

## CONFERENCE PRESENTATION

# Growing - up healthy! a right for all girls

*Paper presented by Dr. Bene Madunagu Coordinator GPI, South East zone at the parents, daughters, teachers and health service providers forum organised by Girls' Power Initiative (GPI) South East zone and held at the Paradise City Hotel, Calabar on Saturday, May 27, 2000*

## INTRODUCTION

**V**ery distinguished participants, it is always a pleasure to face such a crowd of distinguished parents, guardians, teachers, health service providers and of course our friends in the media, GPI girls and staff. I welcome you all to this event designed to create a conducive environment for us in GPI to share with you all, who have tremendous responsibility in the lives of the girls who participate in GPI activities and educational classes. It is also a forum for parents to create time for effective communication with their daughters and for parents to learn about what their daughters do when they come to GPI.

Our major concern in GPI is to educate adolescent girls towards changing risky behaviours and becoming empowered to effectively reduce the various forms of risks that girls face as they are growing-up. This is why we also have teachers and health service providers who teach social studies and personal hygiene in school to the girls and who treat the ailments the girls present in the various health centres around where the girls live. We understand that all of us share in the process of the growing-up of our girls and boys. This shared responsibilities in the interest of the health of our girls in particular. This responsibility is clearly stipulated in the Convention on the Rights of the Child of 1989 Article 24 which states as follows:

*State parties recognise the right of the child to the enjoyment of the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health. State parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.*

This shared responsibility is why we have chosen the theme for this forum to be **"HELPING YOUR DAUGHTERS COPE WITH GROWING-UP"**.

## What are the major Health needs of adolescent girls? What Risks do they face as they grow-up?

In our work with adolescent girls in GPI, we have found the following, among others, to be the risks girls face as they grow-up;

### 1. IGNORANCE:

In general, most adolescent girls lack knowledge, information, life management skills and youth friendly services to address their health needs. Many girls know the basic household chores but know nothing about the changes in their bodies associated with puberty. There have been occasions when girls get falsely accused of being involved in sexual activity if they start menstruating at age 12 or 13 when the mother started at age 15. This state of affairs create problem of communication and strained confidence between girls and mothers. A girl goes to the mother when she finds blood stains on her pants and is accused of having climbed a tree. A girl requests for money to buy sanitary pad and the mother abuses her for not using toilet tissue.

Even when the father agrees to give the money, the mother is annoyed for the girl being spoilt because she should use toilet tissue, health-wise, toilet tissue is known to create habitat for infection and is generally not safe. Girls who come to GPI learn about personal hygiene. We therefore request parents to assist their daughters maintain personal hygiene to avoid the risk of infections. Adolescents, particularly, girls need adequate information to be able to adopt safe behaviour.

### 2. EARLY SEXUAL ACTIVITY

The period of adolescence is a time of severe pressure from peers, the media, poverty and other socio-economic forces, to become sexually active whether they want to or not. What we find is that although parents, teachers and guardians admonish girls on having pre-marital sex, the same forces look the other way when young men are involved in pre-marital sex. This double standard encourages the young men to

exploit the ignorant and uninformed girls. Parents, teachers, guardians and the public need to be firm and coherent in messages they give to young people to reduce the risk of sexual exploitation.

When a girl requests for a need from parents and is told that her mates no longer depend on the parents, why can't she do something for herself; what message is she being given? What risk is she being driven to face? Parents can have meaningful dialogue with their children to understand when they cannot meet their ward's needs and give their ward the satisfaction of care and love and hope that when situation improves, they will do what they can to meet what needs are vital to their progress.

### 3. TEENAGE PREGNANCY

Given the hypocritical expectations of society, double standards, peer pressure and poverty in the midst of ignorance, young girls become easy victims of sexual harassment, rape and sexual abuse and end up with unintended and unwanted teenage pregnancy with the attendant risks.

Teenage pregnancy remains a serious problem of unequal power relations between male and female such that 150 out of every 1,000 girls give birth before the age of 19 years when they should still be in school to ensure a good career and a good future. There are also serious health risks associated with early pregnancies among adolescents, such as pre-mature delivery, prolonged labour, and even obstructed labour leading to the unfortunate situation of Vesico Vaginal Fistula (VVF).

Factual information of the health consequences of casual and unprotected sex could go a long way to assist adolescents to take the right decisions in the interest of their health. How many parents, guardians, teachers and health service providers give adolescents the right information beyond the usual "don'ts"?

### 4. UNSAFE ABORTION

Perhaps that most serious health

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problems for growing adolescent girls is unsafe abortion because of the consequences of morbidity, infertility and even mortality associated with unsafe abortion. What have the parents, guardians, teachers and health service providers done to reduce the need for abortion among adolescents? It has been recorded that over 80% of patients presenting complications of unsafe abortions in Nigerian hospitals are adolescent girls. What role do adults play to reduce this risk?

## 5. SEXUALLY TRANSMITTED DISEASES AND HIV/AIDS

When young people are forced into sexual activity by ignorance, poverty, peer pressure, the rate of STDs and HIV/AIDS infections continue to increase. In 1998 alone, 60% of the 20,334 AIDS cases in Nigeria were within the age groups of 15 - 24 years. Indeed the proportion of people infected with the AIDS virus in Nigeria has increased from 1.8% in 1990 to 3.8% in 1993 to 4.5% in 1995 and to 5.4% in 1999. Thus reported AIDS cases in Nigeria have moved from only 2 in 1986 to at least 5,400,000 by 1999. That is to say that more than 10% of the Nigerian population are AIDS patients. What is the role of the adults responsible for the health of these young people? What future is being planned for our nation?

## 6. SEXUAL ABUSE

Today, sexual abuse in the form of rape, including incestuous rape, prostitution, sexual harassment and girl-child trafficking are constant features of our media. Much of sexual abuse of girls by the same hands that should protect them remain unreported, to keep the family name and so the extent of the problem is unknown. What do parents, guardians, religious leaders, teachers, health providers, etc. do to address this problem? What role do we play in perpetuating the problem?

## 7. CHILD LABOUR

Out of poverty, many Nigerian children are found hawking on our streets to generate income for family sustenance. What does street hawking do to the health of these girls? What happens to their education if they

spend the time they should be in school or when they should be reading and studying their school notes and textbooks, on the streets hawking? How many teenage pregnancies result from hawking? When a man buys up the basin-full of "Mbansang Ikpok" - boiled groundnuts, what follows from this? When a girl hawker is invited into a room to collect change, what happens? Are there other innovative things to do to increase family income without exposing young girls to these risk on our streets?

## 8. HARMFUL TRADITIONAL PRACTICES (HTPs)

Let me seize this opportunity to commend the Cross River State House of Assembly for the bill against female genital mutilation, child marriage and girl child defilement in Cross River State. Other problematic sexist prejudices against the girl child still remains. Son preference, bride price, inheritance laws, partners battery, still persist and when they grow up they face horrendous widowhood rites. None of these acts benefit anyone, rather they harm the girl child physically and psychologically and deprive society of their potential contributions. These are but a few areas of problems for young girls and their eradication concerns all of us.

We are holding this event in the month

of May on the day when these girls are expected to line up in honour of their country. Let us ask what the country is doing to keep them healthy and alive to make the necessary contributions for the future development of their country. How do parents, teachers, guardians and health providers meet their responsibilities in laying the foundation for a healthy society?

Tomorrow, May 28, is marked globally every year as the International Day of Action for Women's Health. The May 28, 2000 is the 13th year of this event, the year 2000 is a landmark year for people's health. Twenty two years ago, Global Health Leaders meeting at Alma-Ata agreed on a bold undertaking captured by the slogan "Health for All by the Year 2000". The Alma-Ata Declaration reaffirmed "health as a state of complete physical, mental and social well-being and not just the absence of disease".

The meeting upheld the enjoyment of the highest attainable standard of health as a fundamental human right that governments are obliged to ensure in the spirit of social justice. Let us all use this occasion to re-dedicate ourselves in our individual and collective responsibilities in our roles to reduce the risks faced by adolescents particularly the girl child.

I thank you all for your presence and I am hopeful for a successful deliberation and practical suggestions towards increasing the health status of adolescent girls. ♀



Parents and teachers taking part in group discussions during the parents, daughters, teachers and health care providers forum held in Calabar