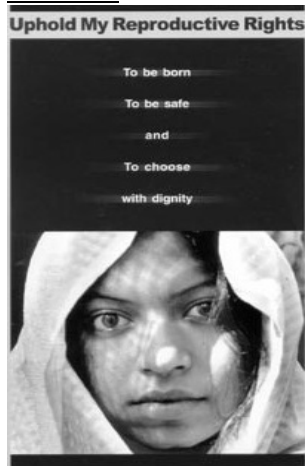


Volume 1, issue 3.

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Youths Speak Out

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“The occasion is usually marked with an annual public show of all the girls around that age. Everyone gathers in the village square – in my case, in a village in the South-Eastern part of the country. Normally it is done as a thing of pride for the girl and her parents. It is believed that the girl is still a virgin, and so it is after this traditional rite has been performed that the girl is ready for marriage and any other responsibilities attached to being a woman. For my parents, it was a joyous occasion to see their daughter turning into a woman, so all my requests to be free from this rite fell on deaf ears.

After the dance around the village square, all the girls return to the elderly women’s compound where the rites are carried out, and then we all march in one after the other, to be cut (circumcised). We were twenty in number that fateful night, and then it was almost my turn. I was scared to death. My friends Chinwe and Faith had been circumcised but Chinwe was rushed to a hospital in the bigger city due to some complications. The screams from all the other girls before me scared me even more.

When I entered the room, the elderly woman looked at me and said, “*yipu akwa gi*” meaning “remove that wrapper.” I complied immediately. I was told to lie down and when I did, four other women held me to the floor, so I would not move and hurt myself further (as though I had not been hurt enough). Although I could not see what was being done to me, the pain was so excruciating I screamed, and then even louder, but no one came to my rescue. Unable to walk, I went home carried by my mother, crying profusely. But she just cheered louder. The bleeding was also uncontrollable. It took a whole week for the pain to subside. I thought to myself that I wouldn’t wish this on my worst enemy.”

Chinyere, age 14. Based on a true story.

Components of Sexual and Reproductive Health

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

Female Genital Mutilation/Cutting (FGM/FGC), commonly known as Female Circumcision, is the removal of part or all of the girl's clitoris, and some other parts of the sex organ, for non-medical or cultural reasons. WHO estimates that between 100 and 140 million girls and women worldwide are living with the consequences of FGC today. Every year, about 3 million girls and women under the age of 15 undergo this procedure. According to UNICEF (2000), Nigeria has the highest number of FGM cases, accounting for almost a quarter of the total estimated cases in the World.

What is FGM anyway?

There are four types of FGM: *Clitoridectomy*, which is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) or the area surrounding it. The second type is referred to as *Excision* and it is the partial or total removal of the clitoris and the removal of the labia. This accounts for up to 80% of FGM cases. The third is called *Infibulations*, which involves the narrowing of the vaginal opening. It is referred to as *Pharaonic Circumcision*, and it constitutes 15% of all procedures. The final type involves all other harmful procedures done to female genitalia for non-medical purposes, including pricking, piercing, incision, burning, branding and scraping the vaginal tissue.

How is the procedure carried out?

FGM is mostly carried out by an inexperienced elderly woman, using unsterilised instruments, such as knives, scissors, scalpels, and pieces of glass or razor blades. The girl is usually held down by the woman's assistants, to stop her from struggling. Herbs, cow dung, hot ashes, bark and tree roots are mixed together and rubbed on the wound to prevent bleeding. Many justifications have been offered for the practice of FGM, such as preserving virginity and ensuring fidelity, marking the transition of girls to womanhood, social integration and acceptance, particularly for marriage and family honour, increasing sexual pleasure for the male and sometimes religion.

What harm does FGM Cause?

The consequences of FGM can be long or short term, depending on the severity of the injury. Some of the short term consequences include: severe pain, heavy bleeding, risk of contracting HIV and Hepatitis B, and acute urinary retention. The long term consequences include: genital abscess, difficulty during menstruation, painful intercourse, haematocolpus (retention of blood in the uterus/vagina) and difficulty in passing urine.

In Nigeria, research has shown that the South-Western states have the highest prevalence of FGM cases, at 53.4% (NDHS 2008). Some of the government's efforts towards the elimination of the practice include establishment of a multi-sectoral group on harmful practices, a regional plan of action, formulation of a national policy and plan of action, for the elimination of FGM in Nigeria and advocacy for legislation and implementation of best practices.

To make your opinion count and contribute to end this harmful and inhuman practice in your community. Join our campaign for the swift implementation of the plan of action on the elimination of FGM with youth participation and adequate funding for programme implementation. Please share your story on www.amplifyyourvoice.org/nigeria, a blogging website dedicated to youth SRH issues in Nigeria and Facebook on 'Education as a Vaccine'. You can also send us an email to yag@evanigeria.org. Together we can end this harmful practice!!!

Did You Know...?

- That in Africa, about 3 million girls are at risk of FGM annually.
- That the procedure has no health benefits for girls and women.
- That an estimated 100-140 million girls and women worldwide are currently living with the consequences of FGM.
- That FGM is recognised internationally as a violation of girls' and women's rights.
- That the procedure can cause severe bleeding and problems during urinating, and also complications during child birth.
- That South-Western Nigeria has a 56.9% prevalence rate of FGM, followed by the South-East with 40.8%, and the South-South with 34.7% rate.



Youth Advocates Group members with the Executive Director of UNAIDS at Advocates for Youth's Urban Retreat, Washington, D.C., USA.



Youth Advocates Group members with Chair House Committee on HIV/AIDS and Country Director, UNAIDS during World AIDS Day 2009 in Abuja Nigeria



Youth Advocates Group at the public hearing on the Anti-Stigma Bill at the National Assembly, Nigeria

UPDATE ON YAG

Urban Retreat

Two YAG members, Thompson Ukah and Kike Taiwo, represented the group at *Advocates for Youth (AFY)*'s annual retreat in Washington, D.C. The retreat brought together young activists from the United States, Jamaica, Ethiopia and Nigeria to learn, share and plan advocacy campaigns on adolescent sexual and reproductive health issues and rights, both nationally and internationally. The retreat also provided an opportunity to reach out to policy makers, stakeholders and international agencies to better influence foreign policies that address SRH issues in developing countries, especially Nigeria. They had lobby meetings with the Policy Advisor at the *Office of the US Global AIDS Coordinator (OGAC)*, the Executive Director, *UNAIDS* and the Foreign Policy Committee at Capitol Hill in Washington, D.C. It was a great experience, and helped the YAG to form better strategies for its work with policy makers in Nigeria.

World AIDS Day 2009

World AIDS Day 2009 had the theme "*Universal Access and Human Rights*", with a national focus on *PMCT (Prevention of Mother to Child Transmission)*. The YAG members put together a documentary on a young person living with HIV and tried to highlight some of the issues and challenges such as access to information, drugs, and the rights of PLWHA to be respected as normal citizens without discrimination or stigmatisation. The recommendations that emanated from the documentary were presented to the Committee on HIV/AIDS at the National Assembly. The YAG also participated in the symposium organised by NACA to commemorate the day. The group interacted with policy makers and stakeholders at the forum on behalf of Nigerian youths. The group used the forum to mobilise young people to follow the campaign through Facebook on '*Education as a Vaccine*' and www.amplifyyourvoice.org/nigeria, a blogging website dedicated to youth SRH issues in Nigeria.

Anti-Stigma Bill

The YAG participated in the public hearing for the Anti-Stigma Bill as the only representative of Nigerian youth on the 24th November 2009 at the National Assembly. Recommendations were made on:

- Compulsory testing: No educational institution should require HIV testing as a prerequisite for admission.
- Disclosure of status: No educational institution should require applicants or current students to disclose their HIV status whether orally or in writing, as this has no bearing on their ability to excel in their studies.
- Grievance procedures: In the case that a student has been discriminated against by an educational institution or authority, recourse should be made available to them.

A follow-up petition was sent by the group for the quick passage of the bill with all the input made during the public hearing. The Committee Chairman promised to involve the YAG in subsequent policy formulation and implementation processes for youth SRH in Nigeria.

****Get involved!****

To make your opinion count and support the passage of this bill, please send your email to yag@evanigeria.org or write directly to the Chairman Committee on HIV/AIDS, 2nd Floor Room 22, National Assembly, The Three-arms Zone, PMB 131, Garki, Abuja.

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 mobilisation and advocacy. The 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.

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

SEXUALLY TRANSMITTED INFECTIONS

Sexually Transmitted Infections (STIs) are infectious and contagious bacteria, viruses or parasites which are spread from one person to the other primarily through sexual contact. If not treated, STIs can cause long term health problems such as pelvic inflammatory diseases, infertility and cervical cancer. Common types of STI include: Chlamydia, Gonorrhoea, HIV/AIDS, Genital Warts and Syphilis. If you want to know more about STI or think you might have a STI, contact MyQ & A.



Call on **08027192781** (free on Zain network)
Or send an SMS to **38120** (free on MTN, ZAIN and Starcomm networks).

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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Join our campaign: On Facebook:

Youth Advocate Group and on

www.amplifyyourvoice.org/Nigeria