Sociocultural Context of Sexual and Reproductive Health (SRH) of Adolescents in Northern Nigeria

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Abstract
Contemporary discourse on Adolescent Sexual and Reproductive Health (SRH) is characterised by its robustness in proffering solutions for healthy adolescents capable of competing physically, economically and socially, globally. However, despite its promising nature, policies and programs pertaining to youth and adolescents’ health needs to be designed in accordance with the cultural practices that prevail in various social contexts. This paper examines the various SRH policies and programs with a view to identifying culturally acceptable means of formulating and delivering SRH services in Northern Nigeria. The SRH health policies and programs and their implementation for adolescents run riot with some cultural practices particularly of the northern part of the country. Issues patterning to non-acceptance of the culture of delayed marriage as a way of attaining good and healthy living make people in the North get married earlier than their counterparts in other parts of the country. The northern culture views the teaching of unmarried adolescents about sex, contraception and abortion as uncalled for because it may be, in a way, an encouragement and motivation for the youth and adolescents alike to be introduced to the sexuality. These and other challenges call for culturally robust strategy(s) for implementing SRH policies and programs for solutions to cultural disparities and divergences that stand in the way to realising enhanced SRH needs of adolescents.

Keywords: Globalization, sexual and reproductive health, policies, programs, Northern Nigeria

Introduction
The ever increasing proximities in both social, cultural cum geographical relationships which are ushered in by the contemporary era of globalization has made the assessment, formulation, implementation, and evaluation of policies concerning the security, progress and general development of the people not
only simple but also collectively attainable. Nowhere is this unison more manifest than in the area of health care and most recently in Sexual and Reproductive Health (SRH). Despite the relatedness of population health, sexual and reproductive issues and overall development of humanity which are born out of the feeling of humanity, rationality and increased connectivity and interdependence, approaches to arriving at desired goals of development need to consider among other things the cultural variations, which exist across human societies. Doing so, will ensure the acceptance of the policies at hand and by far bolster their maximum implementation.

Sexual and Reproductive Health (SRH) Issues stand out as one of the globally interesting issues because of the rising concern on population outcomes of especially the under-developed or low and middle income countries. However, the way these programs and policies are designed and parcelled for implementation – even though seemingly perfect to many – are full of inconsistencies that may have some lack of cultural consideration with regards to some people around the globe particularly in northern Nigeria.

This paper attempts a conceptual and contextual clarification of some challenges that borders on the optimal realization of culturally apt and acceptable strategies for the attainment of sexual and reproductive health needs of the teeming youth in the northern part of Nigeria. The paper follows these outlines: a cursory look at globalization and its tendencies to neutralize or subjugate other cultures; an examination of the SRH programs with a view to pinpointing some cultural flaws which may hinder the optimal acceptance of and implementation of these promising policies; and suggestions on the way forward towards the realization of a culturally acceptable and universally diverse deliverance of SRH for healthy and vibrant youth population in Nigeria in particular, and the world in general.

**The Issues**

The way SRH programs and policies are designed for implementation is indeed promising. But there may be, lurking underneath, some lack of considerations for variations in people’s culture, which stands in the way to their optimal implementation. To put these variations, in perspective, the targets of SRH, that includes; preventing early marriage and early pregnancy, increasing contraceptives prevalence, improving antenatal, post-natal outcomes and attitude towards sex and abortion, is important. First, preventing early marriage – the factors that stand in the way to the realization of this objective in West Africa and Nigeria include; variations in norms and traditions, economic hardship and lack of effective legal regime. From what have been seen of the policy, there is no common normative and traditional meeting point for SRH policy. There are variations in age at marriage, sexual exposure and consent for access. Moreover, there is no harmony on the legal statutes, codes and acts to harmonize such (Chandra-Mouli, Camacho & Michaud, 2013).
Second, preventing early pregnancy; - this is the most controversial aspect in the delivery of SRH policies. Factors such as lack of knowledge and understanding about sexuality or fear of premature exposure of children to sexuality, peer group and media pressures, and cultural factors are some of the challenges of West African countries. The era of information technology has dealt a devastating blow on our culture such that moral degeneration is the abiding rule. The variation in the responses to pregnancy or abortion in the policies substantiated the above view. For example, consent for patronising services like abortion, Sexual education is reacted to differently across West Africa, the region. To battle this problem, the community should be involved in preventing unwanted pregnancies; the culturally acceptable means of preventing immoral and unscrupulous sexual intercourse should be sought (Foley, 2007: Lane, Oladeopo, Oyediran, Sc & Sc, 2001).

Third, Contraception prevalence; - contraception is an important arm in the delivery of reproductive health. But in West Africa lack of access, unmet needs, misconception, group norms and adverse side effect of methods are some of the factors that stand in the way to attaining an optimal realization of SRH programs. To improve family planning, it is important that the cost of and access to contraceptives be minimised, community support for contraceptive usage be sought, and the side effects of contraception be tackled (Chandra-Mouli, Camacho & Michaud, 2013).

Fourth, improving antenatal and post-natal outcomes: The data for all the West African countries examined so far, shows that there are numerous problems with the organization, formulation, implementation and monitoring of activities related to care for pregnant and breastfeeding mothers. Some of the problems are lack of access to clinic or services, transportation and services cost, prevalence of unskilled health workers, negative attitude of caregivers and clients (their spouses), and lack of political will by government to take full ownership of services (as a result of corruption in most cases) (Okonofua, Ntoimo & Ogu, 2018).

Lastly – attitude towards sex and abortion. These two factors are interrelated particularly in the context of West African countries. Most needs for abortion arise from the feeling of having a child from extramarital relations, a situation which is very much frowned at in most African societies. So it is pertinent that all environmental, economic and social situations that will provide fertile ground for extra marital relations should fought (Berhane et al., 2019).

The above instances are potential in serving as serious barriers to the implementation of SRH in West Africa and in Nigeria and the North. This therefore, begs for the following questions – what are the cultural factors that hinder the implementation of SRH in the North; and what are specific programme(s) of SRH that are culturally diverse and considerate to enhance an optimal implementation across culturally diverged groups.

Globalization
The era of revolution in information technology and advancement in communication has brought with it, some domineering waves of change that span virtually all aspects of human endeavour. These changes have left neither the smallest extraction of the world regions, not even the smallest part of human institutions, the minutest segment of social relationships and interactions or domain of security of the entire globe. Moreover, the forces of the alterations are not only over powering in their grip, but also seem to be relatively more prominent and significant on particularly the basic institution of human existence.

Health care delivery, economic activities, human rights concerns, politics and global security relations are all brought constantly under the beam of globalization. For example, SRH which is substantially an aspect of health care delivery, with interdisciplinary connection to human rights and security constitute the basics of Sustainable Development Goals (SDGs), which is popularized by the World Health Organization (WHO), World Bank (WB), United Nations Population Fund (UNFPA) and a host of other international non-governmental, civil society and humanitarian organizations.

Although the effects of globalization are robust and momentous, its impact is differently felt across different world regions. This may be due to a variety of reasons that are: - The culture of globalization is more aligned to some people than others, the locus area of its inception is in given area(s) of the globe and the contextual and temporal features of societies and communities which it impacts on are relatively different.

It is therefore axiomatic that the impacts that are being unleashed by globalization relations and interactions are more negatively pertinent to African societies. Because African societies are among the world regions whose cultures share numerous disparities with the culture upon which the roots of globalization rest, Africa has far less infrastructural advantages that are required to imbibe the institutional and structural changes which underpin the management of current changes.

It is for the above reasons, that the search for a culturally robust strategy (s) for implementing sexual reproductive health programs and policies is sought with the hope of finding a lasting solution to cultural disparities and divergences that stand in the way to realising an enhanced sexual and reproductive needs to adolescents in the northern Nigeria.

**Conceptual Clarifications**

Definition of globalization is a very tasking undertaking, because of the social, political, cultural, civilizational and humanitarian nuances which the term underscores. In their attempt to define the term, different writers have tried using different considerations and dimensions often with bias towards their fields of orientation (Al-rodhan, 2006). For the purpose of this paper as is usually with many academic writes-up, concise review of some definitions is done to give a background picture of what the concept globalization refers to from different standpoints. After wards, a working definition is made by
adapting Al-rodhan’s 2006 definition. According to Al-rodhan (2006), “Globalization is a process that encompasses the cause, course and consequences of transnational, tran-structural integration of human and non-human activities.”

Giddens asserted that “Globalization is not a single set of processes and does not lead in a single direction. It produces solidarities in some places and destroys them in others. It has quite different consequences on one side of the world from the other. In other words, it is a wholly contradictory process. It is not just about fragmentation: I see it more as a shake-out of institutions in which new forms of unity go along with new forms of fragmentations” (1996: 2).

UNESCO (2001) indicates that “Globalization can be defined as a set of economic, social, technological, political and cultural structures and processes arising from the changing character of the production, consumption and trade of goods and assets that comprise the base of the international political economy.” The above definition underscores virtually the same thing, that is, about the unification of political, economic and cultural processes which characterize the world recently.

The entire processes of globalization are reacted to, by people in two different views as follows: (1) Some conceive globalization as necessary and we should willingly and actively enter into this process, and (2) Others take the quite opposite view, espousing the need for increased nationalism and consolidation of state power. However, arguably the mainstream view of globalization, at least among the people who matter in the countries that matter – the vast majority of economists, many political scientists, and political commentators (Noruzi, Nezhad Haj Ali Irani & Reza Noruzi, 2011).

An attempt at theoretical explanation of the concept globalization should naturally be a hard task because of the conceptual troubles that the term always generates. Different scholarly attempts were exerted on the evolution and flourishing of the term from various philosophical, ideological and empirical backgrounds that have sum up to a bulk of divergent conclusions and counter conclusions, critiques and counter critiques, formulations and reformulations. This situation has probably motivated Rosengberg (2005) to characterize a theoretical trouble of globalization in to three. First, He asserts that the term itself is rooted in geography connoting processes of change overtime in the spatial proliferation of phenomena without any recourse to social, political or historical contexts, which is, indeed, at variance with terms like capitalism which automatically denotes in its social cum historical processes. Second, is his claim that any attempt at theoretical explication of the term must consider either of two things, incorporation of a theory from other social science disciplines that will help in pinpointing what is being globalized, why, and how, or, alternatively it must lay a claim that the theory, so far, required is derivable within the term itself. And third, clearly the most confusing, is the fact that any social theory, from any disciplines, usually start by anchoring
happenings to space, time, society and historical specificities, which many globalization theories do not have.

Having portrayed some extent of the problem – because there is no time to bring to bear the debate from the lens of hyper globalists, trans-nationalists and constructivists, Rosengberg (2005) turned his attention to formulating a theory of globalization from the standpoint of “conjectural analysis”. He defined ‘conjectural analysis’ “as an historical conjecture may be in the first instance as a space of time within which a particular combination of (or conjunction) of causes exercise a predominant (causal and imaginative) over the course of events and the production of ideas”.

To put it in a clearer term, conjectural phenomena are those evolving from the dominant combination that are temporally and causally contingent in direct influence within the epoch in which the causes are exerting themselves, they are real in their manifestations in time and space. In a nutshell, conjectural changes refer to development, shift alterations and reformulations which are, whatever incredible and permanent, they tend to be, they nevertheless exert influences within the existing historical form of society, rather than making the epochal transformation in the nature of that society itself” (Rosenberg, 2005).

To expand further, conjectural analysis is a historical explanation which aims to enunciate occurrences, the motives and ideas embedded in them and the chain of actual or assumed cause underlining them. Braudel (1972) in his study of the Mediterranean world in the age of Philip II has really developed the concept of conjectural study to its logical, methodological completeness when he suggested that, in order “to encompass the history of the Mediterranean in its complex totality there is the need of an analytical division of historical time in to three ‘planes’.” These are the geographical, social, and individual, each of this according to him has in it a measure of causal influence and rate of change (rapid or slow). An analysis that takes them together both in their differing tendencies, which consists causes and rapidity that is key to explain event of any kind.

Criticisms
The most interesting part of theory formulation is its subjection to criticism, the more of to substantiate or repudiate the better. In this regard, the realist theory of conjuncture as devoid of the main ingredient or driving force globalization that is politics and power. To the realists on the one hand, the influence of power in globalization is so important that, even staunchest disbeliever of it must agree that it is central to international politics and globalization. The transformationists, on the other hand, see in globalization a kind of transformation in human socio-economic and political history, the globe which needs to be treated at such rather than the roundabout claim of conjuncture which apparently at least refer to the same entities in different terms (Jim, Andrey & Leonid, 2014).

Theoretical Framework
This paper takes the theoretical stand of conjectural analysis in trying to articulate the implications of globalization on the family, informal economy and security of African countries and their populace. The conjectures in this sense consist of the social-history of African countries like the existence of different cultural manifestations in most African, West African countries and Nigeria. For example, even in Nigeria there are differences in the cultural orientations, traditional conventions and religious practices. The theory will help the analysis to cast its beam on the above-mentioned variations and see how globalized health care packages have impacted on the people and how people experience impact on sexual and reproductive health outcomes.

**Conceptual Framework**

The above conceptual frame was derived from the theoretical insight of Rosenberg. According to the theory, understanding things in the era of globalization require the understanding of the conjectures. The term refers to the way and manner in which the environment, temporal and causal tendencies relate to each other and influence the phenomenon at hand. In view of the above, it is imperative to focus on what are the differences in the cultural orientations, traditional conventions and religious practices and how do they impact on sexual and reproductive health outcomes. How do the variations and the globalized health care packages impact on the people and how people experience the impact on sexual and reproductive health outcomes.

**Ethnography of the People of Northern Nigeria**

The area of land that lies north of the delta and accommodates the two major rivers (Niger and Benue) and their tributaries is known as the northern state of Nigeria. Before the amalgamation of the area along with other regions to form Nigeria, the region has striking differences in political, economic, social and cultural outfits with the other regions. In this region, the greater percentage of the people is Hausa. There is significant number of the Fulani and many other large ethnics groups as well as numerous smaller ethnics. Majority of the people practice Islam and Christianity with some in small number of people
practicing both traditional and other forms of religions. The two major religions inform, to a greater extent, the way and manner in which social activities are to be undertaken. According to Islam and Muslims there is law, principles and expectations that governed the way one should discharge the custodial expectations vested on each and every member. Peasantry is the main source of economic livelihood as greater majority are farmers either crop(s) or animal(s). Moreover, some portions of the people in this region are either illiterate or semi-literate and are more inclined to traditional practices which in many instances are determinants or drivers of their mode of existence (Meek, 1931; Geertz, 1975).

The family lifestyle of most people in the North is centred, directed and coordinated along religious and cultural rules and teachings. Religion is seen to control the life styles of the people including the care of children and adolescents. So for the people in the North, adolescents should not be directly and freely allowed to discuss sexual matters especially not among their age mates for fear of a premature exposure, which may result to extra-marital sexual relations (Ajayi and Crowder, 1976).

Sexual and Reproductive Health (SRH) Programs and Policies
Sexual and Reproductive Health (SRH) policies and programs are those programs and policies formulated by governments for the smooth enhancement of health, social and economic development. These programs and policies are related to population issues of countries (West African) and are designed to facilitate the development of the entire society. Some of the fundamental focus of these policies is on the Millennium Development Goals (MDGs), the key sustainable development indicators (social, economic and environment) and by and large the attainment of demographic dividend through the realization of sustainable population growth (Shapiro, 2015).

These programs and policies are formulated and enacted by the United Nations Organization (UNO) and their subsidiaries, like the World Health Organization (WHO), International Planned Parenthood Federation (IPPF), the United Nation Population Fund (UNPF), Family Health International (FHI), the United Nations Educational, Scientific and Cultural Organization (UNESCO), etc. There are as well a host of Non-Governmental, Civil Society Organizations (CSOs) and Charity Organizations like Marie Stopes International, The Bill and Melinda Gates Foundation (BMGF), McArthur Foundation, etc. These bodies involve either directly or otherwise in the promotion of healthy living through programs such as, Family Planning, Prevention and Treatment of Human Immunity Virus Acquired Immunity Deficiency Syndrome (HIV/AIDS) and Sexually Transmitted Infections (STIs), Sexual Violence and Crimes and other Human Rights abuses to mention but a few (Senderowitz & Kirby, 2006; West & Klindera, 2001).

In 1994, not less than 179 countries met in Cairo at the International Conference on Population and Development (ICPD) and unanimously agree on the robust commitment to enhancing and safeguarding the reproductive rights
of youth. In that avenue, a definition of reproductive health was forwarded thus: reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to reproductive system and to its function and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to produce and the freedom to decide if, when and often to do so (Margaret, nd).

From the foregoing definition, sexual and reproductive health is aimed at making people (youth) better informed about sexual health and reproductive issues which make them to have access to safe, effective, affordable methods of family planning of their choice and reproduce safely in accordance with the law.

The programs of action for sexual and reproductive health include: the need to address adolescence sexual health problems and ailments which include sexually transmitted diseases and HIV/AIDS through proper sexual health education; advancement of adolescence rights through the involvement of countries and the international community to reduce sexual challenges; responding to adolescence needs through the establishment of programs for proper response to sexual behaviour, family planning, pregnancy and positive social and cultural attitude towards good functioning within their societies (Greene et al., 2002).

At the National level, there can be found in each country of the West African region different policies and programs that are motivated towards the improvement of the health of people particularly women, youth and the vulnerable ones. Indeed, there is no onerous program that can be said to reflect the agenda and sexual health needs of all the entire West African State. For our purposes, some programs and policies of some countries and Nigeria particularly will be discussed (Nyamongo, 2017).

**What are the Sexual and Reproductive Policies and Programs Set out to Achieve?**

Leung, Daniel, Shek and Esther (2019) defined sex education as:

Education about all matters relating to sexuality and its expression. Comprehensive sexuality education covers the same topics as sex education, but also includes issues such as relationship, attitude, toward sexuality, sexual role, gender relations and the social pressure to be sexually active, and it provides information about sexual and reproductive health services. It may also include training in communication and decision making skills (2019: 3).

In the same vein, the international conference on population acting according to UN agreement call governments to provide for the wellbeing of adolescents with education on sexuality, sexual and reproductive health, gender relation,
gender equality and violence against adolescent (Browne, 2015; Rosey, Murray & Moreland, 2004). Apart from the international policies that encourage the improvement of sexual and reproductive health programs and policies to which the West African states are signatories, there are other programs like the Adolescent Health Initiatives that are found in the West African sub-region. Most of these programs are supported by Non-Governmental Organizations (NGOs) like the Bill and Melinda Gates Foundation (BMGF), Marie Stopes International, among others.

In one of its submission, the Marie Stopes International, which are partners to Nigerian Reproductive Health program and policies (They support family planning programs) reiterate the aims thus “the need to help young people between 10–24 years to access high quality age appropriate, sexual and reproductive health (USAID, 2000). Finally, sexual and reproductive health programs are rights that relate to each of the Millennium Development Goals (MDGs) that cut across the three dimensions of sustainable development – economic, social and environmental. However, the consequences of lack of meeting of these rights by the concerned are problems that span the globe.

Indeed, programs and policies of sexual and reproductive health kind abound in West Africa. These include programs like the National Action for the Control of AIDS (NACA), International Planned Parenthood Federation (IPPF), the Family Support Programmes (FSP) and Family Planning. All these aim at an omnibus of an aim of improving population outcome and enhancing development.

**Health Policy in Nigeria**

In Nigeria, the national policy on health and population was approved in 1988. In response to the pattern of population rate and for curbing health issues that bedevilled the country like HIV/AIDS, infant and maternal mortality, poverty, gender inequality and human rights issues. This is followed by a milestone review of the 1988 population in 2004, which has been replaced by the National Policy on Population and Sustainable Development.

The overall aim of the National Policy on Population and Sustainable Development is to improve the quality of life of the Nigerian people. This was designed to be attained through a number of specific objectives which include the:

i. Achievement of sustainable economic growth, protection and preservation of the environment, poverty eradication and provision of quality social services;
ii. Achievement of a balance among the rate of economic growth, available resources and the social and economic development;
iii. Progress towards a complete demographic transition through a reasonable growth in birth rate and low death rate;
iv. Improvement in the reproductive health of all Nigerians at every stage of the life cycle through the acceleration of a strong and immediate
response to the HIV/AIDS pandemic and other related infectious diseases; and

v. Progress in achieving a balanced and integrated urban and rural development.

This policy is operated on the principle that achieving a higher quality for the people today should not jeopardize the life of future generations (Adewemimo et al., 2017). According to Cortez, Saadat, Marinda & Odutol (2016), “The Government of Nigeria has long recognized the importance of investing in its youth, including their health which is important for boosting Nigeria’s long-term prosperity. This includes a focus on Adolescent Sexual and Reproductive Health (ASRH), as evidenced through government policies and programs. Key among these are the National Reproductive Health Policy and Strategy (2001), the National Policy on Health and Development of Adolescents and Young People in Nigeria (2007), and the Family Life and HIV Education (FLHE) Program (World Health Organization, 2008).”

In 1994, 179 countries unanimously endorsed the program of action of international conference on population and development affirming their commitment towards making their populace better able to make informed choices about sexual and reproductive health and rights (UNFPA, 2018). The 1994 commitment led to the formulation of and implementation of numerous policies, programs and strategies in various nations (West African countries inclusive) in order to ensure the success of achieving population stability and the attainment of Sustainable Development Goals (SDGs).

Policy on marriage does not exist in Nigeria, what could be accessed in terms of adolescents’ sexuality usually centres on health and population policies as well as developmental policies. However, under the Child Rights Act of 2003, a child is defined as a person below 18 years and is consequently deterred from marriage and sexual activities by declaring a prohibition. Although Nigeria operates numerous laws, the Islamic laws which are found in some Northern states do not prohibit child marriage. These differences bring a lot of challenges in the implementation of adolescents sexual and reproductive programs (UNFPA, 2017).

The minimum age for consent in accessing SRH services is vague, although the Child Rights Act and Sexual Offenses Rights have stipulated age 18 for sexual consent. Similarly, the age limit for accessing health services was not specified. In addition, exception for testing of HIV was limited to 18 years and this has another problem since majority of the adolescents are technically precluded from health services. This will serve as a gap in the fight against AIDS, which is very high in sub Saharan Africa, as a result of unintended pregnancy, STIs and AIDS (Kangudie, Guidigbi, Mensah, Bala & Delate, 2019).

The fact that Nigeria has a complex legal system has impacted seriously on its policy on sexual consent for adolescents. The sexual consent for both male and female is 18 years in the states that adopted the Child Rights and Sexual
Offenses Acts. But in the North however, the determinants for sexual consent include puberty, 15-18 years or marriage for females. There is no age consent for males which make the whole thing one-sided. The age for consent in the southern part is 16 years, for these differences pose huge problem for the health and safety of the youth.

Other policies related to SRH/HIV in Nigeria were contained in the National Reproductive Health Strategy of 2001 which was designed to create a commodious environment for realization of SRH and development for the teeming youth. The strategy was meant to be updated, but such update has not been attained. The National Sexual Reproductive Health Policy of 2011 to 2015 has also not been amended. This left a wide gap in the aspect of SRH for adolescents.

Education is an important ingredient for the realization of qualitative education. There are policies on education like the National Policy on Education of 1977, revised in 2013, the National Sexuality Education Curricular and the compulsory free basic education of 2004, which were aimed at improving or changing the attitude of adolescents toward social relationships. But unfortunately the programs have experienced draw-backs during the respective implementation phases. Often there are inconsistencies in the implementation across various states (UNFPA, 2017).

Discussion
Adolescents consist of the youth within the age category of teens; that is those youths who are aged thirteen to nineteen, which usually refers to the post-school children or children in secondary schools. From the foregoing, sexual health policies and programs as well as their implementation run riot with some cultural practices of the people at their locality level particularly in the northern part of the country. For example, the North by virtue of their way of life does not accept the culture of delayed marriage as a way of attaining good and healthy living. Hence, people in the North get married earlier than their counterparts in the South (NDHS, 2008, 2013, 2018), noting that pre-marital sex is strongly discouraged in the North. Marriage is a medium for fulfilling sexual gratification in a culturally and morally acceptable manner. Even medically, marriage prevents heterosexual relations by ensuring that couples and/or adolescents and youth alike enjoy sex and prevent the spread of diseases which accompanies sexuality.

Prevention of early pregnancy as a sexual health package generates yet another controversy that needs to be cleared. Preventing early pregnancy is indeed very important for the physically and medically unfit across all ages and especially for adolescents. It is good for the people whose culture does not frown at extra-marital relations, but teaching this to the northern people, majority of who do not agree with extra-marital sex, seem to be contrary to their religious practices and thus generate much tension. This fact can still be proved by the prevalence of pre-marital sexual relations among adolescents in the Southern than in the Northern Nigeria. For example, the percentages of
those who have never had pre-marital sex in 12 months before the survey in 2013 are 74.7, 84.2, and 88.0 in North Central, North east, and North West as against 61.2, 49.3, 61.5 in South East, South South, and South West respectively (NDHS, 2013).

The use of contraception is another area that generates cultural contentions. By orientation of the people in the North, the use of contraception is seriously not accepted except on medical ground. It follows, therefore, that the use of condom – for unmarried individual(s) – negates the religious and cultural orientation as it is a pointer to immoral, culturally unconventional kind of sexuality like adultery, fornication, etc. Therefore, their culture views the teaching of unmarried adolescents about sex, contraception and abortion as uncalled for because it may be, in a way, an encouragement and motivation for the youth and adolescents alike to be introduced to the sexuality.

Another important area that requires serious attention in the formulation and implementation of SRH for adolescents is the legal framework for backing sexual and reproductive laws. Often in Nigeria, the laws are in contradiction with the international conception of sexual and reproductive laws. A typical example of this is the laws on abortion. In Nigeria, the laws do not legalize abortion, yet SRH programs underscore the need for abortion. This paradox can be cleared if SRH policies are designed to suit different peoples and cultures.

**Conclusion**

SRH health policies and programs and their implementation for adolescents run riot with some cultural practices particularly of the northern part of the country. Issues bordering on non-acceptance of the culture of delayed marriage as a way of attaining good and healthy living make people in the North get married earlier than their counterparts, noting that pre-marital sex is strongly discouraged in the North. Societies that frown at extra-marital relations and sex, such as the northern part, view preventing early pregnancy as contrary to their religious practices. In addition, the use of contraception, based on the orientation of the North, is not accepted except on medical ground. The northern culture views the teaching of unmarried adolescents about sex, contraception and abortion as uncalled for because it may be, in a way, an encouragement and motivation for the youth and adolescents alike to be introduced to the sexuality. These and other challenges call for culturally robust strategy(s) for implementing SRH policies and programs for solutions to cultural disparities and divergences that stand in the way to realising enhanced SRH needs of adolescents. As such, designing health policies for implementation at the global level require an optimum consideration of the cultural diversities of the people for whom the programs and policies are designed. Moreover, such diversities should be explored to the core in order to harness implementation strategies that will be culture sensitive and result-oriented.
References


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