

Policy Strategies CENTRAL TO Preventing TEENAGE PREGNANCY IN **NIGERIA**

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Preface

CPED's Policy Brief is a short publication designed to inform policy makers and other stakeholders at the federal, state and local government levels in Nigeria on the key policy issues emanating from the action research and intervention programmes carried out by CPED and its collaborators.

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Policy Strategies Central to Preventing Teen Pregnancy in Nigeria

Background

Adolescence can be a tumultuous period of life, one marked by emerging independence and profound biological, physical and behavioural transformations. During this time, adolescents face social challenges and temptations to engage in risk-taking activities that could have devastating consequences, among them, unintended pregnancy. While peers and parents have significant influence, youth who live in underserved or low-income communities can benefit greatly from youth leadership organizations and age- and stage-sensitive health care providers.

Within this realm, there is much discussion and controversy as to *how* to effectively engage adolescents and successfully reduce rates of teenage pregnancy, sexually transmitted infections (STIs) and other consequences of risk-taking behaviours. According to the report of the 2008 *National Demographic and Health Survey (NDHS)*, Women in Nigeria have an average of 5.7 children. The average number of children per woman ranges from 4.7 in urban areas to 6.3 in rural areas.

Teenage childbearing

Overall, 23% of Nigerian women age 15–19 are already mothers or are pregnant with their first child (NDHS, 2008).

Teenage childbearing also decreases with increasing household wealth. Forty-six percent of women age 15–19 in the poorest households have begun childbearing compared with 5% of women age 15–19 in the wealthiest households

Age at first birth

The median age at first birth for all women age 25–49 is 20.4.

Age at first marriage

Almost half of women in Nigeria are married by age 18;

Age at first sexual intercourse

Overall, more than half of women age 25–49 and one quarter of men age 25–49 were sexually active by age 18.

The consequences of early pregnancy are both devastating to the teen and costly to society in Nigeria as in other parts of Africa

- Health and developmental risks. Young people who engage in early sexual activity often engage in other risky behaviours, including alcohol, and drug use. They are also more susceptible to sexually transmitted Infections (STIs).

- Limited educational achievement and earning potential. Teenage mothers are less likely to complete school. Fewer than one-third of teens who begin their families before age 18 ever complete their primary or secondary education and even fewer proceed to institutions of higher learning. With

their earning potential thus limited, they often face a life of poverty.

- Reduced chances of marriage. Teen pregnancy is associated with a lower likelihood of marriage, and unmarried mothers are at a greater risk of poverty. Furthermore, teen fathers are less likely to be involved in their children's lives.

- Children of teenaged mothers are more likely to be poor and less educated. Children of teenagers are more likely to grow up in poverty. They are also likely to perform worse on standardized tests, and they are less likely to complete primary and secondary education. Among the factors contributing to adolescent pregnancy in Nigeria are lack of opportunity and a lack of knowledge about, or the skills to prevent, pregnancy. There is no doubt that the adolescents who have children and the children who are born to them face significant threats to their well being.

Key elements of policies to prevent teenage pregnancy

The Centre for Population and Environmental Development (CPED) in collaboration with partners, specifically the International Development Research Centre, the University of Windsor, the University of Benin, Action Health Incorporated and European Commission in two different projects have strategies to prevent teenage pregnancy and the spread of HIV in schools and rural communities as outlined below.

- Prevent teen pregnancy. Community-based and school organizations should offer proven models for teen pregnancy prevention that promote positive life options, giving youth reasons to avoid risky behaviour and delay the onset of sexual activity.

- Provide sound sexuality education. Educate teenagers about the consequences of sexual activity in the context of realistic and positive alternatives. If the sexuality message is going to have long-lasting meaning, it must be presented in the context of their lives and stages of development.

- Understand the importance of a strong educational foundation. Impart to teens the importance and benefits of completing one's education, obtaining employment, getting married and establishing a stable home *before* having children.

- Provide adolescent health care. Health professionals have a primary responsibility for reaching and treating this population. They must ensure access to reproductive health care that is age-appropriate and respectful of confidentiality, especially for those adolescents who have already had sexual intercourse.

- Utilize peer education. Adolescents are influenced, both positively and negatively, by their peers. Training students to become peer educators is an important strategy in reaching other young people with information regarding their health as well as the services available to them.

- Educate middle and high school teachers. There should be prescribed education for middle and high school teachers as part of their in-service training that helps them to understand adolescent sexuality.
- Establish a high visibility school campaign. Every high school should have signage with information appropriate to the teenage years that conveys messages of responsibility and maturity in innovative and engaging ways.
- Programs that have demonstrated clear outcomes, based on scientific evaluation, should be considered for funding by federal and state governments. Comprehensive programs that deal with youth development as a pregnancy prevention model should be given fair consideration.

More Effective Policies Needed to Address Adolescent Sexual Health in Nigeria

A great many factors influence the teen pregnancy rates in a community or state. Nearly 30 years of research and program experience indicate that, to be effective, strategies to reduce teen pregnancy must be comprehensive in their approach. We know that family and peer groups influence youth behaviour, that cultural messages and the quality of program interventions are important, and that effective policies at the state and local levels can be a powerful tool for preventing teen pregnancy.

Policy matters in a number of ways. At the most basic level, policy decisions can have a tremendous impact by simply increasing, or reducing, the resources available to support programs and services. Just as important, highly politicized public policy debates influence and often determine the types of services available, to what youth, and in what settings. Reliance on abstinence-only programming, the content of sexuality education curricula in schools, the presence or absence of school-based clinics, and issues of parental notification are just a few examples of the influence public policy can have on programming and, ultimately, on teen pregnancy rates.

In addition, the policy process can result in major shifts in social norms, such as the value placed on teen abstinence or on responsible sexual decision making. Revised social norms may lead to an opportunity to consider using strategies that would not have been considered under previous standards. Ultimately, effectively addressing teen pregnancy requires not only altering the behaviour of youth, but changing the attitudes and behaviours of adults as well. Adults control the media, the messages that influence youth behaviour, the resources set aside for programming, the context in which youth form their ideas, and the punishment or reward youth receive for their behaviour. Public attitudes towards sexuality, family, personal responsibility, and the value of children both drive the public policy debate and are influenced by it.

To be sure, direct interventions such as improving sexuality education programs and ensuring access to teen-friendly reproductive health services are vitally important components of any comprehensive strategy. But two other issues go to the heart of defining an adequate teen pregnancy program or intervention: poverty and lack of life options. Policymakers also need to address these two powerful underlying causes of teen pregnancy. To be fully successful, teen pregnancy prevention policies should promote expanded economic opportunities and future life options for youth; support families in ways that encourage better family functioning; and foster the development of communities that are supportive of youth. Strategies must target those most at risk—the poor and youth with limited opportunities.

Conclusion

Teenage pregnancy is a complex issue that requires a complex approach, one that is delivered at multiple levels, from policy makers to direct practitioners to family and community members. Young people need accurate information in order to understand the biological changes they are experiencing, especially the consequences of their sexual activity and their options, including abstinence or contraceptive methods. They need access to health care where they feel safe and respected. They also need assurance that their futures hold meaning and that they have inherent interests and talents that they can and should pursue. Simply put, teens need reasons to avoid the behaviours that lead to sexual tragedies.

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