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Child Parenting

Umami, being the first female child in her family, had a lot of responsibilities bestowed upon her. She had to take care of her younger siblings, run errands for her parents and also hawk their locally made cow milk, called *fura*. According to the tradition in her village, once a girl is of age and sees her first menstrual cycle, she is married off immediately. Umami got married to a 35 year-old man, Adamu when she was only 12 years old. She gave birth to her first and last child at the age of 14. Umami gave up the ghost on a dirty and cold floor in the cold night of December 2007 in the Northern part of Nigeria after a prolonged labour. Her baby died while still in her mother's under developed pelvis. Both mother and child were buried and forgotten after this sad incident.

According to the report conducted by United Nation Population Fund (UNFPA) in 2008, a woman or young girl dies from complications relating to pregnancy or childbirth each day. This adds up to half a million maternal deaths a year, or fully 10 million over the course of a generation. These young people die because they have no formal education, lack universal access to contraceptives to avoid unintended pregnancies, and cannot access skilled care during pregnancy and delivery. In poorer countries where child marriage is common, young girls are likely to get pregnant before their bodies are able to handle the demands of childbirth.

YOUTH SPEAK OUT

Components of Sexual and Reproductive Health

- Adolescent reproductive health
- Safe motherhood: e.g. teen pregnancy
- Family planning information and services: e.g. use of contraceptives
- **Harmful Practices like: Female genital mutilation (FGM)**
- Sexually transmitted infections (STIs) including HIV/AIDS
- Post abortion care services
- Infertility and sexual dysfunction
- Reproductive tract infections (RTIs)

Maternal health is a human right...

In 2000, 189 countries committed to end extreme poverty worldwide through the realization of the *Millennium Development Goals (MDGs)*. According to the Integrated Maternal, Newborn and Child Health 2007 (IMNCH) strategy, an estimated 52,900 Nigerian women die from pregnancy related complications out of a global total of 529,000 annually. The major causes of maternal death include: haemorrhage (25%), infections (17%), toxæmia/eclampsia (11%), unsafe abortion (11%), obstructed labour (11%), malaria (11%) and anaemia (11%). Malnutrition is said to be the underlying cause in more than 50% of these deaths.

Also according to the IMNCH strategy, newborn deaths account for 26% of the under 5 deaths. About 74% of these occur in the first week of life and these are largely due to complications that arise during pregnancy and delivery (premature birth, low birth weight, infections, birth asphyxia). About 71% of Nigerians are able to access PHC facilities within 5km radius of their homes, but most of these centres are not functional due to lack of equipment, essential supplies and qualified staff. This has resulted in selling of drugs by the health staff.

Government has an obligation to take action to prevent maternal death, which represents a gross violation of women's basic human rights. Various international treaties establish the state's obligation to respect, protect and fulfil women's human rights. Among them is the right to attain the highest standard of health, which includes four inter-related and essential elements: goods, services, facilities and conditions necessary for the realizing these rights. These elements must be available to all, accessible to all without discrimination, acceptable and of good quality.

Let's end these dangerous and callous practices in our communities and make our government respect and protect women's rights. Join our drive for the review and an accelerated implementation of our policies protecting girls and young women's rights towards achieving the **MDG5** (*Improve Maternal Health*) by 2015. Please share your story and support on www.amplifyyourvoice.org/nigeria, a blogging website used in addressing youth SRH issues in Nigeria, and Facebook on 'Education as a Vaccine'. You can also send us an email at yag@evanigeria.org.

Did You Know.....?

- The risk of a woman dying as a result of pregnancy or childbirth is about 1 in 26 in Africa as compared to 1 in 7,300 in developed regions
- More than 10 million women a year suffer from severe or long-lasting illnesses or disabilities caused by complications relating to pregnancy and childbirth. These range from obstetric fistula to infertility and depression.
- The main causes of maternal death are haemorrhage, infections, seizures caused by high blood pressure, obstructed labour and unsafe abortions.

Youth Advocates Group (YAG)

A team of young Nigerians between the ages of 15-24 years residing or schooling in the Federal Capital Territory concerned with and determined to address adolescent health and development issues through social mobilization and advocacy. YAG aims to improve sexual and reproductive health of young people in Nigeria by advocating for adequate implementation of the ASRH policies with meaningful involvement of young people by 2011. To achieve this goal, the group advocates for:

- A national budgetary allocation for ASRH policy implementation by December 2011;
- Increased opportunities for young people to participate in the implementation of ASRH policies and programs;
- The establishment of ASRH units at state and local government levels.

YAG will use communication and advocacy strategies to educate and mobilize young people, adults and duty bearers to take action on adolescent reproductive health issues.



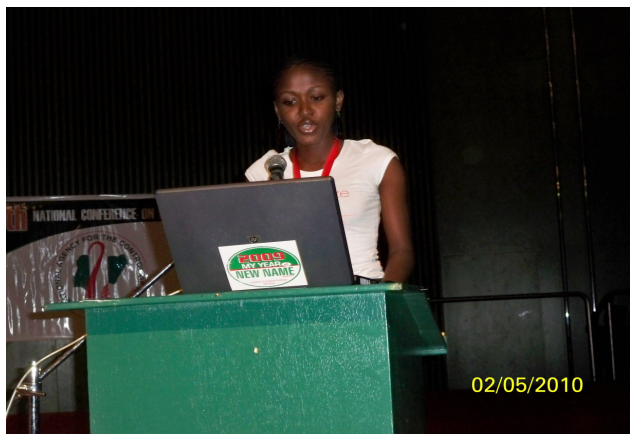
YAG member speaking during a Campus Organising and Mobilisation in Nassarawa



YAG members providing trained newly established youth council in Kano to engage state policy makers on young peoples SRHR issues



YAG member (James) at the One Voice Summit, USA 2010



YAG UPDATES

Campus Activities: As part of YAG's commitment to building and engaging young people in various campuses in Nigeria, the group has visited various campuses, such as the University of Abuja and the Federal Polytechnic Nasarawa, and was able to reach and mobilize over 600 students with Adolescent Sexual and Reproductive Health (ASRH) information and policies. In those schools visited, the students pledged their support by signing a petition letter for the accelerated passage of the Anti-Stigma bill.

Kano Visits: Having understood the need to cascade youth involvement in programs and policies on Sexual Reproductive Health and Rights (SRHR) to the states, the YAG members visited Kano to provide technical support to a youth group called Youth Advocacy Council on Reproductive Health. The group provided technical support on SRH policies, advocacy, mobilization through social media tools and necessary lobbying tips. A total of 20 youths were trained and the youth council members have since been advocating to the state government to involve them in reproductive health policies and programs.

One Voice Summit 2010, USA: The One Voice Summit was attended by James, a YAG member and other youth advocates from Jamaica and the United State with the aim to share and plan advocacy campaigns at various levels. Issues addressed centred around young people's sexual reproductive health and maternal mortality. Representatives shared information about what was done in their respective countries. The gathering was also used as an avenue to learn from other advocates and also report back to other council members in order to promote improvement in their various countries.

5th National HIV/AIDS 2010, Abuja: The YAG members were actively involved in the planning of the youth pre-conference. All members from the group attended the National HIV/AIDS conference and made substantive contributions during the youth pre-conference. The group had an opportunity to share their work with over 200 youths that attended the conference. During the opening of the main conference, a representative from the YAG was nominated to present the communiqué for the youth pre-conference where policy makers, stakeholders, young people and other representatives from international organizations were present.

Women Deliver 2010, USA: The Women Deliver Global Conference took place at the Walter E. Convention Centre in Washington, DC from the 6th-9th of June, 2010. The event attracted over 3000 people to address issues that affect girls and women, particularly in the area of maternal health. The theme for the conference was "Delivering Solutions for Girls and Women." EVA's Youth Advocates Group member, Miss Kikelomo Taiwo, attended the main conference with support from Advocates for Youth. She was amongst the 100 young leaders that participated in the youth pre-conference. Based on the YAG experiences and successes with in-country advocacy on sexual and reproductive health, she presented a paper titled 'Youth Leadership; Involving Young People in Programming and Policy Advocacy.' Over 30 young people from various countries and other stakeholders were present during this session.

Blog Spot

Young people share information, their problems, ideas and comments on various issues as it relates to adolescent sexual and reproductive health.

Read our feature blog on;

<http://www.amplifyyourvoice.org/u/Eagle/2010/10/15/>

SILENT-CRIERS.

To write your stories, comments and views, sign up on

www.amplifyyourvoice.org/nigeria

MEET our NEW advocates!



Faith is a 20 years old undergraduate of University of Abuja. She has a strong passion for young people particularly those who do not have the opportunity to get information relating to their sexual health. She strongly believes education is the best legacy.



Medina is a 19 year old biological science student in the University of Abuja who hails from Edo state. She loves to dance and make people laugh. She wants to impact her world by reaching out to the young people around her on their reproductive health issues through educative presentations.



Aliyu hails from Adamawa state and he is 22 years old. He believes in sharing his love with youths by educating them through his daily discussions on issues that are important to them both morally and health wise.



Damilola is a 22 year old graduate who has a deep passion for enlightening youths on their sexual reproductive health.

FACTS ABOUT UNSAFE ABORTION:

Abortion is illegal in Nigeria, and most medical practitioners refuse to conduct abortions because of fear of the legal consequences. The result is that most women wanting an abortion tend to patronize unqualified practitioners who offer quick and cheap abortions. This high rate of mortality associated with unsafe abortion is due to the prevailing restrictive abortion law in the country, which encourages women to use unqualified backstreet abortionists. Nigeria has one of the highest maternal mortalities in the world—1500 women per 100,000 births. The abortion rate in Nigeria is 45 per 1000. About a million births a year in Nigeria are to teenage mothers and abortion complications are responsible for 72% of all deaths among teenagers below the age of 19. One of the major reasons why the abortion rate in Nigeria is so high is because only about 6% of women of reproductive age practice birth control. The lack of enthusiasm for birth control is thought to be due to ignorance, as well as cultural and religious inhibitions. A lot of women believe that family planning methods can harm and thus regard it to be unsafe and dangerous. EVA is committed to providing young women with education and information on SRH issues and rights.

We would appreciate all your feedback on this edition. Please send your views and comments to our contact address listed below.

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www.amplifyyourvoice.org/Nigeria