Introduction

Call for Action for Women’s Health Campaign

Call for Action for Women’s Health Campaign a yearly event in which Women Global Network for Reproductive Rights recognize Women’s Health. 2012 Campaign is specifically focused on Youths. Hence GIWYN organized a Forum, in commemoration of May 28, International Day of Action for Women’s Health, as Women’s Global Network for Reproductive Rights is launches its Call for Action 2012: “Full Recognition of Young People’s Sexual and Reproductive Rights! Recognize Reproductive Rights! Mobilize for Reproductive Justice!” In this regard, the resolution document of the 45th session of the Commission on Population and Development comes as a timely reminder and a call for action to governments to fulfill their commitments to the young people. The progressive resolution includes the following key points:

- The right of young people to decide on all matters related to their sexuality. Access to sexual and reproductive health services, including safe abortion where legal, that respect confidentiality and do not discriminate.
• Renews her commitment to the vision of young people exercising and enjoying the full spectrum of their sexual and reproductive rights;

Generation Initiative for Women and Youth Network;

• Supports and promotes young people’s meaningful participation, leadership, involvement, and engagement at all levels and types of decision making in your working structures as well as at the level of policy making, in keeping with the ICPD, P o A;

• Strengthens the old, and build new and genuine alliances with the young people’s movements through this Forum

The participants were made up of three groups- the listeners, the target PARTICIPANTS, and the speakers. The listeners were made up of professionals in the health sector, heads of NGO’s, lecturers, and parents the targets were young people from the ages of 13-30 years. Generation Initiative conducted a Youth Forum in Commemoration of 2012 WGNRR Call for Action. Thirty participants were in attendance. Among the participants 23 were young people aged 13 to 30 years (seven males and nine females) while the other 7 were listeners (5 males and two females). Among the listeners were, One Medical doctor, one Nurse, three from NGOs. One Councilor and two parents. The listeners interacted with the young people and made contributions. The participants were further divided into four small groups. Two young people made presentations. Presenters talked on Sexual Violence against Young people, Early Marriage and Unsafe Abortion. The young people were excited to discuss about their sexuality. The doctor made input on abortion. He defined unsafe abortion to the young people. He said that not all medical doctors are skilled in performing safe abortion. After the presentations there were interactions and in process problems were identified and possible solutions suggested

• The young ones were able to understand their impending reproductive and sexual health rights’ problems as: Failure of the government to implement child rights, and ICPD that covers adolescent rights. Failure of the parents to tell their children the truth about their body and sex issues. Failure of the church to communicate the right information about sex and safe abortion

• It provided a plate form for young people to discuss interacted with one another and speak up about their experiences on sexual violence, early marriage, HIV, and unsafe abortion and the impact on their lives. They had the opportunity to share their experiences for the future.
They can now mention such words as abortion (use it for a song), sex, and condom freely without prejudice.

The Forum succeeded in educating the young ones on the right information (about Marriage, HIV/AIDS and then linking to safe abortion) that has equipped them to demand for their rights.

It created a space that mobilized young ones of different ages, family backgrounds, educational backgrounds, those that are living with HIV/AIDS, Sex workers without discrimination, for a new political challenge towards their Reproductive and Sexual health Rights.

**Main Challenges**

From the evaluation forms gathered, the participants complained that the time frame was shot. They also demanded more of such forums and wanted seminars to be conducted on the same issues.

Communication and dissemination of information were problems during the invitation stage because most of the young ones do not have access to phones and emails.

There was a preliminary meeting where the young ones were contacted through phones and personal contact. They were interviewed on how they wanted the forum to be organized. They distributed activities within themselves, they found the location and were involved in the selection of listeners and presenters. They helped in the printing and documentation, photographing and putting up reports. They also filled the evaluation forms. They also took care of publication.

People living with HIV/AIDS and One from sex worker’s groups The Call for Action in your activity was printed out the call for action materials, photocopied them and distributed them to every participant and localize the Call for Action picture for posters. Descriptions and references are made with the materials.

**Consultative and Interactive Meeting of Youths in Imo State**

During the consultative and interactive meeting organized by Generation Initiative For Women and youth network for Imo State Youths The call for action materials on reproductive dignity were shown and discussed, youths got very excited and asked questions which were answered. 78 youths were in attendance, 40 of them were girls while 38 were boys from different parental and educational backgrounds and status. They presented dances and songs in defense of reproductive dignity. They
were later divided into three to work in groups. After working, they came up with the following decisions and statements:

- Ending unsafe abortion is necessary to reduce youth mortality in Nigeria
- New health centers should be built with the old ones properly equipped with doctors attached to them
- Contraceptives, and drugs should be made accessible and affordable
- There should be a stop to rape and kidnapping and violators should be properly punished by the law.
- Education should be free to senior secondary and safe drinking water made accessible
- For health insurance scheme, they urge the government to extend a live line to youths 19 year and a
A round table conference to mark the Abortion Rights’ day.

We thank Women Global Network for giving us full opportunity to realize our goals towards this

In Nigeria, out of 140 million people 68.3 million are women and more than half of these women live in the rural communities, feed from hand to mouth and are Ignorant of their reproductive rights.
and have their health at a very high risk due to inaccessibility of safe abortion information and services. This denies them the right to the enjoyment of the highest attainable standard of health which was first enshrined in the Universal Declaration of Human Rights as long ago as 1948 and Nigeria was a signatory. But the right to access safe abortion is still limited to women in Nigeria. Women of childbearing age live in Nigeria with highly restrictive abortion laws. Two Abortion laws exist in Nigeria one, for Northern states and one for southern states. Both laws specifically allow abortions to be performed only to save life of women. In addition in the southern states the law allows abortion to be performed for physical and mental reason and two physicians are required to certify that the pregnancy poses a serious threat to the life of the woman. Their ability to choose whether to terminate an unwanted pregnancy is explicitly compromised so women are forced to seek unsafe methods, risking legal action and seriously endangering their own health and are often limited by inadequate provision and financial and cultural barriers. A 1982 attempt to liberalize abortion law in Nigeria was defeated. A termination of pregnancy bill, sponsored by the Society of Gynecologists and Obstetricians of Nigeria, was presented to the National Assembly. The bill would have permitted abortion if two physicians certified that the continuation of a pregnancy would involve risk to the life of a pregnant woman, or of injury to her physical and mental health or to any existing children in her family greater than if the pregnancy were terminated. The bill would also have allowed abortion if “there was a substantial risk that the child, if born, would suffer such physical and mental abnormalities as to be seriously handicapped”. Abortions performed on these expanded grounds could have been carried out only in the first 12 weeks of pregnancy, except to save the life of the woman.

Unsafe abortion is increasing and is considered to be a major cause of maternal mortality and other illnesses from complications, which is quite high in Nigeria. Reports indicate that the highest risk group is young girls between 15 and 19 years old. The fear of interruptions in education, the risk of unemployment and the social stigma of raising a child born out of wedlock are the principal reasons for seeking an abortion. A significant number of incomplete abortions are regularly treated in hospitals in Nigeria, indicating a high incidence of illegal and poorly performed abortions which indicates an indication that women resort to quacks.

National data on the incidence of abortion are not readily available, mainly because of the social stigma attached to having an abortion and the potentially severe consequences for the patient, as well as for the physician performing an abortion. Although abortion is generally illegal, there appears to be a large discrepancy between the law and the practice of abortion in Nigeria. A survey of hospitals in Nigeria conducted in 1984 indicates that a majority (55 per cent) of abortion cases involved young girls under age 20, for whom illegal abortion is currently the leading cause of death; some 85 per cent of those having an abortion were unmarried and 60 per cent of the women had at least a secondary-
school education. In 1980, a Ministerial Committee of Inquiry estimated that there were 500,000 illegal abortions performed during that year\(^1\).

A 1990 Demographic and Health Survey recorded a modern contraceptive prevalence rate of 4 per cent. The total fertility rate for 1995-2000 is estimated at 5.2 children per woman. Nigeria also suffers from a very high maternal mortality ratio, estimated in 1990 to be over 1,000 per 100,000 live births\(^2\). Concerned about the unsatisfactory state of its population dynamics, the Government of Nigeria adopted a national population policy in 1988. Since then, the Government has actively supported and promoted the availability and distribution of family planning services through government facilities, as well as private and social marketing channels. However, the availability of family planning services is still felt to be limited and the use of modern methods of contraception are very low and unknown to rural women. Abortion laws have yet to undergo any substantial reforms. Despite all these, abortion is rarely talked about in the villages because of widespread stigma and discrimination surrounding it caused by religion and culture. It is a social taboo, yet a staggeringly common phenomenon with devastating consequences for the women themselves, their families and communities. One in ten pregnancies end in an unsafe abortion and every 7 minutes a woman dies as a result. This means nearly 70 percent of deaths annually with many more women requiring treatment and suffering long-term ill effects. This extraordinary rate leaves few lives untouched in some way; this catastrophe makes access to safe abortion reform and post abortion services a major concern of this Generation Initiative For Women and Youth Network

**AFRICAN WOMEN’S HEALTH DAY – 28TH FEBRUARY**

*Reproductive and Sexual Health Rights are Human Rights* *Generation Initiative For Women and Youth Network Declares Sexual and Reproductive Rights as Human Rights. Join us and Mobilize for Reproductive Justice*

In 2011 Giwyn organized a conference to mark African Women’s Health. In the conference the
women identified violence as one of their challenges: Such violence as sexual assault, human trafficking, Female genital mutilation, Early Marriage, Stigmatization and discrimination of young girls with unwanted pregnancy. These are linked with sexual and reproductive health including HIV/AIDS. Testimony was given publicly by women living with HIV/AIDS. Recognizing African Women Reproductive and Sexual Health Rights and mobilizing for dignity, women having access to and control over, and benefit from basic assets as land, water, forest resources, capital, knowledge and technologies increase woman's confidence and provide a form of security to them. It also increases their ability to perform their essential economic roles in a rapidly changing rural society.

We would love to hear from you! Just fill in the form and send to our contact below, we'll try to get back to you as soon as possible.

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