



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

"towards an empowered womanhood"

**Assessing the impact
of GPI Lessons on
ADOLESCENT GIRLS**

By

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**Calabar NIGERIA
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Bene E. Madunagu.

INTRODUCTION

Adolescents have been defined as people aged between 10 and 19 years. Consensus reached in the Program of Action of the International Conference on Population and Development ICPD held in 1994 in Cairo, Egypt, called for action to improve the reproductive and sexual health of adolescents and to provide access to age-appropriate, gender-sensitive information and services.

“... Information and services-should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases, and subsequent risk of infertility. This should be combined with the education of young men to respect women’s self determination and to share responsibility with women in matters of sexuality and reproduction”. (ICPD Programme of Action, 7.41). Furthermore, the Programme of Action (POA) of the ICPD recognised and made commitment to take action in respect of sexually active adolescents.

“Governments, in collaboration with NGOs, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs ... such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services and those who become pregnant will require special support from their families and community during pregnancy and

early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for

parental guidance and responsibilities” (ICPD Programme of Action, 7.47).

Girls' Power Initiative has been implementing these provisions of the ICPD POA with adolescent girls aged 10-18 years since 1994. Having graduated four sets of adolescent girls from the programme, a process assessment was conducted among girls at the GPI centre who are receiving GPI lessons; girls in schools where GPI is conducting school based outreach lessons and for comparison, girls of the same age who have not received lessons from GPI. GPI lessons cover a wide range of topics as presented broadly below:

- * Personal empowerment issues comprising such topics as Communication skills, Assertiveness, Self esteem, Body image, Self assurance, Rights and responsibilities, Vision and Goal setting, Values clarification.
- * Growing up, comprising topics such as Pubertal changes, Adolescent psychology, Menstruation, Personal hygiene.
- * Interpersonal Relationships with topics such as Friendship, Love, Feelings of anger, Anxiety, Happiness, Jealousy, Infatuation, Romantic relationships, Intimacy, Dating, Marriage and Divorce.
- Human sexuality - with topics such as Sexual behaviours, Sexual orientation, Sexual dysfunction, Sexual response cycle.
- Sexual and Reproductive health including topics such as Pregnancy and childbirth, Anatomy and physiology of female

and male reproductive systems, Contraception, including Emergency contraception, Abortion, Cancers, STDs HIV/AIDS and Reproductive Tract Infections.

- * **Sexual** and Reproductive rights including Abortion, Infertility, Menopause.
- * Women, Society and Culture with such topics as Feminism, Conceptualising gender, Women's movements, Women's leadership, Marriage, Separation, Divorce, etc.
- B Legal instruments such as the Nigerian constitution, the Convention on the Rights of the Child, African Charter, CEDAW, etc.
- Youth activism including analytical and creative thinking; problem identification and problem solving, decision making, Advocacy, etc.
- Life management skills such as Conflict management, Career development, Time management skills, Risk reduction, Public speaking, Stress management, Networking and advocacy skills. Topics are selected to meet age-specific needs.

The present investigation was targeted only at some sexual **and reproductive health issues as** these constitute serious risks that **adolescents face**.

METHOD

We adopted the survey method which enabled us use three methods to validate the data collected. These were questionnaires, in-depth interviews and focus group discussions (**FGDs**).

Nine hundred questionnaires were distributed, at the rate of 300 per group. Three groups were purposively selected 300 from GPI girls receiving lessons at the centre; 300 from girls in

schools where GPI is conducting outreach lessons and 300 from girls who are not touched by GPI presence. A group of ten girls were selected in each of the three groups for FGDs. The same instrument, a simple questionnaire on 4 selected topics namely: Unsafe Abortion, Contraception, Unwanted Pregnancy and STDs, HIV/AIDS were utilised in the survey. All participants were aged between 17 and 19 years.

FINDINGS

UNSAFE ABORTION

On the question of “If a girl gets pregnant when she is in school, what should she do?” The following were the findings.

GPI girls: Fifty-one percent said that the girl could choose abortion; 23% said the girl could have the baby and go back to school after delivery; if the girl is above 18 years, she could choose to keep the pregnancy, 5% said the girl could drop out of school; 4% said the girl could go to the hospital and seek medical advice; 12% said the girl has the right to continue schooling with the pregnancy while 5% said the girl could tell her mother.

Girls in Outreach schools: Sixty-six percent said that the girl could abort the pregnancy to enable her continue with her schooling; while 34% said the girl could have the baby and return to school.

Non GPI girls: Forty percent said the girl could go for abortion; 27% said the girl had no option than to drop out of school; 10% said the girl could go back to school after delivery; 7% were of the

view that the girl could keep the pregnancy; another 7% said she could inform her mother; 3% said the girl could remain in school and go on with her studies till the time of the delivery; 3% said the girl could hold onto her partner; while another 3% said the girl should run away from school.

In each of these three groups of girls, up to 40 percent of participants recommended abortion as an option. Knowing that since abortion is very restricted in Nigeria, young people most often resort to unsafe abortion, this calls for educational programmes and services to prevent the risk to adolescents. More than 90% of respondents were Christians of various denominations with Catholics forming more than 40% of respondents.

In the follow-up question on whether there are places where abortion services are given to girls, that they know of in their community; findings were as follows:

GPI girls: GPI girls indicated that their attitudes towards abortion issues are now changed compared to when they were non GPI girls. Fifty-two percent said there were such places but that they have learnt that abortion is only safe in clean, well equipped hospitals with trained medical personnel; 34% said there were no such places since they do not openly say so due to restrictions by government; 14% said they do not know.

Outreach girls: Fifty-nine percent said they knew places where abortion services are given but were quick to add that some of those places are not safe; 22% said there were no such places 12% said they did not know such places: 7% gave no answer

Non GPI girls: Forty-seven percent said there were places where abortion services are given such as local herbalists, chemists and patent medicine stores; 33% said there were no such places while 20% said they did not know of such places where abortion services are provided.

Those who knew where abortion services are provided listed those places in their categories as follows:

GPI girls: Twenty-nine percent said hospitals; 13% said private clinics; 11% said native doctors; 10% said chemists; 9% said quack doctors; 8% said pharmacies; also 8% listed herbal homes; while 12% did not list any place.

Girls in Outreach schools: Sixteen percent said abortion services are provided at private clinics; 14% said in native doctors' homes; 13% said in chemists; 12% said in pharmacies; 8% said in hospitals; 5% said in maternity homes; 19% did not list any place "I do not know"; while 13% of respondents left blank spaces "no answers".

Non GPI girls: Twenty-five percent said in hospitals; 20% said in chemists; 13% said at native doctors' homes; 10% said in private hospitals; 16% did not list the places while another 16% gave no answers.

It is clear from the responses that although abortion is restricted by law in Nigeria, it is widely practised by a wide variety of service providers most of which are unsafe, thus constituting a public health problem to be addressed.

When asked whether they consider the places (listed) safe for procuring abortion, the following findings were made:

GPI girls: Fifty percent of GPI said “NO” with the following reasons: “use of unsterilised instruments may lead to bleeding and death” “a lot of 'doctors' are not specialised”

“some of the doctors/practitioners do not have the correct instruments and may not even be able to diagnose if pregnancy exists or not”

“since most practitioners are not trained, it may result in more problems like death, bleeding, infections, infertility, etc” “sometimes complications may arise even with trained doctors” “some practitioners demand and actually sleep with their patients before doing abortion”

“because abortion is illegal and done in secret”.

Fifteen percent said “Yes” with the following reasons that were focused mostly on availability of trained medical personnel in clinics and hospitals:

“because doctors are trained and will know how to handle cases without complications”

“trained personnel will be able to decide on the types of drugs to prescribe to people”

“because they will really take time and do it well unlike the herbalists”

“because they have proper equipment in hospitals’.

10% said that they do not think these places are safe; 2% did not have any idea of what to answer; while 23% left blank spaces

with no answers at all.

Girls in Outreach schools: Fifty-seven percent of the outreach girls said “No” with the following reasons:

“because you do not know the type of herbs used”

“because un-sterilised instruments used by quacks can lead to infection and death”

“because sometimes it is done in unhealthy environment”.

Twenty-six percent said “Yes” with the following reasons:

“the doctor will inject you with sleeping drug before flushing out the foetus”

“because they abort pregnancy for only people that want to”

“because they follow up abortion services with treatment of persons involved”

“because it is restricted”

“the medical personnel can also talk the girl out of abortion”

17% had no answers. Non-GPI girls: Fifty percent of girls said “No” because:

“it is illegal and doctors in such places are not specialised” “ones’ womb may be damaged or removed in the process” “the Bible said thou shall not kill”

“it encourages girls to continue in the act of getting pregnant’ “one can contract STDs through the use of un-sterilised instruments”

“it can lead to excessive bleeding and death”.

From the responses, it shows that abortion is widely procured although abortion is restricted by law in Nigeria. But the more 8 disturbing aspect is the fact that from these responses, girls know of several providers that offer abortion services, majority of which are unsafe. This explains why the maternal mortality in Nigeria continues to be on the increase inspite of policies and programs like safe motherhood which is aimed at the reduction of maternal mortality. There is need for the political will to address the issue of unsafe abortion to safe the lives of girls and women.

All the girls interviewed belong to one religious institution or the other. They know friends of the same religious faith who have been to these unsafe places to procure abortion at the risk to their lives. Hence, religious values do not seem to assist in the reduction of availability of quack abortionists and hence do not help to prevent maternal mortality resulting from unsafe abortion. It is the responsibility of government as provided for in ICPD programme of action paragraph 8.25 to address this public health reality.

In paragraph 63 section (iii) of the ICPD + 5 document, governments are urged to “train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women’s health”. Adolescents need information education and counselling to understand and take actions to reduce the risk of unwanted pregnancy and hence, of resorting to unsafe abortion.

CONTRACEPTION

On the question of “what can someone do to prevent having a baby before she is ready?” The following were the findings:

GPI girls: Girls have now learnt that abstinence is a form of contraception. Forty percent of respondents said the girl could make a choice to abstain from sex; 26% said barrier method like condom could be used which is the best for sexually active girls; 10% said “meet a doctor for family planning”; 9% said be a member of GPI for information on sexual behaviours, reproductive health and rights, menstruation”; 5% said “having a boyfriend must not always involve sex because there are other ways of deriving sexual pleasure and expressing love”; 4% said masturbate; 2% said “educate your partner on safe sex”; 3% said have one partner; 1% gave no answer.

Girls in Outreach schools Forty-eight percent of respondents said “abstinence by choice”; 15% said “family planning”; 8% said “have a single faithful partner”; 7% said “go to the hospital ”; 7% said “people should know their limits and have good communication with partner”; 7% said use condom because pills will not protect you against diseases"; 8% had no answer.

Non-GPI girls: Twenty-five percent of non-GPI girls said “abstain from sex”; 17% said "see a doctor for family planning”; 12% said “use pills”; 12% said “use withdrawal method”; 10% said “stay away from boys”; 6% said “avoid sex during menses”; 6% said “use safe period”; 6% said “wear clothes that cover your body and do not walk alone in the night”; 6% had no answers.

From these responses, it shows that girls receiving information

and education from GPI either at the centre or in the outreach/holiday programmes are able to choose abstinence to protect themselves from infections or unwanted pregnancy. Furthermore, they recognise that if one is sexually active by choice, such a person should use contraceptives on the advice of a trained medical personnel. They also recognise that the so-called “safe-period” is a gamble. There was also the striking issue of masturbation raised or keeping to one sexual partner (being faithful) as a form of protection. Adolescents who are sexually active need information and counselling about contraceptive methods to avoid the risk of diseases and unwanted pregnancy.

On the question of “should a girl take prevention against having a baby” the following findings emerged:

GPI girls: Sixty-six percent said Yes, a girl should take preventive measures against having a baby when she does not want to have any; 19% said No, if she is practising abstinence; 7% said “if she likes and chooses to do so”; 2% said “I do not know”; while 6% gave no answers.

Girls in Outreach schools: Fifty-three percent said Yes a girl should take preventive measures against having a baby, 36% said “Yes’, if she practices abstinence; 4% said “I do not know’, while 7% had no answer to the question.

Non-GPI girls: Forty-nine percent of non-GPI girls said Yes, a girl should take prevention against having a baby; 44% said No, because family planning is for married people”; 4% said if she likes; while 3% had no answers.

Girls, from these responses are aware of the need for contraception to prevent unwanted pregnancy. Adolescents have the right to know the difference between myths and facts when it comes to sexual intercourse and getting pregnant in order to make the right decisions from an informed position. Adolescents need to know that the only way to avoid getting pregnant is to avoid sexual intercourse altogether - abstinence - or use contraception properly each and every time anyone has sexual intercourse. There should be adolescent friendly services available, affordable, acceptable and accessible to address the sexuality, sexual and reproductive health and rights of adolescents.

On the question of “Who should a girl discuss pregnancy prevention with?” These were the findings:

GPI girls: Twenty-six percent said a girl should discuss pregnancy prevention with GPI facilitators/counselling unit; 25% said “doctor”, 15% said “mother”, 13% said “parents”, 10% said “health educator”, 4% said “partner”, 3% said “sister”, 2% said “nurse”, 13% said “health educator”, 2% said “nurse”, 1% said “teacher”, 1% had no answers.

Girls in Outreach schools: Thirty-three percent said a girl should discuss pregnancy prevention with “GPI facilitators”, 27% said with “mother”, 16% said with “friend”, 15% said with “doctor”, 1% said with “sister”, 6% said with “nurse”, 2% had no answers.

Non-GPI girls Thirty percent of non-GPI girls said a girl should discuss pregnancy prevention with the “mother”, 27% said with “doctor”, 28% said with “boyfriend”, 6% said with “nurse”, 6% said

with “teacher/school counsellor”, 6% said with “teacher”, , while 3% had no answers.

The variety responses given by the girls show that adolescence can be a very confusing time and hence adolescents need to have a range of people they can trust to confide in and to turn to for advise to assist them decide on the best course of action to adopt when faced with difficult problems of sexual and reproductive health. The range of persons mentioned show their need for confidentiality and privacy to assist them open up for help.

UNINTENDED PREGNANCY

On the question of “at what age should a girl get pregnant for the first time?”

GPI girls: Thirty-nine percent said a girl should get pregnant for the first time between the ages of 20-25 years: 20% said between the ages of 18-20 years; 12% said between 16-20 years: 10% said 25 years and above; 10% said any age above 18 years 5% said when she is ready, physically, mentally and psychologically; 4% said when she has the proper information.

Girls in Outreach schools: Thirty-four percent said a girl can get pregnant when she is 25 years and above; 24% said 18-20 years; 14% said 16-20 years; while another 14% said 20-25 years; 11% said “after university education”; while 3% had no answers.

Non-GPI girls: Thirty-four percent said between 10-15 years: 30% said between 20-24 years; 10% said when she is mature:

another 10% said 16-20 years; 10% also said, “it depends on culture and custom of the people involved”, 3% said “at puberty”, another 3% could not tell the age when a girl should get pregnant.

Girls receiving GPI lessons from their responses, show that they understand that since below the age of 18, a girl’s body is still developing, she is at greater risk of serious medical problems that are capable of causing serious damage to her. Hence, their responses largely being that age at first pregnancy should be with girls above 20. They have learned that most adolescents below the age of 20 are not emotionally or psychologically, prepared for the responsibility of being a parent. During the period of their teens, girls and boys are confused and are still learning about the world around them and coping with the changes they face, including mood changes and hence cannot be psychologically disposed to the kind of maturity and patience required for parenting. They are still themselves dependent on parents and older relations to cope with their lives and cannot therefore raise babies of their own.

On the question, “Do you think they are ready to carry a baby at an age below 18 years ?” Findings were as follows:

GPI girls: Eighty-three percent of girls said No, with the following reasons, “their hips are not expanded enough and they may not be able to deliver a baby”, “because she is not mature enough to carry a baby”, “ she can not take care of herself nor the baby”; “her womb is not physically developed enough to carry a baby”, “because at that age, they (girls) should still be in school “, she can not make a choice whether to have a baby or not”, “she can

not plan nor enjoy motherhood", "she may not have finished her education", "she is not well equipped on how to take care of a baby"; "the cervix and body of the girl is not fully developed and in most cases VVF occurs during delivery", "her pelvic bone may not be able to carry the pregnancy, hence can lead to death", "because girls are still students at that time and are financially handicapped", "her partner may not take responsibility and results in unwanted pregnancy", "it may spoil her future ambition". Ten percent said "it depends", while 7% had no answers.

Girls in Outreach schools. Seventy-four percent of girls said No. they are not ready to carry a baby at that age, with the following reasons: "she will not be able to cope with responsibilities attached to her baby and herself, "she does not have enough knowledge about baby care", "she is not ready to be a housewife and she will not be able to carry and care for a baby", "her reproductive organs are not mature", "she will be a drop out from school", "her career will be affected". Sixteen percent said "I do not know", while 10% left blank spaces - no answers.

Non-GPI girls: Ninety-four percent of girls said Yes, with the following reasons: "she is old enough to get married and have a child", "she has finished with her education", "she will face no harassment from people", "she is mature enough to take care of her baby and herself, "her husband will take care of her child", "she will be able to deliver without complications", "her uterus is matured enough to keep pregnancy", "her vulva is mature enough to deliver the baby", "since they went into sexual intercourse they are matured enough to deliver the baby", "her parents will not disagree with her", it is not the right time to get pregnant and

hence cannot bear the pains of childbirth ; 3% had no idea while another 3% had no answers to give.

Girls that have received information, understand that motherhood should be a choice when the partners are mature not only physically but also emotionally and psychologically to cope with parenting. Only people who are above 20 and have the information about relationships including parenting can be happy as young parents. It could be stressful when parenting is forced on unprepared teenagers. Hence, there is need for family life education in schools curricula and in other integrated forms of youth friendly health services.

On the question, "Are there any health implications about having children at that age?" Findings were as follows:

GPI Girls: Seventy-eight percent of GPI girls said Yes, with the following implications: "Pelvic inflammatory disease, VVF, RVF, haemorrhage, infertility for life", "cancer of the cervix, pains in the lower abdomen, during sexual intercourse". "If the girl was circumcised, she could have painful labour and the baby could be deformed", "she may not be able to put to birth and her womb and bladder may be destroyed in the process"; the girl may also have psychological trauma for life". Eleven percent said "there were no implications", 5% had no information, 4% said "I do not know", 2% gave no answers.

Girls in Outreach schools: Seventy-four percent of girls said Yes, there are implications with the following reasons: "she will have pains", "she will have obstructed labour and VVF", if the girl was circumcised, she will have problems during labour; 19% said

“there were no implications, while 7% had no answers.

Non-GPI Girls: Fifty-five percent of girls said there were no implications; 19% said Yes with the following reasons: “she will have stunted growth because she shares her growth with the baby in her”, 13% said “I do not understand”, while 13% had no answers.

GPI girls have information on the kinds of complications associated with teenage pregnancies and teenage motherhood. This knowledge assist such girls to reduce the risk Clearly, the responses from non GPI girls shows that the programme of GPI has provided information for girls to manage their sexuality, sexual and reproductive health and to reduce risky behaviour.

STDs, HIV/AIDS

On the question “What are the types of diseases usually contacted during sexual activity?” The following findings emerged:

GPI Girls: Syphilis, gonorrhoea, candidiasis,, STDs. HIV/AIDS, pubic lice, genital warts, chlamydia, herpes, bacterial vaginosis.

Girls in Outreach schools: Gonorrhoea, HIV/AIDS. syphilis, urethritis, genital warts, chlamydia, chancroid, genital herpes.

Non-GPI Girls: HIV/AIDS, gonorrhoea, typhoid fever, sickle cell, genital warts, syphilis.

On the question “How is HIV/AIDS spread? These were the findings:

GPI girls: Through unsafe and casual sex with someone who has the virus, blood transfusion When the blood has not been tested, using infected shaving blades, needles and syringes, from mother to baby through breast feeding, FGM knives, cuts in the body and ear piercing instruments.

Girls in Outreach schools: Having unsafe sex with a person who has the virus, using infected needles, syringes and razor blades, instruments for ear piercing and FGM knives, mother who has the virus can give to baby.

Non-GPI girls: Having sex with someone who has the disease, by flirting with someone who has the disease, in public latrines and toilets, a mother can pass it to her child.

On the question: "What are the signs and symptoms associated with a person infected with HIV/AIDS", findings were as follows:

GPI girls: Weight loss, persistent headaches and cough, tiredness and continued fever, prolonged diarrhoea, tuberculosis, skin rash that comes and goes, thrush, cervical cancer in women, swollen glands in some places.

Girls in Outreach schools: Weight loss, weakness and continued fever, persistent cough, prolonged diarrhoea, skin rashes, tuberculosis, white spots in some places in the body.

Non-GPI girls: Weight loss or skinny person, having wounds all

over the body, coughing too much, becoming sick most of the time.

On the question “What are the ways a person can prevent contact with AIDS virus?” These were the findings:

GPI girls: “have sex with only one partner who has one partner also”, “do not share needles”, ask for blood to be screened before having blood transfusion, “do not have deep kisses with an infected person”, “avoid unprotected, vaginal, anal or oral intercourse”, use condoms if you must have sex, infected mothers should not breast feed their babies.

Girls in Outreach schools: “Have only one sex partner”, “have the blood of your donor screened before you have a transfusion”, “avoid unprotected sex”, “do not share needles, syringes or razor blades”, infected mothers should not breast feed their babies.

Non-GPI girls: “Abstain from sex”, “go to a doctor for test”, “do not have sex with someone you do not know”, do not share razors and equipment for ear piercing.

It can be seen from these responses that GPI girls have information about the most common sexually transmitted infections (STIs) including HIV/AIDS. Although non GPI girls know some STIs, they class typhoid and sickle cell anaemia as STIs It can be seen here that the impact of GPI has provided the accurate information on STIs for girls in the program.

Information and education on sexually transmittec infections or adolescents are important and necessary to assist them reduce

the risk of informations. This is particularly so since many people with STIs have no obvious symptoms at all or the symptoms disappear for some time such that without information, they may not seek medical tests and treatment. A delayed treatment can be dangerous. Information will enable victims know that if they had unprotected sex and suspect they might have contacted STI, they should immediately seek treatment.

Findings from girls on “Where they got information about the types of diseases” showed the following:

GPI Girls: Fifty-seven percent said they got information about these diseases from GPI; 5% said, parents, 3% said from friends and peer groups, 12% said from the media, magazines, newspapers, newsletters, TV, radio jingles, books, novels, 10% said from healthcare providers e.g nurses, doctors, community health workers, 13% said from the schools setting - through clubs and stickers.

Girls in Outreach schools: Fifty-eight percent said they got the information from GPI, 8% said from the homes, parents and guardians, 5% said from friends and peers, 18% said from the media, TV, radio, bill boards, magazines, newspapers, 8% said from health care providers (nurses, doctors); while 3% said they got the information from church seminars.

Hon GPI Girls: Twenty-five percent said they received information on the types of diseases from their GPI friends, GPI newsletters, and pamphlets, 20% said from parents, homes, brothers and sisters, 18% said at schools where they belong to clubs. 10%

said from health care providers, 21% said from the media, TV, radio, newspapers, magazines, books and public education seminars, 6% said from churches and other organisations.

The responses on this question clearly shows the impact of GPI on the community where GPI operates. Even non-GPI girls got the information they have from either their friends in GPI or by reading GPI newsletters and other GPI publications.

On the question of “How people regard someone or people infected with sexually transmitted diseases, including HIV/AIDS”, respondents had this to say:

GPI Girls: Ninety percent of girls mentioned the following; “people will be afraid of them”, they will be regarded as prostitutes/ commercial sex workers”, “they will be called deadly disease carriers”, “people see them as being evil, Infected people, inferior people in the society”, “the most sinful people in the world”, “people do not get close to them”, useless people, the worst set of people, people punished by God for their sins”, “dreadful, outcast, the dirtiest things in the world”, “people isolate them, discriminate against them”, 8% said “if I see them, I will treat them fine and give them special care”, while 2% said I do not know.

Girls in Outreach schools: Seventy-two percent said they are “regarded as prostitutes and rapists”, “like masquerades, people run away from them,” not humans”, “people avoid sharing things with them”, “people fear them and say bad things against them’,

“people see them as outcasts, greedy people, sick people, walking corpses, unwanted and dirty people” 14% said “I do not know”,

while another 14% had no answers.

Non GPI Girls: Seventy-four percent of girls said those infected are regarded “as dead human beings, prostitutes, harlots”, “people do not go close to them for fear of being infected”, “as foolish, ambitious people, foreign diseases carriers”, “as AIDS patients- meaning extreme weight loss”, 3% said they are regarded “as normal human beings, who are given special care and love to make them feel fine”, 3% said “I do not know” while 20% had no answers.

It can be seen from these stereotype social stigmatisation, why many youths hide the fact of being infected with STIs. The danger of this situation is enormous, not only are they posing dangers to others who they can infect, but they are postponing the serious implications of untreated STIs.

Adolescents need to know that untreated STIs in some cases can lead to long-term health problems such as sterility, infertility, pregnancy in the fallopian tubes (tubal or ectopic pregnancy, a life threatening situation), paralysis, madness, blindness and even death. This requires the provision of youth friendly services and non-judgemental attitudes of service providers to offer tests and treatment in confidential manners to youths who contact STIs. Sexually active youths need to know that only abstinence offers 100% protection but in their situation, there could be 98% protection by the proper use of condoms with contraceptive foams, jellies or creams that have spermicides.

When asked “Whether there are health care services available for people infected with the diseases”, findings were as follows:

GPI Girls: Eighty-one percent said Yes, they knew and such know places include; hospitals, health centres, clinics and some chemists, 13% said they did not know; while 6% had no answers.

Girls in Outreach schools: Sixty-two percent said Yes and they include clinics, hospitals and chemists; 25% said they did not know ; 10% said “I do not know”, 3% had no answers.

Non-GPI Girls: Seventy percent said Yes; 20% said No, 8% said “I do not know”; while 2% gave no answers.

Those who said YES, went on to mention the following:

GPI Girls: Hospitals, community health centres, clinics, chemists and other girls-friendly hospitals e.g Faith Foundation and Goldie Clinic and the GPI referral centres.

Girls in Outreach schools: Clinics, hospitals, chemists, GPI referral centres.

Non-GPI Girls: General hospitals, infectious disease hospitals, traditional herbalists and native doctors.

Respondents enumerated other forms of sexual reproductive health problems other than the ones mentioned in the questions as follows:

GPI Girls: Premature child birth, urinary tract infections. FGM, early marriage, teenage pregnancy, rape, sexual harassment, child

abuse, forced prostitution, child labour, unsafe abortion, child trafficking, drug abuse, incest, sexual dysfunction, endometriosis, fibroid, ovarian mass/cyst, infertility, menopause, mental problems, gender discrimination.

Girls in Outreach schools: FGM, rape, unsafe abortion, unintended pregnancy, child abuse, early marriage, VVF, RVF, society pressure for sex and incest.

Non GPI Girls: Sexual harassment, complications of pregnancy, masturbation.

FOCUS GROUP DISCUSSIONS

Findings from FGDs with girls on sexual and reproductive health problems with special reference to unsafe abortion unintended pregnancies, STDs including HIV/AIDS, revealed the following quotations:

GPI girls

“I know what HIV/AIDS is and that it is spread by blood transfusion with an infected blood, semen/vaginal fluids, breast milk of an infected mother, being born by an infected mother and sharing of needles”; “if I want to protect myself against unintended pregnancies, STDs and HIV/AIDS, I should abstain from sex or at least use condom”, “I say no to casual sex.

“Safe abortion is an option I can take if I am not ready to take care of a baby”; “safe abortion is having it done in a clean place with a trained medical personnel”, “STDs that have not been treated can result in infertility and even death”.

“I feel that contraceptives use should be introduced to girls, apart from mothers by specialists in the field to enable adolescents have enough knowledge and use them properly”.

“Girls should be pregnant when they are at least 20 years There will be no health implications because they are matured enough to carry the pregnancy”.

“Although abortion is illegal in Nigeria, there are trained medical personnel who do abortion safely and secretly”.

“Abortion with quacks, chemists or herbalists are unsafe and so I do not recommend it”.

“If a girl is pregnant, she can choose to have abortion with trained medical personnel”.

Respondents mentioned places where abortion is procured to be at private clinics, hospitals, chemists and herbalist homes. Knowledge of sexually transmitted diseases (STDs) among GPI girls is quite high. They mentioned them as follows: gonorrhoea, candidiasis, herpes, genital warts, chlamydia, syphilis, bacterial vaginosis, HIV/AIDS.

Girls in Outreach schools:

“If a girl is pregnant, she can choose to have a safe abortion or keep the pregnancy to term, if she is up to age 20 years and above”.
“A girl can go back to school after having the baby”.

“Abortion is known to be practised in private hospitals, native doctor’s homes, chemists and pharmacies”.

“Abortion can be safe because doctors are trained and they know what to do to avoid infection”.

“A girl can make a choice to abstain from sex, she can also prevent pregnancy and STDs by using barrier method like condom”.

Outreach girls mentioned the following as diseases usually contacted during sexual activity; syphilis, gonorrhoea, HIV/AIDS, genital warts, chlamydia, chancroid. Mode of transmission of HIV/AIDS were as follows; unsafe sex, using infected needles, razor blades, FGM knives, infected mother to child, ear piercing instruments.

Non-GPI girls

“Girls’ are free to go for abortion if they are pregnant and do

not want to have the baby”.

“Abortion is illegal and a sin before God, and so any girl that is pregnant should have the baby”. “Abortion is not safe with untrained people like chemists and herbalists”.

“A girl can make a choice to abstain from sex, although she can also go for family planning to prevent having the baby”.

“Girls should get pregnant for the first time at age 10-15 years and they should inform their mothers or nurses”. “Since she had sex, she is mature enough to carry a baby at that age”.

STDs and HIV/AIDS mentioned by Non-GPI girls are as follows, gonorrhoea, typhoid fever, sickle cell. To prevent these diseases, one must abstain from sex, go for test, have sex with only one person, do not share razor blades.

It can be seen from the quotations on sexual and reproductive health with particular reference to unsafe abortion, contraception, unintended pregnancies, STDs and HIV/AIDS. from the three groups of girls, that GPI girls and schools outreach girls who have had some form of contact with GPI. have knowledge of good practices on sexual and reproductive health problems. But the non-GPI girls’ responses shows that their knowledge is limited and in most cases, their responses were myths or misinformation they have been carrying due to lack of factual information on their sexual and reproductive health

An internal Evaluation using questionnaire was conducted among 400 GPI girls aged 14 to 18 years to investigate the impact of GPI lessons on their sexual and reproductive health knowledge attitude and practices before GPI and after The result showed that only 37% had not had sexual intercourse before Sixty three

percent had had sex before.

Of those who had had sex before, 364 had sex when they were between the ages of 8 -14 while 36% had their first sexual intercourse between the ages of 15 -18 years. Eighty four percent of those who had had sexual intercourse before did so before they joined GPI while 16% did so after they joined GPI.

On the question “what changes have you noticed in your sexual behaviour/activity since you joined GPI? State as many changes as you have noticed”, the following were the answers from those who had experienced sexual intercourse. “I have noticed that I don't give out myself any how to boys and I have also noticed that I have been able to abstain from unwanted sex, I now know my right to say no and firmly stick to it. My self-esteem has increased to make me talk boldly and refuse casual sex”. These were expressed by 10%

“I now know that I have the right to make a choice in my sexual relationship. I recognise now that I had been sexually abused so I have learnt to be empowered to control my sexual urge when I sense that I may be a victim of sexual exploitation.” I am now assertive and I stand up to my feelings. These responses came from 6%.

“I now practice abstinence. I can now boldly say what I want to make my “NO” accepted as no. I now say NO boldly, to unwanted sex and any tough behaviour from boys. I now express my feelings using some of the 101 ways of making love without having sexual intercourse and I feel happy for my safety”. These expressions came from 46% of respondents.

“I now use contraceptives. I practice safe sex. I am no longer harassed into unprotected sexual intercourse. My

communication skill has been strengthened to talk to my partner for us to have protected sexual intercourse". My partner now respects my insistence on protected sexual intercourse." These views were expressed by 38%.

"What does safe sex mean to you?" Answers to this question were sixty seven percent said it means sex that partners are protected. Having sex without contacting STDs, including HIV/AIDS or getting pregnant by the proper use of condom that has not expired and that had been properly stored. Six percent said it is outercourse, romancing, hugging but with no form of sexual intercourse oral, and or vaginal while 27% said safe sex to them mean abstinence.

"Are you practising safe sex, if yes what method" The responses were: 36% use of condom: Abstinence 25%, Outercourse, romancing with dry kiss 17%: No method 22%.

"What difficulties do you face in practising safe sex.' Answers were as follows:

"I don't have sexual partners and besides I am not interested in sexual intercourse. I am not ready."

"My difficulties are: I always feel somehow and ashamed to make love to a boy even though I like him."

"i am afraid of the effect of contraceptives" "My boyfriend does not like using condom, when I insisted, he will beg and I will forget about condom". "At times I feel like having sex but "I cant because I am practicing abstinence."

"I am afraid of contacting some diseases since I now know that no method is 100% safe or good except abstinence.

Have you ever experienced FORCED sexual activity.

Of the 74% who have experienced sexual intercourse, 44% had forced sexual intercourse before joining GPI; 12% after they

joined GPI while 44% were not forced.

For those who have experienced forced sexual intercourse, 30% were by boyfriends

5% by family friends

9% by neighbours

4% by classmates

others of less than one percent included

- friend's boyfriends

- Uncle; best friend's brother; father; house help; Relation; Fiance or an aunt; a cousin. Curiously none was by a stranger.

On the description of the cases of the forced sexual intercourse before joining GPI, the responses were as below:

1. "He sent for me (a neighbour). He bought me soft drink, then, while I was drinking, he came around and started kissing and romancing me and forced me into having sex with him. I did not then know what this was all about (at age 8)."

2. When I went to my boyfriend's house, he demanded for sex and he forced me to do it even when I protested.

3. "My cousin, came to our family house and asked me to carry some things to escort him to his room. I did. Immediately I entered the room to drop the things, the electric power went off. He pounced on me and forced me and

4. When I was watching Nigerian Movie in my boyfriend's place, the movie was very romantic and then my boyfriend said, he could not control himself again. Then he forced me and did it.

5. The guy has been admiring me and then when I went to my friend's place, the sister of this guy, he forced me and had sex with me.

6. When my aunt sent me to her fiance's house to call him

and come back with him, he was in his room. While I was knocking, he came out, I gave him the message, he asked me to wait for him. Not quite long, he called me in and he started touching my breast and forced me to have sex with him.

7. My parents were not at home. I was with my relation who was visiting us. When NEPA (National Electric Power Authority) took light, my relation started holding me and then he had sex with me.

8. I went to fetch water, then my neighbour called me and started romancing me and it later resulted into sex.

9. My girlfriend introduced me to her boyfriend. The boy started blinking his eyes at me. He later turned back to invite me to his house. When I went there, he forced me and raped me.

10. I went to visit my boyfriend for the first time in his house. He grabbed me and forced me to have sex with him.

11. Our male house-help liked rubbing me. On that day, he called me and started rubbing his hands on my vulva until he forced me to have sex with him.

12. He has been asking me to have sex with him. That day he forced me and had sex with me.

13. I went to see my girlfriend. The brother asked me to come inside the house. When I went in, he dragged me and forced me into having sex with him.

14. I went to my boyfriend's house. While there, he started playing romantic music. Then he started romancing me and it resulted in sexual intercourse.

15. I went to my friend's house. He started fingering me and later forced me into having sexual intercourse with him.

16. My mum's co-worker likes calling me each time he sees me. Then on that day, he called me. when I went, he ended up forcing me into sexual intercourse.

17. I went to my boyfriend's place that day. He started telling me how he loves me and that he wanted to have sex with me. When I refused he forced me and raped me.

18. Our family friend came into our house one day when my mum was not at home. He started touching me till he forced me to have sexual intercourse with him.

19. My cousin went to buy foodstuff in the market. While I was reading in the parlour (sitting room), my uncle came and stood at the back of the chair I was sitting on and tried to rub my breast. I warned him to stop it. He started abusing me. I reported the case to my parents. After some time he asked me to have sex with him and succeeded in forcing me to do it.

20. I went to my boyfriend's house and there, he asked me to have sex with him. I told him that I did not feel safe but he over powered me and succeeded in having sexual intercourse with me.

21. My neighbour called me and sent me for an errand. When I came back, he was inside his room. He asked me to bring the items inside. Then I had no idea such act could be a trap for rape. I innocently went inside and it was then that he started touching me and it resulted in forced sexual intercourse. These are but a few to illustrate how ignorance can put girls at risk.

"If you are no longer sexually active, what made you choose abstinence ?" Responses were:

Since I joined GPI, I have learnt about the risks of

100% safe and also that contraceptives against pregnancy cannot protect against STDs. Having received information from GPI, I do not want to be a victim of HIV/AIDS. I am now empowered with knowledge from GPI and I am now practicing abstinence because I don't want to be a victim of early pregnancy and even sexually transmitted diseases. Because of my Christian background which does not permit all those bad behaviours and besides I am now aware from my GPI experience of the consequences of early sexual activity.

I now know the consequences of casual sexual intercourse such as teenage pregnancy, infections like STDs and HIV/AIDS This knowledge from GPI has put some fears into me so, that is why I decided to now practice abstinence. Because Now, I know that the most important thing for me is my education and after that I can think about sexual intercourse when I am mature and ready to face the responsibilities. Because in GPI, we were told that if we must have sexual intercourse, we must be prepared to buy the condom ourselves to be sure our partner does not use an expired or poorly stored one and that we must be able to assist our partner to put it on properly so that it will not break and even that we should be able to talk and convince our partner to accept to use condom. It has not been easy to do all these so I just abstain. These responses were from over 90% of the respondents. A respondent also said. "Because of my religion which is against fornication and most especially as a chorister in the Church, I have got to forgo it. Secondly, personally, I have - chosen not to mess up myself but rather, control myself till I get married. Yes because, I want my husband to disvirgin me."

Another respondent said “The most important reason why, I chose to be sexually in active or abstain from sexual intercourse is because of my Christian belief and upbringing. Secondly, GPI has exposed me to all the dangers and risks involved in unprotected sex. Since I have a tall ambition, I believe such silly risks are not worth taking because I don’t want my dreams to be cut short.

“I now know I am a girl of substance thanks to GPI”

“I want to complete my education. I don’t think it is important I am afraid of pregnancy. I don’t want to have STDs. I don’t want to contract HIV/AIDS. I want to end up in a high status in this society. With all these knowledge from GPI, I have chosen to practice abstinence.” “I have now learnt to see boys as myself as equal human beings. I have chosen not to submit my rights to anyone till I want to do so in future.

CONCLUSION

Girls' Power Initiatives' strategies for empowering **adolescent** girls towards the enjoyment of their sexual and reproductive **health** include among other activities, a wide range of topics most **of** which are not reflected in this investigation.

This preliminary process evaluation of the **impact of GPI on** knowledge, attitudes and practices of **girls** and their **peers has** clearly shown the need for GPI programme and other programmes with similar focus. The government of Nigeria at all levels should utilise this unique experience to develop programmes for implementing the Programme of Action (POA) of the international Conference on Population and Development (ICPD) 1994, and the Fourth World Conference on Women (FWCW) Beijing, China 1995, provisions on adolescent reproductive health, especially as it relates to the information, education and services to meet the needs of adolescent sexuality, sexual and reproductive health and rights issues.

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 classes 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

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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

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adolescent girls have the right to be provided with fun information about STDS including HIV/AIDS and Pelvic Inflammatory Disease (PIDS). 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.

