.

Source: Federal Ministry of Health, Nigeria,

What else is needed: Required Actions

- Evidence-based advocacy urgently needed to launch action on multiple fronts supporting application at scale of tested, appropriate SRH interventions for Nigeria's adolescent population
- Continued rigorous evaluation and sharing of lessons learnt thus far about effective strategies should inform programming at scale to improve the sexual and reproductive health of Nigeria's adolescents
- Programming should be cognizant of and responsive to the varying needs of Nigerian adolescents based on their life circumstances, contexts, age and developmental levels
- State and federal level governments need to lead the way by making statutory annual budgetary allocations for relevant evidence-based programming
- Multi-disciplinary, public-private collaboration and coordination is required to facilitate greater synergy in programming
- Civil Society actors with substantial experience in work with adolescents, gender issues, etc. should be included in accountability mechanisms or processes to support government efforts