

A DOLESCENTS *and* **Sexual Health Problems**

By



**GIRLS' POWER INITIATIVE
(GPI) NIGERIA**

"towards an empowered womanhood"

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(GPI) Nigeria**

ADOLESCENTS AND SEXUAL HEALTH PROBLEMS:

**GPI EXPERIENCE IN HELPING ADOLESCENTS PREVENT
THE INTEGRATED HEALTH PROBLEMS OF SEXUALLY
TRANSMITTED DISEASES, HIV/AIDS, UNWANTED
PREGNANCY AND UNSAFE ABORTION.**

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ADOLESCENTS AND SEXUAL HEALTH PROBLEMS:

GPI EXPERIENCE IN HELPING ADOLESCENTS PREVENT THE INTEGRATED HEALTH PROBLEMS OF SEXUALLY TRANSMITTED DISEASES, HIV/AIDS, UNWANTED PREGNANCY AND UNSAFE ABORTION.

PREFACE

Adolescents are pressurised by numerous factors and conditions not created by them, into becoming sexually active. It is therefore important to take action to address the reproductive and sexual health and rights needs of adolescents through the provision of access to age-appropriate, gender-sensitive information; education and services. Family values, religious injunctions and cultural norms have always been permanent features in the process of growing-up of young people.

However, in spite of these noble social protective factors, young people in all societies, in varying degrees, have suffered unnecessary morbidity and mortality as a result of complications arising from the expression of their sexual and reproductive health needs in the state of ignorance. It is therefore socially immoral to continue to deny young people the education, information and services that they require to enable them remain free from unwanted sexually transmitted diseases (STDs) including HIV/AIDS, early and unintended/unwanted pregnancy, unsafe abortion and indeed from all forms of sexual violence. Realistic measures must be taken beyond moral instructions to ensure the physical and emotional well-being of adolescents.

Girls have the right to receive a different kind of socialisation,

an alternative to the patriarchal values that make them conform to stereotypes. They must receive education that will enable them enter into interesting careers that will make them achieve economic independence to free them from sexual exploitation and the attendant consequences of STDs, HIV/AIDS, unintended pregnancies and unsafe abortion. Girls have the right to be exposed to accurate information about their sexuality and sexual health to enable them understand and appreciate their bodies and feel confident in taking informed decisions to protect themselves in the society that projects them as commodities to be exploited.

Girls have the right to adequate opportunities and time to concentrate in the studies of their choice and to take risks in what interests them in order that they can take on challenges to take pride in their own achievements as equal human beings. Girls have the right to be free from early sexual activity and its consequences so that they can explore their talents and express themselves with originality and enthusiasm rather than being relegated to the shadows as only wives and mothers - roles that are not professions. Men make good husbands and fathers and are still good professionals, women who have broken out of the bondage and are empowered with education and information have been found to be good wives and mothers as well as excellent professionals.

This publication differs from numerous publications dealing with STDs, HIV/AIDS, teenage pregnancy and unsafe abortion in that it documents what adolescents' perception of these issues are as well as social misconceptions on these issues. It therefore provides information on the problem from the victims themselves, thus offering concrete data for creative messages to assist

adolescents in particular to overcome the risks of these pervasive sexual and reproductive health problems.

INTRODUCTION

We live today in an age when the usual response to enquiry about one's health - "How are you?" is followed by an automatic response of "fine, thank you" or "Not bad at all". This occurs here in our society where anything to do with sexual and reproductive system is regarded as taboo, thus when a young person has problems connected to her/his sexual organs, it is out of the way that she/he would accept of any such problem. After all such body parts are private parts. Besides, young people are socialised into strong mystical belief systems such as witchcraft, charms and other such "supernatural forces" that often times vaginal discharges or penile itching can be believed to be caused by charm kept on the road for such a victim to cross-over. Thus the prevailing circumstances militate against the understanding and acceptance of modern health care. It is therefore important that people be adequately informed and educated to understand their health problems and why appropriate diagnosis is necessary for the right solution to such problems.

In general, girls lack knowledge, information, skills, purchasing power and access to essential youth-friendly services to address their health needs. Adolescents lack accurate information to base decisions concerning sexual and reproductive health and rights and hence safe behaviour. Ignorance about sexuality issues continues to expose girls in particular to sexual exploitation and the attendant pregnancy and unsafe abortion. It has been reported that in Nigeria, the average age for girls at first sexual intercourse is just over 16 years and a little higher for

boys (1). For increasing number of adolescents, it is a time of severe pressure from peers, the media, poverty and other socio-economic forces, to become sexually active whether they want to or not. The cultural setting and the deeply religious Nigerian society has strong influence on restricting Pre-Marital sex especially for young girls, however, the same society looks the other way when young men are involved in pre-marital sex. The same society produces men that manipulate the ignorance of young girls and exploits them sexually for stipends. This double standard encourages young men to exploit ignorant and uninformed young girls.

In one survey in 1992, with more than 5,500 urban youths aged 12-24 years, it was reported that 41% of them had experienced sexual intercourse and of these, 82% of the females and 72% of the males had had sexual intercourse by age 19 (2). When these figures are placed in the context of Nigerian adolescents of ages 10-19 constituting over 22% of the population, (3) then the extent of the implications for the sexual and reproductive health problems among adolescents can be alarming. In addition, sexual abuse of young people is a serious public health problem in Nigeria today. Although the extent of this problem may not be known, since they go unreported, it exists in many forms such as sexual harassment, coercion, rape, incestuous rape, trafficking in girls and forced prostitution, christened, "sugar daddies" syndrome. The common practice of sending children to the streets to hawk various forms of commodities further exposes girls in particular to sexual exploitation with the attendant sexual and reproductive health problems of STDs, HIV/AIDS, unwanted pregnancy and unsafe abortion. Because of social stigmatisation, the various forms of sexual exploitation go unreported thus

encouraging perpetrators.

Records show that every year, 1 out of every 20 adolescents become infected with STDs. In 1998 alone, 60% of the 20,334 AIDS cases in Nigeria were within the age group of 15-24 years (4). In a study of adolescent pregnancy in rural Nigeria, 80% of pregnancies to unmarried girls were unintended (5). Two out of every 5 Secondary School girls interviewed admitted to at least one previous pregnancy (6). Early pregnancy for girls before age 18 carries many health risks with many complications such as anaemia, pre-mature delivery, prolonged labour sometimes resulting in vesico vaginal fistula (VVF) or recto vaginal fistula (RVF). Girls aged 10-14 are five times more likely to die in pregnancy or childbirth than women aged 20-24 (7). Yet, the rate of teenage pregnancy continues to increase.

Over 80% of patients presenting abortion complications in Nigerian hospitals are adolescent girls. In addition, 72% of all deaths among young girls under 19 and also over 60% of Nigerian's high maternal mortality rate are adolescent girls who procure abortion. Since abortion is very restricted in Nigeria, most adolescent girls resort to unsafe abortion at cheap "back -street" service. These are some of the sexual and reproductive health problems adolescents in Nigeria as in other societies face.

It is hoped that the documentation of the experiences of young people on these issues will sensitise parents, religious leaders, policy makers and the youth themselves to take action to address the unnecessary burdens of inaction on issues of sexual and reproductive health and rights of young people in Nigeria.

"Adolescent sexuality is a reality. Today's young people reach physical maturity earlier and marry later. Society has a responsibility to ensure that they make responsible sexual choices" said Prof. Olukoye Ransome-Kuti former Minister of Health.

Bene E. Madunagu.

CHAPTER ONE

SEXUALLY TRANSMITTED DISEASES (STDs)

This section records the outcome of GPI school outreach lessons with adolescent girls aged 15 to 18 years on the topic of sexually transmitted diseases, at their first registration into GPI.

On what they know or have learned about STDs, the following responses were obtained: "They say STDs make girls thin and you sweat a lot and if you go to a herbalist, you will be treated, only prostitutes get STDs, if the male wears 2-5 condoms, then no STDs can be contacted, if someone does not sleep with a prostitute, the person cannot contact STDs, bad people are inflicted with STDs by the devil for their bad deeds, if a girl takes contraceptive pills, she cannot contact STDs, STDs can be contacted from toilet seats, during swimming from the swimming pool or by sleeping on a bed that an infected person had used, girls that live in hotels and have sex anyhow; girls that give their bodies for money contact STDs, men who are not comfortable with their wives go to prostitutes and "sample" young people and transmit STDs, women who are not satisfied with their husbands".

For the benefit of young persons who would read this, it is important to offer the intervention messages on the above myths.

It is not only commercial sex workers ("prostitutes") that are at risk of contacting STDs, both male and female, whatever profession they are engaged in, and irrespective of age, can contact STDs if the person has sex with an infected partner. Even babies can contact STDs from an infected mother at birth (8).

Condoms, when properly used, everytime (not occasionally)

that one has sexual intercourse and when in good condition (not expired, and also properly stored) offer about 97% protection and 99% if used with foam, against STDs. However, the proper use of one good condom is protective and one does not necessarily need to use more than one at a time. After use, the condom has to be properly disposed off and never re-used. However, condoms are not known to be effective against herpes, crab or scabies. Whatever power is assigned to the "devil" it is important to know that STDs are sexually transmitted diseases. One can get STDs from having unprotected sex (without the use of condom) with someone who has the disease. One can get an STD from someone she/he loves or from someone, hardly known to the person anytime one has sex including the first time.

Contraceptive pills does not protect anyone against STDs. Contraceptive pills are protective when properly and consistently used following medical advise and informed knowledge of side effects will prevent unwanted pregnancy. If one is using the pill, she still needs to use latex condom with the partner everytime they choose to have sex. *STDs cannot be contacted from toilet seats.* STDs are contacted from close sexual activity and during vaginal, anal and oral sex and not from swimming pool or sleeping on a bed where an infected person slept.

After one year of information sharing and education in GPI, another Focus Group Discussion (FGD) was carried out with the girls.

On the question of what kinds of behaviour could facilitate the transmission of STDs, one group came up with the following:

- Having one sexual partner but where either of the two has had casual/unprotected sexual intercourse with someone else that is infected

- Having sexual intercourse re-using the same condom
- Stroking the genitals while kissing and hugging
- having unprotected sex with an STD infected person
- having sex with multiple partners and with no condom
- having sex with someone whose sexual history is unknown to me
- improper storage of condom can cause it to break
- having anal, vaginal, or oral sex with an infected person without a condom
- having sex with someone that I do not know if he is on drugs
- sharing towels, underpants and clothes (in case of scabies and crabs).

When asked what behaviours will not transmit STDs, responses included:

- Abstinence
- giving mouth to mouth resuscitation (if there are no sores in the mouth)
- using public toilet even where shared by many people
- hugging, fantasy
- having sex using a condom properly everytime (but ensure you buy the condom to ascertain that it has not expired, it is latex condom and it has been properly stored)
- massaging, holding hands with an infected person
- kissing with lips closed
- sleeping on a bed with an infected person with no form of sexual activity
- one can contract STDs even at first intercourse
- one can contract the same or other STDs after being cured.

On the question of what causes STDs, the adolescents moved after one year from the myth of devils work or charm to the following responses:

Germes such as bacteria, viruses, insects, protozoa and fungi can cause different types of STDs for example:

- Gonorrhoea is an STD caused by bacteria
- Syphilis is an STD caused by bacteria
- Vaginitis (trich) is an STD caused by bacteria
- Chlamydia is an STD caused by bacteria
- Genital warts is an STD caused by virus
- Herpes is an STD caused by virus
- Pubic lice is an STD caused by protozoa (lice)
- Scabies is an STD caused by insect (mites).

After one year of information, on the question of who can get STDs, they no longer said it is "prostitutes". Their responses were:

- Adolescent male and female between ages 12-24 who were sexually active are at highest risk due to change in partners and low level of condom use
- male and female, if they are sexually active and have sexual contact with an infected person
- girls are more vulnerable to STDs because a male partner may keep other girlfriends through whom he may contract an STD and transmit to the girl; because of poverty that exposes girls to sexual exploitation, because females have very little control on issues of sexual activity.

When asked how anyone would know if she/he has contacted an STD, they were now able to offer the following

responses:

- Unusual discharge from genitals or rectum;
- pains and burning sensation during urinating; swelling around genital organs;
- itching with rashes or boils around the genitals; sores, bumps, blisters, swellings, redness, fever, chills, aches;
- dramatic loss of weight in case of HIV/AIDS;
- being told by a sexual partner who finds out he/she has;
- having a regular medical check-up.
- Though people, especially males, find out if they have an STD, some people, especially females, may not have noticed symptoms or signs of an STD because the sores or discharges are hidden deep inside the body where it cannot be seen. For example, in case of gonorrhoea, about 80% of females and 20-30% of males may not notice symptoms, hence the need for medical check-up.

When asked why STDs spread so much among sexually active adolescents, the responses were:

- Peer pressure to belong;
- mixed messages from peers and friends
- equating sex with friendship or love out of ignorance (we now know that sex is not love, love is not sex)
- young people like trying out things that friends say or do without thinking about risks involved, experimentation and exploration;
- there is lack of education about sexuality issues;
- rape;
- scarification (tribal marks or even marks given on the skin by some herbalists or in some churches, ear/nose piercing and FGM can be avenues of transmitting HIV/AIDS.

On the question, how can STDs be contracted, answers

were as follows:

- staying away from unprotected sex;
- sexuality education to make informed choices]abstinence;
- proper use of condom if you are sexually active;
- staying away from multiple sex partners;
- knowing your partners sexual history;
- personal hygiene and discipline
- periodic medical test if one is sexually active;
- keeping away from drugs and alcohol that can impair one's judgement;
- being able to communicate one's feelings firmly, convincingly and effectively to a partner.

If one suspects having STD, what should he/she do? The following were the responses:

- Early medical check-up and prompt treatment;
- helping sexual partner to also go for a check-up for her/his own treatment;
- making sure to take all the prescribed medication/drugs by a medical doctor;
- not having sexual intercourse until treatment has been completed and a check-up has been done for a follow-up test to see if treatment has had the desired effect and one is free to now practice safer sex, using a condom each time;
- knowing that condom is only about 96% safe and up to 98% safe if used properly with foam;
- knowing that abstinence will keep one free from STDs and unwanted pregnancy.

What would happen to someone if an STD is not treated and is believed to have gone away? The answers given were as

follows:

- If for example gonorrhoea is not treated, the bacteria that caused it will not go away, the bacteria will continue to re-infect even if the warning symptoms go away. The germs (bacteria) will spread and cause infections including scarring in the reproductive organs and can eventually result in infertility. Untreated gonorrhoea can also cause crippling arthritis in some people, if the bacteria spread up to the eyes, blindness can result. If a pregnant woman has gonorrhoea and it had not been treated, the baby may develop eye infection at birth. The most common complication of untreated gonorrhoea for girls is pelvic inflammatory disease (PID). This may eventually cause severe abdominal pain and damage to female internal reproductive organs.
- Painful and uncomfortable aches;
- ectopic pregnancy can be caused by untreated STDs, so also can miscarriage be a result of untreated STDs;
- in later part of syphilis attack if untreated, brain damage leading to mental illness can occur;
- heavy, painful and irregular menstrual periods
- economic outcome as a result of cost of prolonged medical treatment, sexual and marital problems can result and also social stigma attached to infertility which can lead to separation or divorce. They added the note that no antibiotics or vaccination can prevent infections with STDs but only a change in life style and adopting risk reduction behaviour of abstinence or if sexually active using condom with foam each time one has sexual intercourse and keeping to one faithful sexual partner. At the end of the one year training, 70% of those who had been sexually

active had chosen abstinence having educated their friends about the values of friendship which is not the same as sex. The other 30% are practicing safe sex with their partners to whom they are engaged for a permanent relationship. Other adolescents may hopefully benefit from their peers through this documentation.

CHAPTER TWO

HIV/AIDS

In a lesson at the GPI school outreach for adolescent girls aged 15-18 years, on the topic of HIV/AIDS. In small groups, two groups were asked to brainstorm, on the meaning and their understanding (all they know) of HIV/AIDS. Two groups were asked to raise questions about HIV/AIDS.

Misconceptions:

- AIDS is the disease that kills in 8 days (AIDS sounds like eight);
- if someone touches a person that is infected with AIDS, she/he will contract the disease;
- AIDS is an American disease brought by Astronauts that went to the moon;
- one can get HIV by eating together with an infected person;
- someone who had sex with a monkey brought AIDS;
- people say that HIV is transmitted by mosquitoes and other insect bites;
- punishment from God to human beings;
- if one play with an infected person, one will "catch" the disease;
- thin people have AIDS
- disease from the witchcraft world;
- commercial sex workers spread the disease;
- HIV/AIDS is framed up to discourage sexual activities among adolescents;
- the people who go to donate blood for money have the disease;
- one cannot contract HIV/AIDS by doing the following with an infected person - hugging, talking, drinking with the same cup,

sleeping in the same room, dancing and holding the person, and eating with the person;

- AIDS is not real
- sharing toilet and bathroom and clothes with an infected person.

For the benefit of readers who have doubts about HIV/AIDS, none of these activities will put one at risk of HIV/AIDS.

The groups raised the following questions:

- Is HIV/AIDS real?
- How can people get infected with HIV/AIDS?
- What kinds of people get infected with AIDS?
- How can one know if someone has HIV/AIDS?
- How can one protect oneself from getting HIV/AIDS?
- What kind of disease is HIV/AIDS?

The lesson followed with first the definition and explanation of HIV and AIDS and the difference between HIV and AIDS.

Participants were informed that HIV infection and AIDS are two different things.

HIV

H - Human: found only among humans, transmitted between humans and preventable by humans.

I - Immunodeficiency: inability to fight off infections and lacking natural protection.

V - Virus: germ that lives and reproduces in body cells.

HIV thus stands for **Human Immunodeficiency Virus**.

HIV is a germ called human immunodeficiency virus. The virus causes infection to the defence system of the body against

diseases (immune system). This infection then weakens the ability of the body to fight other infections. This virus can live in the body for 3 months to 10 years before any signs of its presence are seen. However, whether someone infected by HIV shows signs or not, the person can infect others.

AIDS

- A - Acquired:** passed from one person to another
- I - Immune:** affects body's defence system
- D - Deficiency:** lacking natural protection
- S - Syndrome:** group of signs and symptoms (signs - what we see; symptoms - what we feel)

AIDS stands for **Acquired Immune Deficiency Syndrome**. This is the disease produced at the final stages of HIV infection, therefore HIV is the virus (germ) that causes the disease AIDS. When the virus, HIV enters one's blood system, the person becomes HIV positive and can infect someone else. But that does not mean that the person has AIDS. The HIV positive person has AIDS when his/her body cannot fight off other diseases such that it becomes easy to get sick from infections including cancers and other life threatening problems that lead to death.

The human blood has different components among which are white and red blood cells. The white blood cells constitute the body "soldiers" because like real soldiers, they fight and kill most of the germs that enter the body and therefore they constitute the body defence (immune) system. If the AIDS germ or virus, HIV, enters the body, the virus gets into the white blood cells, and multiplies. Thus many more viruses get released into the blood

- tuberculosis
- some forms of cancer
- some forms of severe skin disease.

However, many of these signs and symptoms are also those of other illnesses. Testing is the only way to be sure of the infection.

On "How HIV is transmitted", the output included:

- Through unprotected sexual intercourse with an infected person. This could be by vaginal (through vagina), oral (through the mouth); or anal (through the anus).
- Through exposure to infected blood e.g through transfusion with infected blood; sharing any sharp/piercing instruments.
- From an infected pregnant woman to the new born baby- during pregnancy; at birth and/or through breast feeding.

However, the following behaviours are not likely to transmit HIV:

- Holding hands with an infected person
- hugging or embracing an infected person
- living with an infected person
- using the same bathroom or toilet with an infected person
- mosquito or any other insect bite
- where an infected person coughs or sneezes
- using the same telephone or drinking from a public tap/fountain
- eating from the same plate
- drinking from the same cup
- swimming or bathing with an infected person
- sharing a crowded bus
- looking after pets or animals
- wearing someone else's clothes
- donating blood
- sharing a towel or comb

stream. These new viruses enter other white blood cells and subsequently destroy them; thus weakening the body defence system. Such a person's body can no longer fight off other germs which enter the body. Thus the person now becomes infected with multiple germs and develops different diseases and is said to have AIDS that eventually kills the person.

Note that between 3 months to 10 years after the virus HIV enters the body, there may be no signs or symptoms and so the person is at that stage asymptomatic. Such a person looks healthy and may not feel sick, can test HIV positive and can pass the virus to another person.

Having defined and clarified what HIV and AIDS mean, further discussions were held to give information on signs and symptoms of HIV/AIDS; How HIV is transmitted; How one becomes infected; Prevention skills; and How HIV is not spread. After evaluation to ensure that learning had taken place, the same participants were shared into groups, after one year, to find out how much they know and can protect themselves from contacting HIV/AIDS.

The group that discussed the question "Who can get AIDS?" came up with the following:

- Anyone who has ever had sex even once is at risk if the partner was infected;
- anybody can get AIDS
- anyone who has unprotected sexual intercourse (anal, oral or vaginal) with an infected person;
- anyone sharing razor blade or any piercing instrument with an infected person;
- anyone who has ever had sex without a condom is at risk if the partner was infected

- anyone subjected to female genital mutilation;
- anyone with more than one sexual partner is at risk;
- anyone sharing injection needles and syringe with an infected person
- anyone sharing toothbrush with an infected person;
- a baby born of an infected pregnant woman;
- a person transfused with an unscreened blood from an infected person;
- anyone sharing needles used by an infected person to sew on weave-on or hair braids;
- having an STD e.g gonorrhoea, syphilis. etc can put one at a risk of HIV infection if so exposed.

The group that discussed the signs and symptoms of AIDS came up with the following:

- Sweating at nights;
- persistent fever;
- persistent weakness
- loss of appetite and weight loss
- chronic diarrhoea persisting for long
- constant cough
- thrush in the throat and mouth
- swollen glands
- persistent tiredness
- getting bruises easily and unexplained bleeding
- changes in hearing, vision, touch, smell
- memory loss or difficulty in thinking clearly
- sores that keep coming back
- severe pneumonia

- tuberculosis
- some forms of cancer
- some forms of severe skin disease.

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- mosquito or any other insect bite
- where an infected person coughs or sneezes
- using the same telephone or drinking from a public tap/fountain
- eating from the same plate
- drinking from the same cup
- swimming or bathing with an infected person
- sharing a crowded bus
- looking after pets or animals
- wearing someone else's clothes
- donating blood
- sharing a towel or comb

- going to school with or touching someone with HIV.

The responses to the question “How can a person become infected with HIV?” were:

- A person can become infected with HIV when HIV infected vaginal fluid, semen, blood or breast milk gets into that persons' body by having unprotected/casual sexual intercourse with an infected partner, or blood transfusion with HIV infected blood or a baby getting from the pregnant mother, during birth or through the mother's breast milk.

The same group discussed “Why AIDS is dangerous” and came up with:

- Because there is no known specific treatment for AIDS. There is no known cure nor vaccine to protect people against AIDS.
- When a person gets infected with the HIV, it remains in the body and the person will eventually develop AIDS.
- A healthy looking sexual partner may give someone the virus without any of the partners knowing it.

The group that took on the question on “How to prevent HIV infection” came up with the following:

- The best way to prevent the infection is to eliminate the chances of coming into contact with body fluids, such as blood, semen and vaginal fluids which may be infected with the virus.
- Every individual should learn the facts about HIV/AIDS and note that it is the responsibility of everyone to protect oneself from being infected.
- As long as someone is not already infected, permanent or total abstinence that is celibacy is one way to prevent HIV infection.

- The practice of temporary abstinence by not having sex is another way to reduce the risk of HIV infection.
- Use a new latex condom properly everytime you have vaginal, anal or oral sex.
- An uninfected person must avoid having sexual intercourse with persons who have multiple sexual partners.
- It is everyone's responsibility to learn the sex history of a partner before getting physical with such a person.
- Using condom everytime someone has sexual intercourse with anyone other than the regular partner.
- Remaining faithful to one partner who is also faithful.
- Using only sterile needles and sterile syringes for injections.
- Not sharing razor blades or similar body piercing instruments with other people.

With this knowledge on questions regarding HIV/AIDS, these young participants realise that they can protect themselves and their friends from contacting the HIV. These facts are reproduced here to help save the lives of readers and their friends.

Although there is still much controversy over claims of cure for AIDS, it is yet uncertain that a cure exists. What is known for a fact is that HIV causes AIDS and that AIDS kills. But if we learn the facts as contained here, we can stop the spread of AIDS. Remember that people with HIV can stay healthy for years, but they can still spread the virus.

CHAPTER THREE

UNWANTED PREGNANCY

Unwanted pregnancy is a pregnancy that a pregnant girl or woman decides, as of choice and of her own freewill with all responsible consideration of all options open to her, that it is not desirable.

There are many good reasons why young people under the age of 18 should choose to abstain from sexual intercourse. One reason is to avoid unwanted pregnancy, other reasons include; to achieve their goal in life; to avoid the risk of contacting sexually transmitted infections including HIV/AIDS; to adhere to religious beliefs, personal and family values; among other similarly good reasons. On the other hand, ignorance, poverty, social pressure, peer pressure, etc put pressure differently on young people. Thus sexual activity among young people has been found to be on the increase due to such misconceptions as: to get affection by showing "love" through sexual intercourse, to belong; to show that one is entering adulthood, to satisfy curiosity; to hold onto a partner; to show independence, to end ridicule from friends, to communicate "loving" feelings in a relationship, etc. only accurate, non judgmental, sexuality education and information and youth friendly health services can help young people overcome such misconceptions to make the right choices to reduce the rate of unwanted pregnancies.

Both adolescents and older women are often faced with unwanted pregnancies for various reasons. In a fact sheet produced by the Committee Against Unwanted Pregnancy

(CAUP), in 1996, a study carried out in South Western Nigeria on factors that lead to unwanted pregnancy and induced abortion gave the following reasons for not wanting the pregnancy:

- 29% because of still being in school
- 19% for being unmarried and not ready for parental responsibilities
- 10% not yet ready for another child because the last one was still too young
- 16% for various reasons bordering on poverty, religion and family
- 9% for financial reasons
- 9% no need for more children
- 6% pregnancy not planned, failure of contraceptive use
- 2% because the male responsible denied the pregnancy.

It is clear that unwanted pregnancy is a problem and must be addressed. Dr Nafis Sadik as the Executive Director of United Nations Fund for Population Activities (UNFPA) said "we must do everything we can to prevent unwanted, unintended and high-risk pregnancies; including making family planning information and services universally available. The technologies and techniques needed are all well-known. Countries need only the will to act".

Women and girls are mostly subdued by social sexist values and have little control over sexual relations and contraceptive use particularly condom. Consequently, their ability and rights to take action to prevent unwanted pregnancies are very limited. Often times girls and women are sexually abused and raped, especially adolescent girls. Such sexual coercion may result in unwanted pregnancies.

Our experience in GPI with adolescent girls has revealed a lot of misconceptions and ignorance that put girls at risk of unwanted pregnancies. Some girls are assured by male "friends" that they (girls) would not be pregnant because such males claim that they take drugs that kill sperm and so the girls are safe. This claim is of course, not true. There are no such male contraceptives. Thus as long as sexual intercourse occurs and the male releases sperms into the female's vagina, there is no control by him over the sperms causing pregnancy or not. The female is at risk of unwanted pregnancy in such situations.

Young girls are told that they cannot become pregnant if they engage in sexual intercourse during menstruation. This is a gamble because when young girls start menstruating, their menstrual cycles are irregular and ripe eggs can be released at any time during the cycle into the fallopian tube such that casual unprotected sex at menstruation may place the girls at risk of unwanted pregnancy. Some are told that if they urinate right after sexual intercourse, they cannot be pregnant. This again is false, in females urine passes through the urethra, a separate opening in the vulva so urination cannot remove sperms which pass through the vagina. There is also the notion that if a girl has not started menstruation, she cannot become pregnant. This is false; because ripe eggs may be released into the fallopian tube at puberty before menstruation starts. There is also the claim that if people have sexual intercourse in an upright position (standing up), there cannot be pregnancy. This again is a gamble because one can get pregnant in any position, being that only one egg out of thousands need to swim up the reproductive tract into the fallopian tube for fertilisation to occur.

There is the common misconception that if a girl is having

sexual intercourse for the first-time, she cannot become pregnant. This has been proven wrong in many circumstances. The truth is that at any time a female has intercourse from the age of puberty until menopause, she can become pregnant. The sequence in time is totally irrelevant. Some girls are told that if someone cleans or washes the vagina (douches) after sexual intercourse, she will prevent pregnancy from occurring, this is not true, because sperms swim up through the uterus into the fallopian tube very quickly and so no amount of washing the vagina will prevent pregnancy. Young people are deceived into believing that a girl under 14 years cannot be pregnant. No, girls are reaching puberty earlier such that ripe eggs are released even as early as the age of 9 years. It is not only risky, it is indeed criminal for anyone to commit such heinous crime of raping "babies".

The Convention on the Rights of the Child recognises a child to be any person under the age of 18 years. Another common misconception is that if the male pulls out his penis from the vagina before ejaculating, pregnancy will not occur. This is another gamble as some sperms could already get released prior to ejaculation. In all of these situations, not only is the female at risk of unwanted pregnancy, she is also at risk of sexually transmitted infections (STIs) including HIV/AIDS. It is only the use of condom with spermicidal foam that can give up to 98% protection from both unwanted pregnancy and STDs, HIV/AIDS. Only abstinence offers 100% protection. Other modern methods of contraceptive reduces unwanted pregnancy but not STDs, HIV/AIDS.

CHAPTER FOUR

ABORTION

In discussion groups with 145 girls aged 17-19 years as participants were asked to comment freely on what they hear people say about abortion. The following were the answers:

- Abortion is a selfish decision by women
- True Christians do not have abortion
- Abortion is murder
- Abortion is bad.

The girls were taken through an exercise to say if they agreed to or disagreed with the statements read out as follows and to explain their responses;

1. Pregnancy and childbearing are central to the lives of all women. They all disagreed, their reasons were:
 - A woman can choose not to have children
 - Even those that choose to have children, their lives do not have to evolve around childbearing. Both the woman and the children have their rights to live meaningful lives
 - We all have the right to choose to be pregnant or not
 - A person's health, profession and career are central to his/her life not pregnancy and childbearing
 - Not every male or female is fertile and such people have the right to existence
 - In all ages(epochs of life), religious, races, cultures, etc there have always been men and women who have made names in their careers and who had no children.

2. The ability to plan child bearing is necessary and vital to fulfilling the potential of a female as a human being. Again, all disagreed. Their reasons were:

- A male is also involved in child bearing.
- Males also have child-bearing and rearing responsibilities.
- In our culture, the children belong to the men. They bear the father's name.
- It should be a two - way affair, a mutual task for men and women.
- A female can be alive and fulfilled without child bearing.
- What of couples that have children and lose them all?
- Planning a good career is vital to life's fulfilment.

3. Childbearing and family care should be of higher priority than career for all women. Again, all disagreed, their reasons were:

- Child bearing is not a career
- Family is not a career
- Priority for everyone is the person's career/profession
- Career comes first after health.

In another exercise girls were asked to write down why they think abortion is done. Their responses were as follows:

- If the female is medically unfit to carry the pregnancy to term
- if the pregnancy is unwanted
- if the pregnancy is a threat to the mother's life
- when someone gets pregnant by default
- to prevent marring one's future
- when not financially ready
- when not emotionally ready

- when not psychologically ready
- when one has the number of children she chooses and does not want more
- in case of rape
- when one is scared of the pregnancy and unprepared and uncertain of the future
- sometimes abortion occurs naturally
- she has no partner to help support the baby
- if it is ectopic pregnancy
- to complete her education
- someone is forcing her to have the abortion to protect his name and family
- she chooses not to have children
- she got pregnant after being forced into sex.

Abortion was then defined as the procedure that removes the foetus or a pregnancy from the uterus before it develops into a baby that could live outside the mother. Abortion can be safe or unsafe. Abortion can be safe if done:

- by a trained and experienced medical personnel in a clean, hygienic and aseptic environment
- with the proper instruments adequately sterilised
- not more than 3-4 months after the last menstruation
- under clean hospital/clinic/health care conditions, with sterilised instruments.

Abortion is unsafe when it is done:

- by someone who has not been trained to do it
- with the wrong instruments or medication
- under septic, unclean conditions
- after 12 weeks of pregnancy outside health centre, clinic or

hospital.

Unsafe abortion has remained a serious health problem for girls and women in Nigeria especially among adolescents. many adolescents resort to whatever options, however, the risk, to end unwanted pregnancies. The methods they resort to in the termination of unwanted pregnancies are not only unsafe but may cause serious complications and even death.

It may sound unreal that a girl was told to try termination of pregnancy by grinding broken bottles to drink with water. She did and died from excruciating pains. Many try self-medication with a wide range of concoctions and chemicals including "Robin blue" used for clothes during washing to brighten the colours - particularly of white clothes.

Menstrogen is a common word among adolescents in preventing unwanted pregnancies. Concoctions of locally brewed hot drinks with lime, limestone, stout, pepper, etc have been variously mixed and tried. Must they continue? Researches have been done on all categories of girls and women with no respect to religious affiliation, tribe or age engaged in unsafe abortion. It is REAL. Studies have shown that 65 to 80% of patients being treated for abortion complications in Nigerian hospitals are adolescents girls. Are these not part of our future - THE YOUTHS ARE THE LEADERS OF TOMORROW - are the adolescent girls not part of these youths? WE MUST ACT NOW TO SAVE THE LIVES OF OUR ADOLESCENT GIRLS FROM UNNECESSARY AND PREVENTABLE DEATHS!

It is real that every normal female is fertile for 30-45 years of her life. Must each woman deliver 30-45 babies? Do we want to go down in the Guinness Book of Records as the first country to

eliminate all its females?

An abortion is always an extremely difficult decision to take no matter how much courage the woman may have been seen to display. It is neither a frivolous nor irresponsible decision. No one deliberately plans to be pregnant in order to go through an abortion. Women go through serious mental trauma, spiritual struggle and anguish in taking such decisions and may in other less uncomfortable situations choose to keep the pregnancy to term. Being able to choose gives the women the peace and strength to be involved in other life goals. It is important that every child born should be wanted and loved.

REFERENCES

1. Advocates for Youth. The facts: Adolescent Sexuality in Nigeria, Washington, DC 1995.
2. Makinwa - Adebuseye, P. Sexual behaviour, Reproductive knowledge and contraceptive use among young urban Nigerians. *Int. Fam. Plann Perspect*, 1992; 18:67-69.
3. United Nations Population Fund, 1998. *State of the World Population*, New York 1998.
4. National AIDS and STDs Control Programme 1999 HIV/Syphilis Sero-Prevalence survey in Nigeria. Abuja, Nigeria 1999.
5. Okonofua, F. E. "Factors Associated with Adolescent Pregnancies in Rural Nigeria". *EOB/Gyn Obafemi Awolowo University, Ile-Ife, Nigeria*, (1992):8-9.
6. Nigerian Family Health Services project. *Nigerian Family Health fact sheet (NFHS) Policy and Evaluation Division*, Lagos, 1991.
7. Action Health Incorporated, *Facts on the Sexual and Reproductive Health of Young People in Nigeria*. Ifako, Lagos, Nigeria.
8. Girls Power Initiative (1998). *Myths and Facts about Contraceptives, Drugs and Sexually Transmitted Diseases including HIV/AIDS*; Edited by Bene E. Madunagu.

INTRODUCING GIRLS' POWER INITIATIVE (GPI) NIGERIA

Girls' Power Initiative (GPI), is a non governmental, non-profit making, non-sectarian and non religious organisation. (GPI) focuses on the education, leadership and other non sexist life management skills as well as information on sexual and reproductive health and rights of adolescent girls aged 10-18 years, in Nigeria. GPI is co-ordinated from two centres in the country, namely, Benin-City in Edo state constituting the South West Zone and Calabar in Cross River State constituting the South East Zone. The national secretariat is housed in the South East centre, Calabar. GPI was founded in 1993 by Bene Madunagu and Grace Osakue who now coordinate the South East and South West GPI centres, respectively. GPI commenced regular weekly educational classess for girls in July 1994. It is a three-year programme for each participant. Hence, there has so far been three sets of GPI graduands. GPI has completed all the requirements for consultative status with the United Nations Economic and Social Council (ECOSOC).

BACKGROUND

Going by the 1991 Nigerian Census, the Nigerian population is presently over 120 million people. Adolescents aged between 10 and 19 years constitute approximately 22

million, that is, about 20 percent of the Nigerian population. Ignorance about sexuality issues in the largely conservative communities in Nigeria continue to expose girls to exploitation. Increasing poverty and attendant sexual harassment, abuse and exploitation continue to pose health risks to girls. Media influences and poverty are strong factors that influence increased sexual activity among teenagers. Teenage pregnancy is a problem - with more than 150 out of every 1,000 girls giving birth before 19 years of age. Teenage pregnancy rates have been reported to have trippled from the period of Nigerian independence in 1960 to 1990 with about 40% of girls getting pregnant before they are 20. There are high mortality and morbidity rates from unsafe abortions with over 60% of patients presenting abortion complications in Nigerian hospitals being adolescent girls. Many do not have the chance or the means to get to hospitals. In addition it is estimated that 72% of all deaths among young girls under 19 years and 50% of Nigeria's high maternal mortality rate are adolescent girls who procure abortion. With increasing sexual activity coupled with ignorance about sexuality issues plus gender power relations placing girls in a disadvantaged situation, there are increasing cases of sexually transmitted diseases, STDs, including HIV/AIDS, with most of the HIV positive persons presently being in the age range of 15-25 years. School drop outs from poverty and unwanted

pregnancy continue to be on the increase among adolescent girls. Thus women who constitute about 49.7% of the total Nigerian population, according to the 1991 census, continue to be subjected to stereotype low status careers and a continuous cycle of low self-esteem for daughters and mothers.

There are still strong biases exhibited in words, actions and cultural norms and practices against the girl child. The girl-child spends her time taking care of her siblings including older brothers. Thus the attendance at school of the girl is compromised as she spends most of her time doing the household chores.

Female genital mutilation still continues as a message to the girl child of her inferior position as a mere commodity to be made "beautiful" for her future husband. Girls are still being raised to aspire to be wives and mothers rather than first achieving a good career. This background with serious implications for population, human development, reproductive health and rights and sustainable livelihoods form the basis for the activities of Girls' Power Initiative (GPI) in Nigeria.

MISSION STATEMENT

GPI seeks to empower girls, especially those between the ages of 10 and 18 years. It seeks to promote their sexual and reproductive health and rights, to impart leadership skills, through gender sensitive education and analysis, counselling

and referral services and social intervention actions. Our activities started in Cross River and Edo State of Nigeria. Our activities are still concentrated there.

VISION: Our vision in GPI is to create a strong gender sensitive and social policy institution to inculcate critical consciousness and develop capacity for analysis on social and gender prejudices. GPI is committed to managing and educating girls into healthy, self-reliant, productive and confident women for the achievement of positive changes and feminist transformation of patriarchal values in Nigeria to achieve greater gender equality in this society.

GUIDING PRINCIPLES

Adolescent girls should be able to remain free of diseases, disability or death associated with sexuality, or sexual and reproductive health and rights. Adolescent girls have the right of access to education and correct age-specific information and reproductive health, rights and responsibilities which must be gender-sensitive, free from stereotypes and presented in an objective, non-judgemental, constructively critical and pluralistic manner. All adolescent girls have the right to sufficient education and information to ensure that any decisions they make relating to their sexual and reproductive life career and future status, marriage and child bearing are made with full, free and informed consent. All

adolescent girls have the right to be provided with full information about STDS² including HIV/AIDS and Pelvic Inflammatory Disease (PID). All adolescent girls have the right to information about all methods of birth control and contraceptives. Sexually active teenagers should be provided with non-judgemental information, services, and counselling on contraceptives, reproductive tract infections and complications from unsafe abortion. Girls have the right to live their lives free from violence. Every adolescent girl, irrespective of ethnicity origin or tribe, religion or class has a right to information and services offered by GPI. The organisation must therefore remain a secular institution, that is, non-religious. All adolescent girls have the right to protection from rape, sexual assault, sexual abuse and sexual harassment. All adolescent girls have the right to be fully involved in all aspects of the development of their lives and that of their communities as leaders and as equal participants. True freedom and the exercise of these rights can only be achieved in a just society with gender justice, equality and equity.

ACKNOWLEDGEMENT

Girls' Power Initiative (GPI) derives its strength from the adolescent girls who trust in what GPI offers to them through education, skills development and information on their sexuality, sexual and reproductive health and rights. The facilitators and other staff of the organisation contribute their special skills as a team in achieving the aims and objectives of GPI. This publication has been put together by team work but the collation, editing and putting together of "Adolescents and Sexual Health Problems" was done by Bene E. Madunagu using the output from the discussions of the facilitators with the girls. The manuscript was typed and corrected by the research assistant, Ndodeye Bassey. The International Women's Health Coalition (IWHC), New York, supported the documentation and publication of this book. Our thanks go to the GPI girls, GPI staff particularly those in the South East zone and IWHC for making this a reality.

Bene E. Madunagu.

