

**ADOLESCENT AND YOUNG PEOPLES HEALTH IN NIGERIA 1990- 2015;
MATCHING THEORY WITH PRACTICE****Ogbonna Brian Onyebuchi***

Department of Clinical Pharmacy and Pharmacy Management, Faculty of Pharmaceutical Sciences, Nnamdi Azikiwe University Awka, Nigeria.

***Correspondence for Author: Ogbonna Brian Onyebuchi**

Department of Clinical Pharmacy and Pharmacy Management, Faculty of Pharmaceutical Sciences, Nnamdi Azikiwe University Awka, Nigeria.

Mail ID: bo.ogbonna@unizik.edu.ng

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ABSTRACT

The World Health Organization (WHO) defined 'adolescent' as persons between the ages of 10 and 19 years, and "young people" as those between 10 to 24 years. They face peculiar problems and are the potential work force of any nation. This adventurous and daring group is vulnerable to juvenile delinquency, sexually transmitted diseases, single parenting, or orphanage. They are among the determinants of the future of any nation and could herald positive developmental changes when impacted positively to achieve optimum mental and physical development to maximize their academic potentials. This study described the state of adolescent health to generated information for further studies on adolescent health in Nigeria.

KEY WORDS: Adolescent, policy, public health, vulnerable group, Nigeria.**INTRODUCTION**

The New Global Standards for Quality Health-care Services for Adolescents (NGSQHSA) was published by WHO, and United States Agency for International Development (UNAIDS) on the 6th of October, 2015. The report noted that existing health services often fail the world's adolescents (10-19-year-olds), while many of them who suffer from mental health disorders, substance use, poor nutrition, intentional injuries and chronic illness do not have access to critical preventive and health care services. The goal of Adolescent Health Policy in Nigeria is, "To meet the special needs of adolescents". The objectives is to promote the acquisition of appropriate knowledge by adolescents, create an appropriate climate for policies and laws necessary for meeting adolescent health needs, train and sensitize adolescents, and other relevant groups in the skills needed to promote effective healthcare and healthy behaviors. The policy seeks to facilitate the provision of effective and accessible information guidance, services for the promotion of health and prevention of problems associated with adolescents. It covers the treatment and rehabilitation of those in need, while facilitating the acquisition of new knowledge concerning interactions between adolescents and those who may provide them with health care or influence their behavior regarding biomedical and psycho-social issues related to adolescents physical, mental and sexual development. A survey indicated that 6% of children below 18 years in Nigeria have one or both parents deceased and are considered orphans while 9% of children are orphans or

are vulnerable due to illnesses among adult household members.^[1,2,3,24,33] The fundamental issues affecting adolescent health include parental education background, shortage of health facilities and health services, poor socio-economic factors occasioned by malnutrition, poor growth and development, and poor environmental conditions that predispose to diseases and ill health. Statistics show that over 30 million young Nigerians fall within the ages of 10 to 19 years while 50 million are within the ages of 10 to 24 years accounting for one-third of the population of Nigeria. More than 50% of new HIV/AIDS diagnosed today, fall below 25years. Young girls between the ages of 15-24 years are three times more vulnerable and likely to be HIV-positive compared to their boy's counterpart within the same age range. Adolescent females are more affected by unwanted pregnancies, which further complicate their academic, physical, emotional and mental development in addition to death and complications associated with early pregnancy. Hospital surveys indicate that adolescent girls account for over 60% of the population of women treated for complications arising from unsafe abortion out of which many resulted to infertility, permanent disability, or death while 50% of girls get married before the age of 20.^[4] A study revealed that poor economic, social and cultural factors impact negatively and influences African adolescents' poor sexual health status. The study noted that poor economic status predisposes adolescents to high-risk behaviors and make parents to give out their daughters in marriage early before they are mentally, physically, and psychologically matured to go into it. It

noted that socially prescribed gender roles undermine female adolescent's ability to defend or protect themselves.^[5,9] From the foregoing, the Federal Government through the national policy on adolescent health, under the National Health Policy set out to address some of the major challenges facing the adolescent group. However, some are yet to be implemented or engineered to meaningful intervention programmes. Examples include the National Family Life and HIV/AIDS Education (FLHE) curriculum and programme for young people in school, out-of-school adolescents, married adolescent girls, young people in difficult circumstances, and those in rural areas. Poor funding, monitoring, and evaluation, remain the major setbacks to these programmes.^[6,7,8,9] This study described the state of adolescent health and generated information for further studies on adolescent health in Nigeria.

Adolescent Health and Reproductive Life

The leading causes of deaths in adolescents around the world are road traffic injuries, HIV/AIDS, suicide, lower respiratory infections, violence, diarrhea, drowning, meningitis, epilepsy, endocrine, blood and immune disorders. The top causes of illness and disability among adolescents have been identified as depression, road traffic injuries, anaemia, HIV/AIDS, self-harm, back and neck pain, diarrhea, anxiety disorders, asthma and lower respiratory infections. A study in Abia State, southeast Nigeria indicated that 22 out of 180 adolescents (12.2%) used condom in the past while 19.3% of boys and 9.5% of girls admitted to have had either gonorrhoea or syphilis. In a population of secondary school students in Delta State, south-south Nigeria revealed that 509(69%) out of 554 have had sex at one time or the other in their life. In another study, 42.1% of adolescents had either sexually transmitted infections (STI) or unwanted pregnancy and illegal abortions in a rural Nigerian community.^[10,11,12] There are approximately 610,000 induced abortions annually in Nigeria.^[13] Majority of these population comprised of adolescents in secondary schools and colleges who are neither married nor gainfully employed with regular jobs. In a study carried out in a rural community in River State Nigeria, 263 (62%) of adolescent have already had sex before, 81% of this population are between the ages of 17- 19 years. Another 43% of this population who were between the ages of 12-17 years has had sex outside wedlock.^[14,15] A study in south- south Nigeria revealed that 20,000 out of 50,000 maternal deaths were due to abortion and related complications.^[16] A facility-based study revealed that 80% of patients admitted to a hospital for various abortion related cases were all adolescents.^[10,17] In Calabar, south-south Nigeria, 69(12.4%) out of a 554 female adolescents had unintended sex at an average age of 11 years and it was consistent with another study in Port-Harcourt, Nigeria.^[18,19] Unhealthy sexual habits and early sexual initiation were evident.^[10,20,21] Most of the adolescents go to traditional healers, proprietary medicine vendors and private medical practitioners.^[22] These are typical of lives in jeopardy. However, in order

to secure her posterity, the policy framework was put in place to halt and begins to reverse the trend. The policy at inception was meant to achieve 50% to 75% of its 12 targets by the year 2015.

Strategic trust

The key policy trust as stated in the policy document include advocacy and resource mobilization for policy, education and programme implementation, career and employment. Provision of access to a comprehensive range of adolescent/youth-friendly information, spirituality counseling and health care services, including social adjustment and parental school health services and provision of healthy, safe and supportive responsibilities and environment for young people. Others include health promotion and behavior change communication (BCC) to foster the adoption of healthy behavior and enable young people to take greater control over and improve their health and capacity building for young people, including life and livelihood skills, to maximize their development. Capacity building for healthcare workers, teachers and other stakeholders dealing with young people, partnership development and coordination within the health sector and between health and other sectors, research activities to provide evidence-based platform for programmes and policies; Monitoring and evaluation of programmes and policy implementation were all captured.^[24]

Policy Chronicles and Dynamics

The 2006 national census in Nigeria shows that 33.6% (47 million) of the total population of Nigerians are adolescents between the ages of 10-24 years. It was projected that by 2025, the population of Nigerian youth would be in excess of 57 million. The Federal Government of Nigeria has recognized that addressing the sexual and reproductive health needs of adolescents is a vital commitment to nation building and positive step towards her sociopolitical and economic well-being. The government initiated the national adolescent policy to reduce the vulnerability of adolescents by providing the framework and introduced integrated multi sectorial approach and institutionalization of partners and stakeholders response to adolescents right to health, education, sexual and reproductive health.^[25] The International Conference on Population and Development (ICDP), Cairo, 1994 brought to the fore the desired paradigm shift for the development and promotion of sexual and reproductive health among young people and Nigeria was not an exception.

Nigeria launched her first National Adolescent Health Policy in 1995. The policy, which was a holistic one, recognized eight key areas for programming namely: Sexual Behaviour, Reproductive Health, Nutrition, Accidents, Drug Abuse, Education, Career, Employment, Parental Responsibilities, and Social Adjustments. The National Conference on Adolescent Reproductive Health was held in 1999 with a view to formulating a viable framework for successful take off and implementation of

the policy in order to reduce mortality, morbidity and improve quality of life. The year 2007, marked the development of the National Policy on Health and Development of Adolescents and, Young People in Nigeria and the Strategic Framework were developed. National and regional surveys were conducted to generate evidence-based data for proper implementation and follow-up. Since program 2007, programme actions were geared towards Advocacy, Information Education and Communication, Education and Skills Development, Training, Services, Legal Rights, Protection, Research, Monitoring and Evaluation.^[25,26]

Since 2007, no national resource or training centre on young people's Sexual and Reproductive Health (SRH) has been established contrary to what was envisaged in the framework. The FMOH in partnership with Ministries, Departments and Agencies (MDAs) and donors have organized capacity building programmes. As part of efforts to support effective implementation of young people's SRH activities and in determining the status of youth friendly health facilities as well as school health system, resource materials were produced and assessment activities were carried out at the federal level. The Federal Ministry of Health (FMOH) initiated training programs to ensure sustainability at all levels. Training of Health Counselors (97) and Peer Educators (260) under the Health Promoting School Initiatives in 10 States of the federation was undertaken. Implementation of Adolescent Reproductive Health/Roll Back Malaria Programmes in 31 schools spread across 19 states, establishment of referral linkages and provision of clinic equipments. Training of Trainers in provision of youth friendly health services for health care providers in 12 UNFPA states and 5 Comprehensive Pediatric and Adolescent Support Services (ComPASS) project states Refresher Training for Trained Health Providers and Step down Training for Health Care Providers.^[27,28]

Many developmental partners have been working with the Federal Government towards the actualization of the goals. Some of the organizations and agencies that work together with the Federal Ministry of Health (FMOH) include World Health Organization (WHO), Young People's Health and Development (YPHD), National Primary Health Care Development Agency (NPHCDA), New Partnership for Africa's Development (NEPAD), Non-governmental Organization (NGO), National HIV/AIDS and Reproductive Health Survey (NARHS). Others include National Adolescent Reproductive Health Working Group (NARHWG), National Agency for the Control of AIDS (NACA), National Adolescent Health and Development Working Group (NAHDWG). The National Agency for the Prohibition of Traffic in Persons and other Related Offences (NAPTIP), Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), Civil Society Organizations (CSOs), Department of Community Development and Population Activities (DCDPA), Faith-Based Organizations (FBOs), Adolescent Health and Information Project (AHIP) and

Family Life and HIV/AIDS Education (FLHE), are all involved in the project.

The FMOH provides the overall strategic support and drive for the execution of this policy and occupies a leading role with regard to activities and advocacy for increased government participation. The FMOH oversees the budgetary implications of programs and plays supervisory and complimentary roles on the State Ministry of Health (SMOH) which provides leadership for the implementation of this policy within the States. They integrate adolescent and youth-friendly services into primary health care, primary schools, secondary schools, social welfare and all other relevant activities within the Local Government Area (LGA) authority. They access the grass root through the primary health care system. The Legislatures are integrated to support the implementation of the policy and act as advocates for the health and development of young people. The Ministry of Education intensifies efforts to achieve Universal Basic Education (UBE), eliminate illiteracy, expand the integration and teachings of subjects that relate to life and HIV/AIDS education into relevant subject curricula at all levels of education. They organize programmes and workshops covering substance abuse, mental health, nutrition, school health services and health promotion, personal and environmental hygiene. Activities of school health services include promotion of environmental health and healthy school environment, health education, which provides information on health protection, health promotion and healthy living. Others are medical examinations and early detection of abnormalities, school nutrition programme, assessment of handicapped and vulnerable children, control of infections and communicable diseases, treatment of minor ailments, first aid and documentation of all activities, examinations carried out and all treatments instituted.^[29,30,31,32]

Inter-sectorial collaboration

Other relevant ministries and agencies have been integrated into the implementation drive. The Ministry of Youth Development establishes and manages youth centers with adolescent and youth-friendly counseling services for adolescents in and out- of-school. The Ministry of Women Affairs was established to promote awareness of young people's health and sensitize the public on health, developmental issues and challenges of women at various levels. They operate through the offices of the wife of governors of different states. The Ministry of Sports and Social Development promote recreational activities and manage recreational centers that enhance youth health and development. The Ministry of Finance contributes their quota through budgetary allocations and timely release of funds for projects and programmes.

The Ministry of Justice is instrumental for review of necessary laws affecting the adolescents while the National Planning Commission (NPC) helps in data capture for adequate planning, forecasting and

budgeting. The National Bureau of Statistics ensures timely collection, analysis, interpretation and dissemination of data and information necessary for program implementation, research and development. The National Population Commission provides data on a regular basis to the national data bank and other relevant agencies and interprets them for national use especially those pertaining to the adolescents. Ministry of Information and National Orientation supports the dissemination of YPHD fact sheets and other print and electronic information through the national orientation materials and mobilize available organizational structures. The ministry of works, labor and productivity, internal affairs, law enforcement agencies and other uniformed services, Civil Society Organizations, Tertiary Education Institutions, Research Institutes and Faith-based Organizations are onboard the policy drive.^[29]

CONCLUSION

The future of every nation depends largely on the welfare of the citizens. Nearly one decade after launching the national policy on the health and development of adolescents and young people in Nigeria, the state of the adolescent child still need more pragmatic approach. There is the need to match theory with practice through logical and full implementation of the policy framework to impact positively on the adolescent group. Sound health promotes sound physical, mental and sociopolitical wellbeing, which makes for a better, healthier, and prosperous nation. What we need today is a paradigm shift from policies to actions.

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