



ADVOCATING FOR CHANGE FOR ADOLESCENTS! - NIGERIA



Advocating for Change for Adolescents! – Nigeria

As defined by the World Health Organization (WHO), Adolescents are persons who fall between ages 10-19 years while young people fall between ages 15-24 years. See below a table that shows the distribution in Nigeria.

Year 2017	Female		Male	
Age group	Number	Percentage of total female population	Number	Percentage of total male population
10-14	11,638,646	12.4	12,105,188	12.5
15-19	9,760,292	10.4	10,093,419	10.4
20-24	8,132,862	8.6	8,372,446	8.7

Source-Global_Revision of the world population prospects 2017


The above mentioned age groups have been recorded to be the most vulnerable over time as they transition through the different stages of development. An analysis of their sexual and reproductive health shows their vulnerability and extent to which they are being neglected.

An Analysis of the Sexual and Reproductive Health of Adolescents and Young people in Nigeria

Did you know?

- **Contraceptive prevalence:** For all adolescent women aged 15-19 years is as follows- 4.8% use modern contraceptives while 6.1% use any method. 1.3% use traditional methods while 93.9% are not using any form of contraception (Nigeria Demographic and Health Survey 2013).





- **Sexual activity:** Among sexually active unmarried adolescents the use of any method is 61.1%, the use of modern method is 49.7 %, the use of traditional method is 11.3% (Nigeria Demographic and Health Survey 2013).

- **Unmet need for both married and unmarried adolescents:**

The unmet need for contraception for adolescents age 15-19 years is 6.2% while the total demand is 49.8%. For married adolescents it is 13.1% while the total demand is 15.2%. For unmarried sexually active adolescents the unmet need is 35.3% while the total demand is 96.3% (Nigeria Demographic and Health Survey 2013).



- **Child bearing age:** Overall, 23% of adolescents age 15-19 have begun childbearing (17% have had a child and 5% are pregnant with their first child). A larger proportion of adolescents in rural areas than in urban areas have begun childbearing (32% versus 10%). A comparison of the geopolitical zones shows that the North West has the largest proportion (36%) of adolescents who have started childbearing, while the South East (8%) and South West (8%)

have the lowest proportions. (Nigeria Demographic and Health Survey 2013). The percentage of adolescents who have started childbearing decreases with increasing education. Adolescents with no education represent about half of those who have begun childbearing, while only 2% of adolescents with more than a secondary education have begun childbearing. Adolescents in the lowest wealth quintile are more than twice as likely to have started childbearing as those in the middle wealth quintile (43 % and 21%, respectively) and almost 10 times as likely as those in the highest quintile. (Nigeria Demographic and Health Survey 2013).

- **Violence:** Approximately 6 out of 10 children experience some form of violence. 1 in 4 girls and 1 in 10 boys experience violence. 1 in 6 girls and 1 in 5 boys experience emotional violence by a caregiver, parent or adult relative. Girls are more likely to experience both sexual violence and physical violence than other combinations of violence. A third of girls and 1 in 6 boys experienced their first incident of sexual violence by ages 14 and





15 while almost a third of boys and approximately 1 in 5 girls experienced their first incident of sexual violence at 13 years and younger. The percentage of girls married at age 15 is 17% while for age 18 is 43%.



- **Education attainment:** 11.5% of girls aged 15-19 years complete secondary school, 17.5% and 5.9% in urban and rural areas respectively (Nigeria Demographic and Health Survey 2013).

In conclusion, based on the analysis of the sexual and reproductive health of adolescents and young people, It is evident from the data sets made available that there is low priority given to adolescent health hence no disaggregated data based on age and sex. The data reveals that there exists a huge gap in the fulfillment of the sexual and reproductive health and rights (SRHR) needs of adolescents and young people. More effort needs to be geared towards information, comprehensive sexuality education and access to affordable youth friendly services with special focus on the adolescents and young people in the rural areas.

Non-prioritization of the implementation of policies and laws that uphold the sexual and reproductive rights of adolescents and young people is an issue that adversely affects the development of adolescents and young people. An analysis of the table below shows that the health status of adolescents and young people in Nigeria is quite poor due to a lack political will and financial investment in the health of adolescents especially their sexual and reproductive health.

National Policy and Strategy

According to the business dictionary, a policy can be defined as basic principles by which the government is guided. It states the declared objectives that a government seeks to achieve in the interest of the populace. It is important to read and understand policies because they state what is available to one as a citizen and when these provisions are not available, we can hold the relevant policy makers accountable.

In the table below are some of the policies that exist that uphold the sexual and reproductive rights of adolescents and young people;

<p>Laws and policy frameworks</p>	<p>Do they exist?</p>	<p>List the policy source</p>	<p>Are they being enforced?</p>
<p>National plan or policy for youth- and adolescent-friendly health services</p>	<p>Yes</p>	<p>National Policy on Adolescent and Young people's Health</p>	<p>Yes</p>
<p>The legal status of abortion</p>	<p>Abortion is illegal except to save life of the woman</p>	<p>Criminal Law (Criminal Code Act and Penal Code Act) These are Criminal laws in Nigeria but they differ based on geographical location. The Criminal Code covers the Southern states, while the Penal code covers the Northern states</p>	<p>Yes</p>
<p>Legal age of consent for HIV testing</p>	<p>Does not exist</p>	<p>Nil</p>	<p>Nil</p>
<p>National strategy/ plan to address HIV and AIDS</p>	<p>Yes</p>	<p>National Strategy Plan on HIV and AIDS 2010-2015</p>	<p>Yes</p>
<p>National plan for comprehensive sexuality education</p>	<p>Yes</p>	<p>Family Life and HIV/AIDs Education</p>	<p>Yes</p>
<p>Legal framework in place that addresses gender-based violence, including sexual violence and domestic violence</p>	<p>Yes</p>	<p>Violence Against Persons Prohibition Act 2015 and the Criminal Justice Law</p>	<p>CSOs are currently pushing for its implementation</p>
<p>Legal age for marriage</p>	<p>Yes</p>	<p>The Child Rights Act which was passed in 2003, sets the age of marriage at 18 years</p>	<p>Only 23 of Nigeria's 36 states have adopted this act i.e. Child Right Acts</p>
<p>Legal status of female genital mutilation</p>	<p>Female genital mutilation is illegal</p>	<p>Violence Against Persons Prohibition Act (VAPP) 2015</p>	<p>Laws against FGM are not being enforced in 5 states out of 36 states including the Federal Capital Territory</p>

Education as a Vaccine is one of the six organizations identified by the Partnership for Maternal, New born and Child health to implement an advocacy initiative that aims to advance the sexual and reproductive health and rights of adolescents and young people.



The Partnership is an alliance of more than 800 organizations in 77 countries from the sexual, reproductive, maternal, newborn, child and adolescent health communities, as well as health influencing sectors. In order to advance the health and rights of adolescents and young people, the Partnership in collaboration with Women Deliver has developed a toolkit called the Advocating for Change for Adolescents toolkit.

EVA is localizing that toolkit by making it country specific and ensuring that young people can use the tool to effectively implement advocacy strategies within and outside the project area.

EVA seeks to improve policy environment that upholds the rights of adolescent and young people to sexual and reproductive health information and services under three broad objectives;

- To improve access to the Family Life and HIV curriculum (FLHE) for in and out of school adolescents in Nigeria by the end of 2018
- To ensure young people have necessary advocacy skills and are able to hold policy makers accountable at state and local levels by 2018
- To ensure policy makers at National and state levels are speaking for, making commitments and implementing policies that uphold the SRHR of adolescents and young people by the end of 2018

In order to achieve this, EVA will be working with three youth networks with accessibility for other networks to join.

Recommendations for Action

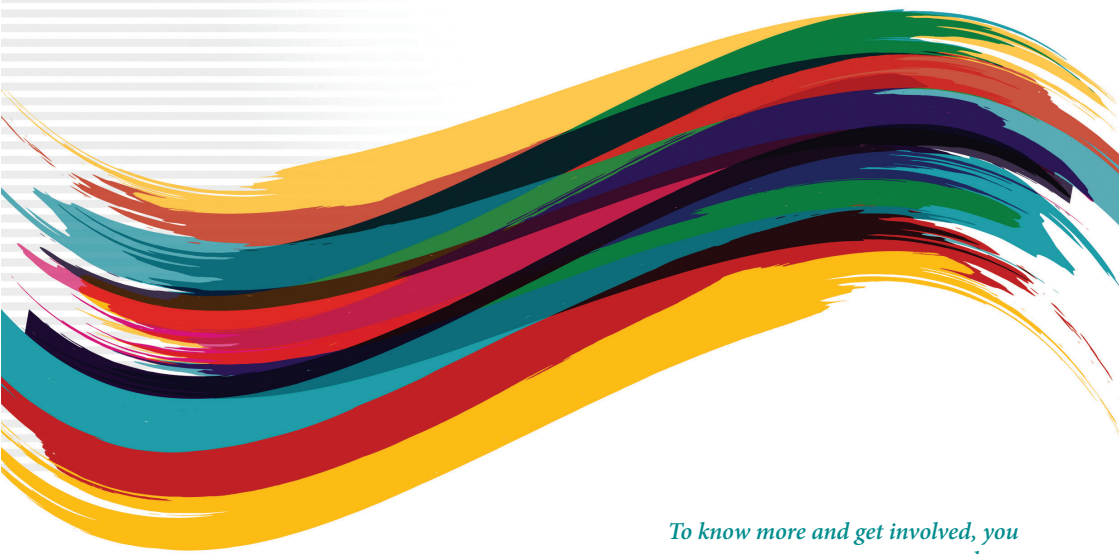
1. The National Policy on Health and Development of Adolescents and Young people should be reviewed with specific inputs that address the unmet need for contraceptives for sexually active adolescents, lower and set the age of consent for HIV counseling, testing and care, comprehensive sexuality education and youth friendly services according to the Guidelines for Young Person's Participation in Research and Access to Sexual and Reproductive Health services in Nigeria (2014).
2. There needs to be a conscious effort by the government towards collecting data

on the HIV prevalence and the sexual and reproductive health needs of adolescents and young people aged 15-24 as there is a lack of priority on collecting information for this target population. This information needs to be prioritized, collected and made accessible to all.

3. The implementation of the Family Life and HIV/AIDs curriculum needs to be scaled up in all states across Nigeria as it is currently not taught in all schools and colleges.

4. The National Policy on Health and Development of Adolescents and Young people should be reviewed with the recommendations above and there needs to be a deliberate effort to ensure young people have more than just 30% participation in its implementation. This can be done by ensuring young people are part of the implementation at every stage including resource mobilization, capacity building, accountability as well as the operationalization of the policy.





*To know more and get involved, you
can reach us;*

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