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Review Article

Sexually Transmitted Infections Among Adolescents: A Current Issue Facing the Health System in Nigeria

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ABSTRACT

Adolescents, the population between the ages of 10-19 years constitute more than 30 million of the Nigerian total population, yet their special circumstance of being in a stage of transition from childhood to adulthood is been ignored. And even though adolescents have rapid physical, emotional, and intellectual development, they have been found to have a high risk of sexually transmitted infection. Globally about 340 million new cases of STIs such as chlamydia, gonorrhoea, and syphilis occur each year and the majority are seen in people of 25 years and below. Nearly 6000 new cases of Human Immune Deficiency Virus (HIV) are being detected in young people daily, and two-thirds of the World's youth living with HIV today live in sub-Saharan Africa. This paper will therefore focus on the impact of adolescent sexually transmitted infections (STI) on healthcare service delivery and suggests two policy options to reduce the STI burden among Nigerian adolescents.

Keywords: Adolescents, STIs, Healthcare, service delivery, policy.

BACKGROUND

Nigeria is located in West Africa; it is boarded by Chad and Niger on the north, Benin on the west, and Cameroun on the east (Falola, 2016). It has a total surface area of 923,768 sq. km and a total population of more than 123 million (Falola, 2016). Nigeria is densely populated with 345 inhabitants per sq. km, it has 36 states, and 774 local governments with more than 250 ethnic groups (Falola, 2016). Nigerian health system operates in a three-tier system, primary healthcare at a local level, secondary healthcare at the state level, and tertiary healthcare at the national level (Federal Ministry of Health, 2001).

According to the World Health Organisation (WHO, 2018), adolescents are the population between the ages of 10-19 years and youths are those population between the ages of 15-24 years. Adolescents constitute about one billion (20%) of the world's population, among which 85% are living in developing countries (WHO, 2016). In Nigeria, Adolescents constitute more than 30 million of its total population (Parker & Aggleton, 2003). Yet their special circumstance of being in a stage of transition from childhood to adulthood is been ignored (WHO, 2016). They were generally categorized under the heading of family or women's health, until recently when their special health-associated vulnerabilities such as sexual and

reproductive ill health, drug use, road accidents, and suicide, came to recognition (WHO, 2018)

Adolescents' ill health has a greater impact on most aspects of the Nigerian health system such as workforce, health financing, medical supplies, health information, health service, leadership, and governess, than adults and children (Ahanonu et al, 2014). This is because adolescents have rapid physical, emotional, and intellectual development (Ahanonu et al, 2014). This paper will therefore focus on the impact of adolescent sexually transmitted infections (STI) on health service delivery and suggests two policy options to reduce the STI burden among Nigerian adolescents.

Risk of STIs

Globally about 340 million new cases of STIs such as chlamydia, gonorrhoea, and syphilis occur each year and the majority are seen in people of 25 years and below (Bearinger et al. 2007). Nearly 6000 new cases of Human Immune Deficiency Virus (HIV) are being detected in young people daily, and two-thirds of the World’s youth living with HIV today live in sub-Saharan Africa (Bearinger et al. 2007).

In a study conducted by Olamijuwon et al. (2021), it was revealed that many Nigerian adolescents are at risk of contracting STIs because of the increased practice of unprotected sex. The study also found that condom use among this age group is generally low and they are less likely to use contraceptives. The risk is often higher among adolescents in economically and socially marginalized positions because sexual activity might occur within the context of violence or coercion or in the course of living as seen in commercial sex workers (Sedgh et al. 2009).

Another important reason why adolescents are more vulnerable to STIs is due to a lack of sex education and knowledge of STI prevention (Sedgh et al. 2009). In some cases, lack of sexual and reproductive knowledge in adolescents is attributable to reluctance to acknowledge and properly address sexual activity despite widespread adolescent risky sexual behaviour. In some cases, the lack of sex knowledge in adolescents is attributable to cultural and religious norms that view sex education as a taboo. Furthermore, the risk is greater in adolescent girls than boys due to biological reasons such as increased vulnerability of the genital tract tissue to the virus (Babalola, 2021). In addition, the risk of STIs in some adolescents is higher because of a lack of skills in preventive measures (Olamijuwon,2021).

STI service delivery

Adolescent health service delivery in Nigeria appears to be lagging (Olamijuwon et al. 2021). Despite the findings that sexually active adolescents have different needs from those that are not active, especially in terms of skills, information, and services, the idea of prevention in many projects and programs persists (FMoH, 2001). At times, preventive interventions have limited success, because in some situations adolescents are denied the opportunity to make informed choices and decisions on sexual issues (Olamijuwon et al. 2021).

Another problem that affects adolescent health service delivery is the lack of accessibility, which could be either due to the unavailability of adolescents’ health centers or unaffordability (Olamijuwon et al. 2021). In a study conducted by Babalola, (2021), it is found that most adolescents avoid seeking healthcare for the fear of stigma, shame, and judgemental attitudes of the health workers. Others complained of inconveniences, lack of confidentiality, and privacy.

Adolescents’ health system in Nigeria is therefore viewed relationally and it is clear that the health system is influenced by fundamental factors such as ideas (adolescents’ belief of lack of respect, privacy, and confidentiality). It is also influenced by people and their practices (judgemental attitudes of health workers, stigma, religious and cultural norms as premarital sex is taboo).

In contrast, the functionalist perspective on the Nigerian health system assumes that adolescents go to the same hospitals as adults and receive the best service they need. Policies in Nigeria are mostly functionalist policies (FMoH, 2001), However in the context of this essay, functionalist policies will only focus on the implications of poor adolescents' health and measures of controlling them rather than addressing the root causes of their problems (lack of privacy confidentiality, or education). It is therefore important to suggest relevant interventions that will address the fundamental causes of why adolescents are robust to health care services.

Suggested policies

- Providing school health and sexual education
- Creating adolescent-friendly health services.

School health and sex education: This policy is a long-term intervention with a system-wide effect that will strengthen service delivery by educating adolescents on the basic sexual and reproductive health knowledge they need. In addition, the policy will be culturally grounded, and all interventions will be within the context of Primary health care principles (accessibility, Community participation, health promotion, appropriate technology, and intersectoral collaborations). This policy is mainly school-based and it is implemented at community, national, and state levels.

Aim

- To improve adolescents' knowledge of sexual health

Objective

- Promoting the acquisition of appropriate adolescent health knowledge
- Training and sensitizing adolescents and other relevant actors in the skills needed to promote healthy behaviour and effective health knowledge

Stakeholders and their roles (actors)

- The Federal Ministry of Health will provide overall support and management of the program by dedicating a management officer who will liaise with other collaborators. The ministry also assigns groups to conduct an adolescent needs assessment and then commits budgetary allocation for the implementation.
- Federal ministry of education for support and decision making
- Federal Ministry of Finance for budgetary allocation
- The state commissioner of health will organize to conduct an adolescent’s needs assessment. And analyzes the resources that will be used for implementing the policy at the state level
- State commissioner of education for support
- State commissioner of finance for budgetary allocation at the state level
- Local governments have various departments that identify the health needs of their adolescents both in and outside the local government and plan budgetary allocation at the local government level.
- International agencies who provide financial and technical support at all stages of the policy
- Other collaborators such as NGOs, private organizations such as NACA, parents, institutions, politicians, religious and traditional leaders, and civil defence all will be part of the decision making
- The media for dissemination of information
- School teachers and representatives of adolescents as actors
- (FMH, 2001)

Beneficiary

- Pupils between the ages of 10-24 years that are in school

Process

- Programming: Translating the policy through a series of planning at national, state, and local levels by stakeholders
- Programme budgeting: Resource allocation for implementing the policy
- Plan of action: describing actions and strategies to be followed
- Implementation: Translating the policy into practice

Types of programs that will be implemented (content)

- Sexual and Reproductive health
- Drug abuse
- Nutrition,
- Career development
- Accidents
- Social and parental responsibilities.
- (FMH, 2001)

Activities involved in implementation and relative indicators (context)

The first step involves adolescents' needs assessment to design activities according to their needs. In addition, the feasibility, potential impacts, and cost of the policy will also be considered. Other activities are as follows.

- Developing sexual and reproductive health materials:

The activities involve conducting stakeholder analysis and, training advocates on how to develop and deliver appropriate messages, development of advocacy kits and case studies to use in creating awareness, and the use of multimedia to disseminate adolescent health knowledge. The indicators are stakeholder profile, number of advocates trained, number of advocacy messages delivered, number of advocacy kits disseminated, and number of adolescents whose sexual health is improved (FMH, 2001).

- Creating health awareness:

The activity includes pieces of training and motivation of health education teachers on curricula implementation, use of relevant and quality teaching materials, and continued supervision of teaching activity. The indicators are the number of teachers trained, the percentage of schools teaching health education, the number of adolescents educated, and the number of times school is supervised in a term (FMH, 2001).

- Drug and substance abuse awareness:

The activities here involve the sensitization of parents, school authorities, and religious organizations on drug and substance abuse. Others are drug prevention campaigns through posters, radio, television dramas, and role-play. The indicators include the number of stakeholders sensitized, the number of anti-drug programs organized, and number of adolescents trained (FMH, 2001).

- Improving nutrition:

The activities here are counseling about dietary decisions and healthy lifestyles, distribution of micronutrient supplements, and massages on household food processing through the organization of school clubs. The indicators are the number of school clubs organized, the number of supplements distributed, the number of counseling sessions held, the number of adolescents whose body mass is reduced, and the number of adolescents treated for micronutrient deficiency (FMH, 2001).

Monitoring and evaluation

The minister of health will set up a committee to conduct monitoring and evaluation of the whole program every 6 months to assess progress. Initially, adolescent needs assessment will be conducted, and then the monitoring process continuous every 6 months (Lindberg, 2006). Information will be gathered from surveys and interviews of the adolescents, teachers, other advocates, and trainees by also going through patients' records and with specific observations of the indicators. There will be organizational meetings at all levels of implementation to discuss how to address issues that arise in the course of the process (WHO, 2016).

Advantage of the policy

- It is a good approach because in addition to reproductive and sexual health

knowledge, it also addresses other health aspect such as nutrition, substance and drug abuse, and career development

Limitation of the policy

- The policy is targeted at adolescents who are in school, leaving out those that are not in school.
- The policy has some cost implications, as in addition to the cost of training, there is a need to supply the schools with sexual and reproductive health teaching materials.
- The policy might not be accepted due to personal, religious, and cultural norms with the belief that sex education might expose adolescents to early sex rather than prevent them.

Provision of adolescent-friendly healthcare services.

This policy will ensure quality health service that is acceptable, accessible, effective, and equitable (WHO, 2016). A service that protects adolescents' confidentiality and treats them with respect at the point of service delivery, so that they willingly receive the service they need (Senderowitz, 2003). The policy is a long-term strategy that will strengthen service delivery; it is a system-level intervention. It strengthens other building blocks in the health sector such as human resources, and financing through a series of interconnections and inter-relationships rather than linear processes. For example, training health workers on adolescent-friendly services will increase their skill and productivity in the course of service delivery. The policy is tested at the state level before it is scaled up to the national level.

Aim of the policy

- To promote adolescent health and to provide adolescents with the health services they need

Objectives

- Promoting healthy development by responding to developmental problems when they occur
- Prevention of unwanted pregnancy and by responding to unwanted pregnancy when it results and by supporting healthy pregnancies and preventing pregnancy-induced problems such as eclampsia.
- Prevention of HIV and other STIs and by responding to these infections when they occur
- Prevention of sexual violence and responding to it when it occurs
- Prevention of mental health issues and responding to the issues when they arise
- (WHO, 2017).

Types of health services that will be provided (content)

- Provision of health information and counseling
- Provision of clinical services
- Referral
- (WHO, 2017).

Beneficiaries

- Pupils of ages between 10-24 years both in and out of school

Stakeholders involved and their roles (actors)

- The state commissioner of health assigns a committee to conduct adolescent needs assessments within and outside the state. The health ministry therefore, is responsible for budgetary allocation and overseeing the development of the program
- State commissioner of finance for financial support
- State commissioner of education for support
- Local communities for adolescent risk assessment within every community
- International agencies for funding and technical support
- Private and government hospitals with their doctors, nurses, pharmacies, local primary healthcare clinics, and

community health workers all for decision-making, planning, and implementation.

- Religion leaders, traditional rulers, parents, politicians, NGOs, members of the community, and representatives of adolescents will all be part of the decision-making
- The media for disseminating information
- (WHO, 2017).

Process

- Programming: Translating the policy through stages of planning at the state level
- Program budgeting: Resource allocation for implementation of the policy
- Plan and action: Describing actions and strategies to be followed
- Implementation: Translating the policy into action
- (WHO, 2017).

Activities involved and the relevant indicators (context)

- Activities involved in the provision of health information and counseling are Risk analysis, training, and motivation of volunteers on how to develop and deliver knowledgeable information and counseling on the risk of STIs, contraception, rape prevention, menstrual cycle, and personal hygiene. These activities will take place in youth centers, clinics, pharmacies, hospitals, and schools. The indicators are the number of volunteers trained, the number of massages delivered, the number of counseling sessions held, the number of youth centers or healthcare centers providing adolescent-friendly services, and the number of adolescents whose sexual health knowledge and attitudes have improved.
- (WHO, 2017).
- Activities involved in the provision of clinical services include Training and motivation of healthcare givers (Doctors, Nurses, midwives, and other health workers) on how to deliver adolescent-friendly health service with respect and confidentiality. Others are voluntary counselling and testing, prompt screening, diagnosis, treatment, and management of infections including HIV and AIDS. There is delivery of antenatal and postnatal services, post-rape care, and provision of condoms. The indicators are the number of healthcare givers trained, quality services provided, number of tests and screenings conducted. Others are the number of attendants in antenatal and postnatal care clinics, the number of healthcare centers and hospitals offering these services, and the number of adolescents who receive adolescents' adolescent-friendly healthcare.
- (WHO, 2016).
- Referral of cases at all levels among providers of different healthcare and social services involved in adolescent-friendly healthcare programs.
- (WHO, 2016).

Monitoring and evaluation

The Federal Ministry of Health will organize a committee that will assess the progress of the program. Although the program is not time-bound, the monitors pay visits periodically to all states and communities. The monitors are responsible for reviewing the policy changes before and after implementation, and then continuously (Nyblade, 2017). Information will be gathered through interviews and surveys of both the trainees (clinicians) and the patients (adolescents) and reviewing patient records/cards, after consent (WHO, 2018). Any issue that is noticed either at the point of training or on the general feasibility and cost of the program will be addressed to ensure that the recommended service is delivered to adolescents (WHO, 2016).

Advantage of the policy

- It is very important and useful because the program involves all Nigerian adolescents both in and out of school

With this policy, Adolescent-friendly Service is cost-effective and service delivery is convenient (24-hour service delivery).
The policy was implemented and has shown great success in the following countries, China, the USA, and Zimbabwe (Bernard et al. 2020).

Limitations of adolescent-friendly health service

- It is a pilot policy

Policy of choice

By comparing the two policy options, creating an adolescent-friendly service seems more feasible and cost-effective. It does not exclude any particular group as it will benefit both in-school and out-of-school adolescents. The policy has no threat of being refused by cultural and religious leaders compared to sex education. it is evidence-based as it is implemented in different countries and it has proved to be successful.

CONCLUSION

The burden of STIs among adolescents is becoming alarming in many developing countries, including Nigeria, yet specialized health intervention targeted at adolescents is not prioritized. It is therefore believed that policies such as school health and sexual education and the establishment of adolescent-friendly health services will largely contribute to addressing some of the health challenges faced by adolescents.

REFERENCES

1. Ahanonu, E. L. (2014). Attitudes of healthcare providers towards providing contraceptives for unmarried adolescents in Ibadan, Nigeria. Journal of Family & Reproductive Health, 8(1), 33. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4064762/
2. Bearinger LH, Sieving RE, Ferguson J, Sharma V. Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential (2007). Lancet. 2007 Apr 7;369(9568):1220-31. doi: 10.1016/S0140-6736(07)60367-5. PMID: 17416266.
3. Babalola. B I; Nwokocha E. E; Adewole O. G (2021) Sexual behavior, vulnerabilities and perceived consequences among young persons with disability in Ekiti state, Nigeria: a Qualitative Perspective Studies in the Social Sciences, Vol . 2, No 1, 2021: 45-56 ISSN: 2736-190x
4. Bernard Y. A, Sawdah E. A, Agnes M. K, (2020) Sexual behavior and the utilization of youth-friendly health Services: A cross-sectional study among urban youth in Ghana, International Journal of Africa Nursing Sciences, Volume 13, 100250, ISSN 2214-1391, https://doi.org/10.1016/j.ijans.2020.100250. (https://www.sciencedirect.com/science/article/pii/S221413912030127X)
5. Falola, Toyin O. "Nigeria - Nigeria as a Colony (2016)." Encyclopedia Britannica Online. Encyclopedia Britannica. Web. 31 Mar. 2016. <http://www.britannica.com/place/Nigeria/Nigeria-as-a-colony>.
6. FMOH (2001) National Reproductive Health Policy and Strategy to Achieve Quality Reproductive and Sexual Health for All Nigerians. National Policy Document: Federal Ministry of Health, Abuja. Available from https://s3-eu-west-1.amazonaws.com/s3.sourceafrica.net/documents/120122/Nigeria-National-Reproductive-Health-Policy-and.txt
7. Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. Social Science & Medicine, 57(1), 13–24. https://doi.org/ 10.1016/S0277-9536(02)00304-0
8. Nyblade, L., Stockton, M., Nyato, D., & Wamoyi, J. (2017). Perceived, anticipated and experienced stigma: Exploring manifestations and implications for young people's sexual and reproductive health and access to care in North-Western Tanzania. Culture, Health & Sexuality, 19(10), 1092–1107. https://doi.org/10.1080/13691058.2017.1293844
9. Olamijuwon, E., Clifford, O., & Adjiwanou, V. (2021). Understanding how young African adults interact with peer-generated sexual health information on Facebook and uncovering strategies for successful organic engagement. BMC Public Health, 21(1),

2153. https://doi.org/10.1186/s12889-021-12165-x 10.

10. Lindberg, C., Lewis-Spruill, C., & Crownover, R. (2006). Barriers to sexual anreproductive health care: Urban male adolescents speak out. Issues in Comprehensive Pediatric Nursing, 29(2), 73–88. https://doi.org/10.1080/01460860600677577
11. Sedgh, G., Bankole, A., Okonofua, F., Imarhiagbe, C., Hussain, R., & Wulf, D. (2009). Meeting young women's sexual and reproductive health needs in Nigeria. New York; Guttmacher Institute, 2009. https://www.researchgate.net/profile/Gilda_Sedgh/publication/242520106_Meeting_Young_ Women's_Reproductive_Health_Needs_in_Nigeria/links/53d178330cf2a7fbb2e72c59/Meeting-Young-Womens-Reproductive-Health-Needs-in-Nigeria.pdf
12. World Health Organization (2016). Sexually transmitted infections (STIs) [homepage on the Internet]. 2016. Accessed on December 07], 2023, Available from: http://www.who.int/mediacentre/factsheets/fs110/en/
13. World Health Organization. (2017). Regional Atlas on Adolescent and Youth 2017: WHO, African Region Publications, available from https://www.afro.who.int/publications/regional-2017-atlas-adolescent-and-youth-health

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