

## Sexuality education that fosters gender and equality rights: The experience of GPI

*A presentation by Dr. Bene Madunagu in Seattle, USA, March 15, 2001*

Very distinguished participants, it is an honour for me to be in your midst today to share with you some of the practical experiences of Girls' Power Initiative (GPI) at making gender equality a reality.

I will make my presentation in three main parts, namely:

- 1) How GPI provides access for adolescent girls, sexuality education
- 2) Some aspects of the programme content
- 3) Some illustration of the impact of GPI.

### Introduction / Access

My colleague Grace Osakue and I started GPI in 1993. In GPI we work with girls aged 10 - 18 years in a 3 - year programme.

We have since produced four sets of graduates. GPI is co-ordinated from two centres: Calabar in the South East and Benin City in the South - West.

In our communities the primary messages girls continue to receive outside biology classroom, consist of learning to be good wives and mothers with little emphasis on education, life management skills or career choices. On the other hand, as a biology teacher, I also know that the education and information young people receive in school, do not address sexuality issues, issues of early sexual activities, unwanted pregnancy, unsafe abortion, STDS, HIV/AIDS. Such education is neither gender sensitive nor does it address the issue of provision of services to meet their health needs. Thus, we founded GPI to provide the space adolescents need to share experiences, receive accurate information about their sexuality, freely discuss gender power in their interpersonal relationships and other life managements skills which are missing in their regular school curriculum.

We were conscious of the diversity of adolescent girls, their experiences rural or urban, limited skills, and circumstances such as being out of school, in-school, marital

status, with their own babies or not, etc. We therefore consciously chose to start with a centre - based programme to accommodate as many of the diverse groups of girls as we could, but with more school - going girls, who are easier to locate. We have since moved to include school-based outreach and holiday programme. Now, we also have community level intervention and internship programmes. All these are aimed at providing access to accommodate the diversity of adolescent girls. In addition, we have established an alumnae association to increase and sustain the capacity of GPI graduates to share with their peers, the lessons of GPI and hence contribute to the national expansion of the programme activities of GPI.

GPI provides counselling referral services with clinics that have worked over the years and are sensitive to adolescent girls' issues. Currently, GPI is working in a coalition of four NGOs on widening the scope of youth - friendly health services.

### Content:

All activities of GPI are conducted from a gender perspective and are aimed at providing accurate information, building gender equality, increasing the knowledge of adolescent girls with respect to their sexuality, sexual and reproductive health and rights to assist them reclaim their courage, develop high self-esteem and take actions from an informed position to reduce the risks to their health and lives. I will give a few examples to illustrate the programme content.

With respect to knowledge and accurate information, in a group of 86 girls, aged 12 and 13 years 70 per cent of them had never heard of menstruation. Of those who had heard, the knowledge was very limited and they had no information about the use of sanitary pad. Those who had little knowledge of menstruation, believed that it is toilet tissue that is used to absorb menstrual flow. After the lesson on menstruation, a 13 - year - old girl came across a case of menarche in her neighbourhood and



*Bene Madunagu (2nd left) delivering her lecture in Seattle, USA; on her right is Addrienne Germain, President of IWHC*

utilised the GPI lesson to save the situation. The other girl was beaten up for reporting about blood stain on her pants. The reasons was a belief that the girl must have had sexual intercourse. It could not have been menstruation because the mother started her menarche at age 15. The GPI girl educated the girl and her mother of the factors that influence onset of menarche and went further to explain the unhygienic problem of using toilet tissue for menstrual flow and therefore made it possible for sanitary pad to be provided for the girl.

In a demonstration of courage and information received from GPI, Tina assisted a girl in her village to reduce the risk of

infection. Tina met her former class mate who was already with a baby at the age of 16. In the conversation that followed, the girl told Tina that it was a case of unwanted pregnancy but that she now knew how to protect herself and the mistake would not occur again. Tina asked the girl about the protection. The girl explained that she has been told of some concoction she could use. Tina convinced the girl against the

use of concoctions and educated the girl about the condom. The girl had never seen a condom. Tina took the girl on a bicycle to the next village where there was a patent medicine store to buy a condom and teach the girl how it is used. She insisted that if the girl must continue to be sexually active, she must be able to educate and insist on her partner using the condom as it will protect her not only from unwanted pregnancy but STD and HIV/AIDS infection.

In a demonstration of her newly acquired knowledge, confidence and gender concept,

*(Continued on page 20)*

## WHAT GIRLS' POWER INITIATIVE (GPI) MEANS

**Identity \* Character \* Methods \* Commitment**

- \* **Initiative** as the word appears in our name, carries its literal meaning, namely, "the act of taking the first step." GPI aims at being in the fore-front of the struggle to raise the womanhood from its age - long powerlessness in the family and society. GPI is not a secret cult. It is an organisation that is open to all adolescent girls who accept its very simple rules.
- \* **GPI does not train girls to be rude or "wayward"**. It teaches adolescent girls to know themselves and their human rights and to defend them firmly.
- \* **GPI does not aim at "over throwing" boys or men.** It aims at persuading men that male/female collaboration based on mutual respect and recognition is inevitable in the march to human freedom.

# Civil society organisations dialogue on comprehensive sexuality education

**A**ction Health Incorporated (AHI) through the sponsorship of the International Women's Health Coalition (IWHC) organised a "Civil Society Organisations' Dialogue on Comprehensive Sexuality Education," from October 25th to 27th, 2001 at the Sheraton Hotels and Tower, Abuja, where GPI was represented by Bene Madunagu and Grace Osakue, the Co-ordinators of GPI SE and SW zones, respectively.

The dialogue was organised for Executive Directors/Co-ordinators of NGOs responsible for formulating programme implementation strategies; (1) to introduce them to the newly approved National Sexuality Education curriculum and (2) to share government's implementation plan for getting it into the classrooms. (3) It was also a forum to discuss and explore programming opportunities for NGOs interested in contributing to the implementation of the national sexuality education efforts. The 4th objective was to initiate a process of networking and collaboration among organisations promoting sexuality education in Nigeria.

Dr Babatunde Ahonsi of the Ford Foundation chaired the first plenary session where the Executive Director of AHI, Mrs. Nike O Esiet spoke on the process that culminated in the approved sexuality education curriculum for Nigerian schools. The Executive Director of NERDC, Prof. Ebele Maduwesi, equally gave a presentation indicating the plan of government in operationalising the approved curriculum. The major issue raised was that since schools' curricula were loaded, it is government plan to integrate the provisions of the curriculum into career subjects in the schools rather than treat sexuality education as a separate subject. Dr. U. B. Ahmed, the Director of Primary and Secondary Education in the Federal Ministry of Education officially opened the dialogue and during the second plenary session, chaired by Dr Berhe

Costantinos of UNAIDS, there were presentations by UNFPA on lessons learnt in the provision of "Population/Family Life Education," (POP/FLE) in Nigeria; Dr (Mrs) Grace Delano, Executive Director of Association for Reproductive and Family Health (ARFH) on ARFH's experience in collaborating with the Oyo State Government to implement Expanded Life Planning Education, (ELPE) in schools; as well as Dr Ibrahim Atta, the Moderator of (CISCGHAN) Civil Society Consultative Group on HIV/AIDS in Nigeria, on "Networking Opportunities and Challenges for CSOs in Promoting Comprehensive Sexuality Education."

The next session was chaired by Dr Kole Shettima of MacArthur Foundation and featured two speakers, Prof. Adegoke who spoke on "A Framework for Comprehensive Sexuality Education Programming in Nigeria and Ms Cyrilla Bwakiva of UNICEF with her presentation on the "Role of CSOs in Mass Awareness - Raising for Adoles-

cents and Young People."

In the end, there was a consensus that there was the risk of limiting sexuality education to being a panacea for HIV/AIDS prevention, whereas it is wider in scope and that it is imperative for everyone as a right, to have a healthy living as a requirement for behavioural change towards positive personal development and in relationship to others for community development.

There was also a five-group activities covering:

- \* Advocacy\* IEC/Peer education
- \* Capacity building/Training
- \* Research, Monitoring and Evaluation
- \*Networking and Collaboration.

Each group examined:

- a) Critical assumptions for the strategy for its group;
- b) The current/existing gaps as regard the particular strategy;
- c) The actions essential to filling the gaps;
- d) Indicators of success/targets within the

timeframes of short term (1-3 years); medium term (3-5 years) and long term (5 years +); e) The cost implications for the actions outlined for the strategy;

f) Other important comments.

Report back by each group formed the closing session, with Prof. Ibronke Akisete, the Senior Special Assistant to the President on HIV/AIDS and National Co-ordinator, National Action Committee on AIDS (NACA) as guest of honour.

The outcome from each group was very rich

NGOs present also shared information about their work. Clearly; the event was worthwhile and the objectives were met at the end of the dialogue.

By Bene E. Madunagu



● GPI SE Coordinator, Bene Madunagu makes her point during the meeting