

# Policy Brief

Adolescent and Youth Sexual and  
Reproductive Health and HIV in Nigeria



## Introduction

Adolescence is an important phase in human development. The United Nations defines adolescents to include persons aged 10-19 years and youth as those between 15-24 years for statistical purposes without prejudice to other definitions by Member States. Together, adolescents and youth are referred to as young people, encompassing the ages of 10-24 years. According to the Nigerian youth policy, youth is 18-29 years. However, the African youth charter recognizes youth as people between 15 and 35. Nigeria is Africa's most populous country with an estimated population of 190 million as at 2018 and adolescents 10- 19 years account for about 22% of this population.

Adolescents and youth face a myriad of issues and one of such issues is access to quality Sexual and Reproductive Health information and services which enables them to enjoy their Sexual and Reproductive Health and Rights. This is a major health concern as there continues to be high records of HIV transmission, low reportage of contraceptive use and high rates of early and forced marriages combined with very high rates of adolescent child-bearing.

## HIV Prevalence among Adolescents and Youth in West Africa

HIV/AIDS continues to be a threat to health and wellbeing in the Western and Central Africa where 4.7 million people are living with HIV. 12% of those living with HIV globally but experiences 22% of all AIDS deaths in the world. Adolescent girls and young women (aged 15-24) in West and Central Africa are twice more likely to acquire HIV than their male peers. Five in six new HIV infections (82% / 18,237 females) among adolescents 15-19 years are among females. Three-quarters (74%) of new HIV infections in the age group 15-24 in the region are in females (40,432 females / 13,860 males). Every week, approximately 800 adolescent girls and young women in WCA are newly infected with HIV<sup>2</sup>.

## HIV Prevalence amongst Adolescents and Youth in Nigeria

The National Agency for the Control of AIDs estimates that there are 1.9million people living with HIV in Nigeria and 1.4% of this population are women of reproductive age between the ages of 15-49 years as reported by the 2018 National HIV/AIDs Indicator and Impact Survey. The infection rates are higher and in the population of Adolescent and Young People, with prevalence higher among Adolescent Girls and Young Women (AGYW) when compared to their male counterparts. Female adolescents 15-19-years-old have a HIV prevalence triple that of their male counterpart (0.3% vs. 0.1%) while females aged 20-24-year-old have a HIV prevalence more than four times that of their male counterpart (1.3% vs. 0.3%). A recent publication by the World Health Organization has also shown trends indicating the number of adolescents living with HIV (2020)<sup>2</sup> for 10-14 years is 21,000 and 15 – 19 years is 36,000. The number of new HIV infections among adolescents per year (2020) for 15 -19 years is 7,100. Adolescents with comprehensive knowledge about AIDS (2018) for 15 -19 years is 38.1%<sup>3</sup>. The prevalence of sexually transmitted infections among adolescents (2015) for 15 – 19 years for 13.8%<sup>4</sup>. The percentage of sexually active adolescents who had an HIV test in the last 12 months and received the results is 30.2 (2016-17)<sup>4</sup>.

The HIV prevalence in the country is also driven by inadequate care and treatment for adolescents who represent various key populations; Female Sex Workers (FSW), Men who have Sex with Men (MSM) and Injecting Drug Users (IDU). Though data on young key population (YKP) is scarce, they are at increased vulnerability relative to their adult counterparts. They are also more likely to have greater challenges accessing health care services compared to adults of the same group because of stigma and discrimination. While community-based interventions have been found to be useful in engaging with Young Key Populations, reducing incidence of HIV among this hard to reach group requires a combination of behavioral, structural and biological interventions.

In line with the global HIV and AIDS agenda, Nigeria set the goal of achieving the 90-90-90 target by 2020 in its National Strategic Framework on HIV and AIDS (2017-2021). The 90-90-90 target aims at ensuring that 90% of all people living with HIV know their HIV status, 90% of all people with diagnosed HIV infection receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy have viral suppression. Available data indicates that Nigeria would not be able to meet this national goal or the more recently specified goal of 95-95-95 by 2030 except the national HIV response is strengthened. One of the key areas needing priority attention is HIV programming for Adolescents and Young People (AYP): this group have hitherto not received adequate attention in the national HIV programming landscape despite their high level of vulnerability. Adolescent Girls and Young Women (AGYW) have greater HIV vulnerability due to biological, behavioral, socio-economic, cultural, and structural factors.

## Adolescent and Young people's access to SRHR/HIV services and Information

According to the 2018 National Demographic Health Survey (NDHS 2018) 1.4% of girls aged 15 years have given birth while those who have had sexual intercourse before age 15 years is 8.6% of the same population. While those aged 15- 19 years who had sex within 4 weeks was 22.7% and those for the 20-24years is 58.6%. Unfortunately, the contraceptive prevalence rates for the same population are not commensurate with the risky behaviors associated with this age group. The reported use of any modern contraceptive methods by unmarried women aged 15-19years is 2.4% and 9.1% for 20 -24 years. While there is no data on abortion rates though there is consistent recorded post abortion complications.

A situation analysis conducted as baseline for the review of the National Policy on the Health and Development of Adolescents and Young people reveals that the foremost health and development issues facing the adolescents include drug and alcohol abuse, violence, early marriage and unplanned pregnancies, Sexually Transmitted Infections (STIs) including HIV&AIDS, other Infectious diseases, early and unprotected sex and unsafe cultural practices. The results depicts that the key determinants of adolescent health in Nigeria include: the socio-cultural and economic environment, including literacy and education, poverty, employment status, the disease burden dynamics, cultural and religious beliefs, and the family and community environments within which the adolescents exist.

Nigeria has a robust legal and policy environment for the promotion of adolescent health and development. Major laws and policies include: the Nigerian constitution which is founded on the principles of the human rights convention, the Child Rights Acts, the National Health Act, National Policy on Adolescent Health and Development, National Youth Policy, National population policy, National School Health Policy, National Reproductive health policy, The integrated Maternal Newborn and Child Health Strategy, an adolescent health institutional structure within the FMOH, National and state Technical working Groups on Adolescent Health and Development and a policy framework for the integration of Adolescent Friendly Health Services in Primary Healthcare Centers.

Young people are dissimilar and so are their sexual and reproductive health needs. Young people may require information on and access to modern contraception, emergency contraception, menstruation, HIV and STI (sexually transmitted infection) testing and treatment, gynecology, pregnancy testing and services, safe abortion, counselling, gender-based violence and harmful practices counselling and referral among others. Young people face several obstacles accessing sexual and reproductive health and rights services. These barriers relate to availability and accessibility as well as the quality of the services provided. For example, the age of consent to access the required SRHR information and services, cost of services, access to SRHR services, the opportunity cost to access SRHR services due to their socio-economic status, no agency on the part of the adolescent to understand their own rights, lack of capacity of health workers to provide youth friendly services to adolescents and non-availability of youth friendly centers acting as the middle point of care to enable children living with HIV transition from the pediatrics clinic to the adult clinic.

## CSOs' role/ work in contributing to the goal of strengthening the response to the HIV epidemic in West and Central Africa with focus on adolescents and young people

### Recommendation and Areas of Improvement

Non-governmental organizations and civil society organizations at the Regional, National and Sub-national levels have contributed efforts in diverse ways in ensuring an end to the HIV epidemic especially geared towards adolescents and youth. Strategies employed by NGOs include supporting the government to develop and implement policies and laws, roll out behavior change interventions such as seminars/ workshops, distribution of Information, Education and Communication materials, edutainment, condom distribution, safe spaces and peer to peer mentoring sessions and vocational trainings targeting most at risk populations and key populations and much more.

The government needs to prioritize the implementation of adolescent and youth SRHR and HIV policies such as the domestication of the National Policy on the Health and Development of Adolescents and Young people in Nigeria.

SRHR services must respect a young person's privacy, confidentiality and obtain their informed consent to carry out any form of treatment, care, and support.

The government must prioritize reducing the age of consent to enable adolescent access SRHR services

SRHR and HIV services should also be tailored to the specific needs of adolescents and young people specifically young women and adolescent girls

The government needs to strengthen leadership and coordination for Adolescent Health and Development especially at the sub-national level. Support AHD desk officers in the ministries of health to ensure programmatic work plan and budget and monitor implementation

The government needs to prioritize the implementation of the Family Life and HIV curriculum at all levels of primary and secondary education and ensure that all teachers across all subjects to bridge the attrition gap and the knowledge gap for in-school adolescents. This will contribute to helping adolescents understand their rights and ensuring their agency to access SRHR services

The need to strengthen the capacity of human resource for health to provide adolescent and youth friendly information and services in a respectful manner that ensures the dignity of the adolescent

Ensure collection and analysis of age disaggregated data on the SRHR especially those representing various key populations

## References

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