**Opportunities for Improving the Health of Adolescents and Young People within the National Health Act: A Position Paper by Young People**

Nigeria has a very youthful population. Of the estimated 181,562,056 Nigerians, about 19.38% (35,188,462) are young people between 15 and 24 years.[[1]](#endnote-1) This figure represents the largest-ever generation of young people who represent both the present and the future of the county. Nigeria's growth and development rests on the well-being of this key demographic and promoting the health of adolescents and young people is important for the future of Nigeria. The National Health Act provides a strategic opportunity for addressing the health and development of adolescents and young people, specifically their sexual and reproductive health. This paper specifically outlines key recommendations for how this law can be optimized to address the sexual and reproductive health needs of young Nigerians.

The sexual and reproductive health and rights (SRHR) status of Nigerian adolescents and young people is poor and characterized by high rates of sexually transmitted infection and unplanned pregnancies. Sexual debut is earlier for women than for men as 45.5% of females aged 15 - 19 years have ever had sex; compared to 21.9% of their male counterparts. A similar trend exists among females aged 20 - 24 years where 84.5% have ever had sex compared to their male counterparts at 61.16%[[2]](#endnote-2). This not only indicates a high rate of sexual activity amongst young people, but also indicates a high level of inter-generational sex among younger women and older men. Inter-generational sex is characterized by unequal power dynamics between actors resulting in an inability to negotiate safe sex and higher rates of sexually transmitted infections.

Despite this high rate of sexual activity amongst young people, modern contraceptive prevalence rates remain low at an abysmal 4.8% for 15 - 19 year-old females and 13.2% for 20 - 24 year-old females.[[3]](#endnote-3) Unplanned pregnancy rates are high in Nigeria with a reported 13.1% of 15 - 19 year-old women and 16.6% of 20 - 24 year-old women having an unmet need for family planning.[[4]](#endnote-4) An estimated 50% of unplanned pregnancies in Nigeria end in induced abortions which, due to Nigeria's restrictive abortion laws, are mostly unsafe. It is estimated that at least 13% and as much as 30% - 40% of maternal mortality in Nigeria is attributed to unsafe abortions.[[5]](#endnote-5)

Although research on sexually transmitted infections among young people in Nigeria is limited, evidence suggests that this is a problem among young people. Two studies conducted in different parts of Nigeria found an STI prevalence rate of 17% among adolescent girls in rural southeast Nigeria and 14% among adolescents in Port Harcourt.[[6]](#endnote-6) According to the 2013 Nigeria Demographic Health Survey, only 59.2% of young males and 48.2% of young females know where to get condoms and 58% of young males and 44% of young females used condoms during their last sexual intercourse. This data suggests that when young people know where to get condoms, they will use it; which could potentially lead to a decrease in the high prevalence of sexually transmitted infections and unplanned pregnancy among adolescents and young people.

Young people in general shy away from accessing sexual and reproductive health information and services from formal health facilities, rather preferring to patronize traditional healers, pharmacies and patent medicine sellers. Evidence from other African countries suggests that the majority of adolescents who have tested positive for STIs or reported STI symptoms first try to treat their infections themselves or seek treatment from nonprofessional providers (e.g., traditional healers, patent medicine sellers), and only turn to public health clinics or formal health care providers as a last resort. Reasons for this are numerous and include a lack of information about sexual and reproductive health and service delivery points, fear of the cost of the service, as well as real and perceived youth unfriendliness at formal service delivery points. Many young people have reported being denied services or treated in a rude and judgmental manner by formal health service providers. Adolescents and young people should be able to and encouraged to seek the health services they need before it is too late.

The adolescent girl and young woman is further disadvantaged due to biological and socio-cultural factors such as gender norms and expectations which further exacerbates her SRHR risk. Young women's risk is further compounded by a lack of gender empowerment which limits their ability to make safe sex choices or even demand for these from their partners. When faced with sexual and reproductive health complications, young women are even less empowered to access services from the formal health care setting.

The National Health Act provides a framework for the regulation, development and management of a health system and sets standards for rendering health services in Nigeria. The main objectives of the Act are:

* Promote a spirit of cooperation and shared responsibility among all providers of health services in the federation.
* Provide for persons living in Nigeria the best possible health services within the limits of available resources.
* Set out rights and obligations of health care providers, health workers, health establishments and users.
* Protect, promote and fulfill the rights of the people of Nigeria to have access to health care services.

We, the Youth Advocacy Group based in Abuja, welcome the National Health Act but put forth the following recommendations for the implementation of the National Health Act.

1. The National Health Act legally establishes the National Council on Health as the highest policy-making body in the country on health matters. The National Council on Health is comprised of the Federal Minister of Health, the Minister of State for Health, the 36 state commissioners, and the Secretary of the FCT Health and Human Services Secretariat who is equivalent to the state commissioners. Part of the Council's responsibilities enshrined in Part 1, Section 3 of this Act is the power to establish criteria for eligibility for fee exemptions for certain groups of people at public health establishments. The Act goes further to identify certain populations as being vulnerable whose needs are worth special consideration for fee exemptions; specifically women, children, older persons and persons with disabilities.

**We would like young people, specifically those aged 15 to 24 years, to also be part of these vulnerable groups which will be eligible for free sexual and reproductive health services.** Specific sexual and reproductive health services which young people should be able to access for free include:

* Free testing for sexually transmitted infections
* Free testing for pregnancy
* Free HPV vaccine, which can be administered to non-sexually active girls from the age of 13 years for prevention of cervical cancer
* Access to free family planning services, including free contraceptives
* Free post-abortion care services
* Free ante-natal and post-natal care services

2. Part 1, Section 13 ensures the establishment of a Basic Health Care Provision Fund as the major financing mechanism for the primary health care system. The Fund is financed from at least 1% of the Federal Government's Consolidated Revenue Fund, grants from international donors, and other sources. According to the guidelines outlined in the Act, the Fund shall be disbursed as follows:

* 50% towards the provision of basic minimum package of health services in primary and secondary health care facilities through the National Health Insurance Scheme (NHIS)
* 20% towards the provision of essential drugs, vaccines and consumables for eligible primary health care facilities
* 10% towards the development of human resource for primary health care facilities
* 5% towards emergency medical treatment

**We recommend that 20% of the human resource development fund be set aside for trainings on youth-friendly service delivery for health care personnel**. Youth-friendly service delivery is about providing health services based on a comprehensive understanding of what young people in any given society or community want and need. It is also based on an understanding of, and respect, for the realities of young people's diversity and their rights. Improving service providers' competency will increase youth's access to services and qualitatively enhance the support/care and medical attention they receive. This will help to provide information to young people about sexual and reproductive health issues and also bring them to access services. As young people 15 to 24 years make up roughly 20% of Nigeria's population, it is appropriate that a similar percentage of the human resource development fund be set aside to build capacity to provide health services to this key population.

We believe that these recommendations would allow for major progress to be made in meeting the health needs of adolescents and young people. Implementing these recommendations is a first step to ensure that Nigeria's youth is health and vibrant and able to fulfill their potential.

1. 17 August 2015. <CIA World Factbook: www.cia.gov/library/publications/the-world-factbook/>. [↑](#endnote-ref-1)
2. National Population Commission. 2013 Nigeria Demographic and Health Survey. 2014 [↑](#endnote-ref-2)
3. National Population Commission. 2013 Nigeria Demographic and Health Survey. 2014 [↑](#endnote-ref-3)
4. National Population Commission. 2013 Nigeria Demographic and Health Survey. 2014 [↑](#endnote-ref-4)
5. Sudhinaraset M, Reducing unsafe abortion in Nigeria, *In Brief*, New York: Guttmacher Institute, 2008, No.3 [↑](#endnote-ref-5)
6. Mmari, K. N., Oseni, O., & Fatusi, A. O, STI Treatment-Seeking Behaviors among Youth in Nigeria: Are there Gender Differences? *International Perspectives on Sexual and Reproductive Health*, 2010*,* No. 2, 72-79 [↑](#endnote-ref-6)