International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

The Politics of Policy and Practices to Advance Adolescent and Youth Friendly Health Services in Nigerian States

Francis Awasighe Eremutha[1], Modupe Oluwatoyin Owolabi[2]

[1, 2]Women Friendly Initiative (WFI), Plot 85A, AAI Employment Area, Off Funtaj College Road, Kuje. FCT, Abuja
[1]Email: *f.eremutha[at]wfi.org.ng*
[2]Email: *o.owolabi[at]wfi.org.ng*

Abstract: ***The Adolescent and Youth Friendly Health Services (AYFHS) approach is a guide on how state governments can improve the provision of adolescent and youth reproductive health (AYRH) services based on the needs of young people. Furthermore, Nigeria identifies her AYFHS policy as a strategic approach for advancing the health and development of her adolescent and youth population. The study therefore assessed government and private sector strategies in terms of policies, practices and guidelines for the integration of Adolescent and Youth Friendly Health Services in Plateau, Kwara and Nasarawa States and the Federal Capital Territory (FCT). Semi-structured interviews with 172 key LGA and community stakeholders were conducted to elicit information on the availability, enabling environment and implementation of AYFHS interventions across the selected LGAs. The findings indicated the availability of AYFHS policy in all the study LGAs with low or lack of implementation. Only 39% reported the availability of designated AYFHS primary health care centre with 42% of these PHC having at least trained personnel for AYFHS. Majority of the respondents also reported the non-existence of a budget line for the AYFHS interventions in all the study locations. The level of AYFHS services provided was generally poor with various institutional and behavioural barriers to access to service. Priority for interventions have yielded little to no success at all due to political economy factor such as weak coordination and lack of funds. Basically there is no effective implementation of AYFHS policy in the selected study sites as shown from the results of the study. There is need for actions geared towards putting policies into action in the country.***

Keywords: adolescents, youth friendly services, policy, practice

1. Introduction

It is widely believed that Africa has a unique opportunity to invest in youth development as part of an overall strategy to secure its growth and economic prosperity. However, for many African youth, the transition through adolescence continues to be fraught with several challenges and difficulties [1]. Adolescents (10-19 years) and young people (10-35 years) represent a significant proportion (42.4%) of Nigeria's population [2]. Failure to ensure the health and well-being of adolescents may result in wastage of investments previously made in the childhood state and will also lay a foundation for poor health in adulthood. Investment in adolescent health and well-being brings a three-fold dividend of health-related benefits: benefit in the immediate period in terms of improved health and development of the adolescents themselves; benefit for the later life of adolescents in the adult period of life; and, benefit for the next generation of children as the adolescents become parents. The health situation of today's young people will not only determine the overall health situation of the country but will impact every facet of national development. Investment in the health and well-being of adolescents and young people increases the potential for demographic dividend [3].

The Adolescent and Youth Friendly Health Services (AYFHS) approach is a guide on how state governments can improve the provision of adolescent and youth reproductive health (AYRH) services based on the needs of young people. The new Global Accelerated Action for the Health of Adolescents (AA-HA!) opines that building an adolescent- and youth-responsive national health system is critical to ensuring universal access to health with regards to young people [4]. Adolescent- and youth-responsive national health system is an approach which brings together the qualities that young people demand regarding health services, with the high standards that must be achieved in technical and quality dimension. Programming for adolescent-responsive health system entails actions that address both the clinical and non-clinical aspects of health services and ensure high quality of service delivery to young people in an appropriately friendly environment. As the AA-HA! framework also explicitly noted in this context, the provision of adolescent-friendly health services (AYFHS) is an evidence-based intervention that promotes adolescent positive development. AYFHS provide a platform through which health services can be appropriately offered to young people in an optimal manner [5].

Youth-friendly sexual and reproductive health services are those that attract young people, respond to their needs, and retain young clients for continuing care [6]. Youth-friendly services are based on a comprehensive understanding of what young people in a given society or community want, and on respect for the realities of their diverse sexual and reproductive lives. The aim is to provide all young people with services they trust and which they feel are intended for them [7]. Priority setting for health interventions is one of the most challenging and complex issues faced by health policy decision-makers all over the world [8]. Political priority is present when: 1) national political leaders publicly and privately express continued concern for an issue, 2) the government legislate policies that offer widely accepted strategies to address the problem, and 3) the

government apportions and releases public budgets proportionate with the problem's severity.

This Political Economy Analysis was conducted to determine the implementation of AYFHS in these states, identify areas for scale up and key stakeholders that could help change the narrative as well as identify gaps for intervention.

1.1 Goal and Objectives

The Broad objective of the study was to assess government and private sector strategies in terms of policies, practices and guidelines for the implementation of Adolescent and Youth Friendly Health Services in Plateau, Kwara and Nasarawa States and the Federal Capital Territory of Nigeria.

The objectives of the study were to:

1) To identify the existence of AYFHS in the selected states
2) To document the availability of institutional structures/facilities to support the implementation of AYFHS.
3) To document the availability of dedicated budget line for AYFHS interventions in selected states
4) To document challenges and opportunities in the implementation of the AYFHS policy in selected states
5) To make recommendations for strategies to ensure proper implementation of the AYFHS policy

2. Methodology

2.1 Description of the Study

This section describes the study location, its design and population. It also describes the method and instrument of data collection as well as data management and analysis.

2.1.1 Study location

The study was conducted in 7 LGAs selected within Plateau, Kwara and Nasarawa States of Nigeria and the Federal Capital Territory (FCT).

Table 1: Institutional Affiliates of Study Participants

No	Designation	ID	Type of Stakeholder
1.	Local Government Chairman	Male	Government
2.	Director Budget Planning Research and Statistics	Male	Government
3.	Leader Legislative Assembly	Male	Government
4.	Supervisory Councilor for Health	Male	Government
5.	AYFHS State Focal person	Female	Government
6.	Local Government AYFHS Desk Officer	Female	Government
7.	Local Government Treasurer	Male	Government
8.	Traditional Chief	Male	Community
9.	Religious Leader	Male	Religion
10.	Leader Women Group	Female	Community
11.	Leader Youth Organization (non-political)	Male	Youth Representative
12.	HOD Education/social welfare/social services	Female	Government
13.	Education Secretary for the Local Government	Male	Government
14.	LG House Committee on Health	Male and Female	Government
15.	LG Head of Personnel Administration	Male	Government
16.	Family Life and HIV Education Teacher	Female	Government
17.	CSOs Representatives	Male and Female	Civil Society Organizations

**All these stakeholders were interviewed where applicable in each of the study sites*

2.1.2 Study Procedure

A structured proforma was used to retrieve information from the study participants. This included demographic characteristics, review of the availability of Budget lines, funding allocation, release and documentation of tracking.

2.1.3 Data Analysis

Data were cleaned and properly coded to assure quality prior to analysis. The data were then exported into SPSS software for analysis. Key outcome variables were disaggregated by selected socio-demographic variables.

3. Results

The study findings are summarized by the 4 key study areas: factors enabling the implementation of the AFYS, AYFHS financing over the study period, challenges encountered in implementation and recommended changes in key factors for enabling environment.

3.1 Enabling factors for AYFHS Policy Implementation

Adolescent and Youth Friendly Health Services (AYFHS) availability and implementation were evaluated using responses from 76 respondents. Existence of the AYFHS policy document was reportedly available at the LGA by 42% of the respondents while 38% were unsure whether such a document existed in the LGA. Majority (90.6%) of the respondents with the AYFHS policy document reported the existence of job-aids for its implementation.

Table 2: Availability and implementation of AYFHS policy in selected LGAs

	Yes	No	Not Sure	Total
Availability of AYFHS policy document	32 (42%)	15 (20%)	29 (38%)	76 (100%)
Availability of Job-aids for policy implementation	29 (38%)	17 (22%)	30 (39%)	76 (100%)
Availability of AYFHS service provision at PHCs	42 (55%)	21 (28%)	13 (17%)	76 (100%)

More than half (55%) of the respondents reported the provision of AYFHS in their LGAs while 42% reported the presence of trained service providers for AYFHS. A few respondents (39%) reported the availability of designated AYFHS primary health care centres in their LGAs and almost all (96.7%) reported that the facilities met the expectations of the communities regarding AYFHS. However, only 37% reported the existence of focal person for AYFHS in their LGAs and 12% reported the existence of a standing committee on AYFHS in their respective LGAs.

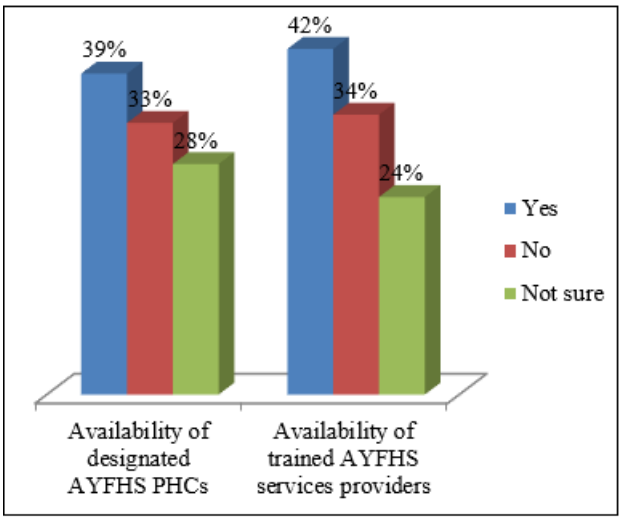

Figure 1: Availability AYFHS designated PHCs and trained service providers in selected LGAs

An aggregate of 78% of the study participants expressed dissatisfaction to the overall implementation of AYFHS activities in their local government primary health care centres.

3.2. Financing Adolescent Youth Friendly Services

A large percentage (96%) of the study percentage reported the non-existence of budget line for AYFHS in the LGAs.

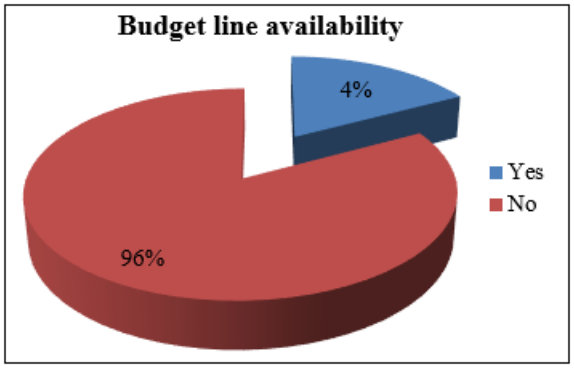

Figure 2: Availability of budgetary allocation for AYFHS in selected LGAs

3.3. Challenges in accessing AYFHS Service

More than half (62%) of the respondents reported that institutional, behavioural, and structural challenges were encountered by adolescents and young people in accessing AYFHS in their communities

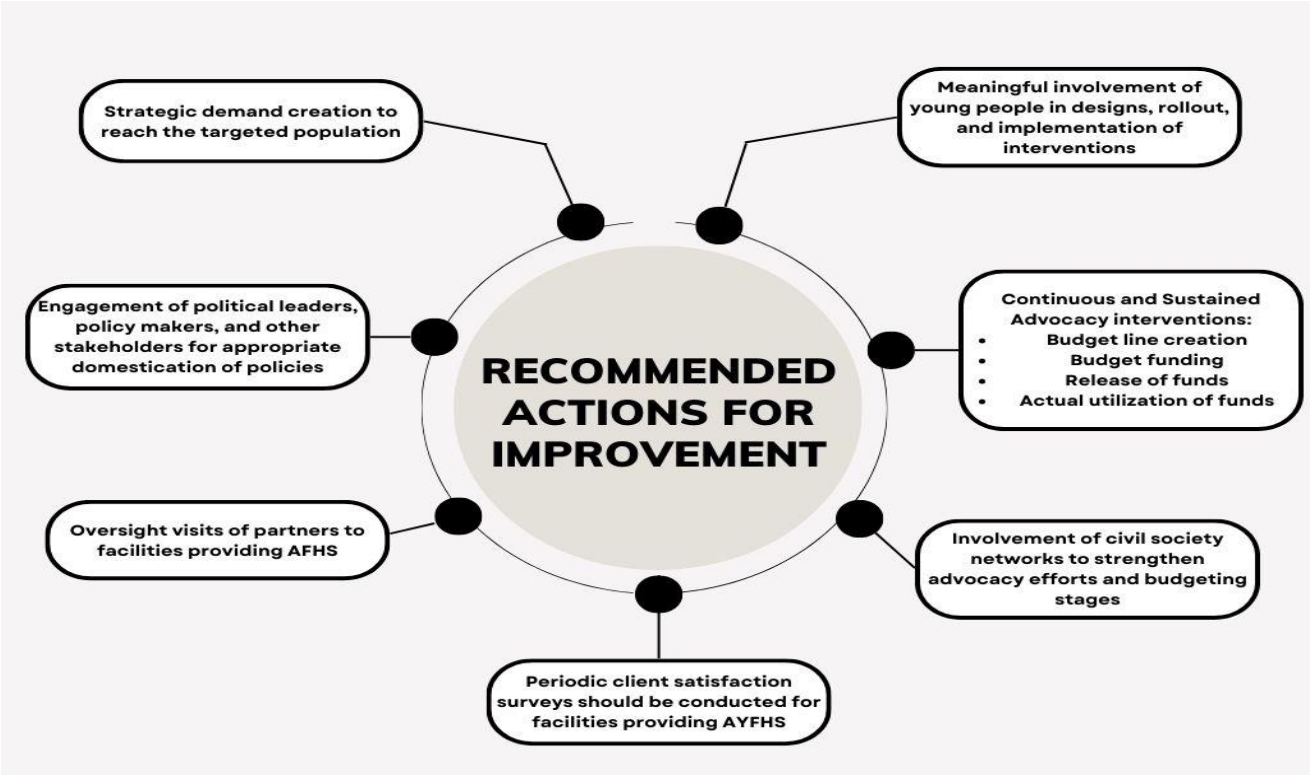

Figure 3: Recommended actions for improvement in the AYFHS implementation at the study sites

4. Discussion

To realize the SRH wellbeing of adolescents and to protect their human rights, countries need to adopt holistic interventions that address adolescents' fully lived realities, rather than one-dimensional approaches or trickle down interventions that appear to be reactive rather than proactive, such as providing free maternal health care after girls are already pregnant instead of promoting modern contraceptive uptake to avoid unwanted pregnancies [9].

The collective actions that resulted in the development of National Policy for the Integration of Adolescent/Youth Friendly Health Services into PHCs sadly have not always promoted political priority nor has it prompted deliberate action to advance the agenda. This is reflected in the findings of this study where almost all of the factors for proper implementation of AYFHS are missing. Relevant stakeholders supported mostly programs and projects that fit their agendas and vision, rather than considering the actual needs of the citizenry [10]. Unchecked, this imbalance in decision-making power, often leads to a vicious cycle of duplication, competition, and misappropriation of services, which weakens the health infrastructure [11]. This, in turn, undermines the prioritization of adolescent SRH by the public and by politicians.

Even though policy makers may recognize the existence, severity, and repercussions of poor adolescent SRH outcomes, many policy makers are often distracted by a myriad of issues and have limited resources to deal with them alongside other conflicting political priorities [11].

5. Conclusion

In order for adolescent SRH to gain traction within the national political system, there is an urgent need for policy actors to use their technical and financial resources to create a more cohesive community of advocates across sectors and to develop a clear problem definition of adolescent SRH and a public positioning of the matter. This might require a compromise in the moral beliefs as well as range of proposed solutions to ensure that they are both palatable to the political system and thus increase tractability of adolescent SRH.

Acknowledgement
The funding support and technical assistance provided by the USAID/SCALE Palladium Group deserve the greatest appreciation. Without the funding support, this project would not have been executed.

References

[1] Odaga A. Youth and HIV/AIDS in Africa: A Call for Effective Policies and Programs Editorial, African Journal of Reproductive Health, 16(2):17 June 2012
[2] Nigeria Demographic and Health Survey (2008) pp 12
[3] Osanyin (2010) Report on Assessment of Facilities providing Youth Friendly Health Services in Nigeria www.ncceonline.org
[4] Global Accelerated Action for the Health of Adolescents (AA-HA!) - First edition. Guidance to Support Country Implementation ISBN: 9789241512343
[5] Nigeria National Standards & Minimum Service Package for Adolescent &Youth-Friendly Health https://tciurbanhealth.org/wp-content/uploads/2019/02/7-MPSS-Nigeria-National-Standards-vdec-17-FINALE.pdf
[6] Shiffman J, Smith S. Generation of political priority for global health initiatives: a framework and case study of maternal mortality. Lancet (London, England). 2007; 370(9595):1370–9. Epub 2007/10/16. https://doi.org/10.1016/s0140-6736(07)61579-7 PMID: 17933652.
[7] The Safe Project Good practice in sexual and reproductive health and rights for young people: Comprehensive youth-friendly services youth-friendly services. www.ysafe.net. 2007
[8] Rudan I, Kapiriri L, Tomlinson M, Balliet M, Cohen B, Chopra M. Evidence-Based Priority Setting for Health Care and Research: Tools to Support Policy in Maternal, Neonatal, and Child Health in Africa. PLOS Medicine. 2010; 7(7):e1000308. https://doi.org/10.1371/journal.pmed.1000308 PMID: 20644640
[9] Eremutha, F., Gabriel V.C., Barriers Limiting Youth Access to Reproductive Health Services by Primary Health Care Facilities in in Nigeria Universal Journal of Public Health 7(1): 36-43, 2019 DOI: 10.13189/ujph.2019.070105
[10] Onono MA, Brindis CD, White JS, Goosby E, Okoro DO, Bukusi EA, et al. (2019) Challenges to generating political prioritization for adolescent sexual and reproductive health in Kenya: A qualitative study. PLoS ONE 14(12): e0226426. https://doi.org/10.1371/journal.pone.0226426
[11] Kapiriri L. Priority setting in low income countries: the roles and legitimacy of development assistance partners. Public Health Ethics. 2012; 5:67–80. https://doi.org/10.1093/phe/phs00