

DAILY BULLETIN



3rd Africa Conference on Sexual Health and Rights

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Govt throws weight behind Sexuality Conference

By Nnenna Ike

President Umaru Musa Yar' Adua's seven point agenda to making Nigeria one of the world's top 20 economies by 2020 through the improvement of the health of her citizens was once more highlighted yesterday at opening ceremony of the 3rd Africa Conference on Sexuality health and Rights in Abuja Nigeria.

In a speech at the opening, the Minister of Health, Professor Adenike Grange, stressed that the Nigerian government is geared towards implementing a holistic approach to health through the strengthening of the health care system, advocating of gender equity, implementation of evidence-based approaches to eliminating violence against women and children and integrating all programmes pertaining to maternal, newborn and child health.

According to her, sexuality issues are at the heart of the millennium development goals; which Nigeria is striving to achieve, she gave as examples: poverty fueling sexual health diseases, early marriages, limited access to quality information, sexual violence and gender inequality as the sexuality issues which must be tackled effectively.

While commending the Conference theme, - Sexuality, Poverty, and Accountability- Prof. Grange said that the deliberations from the conference would serve as a veritable tool for formulating cost effective measures of promoting sexual health.

While welcoming delegates to the Conference, Professor Babatunde Osotimehin, Director General of the National Agency for the Control of AIDS (NACA) said that Nigeria has reached the stage where the issue of

Professor Adenike Grange of the Nigerian Federal Ministry of Health greets delegates at the opening ceremony



sexuality should be discussed objectively and openly if the situation of HIV/AIDS was to be improved upon. According to him, "Every issue on sexuality has an impact on every life and thus every economy and HIV/AIDS has as its centre-point the issue of sexuality."

Osotimehin stated that he hoped that the Conference deliberations would encourage a dialogue that would affect every work in every country in Africa with respect to HIV/AIDS and sexuality.

Goodwill messages were given by representatives of Ford Foundation, UNAIDS, Ipas, IPPF, Packard Foundation, Urgent Action Plan, Amanitare among others.

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These are the women who would benefit most from information on safe abortion.

Youth Speak!

Impressive Day One

By Sewedo Akoro .J.

On my arrival to the 3rd sexuality conference, I was filled with a lot of anticipation and an open mind to learn. Fortunately, it meets with my expectation to meet many passionate sexual health rights activists who are passionate and committed to advocating various issues of concerns about African sexuality.

The conference started later than scheduled, however this is understood as it was the first day. Initially, I was very worried about the participation of young people at the conference but it was very interesting to meet young people who came from other parts Africa: South Africa, Ghana, and Mozambique to mention a few.

The concurrent sessions were overwhelming with the variety of sexual health issues that were discussed—kudos to the abstract reviewer! Among all the awesome papers that were presented I was mostly inspired by the presentation of Tolu A. Dagunduro, whose paper was based on her research on the Sexual abuse of brothel-based female sex workers in Abuja.

This issue is a very important one to do research on. Many female sex workers have had their sexual health rights among many fundamental human rights violated, and this is rather unfortunate. This research has left me to wonder about the male sex workers, its existence in Nigeria and sexual health issues the men might be experiencing, I feel this is another call for research.

Now I am on my way to the youth sexuality institute of which I have greater expectation to learn more about youth sexuality and its diversity. My expectation is motivated by my involvement in the sexual health rights advocacy of sexual minorities.

During my work in the men who have sex with other men (MSM) community in Lagos State, Nigeria, which primary focuses on young people, I have been informed of the diversity in the sexual behaviour of young people and it's amazing. Therefore I look forward to learning more at the institute and surveying the tolerance/acceptance of young people to the sexual behaviours of others.

Women group advocate availability of correct information on medical abortion

By Nnenna Ike

The alarming number of women who die from complications of unsafe abortion annually was brought to the fore in the presentation made by Women in the Waves yesterday at the concurrent session that held at the African Hall of the International conference centre.

According to Cecilia Costa who represented Women on Waves, Amsterdam, “Globally, approximately 13% of all maternal deaths are due to complications of unsafe abortion. Half of the women who have an abortion are mothers with children.” She maintained that the number of women who accessed their websites showed that quite a large percentage of women require abortion services. When they do not have this, they resort to unsafe practices which in many cases lead to death.

Women in the Waves website currently has 15, 000 visitors each month with their Helpdesk answering almost 1,000 e-mails per month from women who require information on abortion services. Costa was quick to point that the services rendered were in the form of rendering online consultation and counseling sessions to women, and giving them information on the use of drugs which can be procured personally and giving.

From the analysis of the work done so far, 80% of the women who seek their services are between 7 and 9 weeks pregnant while the remaining 20% were less than 7 weeks pregnant. Of these women, 58% of them were usually grateful for the services rendered while 31% though stressed, accepted the service and 1% wished she had never had the service.

With only 41.4% of the women knowing about medical abortion before using the services of Women on Web, Costa concluded that increasing access to information and support of self-administration of medical abortions is life-saving.

Session Briefs

The failure to deliver quality childbirth care in Kenyan health facilities

By Amanda Hale

In Kenya, many women would rather deliver their babies at home, with no assistance, no drugs, and no medical equipment, than step foot inside a public or private hospital.

These same women would decide not to seek reproductive health care services, thereby increasing their risk of complications during childbirth and creating a higher maternal mortality and child death rate in the country.

The reason for this attitude among women is not ignorance, lack of information, or traditional values--it is the range of gross human rights violation occurring in Kenyan hospitals and clinics.

Over the years, women have reported multiple cases of abuse during delivery, including being called 'stupid' by nurses; being cut with scissors to make delivery easier for nurses; being left alone to deliver; being forced to lie on soiled sheets during delivery; not receiving food or water during and after childbirth; having to wait an excessive amount of time for stitching vaginal tears; and being stitched with little or no anesthesia.

One woman working in a delivery ward in Kisumu, Kenya, reported that nurses often cut patients' vaginas on purpose with scissors so that they could then make money for stitching the women back again. She also remembered nurses using abusive language and violence with patients, telling them to 'spread your legs the way you did when you got pregnant.'

"You see women being mistreated and not being given their rights and you sympathize, [but] there is nothing you can do," she later said.

According to Claris Oganga of the Federation of Women's Lawyers, who spoke to delegates yesterday at the 3rd Africa Conference on Sexual Health and Rights in Abuja, the reasons for the poor state of health care in

Kenya is complex and multi-faceted.

Since 2006 Oganga has interviewed a number of women, health care providers, licensing and regulatory bodies, and leaders of medical associations for a joint project of the Federation of Women's Lawyers and Centre for Reproductive Health. She found that poor access to hospitals, understaffing/lack of institutional support, demoralized health care staff, lack of supplies, unhygienic conditions, and lack of proper record keeping contributed significantly to the bottlenecks in the Kenyan health system.

The Kenyan government also holds part of the blame, with no strong commitment to issues relating to women and reproductive health when considering future health budgets and care programs. There is no Minister of Health in Kenya, and no freedom of information act (though one is being drafted) to allow women to research their rights and seek redress when neglected or abused by nurses and doctors at health care centers.

Oganga recommended that government and non-profit sectors promote and develop policies and legislation that protect the rights of women seeking reproductive health care and ensure sufficient regulation in both public and private facilities, as well as to ratify the Protocol on the Rights of Women in Africa, which explicitly recognizes the right to reproductive health care as key component of women's fundamental human rights.

She also concluded that nurses should be trained on gender and human rights issues while still in college to understand the rights of their patients and to realize the impact of their care on expectant mothers in the future.



Childbirth should be a time of joy, not a time of abuse and fear.

Collaborative partnership with the media enjoined



By Nnenna Ike

The ignorance of journalists and the unwillingness of healthcare providers to provide the necessary information due to the bureaucratic procedures have been described as the major obstacle to the effective reporting on sexual health and rights issues in Nigeria particularly and in Africa as a whole.

Reporting this observation yesterday in a presentation titled Online Voices: Enhancing the capacity of Nigerian health journalists in reproductive health, STIs and HIV/AIDS at the concurrent session 1 of the 3rd Africa Conference on Sexual Health and Rights, Nnenna Ike of the Development Communications Network (Devcoms) Lagos reported that the SciPH Journalism Forum was the instrument used in this qualitative research.

The SciPH Journalism Forum with a member strength of 206 journalists from Nigeria and around the world showed through an e-discussion that the barriers to the effective reporting of reproductive and sexual health and rights also include mis-communication by healthcare personnel, perceptions of researchers to publicity, and research funding politics.

To ensure that the media play their expected role well, organized training and retraining of journalists should be a continuous activity in Nigeria.

This training must be in the form of mentorship by experienced/veteran health educators and the establishment and maintenance of a link between journalists and healthcare personnel.

Most importantly, the training will include an immersion programme where journalists are embedded in health establishment for a short period of time so that they can understudy the issues involved in the running of the centre.

This will ensure that when they make their reports, it is from an informed perspective.



Media monitoring in Nigeria

African journalists, especially those practicing in Nigeria, should be empowered either physically or online. The development partners who are already doing this were enjoined to spread the training amongst both the experienced and the greenhorn journalists to achieve the desired state of reporting sexual health and rights issues.

Ike recommended commitment to media personnel development by corporate health organization, more civil society-media dialogue.



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