The Relevance of the Beijing Conference to Sida's Action Plan on Sexual and Reproductive Health

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What relevance does the Beijing Declaration and Platform for Action have for Sida's policy on Sexual and Reproductive Health and Rights?

An analysis of the relevant health components

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1. SUMMARY

Generally speaking, the Beijing Declaration and Platform for Action are in line with Sida's Sexual and Reproductive Health Action Plan, 1994 (SRH action plan). The bearing ideas of the Beijing document - gender equality, sustainable development, democracy, human rights, including sexual and reproductive rights, equal opportunities and access to resources in family and society - are part and parcel of the priorities and strategies expressed in the SRH Action Plan. The proposals from the Beijing Conference can support and inspire further development of Sida's SRH policy work.

In addition to the six areas contained in Sida's SRH action plan, some new areas of concern with relevance to SRH received much attention. These include violence against women and the situation of the girl child. Little but some attention was accorded the roles and responsibilities of men.

It is obvious that these new topics, as well as some of those already in the Sida SRH action plan, are multisectoral and can not be dealt with by the health sector alone. The new organisational structure of Sida provides a good opportunity for a concerted effort on e g the situation of girls and on women and violence. The new department for social affairs gives possibilities to work broadly with social issues in the sectors of health and education as well as with legislation.

Several of the issues do not readily fall within the traditional role of ministries of health but need collaboration between ministries, as well as strong NGO-advocates. The Beijing document repeatedly calls for NGO's involvement, particularly women's organisations and networks but also youth groups, groups of HIV-positive and others. We recommend Sida to find ways of direct support to these groups, based on an analysis of country needs and capacity of the groups.

2 INTRODUCTION

The UN Fourth World Conference on Women, held in Beijing in September 1995, should be seen as a continuation of the UN Conference on Population and Development, ICDP, in Cairo the year before. Both conferences stress the need to see the individual's total life situation and acknowledge the connection between economic and social conditions and sexual and reproductive needs and rights. Women's needs in the field of health, sexuality and reproduction were the most controversial issues in Beijing.
During the year between Cairo and Beijing there were fears that the gains from Cairo would be challenged and possibly lost in Beijing. This did not happen. A comparison between the two confrences shows that the emphasis in Cairo is on empowerment of women, while in Beijing, not unexpectedly, the stress is on gender equality. This, of course, is a consequence of the different objectives of the two conferences. However both devote much attention to women´s reproductive and sexual health. The Beijing conference goes futher in that it addresses sexual and reproductive rights as well. The abortion-issue was much debated in Cairo. Beijing went some-what further in that it also mentions

decriminalization of abortion. None talk of free abortion. Both documents stress the need to support youth and the right of youth to knowledge and services.The Beijing document devotes a full chapter to the situation of the girl child and another chapter to violence against women. These subjects were not raised in Cairo.

2. 1 The structure of this report

This report has been commissioned by Sida and the task was given to five independent consultants. See annex 1 for Terms of Reference.

The report is based on a reading of the Beijing document. The most important paragraph(s) of relevance to Sidas's SRH policy are quoted fully or partly. The quotations are given in italics for easy identification.

Each member of the group has elaborated a background document on selected topics, defined by the group. The background documents, available on request, have been worked into this summary report.

Annex 2 contains a list of references and bibliography. Annex 3 contains a paper on the role of religion and churches in relation to sexual and reproductive health.

2.2 Presentation of the Beijing document

The Beijing document starts with a *Declaration.* Only few statements deal directly with health. Women's well-being, including health, is seen in a social and gender context and as part of a sustainable development.

5 *Recognize that the status of women has advanced in some important respects in the past decade but that progress has been uneven, inequalities between women and men have persisted and major obstacles remain, with serious consequences for the well-being of all people.*

27 *Promote people-centred sustainable development, including sustained economic growth through the provision of basic education, life-long education, literacy and training, and primary health care for girls and women;*

Reproductive rights are not explicitly mentioned but the right for women to control their health and fertility is emphasized. The concept Sexual and Reproductive Health appears once in the Declaration as an obligation to governments:

30 *Ensure equal access to and equal treatment of women and men in education and health care and enhance women's sexual and reproductive health as well as education;*

The *Platform for Action* is defined as an agenda for women's empowerment. It consists of

a *Mission Statement,* a *Global Framework,* followed by 12 *Critical Areas of Concern* These are elaborated the following chapters from A to L:

A The persistent and increasing burden of *poverty* on women

B Inequalities and inadequacies in and unequal access to *education* and training

C Inequalities and inadequacies in and unequal access to *health care*

D *Violence* against women

E The effects of *armed conflict* on women, including women living under foreign occupation

F Inequality in *economic structures* and policies, in all forms of productive activities and access to resources

G Inequality between men and women in the *sharing of power* and decision-making at all levels

H Insufficient *mechanisms* at all levels to promote the advancement of women

I Lack of respect for and inadequate promotion and protection of the *human rights* of women

J *Stereotyping* of women and inequality in women's access to and participation in all communication systems, especially in the media

K Gender inequalities in the management of natural resources and in the safeguarding of the *environment*

L Persistent discrimination against and violation of the rights of the *girl child*

Each chapter begins with a description of the situation, followed by a list of actions to be taken by governments, NGOs, international institutions, massmedia etc. For each area it is also pointed out that the gender perspective should be mainstreamed.

The statements and recommendations related to sexual and reproductive health and rights are mainly found in chapters B, C, D and L.

The most controversial issues were sexual rights, including sexual orientation, abortion, parental rights, sexuality education, wether there are special human rights for women and equal rights to inheritance. The question of sexual orientation was not solved, even though several countries stated that this ought to be seen as a sexual right.

2. 3 The holistic perspective

Women in poor countries and women in rich countries live under very different conditions, but share the experience to be subordinate to men in the same society, class and culture. This affects women's lives with regard to daily life, influence in society and control over their own lives.

Urbanisation has created new patterns of life. Traditional values are undermined and transformed, roles of women and men are changed. Increasingly women all over the world bear the main responsibility for supporting their families.

It is essential that women should control their economy. Women´s life and health are affected by their daily burden of work, the education they receive and to what extent they can govern their own sexuality and determine when and with whom they will share their sexuality or/and how many children they want.

During the entire life cycle, questions of gender, sexuality and reproduction are vitally important in the lives of women. Women in the North and women in the South often have similar demands and needs. Different interests in society try to control women's sexuality and reproduction. But these depend on a wide range of of factors. Infant mortality, women´s education and income, gender roles and sexual and reproductive health are important factors, together with access to contraception.

But reproductive and sexual rights are limited without empowerment and a strong and equal position for women. A woman who is depending on her husband has great difficulties to take decisions about sexuality, contraception and protection against STD.

> Sidas SRH action plan implies a holistic view. With this in mind it is important to find ways for intersectoral collaboration and integration, also within Sida.

2. 4 Human rights

Human rights was one of the most important issues in both Beijing and Cairo. The result is a clear statement that human rights also include parts that are specifically important to women and that human rights have gender perspective.

96 *The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity*

of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.

Sexual rights were carefully discussed in Beijing and resulted in a consensus about the right to control ones sexuality.

Sidas strategy on human rights does not specifically relate to sexual rights, but as sexual rights are included in the holistic approach, it is important to include them in a human rights perspective.

3. ANALYSIS OF SELECTED SUBJECTS RELEVANT TO SRH

3.1 Sexual and reproductive rights

The defintion of reproductive rights was adopted already in 1968 at a UN Conference in Teheran and was reiterated in Beijing:

95 *...The basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so ....*

Further developed in para 95, *reproductive rights* include:

1. The right to attain the highest standard of sexual and reproductive health.

2. The right to "make decisions concerning reproduction free of discrimination, coercion and violence." This right implies both contraception and abortion. The following line can be interpreted as a social indication for abortion: "In the exercise of this right, they (couples and individuals) should take into account the needs of their living and future children and their responsibilities towards the community". It is also stated that the "promotion of the responsible exercise of these rights for all people should be the fundamental basis for government and community-supported policies and programmes in the area of reproductive health, including family planning.

3. The right to information. In all educational programmes, "full attention should be given to the promotion of mutually respectful and equitable gender relations". The educational and service needs of adolescents as well as of older women and men are acknowledged and sexuality is obviously included in reproductive health issues. Thus, education and service for adolescents has the goal to "enable them to deal in a positive and responsible way with their sexuality."

Sexual rights for women and girls means the right for them to make their own decisions on whether to say yes or no to sex, and give them a real opportunity to protect themselves against unwanted pregnancies, disease and abuse. It is a question of influencing society on different levels for a changing view towards women and girls. This means to stress that sexual rights is not the same as sexual health. Sexual rights means to have the possibility to govern ones own life and make important decisions. Efforts in this direction must be supported on all levels in society.

106(g) *Ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women's health services aimed at ensuring responsible, voluntary and informed consent....*

106(h) *Take all appropriate measures to eliminate harmful, medically unnecessary or coercive medical interventions... All women are fully informed of their options, ...*

107 (d) *Reinforce laws, reform institutions and promote norms and practices that eliminate discrimination against women and encourage both women and men to take responsibility for their sexual and reproductive behaviour, ensure full respect for the integrity of the person, take action to ensure the conditions necessary for women to exercise their reproductive rights and eliminate coercive laws and practices;*

230 (n) *...combat and eliminate, including through international co-operation, organized and other forms of trafficking in women and children, including trafficking for the purposes of sexual exploitation, pornography, prostitution and sex tourism, and provide legal and social services to the victims; ... prosecute and punish those responsible for organised exploitation of women and children;*

3.1.1 Recommendations to Sida on sexual and reproductive rights

Sida's policy for sexual rights is so far not very well worked out. It needs some complementary discussions, including the following aspects:

- To always have a gender perspective mainstreaming all programs, also those concerning sexual health and reproduction.
- Support programs for awareness raising about sexual rights and health.
- Support programs working for changing attitudes towards the right to contraception, abortion and education, as well as attitudes towards violence and sexual exploitation of women and girls.
- Support and change attitudes to unmarrried mothers allowing them access to education, work and economic support.
- Support for women's networks and NGOs working to prevent female genital mutilation.
- Support programs for a changed attitude to prostitution, preventing men from bying sex. Different forms of support are needed for empowerment of girls and women to enable them refuse selling their sexuality and bodies.
- Support to programs with an integrated view on laws, attitudes, education and services.

3.2 Sexual and reproductive health

3.2.1 Women's health including maternal health care

The section on women and health contains statements and recommendations on sexual and reproductive health which cover most of the subjects in Sida's SRH action plan. The general statements on these issues are collected in four paragraphs. In para 94 and 95 reproductive health is defined and discussed. Para 96 as a whole is a strong justification for sexual and reproductive rights. The need for reproductive health services and shared responsibilities between women and men is highlighted in para 97. The content and language of these paragraphs will be studied to understand the message from Beijing on sexual and reproductive health and rights.

Reproductive health is defined according to WHO's definition, and to the 1968 UN Declaration on Human Rights.

94 *Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes ... Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.*

This definition implies three types of health services:

The first is described as the right of men and women "to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice". "Family planning" is defined by WHO as "methods to prevent unwanted pregnancies by contraceptive methods and the right to have children when wanted" (WHO's current technical definitions related to reproductive health. Progress in Human Reproduction Research, No 30, 1994). Thus, treatment of infertility, but not abortion care is included in family planning services.

The second type of services in para 94 is, however, the right to safe abortion, expressed in the language from ICPD in Cairo: women's right to "other methods of their choice for regulation of fertility which are not against the law". This sentence includes two compromises from Cairo: "regulation of fertility" instead of "fertility regulation" and "abortion not against the law" instead of "legal abortion".

The third is the "right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant".

In other words, women and men have the right to
- contraceptive services (and treatment of infertility)
- safe abortion care (in countries where abortion is legal)
- appropriate health care during pregnancy and childbirth

Reproductive health care is defined in general terms: "In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems" (para 94).

And finally, the paragraph ends with inclusion of sexual health as an element of reproductive health, presenting sexuality as a positive force in life not only as a cause of health problems.

Para 94 also includes

94 *...sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.*

Reproductive health problems and health needs related to sexuality and reproduction are described in para 97 which includes:

- Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of thedeveloping world. Similar problems exist to a certain degree in some countries with economies in transition.

- Unsafe abortions threaten the lives of a large number of women, representing a grave public health problem as it is primarily the poorest and youngest who take the highest risk.

It is pointed out that most of these health problems are preventable through improved access to adequate health-care services, including safe and effective family planning methods, safe abortion care (when legal), and maternity and emergency obstetric care. For implementation references are made to relevant paragraphs of the Programme of Action of the ICPD Conference.

In addition, para 97 argues that "shared responsibility between women and men in matters related to sexual and reproductive behaviour is also essential to improving women's health" and declares that "the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights".

The following actions are recommended: to increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services and to strengthen preventive programmes that promote women's health.

These recommendations concern both general aspects, such as life cycle perspective on health, community based programmes, quality of services and training of health personnel, and the areas related to sexual and reproductive health.

3.2.2 Maternal health care

When it comes to health care in relation to pregnancy and childbirth the recommendations are given in general terms and references are made to relevant paragraphs of the Plan of Action of ICPD.

106 (e) *Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care, as agreed in the Programme of Action of the International Conference on Population and Development.*

The objective to reduce maternal mortality formulated by the Safe Motherhood Initiative is reaffirmed.

106 (i) *Strengthen and reorient health services, particularly primary health care, in order to ensure universal access to quality health services for women and girls, reduce ill health and maternal morbidity and achieve world wide the agreed-upon goal of reducing maternal mortality by at least 50 per cent of the 1990 levels by the year 2000 and a further one half by the year 2015; ensure that the necessary services are available at each level of the health system; and make reproductive health care accessible, through the primary health-care system, to all individuals of appropriate ages as soon as possible and no later than the year 2015.*

An Inter-Agency Group for the Safe Motherhood Initiative (IAG) has recently tried to define the elements of appropriate health care in relation to pregnancy and childbirth (Safe Motherhood Newsletter, WHO. Issue 18, 1995):

Basic maternity care is defined as management of normal pregnancies and deliveries - antenatal care, clean and safe delivery and postpartum care. All pregnant women should receive basic maternity care.

Essential obstetric care (EOC) is management of pregnancy- and deliveryrelated complications and special neonatal care. EOC is only needed for women who have difficult or problem pregnancies or who develop complications. EOC comprises both planned interventions and emergency situations.

Emergency obstetric care, an element of EOC, defined as the management of unexpected complications during pregnancy, such as eclampsia, retained placenta or postpartum hæmorrhage. Although not mentioned in the report from IAG, "emergency obstetric care" consequently includes health services for complications to unsafe abortion, as recommended in § 106 (k) " In all cases, women should have access to quality services for the management of complications arising from abortion."

The IAG also concluded that "procedures needed to manage obstetric complications should all be available at the first referral level - the district hospital. However, many can and should be performed at lower levels of the health care system - in health centres.

Appropriate staffed and equipped facilities and transport need to be affordable and accessible on a 24 hour a day basis since many complications develop without warning".

This corresponds beautifully to Sida's SRH action plan on maternal health care, which reads:

> "support to efforts to ensure that maternal health care referral systems are organized so that pregnant women with varying health care needs are taken care of, and that maternal care actively cooperates with obstetric care".

3.2.3. Promotion of breast feeding

Another focus area in Sida's SRH action plan is "support to activities for the promotion of breast feeding by training and information in accordance with ratified international declarations", clearly in accordance with the recommendations in the Beijing Platform of Action:

106 (r) *Promote public information on the benefits of breast-feeding; examine ways and means of implementing fully the WHO/UNICEF International Code of Marketing of Breast-milk Substitutes, and enable mothers to breast-feed their infants by providing legal, economic, practical and emotional support.*

3.2.4. Contraceptive methods and safe abortions

Although rather general, the writings on contraceptives and abortion in the Beijing Document are in essence very similar to the activities proposed in Sida's SRH action plan. Fertility regulation is seen as a women's right.

The message in the Beijing Platform for Action is that access to fertility regulation methods - contraception and abortion - is part of sexual and reproductive rights and as such a human right of women. Paras 94, 95, 96 and 97 are reaffirmed in the section on human rights of women i e para 223, all of which refer to previous UN World conferences.

3.2.5. Provision of fertility regulation methods

Recommendations on research, provision of information and services on fertility regulation are directed to Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and mass media.

A general recommendation to provide quality contraceptive services is given in the above mentioned para 106 (e) (see page 9 under 3.2.2)

In other paragraphs the need for services on contraception is mainly expressed indirectly like "...take action to ensure the conditions necessary for women to exercise their reproductive rights ..." (108 d). Contraceptive methods, however, are specifically mentioned in relation to research and supply of contraceptives:

109 (h) *Provide financial and institutional support for research on safe, effective, affordable and acceptable methods... for the regulation of fertility, including natural family planning for both sexes....*

106 (u) *Rationalize drug procurement and ensure a reliable, continuous supply of high-quality pharmaceutical, contraceptive and other supplies and equipment, using the WHO Model List of Essential Drugs as a guide, and ensure the safety of drugs and devices through national regulatory drug approval processes;*

Programmes on information and education on sexual and reproductive health seem to include contraceptive services, especially should such services be available for adolescents

107 (e) *...disseminate accessible information ... designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction ...*

108 (k) *Give full attention to the promotion of mutually respectful and equitable gender relations and, in particular, to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality;*

The quality of care is stressed in these two paragraphs:

106 (f) *Redesign health information, services and training for health workers so that they are gender-sensitive and reflect the user's perspectives with regard to interpersonal and communications skills and the user's right to privacy and confidentiality; ....*

106 (g) *Ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women's health services aimed at ensuring responsible, voluntary and informed consent; ....*

3.2.6. Safe and legal abortion

Notably, the Beijing document, following the ICPD statement in Cairo 1994, refers to abortion as a major public health concern.

106 (j) *Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the the Programme of Action of the International Conference on Population and Development*

109 (i) *Since unsafe abortion is a major threat to the health and life of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted, as well as research on treatment of complications of abortions and post-abortion care;*

The intensely discussed paragraph 8.25 from ICPD is repeated in extenso with an interesting addition of a last sentence, obviously a result of the Norwegian Delegations proposal on "decriminalizing of abortion".

106 (k) *In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development which states: "In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non- governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions;*

The essence of the paragraph is to make abortion safe by promoting safe abortion services, emergency obstetric care for abortion complications and post-abortion counselling and services.

In addition, the last sentence, although rather weak - "consider reviewing" is not the same as "change" - is an opening for efforts to make abortion legal. Therefore, the paragraph as a whole is a support for Sida's strategies on safe abortion in the SRH action plan:

- support to programmes for medically safe abortions and those making menstrual regulation methods available
- highlight the abortion issue in international fora and in the development dialogue
- support to groups working to prevent unwanted pregnancies and promote the right to safe and legal abortion
- support to programmes for integrated post abortion family planning services responsible to women's needs

3.2.7. The right to abortion and freedom of choice - still missing

Apart from the sentence at the end of the "abortion paragraph" 106 (k), it is difficult to find an explicit opinion on legalization of abortion either for promoting women's health or as a reproductive right for women. Thus, actions to liberalize abortion is not included in the recommendations in para 232, nor is the right to abortion defined as a human right in paragraphs 94 and 96.

3.2.8 Recommendations to Sida on sexual and reproductive health

The Beijing Document provides a strong justification for Sida's SRH action plan, first of all by adopting the concept "sexual and reproductive health" e.g. in the statement that "reproductive rights include the right to attain the highest standard of sexual and reproductive health" (para 95, quoted on page 4).

In development cooperation on Sexual and Reproductive Health Sida should pay extra attention to previously neglected areas regarding women's health and empowerment. Many of these issues are addressed in the Beijing Document, but not always explicitly or strongly promoted.

Strategies for health care and service delivery should include:

- Popular education on sexuality, reproduction and gender issues.
- Training and continuous education of service providers, and efforts to improve their social and economic situation.
- Essential and emergency obstetric care during pregnancy and childbirth, promotion of breast feeding.
- Easily accessible, high quality services on safe, effective and user controlled contraceptive methods, including traditional methods.
- Services for induced abortion according to the legal status of abortion.
- Emergency treatment of abortion complications.
- Post-abortion contraceptive counselling and services.

Sida should actively support NGOs and women's groups to influence the health policy and change laws:

- Equal rights for men and women in society and family
- More women in policy decisions and men in family planning practices
- Sex education in schools including gender issues, sexuality and reproduction
- Legislation to ensure access to legal abortion
- Access to contraceptive services irrespective of age and marital status
- Prevention of unwanted pregnancies and sexually transmitted disease.
- Father's economic and social responsibility for children inside and outside marriage
- Pregnant girls' right to continue their education and return to school after childbirth.

Sida should support country-specific programmes for Sexual and Reproductive Health, stressing the following standards and approaches:

- Gender perspective
- Community participation
- Male involvement
- Co-operation between NGOs and public sectors on health, education, social welfare, religion
- Policy actions

3. .3 Adolescents' sexual health

The reproductive health problems and the need for health services for young girls and adolescents are described in para 93. Premature sexual experience is seen as a health risk, while in para 95 on reproductive rights, the sexual needs of adolescents are explicitly acknowledged.

93 *... Conditions that force girls into early marriage, pregnancy and child-bearing and subject them to harmful practices, such as female genital mutilation, pose grave health risks.... Counselling and access to sexual and reproductive health information and services for adolescents are still inadequate or lacking completely ... Adolescent girls are both biologically and psycho-socially more vulnerable than boys to sexual abuse, violence and prostitution, and to the consequences of unprotected and premature sexual relations. The trend towards early sexual experience, combined with a lack of information and services,*

increases the risk of unwanted and too early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions....

95 *.... full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. ....*

268 *More than 15 million girls aged 15 to 19 give birth each year. Motherhood at a very young age entails complications during pregnancy and delivery and a risk of maternal death that is much greater than average. The children of young mothers have higher levels of morbidity and mortality. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, early marriage and early motherhood can severly curtail educational and employment opportunities and are likely to have a long-term adverse impact on their and their children's quality of life.*

In order to eliminate negative cultural attitudes and practices against girls initiatives are recommended which are relevant for Sida supported programmes on adolescent health.

277(a) *Promote an educational setting that eliminates all barriers that impede the schooling of married and/or pregnant girls and young mothers, including, as appropriate, affordable and physically accessible child-care facilities and parental education to encourage those who have responsibilities for the care of their children and siblings during their school years to return to, or continue with, and complete schooling;*

281 (e) *Ensure education and dissemination of information to girls, especially adolescent girls, regarding the physiology of reproduction, reproductive and sexual health,...*

281 (g) *Emphasize the role and responsibility of adolescents in sexual and reproductive health and behaviour through the provision of appropriate services and counselling ...*

3.3.1. Teenagers and their families

To be a teenager means different things in different societies. In most East African countries more than 50% of the girls are likely to have their first child before the age of 20. They have needs both as mothers and young women. The difference between the social and biological maturity during puberty is great, especially in countries where the girls marry and have their first child early. But similar to all adolescents is a need for knowledge about sexuality and prevention.

Urbanisation has brought about a growing number of female headed households and a great number of nuclear families. This has led to a break of a tradition in i a Africa with the older generation giving the younger education on sexuality and family life. Parents are

not used to talking about sexuality and reproduction with their children. In Beijing a lot of anxiety was expressed about parents loosing influence over adolescent children and their access to contraceptives and information. This was combined with a strong wish from some countries to keep this kind of discussions within the family. They regarded the rights for youth as a threat to the traditional family.

The anxiety about *parental rights* was "solved" in paragraph 107 e which is repeated or referred to in some other paragraphs, (notably 107(g), 262 and 267)

107 (e) *... education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women. In all actions concerning children, the best interests of the child shall be a primary consideration;*

3. 3. 2 Sexuality education and information

The term sexuality education is increasingly used instead of sex education. It is broader and includes sexuality and reproduction as well as love and interpersonal relations.

All over the world young people as well as adults are denied knowledge about sexuality and reproduction. The need for sexuality education was discussed in Cairo including at the youth NGO forum there. The need for sexuality education is pointed out as important also in the Beijing document:

74 *Curricula and teaching materials are rarely sensitive to the specific needs of girls and women. Lack of gender awareness by educators at all levels strengthens existing inequities between males and females by reinforcing discriminatory tendencies and undermining girls self-esteem. The lack of sexual and reproductive health education has a profound impact on women and men.*

The content of the education is sometimes quite carefully described along with the need to educate different groups.

108 (h) *Provide workshops and specialised education and training to parents, decision makers and opinion leaders at all levels of the community, including religious and traditional authorities, on prevention of HIV/AIDS and other sexually transmitted diseases, and on their repercussions on both women and men of all ages;*

The specific need for young girls and the girl child was reflected also in terms of education of parents, service providers and the girls themselves.

281 (e) Ensure education and dissemination of information to girls, especially adolescent girls, regarding the physiology of reproduction, reproductive and sexual health,.... responsible family planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention, recognising the parental roles referred to in paragraph 267;

281 (g) Emphasize the role and responsibility of adolescents in sexual and reproductive health and behaviour through the provision of appropriate services and counselling, as discussed in paragraph 267;

3.3.3. Recommendations to Sida on adolescents' sexual health

It is well known that young people start having sexual relationships before marriage and that they do not abstain just because their parents or teachers say they should. This puts teenagers at a great risk, as showed by high figures of STD/HIV and unwanted pregnancies among adolescents.Therefore, it is essential for young people to have access to both knowledge and methods for safe prevention. Adolescents must be able to protect themselves even if their parents do not agree.

In many countries in the world, however, it is considered wrong to inform young people about sexuality. Numerous studies, among them a meta study from WHOs Global Program on AIDS (Aggleton, Baldo & Slutkin, 1993) indicate that knowledge about sexuality does not encourage sexual experimentation. On the contrary, it leads to a later start and better protection. It reduces destructive relationships as well as guilt and fear. Young people do not regard their own sexuality as a problem but as an asset and something positive. Sexuality education is, as all experience shows, a wise and important means to protect life and contribute to reduce social problems.

Sidas SRH action plan points out the need to support adolescents in relation to sexuality and contraception and stresses the need for sexuality education. These priorities do not need to be changed but to be further developed. This is a field were integration with education is important and joint activities for adolescents´ sexual health within the new Sida between e g education, human rights, gender and health programmes are highly desirable.

In development cooperation Sida should promote awareness of adolescents needs on a policy level and support specific programmes for adolescents.

The policy work includes:

- Influence attitudes among politicians and decision makers about adolescents rights to knowledge and services in the field of sexual and reproductive health
- Support studies about youth sexuality behaviour and their behaviour in protective matters
- Work for introduction of sexuality education in school and out-of-school, including information/education on sexuality, reproduction and gender issues in the school curriculum.
- Encourage amending and reviewing of laws and regulations which force girls to leave school if they are pregnant or hinder them to get the services and support they need in relation to sexual an reproductive health
- Support to NGOs and other groups working to influence attitudes on youth sexuality,and/or advocating for controversial issues like the right for teenagers to education and access to services and respectful treatment.

Programmes for adolescents´sexual health include:

- Apply an integrated view on sexuality education, contraceptive services and gender issues
- Education on values and attitudes among parents and clinical staff
- Support innovative programs e g for peer education, integrated services and programs for male adolescents
- Support to NGO pilot programmes for sexuality education and services
- Support efforts to create integrated programmes between ministies and NGOs.

3.4. HIV/AIDS and other sexually transmitted diseases

The Declaration does not mention HIV/AIDS. The first mention of HIV/AIDS is in the Global Framework paragraph 37 which gives statistics on growth and size of the epidemic and states that young women and adolescents are particularly vulnerable.

The need for educational programmes for boys and girls to avoid i a the spread of sexually transmitted diseases, especially HIV /AIDS is acknowledged in paragraph 83 (l).

The devastating effects of HIV/AIDS and other sexually transmitted diseases on women are described in:

98 *HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women. They often do not have the power to insist on safe and responsible sex practices and have little access to information and services for prevention and treatment. Women, who represent half of all adults newly infected with HIV/AIDS and other sexually transmitted diseases, have emphasized that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of sexually transmitted diseases. The consequence of HIV/AIDS reach beoynd women's health to their role as mothers and caregivers and their contribution to economic support of their families. The social developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective.*

A plea for sexual and reproductive health education for adolescents is made in 107 (g) and this is reiterated in the following paragraph.

108 (e) *... educate and enable men to assume their responsibilities to prevent HIV/AIDS and other sexually transmitted diseases;*

(l) *Design specific programmes for men of all ages and male adolescents, recognizing the parental roles referred to in paragraph 107 (e), aimed at providing complete and accurate information on safe and responsible sexual and reproductive behaviour, including voluntary, appropriate and effective male methods for the prevention of HIV/AIDS and other sexually transmitted diseases, through, inter alia, abstinence and condom use.*

The whole of Strategic Objective C 3 deals with Sexually transmitted diseases and HIV/AIDS, with emphasis on the situation and needs of women. It gives the following recommendation for action:

- infected and affected should be part of decision-making
- protective laws and practices for women, adolescents and young girls should be enacted
- protect the rights of infected individuals
- recognize the discriminating impact on women
- empower women and educate the men to prevent HIV/AIDS and other STDs
- support community efforts by women protection and for care and support
- support the caregivers
- give full information, incl on pregnancy and breastfeeding, in relation toHIV/AIDS
- support women in their peer-education programmes
- meet the educational and service needs of adolescents
- design programmes for men of all ages to prevent HIV/AIDS and other STDs
- provide preventive services, councelling, voluntary and confidential diagnosticand treatment services for women
- prevent high-risk behaviour

- research women-controlled preventive methods
- research non-spermicidial microbicides

3.4.1 Recommendations to Sida on HIV/AIDS

Sida has over 10 years experience of support to HIV/AIDS programmes, projects and research. During this time the size, spread and effects of the HIV epidemic has grown. HIV/AIDS is found all over the world. Africa still has 75 percent of all cases but in South and South East Asia the epidemic is spreading at a fast rate.

At the UN conference for women in Nairobi, 1985, the HIV/AIDS epidemic was not yet recognized as a health problem for women. In the Beijing Plan of Action it is stated that half of the newly infected are women, who are both biologically and socially more vulnerable than men to the infection. The gender dimensions of HIV/AIDS prevention and care is strongly emphasized.

It is obvious that few HIV/AIDS prevention policies so far have been gender aware. The main strategies advocated are fidelity and condom-use and both are beyond the control of women.

Much is known about the vulnerability of young girls and women to HIV/AIDS; the exploitation of young girls by older men, the weak position of most women to negotiate safe sex from husbands/partners engaging in multipartner sex and unprotected sex. There exists today much technical and managerial skills and experience to set up HIV/AIDS control programmes but effective strategies to adress the underlying gender inequalities are lacking. The subordinate position of girls and women, especially in connection with sexuality, must be the starting point in all preventive strategies.

Sida should develop a holistic AIDS-policy based on a human rights perspective and on a recognition of prevailing gender inequities. Basically, such strategies should hinge on young girls and women as active and autonomous agents of their bodies and social relations, and on men as informed and responsible partners in AIDS prevention.

The common ground for any preventive strategy is education, which should be a corner stone in Sida´s AIDS policy.This includes ehancing the coverage and quality of school education in general, and of sex education in particular, supporting girls equal access to education , as well as gender aware curricula, teaching materials and pedagogic methods.

It must be fully recognised that over 90 percent of all HIV is sexually transmitted, and that there is a great need for sexuality education. Sexual and reproductive health education must also be given through all channels (including health system, peer groups, media etc)

starting even before adolescence. This education should be tailored to girls and boys respectively.

The rapid increase in HIV infection among youth, especially young girls, makes special initiatives for this group a high priority. Sida should facilitate sharing of Swedish experiences of sex education and services to youth. High priority should be given to projects to strengthen awareness, social and economic support and negotiating powers of young women, including sexually exploited and prostitute girls and women, through legislation, special training, clubs, job opportunities etc.

Men´s involvement in AIDS prevention programmes have hitherto often been limited to provision of condoms. Sidas policy should deal broadly with sexual and reproductive health, rights and responsibilities of men in their roles as sexual partners, husbands and fathers. Depending on the social and cultural context, this can be done through formal and informal training programmes, support groups such as clubs/networks for adolescent boys and men etc. In providing services adressing men´s needs and concerns, appropriate training of health providers and councellors is vital.

Diagnosis and treatment of STDs, provision and promotion of condoms as well as research on and promotion of female controlled methods (microbicides, female condoms) are obvious components of an AIDS policy and should be supported.

Sidas AIDS policy should consider the demographic, economic, social and medical consequences of HIV/AIDS and in each contry give priority to areas where Sida may have comparative advantage as donor. Some important areas are

- human rights of people living with HIV/AIDS should be protected through legislation, education and provision of councelling and care,
- gender analysis of effectiveness of home and community based care programmes. Special support programmes to women care-takers developed when needed,
- support AIDS orphans with community based programmes, education and the legal protection of their rights, e g to inheritance, always considering gender aspects.
- should support the work performed by groups and organisations of HIV-infected, not least such women´s groups.

It is necessary to strengthen national and local human resources for research, programme planning and implementation in order to develop sustainable HIV/AIDS prevention and care and to adress and mitigate the social and economic consequences of the epidemic.

3. 5 Violence against Women

The chapter Violence against Women was the only chapter on which eveybody agreed, including the Vatican. Of 38 paras in the Beijing Declaration 10 deal with violence against women. The chapter covers three aspects of violence against women:
- Human Rights - Women´s Rights
- Discrimination against Women
- Violence against Women.

Women and armed conflicts, have a separate chapter, but will here be discussed in the context of Violence against Women.

The conference united on the following definition of violence against women:.

113 *The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occuring in public or private life....*

In para 113 (a) it is stressed that violence against women also includes *genital mutilation.* This will be treated under 3.7 The Girl Child.

It was also stated that violence against women is a manifestation of the historically unequal power relations between women and men, which has led to domination over and discrimination against women by men and to the prevention of women´s full advancement. This is one of very few paras where men are mentioned. Only in para 121 is it spelled out that men are "the perpetrater". It says "Men´s groups mobilizing against gender violence are necessary allies for change".

Actions to be taken by governments to prevent and eliminate violence against women include

- Condemn violence against women and refrain from invoking any custom, tradition or religious consideration to avoid their obligations with respect to its elimination as set out in the Declaration on the Elimination of Violence against Women,

- Refrain from engaging in violence against women and exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons,

- Take measures to ensure the protection of women subjected to violence, access to just and effective remedies, including compensation and indemnification and healing of victims, and rehabilitation of perpetrators.

The governments are also recommended to ratify and/or implement international human rights norms, and to implement the convention on the Elimination of All Forms of Discrimination against Women.

The government should create, improve or develop training programmes for judicial, legal, medical, social, educational and police and immigrant personnel.

The recommendations directed to NGO's, educational institutions, the media etc are more concrete:

125 (a) Provide well-funded shelters and relief support ..... as well as medical, psychological and other counselling services and free or low cost legal aid, ...

125 (b) Establish linguistically and culturally accessible services for migrant womens and girls, ...

The document recommends support to women´s organization and NGOs in order to raise awarness on the issue of violence against women and to contribute to its elimination 125 (d)

The importance of education in different forms and information are stressed in 125 (e,f). To raise the awarness among health service staff about violence against women and its consequenses and to educate the health service personnel in discovering the violence are stressed in 125 (g).

Make the avaible services visible for women and girls and support rehabilitation programmes for the perpetrators of violence are recommended in 125 (h,i).

Develop programmes and procedures to eliminate sexual harassment and other form of violence against women and implement them in all educational institutions, workplaces and elsewhere. Develop programmes and procedures to educate and raise awarness, and develop counselling, healing and support programmes for girls, adolescents and young women who have been or are involved in abusive relationships. 126(a,b,c,).

Different parts of the document stress the importance to take special measures to eliminate violence against women in vulnerable situations, such as young women, refugee, displaced and internally displaced women, women with disabilities and migrant women. 116, 125 (b,c,) and 126 (d)

It is further recommended to promote research, collect data and compile statistics, especially concerning domestic violence, to disseminate findings of research and

studies widely and to support and initiate research on the impact of violence. 126 (a,b,c,)

Reaffirm that rape in the conduct of armed conflict constitutes a war crime and under certain circumstances a crime against humanity and an act of genocide.

The document has one special part dealing with how to eliminate trafficing in women and assist victims of violence due to prostitution and trafficing. That part will however, not be treated in this paper.

3.5.1 Recommendations to Sida on violence against women

The Beijing document raises an important and neglected problem; violence against women. Sida´s SRH action plan partly adresses the issue:

> "During the last few years, the increasingly sexualized violence including physical abuse and violations against women and girls has become identified as a serious threat to women´s health. Social evils play a large role in this type of violence. To prevent such violence a number of preventive measures both within and outside the health care system are necessary. .....female circumcision or female genital mutilation is a major cause of physical and psychological damage to women´s health and sexuality."

Sida work in the area violence against women is mainly through supporting NGOs dealing with this problem.

Sida needs to elaborate and formulate a policy and to develop a methodology on how to work with violence against women. Such a policy should be elaborated in close collaboration between the units of democracy, education, culture and health. The part dealing with women and armed conflicts should also include the disaster unit in the collaboration.

There is a need to map out and analyse Swedish and other NGOs and female networks working with elimination of violence against women.

Sida and in particular the health sector should support research and intervention on violence against women, stressing the area domestic violence.

3. 6 The girl child

The conditions for girl children were given special attention at the conference and this resulted in a separate chapter dealing with the girl child. The chapter was initiated by the group G77. The chapter is based on the UN Convention on the Rights of the Child and spells out the gap between the rights garanteed in the Convention and the situation of discrimination in which many girl children live in the world.

Twelve out of the 38 paras in the Beijing Declaration deal with the Girl Child. The first paras refer to previous conferences and summits, held mainly during the 1990´s, were the Rights of the Child were discussed in a particular way.

"The girl child of today is the woman of tomorrow" is the beginning of para 39 which continues:

39 *....The skills, ideas and energy of the girl child are vital for full attainment of the goals of equality, development and peace. .....she needs to be nurtured in an enabling environment, where her spiritual, intellectual and material needs for survival, protection and development are met and her equal rights safeguarded.....now is the time to recognize the human dignity and worth of the girl child and to ensure the full enjoyment of her human rights and fundamental freedoms.....rights assured by the Convention on the Rights of the Child, universal ratification of which is strongly urged.....exist world wide evidence that discrimination and violence against girls begin at the earliest stages of life and continue unbated throughout their lives. ....less access to nutrition, physical and mental health care and education and enjoy fewer rights, opportunities and benefits of childhood and adolescence than do boys. ...often subjected to various forms of sexual and economic exploitation, paedophilia, forced prostitution and possibly the sale of their organs and tissues, violence and harmful practices such as female infanticide and prenatal sex selection, incest, female genital mutilation and early marriage, including child marriage.*

Para 38 points out different types of discrimination of the girl child.

38 *...In a number of countries, the practice of prenatal sex selection, higher rates of mortality among very young girls and lower rates of school enrollment of girls as compared with boys suggest that "son preference" is curtailing the access of girl children to food, education and health care and even life itself. Discrimination against women begins at the earliest stages of life and must therefore be addressed from then onwards.*

269 *Sexual violence and sexually transmitted diseases, including HIV/AIDS, have a devastating effect on children´s health, and... girls are more vulnerable to all kinds of violence, particularly sexual violence, including*

rape, sexual abuse, sexual exploitation, trafficking, possibly the sale of their organs and tissues, and forced labour.

In many countries, available indicators show that the girl child is discriminated from the earliest stages of life, through her childhood and into adulthood.

To *eliminate discrimination* against girls, the following is recommended in the Beijing document::

- States that have not signed or ratified the Convention on the Rights of the Child, take urgent measures towards signing and ratifying the Convention, and by States that have ratified and signed, ensure its full implementation. (274 a)

- Enact and strictly enforce laws to ensure that marriage is only entered into with the free and full consent of the intending spouses. ....enforce laws concerning the minimum legal age of consent and the minimum age for marrriage.(274 e)

- Generate social support for the enforcement of laws on the minimum legal age for marriage, in particular by providing educational opportunities for girls (para 275(b)).

- Enact and enforce legislation protecting girls from all forms of violence, including female infanticide and prenatal sex selection, genital mutilation, incest, sexual abuse, sexual explotation, child prostitution and child pornography (283 d)

Note that the entire conference, i e all States, dissociate themselves from genital mutilation.

Recommendations to ensure the girl childs rights and improve their conditions and to *eliminate negative cultural attitudes* and practices against girls include:

- Eliminate all forms of discrimination against the girl child and the root causes of son preference, which result in harmful and unethical practices (277 c)

- Take steps so that tradition and religion and their expressions are not basis for discrimination against girls.(276 d)

- Make the girl child, particularly the girl child in difficult circumstances, aware of her own potential (278 b)

Recommendations on how to promote and protect the rights of the girl child and *increase awarness* of her needs and potential include:

- Generate awarness of the disadvanteged situation of girls among policy makers, planners, administrators and implementors at all levels (278 a)

- Encourage and support....NGOs and community-based organizations in their efforts to promote changes in negative attitudes and practices towards girls (276 a)

- Set up educational programmes and develop teaching materials and textbooks that will sensitize and inform adults about the harmful effects of certain traditional or customary practices on girl children (276 b)

- Give particular attention to the needs of girls,... closing the gender gaps in morbidity and mortality where girls are disadvantaged, while achieving internationally approved goals for the reduction of infant and child mortality - specifically, by the year 2000, the reduction of mortality rates of infants and children under five years of age by one third of the 1990 level, or 50 to 70 per 1000 live births, whichever is less; by the year 2015 an infant mortality rate below 35 per 1000 live births and an under-five mortality rate below 45 per 1000 (para 106(l)).

- Educate women, men, girls and boys to promote girl's status and encourage mutual respect and equal partnership between girls and boys (278 c)

- Enact and enforce legislation to protect the safety and security of girls from all forms of violence at work and take measures to eliminate incidents of sexual harassment of girls in educational and other institutions (283 a)

- Take appropriate legislative, administrative, social and educational measures to protect the girl child, in the household and in society, from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or explotation, including sexual abuse (283 b)

- Undertake gender sensitazation training for those involved in healing and rehabilitation programmes (283 c)

3.6.1 Recommendations to Sida on the girl child

The girl child could be a theme that unites democracy and social development with health. It is therefor recommended that DESO/Health elaborate a policy, including an inventory of NGOs working in the area girl child and analyse the UN Convention on the Rights of the Child from a girl child perspective.

A next step could be to design a broad project together with one country, in cooperation with an appropriate Swedish NGO as well as national NGOs from the country under the theme the girl child. The project could include health, education, culture, democracy and human rights including sexual health and public administration and management.

Sida has no policy document dealing neither with the girl child nor with the child as such. Sida´s support to children today implies for the main part financial support to UNICEF and Rädda Barnen.

Does Sida need a policy dealing with the girl child? We feel it would be useful. The girl child is not only the woman of tomorrow. She is also a social subject. She has rights and needs today, that should not only be looked upon as an investment for the future. With such a perspective, it becomes obvious that Sida should elaborate a policy.

The document "A Girl´s Right to Development, Equality and Peace" was recently published by the International Save the Children Alliance. The document stress what could be done by NGOs for girls, taking into consideration the Beijing Declaration and Platfrom for Action as well as the UN Convention on the Rights of the Child. This document is recommended to Sida.

3. 7 Roles and Responsibilities of men and boys

The Declaration addresses men in one single paragraph, out of a total of 38. It reads

25 *Encourage men to participate fully in all actions towards equality.*

The initial paragraph of the Platform of Action states

1 *.. This means that the principle of shared power and responsibility should be established between women and men at home, in the workplace and in the wider national and international communities...*

A bit further on in the document it says

27 *...However changes in women´s roles have been greater and much more rapid than changes in men´s roles*

Finally a more positive aspects on men's role, is found in the following

29 *..The social significance of maternity, motherhood and the role of_ parents in the upbringing of children should be acknowledged....*

In the section Strategic Objectives and Actions the role of boys and men are dealt with in relation to education and health. It is noteworthy that the role of men is very briefly addressed in the chapter concerning violence against women.

In relation to primary education it is stated (para 70) that equal access has been achieved for boys and girls. However the following obstacles for women´s education are mentioned.

75 *Curricula and teaching materials remain gender biased...This reinforces traditional female and male roles.... The lack of sexual and reproductive health education has a profound impact on women and men.*

In respons to this situation the following action is suggested

83 (b) *...develop training programmes and materials ... from pre-school level onward and to develop, in particular, educational modules to ensure that boys have the necessary skills to take care of their own domestic needs and to share responsibility for their household and for the care of dependants.*

83 (l) *....educational programmes for girls and boys...to personal development and self-esteem, as well as the urgent need to avoid unwanted pregnancy, the spread of sexually transmitted diseases, especially HIV/AIDS, and such phenomena as sexual violence and abuse.*

In relation to women and health the initial paragraph (91) mentions the sharing of family responsibilities as one of the prerequisites for women´s health.

In relation to the discrimination of girls and women it is stated that

93 *...young men are often not educated to respect women´s self-determination and to share responsibility with women in matters of sexuality and reproduction.*

This is repeated a bit further on

96 *Shared responsibility between women and men in matters related to sexual and reproductive behaviouris is also essential to improving women´s health*

The recomendations for action include

107 (a) *... educate men regarding the importance of women´s health and well-being...*

(c) *Encourage men to share equally in child care and household work and provide their share of financial support for their families, even if they do not live with them.*

3.7.1 Recommendations to Sida on the roles of men and boys

The Beijing document addresses the issue of men´s role and responsibility, albeit mainly in the spheres of education and in relation to sexual and reproductive health. The perspective is how to make men ("educate", encourage") take their responsibility. The other side of the coin, men´s reproductive rights is not considered in the document.

> Sida should strive for an awareness of men's and women's reproductive rights and responsibilities, even in the present unequal situation.

It is amazing how little well-founded knowledge there is concerning men and reproduction even though everybody agrees that men have a role. The strong link between women and fertility have led demographers, family planning staff etc focus on women, e g women´s education, attitudes. Recent research has shown that the concept sexual health is more relevant to men than is the term reproductive health, and that men as a group feel they have been denied their right to knowledge in matters concerning sex and reproduction.

The Beijing document mentions men´s obligations to pay for their children, even if they do not live with them. Other aspects of this complex problem include the right of children to both their parents, and the obligation of women to encourage this.

> Obviously education has an important role to play and it is a positive sign that the document brings up such issues as fostering girls self esteem and teaching boys to respect girls. The quality of education is an important factor if it is to support equality.

4 Summary conclusions

Sida should continue the efforts to support sexual and reproductive health. A holistic perspective based on a gender analysis should pertain all work with sexual and reproductive health.

There is a need to integrate sexual rights into the human rights work, as well as to elaborate Sida's policy on reproductive and sexual rights.

Safe abortion continues to be a priority for women's reproductive and sexual health. Sida has an important role in advocating this and in supporting safe abortions.

Adolescents as a group have the right to knowledge of and services for sexual and reproductive health. Sida should support gender sensitive initiatives for this.

Sida should elaborate a policy on how to improve the situation of the "girl child".

The health sector has an important role to play to counteract violence against women, and should develop a strategy how to approach this.

It is recommended that Sida make a comprehensive AIDS-policy.

The roles and responsibilities of men and boys should recieve more attention.

Sida's support should be based on the principle of mainstreaming, i e that a gender analysis is made for the activity supported. However some of the issues raised in the Beijing document are new and/or controversial e g abortion, sexuality education to young people, violence against women. These need strong advocates, in the form of women's health groups, networks. Sida should therefor seek to find ways and means to support key NGOs, nationally as well as internationally.

Several of the issues raised in Beijing call for intersectoral action: legal change, social support, education and health intervention. Intersectoral analysis and support from DESO is therefor strongly recommended.

Sida

1995-10-25

Avdelningen för demokrati & social utveckling
Hälsoenheten
Gunilla Essner

UPPDRAGSBESKRIVNING

ANALYS AV RAPPORT FRÅN FN:S FJÄRDE KVINNOKONFERENS I PEKING 4 - 15 SEPTEMBER 1995

Bakgrund

I september 1995 hölls FNs fjärde kvinnokonferens i Peking. En av de största framgångarna var att världens länder enades om kvinnors rättigheter till sexuell och reproduktiv hälsa.

Som underlag till HÄLSOs pågående arbete för att revidera handlingsplanen för sexuell- och reproduktiv hälsa (SRH) till en policy för Sidas stöd och verksamhet inom området SRH, behövs en analytisk geomgång av innehållet i rapporten från kvinnokonferensen, "Platform for Action".

HÄLSO har beslutat tillsätta en arbetsgrupp för att utföra detta arbete. Arbetsgruppen skall mot bakgrund av HÄLSOs nuvarande handlingsplan för SRH ge rekommendationer om vilka implikationer Platform for Action skulle kunna få för Sidas verksamhet inom hälso området. Analysarbetet skall även innefatta konsekvenser för Sidas hälsoprogramverksamhet i berörda samarbetsländer samt för Sidas samarbete inom hälsosektorn med berörda FN-organ och Världsbanken.

HÄLSO kommer att använda arbetsgruppens rapport som ett underlag för HÄLSOs bidrag till handlingsplan för jämställdhet i bistånd som Sida skall ha utarbetat innan årets slut.

Uppdrag

Uppdraget innebär att konsulterna skall utföra följande arbetsuppgifter:

A) att mot bakgrund av HÄLSOs handlingsplan för SRH noggrannt studera innehållet i rapporten som särskilt berör SRH. Dessutom skall studierna omfatta övriga områden inom HÄLSOs verksamhet,

B) att göra en analys av vilka konsekvenser genomförande av innehållet skulle kunna medföra i konkreta termer för HÄLSOs

verksamhet. Detta omfattar konsekvenser för framför allt följande områden:

- Sidas policy för SRH

- Sidas hälsosektorpolicy,

- Sidas hälsoprogramverksamhet i berörda samarbetsländer,

- Sidas samarbete inom hälsosektorn med berörda FN-organ och Världsbanken,

C) att ge rekommendationer till HÄLSO om förändring av biståndet till ovanstående områden.

Rapportering

Skriftlig rapport skall inlämnas och muntlig avrapportering skall ske vid DESO/HÄLSO av hela konsultteamet vid gemensamt tillfälle, måndagen den 4 december kl.15.00, 1995.

Uppdragets omfattning

Uppdraget skall omfatta 40 timmar per institution resp. företag, konsult.

Konsulter

Arbetsgruppen skall bestå av följande:

RFSU: Katarina Lindahl

IHCAR: Kajsa Sundström/Annika Johansson

PROP: Lise Munch

INDEVELOP: Anki Sundelin.

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Selected books and reports from WHO bibliography on women's health, prepared for the Beijing conference

1. WOMEN'S RIGHTS AND GENDER ISSUES

001
Calling for change: international strategies to end violence against women.
Netherlands, Ministerie van Buitenlandse Zaken, Voorlichtingsdienst Ontwikkelingssamenwerking
The Hague: Ministry of Foreign Affairs, Development Cooperation Information Dept., 1994. 65p. (Poverty and development: analysis & policy; 8)
ISBN: 9053280669.

Abstract: The premise of this volume is that violence against women is a global societal issue and thus a barrier to development, and that efforts to enable women to gain control over their own lives and bodies - physically, economically, politically and culturally - will continue to fail until violence against women, in all forms, is stopped. Case studies are presented from Malaysia, Zimbabwe, Brazil and The Netherlands, in which the role of the different actors is analyzed. In these countries collaborative efforts by women's action groups, legal specialists and policy makers have resulted in structural changes.
Key words: DOMESTIC VIOLENCE / WOMEN'S RIGHTS / BATTERED WOMEN

002
Discrimination against women: the Convention and the Committee.
United Nations Centre for Human Rights
Geneva: United Nations, 1994. 73p.
(Human rights fact sheets; no. 22)

Abstract: Part I of this fact sheet sets out and explains the substantive provisions of the Convention on the Elimination of All Forms of Discrimination Against Women, adopted by the General Assembly of the United Nations in 1979.
Part II provides an overview of the structure and functioning of the Committee on the Elimination of Discrimination against Women, established under article 17 of the Convention. The Committee is entrusted with the task of overseeing the implementation of the Convention by States parties.
Key words: WOMEN'S RIGHTS / TREATIES

003
Vlassoff, Carol. Gender inequalities in health in the Third World: Uncharted ground.
Social science & medicine, Nov. 1994; 39(9):1249-1259.

Abstract: Gender differences in health in developing countries have, until recently, received little attention from researchers, health programmes and international development agencies. This article highlights a number of issues relating to gender and health in the Third World on which information, especially of an empirical nature, is inadequate. These include certain health conditions and diseases for which gender differences remain largely uncharted, gender inequalities in the development of health and contraceptive technologies and in health policies, and the lack of gender-sensitivity in the provision of health services. Questions urgently requiring research are identified, and suggestions are made for improving the gender sensitivity of health policies and interventions.
Key words: WOMEN'S HEALTH / GENDER IDENTITY / DEVELOPING COUNTRIES

004
Okojie, C.E.E. Gender inequalities of health in the Third World.
Social science & medicine 1994; 39(9):1237-1247.

Abstract: This paper argues that inequality in health originates in traditional societies where definitions of health status and traditional medical practices reflect the subordinate status of women. It looks at reproductive health problems, excess mortality of girls, violence against females, occupational and environmental hazards, and cervical and breast cancer. The paper examines reasons for gender inequalities in health, with emphasis on early marriage and childbearing, bias against daughters in health and general care, excessive workloads for women, and lack of autonomy. It concludes that the solution lies in improvements in the status of women.
Key words: GENDER IDENTITY / WOMEN'S HEALTH / DEVELOPING COUNTRIES

006
Mirsky, Judith (ed). Private decisions, public debate: women, reproduction & population.
London: Panos, 1994. 185p.
ISBN: 1870670345.

Abstract: This book brings together case studies by 15 developing-country journalists, who graphically convey what daily life is like for women in their countries. The authors report on subjects as varied as the preference for sons, female genital mutilation, illegal abortion, unauthorized sterilizations, untreated STDs, HIV infection, and the influence of Catholicism and Islam.
Key words: REPRODUCTION / CONTRACEPTION / FAMILY PLANNING POLICY / INDIA / UNITEDREPUBLIC OF TANZANIA / REPUBLIC OF KOREA / BURKINA FASO / BRAZIL / GHANA /ETHIOPIA / THAILAND / PAKISTAN / CHILE / EGYPT

008
Santow, G. Social roles and physical health: the case of female disadvantage in poor countries. Social science & medicine 1995; 40(2):147-161.

Abstract: Women's culturally and socially determined roles greatly impair their health and that of their children through a complex web of physiological and behavioural interrelationships. In traditional societies, modern health care tends to be allocated on the same basis as food, according to characteristics such as sex and age. Education and a redefinition of family relationships may improve women's position and hence their health. Health services could accelerate the process by considering the father's role in family health, instead of the mother's only.
Key words: WOMEN'S HEALTH / SOCIOECONOMIC FACTORS / ROLE / DEVELOPING COUNTRIES

010
Tomasevski, Katarina (ed). Women and human rights.
London: Zed Books, 1993. 162p. (Women and world development series)
ISBN: 185649120X.

Abstract: This book argues that the unequal status of women, constantly deplored as unsatisfactory, results from gender discrimination. Advancement of women is impossible unless their equal rights are fully protected. The author describes the lack of attention to human rights of women at all levels. She outlines what has been done so far to articulate and defend these rights, singles out successes in attaining equal rights in different countries and areas, and indicates a range of issues where equal rights for women are still denied. She concludes by describing the universal framework for the implementation of women's equal rights and the emerging women's human rights agenda.
Key words: WOMEN'S RIGHTS / HUMAN RIGHTS

011
Cook, Rebecca J. Women's health and human rights: the promotion and protection of women's health through international human rights law.
Geneva: World Health Organization, 1994. 62p.
ISBN: 9241561661.

Abstract: Prepared for the World Conference on Human Rights in 1993, this book shows how international human rights are relevant to women's health. It shows how women's health has been neglected and identifies health risks which are unique to women. The author points out that modern law classifies these risks and disadvantages as injustices of internationally protected human rights. The book provides guidelines of how to measure state compliance with treaty obligations and examines how international human rights can improve women's health. It also outlines the human rights mechanisms for international, regional and national protection of women's health rights.
Key words:WOMEN'S HEALTH / HUMAN RIGHTS, LEGISLATION

012
Fee, Elizabeth & Krieger, Nancy. Women's health, politics, and power: essays on sex/gender, medicine, and public health.
Amityville: Baywood, 1995. 382p. (Policy, Politics, Health and Medicine Series).

Abstract: This collection of papers, selected from the "International Journal of Health Services", presents a framework for understanding the struggles over women's health that have occurred in the 1980s and 1990s, and provides specific analyses of women's health in relation to race/ethnicity and class, the work of health care, the health of women workers, international reproductive health, sexuality, AIDS, and public health policy.
Key words: WOMEN'S HEALTH / WOMEN'S RIGHTS / WOMEN, WORKING / HEALTH POLICY / RESEARCH

4. WOMEN AND REPRODUCTION

4.1 Reproductive and sexual health

062
Sen, Gita, Germain, Adrienne, Chen, Lincoln C. (eds). Population policies reconsidered: health, empowerment, and rights.
Cambridge, Mass.: Harvard Center for Population and Development Studies, 1994. 280p.
ISBN: 0674690036.

Abstract: The underlying premise of this volume is that public policy should assure the rights and well-being of people already born and those who will inevitably be born, rather than simply attempt to limit the ultimate size of the world's popultion. The contributors - scholars, senior policy-makers, and women's health advocates - discuss why such a shift in population policies is necessary, and propose how policies can be transformed to honour human rights, especially women's rights. The book delineates policy changes needed to ensure that women can act on their own behalf. It also analyzes the practical aspects of achieving the proposed reproductive health and rights agenda.
Key word: POPULATION POLICY

063
Reproductive health in the Americas.
Pan American Health Organization Washington, D.C.: Pan American Health Organization, 1992. 593p.
ISBN: 9275120471.

Abstract: The objectives of this book are: to describe for the Americas the various reproductive patterns; to evaluate the impact on health of family formation patterns and changing attitudes toward reproduction; to provide the most up-to-date accounts of methods of fertility regulation; to display the existing experiences in reproductive health; and to identify unmet needs in service and research in these areas, and suggest strategies for filling the gaps. Chapters are included on adolescent pregnancy in Latin America and the English speaking Caribbean, infertility and nutrition in pregnancy and lactation.
Key words: REPRODUCTION / FAMILY PLANNING / FERTILITY / SOCIOECONOMIC FACTORS / DEMOGRAPHY / PREGNANCY IN ADOLESCENCE / NUTRITION, IN PREGNANCY / CHILD DEVELOPMENT / CONTRACEPTION

065
Women's needs and perspectives in reproductive health: Report of an African Regional Workshop, Nairobi, 24-26 November 1993.
World Health Organization, Division of Family Health
Geneva, World Health Organization, 1994. 18p.

Abstract: This is the third in the series of reports by the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the Division of Family Health (FHE) on their activities to help incorporate women's perspectives into the various aspects of their work. This report presents the discussions, conclusions and recommendations of the regional African workshop on women's needs and perspectives in reproductive health. The meeting discussed how to find out women's views on their health and how to undertake the kind of research needed to bring their perspectives in reproductive health to the forefront of research and service delivery agendas.
Key words: MATERNAL HEALTH SERVICES / MATERNAL WELFARE / RESEARCH

066
George, A. Women, health and development: reproductive health of women in the south-east Asia region.
New Delhi: WHO Regional Office for South-East Asia, 1995. 23p

Abstract: This is the second paper in a series on women, focusing on women's reproductive health. It describes the present situation in south-east Asia in relation to women's reproductive morbidity, in particular reproductive tract infections. The risk factors and consequences of these infections are examined and actions in the areas of policy, programme and research are put forward.
Key words: WOMEN'S HEALTH / MATERNAL WELFARE / SOUTH-EAST ASIA

4.2 Women, HIV/AIDS and RTIs

067
Chen, Lincoln C, Sepulveda Amor, Jaime, Segal, Sheldon J.(eds). AIDS and women's reproductive health. New York, Plenum Press, 1991. 208p.
ISBN: 0306442000.

Abstract: The principal themes of this book are the reasons for linking AIDS and reproductive health, the scientific basis for this, and how AIDS control and women's

health objectives might be promoted simultaneously. Based on background papers to an international workshop, 'AIDS and Reproductive Health' in Italy 1990, the book is intended to provide a review of key interactions between AIDS and reproductive health, for scientists and policy makers in the AIDS and family planning fields. Sections include epidemiology and policy, risk factors in transmission and interventions.
Key words: ACQUIRED IMMUNODEFICIENCY SYNDROME, TRANSMISSION / PREGNANCY COMPLICATIONS / INFECTIOUS, PREVENTION AND CONTROL / REPRODUCTION / RISK FACTORS

070
WHO Global Programme on AIDS. Report of a consultation on women and HIV/AIDS, Geneva, 6-8 December 1993.
WHO/GPA/DIR/ 1994:1. 33p.

Abstract: This report from the Global Programme on AIDS covers a meeting of regional and country representatives from six WHO regions and national AIDS programme staff, representatives of NGOs and WHO staff. It summarizes major activities on women and HIV/AIDS/STD, looks forward to the Beijing Conference, gives examples of activities from twelve countries and presents a strategic plan for 1994-1999 proposed by participants.
Key words: ACQUIRED IMMUNODEFICIENCY SYNDROME, HIV INFECTIONS, SEXUALLY TRANSMITTED DISEASES / PREVENTION AND CONTROL

072
Triple jeopardy: women and AIDS.
Budapest: Panos Institute, 1990. 104p. (Panos dossier; 4)
ISBN: 1870670205.

Abstract: HIV and AIDS threaten a woman in three ways: she may become infected with HIV herself; if she is HIV-positive she may pass this infection to a baby in her womb; she is likely to carry the burden of care if someone close to her develops AIDS. This triple jeopardy poses greater problems because women are disadvantaged socially and economically. This book explores the implications of the HIV epidemic for the woman, her child and the family. Women in countries around the world describe how AIDS is disrupting families and communities, and highlight the steps which women are taking to protect themselves and those close to them.
Key words: ACQUIRED IMMUNODEFICIENCY SYNDROME, / HIV INFECTIONS, TRANSMISSION / PREVENTION AND CONTROL

074
WHO Global Programme on AIDS. Women and AIDS: agenda for action.
United Nations Development Programme, United Nations, Division for the Advancement of Women
Geneva, WHO/GPA/DIR/ 1994:4. 11p.

Abstract: Prepared for the Fourth World Conference on Women, this report looks at how women were almost absent from the AIDS statistics in the early 1980s, but that by 1994 over six million women were infected by HIV. By the year 2000, over 14 million women will have been infected and 4 million of them will have died. This paper looks at how HIV/AIDS is spreading among women - through sexual and economic subordination, as well as female biological vulnerability - and responds to this reality by proposing an agenda for action on preventing HIV infection, reducing the impact of HIV/AIDS on women, and caring for women with HIV/AIDS. It also provides a global and regional survey of HIV/AIDS in late 1994.
Key words: ACQUIRED IMMUNODEFICIENCY SYNDROME / HEALTH POLICY /HIV INFECTIONS, PREVENTION AND CONTROL

075
Women and HIV/AIDS: an international resource book: information, action and resources on women and HIV/AIDS, reproductive health and sexual relationships.
London: Pandora, 1993. 383p.
ISBN: 0044408765.

Abstract: This book brings together a decade of knowledge and experience on the impact of HIV/AIDS on women's health, sexual relationships and reproductive rights, and on what women are doing about this around the world. It is drawn from a wide range of published and unpublished sources, with contributions from women with HIV/AIDS, activists, researchers and professionals. It covers the effects of the disease on women's health, risk factors and risk reduction, incidence, pregnancy and motherhood, breastfeeding, contraception and abortion, safer sex and relationships, testing and counselling issues, personal histories, projects and services by and for women, and worldwide contacts and resources.
Key words: ACQUIRED IMMUNODEFICIENCY SYNDROME / HIV INFECTIONS / TRANSMISSION / PREVENTION AND CONTROL

4.3 Family planning

077
Creating common ground in Asia: women's perspectives on the selection and introduction of fertility regulation technologies: report of a meeting between women's health advocates, researchers, providers and policy-makers, Manila, 5-8 October 1992.
WHO Special Programme of Research, Development and Research Training in Human Reproduction. Geneva, WHO/HRP/WOM/94.1, 1994. 45p.

Abstract: This is a report of one of a series of meetings between women's health advocates, researchers, providers and policy-makers organized by UNDP/UNFPA/ WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, which aimed to establish a dialogue between these groups. The report attempts to define women's needs and perspectives on repro duc tive health and fertility regulating technologies, and to identify follow-up activities. It provides a synthesis of the presentations, discussions and group work undertaken at the meeting, under four main headings: women's realities, policy considerations, research and introduction of fertility regulation technologies, and puts forward proposals for action and recommendations.
Key words: FERTILITY / SOCIOECONOMIC FACTORS / CONTRACEPTIVE AGENTS, FEMALE / WOMEN'S HEALTH / FAMILY PLANNING / ASIA / BANGLADESH / INDIA / INDONESIA / PHILIPPINES

079
United Nations ACC Subcommittee on Nutrition. Nutrition and population links: breastfeeding, family planning and child health: papers from the ACC/SCN 18th Session Symposium.
United Nations, Administrative Committee on Coordination,Subcommittee on Nutrition, Geneva 1992. 61p.
(Nutrition policy discussion paperACC/SCN symposium report ; no. 11)

Abstract: This report addresses the issue of integrating nutrition and family planning programmes, arguing that both are beneficial for the mother and the child, and that each increases the cost-effectiveness of the other. At individual level, breastfeeding has both economic and health benefits and may contribute to better spacing of pregnancies.
Key words: BREAST FEEDING / FAMILY PLANNING / INFANT NUTRITION / NUTRITION, IN PREGNANCY

080
Dixon-Müller, Ruth. Population policy & women's rights: transforming reproductive choice.
Westport: Praeger, 1993. 287p.
ISBN: 0275946118.

Abstract: This study presents a forceful argument for a more responsive approach to fertility regulation in developing countries - one that builds on women's concerns about their survival and security, and that strengthens women's rights. The author reviews the history of the debate between feminists and the birth control movement, examines the forces affecting American population policy at the domestic and international levels, and documents the relationship between women's reproductive rights and their rights in other areas.
Key words: POPULATION POLICY / FAMILY PLANNING / WOMEN'S RIGHTS

082
Women's perspectives on family planning, reproductive health and reproductive rights.
World Health Organization, Family Planning and Population Unit.
Geneva: WHO/MCH/FPP/93.4, 1993. 29p.

Abstract: This document contends that women are the world's greatest unused natural resource, as most of the world's 2,500 million women cannot make their rightful contribution to social and economic development because they are denied access to health, education, economic resources and decision-making. An overview is presented of women, health and development in WHO programmes, followed by a discussion of emerging issues and approaches.
Key words: FAMILY PLANNING / MATERNAL WELFARE / WOMEN'S HEALTH / WOMEN'S RIGHTS / CONTRACEPTION

083
Evans, Ann R. Women's work and family welfare: informal women's groups and family planning information and services. International Labour Office; World Employment Programme
Geneva: International Labour Office, 1992. 95p.
(Labour and population working paper; no. 182)
ISBN: 9221086348.

Abstract: This study describes about 20 projects of governments and NGOs in Asia and Africa that support women's informal-sector work and offer family-planning information and services through work-based groups. It analyses the effectiveness of these projects to reach less-advantaged women, examines factors that contribute to the success or failure of such programmes, and identifies research issues and ways to study them.
Key words: FAMILY PLANNING / WOMEN, WORKING / DEVELOPING COUNTRIES

4.4 Maternal and child health

086
Mother-baby package: implementing safe motherhood in countries: practical guide.
World Health Organization, Maternal Health and Safe Motherhood Programme
Geneva: WHO/FHE/MSM/94.11, 1994. 89p.

Abstract: This document describes the minimum set of interventions needed to reduce maternal and neonatal mortality in developing countries. It focuses on the five main causes of maternal mortality (haemorrhage, sepsis, hypertensive disorders, abortion and obstructed labour) and the two main causes of neonatal mortality (hypoxia and hypothermia). The interventions are designed to be applied at each

level of the health care system - community/health post, health centre and hospital levels.
Key words: MATERNAL HEALTH SERVICES, ORGANIZATION AND ADMINISTRATION / PREGNANCY COMPLICATIONS, PREVENTION AND CONTROL / MATERNAL MORTALITY / INFANT, NEWBORN / GUIDELINES

089
Berer, Marge. Women's groups, NGOs and safe motherhood.
World Health Organization, Maternal Health and Safe Motherhood Programme; Safe Motherhood Initiative
Geneva: WHO/FHE/MSM/92.3, 1992. 76p.

Abstract: Women's groups and NGOs are key players in efforts to improve the health and well-being of women in developing countries, and to reduce maternal mortality and morbidity. They need to work closely with health professionals and government agencies to raise awareness and to campaign for increased accessibility to affordable and appropriate maternal health services. This well-illustrated document describes a wide range of activities undertaken by various organizations and groups around the world. These include days of action, community-based research, development of information and educational materials, education to empower women, awareness-raising, using the media, organizing meetings, campaigning to change unfavourable or restrictive laws and practices, and providing health and family planning services for women.
Key words: WOMEN'S HEALTH / MATERNAL HEALTH SERVICES, ORGANIZATION AND ADMINISTRATION / WOMEN'S RIGHTS / NONGOVERNMENTAL ORGANIZATIONS / CONSUMER PARTICIPATION / HEALTH EDUCATION, METHODS / GROUP PROCESSES / DEVELOPING COUNTRIES

4.5 Female genital mutilation

090
Dorkenoo, Efua. Cutting the rose: Female genital mutilation: the practice and its prevention. London: Minority Rights Group, 1994. 196p
ISBN: 1873194609.

Abstract: There is a growing international interest in female genital mutilation, partly due to the exposure of the subject by human rights activists and organizations, and partly due to the emergence of the practice in the West. This book presents a comprehensive update on work in Africa together with models of good practice to deal with the very diverse experiences found in different parts of the world. These models are used to explore such issues as the rights of women and children, the part which the well-being of women plays in the health of a nation, and the strengths and weaknesses of the various international campaigns on female genital mutilation.
Key word: CIRCUMCISION

091
Toubia, Nahid. Female genital mutilation: a call for global action.
New York: Women, Ink., 1993. 48p.

Abstract: This well-illustrated and forceful book acts both as a guide to the issue of female genital mutilation - describing what it is, the complications and effects, where and how much it is practised - and as a call for action. It focuses on action at the national and international levels to prohibit female genital mutilation.
Key words: CIRCUMCISION / AFRICA / EASTERN MEDITERRANEAN

085
Lefäber, Yvonne. Midwives without training: practices and beliefs of traditional birth attendants in Africa, Asia and Latin America. Assen: Van Gorcum, 1994. 185 p. ISBN: 9023229231.

Abstract: Most births in Africa, Asia and Latin America are attended by traditional birth attendants (TBAs). Gaining insight into traditional midwifery is the main goal of this study. The practices and beliefs of TBAs in different countries of Africa, Asia and Latin America are compared and systematically arranged according to the common classifications in 'Western' obstetrics with reference to the perinatal period. Food taboos and food recommendations of TBAs are included. Training programmes of TBAs in the three continents are described and suggestions for a health policy with reference to the training of TBAs are presented.
Key words: MIDWIFERY / MEDICINE, TRADITIONAL / CULTURAL CHARACTERISTICS / AFRICA / ASIA/ LATIN AMERICA

093
Dorkenoo, Efua; Elworthy, Scilla. Female genital mutilation: proposals for change. London: Minority Rights Group, 1992. 43p

Abstract: Female genital mutilation is a complex and painful issue, which embraces aspects of health, education, sexuality, human rights and the right to development. This updated report is concise and non-sensational in content and approach. It describes the facts about female genital mutilation and its practice. It presents the views of women campaigners from Africa and identifies action that African governments, developed countries and international agencies can take to end this custom. The document offers a challenge to all who support the health and safety of women to act positively in finding ways to abolish this practice.
Key words: CIRCUMCISION / WOMEN'S HEALTH / AFRICA

Annex 3

Religions, traditions and cultures and sexual and reproductive health.

A much debated issue in Cairo, as well as in Beijing, was the repercussions of the different religions on sexual and reproductive helath. Questions were raised like: Is it possible to work with sexual and reproductive health programmes in countries where catholicism and/or islam have strong influence? What does islam say about female genital mutilation? What kind of programme does the church have for coping with HIV/AIDS?

These questions are often posed by people working with human aid. There is not one, but several answers and they often depend on which country the responder comes from.

After reading the reservations made by the Vatican as well as some catholic and muslim states it may seem difficult to work with SRH in countries with strong religios . But is it really impossible?

Some voices from the Beijing conference:

- Female muslims demand your rights!, was the beginning of an intewiev by IPS with the Primery Minister from Pakistan, Benazir Bhutto and she continued;
- Now is the time for female muslims to demand the rights, the rights to equality between men and women and independence as the Koran says. The equality between men and women is stressed several times in the Koran. Islam was the first religion to give the women right to divorce, right to have custody of children, right to allowance and to inheritence. From the islam womens perspective, those are rights recently obtained by western women. If the women in muslim countries are oppressed it´s not because of the religion, but because of traditions and a culture which forces the women to marriage.

Riffat Hassan, muslim and feminist theologist from Pakistan, working in USA:

- The female muslims "liberation model" has to be found inside Islam and not outside. The majority of muslims in the world are preceeding an interpretation that gives the Koran a very important value. This kind of interpretation is very positive for women, because the 30 genesises and histories with alliance to the genesis in the Koran preceede equality beween men and women.

A female doctor from Sierra Leone working in a NGO:

- In Sierra Leone 80% of all girls become mutilated. We have started a programme to stop the female genital mutilation and the muslim church has agreed to join us and cooperate in the fight against the tradition of genital female mutilation.

Ada Maria Isasi-Diaz, catholic and feminist theologist from Cuba, living in USA:

- We have always been very aware of what part we want to choose and use from the Bibel. The women are very aware of what they want to put

emphasis on in their "every-day fight" for liberation, no matter if the tidings come from the Bibel or the Government. The perspective is that those tidings not contributing to the liberation for the women have nothing to do with the Revelation... Some say this is very radical, but for us it's very simple. Because we believe that Jesus talked about justice and liberation, we exclude those parts not dealing with that.

Chung Hyun Kyung, christian feminist and theologist from Korea:

- We, the women, are the actors and subjects, we are those who can create and change our own religious traditions.

The World Council of Churches says in the document *The Churches, Population and Development: Cairo and Beyond:*

"The quality of women's lives will be enhanced when those social, cultural (including religious), and political factors which contribute to their oppression and relegation to the rank of second-class citizens are transformed. For women a better quality of life means discovering or rediscovering their self-esteem, achieving gender equality, and being able to express their full potential beyond child-bearing and child-rearing."

WCC countinues:

" what can the churches say and do about population issues? A major insight of the Cairo Conference was that population cannot be understood and addressed in isolation. An integreated response is necessary. Environment, development and reproductive rights are interconnected.

Reproductive rights include women's rights to decide if, when, how and under what circumstances to have children. In general reproductive rights are understood to encompass the right to safe, effective contraception, safe legal abortion, safe, women-controlled pregnancy and childbirth, and access to infertility treatment and health services that meet women's reproductive needs from puberty and menstruation through menopause and beyond.

This context of sexual and reproductive rights actively challenges the churches to develop holistic approaches to teaching sexual ethics and family planning."

Recommendations to Sida

All religions and cultures have a diversity which includes both oppressive and liberating features for women. To be able to work with SRH in countries with strong traditions, Sida should find the liberating allies inside religions and cultures.

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