

## Commentary

# Strengthening Adolescent Health Policy and Clinical Services in Nigeria: Evidence from Facility-Based Data

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Adolescent health plays a vital role in population wellbeing and national development, yet it remains insufficiently prioritised within routine healthcare delivery in Nigeria and many low- and middle-income countries (LMICs). This study reviewed facility-based health records of adolescents collected between September and December 2025 to identify common health conditions and gaps in service delivery. Records from forty-two adolescents aged 15–18 years showed that sexual and reproductive health concerns were most frequent, with menstrual disorders—particularly dysmenorrhoea—being the leading complaint. Cases of unplanned pregnancy and incomplete abortion reflected persistent barriers to youth-friendly contraceptive information and confidential reproductive care. Additional presentations included preventable acute illnesses and emerging psychosocial and mental health challenges, indicating delayed health-seeking behaviour and limited adolescent-responsive services. The findings highlight a critical disconnect between national adolescent health policies and their implementation within clinical settings. Expanding adolescent-friendly services, integrating mental health screening, and strengthening provider capacity are essential for improving adolescent health outcomes and advancing Nigeria’s human capital development.

Adolescent health constitutes a foundational pillar of population health, human capital formation, and sustainable socioeconomic development.<sup>1,2</sup> Adolescence represents a critical developmental window characterised by rapid biological, cognitive, and psychosocial transitions that shape lifelong health trajectories and behavioural patterns.<sup>3,4</sup> Investments in adolescent health yield substantial long-term returns through improved educational attainment, productivity, and reduced disease burden across the life course.<sup>1,2</sup> Despite this, adolescent health remains underprioritized within Nigeria’s health system, with persistent gaps in service accessibility, quality, and responsiveness.<sup>5,6</sup>

Facility-based adolescent health data collected between September and December 2025 provide clinically grounded evidence of persistent gaps in prevention, early intervention, and adolescent-responsive care. During the review period, forty-two adolescents aged 15–18 years (mean age: 16.3 ± 0.8 years) accessed clinical services. Although modest in size, the morbidity pattern offers important insight into unmet adolescent health needs within routine healthcare settings. Similar facility-based studies in Nigeria and other LMICs demonstrate that adolescent service utilisation remains low, and when accessed, care is often reactive rather than preventive.<sup>7,8</sup>

Sexual and reproductive health (SRH) conditions dominated clinical presentations. Menstrual disorders accounted for the largest proportion of visits, with dysmenorrhoea constituting 38.1% of all cases. Menstrual health disorders are widely recognised as leading causes of school absenteeism, reduced productivity, and diminished quality of life among adolescent girls globally.<sup>9,10</sup> However, they remain under-recognised and under-treated within primary healthcare settings in many LMICs, including Nigeria.<sup>5,9</sup> Limited menstrual health education, stigma, and inadequate access to appropriate care contribute to delayed presentation and unnecessary suffering.<sup>4,11</sup>

More concerning were presentations related to unintended pregnancy and unsafe reproductive outcomes. Unplanned pregnancy accounted for 14.3% of consultations, while 2.4% presented with incomplete abortion. Adolescent pregnancy remains a major public health challenge in Nigeria, with significant implications for maternal morbidity, educational discontinuation, and intergenerational poverty.<sup>2,12</sup> Persistent barriers to accessing contraception—including stigma, provider bias, confidentiality concerns, and inadequate youth-friendly services—continue to limit adolescents' ability to make informed reproductive choices.<sup>6,13</sup> Evidence indicates that adolescents often avoid seeking reproductive health services due to fear of judgment and lack of privacy within health facilities.<sup>8,14</sup>

From a preventive perspective, the disease pattern observed suggests significant gaps in promotive health services. Menstrual health education, routine contraceptive counselling, and screening for reproductive tract infections appear underutilised prior to presentation. Approximately one-quarter of adolescents presented with acute or infectious symptoms such as pyrexia, headache, catarrh, and generalised body pain. These largely preventable conditions indicate delayed health-seeking behaviour, limited health literacy, and weak integration of adolescent-focused preventive services within primary healthcare systems.<sup>2,16</sup> Studies in sub-Saharan Africa have shown

that adolescents frequently rely on informal care or self-medication before presenting at formal health facilities, often resulting in delayed diagnosis and treatment.<sup>15,16</sup>

Equally important were presentations related to mental and psychosocial health. Clinical encounters included insomnia, psychological distress following parental loss, and exposure to domestic violence. Mental health conditions account for a significant proportion of the global burden of disease among adolescents, yet they remain underdiagnosed and undertreated in Nigeria.<sup>17,18</sup> Stigma, shortage of trained mental health professionals, and absence of structured screening within routine consultations contribute to substantial unmet need.<sup>5,19</sup> Without deliberate integration of mental health assessment and trauma-informed care into adolescent services, many conditions remain undetected until they manifest as severe psychological or behavioural problems.<sup>4,17</sup>

The clinical patterns observed in this facility-based review align with national and global evidence demonstrating low utilisation of adolescent-friendly health services and suboptimal implementation of Nigeria's Adolescent and Youth-Friendly Health Services (AYFHS) guidelines.<sup>2,5</sup> While policy frameworks exist, implementation gaps persist in service availability, provider competence, confidentiality protection, and adolescent participation in service design.<sup>6,14</sup> These systemic weaknesses translate into preventable health conditions presenting at health facilities rather than being addressed through early intervention and health promotion.

This evidence underscores the need for decisive policy and clinical action. Priority measures should include mandatory integration of adolescent-friendly services into all primary healthcare facilities, supported by continuous training of healthcare workers in rights-based, adolescent-responsive care.<sup>2,5</sup> Mental health and psychosocial screening should be incorporated into standard adolescent consultations, with clear referral pathways for specialised services.<sup>17,18</sup> Additionally, adolescent health indicators should be routinely disaggregated and utilised for planning, monitoring, and accountability across all levels of the health system.<sup>4,15</sup>

The September–December 2025 facility-based data provide a compelling policy signal: adolescents in Nigeria continue to experience largely preventable health challenges driven by systemic gaps rather than lack of demand for care. Strengthening adolescent health policy implementation and translating existing guidelines into consistent, high-quality clinical practice is essential for safeguarding Nigeria's human capital and achieving national and global health targets, including the Sustainable Development Goals.<sup>1,2</sup>

## References

1. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, Arora M, Azzopardi P, Baldwin W, Bonell C, Kakuma R. Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*. 2016 Jun 11;387(10036):2423-78. [Google Scholar] [PubMed]
2. World Health Organization. (2022). Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation. Geneva: WHO. [mailto:https://www.who.int/publications/item/9789240081765](https://www.who.int/publications/item/9789240081765)
3. Blum RW, Li M, Naranjo-Rivera G. Measuring adverse child experiences among young adolescents globally: Relationships with depressive symptoms and violence perpetration. *Journal of Adolescent Health*. 2019 Jul 1;65(1):86-93. [Google Scholar] [PubMed]
4. UNICEF. (2023). Adolescent health and well-being: Global and country perspectives. New York: UNICEF. [mailto:https://www.unicef.org/health/adolescent-health-and-well-being](https://www.unicef.org/health/adolescent-health-and-well-being)
5. Federal Ministry of Health. (2021). National guidelines for adolescent and youth-friendly health services in Nigeria. Abuja: FMOH. [mailto:https://scorecard.prb.org/wp-content/uploads/2018/05/National-Guidelines-for-the-Integration-of-Adolescent-and-Youth-Friendly-Services-Into-Primary-Health-Care-Facilities-in-Nigeria-2013.pdf](https://scorecard.prb.org/wp-content/uploads/2018/05/National-Guidelines-for-the-Integration-of-Adolescent-and-Youth-Friendly-Services-Into-Primary-Health-Care-Facilities-in-Nigeria-2013.pdf)
6. Aye, G. C., Akinyemi, A. I., & Isiugo-Abanihe, U. (2022). Access to youth-friendly reproductive health services in Nigeria: Barriers and policy implications. *BMC Health Services Research*, 22(1), 1182.
7. Abubakar, A., Van de Vijver, F., & Fischer, R. (2021). Health and wellbeing of adolescents in sub-Saharan Africa: A systematic review. *Journal of Adolescent Health*, 69(2), 234–245. [Google Scholar]
8. Ivanova, O., Rai, M., & Kemigisha, E. (2023). Uptake of adolescent-friendly health services in sub-Saharan Africa: A systematic review. *BMJ Global Health*, 8(1), e010234. [mailto:https://publichealthinafrica.org/index.php/jphia/article/view/1613/2909](https://publichealthinafrica.org/index.php/jphia/article/view/1613/2909)
9. Hennegan J, Shannon AK, Rubli J, Schwab KJ, Melendez-Torres GJ. Women's and girls' experiences of menstruation in low-and middle-income countries: A systematic review and qualitative metasynthesis. *PLoS medicine*. 2019 May 16;16(5):e1002803. [Google Scholar] [PubMed]
10. Mohammed S, Larsen-Reindorf RE, Awal I. Menstrual hygiene management and school absenteeism among adolescents in Ghana: Results from a school-based cross-sectional study in a rural community. *International journal of reproductive medicine*. 2020;2020(1):6872491. [Google Scholar] [PubMed]
11. Chandra-Mouli, V., & Patel, S. V. (2017). Mapping the knowledge and understanding of menarche and menstrual hygiene among adolescent girls. *Reproductive Health*, 14(1), 30. [PubMed]
12. National Population Commission (NPC) [Nigeria] & ICF. (2019). Nigeria Demographic and Health Survey 2018. Abuja and Rockville. [mailto:https://dhsprogram.com/pubs/pdf/fr359/fr359.pdf](https://dhsprogram.com/pubs/pdf/fr359/fr359.pdf)
13. Chandra-Mouli V, Lane C, Wong S. What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices. *Global Health: Science and Practice*. 2015 Sep 10;3(3):333-40. [Google Scholar] [PubMed]
14. Banke-Thomas, A., Oloruntoba, O., & Wright, K. (2022). Barriers to adolescent healthcare services in Nigeria: A scoping review. *International Journal of Health Planning and Management*, 37(2), 942–958.
15. World Bank. (2022). World development report: Investing in human capital. Washington, DC. [mailto:https://www.worldbank.org/en/publication/wdr2022](https://www.worldbank.org/en/publication/wdr2022)
16. Yakubu I, Salisu WJ. Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. *Reproductive health*. 2018 Jan 27;15(1):15. [Google Scholar] [PubMed]
17. World Health Organization. (2021). Adolescent mental health. Geneva: WHO. [mailto:https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health](https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health)
18. Cortina MA, Sodha A, Fazel M, Ramchandani PG. Prevalence of child mental health problems in sub-Saharan Africa: a systematic review. *Archives of pediatrics & adolescent medicine*. 2012 Mar 5;166(3):276-81. [Google Scholar] [PubMed]
19. Bella-Awusah T, Ani C, Ajuwon A, Omigbodun O. Effectiveness of brief school-based, group cognitive behavioural therapy for depressed adolescents in south west Nigeria. *Child and Adolescent Mental Health*. 2016 Feb;21(1):44-50. [Google Scholar] [PubMed]