



# Desk Review of Adolescents and Young People Sexual and Reproductive Health Policies, Plans, Guidelines and Training Manuals:

*What are the opportunities and gaps in improving access to female condoms?*



**Rutgers**

For sexual and reproductive health and rights







## BACKGROUND

**N**igeria is a country that has a youthful population. The National Population Commission estimates that the number of adolescents and young people (10-24 years) in Nigeria has risen to 60.4 million in 2014 from 44.4 million in 2006. The social and economic development of this population is challenged by the poor health, especially as it relates to Sexual and Reproductive Health (SRH). Several policies reaffirms adolescents and young people's rights to information and services that will improve their SRH status, such as the National Policy on Population and Sustainable Development and the National Youth Policy. These rights are not being upheld as national level data illustrates poor trends in the health and development of adolescents and young people. The 2008 NDHS estimates that 65% of females and 42% of males are currently sexually active. Young girls from the lowest economic quintile are significantly more likely to be sexually active than girls in the highest quintile and males regardless of their economic status. The national contraceptive prevalence rate has increased to 10% in 2008 from 4% in 1999. However, only 9% of young women aged 15-24 years currently use a form of modern contraception with married adolescents being less likely to use contraception overall. Early sexual debut combined with low contraceptive use increases young people's vulnerabilities and risks of HIV/AIDS, other sexually transmitted infections (STI), unplanned pregnancies and unsafe abortions.

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## Policy Response to Adolescent & Young People's Sexual and Reproductive Health

At national level, the Nigerian government has made considerable efforts towards meeting the sexual and reproductive health needs of adolescents and young people through the development of several policies. These policies include: National Policy on the Health and Development of Adolescents and Young People in Nigeria and its implementation framework (2007); National Youth Policy (2009); Action Plan for Advancing Young People's Health and Development (2010-2012) amongst many others. The National Policy on the Health and Development of Adolescents and Young People in Nigeria, specifically states that young people have the right to protection, information, health education and development opportunities. The policy also pledged that by 2015, Nigeria would increase access to accurate and comprehensive information and youth-friendly services, reduce unwanted pregnancies among adolescents, reduce the rate of marriage for those under 18, reduce the maternal mortality ratio among young people and expand the integration of the national sexuality education curriculum (Family Life and HIV/AIDS Education Program )into all primary and secondary schools.

## Female Condoms and Adolescent & Young People's Sexual and Reproductive Health

Female condoms add more variety to the contraceptive choices that are available to women and men. Female condoms are presently the only female controlled method that offers dual protection against unintended pregnancies and sexually transmitted infections including HIV. As adolescent and young people are at risk for a host of sexual and reproductive health challenges, access to female condoms presents an opportunity to contribute to reduction in high rates of HIV and STI infections as well as unplanned pregnancy. Several studies and programs have illustrated that young people have a stronger preference for barrier methods such as female condoms as against long-acting or hormonal methods. This translates to more choices but also higher probability that they will initiate and sustain contraceptive use. Furthermore, adolescent girls and young women are less likely to be able to negotiate safer sex with their partners, but female condoms present an opportunity to put back the power in their hands and take a proactive step in protecting their sexual and reproductive health.



## Female Condoms Awareness and Use by Adolescents and Young People

According to the National Demographic Health Survey (2013), 86.7% of adolescent males and 67% of adolescent females are aware about a method of contraception. For condoms specifically, 64.3% of adolescents (15-19 years) and 67.8% of young people (20-24 years) have heard about male condoms. Unfortunately, awareness about condoms have not translated into use, as only 37% of adolescent girls and 52% of adolescent boys have used male condoms (NARHS Plus 2012). Although, there is no national level data on knowledge and use of female condoms for adolescents and young people, data for the general population is not positive. Specifically, only 28.6% of females and 32% of males within the reproductive age have ever heard about female condoms and only .5% of women have ever used it (NDHS 2013).

Although national level data on awareness, access and use of female condoms by adolescents or young people do not exist, smaller studies have demonstrated that level of knowledge and use are lower than male condoms. A cross-sectional study of females attending the University of Ibadan demonstrated that 80% had knowledge of the female condom as a form of modern contraception and the majority of them learnt about it through the mass media (39.9%) and health workers (34.4%). However, only some (11.3%) had ever used the female condom, with most (40%) using it to prevent both unwanted pregnancy and sexually transmitted infections including HIV (STI/HIV). Charles et al reported similar findings in River state, where 89% of students had heard about female condoms but only 8.9% had ever used it. For students attending tertiary institutions in Imo state, Nwaokoro et al. documents that although 64% of had heard of female condoms, only 36% had seen one, 25% know how to use it and 15% had used it at least once. A research study amongst undergraduates in Osun state, further illustrates that although students have a high level of awareness of condoms in general, more students were aware of male condoms than female condoms. While these studies document similar patterns in female condoms use as the general population, it is very likely that younger adolescents and young people out of school or with lower educational status will have lower levels of knowledge, access and use.

**Table 1: Adolescents and Young People's Awareness, Perception and Use of Male Condoms (NDHS 2013)**

<b>Percentage of Adolescent and Young People Who Ever Heard of Male Condoms</b>		
Age	Urban	Rural
15-19 (adolescents)	74.8%	59%
20-24 (young people)	85.8%	68%
<b>Percentage of Adolescents and Young People Who Perceive Male Condoms to be Accessible and Affordable</b>		
Age	Accessible	Affordable
15-19 (adolescents)	70.3%	54.7%
20-24 (young people)	79.9%	70.0%
<b>Use of Male Condoms by Sexually Active Adolescents and Young People</b>		
Age	Male	Female
15-19 (adolescents)	52%	37%
20-24 (young people)	62.5%	36.8%



## PURPOSE OF THE DESK REVIEW

**T**he purpose of the desk review is to understand the scope and extent to which female condoms were included and programmed for in Nigerian HIV and Sexual and Reproductive health policies, plans, guidelines and training manuals for adolescents and young people. The focus of the desk review is an analysis of the content of different documents and not an exploration of the implementation or use of the documents. The key questions that the desk review is trying to answer are:

- What does national AYP SRH policies and plans says about AYP access to contraception generally and condoms more specifically?
- Does national AYP SRH service guidelines and trainings manuals include information, strategies and activities on female condoms?
- What are the gaps in female condom programming for adolescents and young people?

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## METHODOLOGY

Qualitative methodology was used in the desk review. This featured a basic word analysis for content around contraceptives and condoms more specifically. It also sought for the differentiation of male and female condoms and the context in which they were included in the documents. A total of eleven policies, guidelines and training manuals are reviewed under this study. These include: National Policy on the Health and Development of Adolescents and Young People in Nigeria and its implementation framework (2007); National Youth Policy (2009); Action Plan for Advancing Young People's Health and Development (2010-2012); National Policy on HIV/AIDS for Education Sector in Nigeria (2005); Clinical protocol for the Health and Development of Adolescent and Young People in Nigeria (2011); National Guideline for the Integration of Adolescent and Youth Friendly Service into PHC facilities in Nigeria (2013); National Youth Service Corp Manual for Training of Trainers for Peer Education (2003); National Training Manual Peer to Peer Youth Health Education (2014); Implementation Guidelines on National School Health Program (2006) and National Sexuality Education Curriculum (2001). Table 2 lists and summarizes each document reviewed by type. The findings from the desk review will be used by young people and other advocates to generate key recommendations to influence the context and scope of adolescents and young people's SRH policy and programming guideline development and review that are currently ongoing or coming up within the next year.

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**Table 2: Summary of Policies, Plans, Guidelines and Training Manuals Reviewed**

Title	Year (Duration)	Type	Target Audience
National Policy on the Health and Development of Adolescents and Young People in Nigeria	2007	Policy	Ministries, Departments and Agencies; CSOs; other stakeholders
Strategic Framework for National Policy on the Health and Development of Adolescents and Young People in Nigeria	2007	Plan	Ministries, Departments and Agencies; CSOs; other stakeholders
National Youth Policy	2009	Policy	Ministries, Departments and Agencies; CSOs; young people; other stakeholders
National Policy on HIV/AIDS for Education Sector in Nigeria	2005	Policy	Education Ministries, Departments and Agencies; Schools; Teachers; CSOs; other stakeholders
Action Plan for Advancing Young People's Health and Development	2010-2012	Plan	Ministries, Departments and Agencies; CSOs; other stakeholders
Clinical protocol for the Health and Development of Adolescent and Young People in Nigeria	2011	Guideline	Health Service Providers
National Guideline for the Integration of Adolescent and Youth Friendly Service into PHC facilities in Nigeria	2013	Guideline	Primary Health Care Agencies; Primary Health Facilities; Health Service Providers
National Guidelines on Promoting Access of Young People to Adolescent and Youth Friendly Services in Primary Health Care Facilities in Nigeria	2013	Guideline	Primary Health Care Agencies; Primary Health Facilities; Health Service Providers; Ministries, Departments and Agencies; CSOs; other stakeholders
National Youth Service Corp Manual for Training of Trainers for Peer Education	2003	Training manual	Ministries, Departments and Agencies; CSOs; other stakeholders
National Training Manual Peer to Peer Youth Health Education	2014	Training manual	Ministries, Departments and Agencies; CSOs; other stakeholders
Implementation Guidelines on National School Health Program	2006	Guideline	School administrators; Teachers
National Sexuality Education Curriculum	2001	Curriculum	School administrators Teachers



## FINDINGS

### **What does national AYP SRH policies and plans says about AYP access to contraception generally and condoms more specifically?**

**T**he National Policy on the Health and Development of Adolescents and Young People (NPHDAYP) and the National Youth Policy (NYP), referenced broadly that adolescents and young people should have access to quality information, education and youth friendly services. Although both documents identify poor use of contraception by young people in the situation analysis or rationale for the policy, there was no specific mention about increasing access to contraceptives for the target population. The policies only make mention of the fact that young people should have access to SRH services. For example the NPHDAYP states as a key components of its targets, “The target of this policy are to achieve the following by 2015: increase the proportion of young people who have access to accurate and comprehensive reproductive health information and services by 50%” and “increase access of all categories of young people to comprehensive youth friendly health services by 50%”. The NYP in the section on Youth and Health, identifies poor condom use as a factor responsible for the increase rates of HIV and AIDS. “High levels of sexual activity among adolescents have been known not to be accompanied with by the consistent use of condoms thereby placing them at very high risk of HIV/AIDS infection”. However, when addressing specific strategies,

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it made no mention about increasing access to contraceptive or condoms but made reference to promoting abstinence only after abstinence.

“Specifically, information and services should be available to adolescents to help them understand their sexuality and to teach them the value of delaying sexual involvement until marriage, this will protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility”.

The National Policy on HIV and AIDS in the Education Sector (NPHAES) only describe the context of HIV and AIDS and its effects on the educational system as part of the rationale for developing the policy. Under the section for strategies for prevention of HIV and AIDS, it identifies the provision of accurate information for learners and staff to protect themselves. Interestingly, it goes on to state that male and female condoms will be provided, but only for staff and not learners in educational institutions. “Quality condoms (male and female) shall be made available to staff. Access shall be free or subsidized”.

The plans, which are supposed to spell out the strategies and activities that will be implemented to achieve the policies, make no reference to condom or contraceptive access. For example, the Action Plan for Advancing Young People’s Health and Development (APAYPHD), under the strategy for service delivery, only makes mention of creating youth-friendly clinics; procuring supplies, consumables, and equipments for new youth-friendly facilities and establishing a minimum service package. The Strategic Framework for National Policy on the Health and Development of Adolescents and Young People in Nigeria (NPHDAYP Framework) also makes no references to condoms or contraceptives in general but specifically identifies providing access to pre and post natal care and post abortion care: “Provide required services for young people in trouble eg. pre and post natal care for teenage mothers and post-abortion care”.

### **Does national AYP SRH service guidelines and trainings manuals include strategies and information about male and female condoms?**

Of the four guidelines were assessed during the desk review, only the National Guideline for the Integration of Adolescent and Youth Friendly Service into PHC facilities (NGIAYS) and Clinical Protocol for the Health and Development of Adolescent and Young People (CPHDAYP) made specific mention of contraceptives and condoms. The CPHDAYP, which is meant to serve as a service guideline for health care providers, has a special section on “Contraceptive Choices for Adolescent”. In this chapter the guideline lists and describes all the contraceptive methods including male and female condoms. It provides detailed information about both male and female condoms including how it is used, advantages and disadvantages and how to counsel young people on each of the commodity. The NGIAYS didn’t make mention of contraceptives or condoms when listing actions for providing clinical preventative services. It mentions condoms in the annex where the list of commodities, drugs and equipments required for youth friendly services at primary health care levels. However, it mentions condoms broadly without specifying if the reference was for male or female condoms under the section of barrier methods. The National Guidelines on Promoting Access of Young People to Adolescent and Primary Health Care Facilities (NGPAAYFS) focused more on strategies for providing access





to information including information on where young people can get services. The Implementation Guidelines on National School Health Program (IGNSHP) focused on preventative services such as immunization and sanitation within the school system. The guideline under the section on school health services, listed that essential drugs should be provided as part of the minimum requirements for setting up school health centers. “Constant and regular supply of drugs and consumables according to prevailing diseases in the community. Drugs should be provided according to the essential drug list”. This document didn’t mention what specific drugs or consumables should be provided or what disease should be addressed.

Similar to the strategic plans, it is expected that training manuals present opportunities for inclusion of information on contraceptives and male & female condoms specifically, in particular those focused on building knowledge and capacity of adolescents and young people. The three trainings manuals and curriculum were reviewed and all mentioned female condoms but in different contexts. The two peer education training manuals, National Youth Service Corp Manual for Training of Trainers for Peer Education (NYSC PET) and National Training Manual Peer to Peer Youth Health Education (NP2PTM), describe the process of using male and female condoms as well as the advantages/disadvantages. It also makes reference to both types of condoms in the section on dual protection. The NYSC PET manual, when discussing male and female condoms in respect to dual protection, placed an emphasis on young women as the primary target for dual protection messages and also high risk sexual encounter as the main benefits for dual protection. “Who benefits from dual protection? Examples are women or youth who are sure that their partners are faithful; women or youth with casual sex partners; and commercial sex workers”. The National Sexuality Education Curriculum (NSEC) mentions condoms several times in the document under the themes human development, sexual health and sexual behaviors. For primary school levels, there was no mention of condoms, however condoms were mentioned for junior secondary school and senior secondary school levels. The reference to condoms at junior secondary school level didn’t differentiate between male and female condoms. However for senior secondary school level, the curriculum mentions female condoms and specifically states “Enumerate contraceptives that prevent pregnancy, STDs and HIV... Contraceptives that can prevent pregnancy, STDs and HIV/AIDS include latex condoms, female polyurethane condoms”. For tertiary levels, the curriculum only makes references to contraceptives broadly under the theme of sexual health.

## What are the gaps in female condom programming for adolescents and young people?

- National policies relating to adolescents and young people's sexual and reproductive health identified poor access and use of condoms as a factor responsible for the high rate of unplanned pregnancy, STIs and HIV infection, however when setting policy objectives or targets there are no references to including access to male and female condoms.
- National policies identify access to youth friendly SRH services as a major policy strategy, however the specifics of these SRH services are not mentioned.
- The education sector policy on HIV and AIDS highlights the need for increasing access to male and female condoms, but only in reference to staff and not students.
- National strategic plans, which should be more specific on strategies and activities, do not make any references for increasing access to male and female condoms as part of preventative health but mentions services for adolescents and young people after they become pregnant.
- Only two of the four national guidelines reviewed mention access to contraceptives or condoms and only the CPHDAYP, clinical protocol, discusses male and female condoms specifically.
- The school health guidelines, which focuses on expanding access to prevention services within the school setting, presently do not include contraceptives, including male and female condoms, as part of the essential drugs provided in school health clinics. However, the guideline presents an opportunity, especially in senior secondary schools and tertiary educational institutions for expanding access, if contraceptives can be included into the essential drug list for school health.
- All peer education training manuals and sexuality education curriculum reviewed, specifically mentioned condoms and contraceptives but to varying degrees and in different context.
- The NYSC PET manual mentioned male and female condoms in the document, especially as it related to dual protection. These references focus on high risk sexual encounters and young women as the primary target for dual protection messages. This is a concern as it promotes



negative gender stereotypes, that places the burden and responsibility on adolescent girls and young women for pushing for use of male or female condoms.

- The national curriculum makes references to condoms but it is inconsistent in its references, especially as it related to specifying the different types of condoms. Specifically female condoms are mentioned only for senior secondary school level.

- Although the 2001 version of the national sexuality education curriculum was progressive and included information about male and female condoms, the revised version for basic education levels has lost this content and is now abstinence only.



## CONCLUSION

Generally, adolescent and young people sexual and reproductive health policies, plans, guidelines and training manuals do make references to female condoms, but these references are inadequate. National level policies and plans do not explicitly mention female condoms but call for increasing access to contraceptives for adolescents and young people. Training manuals and curriculum that focuses on increasing access to information and improving knowledge of adolescent and young people, had the most reference to female condoms. This means that most young people benefiting from school-based intervention are being provided with information on female condoms. However, service guidelines and protocols, which give direction for the types of clinical SRH services that should be offered to adolescents and young people do not make enough references to female condoms. The implication is that even though adolescents and young people may have be aware of the existence of female condoms, their access to it, especially at primary health care levels might be still be limited.

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This publication was developed by Education as a Vaccine under the Female Condom Advocacy Project (FCAP). FCAP is jointly implemented in partnership with Association for Reproductive and Family Health (ARFH) with funding from Rutgers, Netherlands under the Universal Access to Female Condom Joint Programme (UAFC)