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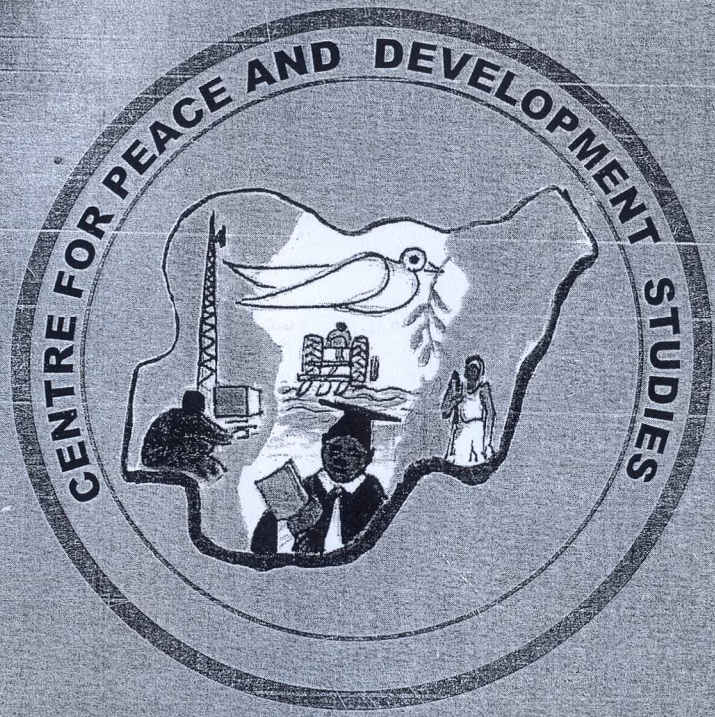

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changed into teacher education". Nigerian government has made effort to change teacher training colleges to colleges of education and the future teachers are now to be made educators rather than trainers of pupils and students who pass through their hands. The new teacher education programme has three basic qualities: Subject-matter content to help students understand concepts, develop study skills and be conversant with methodology; and professional education including classroom management and skills required to deal efficiently with communities in which the school is located.

Some Weakness in the Teaching Profession-the Need to Remove them.

Much as the objective of the new teacher education programme is commendable, there are some fundamental weaknesses in the teaching profession which may constraint the capacity of the new programme to produce the right type of teachers both in quality and quantity-who, will in turn, be ready to produce the right caliber of young women and men with moral integrity for national development. Among others, teaching suffers from what has been described as "chronic" prestige deprivation (Ivowi and Danga, 2001). That is to say that, the pupils has less regard for the teaching profession and this tends to depress the morale of teachers. This chronic prestige deprivation is worsened by the poor conditions of service teachers enjoy throughout the nation. A good working condition of teachers is that condition that keeps them happy, regular and highly dedicated to their duty. School teachers receive fewer fringe benefits, salary and irregular promotion than their counterparts in the civil service. This is certainly a disincentive to teachers. If teachers are to play their role as moral educators and role models in the school and in the community, then all factors of disincentive should be removed from teaching profession.

Indeed, empirical data on teacher from the basic educational level through the secondary to the tertiary level indicate that's financial pressure on teachers to fund other sources of remuneration militates against reforming Nigerian state (Bassey, 2000 and Denya, 1999). This explains the chronic exodus of teachers and the unwillingness of younger graduates to join the teaching profession across board.

Conclusion

In conclusion, for educational system both formal and informal to become the instrument of change and produce men and women imbued with moral courage and prepared to stand up for integrity and fight against

WOMEN REPRODUCTIVE RIGHTS IN NIGERIA AND HUMAN RIGHTS QUESTION

By

M. K. Adebayo Esq*

Abstract

Human of women are embodied in international, regional and national instruments. Foremost is the universal declaration of human rights (1948) which stipulates that in Article 1 that: all human beings are born free and equal in dignity and rights. An important development during the world conference on human rights held in Vienna in June, 1993 is the declaration that: the rights of women and indeed of the girl child are inalienable, integral, and indivisible part of the universal human rights; the full and equal participation of women in political, civil, economic, social and cultural life, at national, regional, and international levels, and the eradication of all forms of discrimination against women on grounds of sex are priority objectives of the international community. This signifies a major step in concretizing the recognition and promotion of women's human rights. This has led to the establishment of conventions on the elevation of status of women. Landmark is the Convention on Elimination of All Forms of discrimination Against Women 1979 (CEDAW). The CEDAW provisions are meant to respect, protect, prevent and promote women's rights. The Convention unequivocally prohibits discrimination against women on the basis of their sex and enjoins State parties to take appropriate measures, including legislation, to modify or abolish existing laws, regulation, custom and practices that constitute discrimination against women.

Introduction.

Sexual Rights are a fundamental aspect of human rights. It includes the right to experience a pleasurable sexuality, which is an important means of communication and love between people. Sexual rights include the right to liberty and freedom in the responsible exercise of sexuality. Sexual Rights are important because they ensure respect within a relationship. Gender equality cannot be obtained without sexual rights. Without respect for sexual rights as human right, women and girls are at the risk of genital

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mutilation, sexual harassment, rape, prostitution, domestic violence, sexual slavery and unwanted pregnancy; sexually transmitted diseases including HIV/AIDS. [Ezeilo, 2003].

According to [Dowrick 1986] human rights on the other hand consist in the appreciation of the term "right". Rights consist in the concept of claim, for instance wants, desires, aspirations, and achievement. Human rights can be defined as those claims made by men and women for themselves and on behalf of other men supported by some theory which concentrates on the humanity of man; a member of human being. In the views of Kayode Eso, {rtd} Justice of the Supreme Court, described human rights as rights which stand above the ordinary laws of the land and which in fact is antecedent to the political society itself. It is a primary condition to a civilized existence, and what has been done by our Nigerian Constitution since independence is to have those rights enshrined in the Constitution , so that the rights could be immutable to the extend of non immutability of the constitution itself. [Agbaje, 1999]

These rights are contained in Chapter IV to the 1999 Constitution of the Federal Republic of Nigeria, for instance rights to life, right to dignity of human person, right to personal liberty, right to fair hearing, right to private and family life, right to freedom of thought, conscience and religion, right to freedom of movement, right to freedom from discrimination, right to own and acquire immovable properties in Nigeria are guaranteed. Spectacular of these rights is that are justice able under the Constitution by enforcement action before a court of law in case of its breach.

The constitutionally guaranteed rights in Chapter IV of the 1999 Constitution of the Federal Republic of Nigeria, in particular Section 42 gives everyone right to freedom from discrimination on grounds of sex amongst infinite factors, thus by extension and interpretation women who are citizens of this country are entitled to all their rights and can challenge anyone who attempts to interfere with the exercise of any of the recognized rights in the Constitution i.e right to dignity of human person, right to private and family life, right to acquire and own immovable property anywhere in Nigeria; amongst others.[Ezeilo, 2001].

Reproductive Rights embrace certain human rights that are already recognized in National Laws, and International Human Rights Documents and other Consensus Instruments/Covenants. Reproductive rights consist in the recognition of the basic rights of all couples to decide freely and responsibly the number, spacing and timing of their children and to have

information and means to do so, and the right to attain the highest standard of reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion, and violence; the rights of women to have control over their bodies and decide freely on matters related to their sexuality. A manifestation of these rights suggest a protection rights against violence against women; trafficking in women and children; sexual exploitation; female genital mutilation; early girl child marriage; harmful traditional practices against women; inadequate access to and participation by women in society, the economy, politics and government ; gender bias; heavy domestic duties and discriminations.[Cirddoc, 2002] .

Many women face additional barriers to the enjoyment of their human rights because of such factors as race, language, ethnicity, culture, religion, disability, or socio-economic class or because they are indigenous people, migrants, displaced women or refugees. They may also be disadvantaged and marginalized by a general lack of awareness and recognition of their human rights or by obstacles they meet in gaining access to information and recourse mechanism in cases of violation of their rights. The gender dimensions of racial discrimination were recognized in the Beijing conference Declaration and Platform for Action resulting from the Fourth World Conference on Women: [Wake Up Call 2001]

The materials and methodology adopted in this paper are based on critical, analytical and theoretical exposition of literatures; statutory provisions; data and from law enforcement agencies, government documents including the 1999 Constitution of the Federal Republic of Nigeria, and workshop papers.

Review Of Literatures And Findings

There are both Domestic and International Instruments relevant to reproductive health/rights in Nigeria. Equally there are certain states obligations and specific actions required to be undertaken by Governments and other stakeholders in order to ensure the productive realization of the components of reproductive health / rights.

The 1999 Constitution of the Federal Republic of Nigeria contains provisions under its Section 17, 33-45; that are relevant for the promotion and protection of reproductive health and rights in Nigeria. In addition , section 54 of the Nigerian Labor Law; the Criminal Code; the Marriage Act ; as well as Matrimonial Causes Act, contain relevant, but controversial provisions relating to reproductive health and rights. Furthermore, there are

equally relevant states legislations on the prohibition of various forms of discrimination and violence against women. Furthermore, the provisions of the National Reproductive Health Policy and Strategy 2001; National Policy on Women 2004; National Policy on the Elimination of Female Genital Mutilation '1998; National Policy On Women 2000/2004; National Adolescent Health Policy 1995; National Policy On Maternal And Child Health 1994; all constitutes the key policy / framework that seek to achieve quality reproductive and sexual health for all Nigerians.

At the international level Nigeria has signed and ratified a host of multilateral treaties effective to the promotion and protection of the provisions and state obligations contained therein that are relevant to reproductive health and rights. These Instruments are ;-the Protocol on the Rights of Women in Africa 2004; the African Charter On Human And People's Rights 2003; United Nation Convention on the Elimination of all Forms Of Discrimination Against Women {CEDAW}1985; International Covenants On civil And Political Rights {ICCPR}1993; International Covenants On Economic ,Social And Cultural Rights {ICESCR} 1993; and The Universal Declaration Of Human Rights 1948.

In practice, The Federal Ministry of Health is charged with the responsibility of establishing and formulating health policies in the country. Some of the policies and strategies adopted by the Government were meant to achieve good health for all Nigerians; to articulate the goal of enabling all Nigerians to achieve socially and economically productive lives. The National Health Policy which was adopted as an instrument of social and economic development, social justice and national security, also contain guidelines on general health services, preventive, curative, promotive, and rehabilitative care/ delivery.

Another step in the right direction for women's advancement in Nigeria was the establishment in 1989 of the National Commission for Women as a means of promoting the full integration of women in development and for eliminating discrimination on grounds of sex. Furthermore, the years 1993 and 1995 witnessed the establishment of the Ministry of Women's Affairs and National Commission on Human Rights respectively to deal with all matters relating to the protection of human rights as guaranteed by the Constitution of Nigeria; the African Charter on Human and People's Rights; the Universal Declaration of Human Rights and other International Treaties on women's/human rights violations. In addition, the wives of past Heads of State put women issues on the national agenda by embarking on some specific programmes towards protecting and

promoting women's rights. To mention few examples are the Better Life Programme (BLP) initiated by Maryam Babangida, and the Family Support Programme (FSP) embarked upon by Maryam Abacha.

Despite these efforts above, not much has been achieved in terms of the plight of advancement of women's rights. Factors like economic, political, legal, social, and cultural still impede actualization of women's human rights. For instance, in the economic sphere, Nigerian women remain marginalized. Women's labour is largely poorly remunerated. In politics, women are under represented and have not feared better in terms of political appointments. For instance in the fourth republic, out of the total 11,181 positions opened for election, only 631 women contested and only 181 won. [Ezeilo, 2001]. Social-cultural factors in terms of the role assigned to men and women in the home and the family house-hold chores, also constitute major obstacles to women's rights advancement; likewise traditional and cultural practices for example, widowhood rites, female genital mutilation, child betrothal, and male child preference to mention a few; are not only discriminatory of women, but also inimical to women's human rights advancement.

Objective Of The Paper

This paper seeks to realize the following objectives amongst others:- to identify the nature and scope of reproductive health policies and legislations in Nigeria, to review domestic policies and legislations relevant to reproductive health; to identify gaps and levels of implementation, enforcement and justice ability of reproductive rights in Nigeria; to promote respect for human rights of women by increasing understanding and awareness of the interdependence and equal importance of all human rights through the law and to conclude with some recommendations.

Theoretical Framework

The question is whether the right to reproductive health or reproductive rights are recognized under the law as a basic human right? The 1999 Constitution of the Federal Republic of Nigeria does not recognize the right to health or reproductive rights directly; for instance Sections 33, 34;35,37,38, 42 and 43 of the 1999 Constitution of the Federal Republic of Nigeria. Though some provisions of the constitution alluded to these rights, it may not be wrong for one to infer recognition of the right to health or reproductive rights as a basic constitutional right. Section 14 of Chapter II to the Constitution on Fundamental Objectives and Directive

Principles of State Policy, for example recognizes that the security and welfare of the people shall be the primary purpose of the Government. Section 17 of the same Chapter deals with the social objective of the Nigerian states which obligates the Government to direct its policies to ensure adequate medical and health facilities for all persons; ensures that the health, safety and welfare of all persons in employment are not endangered or abused. Further, it provides that children, young persons and the aged shall be protected against exploitation, or against moral or material neglect; that provision is made for public assistance in deserving cases or other conditions of need and the evolution and promotion of family life as encouraged.

Surprisingly, the most striking feature of these fundamental objectives and directive principles of state policy as contained in the chapter II of the constitution is their non justifiability despite the constitutional provision that enjoins all organ of Government and all authorities and persons exercising executive, legislative and judicial powers, the duty and responsibility to conform to and observe and apply them. [Section 13, 1999 Constitution]

The constitutional provisions clearly recognize that the right to life, sanctity of the human persons and human dignity provided for in the constitution are clearly connected to the physical and mental health of persons. Clearly, the constitutional provision that conditions of work must be just and humane, and that there are adequate facilities for leisure and for social, religious and cultural life; are ones which if properly implemented will work to produce / promote women's health generally. The prohibition of sex discrimination also implies that women and children are entitled to good health and a decent environment. [Nweze,C & Nwankwo, O, 2003]

The emerging trend in international law is that Government, in protecting the right to life has to take positive measures that will include the provision of adequate health facility for all, especially women and children. Thus a situation where women and children die of preventable diseases is a clear violation of their right to life. It is also , therefore suggested that the constitutional provision that guarantee the right to life may be construed as guaranteeing also the right to health, which includes the provision of adequate health facilities accessible by all.

These provisions above on the status of women's reproductive rights are framed mainly based on welfare consideration for maternal and child health as they have been by economic consideration. For instance, the law tries to balance the interest of pregnant women, motherhood and child

survival against the interest of the employer and the state who are investors in the employee with an eye on high yield performance of the employee. It is doubtful whether the law succeeds in this objective especially when it is considered that special/ protective legislation were made in an attempt to accommodate women's needs in a male dominated environment.

Against the backdrop of an endangered world in which women's natural environment was defined as the *HOME* there was only limited toleration of rebellion by women. These provisions are not far reaching enough in protecting women's reproductive rights as understood in contemporary times and especially under International Human Rights Law. This reality is supported and sustained by the systemic contrivance of legal norms derived from secular, customary and religious laws and cultural practices all of which results in massive violation of women's human rights.

In Islam, for instance, the Sharia sanctions the reproductive rights of women, but with some restrictions, which prevent not only women but also men from altering their natural positions. Quran 30: says... "*Let there be no changes in the creatures of Allah...*" In relation to the concept and philosophy of reproductive health rights in Islam, it must be stated that at the onset Islam has not unequivocally rejected or decreed against reproductive rights.

In the Writer's submission there is no clear text from the Quran or the Sunnah of the Holy prophet [SAW], the Ijma, Qiyas that indicate to the contrary. The approach in Islam is different from is the English concept. Islam as a complete way of life is an action guided religion. Reproductive rights in Islam must be understood in the context they occur. In Islam, the concept and philosophy of women reproductive rights are intrinsic with the status and relationship of the individuals. These can only exist where a lawful and legal relationship; and that is the marriage relationship. Everything dealing with the issue of reproduction is validated in Islam only through the marriage. The issues that pertain to reproductive health rights that co-extend to all Muslims regardless of status are those dealing with Female Genital Mutilation and early child or forced marriage. All the other issues are falling within the rubrics of reproductive rights are in Islam conferred only to the spouses. The following Quranic verses are relevant to the reproductive rights of women in Islam: Quran 18:46; 6:151 on family planning; Quran2:233 on sterilization, infertility, and artificial insemination.

The perception is that, the Sharia sanctions the reproductive rights of women, but with strict restrictions, which prevent not only women but also men from altering their natural positions. The Sharia has made adequate provisions for women even, it not only carter for the human rights of women, but makes provision for everything affecting the personality of the women folks: Quran 24:4; 49:11-12; & 33. Equally the Hadith of the Holy Prophet [SAW] is replete in many ways/places of compilation of collection of *Al-Tibb Al Nabawi* [medicine of the Holy Prophet SAW] in which there are collections of the prophetic sayings about medicine, health issues, illness, it's treatment and the way and manner to care for the ill and aged as well as how to administer treatment

Short Comings Of National Health Policies And Reproductive Rights

Unfortunately, the National Health Policy fails to specifically provide for a comprehensive reproductive health / rights concern, but focuses primarily on basic treatment, maternal and child health, family planning services, the prevention and control of infectious diseases, and the provision of essential drugs and supplies.

The National Health Policy continues to be the guiding document on population and family planning, while the country's population policy counters on the principle that couples and individuals have the right to determine the number and spacing of their children, its framework concerns focus on the impact of rapid population growth on economic development rather than the legal implication / enforcement of the right to adequate facilities conducive to family planning.

Furthermore, the Nigeria's population policy fails to account for emerging concerns in family planning and reproductive health, including the rapid spread of HIV/AIDS a new dimension into family health issues and the complication from Female Genital Mutilation: all as human right issues. Equally, the various laws in force in Nigeria address different areas of reproductive health; many of these laws do not reflect the reproductive concept and so are in adequate to meet the needs of actualizing reproductive rights as a contemporary issue because their targets are sometimes contradictory, outdated or tainted with religious, tribal or sectional sentiments.

However these policies do provide for strategies and institutional framework for policy implementation as well as monitoring and evaluating of policy implementation at all levels of Government. Some of these policies have their objectives amongst others to reduce maternal mortality

and morbidity due to pregnancy and childbirth ;to reduce the level of unwanted pregnancies in all women of reproductive age; to reduce the incidence and prevalence of sexually transmitted diseases / infections; to limit all forms of gender based violence and other harmful traditional practices to women and children; to reduce greater imbalance in availability of reproductive health services; to reduce gender imbalance in all sexual and reproductive health matters; to increase the involvement of men in reproductive health matters; to reduce the incidence and prevalence of infertility and sexual dysfunction in men and women; and promote research on reproductive health issues.

The Level Of Implementation Of Health Policies/Reproductive Rights Within The Human Rights Context

Despite the declaration of the policy and the necessity for an enabling law to establish a permanent statutory body or agency, to date no such legal frame - work has been passed to law with clearly defined functions, powers and responsibility to account to the public and stake-holders. The resultant consequence is that the existing institutional arrangement lacks the legal foundation to assume responsibility for defining, coordinating the effective development, execution and monitoring and revision of the existing policies: [Report of ARFH, 1998].

Furthermore, the lack of Governmental commitment and financial support coupled with low level of human resources support have rendered weak and ineffective any review of the existing legislations on reproductive rights as human rights and the enactment of new and appropriate legislations for the protection of women's reproductive rights particularly the rights of victims of the new HIV/AIDS scourge and of sexual violence against women and the girl child.

Part of the analysis on women's reproductive rights and health is the rights of a woman in certain circumstances to contraceptives, sterilization, and abortion. Presently there is no explicit law in Nigeria that regulates the sale or use of contraception, drugs and devices. The nation's family planning programmes also make available a variety of methods of fertility regulations to ensure free and conscious choice by all couples. The availability of contraceptives at government distribution centers suggest that contraceptive use and distribution is legal in Nigeria , in fact pills, injectables, diaphragms , foams, condoms, and female and male sterilization available too. The only control is through the Food and Drugs Act which only prohibits misleading labeling and advertising practice by

requiring manufacturers of drugs to furnish information on drugs chemical compositions, its intended use and the result of clinical investigation and any adverse effects on health.

Abortion like contraception formed the two major elements of reproductive health rights whose exercise carries important implication for the well being of women. The criminal law in Nigeria [Section 228-230 criminal code & Section 232 penal code] makes the performance of an abortion a criminal offence unless it is performed to save a pregnant woman's life. Abortions are thus illegal regardless of the duration of the pregnancy; the law prohibits abortion performed at all stage of fetal or embryonic development from the time of fertilization. However the law does not clearly distinguished between abortion performed by qualified medical practitioners and quacks, neither Doctors nor the facilities in which an abortion may take place. The Government does not subsidize abortion services and abortions are not available in most public health facilities especially where it is to be done to safe a woman's life or pregnancies resulting from rape or incest. [Ladan, 1999] this development has led health professional and women's rights groups to call for a reform of the restrictive abortion laws to permit legal abortion for pregnancies resulting from rape and incest and designated clinics for abortion be created to be handled by trained medical personnel as a legally enforceable human rights of women.

Moreover worthy of note is the sterilization issue which is legal in Nigeria. The law in Nigeria exempts surgical operations that are performed in good faith and with reasonable care. Sterilization is available in government health institutions and Teaching Hospitals. All surgical operations in Nigeria must be performed by registered medical practitioner.

The State Of Reproductive Health. /Women's Human Rights In Nigeria

Presently the state of reproductive health / rights in Nigeria has been hampered by external factors such as the availability and accessibility of health care services, poverty, the environment, the water supply situation, educational levels, cultural values, gender relations, and survival factors. The laxity in data recording, collating and reporting, from local to federal levels, as well as poor capacity to analyze and utilize data for health policy, development and planning remain major challenges to overcome. Several reasons have been proffered for this lamentable situation. The most important is the weak political commitment under successive regimes to

address the crisis in health sectors, inadequate budgetary allocations, over dependency on donors, the fragmentation of the health system into a mass of poorly coordinated, parallel, vertical programmes and failure to give real content to the declared aim of decentralization and community participation in the management.

With the immediate past administration of Chief Olusegun Obasanjo, there are fresh approaches to the health sector reforms. For instance, the 2004 revision of the National Health Policy which now seeks to provide a comprehensive framework for a more coordinated, integrated and sustainable reproductive health programming and clearly specified implementation process including the monitoring and evaluation techniques. There is high-level advocacy to policy makers and opinion leaders which has resulted in the recently increase in political commitment and increased funding ; increased tempo of activities local and foreign NGO's resulting in substantial community based innovative projects reproductive health/rights.

By July 2003, the protocol on the rights of women in Africa has been enacted and adopted in Nigeria; it has become one of the instruments for advancing reproductive and sexual health rights in Nigeria. Article 1-26 of the Protocol affirms reproductive choice and autonomy as major human rights. The Protocol amongst others represents the first International Instrument to articulate women's' rights as human rights; for instance the right to abortion when pregnancy results from sexual assault, rape, incest, or where continuation of the pregnancy endangers the life of the woman. The Protocol also calls for a prohibition of harmful practices such as the FGM {Female Genital Mutilation} which have ravaged the lives of countless young women in Nigeria.

The Protocol further requires state parties like Nigeria to ensure that the right to health of women including sexual and reproductive health is respected and promote; for instance the right to control their fertility; the right to decide whether to have Children , the number and spacing of children; the right to choose any method of contraception ; the right to self protection against sexually transmitted diseases infection including HIV/AIDS ; the right to have family planning education ;and the right to be informed of the health status of her partner particularly if infected with Sexually Transmitted Diseases, including HIV/AIDS. The Protocol also enjoins states parties to take appropriate measures to provide adequate, affordable, and accessible health services, including information, education and communication programmes with women in the rural areas. Equally

their must be adequate protection for reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest or for the safety of the woman's life. Also to prohibit all medical or scientific experiments on women without their informed consent ; guarantees women's right to consent to marriage; set minimum age of marriage for girls at 18 years; enact and enforce laws that would uphold all forms of violence against women, including forced or unwanted sex ;and reform laws and practices that discriminates against women.

Conclusion And Recommendations

At present, it's only the African Charter on Human and Peoples Rights that has been domesticated in Nigeria and applied in cases that come before Nigerian courts.

Lastly, it is recommended that a lot of concerted efforts are needed in educating men and women about the advantages of allowing women exercise not only their economic rights, but also reproductive rights as this will improve the quality of life of women and their family and by implication the whole nation. A vigorous preventive awareness campaign should be mounted like never before that will facilitate the empowerment of women.

The Government- NGO'S {non governmental organization} partnership should be solidified. The private sector should be more encouraged to play a greater role in the critical areas of concern to women's reproductive rights given the potentials that private sectors can mobilize abundant both human, technical, and finance.

Associations like Women Aid Collective {WACOL}; Association For Reproductive And Family Health {ARFH}; Civil Resources And Documentation Center {CIRDDOC}; Federation Of Muslims Women's Association In Nigeria {FOMWAN}; International Federation Of Women Lawyers {FIDA};National Council Of Women's Societies Nigeria {NCWS}; and Women's Center For Peace And Development {WOPED}, to mention just a few are working actively in this respect.

So far, the policies and legislations on women's reproductive health and rights have not specifically addressed the most needed reforms in the health sector which is the root and genesis of women's reproductive health and rights. Hence, there is need for a mandatory provision of Government legislation on maternal health services to protect women against disabilities arising form effects of female genital mutilation and other harmful traditional practices. In addition, women must have free and low cost

access to legal services. The minimum marriage age for Girls must be fixed at 18 years be it statutory, customary or religious marriage, so that the girls would enjoy their fundamental rights to education, and to proper physical and mental development. There must the enactment of family protection law to criminalize acts of domestic violence and neglect of women. There must be the harmonization of laws to ensure a realization of women's rights.

To effectively promote, protect, and enforced women's reproductive health and rights, all legislations and policies on women's rights must be articulated and harmonized in single instrument/ document; for instance all Protocols, Declarations , Policies and Charters on women's reproductive and sexual health rights, including the rights to equality; life; liberty; security of person; family planning; consent to marriage; privacy; protection from discrimination; sexual violence; harmful traditional practices; cruel, inhuman, degrading treatment or punishment as embedded in the following African and United Nations International Human Rights Treaties: United Nations Convention on the Elimination of All Form of Discrimination Against Women {CEDAW}: International Covenant On Economic, Social, And Cultural Rights {ICESCR} : United Nations Convention Against Torture {CAT}: and International Covenant On Civil And Political Rights {ICCPR}: be upgraded to the level of *FUNDAMENTAL HUMAN RIGHTS PROVISIONS* of Chapter 4 of the 1999 Constitution and made justifiable/ enforceable as a legal rights in our Courts of Law. These rights must be made part of Constitutional obligation of all levels and tiers of Government to respect, observe, promote, and protect because they are Human Rights founded upon principles of human dignity and equality as well as survival issues.

There is also the need to reform and engender the language and substantive contents of the 1999 Constitution of the Federal Republic of Nigeria particularly the sections that perpetuate gender discrimination and inequality between men and women; for example Section 26 of the 1999 Constitution of Federal Republic of Nigeria which provides for citizenship by registration is not Constitutionally meant for non-Nigerian women who are married to Nigerian citizens and not vice –versa. And equally section 24 of the same Constitution provides that a woman lacks the legal ability to confer on her foreign husband the right to be resident within Nigeria.

In addition, a separate *Court* may be created under the constitution and given special jurisdiction to entertain cases of women's / reproductive

rights abuses or violations; such a Court should given a separate legal and constitutional backing.

The above are necessary steps to achieving de-*jure* and *de-facto* equality and elevate the status of women's reproductive to that of enforceable fundamental as contained in Chapter IV of the 1999 Constitution, more so the implementation of existing laws are fraught with difficulties. The law has a great role to play in advancing women's rights

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