

AN EXAMINATION OF THE ABUSE OF SEXUAL REPRODUCTIVE HEALTH RIGHTS OF WOMEN PARTICULARLY IN NIGERIA

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ABSTRACT

During the course of evolution, the female gender had inter alia suffered cruelty, discrimination, inhuman and degrading treatment. They are still being subjected to the same treatment globally condemned. Some of the abuses from men and the society have killed many women and brutalising them while many of these are depriving them of equal enjoyment of life enjoyed by their male counterpart. This paper examined the treatments of women that are infringements on their reproductive health and rights globally and particularly in Nigeria. The country is in the sub-Saharan Africa where the ill treatments are endemic. The paper relied on international, regional and local legal frameworks in addition to judicial authorities as primary source of information. It also relied on journals, textbooks and internet publications as secondary source of information. Both the primary and secondary sources were subjected to context analysis. The paper discovered that there are practices culturally established from time immemorial in many societies particularly in Nigeria that are discriminatory and subjecting female gender to cruelty, inhuman and degrading treatment. They are highly militating against the health of women and even taking the life of many of them. They have been internationally condemned but still being practiced particularly in many developing countries. They are more practiced in Africa sub-region which includes Nigeria. The rate of the abuse is increasing daily and endangering the life of the women. Some of the abuses such as female gender mutilation, sexual assault and rape are also orchestrating the spread of contagious diseases which are threat to the life of the people generally. This research concluded that there is need for a better society where by women will be treated with dignity and in a manner devoid of discrimination. There

is still need for more holistic approach in the implementation of various legal frameworks. Besides, some of them need to be reviewed for a better life especially for the women.

Keywords: Women, Gender Equality, Reproductive Health, Rape, Sexual Assault, Mutilation, Discrimination

INTRODUCTION

There were regional and international conventions, agreements and declarations defining and recognizing the rights of the people, especially women's reproductive health rights. Besides, there were global condemnations of various abuses against women such as female genital mutilation, coercive sterilization, denial of health care based on health status, sexual abuse in prison custody, sexual abuse on school girls in schools, and shackling of pregnant women among other abuses. Reproductive rights are among the rights developed through the Universal Declaration of Human Rights and other conventions and declarations for the protection of the rights of mankind. They focused on abuses affecting the reproductive health of people, especially women and girls. The rights are continued to be infringed upon while state parties have not fully addressed the situation despite their involvement, contributions and endorsement of various documents at various conventions.

Considering the rate at which the freedom of women on their reproductive health is tampered with, the International Community made a lot of efforts to address the situation. The situation necessitated a gathering of states at international fora to consider what to be done to solve the problem. This led to the advancement of sexual reproductive rights to the stage it is in the world today. Michelle and Adesegun, (2009) emphasize the necessity of improving the reproductive health of the female sex, particularly in the African sub-region. It is important because of the high increase in the rate at which people are engaging in sexual acts and reproduction early in life. This is evidenced by the rate of HIV victims in sub-Saharan Africa which is two-thirds of the population. Its infection among adolescents is also higher than in other parts of the world. They also noticed that there is a need to intensify efforts on sensitization of the people despite impediments to achieving that. ⁱ Megan et al, (2013) relates Public Health to sexual reproductive health and that many countries globally experience serious challenges to improve sexual health whereby there will be a reduction in HIV/AIDS, sexually transmitted infections,

and unexpected pregnancies among others. These have an impact on the reduction of child mortality, improvement of maternal health and war against HIV/AIDS which are part of Millennium Development Goals. The linkage of sexuality to sexual health is done through an approach that will recognise them as significant to the general health and welfare of families, individuals, the society and countries.ⁱⁱ Olomjobi, (2013) in an effort to conceptualise reproductive health maintains that it includes strong determination on the method of family planning, information and acquisition of necessary skills for cheaper beneficial family planning. It will also include a regulatory framework for reproductive actions to promote appropriate health care for pregnant women and infants.ⁱⁱⁱ

It is a serious global problem for women to be treated with disrepute, and to still be subjecting them to discrimination in the name of culture or because they are vulnerable or because of their low participation in governance or legislation. This paper however examined the abuse globally and particularly in Nigeria, a sub-Saharan African country. It also examined the international, regional and local legal frameworks to tackle the menace and come up with how the legal frameworks and their implementation can be improved upon.

HISTORICAL BACKGROUND

Global interest in the control of the population and related matters developed into the concept of sexual reproductive health of women in the 1980s. In 1994 there was the International Conference on Population and Development (ICPD) in Cairo where an acceptable standard of addressing human reproduction and health was considered. There was a concentration on individual needs and empowerment of women. There was also consideration of the nexus between human rights and human health.^{iv}

In 1996 the United Nations Populations Fund in collaboration with the High Commission for Human Rights and the Division for Advancement of Women held a meeting Glen Cove New York on the approach to the human rights of women. This was done to contribute to treaties, interpret and apply the acceptable standard of human rights to issues relevant to the health of women. It was also meant to encourage methodologies developed by various treaties and United Nations agencies on women's human rights to reproductive and sexual rights among other rights to health.^v

The International Conference on Population and Development (ICPD) led to the emanation of two guiding principles. The first is on the empowerment of women to improve their status for sustainable development. The second was on recognition of reproductive rights; difficult to be disentangled from basic human rights and not just belonging to the realm of family planning.^{vi}

In 2001 in Geneva, there was a meeting by the United Nations Population Fund (UNFPA) and the High Commissioner for Human Rights for the follow-up on the assessment of progress, obstacles and opportunities concerning reproductive rights and to strengthen the rights as decided by treaty bodies.^{vii}

Meaning

Sexual reproductive rights are available to every woman. This makes them to be entitled to health care treatment such as contraceptive and safe abortion. They are free to decide who they are to marry. They are as well free to decide the number of children that they are to born; the time to born them, and who will be their husband. They should enjoy their lives without entertaining any fear. They should live a life devoid of female genital mutilation, rape, sexual violence, gender based violence, forced marital union, pregnancy, termination of the pregnancy forcefully and sterilization.^{viii}

Sexual Rights

The rights support human rights that are already nationally and internationally recognised in municipal laws, international human rights instruments and treaties. These include the people's right devoid of cruelty, intolerance and brutality, and rights to:

- (i) achieve international best practices on sexual rights which include sexual and reproductive health care accesibility.
- (i) request and get sensitised on sexuality.
- (ii) acquire sex education.
- (iii) have reverence for physical honesty
- (iv) have the freedom to choose one's spouse
- (v) decide to be active sexually
- (vi) have mutual sexual partners
- (vii) have mutual matrimony

- (viii) decide to procreate and when to procreate
- (ix) engage in a fulfilling, safe and pleasant sexual life^{ix}

Reproductive rights

The reproductive right recognises some rights provided by municipal and international laws. The rights are premised on the fundamental rights of partners to make a choice on the number of children to raise; their age gap, necessary information and the right to advance attainable degree of sexual and reproductive health. They are to also procreate without being forced to do so; discriminated against, and without violence as provided in documents of human rights.^x

It is a right that gives room for a woman to make a choice to procreate or not; abort unwanted pregnancy and a method of family planning or contraception. This right was discovered to have been violated in Mexico where an export processing sector was alleged to be conducting pregnancy test before employment. Every person discovered to be pregnant was asked to resign. In some industrial units, women were compelled to produce their sanitary towel to Nurses for continuity of the employment. This was held to constitute violation of women's right to make free choice of reproduction, number of children and spacing of the children.^{xi}

Family planning education is very important to reproductive rights. Where abortion is illegal like in the Dominican Republic, sensitization of the public on family planning is important. Where it is legal, sensitisation is preferred to termination in terms of the effect of it on the health of the pregnant women.^{xii}

INSTRUMENTS THAT ENSHRINE SEXUAL REPRODUCTIVE HUMAN RIGHTS AND OTHER RIGHTS TO EQUALITY, HEALTH, LIFE AND DIGNITY

1. The Convention of All Forms of Discrimination against Women (CEDAW) 1979

It is a global instrument that has brought female human being into a very important position among humanity through the promotion of their rights. It was established on 8 December 1979 and ratified by 163 countries. Article 12 of the Convention provides that the nations that ratified the Convention should ensure that discrimination against the health is eradicated. The women should be given access to health care such as relevant to pregnancy, family planning, and antenatal and post-antenatal care. They

should be allowed to decide the number of children they want to born and the spacing of the children. ^{xiii}

2. ***International Conference on Population and Development (ICPD) and Programme of Action, 1994 (the Cairo Declaration)***

It was the first full international human right document to demonstrate Reproductive Health and right, and sexual health. It was meant to empower couples and individuals about the size of their family. It empowers women in particular on freedom to make choice. It provides information and resources to make such decisions. Besides, it enables them to exercise their reproductive rights. ^{xiv}

3. ***United Nations Special Session on HIV/AIDS:***

Declaration of Commitment on HIV/AIDS, 2001 (often known as UNGASS) The United Nations Special Session on HIV/AIDS made provision for empowering women. The suffering and death of people through the epidemic of HIV/Aids virus made the United Nations to convene a special session in June 2001 to deliberate on how there can be a solution to their problem. 189 states signed the declaration. ^{xv}

4. ***The Protocol to The African Charter on The Rights of Women in Africa:***

It is also known as Maputo Protocol. In July 2003, the Africa Union established the Protocol on the Rights of African Women to complement the efforts of the African Charter on Human and People's Rights. It commenced operations on 25th November 2015 after being ratified by 15 African governments. It was established to protect women's rights in Africa. The protocol was the first instrument that internationally articulates the rights of women to abortion when the pregnancy occurred through rape, incest or assault. It also endorsed abortion if it was a result of the illness of the pregnant woman. It was also the first protocol to illegalise female circumcision/female genital mutilation which had affected many African women. ^{xvi}

Article 2 of the protocol made provision for elimination of discrimination against women

Article 2 (1) states that Parties shall combat all forms of discrimination against women through appropriate legislative, institutional and other measures. In this regard Article 2 (1) (a) provides that state parties shall include the principle of equality of both women and men for effectiveness in the individual constitution of member nations and other instruments, if it has not been done.

The protocol is the first international instrument that recognised interception of women's rights and the HIV. Article 14 (1) (d) and (e) gives women right to personal protection. They also have the rights to be shielded from contracting HIV infection in line with international standard. Article 14 (1) (a) gives women right to control their fatality while Article 14 (1) (b) gives them rights to decide whether or not to have children, they are free to decide the number of children that they will have and how they are to space them. They have right to choose any method of contraceptives in line with Article 14 (1) (c). The women as well have right to be adequately sensitized as provided under Article 14 (1) (g).

GENDER EQUALITY, EQUITY AND NON-DISCRIMINATION

All the states bound by international law were compelled to embark on non discrimination and gender equality. Government policies on these should be extended to private organizations and individuals. States are to identify causes of discrimination and ensure promotion of equality of both men and women.

Working towards gender equality, equity, women empowerment and elimination of all forms of discrimination against women are the bedrock to eradication of the discrimination and the promotion of women empowerment.^{xvii}

It is the duty of all the states to look into reasons why some groups of women were not able to exercise their freedom to make choices on issues affecting their lives, or be acquainted or have adequate knowledge and current sexual and reproductive health services needed.^{xviii}

The Convention of All Forms of Discrimination against Women also tasked state parties to ensure that discrimination is avoided against women. It compelled states to ensure that the customs and traditional practices that allow inferiority or make one sex to be superior to another sex between men and women should be eliminated. There are still many women in different parts of the World where girls are still denied access to sex education and there are still women that are yet to have the freedom to decide whether or not they should use contraceptives.^{xix}

SEXUAL AND REPRODUCTIVE RIGHTS VIOLATIONS

The Centre for Reproductive Rights (The Centre) and other Civil Society Organizations have revealed many abuses against the sexual and reproductive rights of women which had led to torture or cruel, inhuman or degrading treatment (CIDT). Many cases of abuse have been declared as such. The efforts of various, regional and International Organisations have tremendously assisted the world to recognise that there are certain violations of the reproductive rights of women leading to cruel, torture, inhuman and treatment that are degrading the women.^{xx}

The violations include the following:

- I. **Violations in health care settings:** There are violations from health care personnel against many women that go for health care. Women seeking health care before, during and after childbirth faced verbal and physical abuses.^{xxi}
- II. **Coercive Sterilization:** Women's reproductive organs are often interrupted against their consent to prevent pregnancy. It is a form of medical control to prevent fertility. Such treatment has 'psychological trauma including depression and grief' It has an effect on the woman and it is inhuman and degrading.^{xxii}
- III. **Refused Treatment on Health Ground:** The health status of women often prevents them from being given attention. They are often denied health care because of medical problems such as HIV-positive status. **Gita Bai** an Indian low-income woman was confirmed to be HIV positive at a hospital in Madhya Pradesh. She was discharged and refused treatment when she tested HIV positive. When she came back to the hospital to deliver the baby, the hospital authority refused to give her attention even though she was labouring. Having been denied entrance into the hospital premises, she could not help the situation; hence, she was forced to deliver in a street outside the hospital. She eventually died after childbirth because she lacked the necessary care. The police did not prosecute the hospital for Gita Bai's death.^{xxiii}
- IV. **Maltreatment of detained women and those in Custody:** Many women in detention often faced problems while in detention. Women are being incarcerated in places such as schools where women faced custodian problems.^{xxiv} Women are subjected to sexual abuse after being arrested. This is done to make them confess or to get information from them. The same is done at pre-trial stage and when they are in transit from one

institution to another in a vehicle. It has been suggested that there should be CCTV in vehicles when they are being transported in order to prevent sexual abuse of women.^{xxv} In **Aydin v Turkey**^{xxvi}, the European court considered the ease with which the defendant exploited the weak and vulnerability of the victim who he raped and concluded that the act was a principally vital and an exemplary disgusting mistreatment. It was further observed that as it is applicable to other physical and mental violence, it takes time before the traumatic effect of rape is forgotten.

- V. **Shackling of pregnant Detainees:** Shackling pregnant women prisoners can affect the health of the pregnant women. It has adverse effect on the health of both the pregnant women and the unborn child's health and at birth. The woman is exposed to danger during labour, delivery and postpartum recovery. Shackling pregnant women is a violation of human right. It is an assault on dignity of such women. It limits a woman's ability to freely move and shift positions during labour and delivery.^{xxvii} The United Nations and professionals focus more on shackling of pregnant women. It has been discovered that it may lead to torture or cruel, inhuman and degrading treatment.^{xxviii}
- VI. **Sexual violence in schools:** students and personnel that are under the custodian care of schools are often subjected to sexual abuse and violence. The Convention of Elimination of Discrimination against Women CEDAW has declared that violence against women is discrimination against them. There is expression of serious concern about failure of the state to address the situation of sexual abuse generally and in schools. The United Nations Committee on Rights of the Child has also confirmed that states are having the obligation of protecting the rights of the child against sexual abuse and violence generally and in schools as well.

In **Paola Guzmán and the Next – of – Kin v. Ecuador**^{xxix}, Paola a student was sexually abused and harassed for two years by the School's Vice Principal and she eventually became pregnant at sixteen years old. The Medical Doctor in their school was asked to terminate the pregnancy, the doctor negotiated to terminate the pregnancy on condition that he would also have intercourse with the girl. The girl eventually committed suicide by ingesting diablillos usually used for suicide and she died. The parents initiated criminal, administrative and civil proceedings but the matter was suppressed by flimsy reasons and administrative inefficiency. The Education Ministry could not help the

situation. In 2006, a non-governmental organization instituted Human Rights abuse against the government before Inter American Commission. ^{xxx}

VII. **Female genital mutilation:** Female Genital Mutilation includes partial or complete removal of the outer part of the female genital organ. Alternatively, it is harmful to the genitalia of a female without medical rationale. It is referred to as cutting of the female genitalia or circumcision. ^{xxxii} It is globally recognized as human rights abuse and there is no health benefit attached to it. ^{xxxiii} It is a painful exercise that has physical and psychological effects on women and girl child that are victims. Article 16 of the Committee against Torture has provided that female genital mutilation is cruel, inhuman and degrading treatment. ^{xxxiii}

RATE OF ABUSE IN SUB-SAHARAN COUNTRIES IN AFRICA

The lack of promotion of sexual reproductive rights overwhelmingly affects women globally. The emerging velocity of illness and death caused by sex and procreation are traceable to gender inequality relevant to women's lives. The increase in the rate of access of women to education, income and property is affected by socio-cultural beliefs militating against the control of women on violence against women, sex and procreation. 80% of infections of HIV are contracted through sex, and women are the victims. Over 50 % of women globally are infected and 61% of those infected are from Sub-Saharan Africa which is hosting novel infections that are increasing fast among adolescent girls and adult women. Despite sensitization of women on their sexual reproductive health, roughly 200 million women within 40 years as of 2008 could not realize the need for contraceptives. 80 million unwanted pregnancies annually occurred while over 60% of them are aborted. About 500 million women die annually as a result of problems relevant to pregnancy. Meanwhile, 99 % of women that die through pregnancy are from developing countries. ^{xxxiv}

38.4 million men and women globally are living with HIV in 2021. 1.5 million of them are new cases in 2021 alone. Also in 2021 about 4900 girls and women between the age of 15 and 24 are infected with HIV every week globally out of which 4000 of them are from sub-Saharan Africa. In sub-Saharan Africa, 63% of women and girls are newly infected with HIV out of the newly infected people in 2021. ^{xxxv}

Women are more infected by HIV than men globally. Women and men are not given the same treatment socially, culturally and in terms of gender-based violence in many nations. These are the reasons why they are more likely to be infected. These can be improved upon in order to protect women's rights from the infection of HIV. ^{xxxvi}

The United Nations has declared that it has been impossible for more than 200 million women who wish to prevent pregnancy to have access to contraception. The World Population reports from the United Nations Population Fund revealed that despite the increase in the number of contraceptives, many of women lack access to it. Since the beginning of its operation about 50 years ago there has been a serious improvement in reproductive rights but millions of women are still being hindered by socio-economic and institutional impediments to their health. Available data from 51 countries examined by the United Nations Population Fund revealed that only 57% of married women and those in relationships can on their own volition decide on sexual intercourse; use of contraception and health care. Very poor women have lower access to contraception when compared to rich women in both developed and developing countries. ^{xxxvii}

ABUSE OF REPRODUCTIVE RIGHTS IN NIGERIA

UNICEF reports that 82000 women in Nigeria die from problems emanating from pregnancy and delivery every year. This amounts to 225 deaths daily which is very high in the country. Nigeria also has the second highest number of children without any dose of immunity against diseases that can be prevented by inoculation. The problems can however be solved as follows:

- (i) Increasing the primary health care facilities.
- (ii) Expansion of National Health Insurance for universal coverage of health and to reduce mortality at birth.
- (iii) Penetration of rural areas for the benefit of groups that are vulnerable which include women. ^{xxxviii}

A recent report revealed that Nigeria is the 2nd Country with the highest number of child and maternal death.

Child Marriage

A United Nations Children's Fund (UNICEF) report prophesied that by 2050 there will be 29 million child brides in Nigeria. A report during the launching of how poverty affects Nigerian Children by Prof Yemi Oshinbajo in collaboration with UNICEF on Children's Day 2022 revealed that the number of childbirth in Nigeria presently is 22 million, which is 40% of such cases in West and Central Africa. It added that by 2050, 7 million will be added to it. Reasons for these include:

- (i) Failure of some states especially in Northern Nigeria to domesticate child's Rights.
- (ii) Failure of the Federal Government to enact and enforce a minimum age of 18 years for a constitutionally recognised marriage in Nigeria.
- (iii) High poverty rate reflecting that about 54% of Nigerian children are poor, leading to deprivation of health care, education, nutrition, water, adequate shelter, sanitation and information.^{xxxix}

Maternal Health

This refers to the health of women during pregnancy; the period of delivery of the child and postpartum. The health results to appropriate care to reduce mortality and morbidity with the primary health care provided. Majority of women in Nigeria are insecure and there are limited facilities to take care of women, especially in rural areas. Most of these women especially the pregnant ones find it difficult to afford health services. There are many health centres in the rural areas that are not functioning. Many of those functioning are not properly equipped and they are short staffed.^{xl}

Rape and Assault

A large number of women have been raped or sexually assaulted by men. It has been taking place among couples, between the married and the single, and among those who are not single. It has also been exposing the victims to unwanted pregnancies and contraction of diseases such as HIV/AIDS and other sexually transmitted diseases.^{xli} Meanwhile, section 357 of the criminal code frowns at rape in Nigeria. It provides that it is a rape to unlawfully have carnal knowledge of a female without her consent. If she gives the consent, it must not be a consent obtained from her through force or by any kind of intimidation. It should not also be a consent obtained because the victim is fearful of injury or there is false or fraudulent representation. If it is a married woman, the person alleged should not be impersonating the husband of the woman to

get the consent. Apart from section 357 women and girls are also prevented by sections 360, 261, 261 and 363 of the criminal code of Nigeria. ^{xlii}

Amnesty International disclosed that eleven thousand two hundred women and girls and even children were raped in Nigeria in 2020. The figure includes children raped to death. Rape persists in the country despite strong efforts by the government to nib rape in the bud. The victims mostly do not get justice because they refuse to report rape cases because of stigma, persistent corruption, and failure of investigation in which the police are blamed. ^{xliii}

Adolescent Reproduction

Knowledge of sexuality is not introduced to the younger ones. They are left to discover it by themselves and through their peers who often mislead them. The age at which intercourse is experienced has dropped and they are exposed to intercourse without protection. It is common for a child to be sexually active at about 12 years old. This often results in pregnancies and abortions often carried out by non-professional people who expose them to danger. Many of them that are victims of early pregnancies drop out of school early in life thereby increasing the rate of poverty. ^{xliv}

Female Genital Mutilation

It is a partial or complete removal of the exterior part of the genital organ of a female or other harm to the organ for a non-medical purpose. It is a practice done to an infant girl below the age of 15. It is however an abuse of the fundamental rights to dignity, health and security of the women. There is no medical benefit derived from the practice. It inflicts grievous perpetual problems and even results to the death of the victim. The instant health consequence of it is a contraction of diseases, haemorrhage, shock, urine retention, spreading of HIV and rigorous pains. Psychologically, the victim loses the trust of her parents or guardians, persistent trauma and despair. About 200 million women globally have been subjected to different types of female genital mutilation (FGM) before the age of 15. ^{xlv} Mary Oloiparuni was intercepted early in the morning at the threshold of her home and was eventually mutilated at the age of 13. She bled abundantly in agony. 19 years after that day, the traumatic effect of the mutilation persisted. Her procreations of her children were in terrible pain. Female Genital Mutilation is a serious abuse of sexual reproductive health rights. It is cruel and degrading treatment against the women. It affects their integrity and is discriminatory against them. There has been a

reduction in the rate at which the menace persists but millions of Nigerian girls and women are still being subjected to female genital mutilation.^{xlvi}

Gender Base Violence

There is a serious increase in the rate of gender-based violence with the insurgence taking place in the North Eastern part of Nigeria. The insurgency has persisted in the area since the beginning of it in 2015. Over 2 million people have been displaced as a result of the crisis which has witnessed military and civil resistance against the insurgency. The Nigerian media is full of stories of gender-based violence. Ronke Shonde a bank official who had two children was undergoing serious torture at the hands of her husband. Mr Shonde her husband was alleged of frequent assault by the woman who he often tied up, beaten and deprived of access to her phone. She was eventually beaten to death one day. He fled the scene of the murder immediately. Research by the Ministry of Women Affairs and Social Development, and the United Nations Population Fund (UNPFA) in Nigeria supported by the Government of Norway revealed that 28% of women in Nigeria between 25 to 29 years of age have fallen victim of different types of violence physically since they were 15 years of age. 15 % of women experienced it within 12 months. The exposure to it varied according to the marital status of the women. The separated women and those that are widows that have experienced it since 15 years of age are up to 44%. It further revealed that 25% of those that are still cohabiting with their husbands have experienced gender based violence.^{xlvii}

CONCLUSION

Sexual Reproductive rights serve as protection for women against actions that inflict pain and tears on millions of women. Some of these actions are cultural, some developed as a result of civilization. Besides, some of these are resultant effects of the government's neglect of their roles. Some of these infringements are perpetrated by the people against women and the girl child as deliberate selfish actions.

Sexual Reproductive Rights are being protected through the provision of various instruments meant to eradicate discrimination against women and to protect their sexual reproductive rights. This will go a long way to educate people, especially women about their rights. It will give them the freedom to make choices on what to do especially on things that affect them or their

body such as contraceptives, and whether or not to procreate. Harm or violence through traditional practices will also stop or reduce drastically. The situation has been like that for a long time. This position being addressed in the world today through the introduction and recognition of reproductive rights is a good development. It is pertinent to note that all hands should be on deck to check various inhuman and degrading treatments that are even violent practices against the sexual and reproductive health of women.

RECOMMENDATION

Sexual reproductive rights should be given more attention by states in their local legislation. There should be laws in each country eradicating abuse of sexual reproductive rights.

Monitoring of compliance should be intensified at the international level and appropriate sanctions should be melted on states that defy compliance.

There should be adequate sensitization and programmes that will acquaint people, especially women with their rights.

Sex education should be taught at schools and the mothers of girls should also teach them sex education.

Poverty alleviation programmes and good economic policies should be pursued by government to discourage women from falling prey of men that only intend to abuse them sexually. It will also give many young men opportunity to afford marriage. If they have their own wives, rape and spread of diseases such as HIV and other STDs will reduce.

There should be adequate and qualitative health facilities in addition to training of health personnel on the rights of women.

Nigeria and many African countries have different ways of dressing devoid of exposure of sensitive parts of female body. Many men are carried away by such dressing. Deraiment of women from the traditional way of dressing may give room for indecent men to penetrate them which can lead to rape or early and unwanted pregnancy.

Abuses against women should be taken serious to deter infringements on the rights of women. Socio-economic rights should be promoted in Nigeria and made justiceable. This will improve health and welfare of Nigerians.

All treaties, international and regional instruments on the rights of women should be domesticated and enforced in Nigeria.

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