

# POLICY BRIEF: ADOLESCENTS SEXUAL REPRODUCTIVE HEALTH AND HIV PREVENTION SERVICES

**Introduction:** As of midyear 2016, Nigeria had a population of 186 million and an annual population growth rate of 2.6%, and 44% of Nigeria's population was under age 15. Young people between the ages of 10 and 24 years constitute 33.6% of Nigeria's population. In 2016, 240,000 adolescents (between the ages of 10-19) were living with HIV, making up 7% of the total number of people with HIV in Nigeria. Increased HIV vulnerability among young people often attributed to lack of knowledge and appropriate sexual reproductive health services. Other challenges adolescents and young people face include but not limited to unintended pregnancy, unsafe abortion practices, sexual violence and increased maternal mortality. This again is associated with the gaps in our policy and programs that address the sexual reproductive health and HIV response.

**Policy framework:** Nigeria has robust policy framework that support adolescent health and development. While these policy documents exist, it has not translated to improved quality services delivery and right based approach to adolescents' access to sexual reproductive health services. Key on this agenda is the fact that the policy documents failed to address the key bottle neck that affect adolescents and young people decision to take up SRH services.

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## Policy issues

**Age of access:** Adolescents age of access to SRH services constitute a barrier. The legal age of consent in Nigeria remains – 18years. Adolescents' need equitable access to HIV testing services, access to prevention tools including PrEP, access to contraceptives and other reproductive health services. In Nigeria where the age of consent to HTC is 18years, only 10% of young men and 15% of young female (15-24) know their HIV status. Contrarily, in countries where the age of consent for HIV testing is below 16 years (Kenya, Lesotho, Malawi, Ethiopia, Uganda and Rwanda) the prevalence of HIV testing for female adolescents were higher than 22% and that for boys were higher than 16%. Prevalence of HIV testing was as high as 32.8% for girls and 30.4% for boys in Lesotho. Countries have indeed implemented lowered age of consent to HTS without any adverse effects, Nigeria can replicate same.

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**Lack of budget line:** Although a national policy on adolescents' health exists, there is Lack of budget line to support the implementation of sexual reproductive health programs for adolescents and young people. Nigeria health budget have declined from 4.23% in 20017 to 4.16% in 2016 and 3.9% in 2018. The current trend in health budget cannot deliver on adolescent health more so in situation where adolescents' health and development is less prioritized.

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***Lack of youth friendly services to address the needs of young people:***

Very few centers exist in the country. The Nigeria National Standards and Minimum Service Package for Adolescent and Youth-Friendly Health Services- a draft working document has potential to change the tides in the planning and delivery of adolescent health programme. Need to fast track and operationalise the framework.

***No integration:*** The school curriculum – Family life and HIV/AIDS education (FLHE) programme does not integrate comprehensive sexual reproductive health education. Current curriculum does not address contraceptives use, safe abortion and post abortion services and innovation tools in HIV prevention.

***Exclusion from services:*** The PEPFAR KP Care programme also excludes the adolescents and young people in the interventions; only reaching out to the MSM, FSW and PWID.

**Call for action:**

There is a global concern on the bulging youth population- is a time bomb for Africa and Nigeria in particular if actions are not taken to address the SRH and HIV prevention needs. It is only a healthy youth populations that can yield a demographic dividend of a growing nation like Nigeria.

We therefore call for immediate actions to address the policy and program gaps:

- **The PEPFAR Country Office** should consider inclusion of adolescent in their PEPFAR KP Care programme , they should make provision for adolescents and young people to access HIV prevention and care services.
- **The Federal Ministry of Health** - The national policy on adolescents' health is currently being revised and it provides opportunity to address the age of access for adolescents. We demand for the age of access to be reduced to 14years for both the SRH and HIV testing services. Reduction in age of access should not be limited to HIV counseling and testing services only.
- **The Federal Ministry of Education** – We ask for the review of the curriculum for the integration of comprehensive sexual reproductive health education in the school curriculum; to include contraceptives education, safe abortion and post abortion services, and innovations in HIV preventions.

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