Protecting the Sexual Health and Rights of Vulnerable Groups

Statement delivered by Cesnabmihilo Dorothy Aken'Ova, INCRESE, Nigeria, under Item 18 (The Effective Functioning of Human Rights Mechanisms) at the 60th Session of the UN Commission On Human Rights in Geneva, April 14, 2004.

Thank you Mr. Chair. I speak to you today at the invitation of the Centre for Women's Global Leadership. My name is Dorothy Aken'Ova and I am the Executive Director of the International Centre for Reproductive Health and Sexual Rights (INCRESE), in Nigeria. INCRESE works to ensure that sexual health and rights are promoted and protected in all arenas.

Ensuring that UN mechanisms function effectively requires an active civil society and the ability to comprehensively understand those factors that prevent the full enjoyment of human rights.

This is especially true when those barriers to promoting and protecting human rights relate to issues that are seen as unacceptable for public conversation. Most of us live and work in contexts where any word that commences with S-E-X- is taboo, contexts where sex should be done but not discussed, where a child below the age of 18 is considered too young to receive sexual health and rights information but old enough to be married, coerced into sexual activity and to have children.

On a daily basis we struggle with contradictions that make us strangers to our bodies. Those from whom we should be able to expect support, too often end up betraying us.

Often, we operate in policy environments that contradict the principles of sexual rights that we seek to promote, and hinder the full operation of human rights mechanisms. In my country for instance, this is manifested in:

- opposition to comprehensive sexuality education
- marginalisation of people with disabilities
- inadequate support and care for widows
- absolute silence on sexual dysfunctions in women and lack of interventions focused on enhancing sexual pleasure in women
- targeting of transvestites and other sexual minorities for harassment by state and non-state actors.
- extreme interpretation of Sharia law adopted by 12 states, characterised by controversial and discriminatory sentences on women for alleged sexual offences.

Nowhere are the consequences of these contradictions made more manifest than in the lives of particularly vulnerable groups.

- Data from all surveys in Nigeria indicate that the quality of life of young people is deteriorating. Despite the fact that we are observing the tenth anniversary of the Cairo Programme of Action, the challenges confronted by young people have remained the same. The first case of HIV/AIDS in Nigeria was found in a 13-year-old girl in 1986. Since then, the number of girls infected and affected with HIV and AIDS has been increasing disproportionately with that of their male counterparts.

- Persons with disabilities are constantly sexually exploited and abused, and they have little or no negotiation power to set the terms of their sexual contracts. And because they are often excluded from the rest of the society and are denied their right to information on sexuality, they navigate their sexuality based on instinct—too often with dire consequences.

- The existence of Lesbian, Gay, Bisexual and Transgender persons is denied at all cost despite studies that indicate their significant numbers. Violence against these minority groups by individuals, families, communities, and the state are often unnoticed or even approved of by society. While the risk of HIV/AIDS should be low among lesbian women, it is heightened by the compulsion to have heterosexual relationships in order to remain part of their families and communities. As you may know, heterosexual behaviour remains 80% the means of transmission of HIV.

- We have heard about the range of sexual abuses to which widows are subject and the manner in which their sexuality is constantly under scrutiny. They and their daughters are coerced into providing sex in exchange for any assistance rendered to them.

Neither the issues nor the vulnerable groups were visible to us until we unpacked the terms *reproductive and sexual health and rights* and carried out baseline surveys. Now we can identify sexual health and rights needs and, therefore, implement projects that really expand access to sexual health services to those to whom such services have previously been denied.

At INCRESE we provide sexual health services for young people (*We provide them with information on life coping skills, which include values clarification, communication, self esteem, assertiveness, negotiation, decision making, pressure resistance, refusal and skills to read sexual scenes and manage them for risk reduction for rape. We take them through scenarios, and life cases which build analytical skills in them and an ability to assess life situations and make and implement sound decisions concerning life styles and choices*).

We also support women and girls in the area of Female Genital Mutilation/Cutting from a sexual health and rights and perspective. This model is based on the human rights principles of respect for bodily integrity and personal dignity—issues that are fundamental to the human rights of ALL people, and especially the human rights of women. It is a model that aims to restore ownership and control over the woman's body to the woman. (*In this model, we educate women on female sexual anatomy and physiology, the human sexual response cycle, cultural reasons for FGM/C, types of female genital mutilation / cutting, physiological and psycho-social impact of*

mutilation on the sexual response cycle. We also do the Behavioural Chance Communication activities to enable them reclaim, love and take control over their bodies. For those who have sexual difficulties, otherwise known as sexual dysfunctions, the organisation offers therapy to them and their partners to enhancing sexual pleasure).

Work on sexual health and rights work has also included the struggle to support women such as Bahijatu Magazu, Safiya Tungar Tudu, and Amina Lawal from discriminatory sentences for alleged sexual offences under the Sharia law.

I have observed UN processes since the ICPD in Cairo in 1994 and I am concerned by what I see as a growing trend to deny sexual minorities their fundamental rights—especially those connected to bodily integrity and autonomy. Shall we continue this way when we know that the health and human rights of vulnerable groups suffer disastrous consequences?

Basic UN principles guarantee that human rights are inalienable, and that the right of no one group or individual are more important than the rights of other(s). In this spirit, we at INCRESE have taken up the challenge to recognise the existence of sexual rights, and we work with all vulnerable groups (*widows, persons with disabilities, transvestites (yan daudu), and those who have same sex relationships*). I appeal to this Commission to do the same. For example, it is crucial at this moment that the Commission promote the sexual health and rights of all vulnerable groups in order to bring visibility to unrecognised and unmet needs of our entire population. Sexual rights are conferred upon all of us once we are born humans, old and young, males and females, heterosexuals and LGBTQ alike.

I thank you.