

INTERNATIONAL CONFERENCE

Promoting sexual, reproductive rights: culture, religion and women's rights

Prof Bene E. Madunagu, Chairperson, GPI Executive Board and DAWN Anglophone Africa Regional Coordinator, made this contribution at the occasion of the International Women's Day Working Conference on "Reproductive Rights and Culture," March 7-9, 2004 in Amsterdam, the Netherlands

Introduction

I salute all women here present for the victory of a day set aside in recognition of women's struggles since 1910 when March 9 was declared the International Women's Day by the International Conference of Socialists and Communists. Since then, March 8 has been celebrated worldwide by class-conscious workers and those fighting for the liberation of women and the emancipation of all humanity.

I strongly commend and salute the foresight of the Dutch Minister for Development Cooperation and the Under-Secretary-General of the United Nations/Executive Director of UNFPA in choosing today to deliberate on the important topic of "Reproductive Rights and Culture."

Women's rights activists, women's health activists and the global women's movement have come a long way since the success of the struggle of women immigrant garment workers in the lower East side of New York of 1908 and 1909, led to the declaration of March 8 to remind the world of women's contribution to society and development and hence the need for equal opportunities for women and men.

Another turning point of this struggle was the outcome document of the International Conference on Population and Development, Programme of Action-ICPD, PoA

which for the first time, introduced the concept of women's reproductive health and rights as central to population issues. This achievement emboldened women activists everywhere, and today, there is no country left out of the debate on issues bordering on the rights of women. Perhaps one typical example is the recent event in Morocco, an Islamic state.

On January 25, 2004 the government of Morocco adopted a new landmark family law, supporting women's equality and granting them rights in marriage and divorce, among others. This is one positive outcome of the implementation of the provisions of ICPD PoA which created the basis for advocacy and awareness-raising efforts among

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women's rights activists.

Highlights of the new Moroccan family law include the following reforms:

Equality: "Husband and wife share joint responsibility for the family. The wife is no longer legally obliged to obey her husband; the adult woman is entitled to self-guardianship rather than that of a male family member, and may exercise it freely and independently. The minimum age of marriage is 18 for both men and women."

Divorce: "The right to divorce is a prerogative of both men and women, exercised under judicial supervision. The principle of divorce by mutual consent is established."

Polygamy: Polygamy is subject to the judge's authorization and to stringent legal conditions, making the practice nearly impossible. The woman may require that her husband should refrain

from taking other wives.

Enforcement of law: The family law assigns a key role to the judiciary in upholding the rule of law and provides for the public prosecutor to be a party to every legal action involving the enforcement of family law stipulations...

This kind of success should be publicised to encourage activists in similar circumstances to utilise such precedence in their own struggle. Women groups should be supported in such places to educate and encourage women in claiming their rights as so provided.

Another example of such success from another conservative enclave, again drawing from the ICPD PoA, is case of the adoption of a protocol on the Rights of African Women by the African Union, where the right to abortion was

articulated for the first time in international law.

The African Union adopted the Protocol on the Rights of Women in Africa on July 11, 2003 as a supplementary protocol to the 1981 African Charter on Human and Peoples Rights. Advancing the human rights of African women through creative, substantive and detailed language, the new protocol covers a broad range of human rights issues. It explicitly sets forth the reproductive rights of women to medical abortion when pregnancy results from rape or incest or when the continuation of pregnancy endangers the health or life of the mother.

The protocol also explicitly calls for the legal prohibition of female genital mutilation. In advancing gender equality, the protocol calls for an end to all forms of violence against women, including unwanted or forced sex, whether it takes place in private or in public, and a recognition of protection from sexual and verbal violence as inherent in the right of dignity. It endorses affirmative action to promote equal participation of women, including equal representation of women in elected offices, as well as equal representation of women in the judiciary and law enforcement agencies as an integral part of equal protection and benefit of the law. Other broad range of economic and social welfare rights for women were also set forth in the protocol.

What can be done to promote the implementation of these positive legal frameworks include investment in the reorientation and training workshops for women in various professional groups and also for community women to assist them in overcoming age-long internalised conditions of accommodation of exploitation,

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PHOTO NEWS



• Some participating teachers at the recent International Action for Women's Health observance, organised by the GPI Calabar Centre

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servitude and near slavery life conditions, to enable them to re-direct their energies towards actions for implementation of these provisions. In short, the empowerment of women in all ramifications through information, education, enlightenment; economic and political empowerment, etc, are the pre-conditions for achieving reproductive rights.

Socialisation process

Sex is a component of sexuality that is natural, biological and does not change; being male or female by nature.

Gender is a second component of sexuality that can be changed because gender results from how we are socialised, sexualised or desexualised and on the social definition of who we are as females or males and the role of culture and tradition such as naming a baby, choice of clothes - bright colours for girls and darker for boys to make the latter look corporate, piercing the ears for female, involving girls in kitchen and house chores, while boys play around; choice of toys - baby dolls for girls and cars and guns for boys; restricting the participation of girls from different activities that boys are free to participate in. All these activities are dynamic, socially constructed and change over time and differ from place to place and not natural. But this social

discrimination, based on gender, forms the basis of gender power relations. These patterns are learned and internalised by both male and female. Thus, when the female becomes conscious of the discrimination and advocates for change, this then generates such animosity, conflicts and opposition.

Certain groups with religious bias would then choose to focus only on selected aspects of the concept of sexuality and try to discredit the claims and demands of those promoting the rights of women.

The areas of opposition, based on religious and cultural considerations by male chauvinists, include:

- Right of fantasies and dreams
- Sexual orientation
- Abortion
- Adolescent sexuality
- Gender equality and equity
- Right to have the last say about what happens to your body as a female
- Right to safety in pregnancy and delivery
- Gender-based violence
- STIs, including HIV/AIDS.

Right to fantasies and dreams

Fantasy is the ability of one's mind to explore, imagine and desire something that one feels pleasurable about and wishes to be part of a beautiful experience. It is also normal and a healthy part of our sexuality. This is often denied some individuals and groups, particularly girls and women in an effort to desexualised them so as to control their expression of what gives them pleasure and decision-making, including desire, how and when to experience such, who to be attracted to

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and how to relate freely with people the person chooses. Thus, by design, they are denied the right to information about their sexuality and what gives them pleasure.

Sexual orientation

In most cases, when an individual explores to understand and decide on the choice of her or his sexual orientation, she or he thinks about the parents, family, religious, institutional and religious injunctions and interpretation; social norms and expectations as well as cultural acceptability, before any consideration of what kind of sexual behaviour would give him or her pleasure. This same right of choice is also applicable, even when choosing a career or partner. This right is even more limited in the case of females who already suffer discrimination from the socialisation process, and whose sexuality is placed under male control.

Abortion

Abortion is real. It is this reality of its occurrence that led to the consensus recorded in para 8.25 of ICPD PoA. Hence, using culture and religion to deny its existence and discredit girls and women has not stopped it from going on, unabated. Pretending it is not real, closing our eyes and ears, etc has not caused the disappearance of the reality of abortion. If a female is raped and she would not consciously want to give birth to a bastard criminal, or if a pregnancy poses a risk for both the

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mother and the foetus, what is such a person expected to do?

On the one hand, should society continue to allow girls and women to die of unsafe abortion which can be prevented? Dying from unsafe abortion or other causes of maternal mortality is a clear denial of women's right to life. The causes of maternal mortality like unsafe abortion and others are known and are preventable, yet women are denied this fundamental right of healthy maternity which women freely give society as a privilege for sustaining the human species. This denial of maternal safety is traceable to the baggage of discrimination against females from birth. Yet, no female just decides to get pregnant just because she wants to have an abortion. It is indeed a serious traumatic decision that many women pass through.

On the other hand, the legislation of abortion and providing services to make abortion safe for those who need, and that such a law exists does not mean that one must use it if it is against the person's belief. Such a belief would certainly be different from that of someone else who may need it and whose right to life can be protected.

Adolescent sexuality

As someone who has coordinated a programme on the right of adolescents to comprehensive sexuality education and confidentiality in service provision, for ten years, I can testify that our experiences show that adolescents who have information on their sexuality and skills to use such, are less likely to indulge in sexual activity at an early age.

Involving parents, teachers and other social networks of the adolescents in a programme of comprehensive sexuality education has also proved to be an important way of promoting the sexual and reproductive rights of adolescents, while protecting the

important and positive aspects of identity constructions such as ethnicity, language, social cohesion, traditions and other positive defining cultural factors.

Gender equality and equity

Ensuring gender equality and equity are prerequisites to overcoming cultural, social and religious barriers to the enjoyment of women's sexual and reproductive rights. Exposing various mixed groups - religious leaders, youths, women, NGO representatives, media, etc, to training/workshop opportunities that give them an understanding and appreciation of the irrationality of inequality and lack of equal opportunities, responsibilities, control and access to resources for female and male, has been a positive way of promoting gender equality and equity in practical terms beyond the theoretical provisions on paper. The practical outcome of the participatory methodologies of our Gender Development Institute in Girls' Power Initiative is a good example of how to involve all stakeholders towards achieving the goal of gender equality and the training of media practitioners on gender issues in our programme has been a positive experience.

Right to have the last say

It is only the individual, that from an informed position who would know what is the best for her or his body. A woman may know and wish to have perhaps two or three children, but due to the culture of silence and commodifying women through bride price, and the discriminatory socialisation process, coupled with the religious expectation of obedience to the partner, she cannot

have a say and so may continue to give birth, even at the risk to her life. Irrespective of class, ethnicity or other diversities, women's bodies, anywhere are politicised. No female is allowed to lay claim fully to her body. There is dispute at home over the right of the female on what she does with her reproductive organs. The parents, the partner, the government and even at the global level, the reproductive parts of the female are "claimed" and there are restrictions by directives, rules, constitution, conventions, programmes of action, etc, over what rights a female has or does not have.

The controversial topics remain the expression of female sexuality, her right to be sexual or not as she chooses, her right to become pregnant or not and what to do with the pregnancy, if she does not want it, and even her right to decide to be healthy when she is battered for refusing sexual intercourse without protection.

I suggest that time has come for us to take decisive initiatives to put a halt to these world conferences and embark on implementation of the excellent agreements from Rio 1992, Vienna 1993, Cairo 1994, Copenhagen WSSD 1994, Beijing 1995, etc.

We should stop the music of a broken record and move the agenda of past outcomes forward.

Any attempt at discussion of Beijing + 10 in 2005 should not include any talk of 5th World Conference on women but best practices and legal changes, etc.

- We should be looking at what has changed and to what extent?
- What are the obstacles to advancing women's health rights? We would then see the:

- Role of the neo-liberal globalisation
- Rise of political-religious fundamentalism
- The intensification of militarism

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- Resurgent forms of patriarchy in the name of culture and tradition. There is need for workable framework to engage and mobilise resources to implement ICPD, Beijing, etc.

Any urge for the negotiating type of conferences at this time or in the next 10-25 years would be a diversion to escape accountability.

What needs to be done urgently is to shape regional strategies to become more coherent

- Assessment of progress
- Best practices
- Obstacles.

Gender-based violence

Girls and women continue to be assaulted in the name of culture and perhaps sanctioned by religion, through the harmful traditional practice of Female Genital Mutilation (FGM).

This barbaric act, equivalent to the cutting-off of the penis in male, continues for the simplistic reasons of female promiscuity, culture and other such unpardonable reasons. There is need for massive action through participatory training of women to appreciate the vicious circle of gender-based violence from even pre-birth when a female foetus is aborted due to male-child preference that is in some cultures, seen as a curse leading to discrimination from birth for the girl-child.

Women and men need to be assisted to see the various forms of gender-based violence as detrimental to the health and well-being of girls and women. Such include emotional and psychological abuse, sexual harassment and sexual abuse/assault, bride price that commodifies women, child marriage/forced marriage, FGM, domestic violence, various forms of rape, including marital rape and incestuous rape, widowerhood rites, trafficking, forced prostitution, wife battery, wife

inheritance, honour killings, discriminatory employment opportunities, denial of quality education, forced virginity tests, forced abortion, forced pregnancy, acid baths, and in extreme cases, murder. Oftentimes, because these forms of violence are not recorded, they get ignored and are not seen for what they are. There is need to get all stakeholders, including religious and community leaders to talk about these issues.

Culture, gender and HIV/AIDS

Although biological attributes play an important role in the vulnerability of girls and women to HIV infection, in the African situation perhaps greater vulnerability of girls and women to HIV infection derives from social and cultural discriminatory practices against females. The socio-cultural practice of bride price places a woman in position of being seen as a commodity of the husband. Hence, she cannot refuse unprotected sexual intercourse by the husband, even if she suspects that he has STI, including HIV infection. "What can I do, he is my husband and I cannot refuse, said Iquo, a peasant woman in Okurikang in Nigeria who knew that the husband had an infection. Sometimes the fear of domestic violence which is seen as "private" problem by law enforcement officers can force an unempowered woman into risky sexual activity with her male partner.

Since girls and women, by practices of socialisation, social expectation, religious interpretation and marriage, believe in the "obedience to their male figure-head," they are subjected to male power and decision-making in matters of male/female

relationship and cannot therefore negotiate safer sex. In many African societies, the practice of widowhood rites or wife inheritance still persists, especially in rural communities among the uneducated. Similarly, polygamy remains a socially sanctioned practice. Both practices, also do not have the opportunity to access information and services to address their sexual or reproductive health needs. Even among the educated urban women, male superiority is still the norm, irrespective of class, educational achievement or status. In "intellectual" circles, men and women still make reference to African culture to justify discriminatory practices against women. Thus, rich or poor, educated or not, most African women remain vulnerable to the risk of STIs, including HIV infection as a result of cultural, social, religious interpretations and institutional structures and

practices that disempower women.

Conclusion

As the last days of the 20th Century were marked with many global conferences taking on the rights-based approach, the first quarter of the 21st Century should be paying attention to the implementation of policy documents amassed over the last two decades of global conferences.

This first quarter should see attempts at simplifying these policy documents at global, regional and national levels and making such simplified versions

accessible and actively disseminated for awareness of their existence to be widely available and understood by a wide cross section for necessary action.

These policies should then be translated into workable strategies to identify resources required for implementation. Governments should then as a priority be made to provide budgetary allocations for the implementation of these existing commitments. These actions would then limit new global meetings on such issues in order to eliminate the ongoing threats to agreed language and the reopening or even repeating of agreed paragraphs from one expensive conference to the other.

What is required now is innovative and creative implementation strategies which would uncover new challenges that in future will create the necessity for conferences in years to come.



• GPI facilitator, Margaret Udo, addresses students of Model College, Akpap Okoyong during GPI girls social work there. Also standing is one of the visiting GPI girls

Title: *Master Cornhill*

Author: Eloise Jarvis McGraw

Publisher: Viking Penguin Inc, New York, USA

Year of Publication: 1973

Reviewer: May Oikhena

Class: Fiction

Pages: 204

Price: USA \$4.95, UK \$2.95

This wonderful story is set in London of 1665 and about happenings in ancient London, brought vividly to the imagination of the reader in a detailed and lurid narrative by the author. The author started writing from childhood, including titles like *The Golden Goblet* and *Green Sleeves*.

Master Cornhill is the story of an 11-year-old boy who fell a victim of the great plague and the great fire of London which were actual events in London in 1665-1666. Michael, the hero of the novel, became homeless and penniless and had to decide on the direction his life should take.

Before the great plague swept London, Michael led a happy life with his foster family who loved him so much that he had no need to remember his biological parents whom he had never known. He had to be sent hastily away from the city when the plague started while his foster mother lay dying from the plague.

He stayed with Mr. Schoonmaker who threatened to send him to the parish workhouse as an indigent waif, when the money sent for his upkeep by his foster father was almost exhausted.

Michael decided to return to London only to discover that the ancient city had become a ghost of its former self. All his family and friends had perished in the

plague. Homeless and penniless he brooded over his future and met two new friends, Tom Godfrey, a young man who sang ballad in the street for a living and Susanna, an independent maid who kept a house for an old Dutch map-maker. They made life bearable for him but, before he could settle down a great conflagration swept through the ancient city of London, destroying everything in a gigantic holocaust.

How Michael and Tom struggled through the fire and tried to reach Susanna and the map-maker and the decisions he eventually made, make up this absorbing story which is swift in its dramatic conclusion.

The book is a must read for lovers of fiction and those who may like to know about ancient London and the lifestyle of Londoners of the 17th Century. ♀

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 ♀