MEETING THE
Sexual and Reproductive Health Needs
OF YOUNG PEOPLE IN NIGERIA

A Guide For Action

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Preface

In growing up, adolescents have six key developmental tasks to accomplish: physical and sexual maturation; independence; conceptual identity; functional identity; cognitive development; and sexual self concept. However, in addition to dealing with these normal developmental tasks, the transition to adulthood for young Nigerians is complicated by our peculiar economic political and cultural turmoil.

Adolescents in Nigeria are caught between tradition and changing cultures brought about by urbanisation, globalised economies and a media-saturated environment. Traditional mechanisms for coping with and regulating adolescents' sexuality, especially early marriage and norms of chastity before marriage are being eroded. Rates of unprotected sexual activity, unwanted pregnancy, unsafe abortions, STDs, HIV and AIDS, have been on the increase. The documented negative effects of these trends are devastating and affect not only adolescents but also their families, community members and the nation as a whole.

If we are to enter the next millenium with the kind of youths and future leaders that Nigeria requires, then it is essential that all governmental and civil society stakeholders begin to rethink policies and priorities, as well as commit financial resources for the implementation of effective programmes for adolescents.

At a minimum, all adolescents require age-appropriate, comprehensive sexuality education. Adolescents who are not yet sexually active need support and skills to postpone initiation; those who are already sexually active need access to protective measures to prevent unwanted pregnancy, STDs including HIV/AIDS, and all youth need protection from sexual abuse and youth-friendly services designed to promote their sexual and reproductive health

Meeting The Sexual And Reproductive Health Needs Of Young People in Nigeria: A Guide For Action sheds light on the status of adolescent sexual and reproductive health and on why young people are at risk. It also proposes ways through which key stakeholders including parents/guardians, educators, healthcare providers, policy makers, community and religious leaders as well as the mass media can make the difference.

1. Introduction

Adolescence is a period of transition from childhood to adulthood and as Nigeria's over 26 million adolescents prepare to enter adulthood, they face enormous challenges in an environment of rapid urbanisation and social change. The challenges young people face include:

- Coping with the physical, emotional and social changes that accompany this period of transition from childhood to adulthood.
- Inadequate access to appropriate information, education and services to meet their peculiar needs during this transitional period.
- Weakening of traditional norms and support systems in adolescence especially the reduction in the influence of the extended family due to urbanization
- The globalization of communication and the mixed and confusing messages about male versus female sexuality portrayed in the mass media.
- Decline in annual earnings of families resulting in pressure on young people to contribute to family income in the face of decreasing job and economic opportunities.
- Gender inequities including the double standard on sex before marriage, where premarital sex is restricted for girls and tolerated for boys.

Although many young people are unprepared to face these challenges, the way they respond to them now can affect the rest of their lives.

"Adolescent sexuality is a reality! Today's young people reach physical maturity earlier and marry later. Society has a responsibility to ensure that they make responsible sexual choices."

— Prof. Olikoye Ransome-Kuti, Former Minister of Health

Box 1

Adolescent Sexual Behaviour in Nigeria

In a study of 1000 young people (500 males, 500 females) aged 15 – 24 at tertiary education institutions in Ilorin, they were asked about patterns of sexual behaviour and contraceptive choice. The young people were from a variety of ethnic and religious backgrounds. Of the total sample, 62% had had sexual intercourse (72% males and 52% females). Males reported having their first sexual experience earlier (mean age 17 years) than females (mean age 19 years). Among those who were sexually experienced, 11% had had causal sex at least once in the previous four weeks. This was more likely among the males (16%) than among the females (5%). The prevalence of casual sex in the preceding 12 months was 35% for males and 6% for females. Some 80% of the sexually experienced female students had a regular sexual partner compared to only 44% of sexually experienced males. More than one-quarter (27%) of the sexually experienced respondents reported that their regular sexual partners also had other partners.

Source: Progress in Human Reproduction

2. Initiation of Sexual Activty

"By the time they turn age 20, more than three quarters of Nigerian girls and boys have had sexual intercourse"

— Pauline Makinwa-Adebusoye, in *Sexual Behaviour, Reproductive Knowledge and Contraceptive Use Among Young Urban Nigerians*

Average age at first intercourse for girls is just over 16 years and a little higher for boys.[1] The Nigerian society restricts premarital sex for young women, while it is tolerated and sometimes applauded for young men.

In a survey of more than 5500 urban youth aged 12 – 24 years, 41 percent had experienced sexual intercourse of these 82 percent of females and 72 percent of males had had intercourse by age 19[2].

Young men have also been found to report having multiple sexual partners and having intercourse with casual partners while in contrast young women usually report they had their first encounter with acquaintances or steady boyfriends.

Without question, there are grave risks associated with unprotected sexual intercourse for young people and these include the exposure to early unwanted pregnancy, unsafe induced abortion and STDs/ HIV/AIDS

Factors Influencing Sexual Activity Among Young People Include:

- Earlier onset of sexual maturation and the accompanying natural increase in body secretions (sex hormones) which stimulate sexual urges in adolescent boys and girls.
- Pressure by the peer group and adults on young people to engage in sexual relations.
- Increasing socio-economic problems which result in pressures on young people to exchange sex for money.
- Glamorization of sex in the mass media without equally highlighting the associated risks.
- Permissive attitude of society towards premarital sexual relations for boys as part of their predatory sexual socialization.
- Culture which places higher value on child-bearing as a greater achievement for girls.
- Parents who give out their daughters in marriage at an early age for economic gains or under the guise of protecting her from herself or temptation from others.
- Delayed marriage for reasons of increasing focus on educational/career pursuits. While marriage is being delayed, the other factors listed above combine together to influence sexual activity among young people.

3. Early Unwanted Pregnancy

"Every year, almost one million teenage girls become pregnant in Nigerian and many of these pregnancies are unintended and unwanted"

— 1998 State of the World Population Report.

Early pregnancy (before age of 18 years) is usually unintended, especially when it is outside marriage. In fact, in a study of adolescent pregnancy in rural Nigeria, 80 percent of pregnancies to unmarried girls were unintended compared to six percent of married girls[3].

Factors responsible for the high level of early unwanted/unintended pregnancy in Nigeria include:

- Limited access to accurate and comprehensive information and services on sexual and reproductive health
- Unprotected sex or ineffective use of contraception by sexually active persons
- Societal, parental or partners' pressure on young women to bear children
- Unwanted sexual relations, sexual exploitation and abuse

The health and social consequences of early unwanted pregnancy, include:

- Girls aged 10 – 14 years are five times more likely to die in pregnancy or childbirth than women aged 20 – 24[4]
- Pregnancy-related complications are the main cause of death in 15 – 19 year old girls worldwide.
- Other health complications for mother and child include bleeding in pregnancy, severe anaemia, prolonged difficult and obstructed labour, still birth, low birth weight and infantile death.
- Socio-economic consequences for the young person may include, termination of education, poor job prospects, loss of self-esteem and broken relationships.

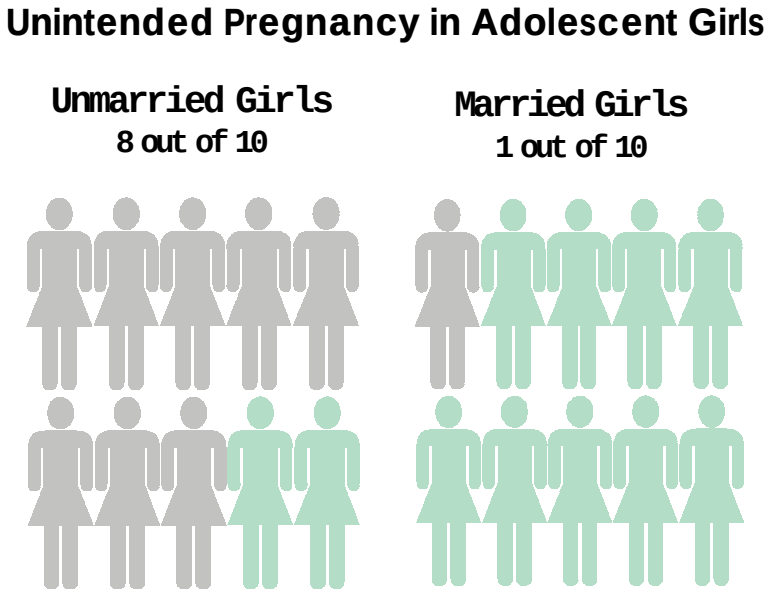

Figure 1: Number of pregnancies that were unintended by marital status

4. Unsafe Induced Abortion

> **"Two out of every five secondary school girl interviewed in a study, admitted to at least one previous pregnancy. In fact, unsafe induced abortion has been described as a school girls' problem in Nigeria."**
>
> — Nigerian Family Health Fact Sheet

Abortion is the termination of pregnancy before 7 months duration. Pregnancy can terminate on its own (miscarriage or spontaneous abortion) but when pregnancy is intentionally terminated, it is referred to as induced abortion. Induced abortion is unsafe when untrained personnel, using inappropriate and contaminated instruments, under unhygienic conditions perform it. The extent of unsafe abortion in the country is difficult to ascertain. This is largely because induced abortion is illegal and as such it is done secretly and thus under-reported. However, available data indicate that adolescents make up the majority of those who procure unsafe abortions in Nigeria.

2 out of every 5 secondary school girls interviewed in a study admitted to at least one previous pregnancy[5]. Over 80% of patients presenting at Nigerian hospitals with abortion related complications are adolescent girls[6]. In fact, unsafe induced abortion has been described as a school girls' problem in Nigeria.

Complications of unsafe induced abortion include:

- Excessive bleeding or haemorrhage
- Perforation of the uterus or bowel
- Infection that can result in infertility and death

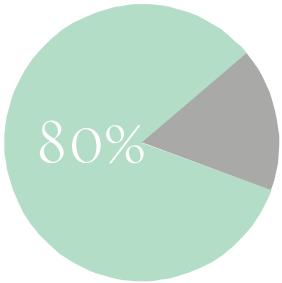

Figure 2: 80% of unsafe induced abortion-related complications are recorded among adolescent girls

Reasons why young girls continue to procure abortions include:

1. Lack of accurate and comprehensive information about their sexual and reproductive health
2. Lack of appropriate reproductive health counselling and clinical services
3. Non-use or ineffective use of contraceptives by sexually active young people
4. Fear of rejection by partners, parents, peer group, religious and community leaders, once they find out about the pregnancy.
5. Financial and emotional inability to care of a baby

Induced unsafe abortion has a lot of health and socio-economic consequences for the young woman, her parents and the society at large.

5. STDs/HIV/AIDS

More than one million teenage boys and girls acquire a sexually transmitted disease in Nigeria every year. In 1998 alone, 60% of all the AIDS cases reported in Nigeria were among young people aged 12 – 24 years.
— National AIDS and STD Control Programme

Sexually Transmitted Diseases (STDs) are infections that spread from one person to another through sexual intercourse. Examples of common STDs are Gonorrhea, Syphilis, Chlamydia, Trichomoniasis, Herpes and HIV/AIDS. STDs are often untreated, with young women especially being vulnerable to infertility and premature deaths[7].

Every year 1 out of every 20 adolescents, become infected with STDs and 80% of HIV infections in Nigeria are contracted through sexual intercourse. In 1998 alone, 60% of the 20,334 AIDS cases in Nigeria were within the age group of 15 – 24 years[8].

The proportion of people infected with the AIDS virus in Nigeria has increased from 1.8% in 1990 to 3.8% in 1993 to 4.5% in 1995 to 5.4% in 1999. This means at least 5,400,000 Nigerians are infected with the AIDS virus.

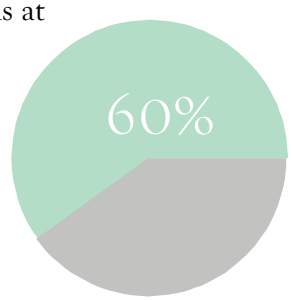

Figure 3: Young people between the ages of 15 – 24 years accounted for 60% of the 20,334 AIDS cases reported in 1998

Why Are Young People At Risk Of STDs/HIV/AIDS?

- Most young people know very little about STDs/HIV/AIDS, even when they are sexually active.
- Many young people engage in sexual relationships with more than one partner.
- Even when sexually active young people know about STDs/HIV/AIDS, most of them don't protect themselves from being infected
- Even when infected, many young people are often reluctant to seek treatment for STDs
- Some young people especially females, exchange sex for money for varying socio-economic reasons
- Many young people are coerced into exploitative sexual relationships which they have little control over in their homes, school or work places.

Health Consequences Of Contracting STDS/HIV/AIDS

STDs can lead to serious health problems if they are not treated early and properly. These health complications include:

- Chronic lower abdominal pain
- Menstrual problems
- Problems with passing urine
- Infertility
- Ectopic pregnancy
- Death

6. Sexual Violence and Abuse

> **"The true extent of sexual abuse prevalence in Nigeria remains unknown due to under reporting, and perpetrators are usually relatives, neighbours and acquaintances."**
>
> — "Sexual Violence" in *Growing Up* Newsletter, Vol. 6 No. 2, 1998

Sexual abuse is the infliction of unwanted sexual contact or psychological exploitation of another person's liberty and dignity for one's own gratification[9]. Sexual abuse of young people is a problem in Nigeria although the true extent of its prevalence remains unknown because much of it goes unreported. Sexual abuse exists in many forms including sexual harassment, unwanted sexual contact, coercion, rape, incest, prostitution and child-trafficking. Most often, the perpetrators against children are not strangers, they are relatives, neighbours and acquaintances.

Young women and girls are often the victims of sexual abuse and the younger a girl is when she first experiences sexual intercourse, the higher the chances that the sexual activity is coercive. Peculiar circumstances place girls at risk– for instance, the common practice of street hawking and selling at night markets exposes girls to exploitative sexual liaisons.

Cultural norms and expectations about the behaviour of women and men also lead to myths that perpetuate violence and deny assistance to victims. Our culture socializes daughters to be submissive and sons to be the aggressive ones[10]. Believing traditional sex role stereotypes may lead to dangerous sexual interactions, because these roles are enforced by society through schools, parents, the media, religion and especially our culture.

The role which society has given to both sexes, often causes dominance in sexual relationships. The person who violates another (most times the male), feels he has the right to do so, because culture has given him such rights to 'demand' sex[11]. Regardless of this, if a man forces sexual intercourse, it is rape. The victim is never to blame, only the rapist causes rape and no rape is justifiable.

Unfortunately, even though there are laws to protect people from sexual abuse, it often goes unreported because people are afraid to discuss it and also because many people blame the victim.

7. Harmful Practices

In Nigeria, as in many other developing countries, there are a number of beliefs and norms which influence behaviours and practices of community members. Some of these beliefs, because they are borne out of misinformation, misconception and ignorance lead invariably to harmful practices.

"Depending on the extent of the cutting, FGC not only reduces sexual enjoyment and fulfillment throughout life, but can also lead to complications during childbirth."

— Nahid Toubia in *FGM: A Call For Global Action*

Female Genital Cutting Vs Male Circumcision

Female genital cutting (FGC) is the partial or total removal of the female external genitals and /or injury to the same whether for cultural or other reasons that are medically unnecessary[12]. Furthermore, depending on the extent of the cutting, FGC not only reduces sexual enjoyment and fulfillment throughout life, but can also lead to difficulties in urinating, pain during intercourse and complications in child birth

Only a very limited number of these cuttings are performed by trained healthcare providers or in sterile conditions and, this places girls at risk of excessive bleeding, shock, retention of urine, acute infections including tetanus and HIV from the use of unsterile instruments

Box 2

Common Harmful Traditional Practices

Common harmful practices include:

- Female Genital Cutting (FGC)
- Forced early marriage
- Some puberty initiation rites
- Labour and delivery practices e.g. *gishiri cuts*
- Male child preference and discrimination against the girl child
- Wife inheritance and hospitality practices

It has often been referred to as "female circumcision" but calling it female circumcision wrongly compares it to male circumcision: the lining of the foreskin (the skin of the penis that is cut off) is prone to infection affecting the genitals and urinary tract as well as making it prone to cancer. However, there are no such medical reasons for cutting off healthy sensitive female organs! In fact, if the equivalent of the procedure done for females is done for a male, it would be tantamount to cutting off part or all of his penis, perhaps parts of his scrotum too![13]

8. Mobilising For Action

"Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care", and strive to reduce sexually transmitted disease and pregnancy among adolescents" (paragraph 7.46)

— International Conference on Population and Development, *Programme of Action*

It is true that adolescents are not homogenous; they vary widely based on their age, gender, cultural and socio-economic background as well as physical and emotional capacity. However, young people have some common needs

Universally Young People Need:

1. Accurate and comprehensive information on their sexuality;
2. Support and skills to postpone starting sex for those who are not yet sexually active;
3. Access to protective measures to prevent unwanted pregnancy, STDs including HIV/AIDS for those who have initiated sex;
4. Protection and care from sexual abuse and exploitation; and
5. Access to a range of youth-friendly services that are designed to promote their sexual and reproductive health.

The Role of Sexuality Education

Enabling young people to make responsible choices, ensuring their safety and health, and overcoming discrimination are critical to our common future. Unfortunately, much progress has not been possible in this direction because some people still believe that sexuality education promotes sexual activity, and stemming from this belief, they oppose programmes that provide access to sexual and reproductive health and services.

Fortunately, research evidence and experience both show the opposite: sexuality education courses do not lead to earlier or increased sexual intercourse. Evidence from researches commissioned by the World Health Organisation and UNAIDS indicates that there is no support for the contention that sexuality education encourages sexual experimentation or increased activity. Rather, access to age-appropriate comprehensive sexuality education encourages higher levels of abstinence, later start of sexual activity, as well as higher use of contraception and fewer sexual partners for those who have initiated sexual activity[14].

Sexuality education is the lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles[15].

Sexuality education goes beyond biological information addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality. By enabling young people to make informed choices, sexuality education minimizes the risks of unwanted pregnancies and STDs including HIV/AIDS and promotes gender equity.

In the absence of reliable information on sexuality, young people are most likely to seek answers to their questions from their peers. The high incidence of HIV/AIDS among young people clearly illustrates the danger of ignorance and misinformation.

The Role Of Parents/Guardians

Parents are the primary sexuality educators of their children. They educate both by what they say and by how they behave. It is important to begin deliberate education at the earliest childhood level; however, adolescence poses new challenges for many parents. In homes where there is open communication about sexuality, young people often behave more responsibly. At a minimum, such communication may help young people accept their own sexual feelings and actions[16].

With open communication, young people are more likely to turn to their parents in times of trouble; without it, they will not[17].

Specifically, parents can:

- Make sure that they themselves are well-informed about human sexuality;
- Model sexually healthy attitudes in their own relationships
- Talk with their children about reproductive health and sexual responsibility and answer all their questions fully and accurately;
- Listen to their children compassionately, without dismissing their concerns as childish or condemning their questions as improper;
- Provide a supportive and safe environment for their children as well as set and maintain limits for dating and other social activities they are involved in, outside the home
- Appeal for and support national, community, and in-school efforts to provide young adults with reproductive health information and services;
- Encourage the health, safety, and intellectual development of their daughters as well as their sons, and encourage their sense of self-esteem;
- Teach their sons that it is irresponsible to make a girl pregnant if they are not ready to marry or support her and the child; and
- Adopt responsible sexual behaviour themselves, especially toward children[18]

The Role Of Teachers and Educational Administrators

Schools are an important site where young people can acquire knowledge and skills that equip them for responsible lifestyles now and in the future.

Specifically, Teachers and Educators can:

- Actively support the development of school curricula that gives students age-appropriate comprehensive sexuality education;
- Train and support teachers so that they can teach about sexual and reproductive health accurately and comfortably;
- Ensure that school activities provide experiences that reinforce values and group norms against unprotected sexual behaviours;
- Facilitate better communication about sexuality and contraception between students and their parents by sensitizing parents on the need to show interest; and
- Enhance positive social relationships between teachers and students as well as support the Guidance Counselors in schools to perform their expected roles.

The Role Of Health Care Providers

Health care organisations and providers have the responsibility to provide young people with affordable, sensitive, and confidential sexual and reproductive healthcare services. As professionals, health providers can not afford to allow their personal or religious views becloud their obligations to assist young people who come to seek information and services.

Specifically, leaders of reproductive health programmes can:

- Establish health care protocols that meet the needs of young adults;
- Be sensitive to the concerns of the community while acting as advocates for meting young adults' needs;
- Involve young people in programme design, delivery, and evaluation;
- Train health care providers to offer high-quality care to young adults in a nonjudgmental, confidential manner;
- Make clear to staff and the public that young clients are welcome and that their care has high priority;
- Provide information and services at times and in ways that are acceptable and convenient for young adults;
- Remove other unnecessary barriers to services, including limits on access to contraceptives for reasons of age or marital status; and
- Help the mass media inform the public about sexuality and reproductive health accurately and encourage the entertainment media to depict sexual behaviour responsibly.

The Role Of Policy Makers

Public policies on adolescent sexual health should be based on knowledge of adolescent development, accurate data, an established theoretical basis for program effectiveness, ongoing evaluation and adequate funding and support.

Specifically, policy makers and political leaders can enact and enforce policies that:

- Improve young people's access to sexual and reproductive health information and services;
- Prohibit the abuse of young people, including sexual abuse and female genital cutting;
- Make public statements that emphasize the importance of young people's reproductive health;
- Endorse and commit funding to support realistic and effective programs to address young people's concerns;
- Insist that the news and entertainment media provide more responsible coverage and treatment of sexual behaviour;
- Increase commitment and funding to keep girls in school;
- Facilitate optional adolescent development by ensuring high quality education and employment opportunities for young people and involve them in programme planning and implementation; and
- Speak publicly in favour of the design of health, educational and social policies and programmes that will enhance young people's well-being.

The Role Of Religious And Community Leaders

Religious and Community Leaders are often called opinion leaders. They are highly respected by the people and have a responsibility to assist young people deal with reality by giving them a consistent set of messages regarding community values about such issues as sexual behaviours, responsibility and future planning. When these leaders understand and accept the importance of addressing young people's needs, it becomes easier for them to promote these issues among members of their community.

Specifically, religious and community leaders can:

- Urge understanding, compassion, and concern for young people among their captive audiences and congregations;
- Make the community aware that there are social as well as personal causes of young people's reproductive health problems;
- Speak publicly to their congregations and others about young people's health needs and encourage them to support these needs;
- Offer young people support and guidance to explore and affirm their own values, as well as provide opportunities for them to benefit from mentoring by adult role models;

- Initiate efforts to provide young people with reproductive health information and services;
- Advocate and organise substantial reproductive health programmes to reach in and out of school youths;
- Condemn a double standard that encourages boys' sexual activity while punishing girls';
- Call for responsible depiction of sexuality in the mass media; and
- Give moral and financial support to youth health and development programmes in their community.

The Role Of The Mass Media

The mass media have become a major source of information about sexuality, mass media professionals can exercise their influence by providing accurate information and modeling responsible behaviours. The communication of accurate information adds realism and helps adolescents gain insights into their own sexuality. By so doing young people will be able to make more responsible decisions about their behaviour.

Mass media practitioners can:

- Give prominence to news events concerning the health of young people and make the public aware of young people's health needs;
- Provide air time and newspaper spaces for reports, spot announcements and jingles related to sexuality education for young people, at a low cost or free of charge;
- Strike a balance between the social responsibility of the media and financial expectation from adverts;
- Stop glamorizing and glorifying irresponsible sex. Portray scenes to emphasize that sexual encounters should be planned events, not spur-of-the-moment responses to the heat of passion
- Emphasize the consequences of early sexual activity and incorporate the prevention of pregnancy and sexually transmitted diseases into drama scripts, news coverage and other informational formats; and
- Address parents with accurate information and guidance on talking with their adolescent children about sexuality and relationships.
- Emphasize that even though conflict and stress in relationships is a fact of life, typical interactions between men and women or boys and girls, should be respectful and non-exploitative
- Promote responsible adolescent behaviour by using teenage idols to model appropriate actions, highlighting youth success stories and involving articulate youth spokespersons.
- Whenever possible provide ways for young people to obtain additional information about their health and self-development, such as listing addresses and telephone numbers of appropriate organisations where they can find help.

A Call to Action

Adolescents may not constitute 100 percent of our population but they certainly make up 100 percent of our country's future. Life-long attitudes and behaviour patterns are formed in adolescence therefore, addressing their needs will have positive consequences for them now and throughout their lives.

Young people need to learn about their sexuality and reproductive health from everyone in a position to provide accurate information and counselling. The International Conference on Population and Development Programme of Action highlights this urgent need for parents, educators, healthcare providers, programme planners, advocates and policy makers to address the peculiar needs of adolescents: "***Governments, in collaboration with non-governmental organisations are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family – planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values."***

(Programme of Action, 7.47)

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