



Commentary

Are youth-friendly reproductive health services accessible for young people with disabilities during the COVID-19 pandemic in Nigeria?

1. Introduction

After the first case of the coronavirus was reported in December 2019, the world health organization [1] declared the disease a public health emergency of international concern in January 2020. WHO later declared it a global pandemic in March 2020. With the emergence of the COVID-19 pandemic, several global health systems and economies were grossly interrupted. The pandemic has disrupted secondary and tertiary sectors such as health centers, education and finance [2]. The restriction of free mobility and lockdown as a measure against the COVID pandemic have direct implication on accessibility of non COVID health services [2], this challenge will be more serious in disabled groups. Closure of schools and sit at home enforcement restricted parents who are also health care workers from being a hundred percent available as there will always be double needs of health workers to attend to their child(ren) at home before attending to patients at work [2,3]. This situation will definitely reduce their availability and efficiency in rendering health-care services [2,3]. The pandemic has also led to the disruption of the global economy, with the diversion of funds to COVID-19 interventions only [2,3], the financial burden will double up on disabled groups with no relief funds. This situation can also limit accessibility of non-COVID health care services. While the strategies that were put in place to mitigate the COVID-19 pandemic are effective, it left underlying negative social impact on challenged individuals with disabilities. It aggravated existing vulnerabilities and exacerbated inequalities in the accessibility of essential health services such as sexual and reproductive health services, including HIV prevention and treatment, contraception/family planning access, especially to young people, including young persons with disabilities [4]. This paper seeks to gauge the depth and extent of the national response to young people's sexual and reproductive health needs, especially those with disabilities, in the face of the COVID-19 pandemic.

The United Nations defines *youth* as persons between 15 and 25 years for statistical consistency across different regions. According to the UN world report on youth, it is estimated that there are about 1.21 billion persons in this category, therefore, accounting for about 16% of the global population [5]. Considering that almost a quarter of the global population is made of youths between the ages of 15 and 25, it is an utmost priority to provide an enabling environment to aid young people attain good quality health and life, particularly sexual and reproductive health. Notwithstanding how it is fundamental to youths themselves, it is in like manner of fundamental importance to accomplishing more broad national developmental goals related to poverty alleviation, education, and gender equity [6].

Evidence suggests that coordinated and efficient health services that respond to young people's health needs positively affect their wellbeing.

This is achieved through improving adolescents' trust and access to medical services and, to some extent, through promoting healthy behaviours, e.g., safer sex practices [7]. Before COVID, Universal health care efforts were pushing hard to invest more in Sexual and Reproductive.

Research shows that sexual and reproductive health care services are, in most cases, less available for young persons. This situation has become exacerbated by the COVID pandemic as all non-COVID health cares and interventions has either been put on hold or given less priority [2,3]. This diversion and shift of attention have placed disabled or challenged groups more vulnerable to reproductive complications as a result of zero accessibility to reproductive healthcare [2,3]. Not many countries have implemented and sustained policies to make sexual and reproductive health care services more responsive to the youths' health needs [8,9]. Young people, especially those with disabilities, are frequently neglected in national HIV and AIDS plans (generally centered around children and adults). This neglect leaves them vulnerable to reproductive health problems like unsafe abortion, unintended pregnancy, Sexual Transmitted Infection (STI), and other harmful practices [10]. Therefore, there is an absence of youth-friendly health services delivery [11]. Youth-friendly health services are high-quality services that seek to address general health issues, especially sexual and reproductive health and rights (SRHR), needs of young people usually between the ages of 10 and 24 years. In addition, according to WHO, youth-friendly health services are meant to be relevant, attractive, accessible, appropriate, affordable, and acceptable to young people [12, 13].

Despite the lack of attention towards youth-friendly services in times past, recently, there have been significant widespread interest and concerns towards developing youth-friendly health services by various nations. It has been prioritized at the global and national levels (2013 Youth Health and Nutrition of the National Youth Policy, 2011–2016 National Strategy for SRHR, and the 2015–2020 National HIV and AIDS Prevention Strategy). However, only a few countries can claim that they have a youth-friendly healthcare system for the youths [14]. Governments across the globe are making conscious efforts to make provisions for youths in national public sector policies and programs both locally and internationally.

In Nigeria, some of such policies that have specifically identified the youths as a unique group that needs well-tailored youth-friendly sexual and reproductive health and rights (SRHR) programmes include; National Youth Policy (2013), National Population Policy Implementation Plan (2014), National Strategy for Sexual and Reproductive Health and Rights (2011–2016), and the HIV and AIDS Prevention Strategy (2015–2020). This article seeks to probe the need for youth-friendly services for young persons with disabilities, during the COVID-19

<https://doi.org/10.1016/j.amsu.2022.104856>

Received 29 August 2022; Received in revised form 22 September 2022; Accepted 30 October 2022

Available online 6 November 2022

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pandemic in Nigeria.

It is important to note that young persons with disabilities have similar sexual reproductive, and health-related needs and rights and their counterparts without disabilities [15]. They also have similar sexuality, identity, relationships and are sexually active as their peers [16]. In addition, young persons with disabilities are vulnerable to stigmatization based on their disability, age, and gender. Also, the lack of access to youth-friendly sexual and reproductive health services, a lack of empowerment and limited personal autonomy prevent young persons with disabilities from leading healthy sexual lives and thoroughly enjoying their rights [17]. These forms of discrimination and stigmatization intersect and aggravate existing disadvantages, increasing the vulnerability of young persons with disabilities to being denied fundamental sexual reproductive and health rights without forgetting that access to SRH education is a right and not a luxury [18]. Although young people with disabilities are qualified for similar SRHR as their peers without disability, there is proof of deprivation of access and rights infringement in regions across the globe [18]. In contrast, the right to SRH is an integral part of the right to health, enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights [19].

Before the COVID-19 pandemic, Nigeria has responded to the HIV/AIDS pandemic multi-sectorally and recorded success and increased focus on child and maternal mortality reduction. In addition, through several surveys conducted such as the National HIV/AIDS and Reproductive Health Survey (NARHS), HIV Sentinel Survey, and the National Demographic Health Survey (NDHS), the sexual and reproductive health situation of young people have was determined and policies developed. Also, stakeholders, including Non-Governmental Organizations (NGOs), have intensified efforts in all ramifications to develop youth-friendly health services to improve the sexual and reproductive health of young people, including young people with disabilities. However, with the emergence of the COVID-19 pandemic, which has interrupted global health systems due to lockdown and social distancing measures, one can only imagine its impact on young people's access to sexual reproductive health services, especially those with disabilities [20].

While the government and public health experts have put forward proposals and policies towards ensuring inclusion of persons with disabilities before the COVID-19 pandemic, there had been little or no actual implementation of these wonderful, proposed initiatives in Nigeria. Like most parts of Africa, Sexual and reproductive health continues to be a challenge in Nigeria, particularly in the context of access and coverage. For young people with disabilities, it is even more burdensome to access correct and consistent information as access to SRHR services at an adolescent and youth friendly center due to several systemic and structural barriers.

Here are some helpful recommendations that will strategize priorities for young persons with disabilities to access quality and comprehensive youth friendly services in the country.

1. **Access:** Persons with disabilities are different have differing needs, hence, a multi-disabilities strategy will be the best way to tackle issues of access and coverage of youth friendly sexual and reproductive health services. Current evidence has revealed that interventions do not treat persons with disabilities as an heterogeneous group of people with diverse needs, hence this critical component is often neglected, and a general intervention implemented becomes unsuccessful. At centers, where youth friendly sexual and reproductive services are provided to young people with disabilities, it is best these services are confidential, private, accessible, and affordable, and equipped with staff/health care workers who are sensitive to their specialized needs and requests. Furthermore, their health needs related with their impairment must be prioritized, from provision of assistive technologies to access SRHR information in their own readable formats, to requiring specialized care/personal assistance in utilization of available SRHR services.

2. **Bottom-Up Approach:** The Pandemic has highlighted the need for inclusion in public health and emergency response in Africa. This will particularly address the issues peculiar to young people with disabilities from a rights-based approach. i.e., Every young person with disabilities has the same rights as other young people and they should not be excluded in the response and provision of youth friendly services. While recognizing this as a right is important, the bottom approach seeks to put more work around community/grass root involvement as well as needs assessment from these young people, to enable providers, NGOs and government know exactly how to assist and enable to be actively involved in the planning and delivery of more friendly youth services, to meet their diverse needs. Communities where young people with disabilities, should be re-educated to view people with disabilities, void of any stigma/discrimination, and rather provide unwavering support as they wish to utilize these services.
3. **Monitoring and Collaborative Support:** Nigeria has already existing policies for persons with disabilities [9]. Ideally this should have made access to these services more inclusive for young persons with disabilities but that isn't the case, as implementation rates are still far from expected, leaving young people with disabilities at risk of HIV, Teenage pregnancy, ST Is, and other vices that continues to decrease the country's demographic dividend-which could eventually improve economic and sustainable development in the country. Setting up special committees for monitoring to frequently decipher how these policies are implemented and receive feedback from these young persons using the services to better plan for a more inclusive youth friendly strategy to increasing coverage, alongside tackling access issues they face. Prioritized funding and international support from donors/organizations must come hand in hand if government wishes to step up and resolve this challenge. There is the need to train and re-train service providers around the Nation to effectively understand how to deliver the specialized needs and ultimately remove bias as well as systemic/operational/attitudinal barriers at the youth friendly centers

2. Conclusion

As efforts to roll out COVID-19 pandemic responses are in motion, it should be inclusive of sexual and reproductive health services for young people with disabilities. Public Health Planning should consider that numerous barriers affect young people and may hinder them from not only accessing youth-friendly services but also COVID-19 prevention/care services as they feel their needs have been sidelined. Civil society organization should increase advocacy as well as monitoring efforts to assess the implementation impact of government policies, while government fosters open dialogue and eliminate financial barriers that hinder youth-friendly services by young people with disabilities. Furthermore, where already existing interventions and services exist for young people, it is vital to strengthen these services, and consequently increase strategies to ultimately finding more evidence-based solutions to making youth-friendly services friendly for young people with disabilities during the covid-19 pandemic in Nigeria.

Consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data and material

Not applicable.

Authors' contributions

Archibong Edem Bassey conceptualized the topic/idea, wrote, revised and approved the manuscript. Emmanuel Nathaniel James wrote and approved the manuscript, Goshen David Miteu wrote and approved the manuscript.

Sources of funding

None.

Ethical approval

Not Applicable.

Consent

Not Applicable.

Guarantor

Archibong Edem Bassey.

Declaration of competing interest

None.

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