Youth Reproductive Health Policy
Country Brief Series No. 2

October 2004

Nigeria:

Advocacy and Strategic Planning for Youth Reproductive Health in Edo State

Much of the important policy work in developing countries now takes place at the subnational level. This policy brief describes how a network of groups spanning government and civil society was formed and took the lead in strategic planning on youth reproductive health issues at the state level in Nigeria. The network carried out a situation assessment and drafted a strategic plan, recently approved by the government in Edo State.

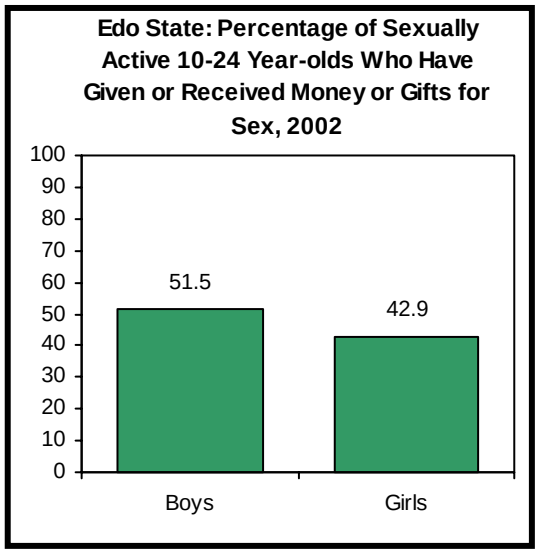
Youth in Nigeria

Total population, all ages	133.9 million
Population ages 10–24	33%
Gross national income in purchasing power parity (GNI PPP) per person	$790
Human Development Index rank	152
Average births per woman	5.8
Teen pregnancy rate	103 per 1,000
Infant death rate	75 per 1,000
Secondary school enrollment (F)	30%
Women 15–49 using any contraception	14%
Sexually active teens 15–19 using contraception (M/F)	39/47%
HIV/AIDS youth prevalence (M/F)	3/6%
Median age at first marriage (M/F)	25.9/17.9
Median age at first intercourse (M/F)	20.3/17.8

Sources available on request from the POLICY Project

The Status of Youth in Nigeria and Edo State

One in three Nigerians—some 45 million—is in the 10–24 age bracket. As in other parts of Africa, early sexual debut and early marriage are common. Contraceptive use is low for both married and unmarried youth, resulting in high rates of early and unwanted pregnancy. Other youth reproductive health problems include sexual abuse, female genital cutting, and HIV/AIDS and other sexually transmitted infections (STIs). Although abortion is illegal except to save the life of the mother, about 600,000 women induce abortions annually. The majority of these are teenage girls and many abortions are performed under unsanitary conditions.



Edo State, located in the southern Niger Delta area of the country, is home to about 3 million people. Although mainly rural and one of the poorest and least industrialized areas in Nigeria, the state has one of the highest levels of literacy in the country. Young people in Edo State face several reproductive health (RH) vulnerabilities. Many educated youth are under- or unemployed. The state has some of the country's highest rates of commercial sex, international sex trafficking and risky sexual behavior. Many young women experience unwanted pregnancy and illegal abortion.

Policy and Program Environment

Recent policy developments at both the national and state levels have been encouraging. The government launched a national reproductive health policy in 2001. Reproductive health is on the concurrent legislative list in Nigeria. Each state therefore has the prerogative to determine its activities guided by the national reproductive health policy and guidelines, based on availability of local resources. In 2002, the Federal Ministry of Education authorized the implementation of a national sexuality education curriculum. Nigeria also has a national reproductive health strategic framework and plan and national youth policy and strategic plan of action.

Edo State has been a leader in formulating laws related to the sexual and reproductive health of young adults. It was the first state to ban female genital cutting. It also passed laws against international sex trafficking and prostitution. Despite these advances, the state still lacks a comprehensive and consistent set of policies on youth reproductive health and has had difficulty implementing such policies that do exist. Furthermore, the government lacks specific programs aimed at improving the sexual and reproductive health of young adults. Public sector health services have made little effort to become youth friendly. Edo State has yet to introduce the comprehensive sexuality education curriculum into its educational system.

Recent Advances in Policy Formulation and Implementation

Given its relatively receptive policy context, advocates in Edo State have advocated for developing a state-level youth reproductive health strategy. With the help of the POLICY Project, a network of groups led by the nongovernmental Women's Health Action Research Center (WHARC) spearheaded the planning effort. That work culminated in the drafting of a strategic plan for improving the sexual and reproductive health of young adults and adolescents, later approved by the state government. Key steps in this process are described below.

A Politician's Viewpoint

The formation of the Young Adult and Adolescent Reproductive Health Network in Edo State is a welcome development. For the first time, civil society organizations worked with relevant organs of government to develop a strategic plan for promoting adolescent reproductive health with the full participation, involvement, and contributions from young people. Chief Lucky N. Igbinedion, Executive Governor, Edo State

Forming a network. Under the leadership of WHARC, the Young Adult and Adolescent Reproductive Health (YAARH) Network was established in 2001. The network has almost 50 members from a broad range of institutions, including from government, the media, and youth-serving NGOs such as the YMCA. Members share a common vision to improve the sexual and reproductive health of young adults and adolescents.

Assessing the situation. Shortly after its formation, the network oversaw an assessment of the reproductive health status of young adults and adolescents in Edo State. The survey was one of the most comprehensive ever undertaken in Nigeria, covering both rural and urban areas, and interviewing both young men and women over a wide age range (10-24 years). The assessment also included in-depth interviews and focus group discussions with key informants, policymakers, youths, parents, and health workers to explore the social, economic, and political context. The survey results showed

that despite the many problems young people face, favorable opportunities exist for improving their sexual and reproductive health. For example, while young adults have high rates of unplanned pregnancies, high incidence of reported STI symptoms, poor health-seeking behavior, and gaps in HIV/AIDS knowledge, their median age of sexual debut is high, and rates of contraception and condom use at last sex are also high.

Developing a strategic plan. Using results of the situation assessment, a six-member committee that included young people drafted a strategic plan, later adopted by the full network and approved by the state government. The primary objective of the five-year strategic plan is to facilitate collaborative, cost-effective, and sustainable interventions to improve the reproductive health and rights and ensure the quality of life of young adults and adolescents in Edo State. The strategy outlines specific interventions and associated resource requirements, has a detailed annual budget of US $1.7 million, and includes a monitoring and evaluation plan. Funding for implementation is envisioned to come from the public, NGO, and private sectors in Nigeria and from the international donor community. The strategic plan will serve as a guide for stakeholders to identify their areas of interest and to raise funds.

Critical strategies and activities of the Strategic Plan for Improving the Reproductive Health of Young Adults and Adolescents in Edo State, 2004–2009

- Social mobilization and advocacy
- Better access to quality youth-friendly services
- Youth involvement and participation
- Capacity building and skills development
- Youth education and counseling
- Monitoring and evaluation
- Ongoing research
- Resource mobilization

The work in Edo State complements other activities that aim to promote better adolescent reproductive health policy in Nigeria, within the framework of overall efforts to improve health. These include POLICY-supported work to carry out the national sexuality education policy and to improve adolescent reproductive health conditions in Borno State, in the country's Northeast Region.

Lessons Learned

Civil society plays an important role. Through the YAARH Network, civil society played an important role in galvanizing support for adolescent reproductive health. The leadership of WHARC, an organization that commands the respect of both the public and private sectors for its technical expertise, served as a key to the effectiveness of the network.

Local involvement is important. The experience in Edo State also highlights the importance of local involvement in implementation of national strategies. While the draft national policy and strategy specify various activities, most will have to be carried out at the state and local levels. Because state and local governments disburse budgets and provide services, they must be involved in planning and budgeting. The planning process described here can serve as a model for other Nigerian states and for subnational governments in other countries.

An evidence-based approach is key. The situation assessment report was a crucial resource for evaluating the status of adolescent reproductive health in Edo State and invaluable in development of the strategic plan.

Sources

This brief draws on a number of documents, including:

- *Strategic Plan For Improving the Reproductive Health of Young Adults and Adolescents in Edo State Nigeria 2004 -2009*
- *Development of Advocacy for a Young Adult Reproductive Health Strategy in Edo State, Nigeria*
- *POLICY Project Strategy and Workplan, Nigeria, July 2002–July 2005 Update*
- *Youth Sexual and Reproductive Health in Edo State, Nigeria: Issues and Advances*
- *Implementing Sexuality Education in Schools: The International Experience and Implications for Nigeria*

Most of these documents are available on the POLICY Project website, www.policyproject.com. For more information, contact WHARC's Executive Director, Dr. F.E. Okonofua, at wharc@hyperia.com, visit the WHARC website at www.wharc.com, or contact the POLICY Project at yrh@policyproject.com. Visit our youth reproductive health policy website at www.youth-policy.com for full-text youth reproductive health policies and other related tools and information.

About the *Country Brief Series*

This series highlights experiences in advancing adolescent reproductive health policy in developing countries, specifically in those countries where the POLICY Project has been an active partner in policy change. James E. Rosen and Pam Pine prepared this brief under the direction of Nancy Murray, head of the POLICY Project's Adolescent Working Group. We are grateful to the reviewers of earlier versions. To see other briefs in this series, go to www.policyproject.com.

About the POLICY Project

The POLICY Project works with developing country governments and civil society organizations to promote a more supportive policy environment for family planning/reproductive health, HIV/AIDS, and maternal health programs and services. The POLICY Project is funded by USAID under Contract No. HRN-C-00-00-00006-00. POLICY is implemented by Futures Group in collaboration with the Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

POLICY Project
Futures Group
One Thomas Circle, NW, Suite 200
Washington, DC 20005
Tel: 202-775-9680
Fax: 202-775-9694
policyinfo@futuresgroup.com
www.policyproject.com