

# Evidence and Justice:

## Making the case for adolescent health and rights post 2015



# NIGERIA

The proposed United Nations Sustainable Development Goals (SDGs), to be agreed upon by Member States of the United Nations in September of 2015 for action over the next 15 years, do include goals on health, education, gender equality, and ending inequalities and discrimination. However, the current targets do not consider adequately or address the needs of adolescents and young people, thereby missing the opportunity to engage and address the needs of the largest cohort of adolescents and young people the world has ever seen (1.8 billion). The Sustainable Development Goals (SDGs) will not be met by 2030 without attention and investment in the health, development and human rights of young people over the coming decade.

RESURJ and Education as a Vaccine (EVA) in Nigeria have produced this paper<sup>1</sup> to give an overview of the social, economic and environmental situation in Nigeria related to adolescents and young people. It attempts to make the case for attention and investment in their health, development and human rights in order to meet the Sustainable Development Goals (SDGs) by 2030. This paper can serve as a tool for activists, academics, researchers, policy makers and evaluators who are interested in advancing the health and human rights of adolescents and young women in Nigeria for the decades to come.

### Background

Despite significant economic growth, Nigeria's poverty rates and inequality in wealth distribution remain markedly high, and poverty seems to be on the rise. The poverty rate (calculated as the percentage of people living on less than \$1 a day) rose from 43% in 1992 to 61% in 2010, far from the Millennium Development Goal target of 21.4%. In general, poverty is most widespread in the north of the country. Women, particularly those in rural areas, are especially vulnerable to poverty. Rural-urban income disparities have a heightened impact on women: over half of Nigerian women (54 million out of the estimated 80.2 million women) live and work in rural areas, constituting between 60 and 79% of the labor force. Despite this, only 7% own the land they farm, further limiting their economic opportunities. In 2013, the Minister of Women-Affairs and Social Development, Hajiya Zainab Maina, has reported that 70% of Nigerian women live below the poverty line. Adolescent girls are also vulnerable. **14 million adolescent girls in Nigeria live in poverty, with limited ability to access healthcare, education, and economic sufficiency.** One of the key drivers of poverty is a high rate of unemployment. Almost a quarter (24%) of Nigerians were estimated to be unemployed in 2011. Youth unemployment was even higher, at an estimated 38%.

### Health (SDG 3) and Education (SDG 4)

Nigeria's policies and plans at the national level are designed to address young people's sexual and reproductive health, but the vast majority of Nigerians are not benefiting from these policies. Implementation is incomplete and unsatisfactory since most states have not found ways to adapt the policies to their particular context. There is limited funding at both the national and the state level for primary health care, and there is a major lack of institutional, logistical, and infrastructure support. The Nigerian Federal Ministry of Health does not include adolescent sexual and reproductive health in its health budget, but rather relies on funding from external donors to cover costs associated with the provision of adolescent sexual and reproductive health services. Only 4% of the National Budget is destined to health and out of pocket expenditures are prohibitively expensive for most people. Limited education, subordination within families and communities, a lack of adequate transportation to health services, violence, stigma and discrimination on the grounds of ethnic background, sexual identity, and age, are all barriers to access that need be addressed. In addition, the expense of services and the negative attitudes and fear of harsh treatment by healthcare providers, keep adolescents from reaching vital information and services. Early marriage occurs at high rates in Nigeria, primarily in the North, where approximately 68% of girls under 18 are married to men ten years or older than them. *Nigeria has one of the highest adolescent pregnancy rates in the world, and 10% of the world's maternal deaths occur in the country, 50% of which are among adolescents.* These are due to a lack of affordable, accessible, acceptable and quality sexual and reproductive health services for adolescents in the country. The legal interruption of pregnancy in Nigeria is only in the cases that threaten the life of the woman. It is estimated that between 456,000 and 760,000 abortions take place annually in the country, almost all of which are illegal and unsafe, making safe and legal abortion a human rights and public health imperative in the country. Nigeria's HIV prevalence rate is high (at 3.4%), and young women are more likely than young men of the same age to become infected due to unprotected sex. **Education and knowledge** on sexual and reproductive health is lacking. The Government introduced the Family Life and HIV/AIDS Education Program, mainstreamed into all levels of Basic Education and Upper Secondary School. However, even though the Nigerian Ministry of Education issued national implementation guidelines in 2008, this curriculum is adapted by State authorities as they see fit. This often implies abstinence-only education avoiding informing children and young people about their bodily autonomy and human rights, including to information on sexual and reproductive health.

<sup>1</sup>Full paper LINK

In order to meet **SDG 3**, “ensure healthy lives and promote well-being for all at all ages”, it is imperative that Nigeria strengthen its health system, and ensure the accessibility and affordability of basic sexual and reproductive health services for poor women and adolescents close to where they live. This includes providing integrated information and services on contraception, emergency contraception, safe abortion services, STI and HIV prevention and treatment, and maternity care, free from violence, coercion and discrimination in all public health facilities, particularly at the primary level; and strengthen disaggregated population data collection to include very young adolescents ages 10-14 and unmarried women of all ages for its use in the development of adolescent-friendly sexual and reproductive health programs and policies.

In order to meet **SDG 4**, “ensure inclusive and equitable quality education and promote life-long learning and opportunities for all” it is vital that Nigeria rely on evidence-based methods and provide full funding to implement a nationally available, comprehensive sexuality education program that is accessible and meaningful for young girls and boys in and out of school of all ages. These programs must include information on a full range of contraceptive options, gender-based violence, gender power dynamics, and relationship negotiation skills that promote a culture of equality, consent, non-discrimination and human rights.

## Gender Equality and Women’s Empowerment (SDG 5)

Violence is one of the most significant risks women—especially adolescent girls—face, and must be addressed if their sexual and reproductive rights are to be fulfilled. Intimate partner violence is high in the country, with little protection or resources available. Despite the high rates, shelters and support services for survivors are few, and the services that do exist are primarily funded by non-governmental organizations. Sexual assault against women in Nigeria is only categorized as a misdemeanor, which contributes to inadequate legal protection for women who experience violence and impunity for perpetrators. *Nigeria accounts for over 25% of the global incidence of female genital mutilation-* a practice that causes serious health complications, including increased risk of complications during pregnancy and childbirth. It also has serious psychological and emotional consequences and is a grave violation of girls’ and women’s bodily autonomy and human rights.

The attacks of Boko Haram and the kidnapping and possible selling of over 300 girls have and will continue to lead to an increase in the presence of the Nigerian military in the Northeast, and ethnic clashes in the North Central regions, which may endanger the lives of adolescent girls and place them at increased risk of sexual violence. Women, and especially adolescent girls, are often most adversely affected by conflict and insecurity—rape and sexual assault can be a deliberate tactic used in conflict and terrorist activities. Insecurity and instability create gaps in the delivery of essential health services, including sexual and reproductive healthcare, and threaten the health and lives of civilians. The instability and insecurity of northern Nigeria will prevent the country from achieving a peaceful and inclusive society unless the Nigerian government delivers on its repeated promises to bring an end to the violence.

In order to meet **SDG 5**, “achieve gender equality and empower all women and girls”, Nigeria must afford adolescent girls and young women full access to legal and social protections that promote and protect their health and human rights; ensure that very young adolescent girls (ages 10-14), especially of lower socioeconomic status and living in rural areas, have access to education, health and safe spaces and can reject early and forced marriages and early pregnancy; develop multi-sectorial approaches to eliminate harmful practices, especially child, early and forced marriage and female genital mutilation; and immediately pass into law the Violence Against Persons (Prohibition) Bill which provides legal recourse and protection for survivors of violence, as well as the Gender and Equal Opportunity bill.

## Inequalities and Discrimination (SDG 10)

Persons that identify as lesbian, gay, bisexual or transgender (LGBT) are not a protected group under Nigerian law, and as a result face unique barriers to accessing their sexual and reproductive health and rights. In January 2014, Nigeria enacted harsh legislation that punishes marriage or public displays of affection between persons of the same sex with 14 years of imprisonment, and punishes participation in LGBT clubs and organizations with 10 years in prison. *HIV exposure and transmission is also criminalized in three states* (Enugu, Lagos, and Cross River), which has a major negative impact on the health and human rights of a vulnerable population, further promoting a culture of fear and stigma around HIV and AIDS. The legal and social barriers LGBT Nigerians and Nigerians living with HIV face negatively affect the health and violate the human rights of vulnerable populations.

In order for Nigeria to meet **SDG 10**, “reducing inequality within and among countries,” it must repeal all discriminatory laws, policies, and practices. This includes: Repealing the HIV exposure and transmission criminalization law in Enugu, Lagos and Cross River States; Repealing the Same Sex Marriage Prohibition Act of 2013; and Enact the Anti-Stigmatization and Discrimination of Persons Living with HIV/AIDS Prohibition Bill of 2009.

## Conclusions

Two priorities which are likely to influence progress in Nigeria in the decades to come are the 1.) *The collection, dissemination and use of sex and age disaggregated data by five year cohorts (10-14; 15-19; 20-24)* and 2.) *The revision and scaling-up implementation of a national policy on comprehensive sexuality education that is accessible for all in and out of schools and which includes modules on human rights, gender-based violence, and relationship negotiation skills.*

Adolescents and young people are diverse, with different needs and interests based on their gender, context, ability, wealth, age, health, nationality or other status. Despite these variations, these age groups are going through similar transitions across the world: from childhood to adulthood, economic dependence to autonomy, and sexual initiation to maturity. Investing political will and financial resources in the health and human rights of 10-24 year olds may be one of the better ways to achieve a peaceful, sustainable and stable Nigerian society.

