Sexual abuse on the rise in Africa — governments must act

Delegates at the first African Conference on Sexual Health And Rights which took place in Johannesburg 25–29 February 2004, urged governments to prioritize sexual health and recognize it as a fundamental human right amidst reports of the rising incidence of sexual abuse in Africa.

Delegates voiced their support of WHO’s Declaration of Sexual Rights and the need for greater openness around sex, traditionally a taboo topic in Africa.

Congress manager Andrew Oberholzer said that delegates committed themselves to advancing sexual health and rights by building on progress made at the International Conference of Population and Development in Cairo in 1994 and achievements such as the African Charter on Human and People’s Rights and the Rights of Women in Africa. They also appealed to governments to allocate resources to implement these rights.

“We want to present a united front to lobby at a government level to promote and implement legislation to protect people’s sexual rights,” said Oberholzer, Managing Director of the Southern African Sexual Health Association, a non-profit organization aimed at improving the sexual well-being of all South Africans. Some 200 delegates attended the conference including health-care practitioners and experts, and activists from sexual and health rights organizations throughout Africa.

Participants heard how the widespread lack of sexual rights on the continent has fuelled the abuse of women and children and the spread of HIV/AIDS. WHO’s World report on violence and health in 2002 reports widespread sexual violence — from rape and sexual abuse to forced marriage and female genital mutilation.

Curbing the sexual abuse of children was high on the agenda of the three-day congress with reports that offenders were getting younger, abuse was rising and the majority of cases went unreported. Nor is child abuse confined to girls, according to Luke Lamprecht from Johannesburg’s Teddy Bear clinic. He reported that the majority of their cases were teenage boys abused by men. During the conference, activists and doctors lobbied for changes in legislation to protect children.

The promotion of women’s sexual health rights was also an objective of the conference. “Many women are not economically empowered in Africa and as a result are not sexually empowered,” said Oberholzer. This limits their freedom to decide on contraception, including condom use, and consensual sex.

The congress added momentum to a move to bring specialist organizations together under the umbrella of the African Federation for Sexual Health and Rights.

Meanwhile in Amsterdam, 100 experts on reproductive rights met on 9 March for a two-day meeting, organized by the United Nations Population Fund (UNFPA) to review progress on the advancement of sexual and reproductive health and rights since the adoption of the Programme of Action at the International Conference of Population and Development in Cairo in 1994. Participants at last month’s meeting, Cairo and Beyond: Reproductive Rights and Culture, identified a need for greater political and financial commitment to reproductive and sexual rights.

“We pledge to break the silence and taboos on culture and religion and their relation to reproductive and sexual health and rights, and establish a permanent dialogue on these vital issues,” said Agnes van Ardenne, Netherlands Minister for Development Cooperation, and Thoraya Admed Obaid, UNFPA Executive Director, in a joint statement.

The Dutch government has recently established an online network to discuss issues related to culture and reproductive rights at: www.reproductiverightsandculture.org.

Claire Keeton, Johannesburg

Drug-resistant TB spreading in Eastern Europe and Central Asia

Tuberculosis (TB) patients in parts of Eastern Europe and Central Asia are 10 times more likely to have multidrug-resistant TB (MDR-TB) than in the rest of the world, according to a new WHO report.


“TB drug resistance is an urgent public health issue for countries from the former Soviet Union,” said Dr Mario Raviglione, Director of WHO’s Stop TB Department.

Highest prevalence of MDR-TB coincides with one of the world’s fastest growing HIV infection rates in Eastern Europe and Central Asia (see related news story, EU faces world’s fastest growing HIV epidemic, in this issue of the Bulletin (p. 331).

“With people’s immune systems compromised, MDR-TB has a perfect opportunity to spread rapidly and kill,” said Assistant Director-General of WHO’s department of HIV/AIDS, TB and Malaria, Dr Jack Chow.

The report also identified China, Ecuador, Israel and South Africa as key areas of concern.

Nigeria declares polio vaccine safe

Nigerian President, Olusegun Obasanjo, announced in mid-March that independent tests conducted in South Africa, India and Indonesia had confirmed the safety of polio vaccines used in the country during immunization campaigns, following concerns expressed by Muslim leaders over the safety of the vaccine.

Mohammed Maccido, a Muslim leader, appeared with the Nigerian president saying that he accepted the results of the tests. “I hereby urge all our people to bring out all their children to be immunized,” he said. The next polio immunization campaign is scheduled for 23–26 May 2004.

However, a spokesman for the northern state of Kano which refused to participate in February’s vaccination campaign amid suspicions that the vaccine would spread infertility and HIV, said he remained unconvinced. Kano state Governor, Ibrahim Shekarau, told the BBC that he was withholding a decision on whether to accept the findings until he had seen the report.

The Nigerian boycott has been blamed for the spread of polio to eight African countries where it had previously been eradicated. The country now accounts for nearly half the world’s polio cases.