

Identification of Intervention Gaps in Adolescents Sexual and Reproductive Health Programs in Nigeria

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Abstract

This study identified the intervention gaps in Adolescents Sexual and Reproductive Health (ASRH) Programs in Nigeria through a desk review of the ASRH program being implemented currently in Nigeria. Adolescent health is influenced by an intricate set of social and biological factors as adolescents discover their identities and their probability of risky behavior increases. Many young people experience their sexual debut at the adolescent stage and this sexual experience may result in adverse reproductive health outcomes. Quite a number of donor-funded Adolescent Sexual and Reproductive Health Programs are currently being implemented in Nigeria to reduce the risk of unsafe sexual practices. However, some gaps have been identified in the program implementation approach. This paper highlights the major gaps in implementation of adolescent sexual and reproductive health programs in Nigeria identified through exploratory analysis and recommendations are proffered to bridge the gaps.

Keywords: *adolescents, health care, reproductive health, sexual health, sexual and reproductive health care.*

Introduction

Global health and development organizations have called for action to improve Adolescent Sexual and Reproductive Health (ASRH) to enhance a healthy transition into productive adulthood. The primary purpose of this call for action is to reduce adolescent pregnancy and childbirth with all its attendant complications (Darroch et al 2016). Adequate information on the needs of adolescents in terms of sexual and reproductive health is of utmost importance in decision-making and implementation of public health initiatives to develop evidence-based and effective programs addressing adolescents' sexual and reproductive health needs (vogel 2015). Yet, numerous data and research gaps impede these efforts. Adolescents face an array of sexual and reproductive health issues, such as unplanned pregnancy and sexually transmitted infections (STIs), including HIV infection. While these conditions can be prevented through improved access to preventive sexual and reproductive health care, adolescents often lack access to information and contraceptive choices; therefore, the sexual health challenges of these young people are left unaddressed and often lead to risky sexual behavior with its attendant complications.

Objectives of the exploratory analysis

1. To assess adolescent and reproductive health programs in Nigeria and identify the gaps in implementation.
2. To make recommendations to bridge the implementation gaps in adolescent health and reproductive health programs

Relevance of the paper

A number of programs are being implemented on adolescents' sexual and reproductive health in Nigeria with the focus on the prevention of risky sexual behavior among adolescents. However, little research has been done to assess the impact of ASRH programs with the aim of identifying the gaps in intervention programs. This study therefore, adds to the knowledge on the intervention gaps in ASRH program in Nigeria and also makes recommendations to bridge the gaps. This study also contributes to the review of existing policies and practices that impede adolescents' sexual and reproductive health, their

rights and family life. The findings of this study will be shared with the policy makers, implementing partners and other stakeholders to enhance evidence-based planning of ASRH interventions and effective program delivery.

Scope of the paper

This paper assesses the ASRH intervention programs in Nigeria, their mode of implementation and impact with the aim of identifying the intervention gaps in program delivery. The study also aims to provide recommendations to bridge the identified gaps in program implementation and service delivery.

Desk Review of Adolescents sexual and reproductive health interventions in nigeria

Adolescent 360 (A360), nigeria

The Adolescent 360 is an ASRH project being funded by the Bill & Melinda Gates Foundation (BMGF) and the Children's Investment Fund Foundation (CIFF) led by Population Services International (PSI) and implemented by Society for Family Health in Nigeria. The goal of Adolescents 360 is to surmount the barriers to the rights and access of adolescent to contraception with the overarching goal of increasing the use of modern contraception among adolescent girls aged 15–19 years in 10 states in Nigeria.

The A360 project has 3 Strategic outcomes, these include:

1. To increase voluntary use of modern Contraceptives among adolescent girls, 15-19 years old, in the project intervention areas
2. To sustain the health impact of the project beyond the life of Project
3. To increase the adoption of the A360 mode of intervention as a benchmark for designing ASRH programs within and beyond the project intervention areas.

The A360 project combines youth empowerment sessions with classes on skills for love and life to educate adolescent girls on their sex and reproductive life. The project provides full counseling and contraceptive services to adolescent girls aged 15-19 years of age.

Youth access to reproductive health (Y-Access)

Youth Access to Reproductive Health (Y-Access) is a project funded by the Department for International Development (DFID) being implemented in partnership with the Association for Reproductive and Family Health (ARFH), Education as a Vaccine (EVA), and the Society for Women Development and Empowerment of Nigeria (SWODEN).

Y-Access works in collaboration with formal and informal healthcare service providers such as Peer Health Educators, Proprietary Patent Medicine Vendors (PPMV) and Traditional Birth Attendants (TBA) to provide youth-friendly and non-judgemental information alongside referrals on sexual reproductive health issues. By doing so, the project aims to enhance the quality of reproductive health services being offered by public health facilities, pharmacies and informal health service delivery points while building the capacity of young people to know more about their reproductive health including where and how to access health services. The programme also provides free and subsidized vouchers to support adolescents. The program also educates parents, teachers and community leaders on the need to support young people in accessing these services.

The project, which started in 2012, operates in Benue, Niger, Jigawa and Katsina states and aims to reach 900,000 adolescents and young people between the ages of 10-24 within three years. EVA has built the capacity of 93 health workers from 80 health facilities, 177 PPMVs, and 173 TBAs to provide effective sexual reproductive health services to adolescents and young people.

In addition to these community resources, EVA has trained 794 peer health educators (PHEs) amongst the adolescents and young people of Niger and Benue (398 in Niger and 396 in Benue) on sexual reproductive health. 9000 young people have been reached through educational sessions as the PHEs impart knowledge to friends and peers. The PHEs also distribute male and female condoms and refer their

peers to additional health services when required. They have distributed 4,150 packs of male condoms, 103 packs of female condoms, 230 packs of Psotinor (emergency contraception) and 300 combination packs of the three items.

A third resource is the EVA mobile platform 'My Q&A'. This platform allows young people to text in their sexual health questions and get the answers they seek, while maintaining their anonymity. Since inception the project has received 139,000 texts and a further 2,177 calls to the supporting toll-free phone line.

While these the impactful of the program and statistics are encouraging, the strength of the Y-Access programme lies in sustainability. Through the training of formal and informal health-workers, community networks were developed and equipped to provide support for adolescents and young people who have sexual health r issues such as unplanned pregnancies, HIV/AIDS testing, sexually transmitted infections and other sexual and reproductive health issues confronting young people in the community.

With the strong position of this project, advocacy visits to traditional rulers, and religious, community and public health leaders in local government areas will encourage officials to sustain this project in their community as it continues to benefit to young people both in their immediate development and their long-term potential to be constructive and productive contributors to their communities.

Youth empowerment development initiative (YEDI) skillz girlz

Skillz Girl is a girl-targeted program that combines activities-based HIV prevention and life skills curriculum with soccer games and peer-led community outreach activities. Led by GRS' community role models, Skillz Coaches, and enhanced by the unique culture developed within Skillz programs, this girl-centered initiative creates a safe space for adolescent girls (between ages 13 and 19) to play non-competitive soccer, take action in their community, and have vital conversations about HIV and AIDS. Participants of the Skillz Girl behavioural change communication program who are mentored by thoroughly-trained female peer educators are also provided access to voluntary and free HIV Testing Services (HTS) after every intervention with a referral system to cater for those requiring treatment and further counseling.

In order to protect themselves from HIV and many other STIs, unwanted and adolescent pregnancy, and how to live risk-free and take care of themselves, girls in sub-Saharan Africa need knowledge, skills, and community support. Sports for development programs have been proven to be an effective means of empowering young girls, as they promote communication, education, negotiation skills, leadership, mentorship and a platform for relevant discussions about female-related issues. In many African nations, girls are often considered second-class citizens and not given opportunities to reach their full potential. Sports programs directly challenge such misperceptions about women's capabilities.

In a 2008 report, the International Working Group for Sport for Development and Peace stated: "Research on sport, gender and development indicates that sport can benefit girls and women by: enhancing health and well-being; fostering self-esteem and empowerment; facilitating social inclusion and integration; challenging gender norms; and providing opportunities for leadership and achievement."

Since it was piloted in 2014, over **10,000** girls have graduated from the program through the in-school and out-of-school interventions.

A general overview of Implementation gaps in adolescent sexual and reproductive health programs

- **Exclusion of Single and out of school mothers:** In Nigeria, the larger chunk of adolescent health programs focus on in-school adolescents while majority of adolescent mothers who are unmarried and out of school are not reached with interventions and thus are grossly underserved. Yet, studies show that these unmarried adolescent mothers who are out of school are sexually active and are also in need of sexual and reproductive health services (Lloyd 2005; Utomo ID & McDonald 2009; IIPS, 2010).
- **Adolescents who are less than 15 years of age:** Due to the fact that reproductive and sexual health surveys usually have a lower band of age 15, there is a dearth of information for adolescents who

are less than 15 years despite the fact that in a number of countries, more than 10% of female participants reported having had sexual intercourse before their fifteenth birthday as reported by Anderson (2015). This was buttressed by the submission of Darroch (2016) that some of these adolescents already had unplanned pregnancies and births before they clocked 15 years. Moreover, the Nigerian Health Policy does not allow adolescents who are less than 18 years of age to have free access to contraceptive services.

- ***Vulnerable Youths:*** National fertility and health surveys are usually based on household samples and they miss out the vulnerable adolescents who live in deplorable conditions on the streets or as refugees. These groups are thus unfortunately excluded in Adolescent Reproductive Health implementation plans (Tanabe, Schlecht & Manohar, 2012; Woan, Lin & Auerswald 2013)
- ***Male adolescents:*** MacQuarrie et al (2015) submitted that insufficient attention is given to the sexual and reproductive behaviors of adolescent men, their contraceptive needs and fertility issues. The focus is usually on adolescent females. However, the adolescent males also need to be involved in sexual and reproductive health programs as well to enable them appreciate the importance of preventing unplanned pregnancies with their partners as supported by the Alan Guttmacher Institute (AGI 2013) and Kato-Wallace et al (2016).
- ***Underreporting Sexual activity:*** Neal & Hosegood (2015) reported that it is highly possible to underestimate the number of adolescents who are sexually active due to the fact that they may not be willing to admit to their involvement in sexual intercourse outside of marriage. This is very common in Nigeria due to the cultural factor where sex before marriage is seen as a taboo.
- ***The Contexts of adolescent sexual and reproductive health issues:*** Some adolescents are forced into sexual activity as a result of child marriage, rape, or sexual exploitation in exchange for money and material benefits (Vogel et al, 2015). However, a lot of these issues remain undocumented. Early childbearing before the age of 18 years often results in truncated education and limited employment opportunities. Researchers and program planners need a deeper understanding of the relationship between early marriage, sexual exploitation, sexual abuse, low level of education and early childbearing to help them design interventions to improve adolescent sexual and reproductive health outcomes.
- ***Inadequate data on adolescent deaths resulting from pregnancy and childbearing:*** There is a dearth of information on the mortality and morbidity associated with pregnancy and childbearing among adolescents (Nove A et al 2014; Blanc, Winfrey & Ross 2013; Conde-Agudelo, Belizán & Lammers 2005). The estimates usually apply to the overall maternal mortality (Say et al. 2014). A lot of adolescent deaths stem from pregnancies and birth-related issues which include the effect of the early age, poor socioeconomic status, the increased risks of first delivery experience, and in adequate antenatal and skilled attendant at delivery. Thus there is a need to disaggregate the data on adolescent deaths resulting from pregnancy and childbirth-related issues from the general maternal mortality data to improve the planning and implementation of ASRH programs.
- ***Addressing factors responsible for the unmet needs for contraception among adolescents:*** Research has revealed a wide range of reasons why sexually active adolescents who wish to avoid pregnancy do not use contraceptives, such as fear of side effects, future fertility issues and insertion procedures. Yet there is a need for more information on the causes of these unmet needs to identify and provide interventions that would address them specifically (Hussain, Ashford & Sedgh, 2016; Darroch, Sedgh & Ball 2011).

- **Monitoring and protecting of adolescents' sexual and reproductive health rights:** Program reviews have documented the obstacles facing adolescents face in obtaining contraceptive services, such as unfriendly and judgmental attitudes of providers, limited contraceptive options, lack of privacy and confidentiality and the lack of policies that protect the rights of adolescents to information and services (USAID 2015). In our society, the community and provider attitudes can make it difficult for adolescents to obtain contraceptive services even where laws and regulations allow such access.

Recommendations

An array of solutions should be pursued to close gaps in implementation of adolescent sexual and reproductive health programs. Below are some recommended strategies:

Use of creative analyses on existing data

Creative analyses include the use of retrospective reports of respondents above 15 years of age on their sexual and reproductive experiences before they clocked age 15 and disaggregating the data by age within the age-group 15–19. These analyses will shed more light on the changes in the course of sexual and reproductive behaviors that occur in different stages of adolescence since under-15 adolescents are mostly excluded in research and ASRH programs (Way, 2014).

Expansion of current intervention to vulnerable adolescents

Current interventions should be expanded to reach the street adolescents and refugees rather than restricting it to in-school youths. These groups can be reached during surveys through targeted sampling such as youth-focused surveys for data collection (Way, 2014). This type of approach

has been successful in four Sub-Saharan African countries, where youth-focused surveys were conducted in 2004, generating data from almost 20,000 youth between ages 12–19 about their sexual behaviors and the impediments they face in the prevention of HIV, other STIs and pregnancy (Biddlecom, 2007).

Improvement in data collection and availability

To close the implementation gaps in ASRH in developing countries, there is a need to improve research and vital statistics systems through the development of new and rapid means of data collection and reporting such as collection of data using mobile devices to reduce underreporting of adolescent sexual and reproductive behaviours (Way, 2011).

The Key issues on adolescent sexual and reproductive health behaviors such as service needs, coverage and gaps should also be included in research studies to enhance evidence-based interventions (WHO, 2015).

Approaches to improving reporting on sensitive behaviors are being developed, and increased use of tablets, mobile phones and other technology to collect data has the potential to reduce underreporting of such behaviors (Lindstrom 2010; Luke, Clark & Zulu, 2011).

The Plan for monitoring and evaluation must be included in interventions to serve as the basis for scale-up processes in ASRH interventions (WHO, 2009; Hardee & Wright 2015).

Protection of adolescent rights to sexual and reproductive health services

There is a need for the development of valid indicators to monitor and protect the rights of adolescents in sexual and reproductive health services and to integrate adolescent health into comprehensive health services (Hardee, Wright & Boydell, 2015).

Targeted research and analysis

In-depth Qualitative and quantitative researches are required to answer some questions that routine surveys have not answered. These include:

- Research on induced abortion in countries where it is considered illegal and therefore commonly obtained outside the official health care system (Singh, Remez & Tartaglione 2011; Sedgh 2016).
- Research to unearth and address harmful practices such as early marriage, exploitative sex and sexual abuse that may result in early childbearing with severe health complications or consequences for the women and their children.
- Analyses of the socioeconomic and health impacts of early childbearing and the effects of education, health and eligibility for employment.
- Research and documentation of indirect costs of reproductive health services, which have a considerable level of impact on the utilization of the services.

Conclusion

This paper has identified the intervention gaps in Adolescent Sexual and Reproductive Health in Nigeria such as inadequate baseline data, negligence of a particular gender and age group. This gaps connotes that there is more to be done by ASRH implementing partners based on the above recommendations to bridge the identified gaps. Bridging the gaps in adolescent sexual and reproductive health will require efforts that include data collection and research to improve the understanding of adolescent behaviors and the evaluation of previous interventions to enable policy makers and programmers to develop programs that are well suited to the needs of adolescents.

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