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...5 years after Cairo

Health of Nigerian girls

Paper presented by ***Bene Madunagu*** *Coordinator of Girls' Power Initiative (GPI), South - East zone on the occasion of 1999 International Women's Day at a public education seminar at NICO Secondary Commercial School Hall Calabar on Saturday, March 6, 1999*

March 8 every year is marked as International Women's Day all over the world for more than half a century. It is celebrated in recognition of women's struggle against oppression, exploitation, discrimination, violence, poverty and for a just society.

Women have for centuries suffered subjugation and discrimination in the name of culture and tradition. I ask what culture or tradition or even religion is it that supports the oppression and enslavement of women.

Religion preaches and stands for justice. Enslavement is injustice, oppression is injustice. Culture and tradition function to provide a basis, a framework for human interaction for their well-being. We have come of age to articulate our needs and we jointly reject the social interpretations of culture, tradition and religion that are perpetrated to silence us and keep us in second class positions,. We now know, affirm and we intend to act to show the world that we affirm women's rights as human rights.

In the recent past, the World Conference on Human Rights (ICHR, Vienna, 1993; the International Conference on Population and Development (ICPD), Cairo, 1994; the World Summit for Social Development (WSSD, Copenhagen, 1995) and the Fourth World Conference on Women, (FWCW, Beijing 1995) all confirmed that women's rights are human rights. For girls and women, the ICPD, Cairo, 1994 was a watershed, that is a turning point marking a historic change for the recognition of the rights of girls and women.

WHAT HAVE BEEN THE CHANGES 5 YEARS AFTER CAIRO FOR NIGERIAN ADOLESCENTS?

To answer this question which is the kernel of this paper, it is important to draw our attention to who the adolescent is; what the provisions in the programmes of action of ICPD for adolescents were, before we can then assess the changes in the lives of Nigerian adolescents in theory and in practice since 1994.

WHO IS AN ADOLESCENT?

I will not invent the wheel by offering a new definition . I will give the definition already in use. The World Health Organisation (WHO) defines an adolescent as an individual between the ages of 10-19 years and a young person as one between ages 15 -24 years. The Convention on the Rights of the Child defines a child as every human being below the age of 18 years.

In the action sheet of HERA (Health, Empowerment, Rights and Accountability), a further extension to this definition is made as follows: Adolescence is generally a time of rapid personal, physiological, social and emotional development. It encompasses learning about and experiencing sexuality and various forms of human relationships , as well as development of self-identity and self-esteem.

It is a time of learning about and challenging gender roles and power relations, about social justice and about life options. For increasing numbers of adolescents, it is a time of severe pressure from peers, the media, poverty and other forces to become sexually active whether they want to or not.

WHAT ARE THE REALITIES OF THE NIGERIAN ADOLESCENT LIFE?

I will present two real situations that I have witnessed in the last one month.

Patience is a 17 year -old girl, by definition, an adolescent girl. She lives in Calabar South. At 15 years and in her second year in the secondary school she became pregnant. With some medical monitoring she gave birth. She returned to school but the parents are too poor to pay her fees. The mother is mounting pressure for the girl to have affairs with a married man, the age of the girl's father. Her claim is that the married man has money to take care of her and if the girl becomes pregnant, the man would take her as a second wife. The girl refused to succumb to this ill-conceived design of the mother and ran away from home.

In the second case, Susan is a 15 year-old girl in her third year in the secondary school. She confided in a friend about pains in her vulva. Luckily, the friend had information on sexually-transmitted diseases and advised her to talk to the parents to take her to hospital. She did not. She visited a patent medicine dealer in a drug store and gave N10.00 for the man to mix drugs for her. Ofcourse her situation was not for N10.00 mixture of panadol, one capsule of tetracycline, one folic acid tablet and

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one multivite tablet.

She then told the parents who took her to a herbalist as they could not afford hospital cost. She took all kinds of concoctions to no avail. The friend intervened and sought medical assistance for her. She had contacted a sexually-transmitted disease. With luck she may escape a serious repercussion on her reproductive system.

Those two adolescents are both Christians from very strict religious homes. They do not miss any religious functions and the Sunday church obligations. They do not qualify to be called bad girls. Why did this happen to them? The reality is that most young adolescent girls are poor. They are dependent on parents or guardians who love them but who are too poor to meet their needs. These poor parents are also ignorant and under the yoke of social taboos and hypocrisy and therefore cannot talk with their daughters about their sexuality.

Adolescents are particularly vulnerable and are not served by conventional health programmes. There is maternal and child health programme, there is family planning for adults but there has not been adolescent health programmes to meet the needs of the teeming adolescents about half of the population.

Both girls and boys are usually ill-informed about sexually transmitted diseases including HIV/AIDS and about how to prevent pregnancy. Poor young women and girls are particularly vulnerable to sexual abuse by sugar daddies, violence, rape and forced prostitution. As a result of poverty and hence little or no education, a large number of adolescent girls are having babies or dying from unsafe abortion.

Although pre-marital sex is unacceptable and condemned in our society at least for girls by religion and tradition yet most uninformed, adolescent, girls are coerced and manipulated into pre-marital sex and even incestuous rape with the repercussion of STDs including HIV/AIDS, teenage pregnancy and risk of unsafe abortion.

Many parents and guardians still deny adolescent girls information on their sexuality under the erroneous belief that it will cause promiscuity. But our practical experience in GPI proves the opposite to be true. That is that information on sexuality leads to responsible behaviours and higher levels of choice of abstinence among our beneficiaries. We have also found

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that these good effects are higher when we involve parents in our forum to talk honestly with their daughters.

We recognise and appreciate the fact that parents want to protect and guide their children. However, the Convention on the Rights of the Child recognises the primacy of children's interests in decisions by families, legal systems and other state action. It is therefore important that the rights of both parents and the adolescents must be acknowledged and balanced in the interest of the adolescents.

WHAT PROVISIONS DID CAIRO PROGRAMME OF ACTION MAKE FOR ADOLESCENTS?

One hundred and eighty member states of the United Nations, including Nigeria, reached a consensus in Cairo in 1994 and came up with a programme of action setting the course of action for the next 20 years focusing on people and people's needs and well-being. A chapter was devoted to adolescents.

Women were centrally involved in the debate that produced the POA. Human rights became central to the issue of sexual and reproductive health. There was a general concensus among the 180 nations that health and well-being, equity and equality for women, are important ends in themselves.

The ICPD programme of action urged countries to ensure that girls and women have the widest and earliest possible access to, not only primary education, but secondary and higher levels of education as well, including technical and vocational training if they so desire. In the context of human rights, the POA recognised that discrimination against girls must also cease. Girls and boys should be treated equally in their nutrition, health care, inheritance rights, education, social, economic and political spheres, in short in every facets of life.

In paragraph 7.45 of the ICPD POA, it is stated that countries must ensure that the programmes and attitudes of health care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so... these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. It urged countries to where appropriate remove legal regulatory and social barriers to reproductive health information and care for adolescents.

Paragraph 7.3 states that "full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality..."

ICPD paragraph 7.48 states "involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, including parents, communities, the media, religious groups and peer groups. These among others were provisions specific on adolescents in ICPD POA, 1994.

WHAT HAS HAPPENED SINCE CAIRO?

At the governmental level, there was a draft policy on adolescent health in 1995. This has since been adopted. The Federal Ministry of Health in partnership with International agencies, donors and NGOs held a national conference in January 1999, to produce and adopt a framework for the implementation of adolescent reproductive health policy provisions.

The NGOs have carried out much sensitization on issues of adolescent health, gender equity and equality. Many youth serving NGOs have emerged since Cairo, creating public

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One of the resource persons, Dr. Gloria Archibong, delivering her paper at the March 6 seminar

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awareness on adolescent sexuality, sexual and reproductive health and rights. There has been the development of guidelines on sexuality education for all levels of the school curriculum. There have been several publications and other information, education and communication (IEC) materials on this issue. Some progress has definitely been made about improving the state of adolescent information about their health in Nigeria, since Cairo 1994.

However, it must be said that if there is no fundamental social transformation to advance the interests and aspirations of majority of marginalised poor Nigerians among whom are women, adolescents, workers and peasants, if the poor and marginalised remain in the present conditions of want, poverty, indignity and powerlessness, then the achievement of improved conditions for adolescents will be a farce.

Can you imagine the mental torture, if a girl is informed about the health risk of using tissue paper for her menstruation but advised to use sanitary pad where neither of the parents can afford the cost of sanitary pad?

How does a poor hungry child resists sexual harassment by a sugar daddy where the parents taunt her about staying at home instead of going out like her friends to look for money for the family.

There are but a few questions to ponder on as we move into the next five years of Cairo + 10. What will be the state of the Nigerian adolescent ½ way through the 20-year target of the ICPD Programme of Action?

I will stop there and hope that this presentation will stimulate further debate on the way forward.

Thank you for your presence and for your attention ♀