1. INTRODUCTION
1. **INTRODUCTION**

Adolescence is an important transition from childhood to adulthood and for the purpose of this policy shall apply to persons within the ages of 10 and 24 years.

Health includes not only people's physical, mental and social well-being but also their educational development, proper participation in community activities and ability to contribute to the socio-economic development of their communities. The active participation of adolescents in health plans and interventions is bound to make these plans and interventions more acceptable to them and also stimulates their untapped resources for overall development.

Perspectives on the problems of the health of adolescents must come from a broad disciplinary spectrum to reflect the breadth of experiences that shape their development. These include medicine, education, counselling, religion, sociology, anthropology, psychology, social psychology, economics, mass communication, law, politics, arts, science, agriculture, geography, etc.

Thus, although led by the health sector, the success of an effort to improve the health of young people depends on the support of other relevant bodies such as Federal and State ministries and parastatals departments in Local Government Areas (LGAs), the private sector, professional groups, human rights movements, adult and youth organisations and other non-Governmental Organisations.

Indeed, the implementation of this policy must be evaluated as much in relation to the commitment of non-health sectors to, and concrete support for the specific projects and strategies applied as on other indicators of the health of adolescents.

The promotion of health as a basis of development and the prevention of health problems as a cost-effective strategy must be emphasised along with the care and rehabilitation of those in need.

The approaches and methods for achieving this must recognise the need for a high level of participation by the population in the planning and implementation of health and health related activities in their own communities.

2. **THE RATIONALE FOR AN ADOLESCENT POLICY**

2.1 Most National health programmes provide for children and the aged, recognising their susceptibility to certain diseases due to biological factors. Because adolescents are less vulnerable to these diseases of childhood and of the elderly, hitherto, little emphasis had been placed in this counts on the health needs of this age group.

2.2 Although the 'National Health Policy and Strategy to Achieve Health for All Nigerians' of 1988 provides an open-ended framework for all persons living in Nigeria to have access to health care services, a specific policy on adolescent health is necessary on the following premises:

   2.2.1 In adolescence, the effects of debilitating childhood illnesses and nutritional deficiencies manifest in psychological and other problems.

   2.2.2 Adolescents are more prone to injury than any other group as they are more physically mobile and less mentally inhibited in this mobility.

   2.2.3 Adolescence is the period when individuals develop their capabilities by trying out new behaviours, skills, opportunities, hobbies and relationships, each of which has health implications.

   2.2.4 In Nigeria, as in other societies, young people are more involved in community work, sports, combat operations, etc., and are therefore more prone to physical injury.

   2.2.5 Because adolescents constitute about 30% of the population, Adolescent Health is a crucial delivery strategy in such contexts as AIDS, STD and drug abuse control programmes which present largely unfamiliar challenges.

   2.2.6 When unfavourable economic conditions impose serious hardships on adolescents, they are tempted to engage in risky and anti-social behaviours and practices such as violent crimes, unsafe
Whereas all Governments of Nigeria realise that adolescents have peculiar health needs that must be urgently met, they agree that a specific policy is required to address and meet these peculiar needs and all Governments in Nigeria hereby adopt and undertake to subscribe to this **National Policy on Adolescent Health** with the following objectives:

3.1.1 To promote the acquisition of appropriate knowledge by adolescents:

3.1.2 To create an appropriate climate for policies and laws necessary for meeting adolescent health needs.

3.1.3 To train and sensitise adolescents and other relevant groups in the skills needed to promote effective healthcare and health behaviour.

3.1.4 To facilitate the provision of effective and accessible information, guidance and services for the promotion of health, the prevention of problems and the treatment and rehabilitation of those in need.

3.1.5 To facilitate the acquisition of new knowledge concerning interactions between adolescents and those who may provide them with healthcare or influence their behaviour regarding biomedical and psycho-social issues related to adolescents physical, mental and social development.

3.2 Towards achieving the objectives of this policy, there shall be established and inaugurated:

3.2.1 A National Programme on Adolescent Health to undertake direct service provision, conduct basic and observational research and develop and adopt special methodologies for information relevant to the health of adolescents.

3.2.2 A National Committee on Adolescent Health to co-ordinate the implementation of the Policy. The composition of this committee shall reflect not only the multi-disciplinary and multi-sectoral nature of the programme but also our various geo-political, religious and cultural characteristics.

3.3 The secretariat of the National Programme on Adolescent Health shall be in the Federal Ministry of Health.

3.4 Each State Government, under the auspices of the State Ministry of Health, shall establish a State Adolescent Health Committee, which shall operate a State Adolescent Health Programme.

3.5 Each Local Government under the auspices of the Primary Health Care Department shall establish an LGA, Adolescent Health Committee which shall operate an LGA Adolescent Health Programme.

3.6 This policy compels each collaborator to commit a specified percentage of its annual budget to adolescent health and to facilitate all activities consistent with the Adolescent Health Policy within its area of jurisdiction.

3.7 The Governments of Nigeria may collaborate with bilateral and multilateral organisations in the implementation of the Adolescent Health Policy and Programme.

3.8 To enable all collaborators play their role to their fullest potential, this policy compels the spelling out by these collaborators, mutually agreed duties and responsibilities pertaining to both general and specific projects, activities or tasks, under appropriate memoranda of understanding.

4. **PRINCIPLES GUIDING PROJECTS FOR ADOLESCENT HEALTH**

4.1 Adolescents for the purpose of this Policy shall apply to persons within the ages of 10 and 24 years.

4.2 All adolescent health interventions shall be undertaken within the context of, and according to the principles of Primary Health Care.
4.3 All projects shall be closely related to the communal experience as an assurance of sustainability and whilst they will recognise existing cultural sensibilities, they should discourage traditions proven to be harmful.

4.4 Mechanisms for the direct participation of adolescents in the design, implementation, and evaluation stages shall be built into all projects.

4.5 All initiatives in Adolescent Health shall recognise the social and cultural disparities among the group in terms of material well being, social status, prejudices, intellectual attainments, social perceptions, taste and attitude because these have implications for choice of medium, language, content, tenor and idioms of messages, role models, etc.

4.6 Adolescent Health initiatives shall aim to promote the capacity of adolescents to relate to all other age groups and also to appreciate that relationships with the opposite gender should be based on mutual respect.

4.7 All initiatives shall seek to promote optimal health, emotional maturity, moral and intellectual development and economic independence.

4.8 Programmes for improving the health of adolescents must recognize and focus action on the diverse contents and situations in which adolescent needs can be met.

4.9 On the premise that adolescents everywhere are influenced by similar factors, it is safe to expect that when these factors are duly observed, programmes can be replicated.

5. NATIONAL ADOLESCENT HEALTH STRATEGY

5.1 Types of Adolescent Health Programmes

Although adolescent health problems vary from one socio-cultural setting to another, the following shall constitute the focus of the programme:

- SEXUAL BEHAVIOUR
- REPRODUCTIVE HEALTH
- NUTRITION
- ACCIDENTS
- DRUG ABUSE
- EDUCATION
- CAREER DEVELOPMENT
- PARENTAL RESPONSIBILITIES AND SOCIAL ADJUSTMENT

5.2 Initiatives for translating policy into strategy

5.2.1 Different initiatives will be required from one setting to another to translate this policy into realistic strategies to meet the specific targets and achieve well-defined objectives. Thus, different but vertically operated projects can be grouped under the following broad categories:

5.2.1.1 OVERALL DEVELOPMENT

This involves provision of comprehensive services, including healthcare, health education, vocational guidance and training, sports and recreational facilities and social and legal support to adolescents in settings to which they are favourably disposed.

5.2.1.2 PSYCHO-SOCIAL DEVELOPMENT

Programmes in this category emphasise healthy mental and social growth as a base for meeting the challenges of adolescence. Many of such programmes offer family planning and employment opportunity.
5.2.1.3 SEXUAL AND REPRODUCTIVE HEALTH

Emphasis here is on responsible sexual behavior and positive attitudes to sexuality as a means of preventing unwanted pregnancies or avoiding sexually transmitted diseases. These issues can be incorporated into schools curricula. Direct service provision may also be undertaken such as special clinics for adolescents within existing facilities outreach activities in schools and other places to which adolescents are attracted.

5.2.1.4 PROBLEM BEHAVIOURS

These programmes will concentrate on preventing substance abuse, sexual and physical abuse, violence, suicide and accidental injuries. They will also involve the provision of personal and job skills training, counseling, and the provision of recreational activities with emphasis on the promotion of healthy lifestyles. The scope for media action is wide here ad may include the use of positive role models to discredit harmful habits.

5.2.1.5 OVERCOMING DISADVANTAGES

In this category are projects to help adolescents surmount problems of extreme poverty, homelessness, physical disability, abandonment, stigmatization or unemployment. Intervention include provisions of comprehensive health and social services, vocational training, health education, etc.

5.2.1.6 PROGRAMME SUPPORT

Under this category are those strategic initiatives aimed at increasing the potential of specific interventions to have an impact on adolescents health. These include needs assessment surveys, advocacy, basic and operational research and other surveys relevant to adolescent health. They also include needs assessment surveys, advocacy, basic and operational research and other relevant

6. ROLES AND FUNCTIONS OF MAJOR COLLABORATORS

6.1 THE FEDERAL MINISTRY OF HEALTH shall provide overall strategic support for the implementation of this policy. Related to this, the Ministry shall

6.1.1 Appoint as focal point, a management officer in the Federal Ministry of Health who shall liaise with other collaborators in the implementation of the Adolescent Health Programme.

6.1.2 Secure and nurture co-operation and support for the programme from local and external agencies

6.1.3 Formulate legislation for enactment on issues affecting adolescent health, enforce the necessary legislation, undertake advocacy, research, [planning, implementation, monitoring and evaluation, and other initiatives necessary for the success and sustainability of the programme

6.1.4 Provide support for advocacy, publicity, training, research, planning, implementation, monitoring and evaluation, and other forms of impetus for and inputs to the programme, consistent with the National Health Policy and Strategy to Achieve Health for All Nigerians.

6.1.5 Set up and inaugurate a National Committee on Adolescent Health which shall be multi-disciplinary and multi-sectoral in composition.

6.1.6 Budget annually for specific activities aimed at combating the problems confronting adolescents as well as aimed at reinforcing healthy behaviors.

6.1.7 Provide support to facilitate the activities of the national Commission on Adolescent Health.

6.1.8 Assist the State and LGA’s in the Federation including the Federal Capital Abuja, in the development and implementation of Adolescent Health Programmes
6.2 THE STATE MINISTRY of HEALTH shall

6.2.1 Identify the various factors within or outside the State that affect the health of adolescents including local habits, practices or attitudes that are promotive or harmful to health, and the resources for combating adolescent health problems.

6.2.2 Set up and inaugurate a State Committee on Adolescent Health to which it shall appoint representatives of different disciplines and callings. The Committee shall oversee the development of an Adolescent Health Programme based on the principles of Primary Health Care.

6.2.3 Appoint a management officer in the Ministry as the State co-ordinator of the Adolescent health Programme who shall administer the State secretariat of the programme.

6.2.4 Formulate legislation for enactment on issues affecting adolescent health, enforce the necessary legislation, undertake advocacy, research, planning, implementation, monitoring and evaluation, and other initiatives necessary for the success and sustainability of the programme.

6.2.5 Commit a reasonable proportion of the budgetary allocation to health for Adolescent Health to ensure the success of the programme

6.3 THE LOCAL GOVERNMENT PHC DEPARTMENT shall

6.3.1 Identify the various factors within or outside the LGA that affect the health of adolescents including local habits, practices, or attitudes that are promotive or harmful to health and the resources for combating adolescent health problems.

6.3.2 Set up and inaugurate an LGA Committee on Adolescent Health comprising representatives of a cross section of the LGA including other LGA departments, e.g. the Local Education Authority, LG offices of State ministries and parastatals, traditional institutions, the media, religious groups, women organizations, youth organizations, etc.

6.3.3 Undertake advocacy for institutional and communal support for, and popular participation in initiatives related to the promotion of adolescent health.

6.3.4 Appoint a suitable qualified health personnel as co-ordinator of the LGA Adolescent Health Programme.

6.3.5 Provide a secretariat for the co-ordination of the activities of the LGA Adolescent Health Committee.

6.3.6 Budget annually for specific activities aimed at combating the problems confronting adolescents as well as those aimed at reinforcing healthy behaviours.

6.4 INTERNATIONAL AGENCIES shall be requested to

6.4.1 Provide technical and financial support for the implementation of this policy and related programmes consistent with their global mandates and our national priorities.

6.4.2 Assign a project officer as focal point for adolescent health.

6.4.3 Support the development of a National Programme on Adolescent Health that is consistent with this policy.

6.4.4 Support the necessary basic and operational research of relevance to Adolescent Health.

6.4.5 Support the implementation, monitoring and evaluation of the different levels of the Adolescent Health.

6.4.6 Commit a specified proportion of its annual programme budget to providing personnel, training, logistic and other appropriate forms of support for the programme.

6.5 OTHER COLLABORATORS

6.5.1 Include individuals, relevant ministries, and extra-ministriel departments, institutions, specialized agencies, private institutions, etc., interested in adolescent health in general or in particular aspects of the programme, and who are willing to match these interests with specific resources.
6.5.2 Play such roles and discharge such responsibilities as are consistent with the mandates and as may be assigned, requested or commissioned by the National, State, or LGA Committee on Adolescent Health.

6.5.3 For effective co-ordination, such resources shall be channeled through the National Committee on Adolescent Health.