



## **Economic and Social Council**

Distr.: General  
25 November 2019

English only

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### **Commission on the Status of Women**

**Sixty-fourth session**

9-20 March 2020

**Follow-up to the Fourth World Conference on Women and to  
the twenty-third special session of the General Assembly  
entitled “Women 2000: gender equality, development and  
peace for the twenty-first century”**

### **Statement submitted by Medical Women’s Association of Nigeria, a non-governmental organization in consultative status with the Economic and Social Council\***

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* The present statement is issued without formal editing.



## Statement

In line with the main focus of the Commission on the Status of Women's 2020 assessment of current challenges that affect the implementation of the Beijing Declaration and Platform for Action and the achievement of gender equality and the empowerment of women and its contribution towards the full realization of the 2030 Agenda for Sustainable Development, the Medical Women's Association of Nigeria submits the following statement to the United Nations Economic and Social Council for consideration during the General Assembly.

Whereas in 2015, heads of States and governments had adopted a comprehensive, far-reaching and people-centred set of universal and transformative Sustainable Development Goals and targets, and committed to working tirelessly for the full implementation of the 2030 Agenda for Sustainable Development, progress has been slow or non-existent in most countries. These leaders should be reminded by women's groups of their resolve to end poverty and hunger everywhere by 2030 and to combat inequalities within and among countries; to build peaceful, just, and inclusive societies; to protect human rights and promote gender equality and the empowerment of women and girls; and to ensure the lasting protection of the planet and its natural resources.

Whereas the new 2030 Agenda for Sustainable Development is guided by the purposes and principles of the Charter of the United Nations, and informed by instruments such as the Declaration on the Right to Development, most countries have a large percentage of their citizens living below the poverty level, and the distribution of wealth is severely skewed with gender inequality being a major challenge. Governments should work to provide employment and economic empowerment particularly for women and youth.

Whereas there are recommendations by the World Health Organization (WHO), established in 1948, on health promotion interventions for maternal and newborn health, many governments are not adequately implementing these recommendations. The Medical Women's Association of Nigeria proposes that all women's groups should be involved in legislature and advocacy to encourage their governments to adopt and implement these recommendations as an instrument for solving the problems related to gender inequality.

Whereas male involvement in maternal and child health will promote egalitarian decisions about reproductive and maternal health, the active participation of men is still below expectations. The Medical Women's Association of Nigeria hereby advocates for, amongst others, health systems for women that involve male participation and support, creating a male-friendly health system. However, access to quality care for women and children must not be contingent on men's attendance, approval, or involvement.

Whereas harmful widowhood practices are rife and rampant in Nigeria, resulting in physical, emotional, and psychological adverse effects, governments need to domesticate and strengthen the implementation of laws against harmful widowhood practices.

Intimate partner violence is on the rise and women are particularly vulnerable due to gender inequalities, rigid gender roles, and cultural norms that support a man's right to abuse his wife and reluctance of the wife to report such violence. The Medical Women's Association of Nigeria condemns such acts of violence and calls for aggressive public enlightenment regarding intimate partner violence. We recommend partnerships with judiciary and relevant national and international agencies and groups to strengthen family courts, in a bid to reduce or eradicate harmful widowhood

practices and intimate partner violence, as well as provide support to women on the receiving end.

Cancer, especially breast and cervix cancer, continues to be a major cause of death among women. There is a need for increased awareness of the importance of carrying out clinical trials, and recruit and train personnel in all fields of medicine in partnership with other organizations and professional associations. The Medical Women's Association of Nigeria advocates for crowdfunding as an innovative and sustainable method of pooling funds for research and health projects, which would go a long way in improving care and treatment for cancer. Cancer prevention through the technique of breast self-examination at menarche should be included in school curricula. Governments should upgrade existing outdated cancer diagnostic facilities and focus on cost-effective early detection and cancer education.

The Medical Women's Association of Nigeria advocates that screening for cancer should not be opportunistic, but mandatory, and health system deterrents to uptake of human papillomavirus and cervical cancer screening should be eliminated. More health personnel training, equipment, and accessible and affordable cancer screening centres should be made available to women who need the service. Vaccination against human papillomavirus should be incorporated in the national programme of immunization schedule. Health promotion and disease prevention through vaccination should be encouraged.

Awareness creation on the causes of various types of cancer should be made readily available. Reduction of diesel exhaust fumes from electricity generators, which are potential carcinogens to the lungs, use of dangerous cosmetics that contribute to skin morbidity and cancer, and consumption of low-residue diets that favour the development of colorectal cancer are some of the aspects that should be emphasized.

There is a need to address the gap in knowledge of gestational diabetes mellitus and effects of smoking. Universal rather than risk-based screening for gestational diabetes mellitus is recommended to reduce morbidity and mortality from the disease.

Conducive environment should be provided for the promotion of exclusive breastfeeding for the first six months of life. Women's groups should be instruments for solving problems relating to conflict situations, which disproportionately affect women and children. They should engage government to foster legislation and action, escalate community sensitization and education regarding matters affecting women and children, and support social and community health insurance through awareness creation

Engagement in more effective mentoring of young girls is necessary to reduce gender inequality and some social vices, including unwanted pregnancy.

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