

Adolescent Reproductive Health in Nigeria

One third (36.5 million) of Nigeria's total population of 123 million are youth between the ages of 10 and 24.¹ By 2025, the number of Nigerian youth will exceed 57 million.² Lack of sexual health information and services places these young people at risk for pregnancy, abortion, sexually transmitted infections (STI), and HIV/AIDS. In addition, early marriage and childbearing limit youth's educational and employment opportunities. Yet effective, innovative programs can provide youth with the sexual health information and services they need.

Nigerian Teens Face Reproductive and Sexual Health Risks.

- Over 16 percent of teenage females reported first sexual intercourse by age 15. Among young women ages 20 to 24, nearly half (49.4 percent) reported first sex by age 18. Among teenage males, 8.3 percent reported first sex by age 15. Among those ages 20 to 24, 36.3 percent reported first sexual intercourse by age 18.³
- The median age at first marriage for women rose about two years over a generation. Still, among women ages 20 to 24, 19.8 percent reported having married by age 15, 39.6 percent by age 18, and 52.7 percent by age 20. Among Nigerian men ages 25 to 29, 15.5 percent reported having married by age 20.³
- In one survey of sexually experienced teens, over 13 percent of women and over 27 percent of men reported exchanging money, gifts, or favors for sex in the previous 12 months.³
- In 1999, Nigeria's adolescent fertility rate was 111 births per 1,000 women ages 15 to 19, and Nigerian women averaged more than five births during their lifetime. Teenage mothers were more likely than older women to suffer from serious complications during delivery, resulting in higher morbidity and mortality for both mothers and infants.³
- Performing or seeking an abortion is illegal in Nigeria, except to save a woman's life. Yet, experts estimate that more than 600,000 Nigerian women obtain abortions each year.⁴ One study found that one-third of women obtaining abortions were adolescents.⁵ Hospital-based studies showed that up to 80 percent of Nigerian patients with abortion-related complications were adolescents.⁵

Adolescents Lack Knowledge of Contraception and Use It Inconsistently.

- Among teenage women, 37.5 percent knew some method of contraception; 36.3 percent knew a modern method. Among teenage men, 50.3 percent knew some method; the same percentage knew a modern method.³ However, in another survey among single youth ages 18 to 24, 97.7 percent of males and 98.4 percent of females knew of at least one method of contraception.⁶
- Among sexually experienced youth ages 18 to 24, 72 percent of males and 81 percent of females had ever used contraception. Males were most likely (43 percent) to have used condoms and females (31 percent), the rhythm method.⁶
- About seven percent of married teenage women reported using any method of contraception; less than five percent used a modern method. Fifty-three percent of unmarried, sexually active teenage women used any method of contraception; over 29 percent used a modern method.³
- Among sexually active, single youth, reasons for nonuse of contraception included fear of complications (46.7 percent of males and 48.5 percent of females) and religious beliefs (12.0 percent of males and 21.2 percent of females). Forty percent of youth believed that condoms would reduce sexual pleasure.⁶

STI/HIV/AIDS Knowledge Is Low and Infection Rates Are High.

- Nigeria's STD/HIV Control estimates that more than 60 percent of new HIV infections occur in youth ages 15 to 25.⁷
- In one study among rural female teens, over 80 percent of those ages 17 to 19 had experienced sexual intercourse. At the time of the study, 8.2 percent had chlamydial infections and 6.6 percent, trichomoniasis. Overall, 16.5 percent had some STI. Over six percent of sexually experienced women under age 17 had some STI.⁸
- While most youth ages 15 to 24 knew about HIV/AIDS and gonorrhea, less than 15 percent of females and 27 percent of males knew about syphilis and less than five percent knew about human papillomavirus.³ Among 15- to 19-year-olds, over 37 percent of women and 19 percent of men had no knowledge of *any* STI. Among 20- to 24-year-olds, 30.8 percent of women and 4.3 percent of men lacked knowledge of *any* STI.³
- Among sexually active youth in one study, 87 percent of males and 78 percent of females knew that having sex with a stable partner and using condoms consistently could prevent HIV infection. Although many youth chose contraception to prevent disease with casual partners, these youth did not choose condoms significantly more often than other methods.⁶

Social and Cultural Issues Complicate Adolescents' Development; Prevention Programs Can Be Effective.

- In 1996, only 36 percent of males and 30 percent of females were enrolled in secondary school, up from 25 and 13 percent, respectively, in 1980.^{9,1}
- Compared to almost half of women ages 45 to 49, 25 percent or fewer of women under age 30 have experienced female genital cutting. Nearly 42 percent of circumcised women underwent the procedure before age one.³
- During obstructed labor, occurring most frequently in adolescent pregnancies, young mothers may experience vesicovaginal fistula (VVF), resulting in bladder incontinence. A traditional health practice for obstructed labor, called the gishiri cut, also frequently results in VVF. Young women experiencing VVF face a grim future, including rejection by their families and survival by prostitution. Seventy percent of an estimated 200,000 cases of VVF occur in northern Nigeria.¹⁰
- A study of 330 female rape victims in Benin City, Nigeria, reported that a majority of rape victims were females ages 13 to 19; 48 percent were under age 13. In another study, 75 percent of rape victims were unmarried and ages 13 to 19.¹¹
- When peer educators provided information and services, youth showed positive changes in reproductive health knowledge. Students' knowledge improved regarding transmission of HIV through unprotected sexual intercourse with an infected person (from 72 to 90 percent) and through exchange of body fluids (from 72 to 81 percent). Students also demonstrated an increase in knowledge of contraceptive options.¹²
- Advocates for Youth's WAYI (West African Youth Initiative) project used peer educators to provide reproductive health and sexuality information and counseling to youth ages 12 to 24. Evaluation found significant positive effects on participants' knowledge, perceived self-efficacy, and behavior. Participants' increased knowledge and use of modern contraceptives significantly increased. Compared to controls, participants were more willing to ask for or buy contraceptives, especially condoms and foaming tablets, and reported that they had taken measures to protect against STI, including HIV.¹³

References

- ¹ Population Reference Bureau. *The World's Youth 2000: Data Sheet*. Washington, DC: The Bureau, 2000.
- ² Population Division. *World Population Prospects: The 1998 Revision*. Vol. II. New York: United Nations, 1999.
- ³ National Population Commission. *Nigeria Demographic and Health Survey 1999*. Abuja, Nigeria: The Commission, 2000.
- ⁴ Henshaw SK, et al. The incidence of induced abortion in Nigeria. *International Fam Plann Perspect* 1998; 24:156-164.
- ⁵ Otoide VO et al. Why Nigerian adolescents seek abortion rather than contraception: evidence from focus-group discussions. *International Fam Plann Perspect* 2001; 27:77-81.
- ⁶ Araoye MO, Fakeye OO. Sexuality and contraception among Nigerian adolescents and youth. *African J Reprod Health* 1998; 2(2):142-150.
- ⁷ Okonofua FE et al. Assessment of health services for treatment of sexually transmitted infections among Nigerian adolescents. *Sex Transm Dis* 1999; 26:184-190.
- ⁸ Brabin L, et al. Reproductive tract infections and abortion among adolescent girls in rural Nigeria. *Lancet* 1995; 345:300-304.
- ⁹ United Nations Educational, Scientific, & Cultural Organization. *World Education Report 2000*. Paris: UNESCO, 2000.
- ¹⁰ Centre for Health Sciences Training, Research & Development. *Status of Adolescents and Young Adults in Nigeria*. Ibadan, Nigeria: The Centre, [2000?]
- ¹¹ Omorodion FI, Olusanya O. The social context of reported rape in Benin City, Nigeria. *African J Reprod Health* 1998; 2(2):37-43.
- ¹² Center for Communication Programs. *Reaching Young People Worldwide: Reproductive Health Communication Activities to Date, 1986-1995*. Baltimore, MD: Johns Hopkins, 1995.
- ¹³ Brieger WR et al. *West African Youth Initiative Project: Outcome of a Reproductive Health Education Program*. Washington, DC: Advocates for Youth, 1999.