

WORKSHOP PRESENTATIONS

AMANITARE reaches out to new generation

Chair of Local Organising Committee of the AMANITARE workshop and GPI S/E Coordinator, Dr Bene Madunagu, made this presentation at the opening ceremony of the workshop in Abuja recently

It is with much delight and honour that I welcome you all very distinguished guests and participants, to this epoch-making event of AMANITARE training in Nigeria.

AMANITARE is the African partnership of sexual and reproductive health and right of women and girls. The partnership was formally launched in Uganda on February 4, 2000 by a group of 39 women and men from 16 African countries, representing 27 organisations and nine networks.

The goal of AMANITARE is to build influential social movement, to institutionalise the recognition of African women's and girls' sexual and reproductive health rights as fundamental to their civil and human rights.

Our vision is achieving women's and girls' sexual and reproductive health and right in Africa. These rights are the rights of all women and girls, regardless of citizenship, class, age, culture, religion, marital status, ethnic identity, sexual orientation and physical and mental ability to:

1. Bodily integrity and sexual autonomy
2. Sexual enjoyment and healthy reproduction
3. Protection from the threat of death or disease as a result of their reproductive functions, and to freedom-free coercion, violence or punishment as a means of controlling sexuality and fertility.



• (L-R) Dr. Bene Madunagu, chairing the opening ceremony, Dr Stella Dorgu of Women's Development Centre, Abuja, Dr. N. Tonbia, RAINB President and Francoise Girard of IWHC

These are the three fundamental principles of AMANITARE which we consider essential for achieving the goals. Based on these three principles are the set of the core values of AMANITARE which are:

- ♣ Sexual and reproductive rights are central to the realisation of women's human rights;
- ♣ Issues of sexual and reproductive health and rights directly impact every aspect of women's girls' lives. The realisation of these issues is therefore central to economic development of civil society, democracy and the rule of law;

- ♣ Women have the right to their bodily integrity and autonomy in decisions concerning their sexuality and fertility;

- ♣ Social, cultural and religious interpretations, practices and norms (including customary law) which impinge on the rights of women and girls to full citizenship and deny them their human rights must be challenged and contested;

- ♣ Women have the right to adequate, affordable, accessible and quality reproductive health information and services that protect them from the threat of death or

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disease resulting from their reproductive functions;

♣ Laws and policies which undermine, constrain or allow for limitation and violation of sexual and reproductive rights must be questioned, challenged and rejected unconditionally;

♣ Women have the right to self-determination and must be recognised as full citizens with guaranteed political and social participation and legal protection in all matters concerning their sexuality and reproduction;

♣ Each and every woman is an individual who is entitled to enjoy full sexual and reproductive health and rights.

The mandate and legitimacy of AMANITARE is derived from the outcomes of world conferences of the last decade in which African governments played major part in

reaching the consensus that produced the policy outcomes of these conferences. The relevant conferences include the World Conference on Human Rights (WCHR) - Vienna, 1993, The International Conference on Population and Development (ICPD), Cairo, 1994, The Fourth World Conference on Women (FWCW), Beijing, 1995 and the subsequent review conferences, five years after each conference.

These conferences have in common, the declarations drawn up by national governments, including African governments, emphasising the importance of a wide range of women's sexual and reproductive health and rights for overall social development. All these conferences also condemned all forms of gender-based violence and violations.

The International Conference on Population and Development (ICPD), Cairo, 1994 adopted the rights-based approach to sexual and reproductive health, reflecting a new global policy consensus on the relationships between population policy and sexual and reproductive health and rights. The thesis of this new paradigm was that "If women are empowered and peoples' needs for sexual and reproductive health are met, population stabilisation would be achieved by virtue of choice and equal opportunities, rather than by coercion and control. This rights-based approach is premised on existing international human rights agreements and in recognising sexual and reproductive health and rights as important ends in themselves."⁽¹⁾

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• GPI team led by Dr. Bene Madunagu (1st right) and Grace Osakue (1st left)

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(Meeting the Cairo Challenge: Progress in Sexual and Reproductive health - Implementing the ICPD Programme of Action; Family Care International, NY, 1999).

The rights-based approach was reaffirmed and extended at the FWCW in Beijing in 1995 and again at the ICPD+5 review in 1999. The main components of the rights-based approach are gender equity and equality; sexual and reproductive rights and client-centred sexual and reproductive health care. ⁽²⁾ (Sexual and Reproductive health: Briefing cards, Family health international, 2000).

Reproductive rights include the rights of couples and individuals to:

- ♦ Decide freely and responsibly the number, spacing and timing of their children and to have the information, education and means to do so;
- ♦ Attain the highest standard of sexual and reproductive health; and
- ♦ Make decisions about reproduction free of discrimination, coercion and violence.

(3) (International Convention on Civil and Political Rights, 1976;

(4) Women's Sexual and Reproductive Action Sheets ("Gender Equality & Equity" "Reproductive Rights & Reproductive Health" "Sexual Rights");

(5) ICPD POA 7, 3, and an International Convention on CEDAW).

Sexual rights include the rights of all people to:

- * Decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual reproductive health;
- * Be free of discrimination, coercion or violence in their sexual lives and in all sexual decisions; and
- Expect and demand equality, full

consent, mutual respect and shared responsibility in sexual relationships. This provision is contained in FWCW PFA, para 96).

Sexual and reproductive healthcare includes:

- * Family planning information, counselling and services
- * Parental, post-natal and delivery care
- * Healthcare for infants
- * Prevention and treatment of STIs and RTIs
- * Legal, safe abortion services and management of abortion-related complications;
- * Prevention and treatment of infertility
- * Information, education, counselling on health, sexuality, reproductive health and parenthood;
- * Services to address reproductive system, cancers and HIV/AIDS.

(Key actions for further implementation of the ICPD POA 52 (E)

AMANITARE which is a ten-year initiative (1999-2009) is constituted to facilitate the translation of the principles embodied in these agreements into the daily realities of African women and girls. Our aim is to create a better political, economic and social environment to enable women and girls in Africa, to enjoy their lives without fear of control or coercion because of their sexuality or reproductive potential.

AMANITARE, therefore, evolved from the need for a co-ordinated pan-African effort to consolidate the skills, knowledge and institutional resources of groups and individuals active in the field of sexual and reproductive health, gender equality and women's rights.

We recognise and admit that there are many African groups and networks

currently working on different aspects of women's health, economic development legal rights and violence against women. However, there is no regional effort to consolidate and advance work with a clear agenda on women's sexual and reproductive health rights.

We acknowledge the efforts of the Nigerian government in the number of policy documents aimed at creating the enabling environment for the implementation of the provisions of the global agreements in the ICPD Programme of Action; WCHR, FWCW, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

The Nigerian government has a policy on women, on adolescent reproductive health and has gone ahead in partnership with NGOs,

facilitated by Action Health Incorporated (AHI), to approve the guidelines for sexuality education and a national curriculum for sexuality education at all levels of the Nigerian educational institutions.

The present event for which we are here gathered today is the contribution of AMANITARE towards the implementation of these policies. I am, therefore, extremely happy to once again welcome you all to this opening ceremony to mark the training of young women from African countries who themselves would extend

what they learn from the coming week to their organisations for building the capacity to work towards the achievement of sexual and reproductive health and rights of African girls and women.

Sexual and reproductive health and rights is an African agenda. African countries have the highest records of women and girls victims of HIV/AIDS, as well as maternal and infant mortality rates. It is a call to duty that AMANITARE has assumed the role to lead in rolling back the devastating effects of the violations of the rights of African women. This training is part of the outreach and networking strategy to address the problem.

I thank you all for honouring our invitation to be part of this history in the interest of African girls and women. ♀

Bene E. Madunagu



● Participants at the opening ceremony of the training workshop, including Bene Madunagu (4th from left)