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*Full Length Research Paper*

# Adolescents' reproductive health rights and economic development in Nigeria

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Despite Nigeria's abundant physical and human resource endowments, the economic growth rate has been as slow (1.7 %, 20011). This is probably due to the improper harmonization of demographic characteristics of the population and the natural resources. For instance high fertility rate can lead to rapid population growth. The Nigerian government's efforts at slowing down population growth rate are targeted at female aged between ages 19-49. However adolescents girls aged between 15-19 years are already married and giving birth before age 20. Hence the total fertility rate remained high (5.2) with its consequent high proportion of youth in the population and high dependency ratio. Resource allocations for the different sectors of the economic therefore become limited because of the need to fend for the large proportion of the youth (consumers only). This therefore slows the rate of economic development. In other words, investing in the adolescent reproductive health needs is not only a right but crucial for any meaningful economic development. Information from the Nigerian Demographic and Health Survey and other sources revealed that about 29% of adolescents are married and giving birth before the age of 20. Thus contributing to an annual population growth rate of 3.2%. This scenario imposes an unsustainable burden on the health care delivery and slow economic development. A keen focus on the development and human right of adolescence would not only enhance fertility reduction efforts but slow down population growth a necessary condition for any economy to development .Such efforts should include demystifying and including sex education in school based programmes. This will help to discourage unprotected sex, lower fertility and eventual slowing the rapid population growth.

**Keywords:** Adolescents, Reproductive Rights, Economic Development.

## INTRODUCTION

Development processes is aims at creating an enabling environment for its people to enjoy health and creative lives. A country's potential for economic development is however, greatly influenced by its endowment in terms of physical and human resources. Hence the real wealth of any nation though non-economic forces, are the people in terms of its demographic characteristics which includes the size, distribution, structure, and change of population and its level of national income per capita. The physical resources include land, mineral resources, climate, etc.

Nigeria is located on the coast of West Africa and has a surface of 923,768km<sup>2</sup>. It is Africa's most populous country and the 9<sup>th</sup> most populous in the world with an estimated population of 1s54million people as a result of a persistently high total fertility rate of 5.2 and growth rate of 3.2% per annum (Population Bureau Bulletin, 2010). At this rare it will take Nigeria just 22years to double its population; thus Nigeria is said to be experiencing population explosion. As such the physical resources are only able create a economic growth rate of low, 0.1%

(1996) to 1.7 (2009), GDP \$99 billion and per capita income of \$752, which is far below \$1,060 for West Africa (World Bank, 2009).

Decline in oil price, a major contributor to the GDP, coupled with government's over ambitious industrialization, neglect of agriculture and excessive foreign borrowing, led to prolongation of the economic stagnation and declining. Nigeria is ranked 13 amongst poorest countries because about 66% live below the United Nations \$1.25 per day and human development index of 158, despite the abundant natural resources. The health care and general living conditions in Nigeria are poor, especially for children and women. Infant and under five mortality is high 86 per 1000 live births because of the weakened public healthcare system where there is low coverage of key intervention leading the persistently high disease burden. This coupled with a persistently high population growth rate of 3.20% per annum and total fertility rate of 5.2, prompted a review of the national population policy in Nigeria. This phenomenon is due to the policy makers' inadequate understanding of the economy as an interdependent social system, in which economic and non-economic forces are continuously interacting in ways that are, at times, self-enforcing and at other times, contradictory. Controlling population growth is therefore necessary for solving the economic development. Hence analyzing relevant current demographic levels and past trend is therefore a necessary first step in the construction of population forecast which, in turn, will form the underpinning of national plans for economic development programs and explicit population and health policies in some cases.

Maternal and child health status is a good indicator of the health care services of any nation. For instance

World Health Organization (2001) revealed that women especially the adolescent mothers suffer injuries during child especially in developing countries. Such injuries like pelvic inflammatory diseases ruptured uterus and damaged reproductive tract all of which can lead to complications if not repaired. At least 1,600 adolescent mothers die every day from complications during pregnancy and childbirth with 90% of these deaths occurring in the developing countries (Luthra, 2005). Also 15 million adolescent mothers annually suffer from long-term complications and injuries during pregnancy and child birth (World Health Organization, 2002; Population Reference Bureau, 2010). About 112 infants in Nigeria die annually due to poor antenatal care. (National Population Commission, 2009). Female especially adolescents often face discrimination in health and other obstacles in accessing health care. For instance political and cultural barriers limit adolescents' access to family planning the young and adolescents mothers. In some countries unmarried adolescents are denied access to family planning services for it is believed that such

opportunity will promote promiscuity. Yet about 40% of girls in the developing countries give birth before age 20

Accordingly participants at the 1995 United Nations International Conference on Population and Development, Cairo made a collective commitment to improve women's status and to make family planning and other reproductive health services universally available to all persons reproducing in developing countries by the year 2015. The emphasis is on reproductive health because it was realized that 25.50% of treatable or preventable diseases among mothers are related to reproduction. Maintaining a healthy reproductive organ during and long after completing nature's fundamental function of reproduction is in the best interest of the human race. In other words, the survival of the family, the community and progress of any nation depends on the health of its women particularly the adolescents. In this vein the Nigerian put in place several policies and plans to enhance child and maternal survival. These include national immunization and standard practice (1996), exclusive breast feeding (2001), a national health policy prioritizing maternal and child health in 1994. The specific demography objectives was to extend coverage of family planning services to half of all women of child bearing age 15-49 years 1995 and in 80% by 2000. This is in view of the believed these category of people are responsible for the high population growth. However this same group often dies at child birth. Therefore a need to reduce maternal mortality, an important measure of a nation's health care performance or status cannot be over emphasized. The strategies adopted to achieve these objectives include

Increase age at first marriage in order to reduce total fertility rate.

Promote population education in school curriculum starting from the Secondary school.

Integrate family planning services with anti-natal and child bearing services.

Encourage girl child schooling to discourage early marriage.

## **AIM AND OBJECTIVES**

Women of the reproductive age are made up of the adolescent 10-24 years, adult 25-49 years and too old 49+ years but still giving birth. This research work is aimed at explaining the relationship between adolescent maternal and child mortality and adolescent maternal reproductive health. The following objectives are to be pursued to achieve this aim. Identify the age specific reproductive health needs.

Identify factors responsible for continuous high maternal and child mortality rate.

Identify the age specific reproductive health problems of the various categories. Highlight the success level of the

maternal health policy according to the set goals in Nigeria.

Suggestions were made from the findings of this research on how to improve the maternal health status and reduce infant and under five mortality rates. Since children are important assets to any nations, attempt at ensuring their survival cannot be over emphasized.

## METHODOLOGY

### Sources and types of data required

The main source of data for this research is secondary. Therefore relevant documents are sources from Population and Demographic Data from Nigeria National Population Documents, Population Reference Bureau of United Nation, World Health Organization data sheets on demographic characteristics etc.

### Method of Data Analysis

This research work is basically an evaluation of Nigerian Health Policy particularly the aspect of maternal health. Hence descriptive statistical analysis and percentages were used to explain maternal health care and national health care services.

## DISCUSSION

The International Conference on Population and Development (ICPD) program of action defined the productive health as a state of complete physical mental and social reproductive well being. In order words men and women are well informed of and have access to safe, effective, affordable and acceptable method of fertility regulation. Consequently, they be able to have responsible, fulfilling and safe sexual life. Child care in infancy, child growth and adulthood especially with the reproductive ages are inclusive (UNFPA, 2002). Reproductive health is also not only about preventing and treating diseases but also about supporting normal functions of child bearing and child birth. In addition it is also about reducing the adverse outcome of pregnancy matter like disability, abortion, miscarriage, still birth and death. In a nut shell, reproductive health is a life enhancing process on how to nurture them in the face of adversities such as gender discrimination, inequalities, exploitation, conflicts and economic disruption (Bulletin of World Health Organization 2009).

The Nigerian national constitution of 1999 chapter iv article 42 prohibits unjustifiable discrimination on the bases of ethnic group, place of origin, sex, religion on political. The child right charter drafted in 1991 was adopted in September, 2003 advocate among other

things that every child has a right to life, is entitled to good health, protection from disease and proper medical care for survival, personal growth and development and should not be denied his/her right to health care. In this a child is defined as a person who has not attained the age of 18years. Adolescence is however a phase separate from both early childhood and adulthood, a period that requires special attention and protection.

### Age-Specific Reproductive Characteristics

Earlier policies on maternal and child health services were overwhelmingly oriented towards child health and neglected mothers health (Rosenfilt 1985). Thus infant and child mortality still remained high because the death of a mother could lead to stunted growth, under weight or even premature death of the children. This implies that the health status of a mother is very much related to child health status. Consequently by the mid 1980s, safe motherhood was identified as a serious health development *and maternal* health was accepted as a human right issue.

Women of child bearing age however are not homogenous. They include the adolescents, the adults and the too old for child bearing but still reproducing. All these categories of female have unique reproductive health needs which are not adequately met by the present maternal health care of the Nigerian health care system. This is evidence by their age specific maternal mortality rates and morbidity. The adolescent for instances are twice as likely to die from pregnancy related causes as are women in their 20s (UNICEF 1998). Also adolescents are less likely able to protect themselves from unwanted pregnancies and sexually transmitted and infections (STI) diseases than are older people. Adolescents are particularly vulnerable to malaria during pregnancies which is responsible for anemia in pregnancies. Also adolescents have difficult labour, vesicus- virgina- fistula (vvf), drop foot and still birth. In many cases they lack legal social and economic resources necessary to obtain family planning and other reproductive health services. For instances only about 26% of women below 20 years are attended to by skilled personnel during child birth also only 27% of single girls below 20 years that are single but sexually active are using modern contraceptives compared to 51% of women aged 20 years and above though single but sexually active (Population Reference Bureau, 2006).

Age of mother at birth is critical to maternal and child survival. On the average about 40% of women in less developed countries give birth before age 20. For Nigeria, the figure is about 27% and another 13% that are expected to give before the end of year 2006 (Population Reference Bureau, 2006) Children are at high risk of dying, if mothers are below 20 years. For instance in Nigeria infant mortality of mothers below age 20 is 159

per 1000 live- births compared to 122 per 1000 of mothers above 20 years. Pregnant girls who are below 15years old have mortality rates 7times higher than of women aged 20-24years (UNICEF,2010). Also mothers too old for child bearing, age 49+ have higher infant mortality of about 23% (National Population Commission, 2001). This is due to the fact that child survival in the first six years of life depends on breast feeding for the first six months because it believed to be the ideal nourishment which enhances a child's prospect of survival, thriving and speeds cognitive development .It also boost infants immunity against commonly fatal diarrheal, dehydration, respiratory infections and other ailments that easily kills these children. Unfortunately the adolescents are ill equipped for breast feeding. In addition children born by adolescents often have low birth weight, premature babies and high infant morbidity (Newcome, et al 1997). Child risk measurement (CRM) is an attempt to capture some of the risks a child faces until the age 18.For children in sub- Saharan Africa it is high 61% and 57% for Nigeria (The Progress of Nations, 1999). Among the five factors used to measure CRM is under five mortality and moderate to severe under weight and primary school attendance.

Things have changed especially for the adolescents than their parents. They are now more educated, healthier and more urbanized. Due to their good health and modernization, the onset of puberty is occurring earlier for them. Consequently the adolescents have longer period of life time during which they are sexually active. In Nigeria about 28% of female adolescent and unmarried have had sex before age 18 compared to 24% for their male counterpart. Also about 33% adolescents in Nigeria are getting married before age 18 and therefore recording higher fertility of about 5.9 in Nigeria (Population Reference Bureau 2010). Their body however may just be capable of reproducing but their social psychological dimension may not yet be matured to undertake childbearing. Consequently, the proportion of female adolescent with STI or pregnancy related problems are on the increase 22% with HIV (United Nation Children Education Fund, 2009).

One of the National policy thrust of increasing age at first marriage in order to reduce period of sexuality and fertility recorded a little success by increasing age at first marriage from 18 to19 years However ,child marriage is still high, about 39% marry and are giving birth before they are 18years. Yet their fertility is still high 5.7 (Population Reference Bureau, 2010). This could be due to modernization on which lead to breakdown of traditions and exposure to information. Increased premarital sex among adolescent has increased. For instance about 39% of young women below 18 years in Nigeria have had sexual experience (Population Reference Bureau, 2010). Such practices therefore, expose them to high risk of unintended pregnancies, unsafe abortion, births outside of marriage and STI's including HIV/AIDS (Population

Reference Bureau, 2010).

Unsafe abortions which are sometimes self-induced can result in severe illness, infertility and death. Complications from unsafe abortions are leading causes of deaths among teenagers in some countries (Senderowitz, 1990). In many cases these adolescents lack the legal social and economic resources necessary to obtain family planning and other reproductive health services. Many of them therefore engaged in illegal or unsafe abortion. And this is said to be a school girls" problem in Nigeria (UNICEF,2010) In fact Where safe abortions exist, access is often restricted for teenage girls. This is evidence by the low proportion (27%) of single but sexually active women below 20 years using modern contraceptives (Nigeria Demographic and Health Survey, 2008).

The maternal aspect of Nigeria's health policy assumes that all women in the reproductive age group are married As such, most of the youth reproductive health programs, are geared towards young people engaged in consensual sex. However in many countries young women are under strong social and peer group pressure to engage in premarital sex which may not be consensual but sexual abuse. Such young women are at high risk of unintended pregnancies, physical injury and psychological trauma. Teenage pregnancies are major cause of school dropout amongst girls in Nigeria. In fact out of the 127 pregnant school girls 52% were expelled from school, 20% were ashamed to return to school 5% could not continue schooling because parents refused to fund them 8% were forced to marry. Heise et al (1998) in their studies confirmed this assertion by adding that young people that are sexually abused are more likely to engage in high – risk sexual behaviors than those who have not been abused. Pregnant girls who are under 20year suffer more pregnancy and delivery complication like toxemia, anemia, premature and prolonged than women who are 20years and above.

Adolescent nonconsensual sex has not adequately received the needed attention until recently when ICPD, adolescents were identified as being vulnerable and that their reproductive health is of critical importance. Female adolescence reproductive health and sexuality has to be handled in a way that is safe and socially acceptable. This is because young people's needs vary tremendously depending on their stage of life-puberty, adolescent and early adulthood and in the context of the community or society in which they live. This is because adolescent females in particular, operate under different socio-cultural norms. As such their experience varies within and between nations. Thus generalization about young people in order to improve on the reproductive health care particularly in Nigeria may not solve problem.

### **Conclusion and Policy Implication**

Young people form the largest proportion of Nigeria's

population 52% (World Population Data Sheet, 2008). They however face economic, social, political and cultural barrier. Efforts should be made to remove such barriers for youth to be able to contribute their own quota to the nation's development. In Nigeria, for now, there is no specific stated law and available policy on all the reproductive issue and right. There is need to change the socio-cultural perception of the female reproductive organ as one that is only useful for conception and personal satisfactions of men. This can be done through the provision of health education to adolescents both male and female. Given the strong link between education, and child survival it is clear that investing in adolescents especially girls is imperative to address violence, abuse, exploitation and women in earnest. Such education should include information on sexuality responsible sexual behavior, reproduction, voluntary abstinence, family planning and consequences of unsafe abortion.

Early child bearing among adolescents has come to be recognized as a social problem because of the undesirable consequences for the young women, the child and the society at large (United Nations Children Education Fund, 2001). All over the world, pregnancy related conditions are leading causes of high death rate among women age 15-19 (World Health Organization, 1998). Therefore there is need for policy and health providers to remove the legal institutional barriers that keep young people from using existing family planning and reproductive health service. Health services should be adolescent friendly by ensuring confidentiality privacy and the high quality information necessary for informed consents. Youth should be involved from the program design level. Such an approach will help to accommodate the unique need of adolescents and young adult. Like ensuring post abortion health care services and have access to essential obstetric care. Investing in the sexual and reproductive health, including linkages to HIV/AIDS is one of the best proven and most cost effective intervention possible for developing and poverty reduction (Greer, 2009). Thus meeting the needs of youth today is critical for a wider range of policies and programs because the action of the young people today would shape the size, health and prosperity of the world's population.

Opportunities for females' education and economic empowerment should be increased and accessible. This would not only increase their age at marriage but will enhance the bringing up of quality children. Because educated women would be encouraged to space her children, ensure balance diet and healthy environment for the family and the children in particular.

In conclusion implementing a safe motherhood program requires commitment from public and private

health care services providers as well as from leaders at the community level. A lack of political commitment at either the national or local level can undermine efforts to strengthen safe motherhood.

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