

WORKSHOP PRESENTATIONS

Women's rights: Gains, opportunities, denials- towards sexual, reproductive health

Bene E. Madunagu, Chairperson, GPI Executive Board and member, AMANITARE Technical Advisory Committee & International Policy Working Group, presented this address at the celebration of African Women's Health and Rights Day, February 4, 2004, organised by GPI under the auspices of AMANITARE in Calabar

Distinguished participants, I welcome you all to the 2004 African Women's Health and Rights Day celebration. February 4th was proclaimed the African Women's Health Day at the NGO Forum, co-organised by AMANITARE and Girls' Power Initiative on February 4th, 2002 in Abuja, Nigeria.

This year coincides with the 10th anniversary of the International Conference on Population and Development (ICPD), held in Cairo, Egypt in 1994. Thus, our slogan for this year's celebration - "I Celebrate Protest Demand: A Decade of Celebrating Progress and Reclaiming Our Rights," is derived from the alphabets, I C P D. Thus, today, February 4, 2004, AMANITARE in collaboration with Girls' Power Initiative, celebrates African Women's Health and Rights Day and commemorates the 10th anniversary of ICPD.

African women's groups have been part of the worldwide movement to assert women's rights, including freedom from gender-based violence and to put sexual and reproductive health and rights of women on the public policy agenda.

Until the 3rd World Conference on Women in Nairobi in 1985, African women's advocacy was limited to economic development and political participation, but in the decade following Nairobi conference, issues of health and bodily rights started to emerge significantly. AMANITARE was initiated by RAINBO to consolidate and advance advocacy in the area of sexual and reproductive health and rights of

African girls and women.

AMANITARE is the African partnership for the sexual and reproductive health and rights of women and girls. It is an initiative of RAINBO, an African - led NGO working to promote and protect African women's and girls' rights to sexual and reproductive health.

During the United Nations Conference, the ICPD, Cairo 1994, the international community placed reproductive health firmly within the context of human rights and recognized that women's empowerment is key to the protection of those rights. The conference upheld the principles that every human being is entitled to equal protection under human rights instruments and that no person is to be discriminated against on the basis of sex. These principles have also been confirmed in numerous other international, regional treaties and also in national legal instruments.

Furthermore, women's rights that should not be discriminated against on the basis of sex is very comprehensively addressed in the Convention on the Elimination of All Forms of Discrimination Against Women, (CEDAW or the Women's Convention), which was approved by the United Nations General Assembly in 1979 at the end of the United Nations Decade for Women. This convention guarantees

women equal rights with men in all spheres of life, including education, employment, healthcare, citizenship, franchise, nationality and marriage.

Since the early 1990s, women's reproductive health and rights have become a significant item of debate at international, regional and national conferences that deal with social development and human rights.

For instance, at the international level, six UN major conferences within a period of four years - 1992 to 1996 had deliberations and debates on reproductive health and rights issues. These include:

- The UN Conference on Environment and Development, held in Rio de Janeiro: June 1992, abbreviated as UNCED or the Earth Summit.
 - The World Conference on Human Rights (WCHR), held in Vienna, Austria, in June 1993.
 - The UN International Conference on Population and Development, (ICPD), held in Cairo in September 1994.
 - The World Summit for Social Development, (WSSD), held in Beijing, China in September 1995.
 - The Second United Nations Conference on Human Settlements, (Habitat II), held in Istanbul, Turkey in June 1996.
- Specifically, ICPD focused on reproductive health and rights.

The ICPD Programme of Action, that is the document that emerged from the conference, made reproductive health central to human rights and recognizes that women's empowerment is strategic

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to the existence and protection of reproductive health and rights. The Nigerian government, as it is the case with other African countries, is signatory to all the above conference outcome documents.

Before ICPD, 1994, there was very little discussion in diplomatic circles about sexuality, abortion, female genital mutilation, violence against women and reproductive health and rights. These issues were taken up dramatically in the debates during ICPD. The previous agreements at population conferences, for instance, Bucharest (1974) and Mexico (1984) focused on the threat of population explosion which led to coercive family planning/contraception for girls and women going as far as offering incentives for health providers to recruit women clients/guinea pigs for contraceptive services or sterilization.

It was at ICPD 1994 that they took the approach of emphasis on the understanding of reproductive health as indivisible and inalienable from issues of equality, rights and empowerment of

women. It was at ICPD that there was the recognition that at the centre of population issues are the health and rights of women, that when women are empowered, have access to health services, are educated and have good income, that they can be in a position to make good and responsible decisions about childbearing.

Thus, it was 10 years ago that the language of reproductive health and reproductive rights formed part of diplomatic language. At ICPD, 1994 governments were able to reach progressive new agreements on important issues such as abortion (8.25), HIV/AIDS, maternal mortality, contraception and adolescent sexuality.

Back home in Nigeria, there have been series of policies that the Nigerian government has put in place in response to the commitments in the ICPD POA. These include:

- Laws in many states against Female Genital Mutilation, (FGM)
- Laws against trafficking in persons and forced prostitution
- Law against child marriage and child defilement in Cross River State
- Child's rights law in Nigeria
- National Policy on Women (2000)
- National Health Policy and Strategy
- National Policy on HIV/AIDS/STIs Control
- National Adolescent Health Policy
- National Policy on Reproductive Health and Rights
- National Sexuality Curriculum for Upper Primary, Secondary and Tertiary Institutions.

These are positive steps to protect the health of girls and women, in line with the Cairo Commitments, 10 years ago. These are the gains of the past decade that we are celebrating today, February 4, 2004.

But when we talk about gender equality, what do we really mean? We

mean equal treatment of women and men in laws and policies and in access to resources and services within the different forms of family systems, within our communities and in the society at large. We mean fairness and justice in the distribution of benefits and responsibilities between women and men, with programmes aimed at ending existing inequalities. We mean equal opportunities for girls and boys, women and men.

Principle 4 of the ICPD POA states thus: "Advancing gender equality and equity and the empowerment of women...

and ensuring women's ability to control their own fertility are cornerstones of population and development - related programmes."

As I said earlier, ICPD focused on sexual and reproductive health and a rights-based approach. We will examine the contents of these concepts.

Health

The World Health Organisation, (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity... the enjoyment of the highest attainable standard of health is the fundamental rights of every human being without distinction of race, religion and political belief, economic or social condition."

This definition of health is universal. It is not limited to any particular place. It includes us here in Nigeria; girls and boys, women and men. It makes it clear

that to be healthy is not only to be without illness; rather it is to be in good physical, psychological and mental fitness, to have peace of mind and to be happy in one's social

environment; at home, in school and in the community at large. Hence, feeling of stress, insecurity, mental and psychological pain and any other form of disorder caused by the reality of gender discrimination, gender inequality, poverty, cultural or traditional sexist practices, etc, must be seen as obstacles to physical, mental, psychological, spiritual and social well-being.

Hence, any national policy of strategy aimed at tackling illness or promoting health, must necessarily include the re-allocation and or budgetary of specific, adequate and clearly stated

resources to healthcare services. Such allocation should incorporate policies to alleviate gender disparities, poverty and addressing gender-based violence including harmful traditional practices.

Governments at all levels have the responsibility to create effective strategies backed by budgetary allocation to ensure the complete well-being of their populations because health is a fundamental human right.

Nigeria and every other country in the world is a party to at least one human rights treaty that addresses health-related rights, including the right to health and a number of rights relating to conditions necessary for good health. All of us whether poor or rich are entitled to a life of well-being and it is the role and duty of government to ensure that there are measures to protect, respect and fulfill the right of its citizens to the highest attainable standard of health.

Beijing Platform for Action, paragraph 92 states that, "Women's right to the enjoyment of the highest



• GPI Chairperson, Prof. Bene Madunagu makes her presentation at the ceremony

GPI library services

Are you a student in secondary or tertiary institution? Are you interested in carrying out researches on issues of women, violence, social development, trafficking in persons, rape, HIV/AIDS, etc.?

The GPI resource library is just what you need to do all these. GPI operates free library services from Mondays to Fridays 9am - 4pm, daily at the following centres:

South-South Calabar Centre:

No. 44 Ekpo Abasi Street, Calabar, Nigeria

South-South Benin Centre:

2 Hudson Lane, off Akpakpava Street, by Dawson Junction, Benin-City

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Beijing Platform for Action, paragraph 92 states that, "Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men... good health is essential to leading a productive and fulfilling life and the right of all women to control all aspects of their health, in particular, their fertility, is basic to their empowerment." Thus, the right to sexual and reproductive health is a central part of the overall well-being, particularly for girls and women and is protected by law.

Sexual health

Every human being is a sexual being. The WHO has defined sexual health as "the integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love... every person has the right to receive sexual information and to consider sexual relationships for pleasure as well as for procreation."

Sexual rights

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus documents. These include the rights of all persons to be free from coercion, discrimination and violence to:

- The highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services;
- Seek, receive and impart information

- freely on sexuality;
- Sexuality education;
- Respect for one's bodily integrity;
- Choice of partner;
- Decide to be sexually active or not;
- Consensual sexual relations;
- Consensual marriage;
- Decide whether or not and when to

diseases, and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.

Reproductive health

In paragraph 7.2 of ICPD POA, reproductive health is defined as "a state of complete physical, mental and social

- well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide, if, when and how often to do so..."

Reproductive rights

Reproductive

rights as defined in paragraph 7.3 of ICPD POA, "rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so and the right to attain the highest standard of sexual and reproductive health. It also includes their rights to make decisions concerning reproduction, free of discrimination, coercion and violence, as expressed in human rights documents.

In spite of all these provisions which the Nigerian government is signatory to, sexual and reproductive health continues to elude many girls and women, in

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• **GPI Calabar/Uyo Centres Coordinator, Prof Bene Madunagu (centre, in glasses) with staff of the two centres at the end of the AWHRD celebration**

have children and pursue a satisfying, safe and pleasurable sex life.

In the case of adolescent, that is people aged between 10 and 19 years, paragraph 7.41 of ICPD POA clearly states as follows:-

"information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted

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particular, because of several factors such as ignorance or inadequate level of knowledge about human sexuality; inappropriate or poor quality services. Sexual and reproductive health information and services; discriminatory and sexist social, cultural and traditional practices; negative attitudes towards girls and women, lack of or limited power in male/female relationships that girls and women have, especially, over their sexual and reproductive lives, are other problems.

Adolescents are particularly vulnerable because of their lack of information and access to relevant services due to lack of adolescent-friendly health services and emphasis on couples and exclusion of individuals as clearly stated in the ICPD POA. This situation persists even with relevant policies adopted by the Nigerian government.

Sexual violence is on the increase but it remains often unacknowledged aspect of life in Nigerian homes, schools and the society at large. This has contributed to the exponential spread of HIV, especially among young people and women. Many adolescent girls and young women do not have access to accurate information about HIV prevention and about their rights to control over their bodies. Many young girls and women are forced by circumstances of ignorance and poverty as well as social expectations and socialization, to have sex with "sugar daddies" in exchange for basic life requirements such as food and clothing. Young school girls too, are sometimes forced into unprotected sexual activity in return for grades in schools.

Today, February 4, 2004, we

protest:

- The non-implementation of policies designed to protect girls and women;
- The non-provision of budgetary resources for the implementation of programmes specifically on services to address sexual and reproductive health challenges;
- The non-enforcement of legal provisions that protect girls and women against gender-based violence and harmful and discriminatory traditional practices;
- We protest continuous sexual coercion and sexual abuse that are perpetuated against girls and women.

We demand that the Nigerian government implement the ICPD POA commitments by effective actions to secure sexual and reproductive health and rights for all - girls, women, boys and men as we mark 10 years since this document was signed by the Nigerian government.

- Did you know that more than a million women die every year from reasons relating to pregnancy or childbirth known in the medical community as maternal mortality?
- Did you know that 95%

of these deaths occur in Africa and Asia, while less than 1% (2,500 deaths) occur in the more developed regions of the world

- Did you know that in Africa, an average of 12% of maternal deaths (about 30,000 deaths a year) result from unsafe abortion?
- Did you know that in Nigeria this rate is closer to 50%
- Did you know that in addition to the girls and women who die, there are millions more who suffer severe illnesses or are permanently disabled by serious injuries that can result from pregnancy, childbirth and

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PHOTO NEWS



• Drama presentation by the Girls' Power Initiative Benin Centre girls during the recent Youth Talent Festival, held at the Saidi Centre, Benin City in Edo State

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unsafe abortion?

This range of illness and injury is referred to as maternal morbidity and it includes infertility, vesico-vaginal fistula (which is the breakdown of tissue in the vaginal wall leading into the bladder), chronic pain and many other debilitating conditions.

Can all these dangers that girls and women face in their social service and social production and reproduction be prevented? YES

"Women's reproductive health risks are not mere misfortunes and unavoidable natural disadvantages of pregnancy but, rather, injuries that societies are able and obligated to remedy..." (Rebecca J. Cook and Bernard M. Dickens, World Health

Organisaiton, *Advancing Safe Motherhood Through Human Rights*).

Certainly, maternal mortality is a human rights violation which causes problems that have clear well tested and affordable health care and social solutions. Maternal mortality and morbidity can be drastically reduced by:

- Improved healthcare services
- Ensuring women's freedom from discrimination
- Ensuring women's right to reproductive self-determination

Our confidence derives from the fact that while maternal mortality in Africa is 1 death in every 16 pregnancies; the risk for women in Switzerland (where our leaders dump our oil money) is 1 in 6,000 and the risk for women in the United States (which our leaders take as role model) is 1 in 3,000.

The time to act is overdue, 10 years after the commitments were signed ♀

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