

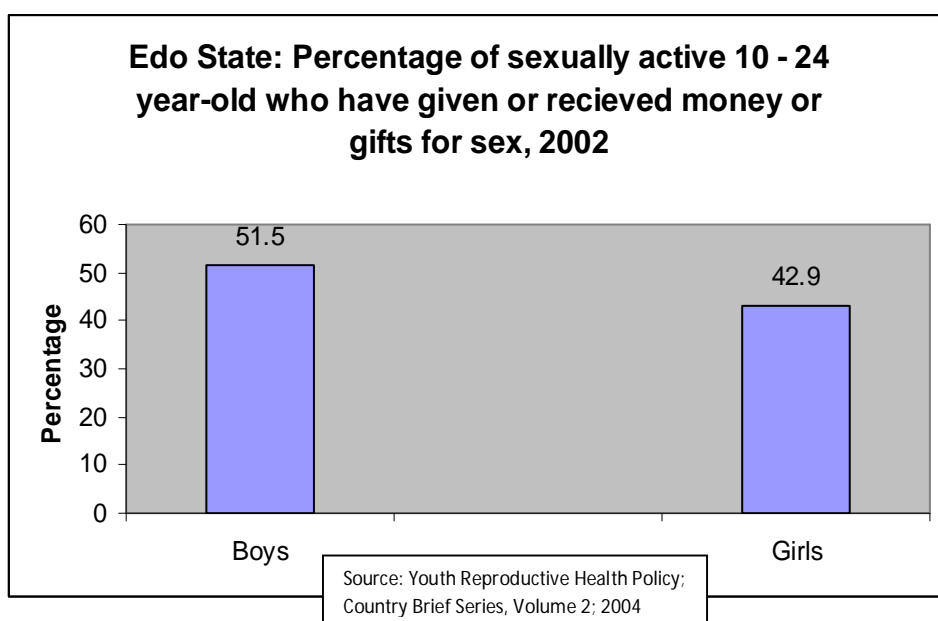
## UNMET NEED OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRH) IN EDO STATE: A CALL TO LEGISLATORS FOR AN URGENT ACTION

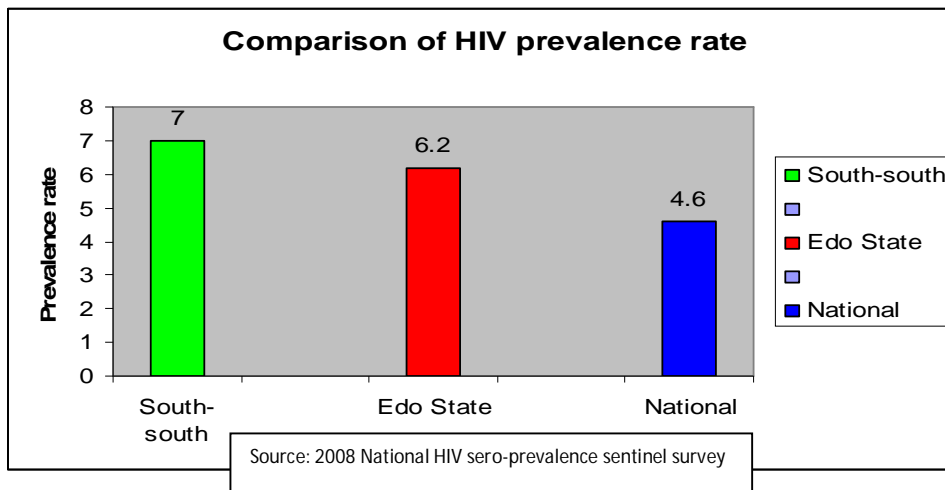
### A SNAP-SHOT OF ASRH SITUATION IN EDO STATE

Edo State, one of the 36 states of the Nigerian federation, is home to about three million people with an estimated statistics of about 33% of adolescents and young adults aged 10 – 24 years and male/female ratio of nearly 1:1 (National Population Census, 2006). Although mainly rural and one of the poorest and least industrialized areas in Nigeria, the state has one of the highest levels of literacy in the country. Young people in Edo State face several reproductive health (RH) vulnerabilities. Many educated youths are under- or unemployed (Youth Reproductive Health Policy; Country Brief Series, Volume 2; 2004).

Edo State belongs to the southern regions where marriage in adolescents and young women are becoming less common; hence, sexual experience among never-married is becoming more prevalent. Available report shows highest prevalent rate (39%) of young women in the South-south who never married and had ever had sex. As a result, many youths are extremely exposed to early and risky sexual habits (Meeting Young Women's Sexual and Reproductive Health Needs in Nigeria, 2009).

Contraceptive use in Edo State is low for both married and unmarried youths, resulting in high rates of early and unwanted pregnancy. The majority of these teenagers perform abortions under unsanitary conditions which might lead to infertility, morbidity and/or mortality. Other sexual and reproductive health problems prominent include sexual abuse, female genital cutting and HIV/AIDS and sexually transmitted infections (STIs). Edo State has 6.2% prevalence rate of HIV/AIDS among the antenatal clinic attendees compared to 4.6% national prevalence. Edo State has some of the country's highest rates of commercial sex, international sex trafficking and risky sexual behaviour. A lot of young women in Edo State experience unwanted pregnancies and illegal abortions. This makes HIV/AIDS the most ASRH challenged in the state today.





In spite of all the legislative initiatives of the state in banning female genital cutting and against international sex trafficking and prostitution, Edo State is yet to possess a comprehensively consistent and implementable set of policies on youth reproductive health. Available reports show that the Young Adults and Adolescents Sexual and Reproductive Health (YAARH) Strategic plan developed in Edo State for 2004 – 2009 was not pushed beyond the launch due to little or no legislative support. Definite programs focused on improving the sexual and reproductive health of young adults are non-existing. Public health services are still far from being youth friendly and a comprehensive sexuality education curriculum is not yet inculcated into the educational system.

### **CONSEQUENCES OF ASRH IN EDO STATE**

Annually, the high morbidity and mortality rates as a result of several illegal and induced abortions performed under unhealthy conditions by majority of teenage girls in the state have adverse effects on the economy of Edo State and future generation population.

With the already high HIV/AIDS prevalence rate, high rate of illegal abortion, commercial sex and international sex trafficking activities, the whole state is at risk of becoming infected with the deadly virus, high infertility and maternal mortality rates in the nearest future if adequate steps are not taken. Large funds that would have been used for the growth and development of the state economies will then be diverted to treating the infected masses when prevention would have cost less.

Increased morbidity and mortality rate from the HIV/AIDS virus will also be an added burden to the people affected by AIDS and threat to the future population of the state, if not intervened. More children, who might have lost one or both parents to the HIV/AIDS virus, will take to the streets for survival thereby increasing the vulnerability rate of young people in the state. More street children will automatically culminate into increased rate in violence and crime in the state.

When the security of a state is uncertain, it will have a negative effect on the economic development of the state because investors may lose their investment and new investors will be discouraged from coming in.

Therefore, it will be needless to say what the adverse implications of increased unemployment and poverty rates in Edo State will have on the **LEGISLATURE**, if the **Adolescent Sexual and Reproductive Health** issues are not rescued **NOW!**

## **ACTIONS TO TAKE**

As distinguished Law Makers of Edo State, you have the people's mandate to ensure that resources are appropriated and efficiently utilized to effectively support the quality of lives of the citizens. You enact necessary legislations to address critical issues that impact the quality of lives of your people. You are highly commended for your roles. Meanwhile, this ASRH issue demands your immediate response. Therefore, we are advocating that you take the following actions as State priorities:

- **Enact and enforce legislation** to ensure a comprehensive, consistent and implementable set of policies in achieving MDG 5 "Improve maternal health" particularly target 5b, "Achieve universal access to reproductive health" are carried out which include:
  - ✓ Definite programs focused on improving the sexual and reproductive health of young adult should be designed and disseminated through the mass media all around the state
  - ✓ Youth friendly public health services provided in all government-owned health facilities
  - ✓ A comprehensive sexuality education curriculum be inculcated into Edo State Educational system
  - ✓ House committees on health, youths, and women and social development should prevail over existing laws to be enforced properly; and prevail on appropriate/existing agencies to enforce the law; and
  - ✓ Child right act should be properly enforced.

**Youths** are the **future leaders**; your **urgent legislative rescue** to address the unmet ASRH need of this **most vulnerable group** in our society is a **task that must be done!**