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Women and the Right to Health in Nigeria: The Intersections

Asikia Ige*[1]
rige@unilag.edu.ng

Abstract

Both men and women are entitled in equal footing to the full protection of their rights and freedoms because they are human beings. While they are abundant laws, treaties and policies governing the rights of women, however, women's rights in many countries and including Nigeria are subjugated especially in the area of health for a number of reasons beyond the law. This article intends to give reasons why the right to health is difficult to access for the Nigerian woman.

[1] MA (Ibadan) LL.M (Lagos) Lecturer, Department of Jurisprudence & International Law University of Lagos Nigeria

Introduction

In Nigeria, Women represent about 49% of the population, with their productive and reproductive functions cutting across such activities as performing household chores, income earning activities, community participation and community management roles. Current statistics, however, continues to point to the fact that Nigerian women face untold hardships which are often linked to their gender, while gender inequality continues to be rooted in traditional practices, values, norms, exemplified in women's reproductive and productive functions, especially those which underline gender division in labour in the society.

Overall, the health status of Nigerian women has been affected by a general lack of access to qualified personnel and adequate health facilities especially in the rural areas.[2]

The situation analysis on Children and Women carried out by the United Nations Children's Fund (UNICEF) and the Federal Government of Nigeria shows disparity between urban and rural dwellers. For example, trained hospital personnel assist in delivering only 60% of urban babies, and 29% of rural children, while traditional birth attendants (TBAS) delivered 46% of rural and 22% of urban children. The report identifies inadequate pre-natal care whereby pregnancies are at risk are not quickly identified; thus, mothers in the rural towns are at higher risk of maternal death.[3]

According to Kyomuhendo, despite enhanced interest in the issue of women's health in the past decade, research and training in this area are still scanty especially in the developing world. Gender specific and thus gender disaggregated data and/ information are therefore still scarce. Furthermore, biomedical research methods and interpretation of health and illness in women and men frequently overlook the social origins of much ill health for women; consequently underestimate true dimensions of ill health.[4]

The thrust of this article is to examine the intersections to women's right to health in Nigeria, thus part 1 of the article will examine the position of women in Nigeria; part 2 will state the concept of rights; part 3 will discuss the intersections to women's right to health in Nigeria; part 4 will examine the imperative of women's right to health in Nigeria**.**

Part 1: The Position of Women in Nigeria

In many developing countries of the developing countries, women are still regarded as their husband's possessions and as such have little in the way of rights. This coupled with poverty and economic dependence of most women on their husbands ensure that their physical, reproductive and emotional needs are not considered as worthy of note.

In some communities in Nigeria, women in fact play important roles. Their economic power enables them to wield some political power especially through their market women associations.[5] The advent of Democracy in Nigeria since May 29, 1999 has opened some political space for Nigerian women, though the number of Nigerian women holding political positions is still far less than the recommended 35% prescribed by the International Community as a result of the United Nations Conference on Women Held in Beijing China otherwise known as the Beijing Declaration.

The average housewife in many developing countries may have little or no economic power and this situation much to be desired as she is totally under the authority of her husband and his family. In Nigeria, the tradition of petty trading enables women to have some measure of economic independence but this to some extent depends on which part of the country they come from. Gender

[2] O I Aina, 'General Overview of the Status of Women in Nigeria' in Gender Gaps in the 1999 Constitution of Nigeria edited by Abiola Akiyode Afolabi Women Advocates Research and Documentation Centre Lagos 2003 p9

[3] ibid

[4] Grace Kyomuhendo, 'Women's Health: An Overview' in Women's Health Africa and Global Perspectives. Women and Gender Studies Makerere University Uganda pxvii

[5] Muriel A Oyediran, The Hand that Rocks the Cradle Rules the World: Exploring the Relationship between Maternal and Child Health. Text of an Inaugural Lectured delivered on 8th March 2006 p34

inequalities militate against the health of women and the girl-child especially in the areas of nutrition, education and reproductive health.6

Part 2: The Concept of Rights

Human rights today is understood as those rights contained in International Laws and Instruments, such as the Universal Declaration of Human Rights adopted on 10 December 1948; The Convention of the Elimination of all Forms of Discrimination Against Women (CEDAW)[7]; The Convention on the Rights of the Child[8] , as well as other regional treaties like The African Charter on Human and Peoples' Rights[9]; these are part of the corpus that form the basic contemporary expression of human rights.

The United Nations in 1987 described human rights in the following manner:

'Human rights could be generally defined as those rights which are inherent in our nature and without which we cannot function as human beings'.[10]

Human rights and fundamental freedoms enable a person to fully develop and use all human qualities, intelligence, talents and conscience to satisfy both spiritual and mundane needs. They are basic for mankind's increasing demand for a life in which the inherent dignity and worth of each human being will receive respect and protection. Human rights are universal and apply to all persons without discrimination.[11]

Today, the concept of human rights is closely linked to the 'state' or an organised society with a government. In recent years, human rights have further developed, around the areas of collective rights or the rights of peoples; especially minority and indigenous natives. The rights of women, persons with disabilities and other disadvantaged people within the society is now an important aspect of human rights, with a need to protect these rights being recognised by many nations and governments[12]

Utilising the human rights framework has involved a double shift in thinking about human rights and women's lives. The human rights framework entails examining human rights through a gender lens, and from women's perspectives. Women have able to show that human rights definitions and practices do not account for how human rights affect women.[13]

The term 'women's human rights' does not refer only to the theoretical approaches that women have used to transform human rights concepts, programmes and agendas. It is the instrument by which formulation of the conceptual challenges and demands levied by women. The idea of women's human rights has opened the way for women to make impact as a political tool. The concept of women's human rights has enabled women to ask hard questions about the official indifference to widespread discrimination and violence against women.[14]

Part 3: Intersections to Women's Right to Health

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[6] ibid

[7] Adopted and opened for signature, ratification and accession by the General Assembly resolution 34/180 of 18 December 1979 entry into force 3 September 1981 in accordance with article 27 (1)

[8] Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989, entry into force 2 September 1990 in accordance with article 49

[9] Adopted and opened by resolution 115 (XVI) of the Assembly of Heads of State and Government 17to 20 July 1979

[10] Ayodele Atsenuwa, Human Rights Made Easy 3rd edition Legal Research and Resource Development Centre Lagos Nigeria pp3

[11] Ibid at p4

[12] ibid

[13] Charlotte Bunch and Samantha Frost, 'Women's Human Rights: An Introduction' http://www.cwgl.rutgers.edu/globalcenter/whr.html accessed 16/08/2011

[14] ibid

Human rights are universally applicable and therefore cover women's rights as well. Women's rights stands and indeed women's health stands as a topical issue and no one doubt the relevance and importance of a woman as a very valuable unit of society: within the home, she is the anchor, whilst today she is also a strong economic unity.[15] The important questions however, are, do women really enjoy human rights? Are they treated like other human beings with equal rights and responsibilities? The answers to these questions are in the negative. Why is this so? I now turn to intersections to women's right to health. It is impossible to examine all the intersections to women's rights to health in Nigeria, this article in considering the intersections shall limit itself to the following: Education; Inadequate Nutrition; Culture; Lack of Implementation of Government Policies; Domestic Violence and Patriarchy.

Education

The United Nations Educational Scientific and Cultural Organisation (UNESCO) defines: the literate person as one who can both understand, read, write the short, simple statement on his or her everyday life. On the other hand, an illiterate is one who cannot understand, read, and write a short, simple sentence on his or her everyday life.

According to 2005 Education for All Global Monitoring Report, Illiteracy is still prevalent among women and the elderly in rural communities and among members of poor households especially in developing countries.[16]

The UNESCO yearly report states that the vast majority of the 771 million adults who lack minimal literacy skills in live in three regions: South and West Asia; East Asia and the Pacific and the Sub-Saharan Africa.

According to the report, three quarters of the world's illiterate population live in just 12 countries namely: India, China, Bangladesh, Pakistan, Nigeria, Ethiopia, Indonesia, Egypt, Brazil, Iran, Morocco and the Democratic Republic of Congo in that order of dominance.

Out of the number of illiterates, Nigeria had a 2.7% share of world total in 1990, but recorded a 2.9% between 2000 and 2004. There was a change of minus 1,511 % every thousands of the population of illiterates during this period. The report states, 'while adult literacy rates have improved in all world regions, they remain relatively low (around 60%) in South and West Asia, Sub-Saharan African and the Arab States.[17]

It should be noted that even with an acceptable adult literacy level for Nigeria, gender discrimination that favours a male child to get education over a female child is still a lingering problem.The 2003 Demographic and Health Survey found that 60% of non-educated women had no antenatal care provider, 70.4% had no tetanus toxoid immunisation during pregnancy, 89% of them delivered at home, 27% had no assistance during pregnancy and 74.9% had no postnatal check-up. On the other hand of those women with education higher than secondary education only 1.7% had no antenatal care provider, 4.6% had no tetanus toxoid immunisation during pregnancy, 10% delivered at home and only 0.4% had no assistance at delivery.[18]

A well-educated woman generally is more likely to have better knowledge about health care practices. It therefore means that a non-literate woman may not have access to health care because of lack of knowledge in that realm, unless a relation or a health provider takes the pain in seeing to it that the non-literate woman access health facilities close to her.

Inadequate Nutrition

[15] Adedokun Adeyemi, 'Women in Crime in Nigeria: Their Effects on Nigerian Society' A Seminar paper presented to the Federal Ministry of Justice on October 24-26, 1989 at Owerri, Imo-State

[16] UNESCO 2005 Education for All Global Monitoring Report Paris France

[17] ibid

[18] Muriel A Oyediran op cit p37

The Nutrition needs of the adolescent female usually increase between the ages of 10-15 years when the growth spurt occurs. In addition to the onset of menstruation leads to an average loss of 15-20milligrams of iron per month that needs to be replaced. There are also increased needs not only for iron but for protein, zinc, calcium and folic acid. However, in developing countries, like Nigeria, the nutritional needs of females as a whole are not recognised as being important and are often neglected. This has resulted in estimated 450million adult women in these countries being classified as 'stunted' as a direct result of inadequate childhood nutrition. Throughout the world, it is estimated that 1.3billion people live on less than a dollar a day, of these 70% are women amounting to about 910 million women.

Apart from a low calorie intake, the Nigerian diet is very poor in protein content. Many Nigerians (women) are unable to afford to eat protein every day or in insufficient quantities and this also leads to chronic anaemia which affects the immune system and also the reproductive capacity to carry babies to term and the general well-being that is needed for a healthy female.[19]

Culture

Most of our defined ways of behaving are the result of a complex socialisation pattern which schools the human being for a highly specific set of roles, expectations and responses. It is apparent that the society placed higher value on those roles and qualities which are defined as masculine and correspondingly denigrated those which it has regarded as feminine. Women are told they are weaker and less competent and they feel so. Women are typically in subordinate and subservient positions. Community norms and interpersonal peer pressures have greater weight than the remote legislation[20]. Laws have less effect on the average Nigerian woman, as her environment and culture shapes her attitude and world view. The challenge confronting women activists lies in the ability to understand the impact of culture in the lives of the average woman and to be able to sieve those culture norms that will impede the health of women.

Lack of Implementation of Laws and Government Policies

There are plethora of laws and policies on women in Nigeria, beginning with the Constitution; International Treaties (The International Bill of Rights; the UN Convention on the Elimination of all forms of Discrimination against Women; The Beijing Declaration on Women's Health; The African Charter of Human and People's Rights, the Protocol to the African Charter on Human and People's Rights on Women); The Nigerian Policy on Women; The National Health Policy; The National Policy on Population; The National Policy on HIV/AIDS; The National Reproductive Health Policy and Strategic framework; and HIV Emergency Plan.

I must however, state that the presence of those laws without adequate implementation does not serve the Nigerian women in anyway. While, I have listed some laws and policies affecting women's health in Nigeria; I now turn to some of the treaties on women's right to health which Nigeria is signatory to and must see to its implementation. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) States that:

1. The state parties to the present covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the states parties to the present covenant to achieve the full realisation of this right shall include those necessary for:
3. The provision for the reduction of still birth rate and of infant mortality and for the healthy development of the child.
4. The Improvement of all aspects of environmental and industrial hygiene.

[19] Muriel Oyediran ibid

[20] Jadesola Akande, 'Women and the Law' in Women in Law edited by Akintunde O Obilade Faculty of Law University of Lagos Nigeria and Southern University Law Center 1993 p25

5. The prevention, treatment and control of epidemic, endemic, occupational and other diseases.
6. The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

The article focuses on women as vehicles of production and not the holistic treatment regarding women's health.

Article 12 of the UN Convention on the Elimination of all forms of Discrimination against Women states:

1. States parties shall take appropriate measures to eliminate discrimination against women in the field of health care in order to ensure on a basis of equality of men and women, access to health care services including those related to family planning.
2. Notwithstanding, the provisions of paragraph 1 of this article, states parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

   CEDAW provisions is an improvement on the provision in ICESCR, as it recognised the overall health need of women; this should not come as a surprise, CEDAW came to right the 'wrong' in International Covenant on Rights especially as it relates to women.

It should be noted that CEDAW is yet to become part of our laws as required by S.12 of the 1999 Constitution.

The Beijing Declaration on Women's Health states:

The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.

The Beijing Declaration takes off from the Nairobi Forward Looking Strategies,

Article 16 African Charter on Human and People's Rights states that:

1. Every individual shall have the right to enjoy the best attainable state of physical and mental health.
2. State parties to the present charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

Article 14 of the Protocol on the Rights of Women in Africa states that:

1. State parties shall ensure that the right to health of women including sexual and reproductive health is respected and promoted. This includes: a) the right to control their fertility; b) the right to decide whether to have children, the number of children and the spacing of children; c) the right to choose any methods of contraception; d) the right to self-protection and to be protected against sexuality transmitted infections including HIV/AIDS; e) the right to be informed on one's health status of one's partner, particularly if affected with sexually transmitted infections, including HIV/AIDS, in accordance with internationally recognised standards and best practices; f) the right to have family planning.
2. State parties shall take all appropriate measures to:

a. Provide adequate, affordable and accessible health services, including information, education and communication programmes to women especially those in rural areas;
b. Establish and strengthen existing pre-natal delivery and pre-natal health and nutritional services for women during pregnancy and while they are breast feeding.
c. Protect the reductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where continued pregnancy endanger the mental and physical health of the mother or the life of the mother or the foetus

It should be noted that Nigeria is a signatory to all the Covenants examined and thus have the obligation to see it work. These treaties are legally binding instruments that require all ratifying state parties to implement thus according respect, protection and fulfilment of women's rights. The mere fact that some of the treaties have not been enacted in line with s.12 of the constitution does not give

room for Nigeria to evade its responsibilities. In modern state practice, once a state has signed an international treaty, it behoves on her to see to its implementation.

The Constitution of Nigeria do not have express provision on the right to health; one can only infer the right to health in article 17(3)(d) which states: 1) the state social order is founded on ideals of freedom, equality and justice; in furtherance of the social order.

2) The state shall direct its policy towards ensuring that; 3) there are adequate medical and health facilities for all persons.

This is a blanket provision which does not adequately address the issue of health, more over this provision is found within Chapter 2 of the Constitution under Fundamental Principles and Directive Principles of State Policy which however is not justiciable.

The various laws and policies are well formulated and documented, however, government often lack the political will to implement the laws and policies; this is because the issue of health falls within the socio-economic rights, and this will entail governments will have to part with enormous resources to be able to fulfil its obligations, and in most cases they are unwilling to do this.

A central characteristics of male dominated societies is that they implicitly define men as the norm, as standard human beings and women as the 'other' women being regarded as a special case, has meant that the study of 'Women' 'Health' has until recently been restricted to obstetric and gynaecological issues, and has tended to assume that the only interesting thing about women's health is reproductive capacity.[21]

Several health psychologists have argued that 'women's health' must be defined as broadly as possible, including all those diseases and physical processes which occur in women, and emphasising those which occur frequently in women, those which are unique to women.[22]

Domestic Violence

Article 1 Declaration on the Elimination of Violence against Women defines: Violence as any act of gender based violence that results in, or is likely to result in physical, sexual or physiological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

According to Okagbue, Violence against women is an issue that typifies the inherent limitations of the traditional human rights approach. Women suffer various manifestations of violence in the hands of private actors, including incest, rape, murder, battery and imprisonment by husbands and other male partners, genital mutilation, denial of reproductive rights, forced prostitution, and violence in the work place in the form of sexual imprisonment. The Penal Code provision that provides defence to a charge of assault brought against the husband that couple are subject to any native law and custom that permits chastisement of women is a proof of the complicity of the state in compounding women's health[23].

Patriarchy

Patriarchy is a social stratification and differentiation on the basis of sex which provides paternal advantages to males, while simultaneously placing severe constraints on the roles and activities of females. Patriarchy gives men control over female sexuality. A Nigerian woman is socialised into a culture of **female subordination.**[24]

[21] J M Ussher, 'Reproductive Rhetoric and the Blaming of the Body' in Nicholson and Health Care UK Macmillan Basingstoke 1992 p31

[22] Christine Lee, 'The Social Content of Women's Health' in Women's Health: Psychological and Social Perspectives Sage Publications Ltd London 1998 p1

[23] Isabella Okagbue, Women's Rights are Human Rights. Nigerian Institute of Advanced Legal Studies Lagos Nigeria 1996 p13

[24] O I Aina op cit

The bane of patriarchy becomes more strident among non-literate women or even some educated women who subscribe to the traditional views of women and marriage, this group of women will follow the dictates of a male relative or spouse even at the detriment of their health. What are needed are the continuing efforts of women activists and feminists in enlightening women on the imperative for a healthy life and living standards devoid of negative traditional practices that impedes health.

Part 4: The Imperative of Women's Right to Health in Nigeria

The World Health Organisation (WHO) has offered a definition of health that goes beyond the biomedical model and argues that health is a state of complete social, psychological and physical well-being and not merely the absence of disease.

Implicit within this definition is the notion that health is not purely a physical phenomenon, but is influenced by socio-cultural, economic and psychological factors. In this context, it can be argued that the patterns of health and illness in women and men are determined inter alia by prevailing gender relations of production and reproduction, and it is relations that translate into the broad correction between socio-economic situations, life chances and health. It is documented that despite their great longevity, women in most communities report more illness and distress than men.[25]

The toll of women's labour, the hazards of child bearing added to the provision of social services and their economic marginalisation have had grave consequences on women's health. This has resulted in women's health being regarded as raising issues of international attention and concern. Good health inclusive of the health of about 50% of the world's population is imperative for social and economic productivity.

Generally speaking, sexual and reproductive health issues are the major concerns addressed in Nigeria. Governmental efforts however, have been more concentrated on reducing maternal, infant and child mortality rates. It is in these areas that government has adopted specific policies and thus, it is only along these lines that women's reproductive health issues are addressed. This is consistent with the culturally predominant view that women's reproductive role is the singular most important purpose of women's existence in the society.

The Criminalisation of abortion continues to resent the risks of unsafe abortions with the result of high incidence of death for women. However, the Protocol on the Rights of Women in Africa provides for the ability of a woman to make our own decisions regarding her body and her reproductive life are key to improving women's health[26].

Nigeria actively participated in the International Conference on Population and Development held in Cairo 1994 (ICPD); and all UN Conferences on Women (1975, 1980, 1985, 1995) including the Post Beijing Conferences. There has been heightened concern for the incidence of Vesico-Vaginal Fistula which has been identified as consequences of early pregnancies (from child marriages and other genital mutilations carried with the aim to aid labour process in child bearing.[27]

The problem of Acquired Immunodeficiency Syndrome (AIDS) has recently been regarded as being a special health concern to women as a group in the society. Cancer of the breast and cervix are the two commonest among malignancies recorded at the University College, Ibadan as far back in 1992, in recent times, the tumour or fibroid has been on the increase among women of reproductive age.

Generally, women's health has been adversely affected by the toll of economic hardship. Women strain themselves physically as they have to toil harder to earn family income; they do these

[25] World Health Report 1998

[26] Ayodele Atsenuwa, Women's Rights as Human Rights: The Nigerian Experience. Legal Research & Resource Development Centre Lagos Nigeria 1995 pp40-41

[27] ibid

often times, lingering their health conditions and putting their needs after the needs of other members of the family in relation to medical care.
Women's right to health is the cornerstone of development in any nation. Nigeria cannot afford to be little women health right if truly she desires to be part of 20 most developing countries in the year 2020 or to fulfil the Millennium Development Goals and in halving poverty by 2015.

Conclusion

Women all over the world endure much contempt day after day. Their labour is used, their bodies are used, little girls are abused, girl babies are abandoned, fat girls are ridiculed, ordinary girls are fearful of not measuring up to the standard of beauty despise themselves. Women are battered physically, mentally, emotionally and in some countries treated as slaves[28]

Nigeria certainly falls within those countries in which women are still treated as chattels. In this paper, an attempt has been made to show those intersections which are responsible for women's ill health in the short and long run. I argue that the needed development that Nigeria desire and yearn for cannot be attained without attending to women's right to health. When half of the state is unhealthy, then that state is sick. Nigeria thus stands to gain more in improving the health status of its women folk and this is certainly an emergency considering the parlous state of health facilities in Nigeria, and more especially as it affects women.

[28] Wendy Virgo, Inspiring Women Every Day November 17, 2005, November/December 2005 Crusade for World Revival Surrey United Kingdom