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001. report	re: U.S. Government report (1 page)	03/03/1995	P1/b(1)
002. report	re: U.S. Government report (1 page)	09/27/1994	P1/b(1)
003. cable	re: Vatican (4 pages)	08/30/1995	P1/b(1)
004. report	re: U.S. Government Report (11 pages)	various dates	P1/b(1)

COLLECTION:
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Melanne Verveer
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FOLDER TITLE:
Briefing Book of the First Lady U.N. Fourth World Conference on Women [Binder] [2]

2013-0534-S
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
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Freedom of Information Act - [5 U.S.C. 552(b)]

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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Committments

Divider Title:_____

US COMMITMENTS
for the
FOURTH WORLD CONFERENCE ON WOMEN

I. THE IMPLEMENTATION PROCESS ITSELF

• An Inter-Agency Task Force, operating out of the White House Office of Women's Outreach and Initiatives, will direct a year-long process to begin implementation and develop a long-term plan. The U.S. delegation to the Conference, consisting as it does of government and non-governmental people of wide geographic and demographic representation and expertise in the Platform issues, will serve as an advisory body to the Task Force.

II. ECONOMIC SECURITY INCLUDING BALANCING WORK AND FAMILY RESPONSIBILITIES:

• The Women's Bureau of the Department of Labor will launch a campaign to solicit pledges from employers, organizations and community groups to make systemic changes in policies and practices in the workplace to benefit women and their families.

• The Community Development Financial Institutions Fund of the Treasury Department will inaugerate an annual Presidential Awards for Microenterprise Excellence and serve as coordinator of a new Federal Microenterprise Initiative.

• The Agency for International Development will launch new activities in its Microenterprise Initiative and continue its support of microenterprise programming for women around the world.

III. EQUALITY AND POWER-SHARING

• The Agency for International Development is launching two mutually reinforcing international programs under an initiative on Women's Political Participation and Legal Rights.

IV. THE HUMAN RIGHTS OF WOMEN WITH PARTICULAR EMPHASIS ON VIOLENCE AGAINST WOMEN

• The new office on Violence Against Women at the Justice Department will lead a comprehensive national effort to fight domestic violence and other crimes against women by combining tough new federal laws with assistance to states and localities in law enforcement, victim assistance, prosecutions and crime prevention.

• The Administration reaffirms its commitment to obtain ratification of the Convention on the Elimination of All Forms of Discrimination Against Women.

V. HEALTH

I THE IMPLEMENTATION PROCESS ITSELF

In keeping with both the provisions of the Platform for Action to be adopted at the Fourth World Conference on Women, the firm intention of the United States Government to promote the empowerment of women and advance their status, and the strong interest expressed by US non-governmental organizations concerning implementation, the United States' follow-up efforts include a year-long process to develop a comprehensive implementation plan until the year 2000. In addition, many specific steps will be taken to put the Platform's words into action.

This public/private partnership will continue the process begun in preparation for the Fourth World Conference -- a two-way communication that puts government and citizens in direct contact with each other to facilitate a plan for implementation.

An Inter-Agency Task Force, operating out of the White House Office of Women's Outreach and Initiatives, will direct implementation and follow-up efforts. The U.S. delegation to the Conference, consisting as it does of government and non-governmental people of wide geographic and demographic representation and expertise in the Platform issues, will serve as advisory body to the Task Force.

The Task Force and Advisory Committee on Implementation will form sub-groups from their members plus other interested and relevant individuals to analyze the Platform recommendations and their relevance to the U.S., to conduct outreach to American women about the conference and their priorities and recommendations, to explore mechanisms and processes for for continuing implementation at the federal level, to develop ongoing communications between government and young people to develop youth initiatives, and to consider possible legislative action or reforms at the federal, state and local levels.

I. ECONOMIC SECURITY

A. BALANCING WORK AND FAMILY RESPONSIBILITIES

This month the Women's Bureau of the Department of Labor will begin a year-long campaign to make work better for women and their families. The Bureau will solicit pledges from employers, organizations and community groups to make systemic changes in policies and practices in the workplace. These pledges will be recognized in a Working Women Count Honor Roll that the Bureau will publicize in order to encourage others to implement similar changes.

The changes will fall under three broad categories:

- **IMPROVED PAY AND BENEFITS:** especially health benefits, in order to obtain economic security. For example, a group of small businesses will collectively purchase health insurance for employees and their families; a national non-profit organization, (an NGO), will provide pro-rated sick leave to part-time and temporary employees.

- **WORK AND FAMILY:** changes in the workplace culture in order to help balance work and family responsiblities. For example, a county public service organization will offer seed money for local groups to develop innovative child care services, including care for children whose parents work nights and weekends; a school district will redesign its bus schedule to make it easier for children to attend after-school child care programs.

- **INCREASED VALUE FOR WOMEN'S WORK:** For example, a community foundation will raise funds over three years to provide job training for hundreds of infant/toddler child care providers. A professional association will establish a job-training scholarship fund for women re-entering the workforce.

The campaign goal is to obtain thousands of changes in policy and programs that will affect a million people. The target is employers, businesses, state and local governments, unions, advocacy organizations and individuals.

B. MICROENTERPRISE: EXPANDING ECONOMIC OPPORTUNITIES

Self-employment by American women is growing at an unprecedented pace, and women constitute the great majority of Americans who gain access to credit through microenterprise lending. **The United States will take several key actions to further support self-employment and microenterprise development in our country.**

- The US Department of the Treasury has recently established the Community Development Financial Institutions (CDFI) Fund, will help promote the development of micro-lenders and other financial institutions dedicated to community development through financial support, technical assistance and training to micro-lenders. It will also identify and disseminate information on best-practice microenterprise assistance.

President Clinton has asked the Secretary of the Treasury to undertake two additional programs to further enhance US microenterprise development:

- The Treasury Department, through the CDFI Fund, will help establish and run a new Presidential program to honor outstanding micro-lending organizations. In publicizing their achievements, the awards will provide challenging benchmarks for microenterprise programs throughout the nation to use in assessing their own efforts and in learning from well-performing peers.

- The Treasury Department, through the CDFI Fund, will serve as coordinator of a new Federal Microenterprise Initiative toensure coherence among the many microenterprise programs operating across a number of Federal agencies. This initiative will ensure that Federal funding effectively supports the growth and development of the microenterprise field. The Treasury Department, through the CDFI Fund, will coordinate program requirements, work to standardize data collection and reporting, take steps to harmonize regulations where appropriate, identify complementary roles among programs, and explore the feasibility of a one-stop shop for obtaining information on Federal microenterprise programs.

- USAID's continuing commitment will ensure a significant level of agency support through its Microenterprise Initiative, with a continued focus on reaching women and the very poor. Highlights of this strategy include a new $125 million Microenterprise Innovation Project, and promotion of high-level policy attention to microenterprise through the new Consultative Group to Assist the Poorest (CGAP), managed out of the World Bank.

II. EQUALITY AND POWER SHARING

A. Political Participation and Legal Rights Initiative

Women's legal status is closely linked with their political participation, and has an impact on their ability to contribute to and benefit from economic and social progress. Yet limitation on women's legal rights are widespread. To address these critical development issues, the Agency for International Development, USAID, is launching a Political Participation and Legal Rights Initiative. The Initiative will consist of two distinct but mutually reinforcing programs for women around the world:

A. WOMEN'S POLITICAL PARTICIPATION

The goal of the Women's Political Participation program is to increase women's access to and participation in political processes and elections in both transitional and consolidating democracies around the world. Specifically, the program will provide assistance in four areas which are critical to achieving this goal:

- Political Leadership Training: Expected results include an increased number of women joining political parties, an increased number of elected women assuming leadership positions in the legislative and executive branches of government, and an effective use by politically active women of traditional political tools such as colation building, lobbying, policy analysis, and formation of women's caucuses.

- Supporting Networking Among Politically active women and women's poltical organizations: Specific objectives include the development of women's political organizations to train and support women candidates for public office. Also, institutional support will develop and strengthen financial management capability, organizational structure, and democratic processes for decision-making and leadership selection.

- Civic and Voter Education: Objectives include increased registration and voter participation among women, and an increase in the number of women serving on electoral commissions, working in political parties, and participating in monitoring groups.

- Technical Training and Leadership Services. Provision of such services, including through grants to indigenous NGOs in pilot or experimental activities, will strengthen women's participation in the political process.

B. LEGAL RIGHTS INITIATIVE

The Women's Legal Rights Initiative of USAID will adopt a strategy to both develop knowledge and disseminate information regarding women's legal status; and build the capacity of NGOs, PVOs and other institutions to implement corrective programs and actions.

Women's legal rights are shaped by legislation, the judiciary and community attitudes or customs. In some countries, women suffer from laws that discriminate against them. In many others, women's rights are not clearly addressed in legislation and it is judicial interpretation that results in women's inequitable treatment. Local practices and beliefs also shape the level of acceptance and enforcement of women's legal rights. Thus the Initiative's research and capacity building efforts will focus on each of these three key levels.

- Research and Information Dissemination: This element of the program will focus on supporting research and documentation efforts as a basis for identifying the highest priority legal rights issues affecting women, by region and at the country level; determining at which levels the most severe obstacles to women's legal rights exist (legislative, judicial, community awareness/ acceptance); and identifying the types of program interventions that are most effective in producing changes in women's legal status. Dissemination of findings will be an integral part of all such activities including information exchange within target countries and within target regions. Particular emphasis will be placed on strengthening and development of South-South networks to share lessons learned and best approaches.

- NGO Capacity Building: Improving the capacity of the NGO community and that of other private sector organizations will also be a focus of the program given their expanding role in the design and implementation of development programs. A combination of program support and direct provision of technical assistance with institutuional development will be available to support organizations that are striving to improve women's legal rights.

Programs to be supported will include those that strengthen women's legal literacy; integrate gender issues into law school curricula; provide gender sensitivity training to the judiciary; provide or support legal clinics; engage in direct policy dialogue with legislators to promote more equitable laws and policies; and facilitate partnerships and networks across sectors. Collaboration between PVOs and NGOs, development and legal professionals, and women's groups and other organizaitons addressing women's legal rights will be an important outcome of this element of the program.

III. Violence Against Women

A. The Violence Against Women Office

Earlier this year President Clinton announced the creation of the Violence Against Women Office at the Justice Department, following the passage of the 1994 Crime Bill which included the Violence Against Women Act. This new office on Violence Against Women will lead a comprehensive national effort to fight domestic violence and other crimes against women.

The effort will combine tough new federal laws with assistance to states and localities to make real progress in law enforcement, victim assistance, prosecutions and crime prevention.

Through outreach, collaboration and public education initiatives, the Office will work to transform public attitudes towards these crimes and dispel the notion that acts of violence against women are private disputes not fit for public scrutiny or legal judgment.

The Director of the Office of Violence Against Women, working closely with an Advisory Council, will bring broader public attention to the problem of violence against women and on-going programs to prevent it through meetings across the country with law enforcement and advocacy groups and through public appearances and media interviews.

The Act provides for $1.6 billion in federal resources to be expended over the next six years. This coming year the Office expects to devote about $200 million to the effrot, concentrating on helping U.S. jurisdictions across the country to establish specialized police and prosecution units for sexual and domestic violence and to enhance training of police, prosecutors and judges and court personnel.

Also the Office will support the adoption of reforms and new procedures and regulations in cases of crimes of sexual or domestic violence in U.S. jurisdictions that include:

- ordering restitution for the victim;
- establising registration systems for child molesters and other sexually violent criminals and encouraging nationwide criminal history background checks for persons employed in child care, disabled care and elder care positions
- permiting evidence of the accused's history of commission of other sexual or domestic violence crimes introduced into cases involving these such offenses;
- ensuring confidentiality about the victim's address and whereabouts and about communications between victims and counselors, therapists and advocates.

B. ENFORCEMENT OF FREEDOM OF ACCESS TO CLINIC ENTRANCES ACT

The United States has committed and continues to commit considerable resources to the enforcement by the Department of Justice of the Freedom of Access to Clinic Entrances Act of 1994, including the deployment of three principal investigtive agencies -- the Federal Bureau of Investigation, Alcohol, Tobacco and Firearms and the Marshal's Service -- as well as attorneys from the Criminal, Civil and Civil Rights Divisions.

Ongoing task forces directed by U.S. Attorneys that include federal, state and local law enforcement officials will continue to develop plans to ensure security for reproductive health clinics.

Finally, at the direction of the Attorney General, the United States Marshal's Service will continue to facilitate and coordinate communicaitons among clinics and federal, state and lcoal law enforcement officials regarding potential threats of violence.

C. RATIFICATION OF THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

The Administration has submitted its ratification package to the Senate and reaffirms its commitment to make every effort to obtain its ratification.

HEALTH

(See attached raw, unedited and uncleared sheets from HHS. Work in progress to be fine-runed next week.)

Health Commitments:

Smoking Prevention among Children and Adolescents

We are proposing a comprehensive and coordinated plan to reduce smoking by children and adolescents by 50 percent. The plan would:

* Prohibit sale of tobacco products to anyone under 18;

* Require face-to-face sales - no vending machine or mail order sales;

* Eliminate free samples, self-service displays, single cigarettes, and "kiddie packs."

* Ban outdoor advertising within 1,000 feet of schools and playgrounds;

* Restrict to black-and-white, text only:
    * Outdoor ads
    * Magazines, newspapers with significant youth (under 18) readership. Significant readership means more than 15 percent or more than 2 million.
    * In-store ads

* Prohibit sale or giveaway of products like caps or gym bags that carry cigarette or smokeless tobacco product brand names or logos. Prohibit exchange of non-tobacco products for proof of purchase of tobacco products.

* Prohibit brand name sponsorship or sporting or entertainment events, but permit it in the corporate name;

* Require industry to fund $150 million/year educational campaign to prevent kids from smoking.

Health Commitments:

Preventing Teenage Pregnancy

We will work to address the multiple factors that contribute to teenage pregnancy, our most serious social problem, by:

- encouraging abstinence and personal responsibility for young men and women;
- providing access to health and family planning services;
- supporting health education in schools;
- assisting youth in crisis situations;
- providing positive activities for youth; and
- researching and disseminating helpful information about programs and approaches that work.

DRAFT

Health Commitments:

HIV/AIDS

We will pursue a public policy agenda on HIV/AIDS specific to women, adolescents, and children by:

- conducting behavioral research that is sensitive to the diverse needs of women of different backgrounds and that examines factors influencing women's risk-taking and risk reduction behaviors, including characterizing the role of social and community norms in influencing risk behaviors;

- identifying biological factors related to transmission and describe ways in which these factors can be modified to prevent or reduce the risk of HIV transmission;

- conducting prevention research that defines which interventions are most relevant to women;

- supporting research to develop female controlled prevention methods, including barrier methods and microbicides;

- continuing research to better understand the natural history of HIV infection in women and related medical problems, and developing treatments to improve survival and quality of life for women with HIV infection;

- supporting integrated services for HIV infected women and women at risk for infection, to accommodate their multiple roles and family needs; and

- mounting culturally appropriate public information campaigns nationally and at the community level to increase women's awareness of HIV infection and ways they can protect themselves.

Health Commitments:

Contraceptive Research and Development

We will continue to conduct and fund contraceptive research and development, with special emphasis on:

* microbicides, which provide a chemical barrier to conception and viral infection;

* developing and testing new non-latex condoms;

* hormonal implants, including variations in both the contraceptive compound and the delivery mechanism;

* immuno-contraception, involving the production of a contraceptive vaccine that will induce antibodies in either males or females to block some aspect of the reproductive process; and

* Mifepristone (RU-486), including its potential use for medical abortion, contraception, Cushington's Syndrome, endometriosis, meningioma and breast cancer.

DRAFT

Health Commitments:

Health Promotion and Disease Prevention

In addition to working toward health care reform by seeking changes to improve efficacy in the health care system and curtail health spending, we will continue to address the health needs of women through such initiatives as:

- The National Action Plan on Breast Cancer, a public-private partnership working with all agencies of government, the Congress, the White House, the media, scientific organizations, advocacy groups and industry, to advance breast health and eradicate breast cancer as a threat to the lives of American women.

- New Frontiers in Breast Cancer Imaging, an initiative which explores mechanisms through which defense, space, and intelligence imaging technologies can be used to develop more accurate methods for the early detection of breast cancer.

- The Mammography Quality Standards Act (MQSA). New regulations (effective October 1, 1994) establish quality standards on equipment, personnel, and record keeping, and a certificate system for the more than 10,000 U.S. facilities that perform mammography and interpret films. The purpose of these regulations is to ensure quality mammography, which is essential for early diagnosis of breast cancer.

- Expansion of the National Breast and Cervical Cancer Early Detection Program that will ensure that every woman for whom it is deemed appropriate receives regular screening for breast and cervical cancers, prompt follow-up if necessary, and certainty that the tests are performed in accordance with current recommendations for quality assurance. This national program brings critical breast and cervical cancer screening services to undeserved women, particularly women of low income, racial/ethnic minorities, and older women.

- Inclusion of Women in Clinical Trials, which includes NIH guidelines that ensure that women are represented in all areas of federally funded biomedical research and FDA guidelines that specify the necessity of analyzing safety and efficacy of data with respect to race, age and gender for new drugs and devices.

- The National Women's Health Clearinghouse, which HHS is developing with DoD, is a state-of-the-art toll free health information telephone line (1-800-4-WOMEN) to disseminate a broad range of women's health-related

information. The Clearinghouse will provide easy accessibility to women's health materials (brochures, pamphlets, fact sheets, booklets, videos) developed both for health professionals and consumers by the Public Health Service. A regular newsletter on Women's Health on up-to-the-minute women's health issues will also be available through the Clearinghouse.

- Expansion of the Infertility Prevention Program which provides screening for chlamydia, the leading cause of preventable infertility among women in the US. In 1995 this program was established across the country in a limited basis.

DRAFT

Health Commitments:

Older Women

We will continue to address the health needs of older women through such initiatives as:

* an educational campaign to encourage women who are over 65 years of age to use their mammography screening benefit covered by Medicare;

* developing and coordinating the first nationwide, multi-audience, osteoporosis education campaign;

* the NIH Women's Health initiative, the largest clinical research study ever conducted in either men or women with over 40 States now participating, examines the major causes of death, disability and frailty in post-menopausal women: heart disease, breast and colon cancer, and osteoporosis -- DHHS will commit $628 million, over 15 years to complete this study;

* the HHS Initiative on Older Women, which informs the public about the many challenges facing older americans and promote individual and community action to meet the needs of older Americans; and

* follow-up to the White House Conference on Aging and the Healthy Women 2000 Conference on Menopause and Related Health Issues.

THE DEPARTMENT OF
THE PRIME MINISTER AND CABINET

CANBERRA A.C.T. 2600

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A PROPOSAL FOR A CONFERENCE OF COMMITMENTS

- At CSW38 Australia put forward a proposal that the Fourth World Conference on Women be an action orientated conference of commitments. The proposal was agreed to at CSW38 in Resolution 38/10 (Copy attached).

- The Concept is quite simple, but not in line with usual UN practice.

- The idea is that countries go to Beijing and not only agree to the Platform for Action but further to specify a couple of actions which they are prepared to commit to within the context the 11 critical areas of concern and within the framework of their own national priorities and budgets.

- For example: A country might commit to increasing literacy for women from say 15% to a target of 25% by the year 2000. Another country might choose to make a commitment of trying to reach a target of 35% of women in Parliament by the year 2000. Another may choose to work toward ratifying CEDAW or removing reservations they have to CEDAW by the year 2000. The options are endless and are chosen by individual countries to meet their own needs and priorities.

- We do not necessarily mean commitments should be financial, we mean commitments to a change in policy, program and attitudes.

- Countries are in a good position to make commitments of priority given preparations of their national reports to the UN and through preparations for regional conferences.

- Copies of Ms Kathleen Townsend's letter to Mrs Mongella explaining the concept and Mrs Mongella's response are attached for information.

Let us begin by working together on commitments. We would like your input on turning words into actions. If possible, try to be visionary, innovative and realistic at the same time. We are not anticipating that new resources will be made available for these commitments.

We welcome your ideas on legislation, policies, events, programs and processes that would enhance the status of women in the United States and that would relate to the recommendations of the Platform.

The Platform addresses twelve critical areas:

- The effects of poverty on women
- Access to education and training
- Access to appropriate health care and nutrition through the complete lifespan
- Violence against women
- The advancement of peace, promotion of conflict resolution and impact of armed conflict on women
- Economic opportunities for women, including ways to balance of work and family responsibilities
- Sharing in power and decision-making between men and women at all levels
- Institutions and mechanisms to promote the advancement of women
- The human rights of women
- The role of the media regarding the image and status of women
- Women and the environment
- Discrimination against girls

Examples of recent initiatives that relate to the Platform that can serve as models for future commitments

- The Family and Medical Leave Act of 1993
- Freedom of Access to Clinic Entrances Act of 1994
- Department of Justice's new Domestic Violence unit that was established as a result of the 1994 Violence Against Women Act.
- Establishment of office of Deputy Assistant Secretary for Women's Health at HHS
- The Women's Bureau of the Department of Labor's recent "Women Count" survey of working women
- The establishment of the Glass Ceiling Commission at the Department of Labor
- The increase in presidential appointments of women, in general and at senior level
- The recent policy change at INS that allows consideration to be given to women who base their claims for asylum wholly or in part on gender.

cc: Melanne

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

August 21, 1995

Office of
the Administrator

MEMORANDUM FOR: **The First Lady**

FROM: Carol Lancaster, Acting Administrator

SUBJECT: Women's Political Participation and Legal Rights Initiative

I wanted to bring you up to date on the initiatives that the U.S. Agency for International Development (USAID) has been developing that are relevant to the Beijing Conference and will be ready to be announced there.

It is increasingly well recognized that economic and social progress will remain daunting -- not only for women, but for developing nations as a whole -- if women are denied equal legal status and lack a clear voice in public decision making. To respond to this challenge, USAID has developed a Women's Political Participation and Legal Rights Initiative. The Initiative recognizes that:

- While on paper most women around the world enjoy the right to vote, a web of cultural, social, legal, economic, and educational constraints often inhibit their actual political participation.

- Women's legal status is closely linked to their political participation, yet limitations on women's legal rights are widespread. Globally, restrictions on women's ownership of land and other property are common, making women less able to invest, borrow, and otherwise be economically productive. Moreover, women's ability to marry, divorce, conduct a wide variety of transactions, and even -- in some instances -- participate in family planning programs, is also often legally constrained and subject to the approval of male family members or guardians.

- Enforcement of women's legal rights is often lax: intimidation and violence are often used to discourage women's legal claims and disenfranchise women.

USAID's initiative will consist of two distinct, but mutually reinforcing, programs to address these concerns: political participation and legal rights.

Women's Political Participation

The goal of the Women's Political Participation program is to increase women's access and involvement in both elections and ongoing political activities in emerging democracies around the globe. Specifically, the program will provide assistance in four areas critical to achieving this goal:

- *Leadership Training*: Efforts will include support to women candidates and newly elected officials. Through this support, women's abilities to build a base of political power and to conduct political, legislative and other governmental activities will be enhanced.

- *Networking:* Supporting networks among politically active women is the second integral component of the program. This will enable women who are already active in politics to share their valuable experiences and ideas with other women leaders. The initiative will support women's political organizations which engage and empower other women and which help to build networks in support of women's participation.

- *Civic Education:* Activities will include support for long and short-term programs involving civic education for women, particularly for groups that have traditionally been marginalized. Civic education will result in increased knowledge and awareness among all women about their political and legal rights and responsibilities and increased registration and voter participation among women.

- *Technical Training*. The achievement of the program's goal also requires the provision of technical services which will strengthen women's participation in the political process. These activities may include a small grants program to support indigenous nongovernmental organizations in pilot or experimental activities, as well as general institutional support, research and studies.

Women's Legal Rights

While a number of effective programs have been put in place to facilitate women's awareness of their legal rights, much greater capacity is required to adequately address the widespread problem of women's legal status. Equitable enforcement of women's legal rights necessitates the strengthening of nongovernmental organizations, academic institutions and other organizations that facilitate linkages between communities and the state, encourage a more participatory decision making process, and demand greater accountability from governmental institutions.

The Women's Legal Rights program will both develop knowledge and disseminate information regarding women's legal status and build the capacity of organizations and institutions to bolster those legal rights. The Initiative's research- and capacity-building efforts will focus on three key areas: legislative issues, the judiciary, and community attitudes and customs with regard to women's legal rights. It is clear that discriminatory laws, judicial interpretation and local practices all shape the level of acceptance and enforcement of women's legal rights in the developing world. The initiative will undertake important programs in:

Research and Information Dissemination: This will support research and documentation as a basis for identifying the highest priority legal rights issues affecting women to determine the most severe obstacles to women's legal rights (legislative, judicial, community awareness/acceptance). These programs will also identify the types of program interventions that are most effective in improving women's legal status.

Nongovernmental Organization Capacity Building: Improving the capacity of nongovernmental organizations will be crucial as these organizations are given an expanding role in the design and implementation of development programs. A combination of program support and technical assistance will be available to support organizations that are striving to improve women's legal rights. These programs will include those that strengthen women's legal literacy, integrate gender issues into law school curricula, provide gender sensitivity training to the judiciary, provide or support legal clinics, engage in direct policy dialogue with legislators to promote more equitable laws and policies, and facilitate partnerships and networks across sectors.

We believe the Women's Political Participation and Legal Rights Initiative will make an important contribution to the goals expressed in Cairo, Copenhagen and those that will come out of Beijing.

It is our hope that you may be able to announce this Initiative if you go to Beijing. I am sure you have heard all the arguments, pro and con, repeatedly for attending the Conference. Our view at USAID is that women's issues are urgent and compelling throughout the World and your presence would call attention to them in a way that no other person's would. It should be possible to do that without appearing to give approbation of any kind to the Chinese government's human rights, nuclear or other objectionable policies. Indeed, your being there could bring even more attention to the human rights failures -- especially as they affect women -- of the government of China and perhaps serve to bring about a more rapid amelioration in those policies.

Please let me know if you need further information about this Initiative or any other of our programs before your departure.

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Key UN Officials

Divider Title:_____

UNITED NATIONS NATIONS UNIES

Biography
Mrs. Gertrude Mongella
Secretary-General
Fourth World Conference on Women

Mrs. Gertrude Mongella, Secretary-General of the Fourth World Conference on Women is a Tanzanian who has served her country with distinction in the fields of education, national life and at the international level.

Her appointment by United Nations Secretary-General Boutros Boutros-Ghali in December 1992 to head the Secretariat for the Conference on Women has given her a unique opportunity to shape future international action for development and for the promotion of equality, development and peace.

Mrs. Mongella's career has had three distinct phases - beginning in education following her graduation from the University College, Dar-es-Salaam with a degree in education. She became a teacher and was later an inspector of secondary and teacher training colleges.

She then went into public life and in 1975, became a member of the East African Legislative Assembly. Since then, she has held several Ministerial positions, the first being Minister of State responsible for Women's Affairs. In addition she was also Minister of Lands, Natural Resources and Tourism from 1985 to 1987 and Minister Without Portfolio in the President's Office from 1987 to 1991. Mrs. Mongella has been a member of the Central and National Executive Committee of the ruling political party in Tanzania and from 1982 to 1991 was Head of the Social Services Department at party headquarters.

At the end of 1991, Mrs. Mongella was appointed High Commissioner to India. During the previous ten years, Mrs. Mongella had represented her country at numerous international meetings, conferences, seminars and workshops, particularly on issues relating to women and to development and the environment. In 1985, at the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women, held in Nairobi, Mrs. Mongella was the Chairman of the African group and Vice Chairman of the Conference.

In 1989, Mrs. Mongella was Tanzania's representative on the Commission on the Status of Women and led a delegation to present the country's report to the Committee on the Elimination of Discrimination Against Women in 1990. That same year, she participated in an Expert Group Meeting on Women in Political and Decision Making Positions, which was held in Vienna. She had served for three years from 1990 to 1993 as a member of the Board of Trustees of INSTRAW - the UN International Research and Training Institute for the Advancement of Women.

Mrs. Mongella has maintained an interest in global environment issues and attended the World Women's Congress for a Healthy Planet in 1991 in Miami, Florida as well as the Global Assembly on Women and the Environment which preceded it. She also participated in the Conference on the Supportive Environment for Health in Sundevell, Sweden in 1991.

Since taking up her UN appointment in 1993, Mrs. Mongella has been undertaking extensive consultations with Heads of Government and senior government officials, attending regional preparatory conferences and meeting with NGO's who will be attending the Conference from 4 to 15 September and the NGO Forum scheduled for 30 August to 8 September 1995.

Born on 13 September 1945, Mrs. Mongella is married and has four children.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	re: U.S. Government report (1 page)	03/03/1995	P1/b(1)

COLLECTION:
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First Lady's Office
Melanne Verveer
OA/Box Number: 17929

FOLDER TITLE:
Briefing Book of the First Lady U.N. Fourth World Conference on Women [Binder] [2]

2013-0534-S
rc1754

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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002. report	re: U.S. Government report (1 page)	09/27/1994	P1/b(1)

COLLECTION:
Clinton Presidential Records
First Lady's Office
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OA/Box Number: 17929

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Briefing Book of the First Lady U.N. Fourth World Conference on Women [Binder] [2]

2013-0534-S
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RESTRICTION CODES

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"THE WORLD OF WOMEN"
Interviews with Influential Women from Around the World

A 13-Part Radio Series (13 programs x approx. 30:00 each)

Program #7: Gertrude Mongella, Tanzania
Secretary-General of the UN Fourth World Conference on Women

Produced by the Population Reference Bureau
1875 Connecticut Avenue, NW, Suite 520 • Washington, DC 20009 • USA
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MARLOW: WELCOME TO "THE WORLD OF WOMEN," A SERIES OF CONVERSATIONS WITH INFLUENTIAL WOMEN FROM AROUND THE WORLD ON THEIR LIFE AND TIMES. TODAY'S GUEST IS MRS. GERTRUDE MONGELLA. SHE'S SECRETARY-GENERAL OF THE UNITED NATIONS FOURTH WORLD CONFERENCE ON WOMEN. SHE IS FROM AFRICA, FROM TANZANIA.

MRS. MONGELLA RECEIVED A DEGREE IN EDUCATION FROM THE UNIVERSITY COLLEGE IN DAR ES SALAAM, TANZANIA, AND SPENT THE EARLY PART OF HER CAREER AS A TEACHER. IN 1975, MRS. MONGELLA BECAME A MEMBER OF THE EAST AFRICA LEGISLATIVE ASSEMBLY. SINCE THEN, SHE HAS HELD SEVERAL MINISTERIAL POSITIONS, INCLUDING MINISTER OF STATE RESPONSIBLE FOR WOMEN'S AFFAIRS AND MINISTER OF LANDS, NATURAL RESOURCES, AND TOURISM.

MRS. MONGELLA HAS BEEN A MEMBER OF THE CENTRAL AND NATIONAL EXECUTIVE COMMITTEE OF THE RULING PARTY IN TANZANIA, AND FROM 1982 TO 1991 WAS HEAD OF THE SOCIAL SERVICES DEPARTMENT AT PARTY HEADQUARTERS. THROUGHOUT THIS PERIOD, MRS. MONGELLA REPRESENTED HER COUNTRY AT NUMEROUS INTERNATIONAL MEETINGS AND CONFERENCES. IN 1985 SHE SERVED AS CHAIR OF THE AFRICAN GROUP AND VICE CHAIR OF THE CONFERENCE FOR THE UNITED NATIONS THIRD WORLD CONFERENCE ON WOMEN HELD IN NAIROBI, KENYA. IN DECEMBER OF 1992, MRS. MONGELLA WAS APPOINTED BY THE UNITED NATIONS SECRETARY-GENERAL BOUTROS BOUTROS-GHALI TO HEAD THE SECRETARIAT FOR THE U.N. FOURTH WORLD CONFERENCE ON WOMEN.

HERE TO TALK WITH GERTRUDE MONGELLA IS OUR HOST FOR "THE WORLD OF WOMEN," SHELLY CRYER.

CRYER: MRS. MONGELLA, WELCOME AND THANK YOU FOR JOINING US TODAY. YOU BEGAN YOUR CAREER AS AN EDUCATOR. WHAT FIRST DREW YOU TO THIS PROFESSION?

MONGELLA: I liked teaching. I still like teaching, and I think this was one of the professions I dreamt of even when I was a kid, although it's true also that for many women, that was the only opening at that time. Most women would go into education.

CRYER: WHAT WAS YOUR FIRST JOB OUT OF COLLEGE?

MONGELLA: Out of college it was teaching in those teacher train -- in a teacher training college. So I enjoyed training people to be teachers, although sometimes they turned out to be better teachers than myself. So that gave me a lot of satisfaction, to see that people whom I had trained to be teachers had in fact excelled and had become the best of teachers.

And nowadays when I meet them, I really feel so satisfied when I meet the teachers I trained, I meet the teachers I worked with, and I meet the students of my teachers. So it is quite a noble career, a career which really gives you some practice on leadership because, you know, in order to be a teacher you must have the leadership qualities -- you must be patient, you must be

ready to share the knowledge you have. And I think -- I really admire teachers in the -- I really -- I'm a real teacher [inaudible].

CRYER: WERE TEACHERS RESPECTED IN TANZANIA AT THE TIME?

MONGELLA: Very much respected. That's why the first President of the United Republic of Tanzania, because he was a teacher by profession, maintained his name today, Mwalimu. You are always called Mwalimu, which means "teacher." In Tanzania when you are teachers, you don't refer to your names, if your colleagues and your fellow teachers used to call yourselves Mwalimu, Mwalimu, Mwalimu. And Mwalimu Julius Kambarage Nyerere, actually -- some people think Mwalimu is his name, but it's his title of being a teacher. And I think that also gives us some pride in Tanzania that once you're a teacher, you're called -- it's the only profession where you refer to yourself in your titles as Mwalimu. Maybe with a doctor, but other professions you can't call yourself "Engineer" all the time, but in teaching, even your students do refer to you as Mwalimu.

CRYER: IN THE LATE 1960s AND EARLY 1970s, WHAT TYPE OF EDUCATION DID GIRLS RECEIVE IN TANZANIA?

MONGELLA: It was very much basically limited to primary school education and some secondary school. Very few opportunities were there for girls for secondary school.

For example, the secondary school I went to was one of the three secondary schools established by the Maryknoll Sisters from the United States in order to prepare the girls in participation in the development of the nation. And it has really proven that those secondary schools are the ones which trained girls who finally went to university and who finally got into political and decision-making positions.

So this time when I went to university in the '70s, it was a rare opportunity. Few people really -- few women went to the university. I think by that time we had in the population of the university, I mean less than three percent of the university were women. And incidentally, from the island I come from, I was the first woman to get to the university.

CRYER: INTERESTING. TODAY, TANZANIA HAS HIGH LITERACY RATES BUT THERE'S STILL A SIGNIFICANT GAP BETWEEN THE LITERACY RATES OF BOYS AND GIRLS. WHAT ARE SOME EXPLANATIONS FOR THIS GAP?

MONGELLA: The explanation is the point we started off, because during the colonial period the boys were the ones who were taken to school. So when we got independent, the government tried to bridge the gap by bringing universal primary education. But you still -- proportionately you had -- among the illiterate people, you had more women than men. So the closing of the gap was one of them.

But nowadays, that gap, the literal gap which we have, is not due to that discrimination because it's no longer there, that we have reached a level where all children, boys and girls, have to go to school by law up to -- they have to remain in school for seven years. So it only happens to those who drop out for some reason, either early pregnancy or lack of school fees or because they are mentally retarded and you have nothing to do about it, but otherwise we have reached a universal primary education, which has really done quite a lot to empower women, because I think people should really consider first of making sure that everybody goes to school, and that's the starting point.

CRYER: YOU MENTIONED THE PROBLEM OF EARLY PREGNANCIES. WHAT'S YOUR POSITION ON SEX EDUCATION IN SCHOOLS?

MONGELLA: Actually, in Africa we do have sex education traditionally. I'm just surprised when people talk about sex education, because in Africa the child grows, you are learning all the time, and at every stage of life you are told knowledge which you should be knowing. So when -- maybe when you talk about sex education in schools, that's a different thing, but in Africa you cannot claim not to have what we call sex education. Maybe we refer it more honorably "life -- family life education." That's how we call it in Tanzania, and this same education which really gives -- it's given at the right time with the right people. It's not supposed to be given by everybody. That's the qualification we give. And that makes people comfortable because even traditionally, not everybody marched in_and started teaching this sex education.

So I think -- I have an opinion that if people could be assured, if parents could be assured, that their kids are being taught sex education by the right people, people who care about -- they're thinking of the parents, they care about the thinking of the children, they are sensitive about values, I think that would be not a hot debate, because that's what we are used to in Africa.

CRYER: MRS. MONGELLA, HOW HAS YOUR LIFE BEEN DIFFERENT FROM YOUR MOTHER'S LIFE?

MONGELLA: Very different. Very different. First of all, the fact that I went to school up to university. My mother is illiterate, unfortunately, and -- but she's just basically literate. And she lived an ordinary village life. I mean, she lives an ordinary village life searching for water, looking for firewood, a task which I've done, and am still doing, when I go home. I just came back from Tanzania and you cannot afford not to do it when you go to the village because you have to still look for water and look for firewood. So we share. I mean, she's different, but we still share some type of life when we are together.

But the other difference is my capacity to decide. I think I'm more in a position to make a decision within my family, to share decision-making, than she did, although my mother is quite a very strong woman. She -- I could see her since I was a kid making a lot of decisions. But I think the type of her power to make a decision and mine is completely different.

The similarity is also the the contribution to the family, the economic life of the family. My mother did contribute as a farmer and she did a lot of contribution. She worked all the time, maybe more than I do.

And the other difference is that maybe I'm in a different position when it comes to taking care of the family and the children because when I was born, I'm sure my mother didn't have the nappies and the diapers but I had an opportunity to take care of my children with nappies, and sometimes I used to say, "What did my mother do without her nappies? What did my mother do without electricity -- getting up at night, taking care of me?" I mean, sometimes I do wonder how she made us survive. How did she manage? How did she manage being clean when -- and then having to feed all these babies by growing food with the hand hoe, processing it, cooking it, having to do everything? I do admire her.

CRYER: YOU ARE THE MOTHER OF FOUR CHILDREN AND YOU HAVE ONE DAUGHTER?

MONGELLA: Yes.

CRYER: HOW DO YOU THINK YOUR DAUGHTER'S LIFE WILL BE DIFFERENT FROM YOURS?

MONGELLA: I'm not very sure. I think the next generation, the difference they're going to face is -- particularly in my own country is the breakdown of the social support system. My daughter, I wonder whether she's going to get the same support from the extended family, because I can see a lot of changes. People are moving into cities; they are no longer as close. I mean, the closeness is being reduced. But when I -- for example, when I got my -- just started having my babies, when I'm expecting, everybody's expecting -- my father-in-law, my mother-in-law, the neighbors and everything, and you get that social support and there you get the babies not all yours; it belongs to everybody. And I wonder if my daughter is going to get that type of social support. So she has to get a different life all together, a life where you depend on yourself more than the social network in the community in which you live.

MARLOW: A REMINDER NOW THAT YOU'RE LISTENING TO "THE WORLD OF WOMEN," A SERIES OF CONVERSATIONS WITH INFLUENTIAL WOMEN FROM AROUND THE WORLD. WITH US TODAY IS THE SECRETARY-GENERAL OF THE UNITED NATIONS FOURTH WORLD CONFERENCE ON WOMEN, MRS. GERTRUDE MONGELLA. HERE ONCE AGAIN IS OUR PROGRAM HOST, SHELLY CRYER.

CRYER: MRS. MONGELLA, WHAT DO YOU THINK ARE THE MOST IMPORTANT DECISIONS THAT CAN BE MADE AT THE UNITED NATIONS FOURTH WORLD CONFERENCE ON WOMEN?

MONGELLA: The most important decisions must take into consideration some principles. One, the principle that women are human beings with rights and responsibilities. And that's what has been lacking. We have never been considered as equal human beings, and that's why we are struggling, and Beijing is all about that.

The second principle is that women -- women's advancement must be taken in the life cycle, from childhood -- actually from before birth, because we do have cases where even fetuses, female fetuses, are being discriminated from the womb, so it's from the womb to old age, that whatever happens to the child from the earliest time can have a very great effect on the adult woman.

For example, if I take my own case, suppose I never went to school; would I ever have been Secretary-General of the Fourth World Conference? So that decision at my early age of my parents to educate me really determines my -- determined my life. So this is why it's important to look at the life of a woman -- childhood, youth, adulthood, until old age.

And there's another section, I think -- I think one stage of life where people are not concentrating enough is the youth, because sometimes they skip it. They -- we tend to ignore the youth. We don't even take care of the statistics. We have the infant mortality rate. Who has recorded the youth death and the causes as much as we've recorded the children's death and the mother's death?

So these are some of the things, the connection. Now, if you lose so many people at that stage -- for example, now we are losing them out of accidents, drugs, AIDS. Now, if we lose them, how do you expect to have a strong group of adult women? So we need -- and if an adult woman is not employed and does not gain the pay and the pension which would allow her to enjoy the old age. It does also affect these old women. You cannot take care of the aging if you didn't take care of them when they were adult women. So these are things which -- this is another principle.

The other principle is that women are not homogeneous. We are not all the same, even in the same country. So this also must be taken into consideration, that even when we are negotiating in Beijing, we should respect each other's point of view.

For example, when I came to New York someone told me that -- "Mrs. Mongella, can you encourage the women of the north to breast feed?" But after I stayed here for a week, I said if I had been here, I wouldn't even dare produce one child, because, you see, your own problem, it becomes a problem of your own; how can I commute in the train when I have a baby? How can I continue working, because the social support system here does not guarantee a woman to really work and also to take care of the family?

So this, then -- if that -- I have to appreciate why people have maybe one child in this place. But at the same time, in Tanzania I do appreciate when women want to have more -- I mean, as many children as possible, because you can see sometimes that so many women die of diarrhea, so many women die of -- so many children die of measles and all these diseases, although UNICEF now has stepped in quite strongly to immunize children. But this woman, in order to convince her to have less children, you must guarantee the child's survival.

So if you -- these are just a few examples where I'm just taking a simple example of that women are not homogeneous, but they have the same problem. We just started from the beginning that the recognition of their rights as human beings who have rights and responsibilities. If that is done, then it will be done within the context of each nation.

CRYER: IS THERE A SPECIFIC MARK YOU HOPE TO LEAVE PERSONALLY ON THE CONFERENCE?

MONGELLA: Yes.

CRYER: AND WHAT IS THAT?

MONGELLA: A woman, a mother, a teacher, a diplomat, and a politician.

CRYER: YOU HAVE STRESSED THE IMPORTANCE OF NONGOVERNMENTAL ORGANIZATIONS IN WOMEN'S ISSUES. HOW DO YOU COMPARE THE ROLE OF GOVERNMENTS TO THE ROLE OF NONGOVERNMENTAL ORGANIZATIONS?

MONGELLA: Each of them has a responsibility and an accountability. The government has its own role in organizing society, in making sure that there is law and order, and making sure that there is enough infrastructure for survival of human beings, where the NGOs have a role of putting together people with the same interests, based on common interest, and they do also have a mechanism of enriching the people without much bureaucracy. So while the NGOs are really based on interest, the government is responsible for everybody and responsible of making sure that there is development in the country. And I think sometimes we should not confuse that governments can replace NGOs and NGOs can replace governments. I think they should have a complementary role.

CRYER: YOU HAVE ALSO SAID TO WOMEN, "WE MUST STOP TREATING OURSELVES AS INVITEES ON THIS PLANET." WHAT DOES THIS MEAN?

MONGELLA: You know, when I particularly started getting into politics, that's when I started recognizing more and more the way we talked with a language for -- "let us -- women should be incorporated, women should participate, women" --

this language which seems as if a woman is at a certain corner or has just come in and must be accommodated. You see, everybody's trying to see how to accommodate women in formal employment, how to accommodate women in education, how to accommodate women -- as if we are being accommodated into a system which is not ours.

Worse still, when you come to employment. When I became Ambassador, the system was tailored for males, so when I went to India, then Ambassador, you could see the meetings of diplomats' wives, and they wondered where my husband is going to fit in. So I did influence them to say "spouses;" in case he wanted to go, he had the right to go into those meetings. So you could see that even in that diplomatic life I was an invitee.

And then when you come into the culture of management, we have so few women that it's become tokenism. You don't belong there; therefore, the few who can make it, you put them there and you watch them so carefully. We watch the presidents or the prime ministers who are women as if they have just dropped from the moon. But even the treatment -- there's just lot of rejection into these areas that you always feel that are we invitees, or do we belong here?

And I think now we must struggle to say, "We belong here." So we are setting things right. Things had gone wrong. They had marginalized us, they had discriminated us, and the rules, the cultures, have put us into a position that we look as if we are invitees and we have to be accommodated and we have to knock at the doors. And sometimes, for example, in politics you knock on the door, you get into the room; the question is, do you want to maintain that room the way it is because it was much tailored for women, or do you want to make sure that that room is changed and that you belong in that room?

CRYER: HOW HAVE YOU FELT DISCRIMINATION IN YOUR OWN LIFE?

MONGELLA: I felt it in many ways. As black, I felt it, and I still experience it. At airports you find that because I'm black, no one thinks I'm a Secretary-General even when I put out my passport and my identity. They look, at airports, just in case I'm just a black, and that's a fact we have to live with.

And then I'm discriminated as a woman. I mean, for someone who has had a lot of discrimination, at least the one on women I can fight it easier than the one on black because it's subtler. It's put in a way that you cannot sometimes see -- I cannot -- you cannot object to it. People pretend it's the rules, but you see how it's being applied. Why should I be stopped from the plane and demanded a passport where my colleagues, who are white, are not being demanded? And that's not an immigration policy, you see?

So you see these things happen in our lives, and for us, we are fighting -- sometimes I do fight double discrimination as a woman and as a black. But when I'm in Tanzania, fortunately I don't have to be suffering as a black. That's the only consolation. It's only when I'm outside Tanzania when I feel being discriminated as black.

CRYER: TANZANIA IS A LARGE AND VERY DIVERSE COUNTRY. CAN YOU DESCRIBE FOR US, THOUGH, AN AVERAGE DAY FOR A TYPICAL WOMAN IN TANZANIA?

MONGELLA: A day which I think most of the time has an average of 16 hours in the majority of women. It's getting a little lower, but not so much. The woman gets up early in the morning, runs to get water, and then comes to prepare the meal. For example, nowadays with the kids going to school, she must get up to make sure that the kids eat, who also have to run maybe a few kilometers to

get to their schools. And then she continues the farming, the work in the farm, which sometimes is about a few kilometers away from home.

So the woman in Tanzania in the rural -- especially in the rural area is basically a woman who works out of the house. So I have been wondering when people start debating about whether to work in the house or outside the house, and I say, "I wish the women in rural Tanzania would work in the house," because they are always working outside the house and way far away from the house, away from their children who are sometimes subjected to taking care of themselves quite early in life.

So this is no more a life of a Tanzanian woman. Fortunately, after independence there is so much political consciousness, the woman in Tanzania makes a decision of the votes and the person -- the people who go in for elections start by lobbying women's votes. Now, I hear -- this year we have elections -- and women have said they're going to vote for candidates who at least are conscious about the situation of women. That's their election manifesto.

CRYER: ARE THERE MANY WOMEN IN PUBLIC OFFICE?

MONGELLA: Yes, we do. Fortunately we do. And we did struggle to make it a point that in our constitution at least a minimum of 25 percent of leaders at local government are women and 15 percent at the National Assembly are women.

So we have made at least an advancement as far as that is concerned, and that's what brought me to the point when I started organizing the conference. What is development? Why does the development -- for example, if you look at the representation of women in Parliament around the world, you find that Tanzania, a recently developed country, has the same percentage of some big nations which have developed and therefore it calls again when we go to Beijing we must also address ourselves in our consciousness of what development means. It does not necessarily mean that it's the end of every problem of women. We have to continue struggling in a different struggle, that apart from that development, we also have to include other factors which will really bring about the advancement of women and rule out that fact of women being invitees on the planet.

CRYER: CERTAIN REGIONS OF TANZANIA HAVE BEEN DEVASTATED BY AIDS AND RIGHT NOW MORE WOMEN ARE INFECTED BY AIDS THAN MEN IN TANZANIA, I BELIEVE. WHAT'S THE HUMAN FACE OF AIDS IN TANZANIA?

MONGELLA: Actually, AIDS as we see it, not only in Tanzania actually; there are some other areas which have been more affected than even Tanzania, because in Tanzania quite early, according to our policies, we do take care of our people. We worked hard, and I participated very strongly in the mobilization of people towards AIDS.

But if we take the cases, the areas, some areas especially in the northwest on the lake zone, because I think it borders the other countries -- Uganda and Zaire and all these countries which also have the early spread of AIDS, you find that as we went along, like any other part of the world, you found that AIDS started to show us the inequalities between men and women, the victimization of women, the sexual harassment in women. So this way conditions which women experience all the time, but when AIDS came, it did demonstrate that we thought this was social phenomena but they also become -- I mean, they can affect the lives of women to the extent of even dying.

So AIDS in women is a result of marginalization, economic -- lack of economic power, and particularly poverty and ignorance which we are going to fight in Beijing, that we must make sure that women have education, enough education, ____ to allow them to get information.

CRYER: MRS. MONGELLA, THANK YOU VERY MUCH FOR JOINING US.

MONGELLA: THANK YOU.

MARLOW: YOU HAVE BEEN LISTENING TO "THE WORLD OF WOMEN," A SERIES OF CONVERSATIONS WITH INFLUENTIAL WOMEN FROM AROUND THE WORLD. WITH US TODAY HAS BEEN THE SECRETARY-GENERAL OF THE UNITED NATIONS FOURTH WORLD CONFERENCE ON WOMEN, MRS. GERTRUDE MONGELLA.

"THE WORLD OF WOMEN" WAS BROUGHT TO YOU BY THE POPULATION REFERENCE BUREAU IN WASHINGTON, DC. THE PROGRAM HOST FOR THIS PROGRAM IS SHELLY CRYER. THIS IS MIKE MARLOW. THANK YOU FOR JOINING US, AND WE LOOK FORWARD TO HAVING YOU WITH US FOR THE NEXT PROGRAM IN THIS SERIES, "THE WORLD OF WOMEN."

###

PATRICIA B. LICUANAN

Dr. **Patricia B. LICUANAN** was appointed Philippine Representative to the United Commission on the Status of Women (UNCSW) in 1989. In 1990-1992, she served as Chair of the Asia Group and Vice Chairperson of the Commission. She also chaired task forces for the Group of 77. She has chaired a number of consultations at the Commission one of them being the consultation on the title and theme of the 1995 World Conference on Women resulting in a resolution which has since been implemented. At the UNCSW, Dr. Licuanan has played an active leadership role both formally and informally and has been involved in negotiating consensus for sensitive resolutions.

Dr. Licuanan served as Chairperson (1987-1992) of the National Commission on the Role of Filipino Women (NCRFW), the national machinery for women in the Philippines. During her term as Chair the NCRFW developed and launched the Philippine Development Plan for Women (PDPW) and set up the necessary mechanisms for implementation in government departments and agencies. She headed the Philippine delegation to the ASEAN Women's Programme (AWP) for many years and was Chair of the AWP from 1987 to 1990. As Philippine Representative to the AWP, she conceptualized and introduced major projects in such areas as family violence, statistics and indicators on women, gender sensitivity training for ASEAN and setting up and strengthening of national machineries on women. She also prepared guidelines for the implementation of the Declaration on the Advancement of Women in the ASEAN Region. Dr. Licuanan has represented her country at international meetings and is a member of several international meetings and is a member of several international networks. As a social scientist she has conducted research and written papers on Women in Development.

Dr. Licuanan is a highly respected social scientist and professional. She is Professor of Psychology at the Ateneo de Manila University where she is also currently Academic Vice President. A specialist in the field of Social Psychology, she does teaching, research and consultancy in the areas of Social Change, Human Factors in Development and Human Resource Development with a specific interest in Women in Development. Aside from academe and the education sector, she works closely with government, non-governmental organizations, and UN agencies.

Selected Delegation Leaders

Fourth United Nations World Conference on Women
Beijing, 4-15 September 1995

Austria	Min. for Women's Affairs **Helga Konrad**
Australia	Min. for Human Services and Health **Carmen Lawrence**
Bahamas	Permanent Secretary **Joshua Sears**
Bangladesh	Prime Minister **Begum Khaleda Ziaur Rahman**
	Min. of State with Independent Charge for Women's Affairs **Sarwari Rahman**
Barbados	Min. of Foreign Affairs **Billie Miller**
Belarus	Deputy Prime Minister **Vladimir Rusakevich**
Belgium	Min. of Labor **Miet Smet**
Bahrain	Undersecretary of the Ministry of Labor and Social Affairs **Shaikh Ahmed bin Sager al-Khalifa**
Bolivia	First Lady **Ximena Iturralde de Sanchez de Lozada**
	Min. of Human Development **Enrique Ipina Melgar**
Botswana	Min. of Labor and Home Affairs **Bahiti Temane**
Brazil	First Lady **Ruth Correa Leite Cardoso**
Bulgaria	Min. of Public Health **Mimi Vitkova**
Burma	Min. of Social Welfare and Resettlement, **Maj. Gen. Soe Myint**
Cambodia	Princess **Norodom Marie Ranariddh**
Cameroon	Min. of External Relations and Deputy Director for African and Asian Affairs **Madelaine Sao**
Canada	Min. of State for Multiculturalism and the Status of Women **Sheila Finestone**
Chile	Director of the National Women's Service **Josefina Bilboa**
China	National People's Congress Standing Committee Vice Chairwoman **Chen Muhua**
Colombia	Min. of Environment **Cecilia Lopez Montano**
Cuba	President of the Federation of Cuban Women **Vilma Espain**
Czech Republic	Min. of Labor and Social Affairs **Jindrich Vodicka**
Denmark	Min. of Social Affairs **Karen Jespersen**
Ecuador	Undersecretary for Multilateral Affairs **Ximena Martinez de Perez**
Egypt	First Lady **Suzanne Mubarak**
El Salvador	First Lady and National Secretary for Family Matters **Elizabeth de Calderon Sol**
Estonia	Min. of Social Affairs **Siiri Oviir**
European Commission	Social Affairs Commissioner **Padraig Flynn**
Finland	Foreign Minister **Tarja Halonen**
France	Min. of Solidarity among the Generations **Colette Codaccioni**
Georgia	Deputy Prime Minister **Irakli Menagharishvili**
Germany	Min. for Women, Youth, Family, and Pensioners **Claudia Nolte**
Greece	Deputy Minister to the Prime Minister's Office for Women's Affairs **Maria Arseni** (4-6 Sept)
	General Secretary of the Ministry to the Prime Minister for Women's Affairs **Constantina Pantazi** (7-15 Sept)
Guatemala	Permanent Representative to the UN **Julio Armando Martini**
Holy See	Harvard University Professor **Mary Ann Glendon**
Honduras	Third Vice President **Guadalupe Jerezano**
Hong Kong	Home Affairs Secretary **Michael Suen**
Hungary	Min. of Labor **Magda Kovacs Kosa**
Iceland	President **Vigdis Finnbogadottir**
India	Min. of Human Resource Development **Madhavrao Scindia**
Indonesia	Min. of State for Women's Affairs **Mein Sugandhi**
Ireland	Min. for Equality and Law Reform **Mervyn Taylor**
Israel	Min. of Social Welfare **Ora Namir**
Italy	Min. of Foreign Affairs **Susanna Agnelli**

Ivory Coast	Min. of the Promotion of the Family and of Women **Albertine Gnanazan Hepie**
Jamaica	Min. of Labor, Social Security, and Sports **Portia Simpson**
Japan	Chief Cabinet Secretary **Koken Nosaka**
Jordan	Queen **Noor al-Hussein al-Hashimi**
Kazakstan	First Lady **Sara Nazarbayeva** (September 12)
Korea, North	Min. of Finance **Yun Ki-Chong**
Korea, South	First Lady **Son Myong-sun**
Kyrgyzstan	Foreign Minister **Roza Otunbayeva**
Laos	Vice Foreign Minister **Soubanh Srithrath**
Luxembourg	Min. of Women's Affairs **Marie-Josee Jacobs**
Madagascar	Secretary General of the Ministry of Population, Youth, and Sports **Denise Fischer**
Malawi	Controller for Women and Children Affairs **Linley Kamtengeni**
Malaysia	First Lady **Siti Hasmah Ali**
Mexico	Secretary of Tourism **Silvia Hernandez**
Micronesia	Secretary of Health Services **Eliuel Pretrick**
Namibia	Deputy Minister of Foreign Affairs **Netumbo Ndaitwah**
Nauru	Head of the Women's National Council **Pamela Scriven**
Nicaragua	Director of the Nicaraguan Institute of Women **Maria Auxiliadora Perez de Mateus**
Nigeria	First Lady **Maryam Abacha**
Norway	Prime Minister **Gro Harlem Brundtland**
Oman	Adviser to Min. of Social Affairs, Labor, and Women's and Children's Affairs **Huda Bint Abdullah al-Ghazali**
Pakistan	Prime Minister **Benazir Bhutto**
Panama	First Lady **Dora Boyd de Perez Balladares**
Paraguay	Secretary of Women's Affairs **Cristina Munoz**
Peru	President of the Peruvian Congress **Martha Chavez**
Philippines	Chairperson of the UN Commission on the Status of Women **Patricia Licuanan**
Poland	Deputy Prime Minister **Aleksander Luczak**
Portugal	Min. of Education **Manuela Ferreira Leite**
Romania	Min. of State for Labor and Social Protection **Dan Mircea**
Russia	Min. of Social Welfare of the Population **Lyudmila Fedorovna Bezlepkina**
Senegal	Min. of Women, Children, and Family Affairs **Aminata Mbonque Ndiaye**
Singapore	Senior Minister of State for Health and Education **Aline Wong**
Slovakia	Min. of Labor, Social Affairs, and Family **Olga Keltosova**
Slovenia	Chief of the Prime Minister's Office for Women's Issues **Vera Kosmic**
South Africa	Min. of Health **Nkosazana Zuma**
Spain	Min. of Social Affairs **Cristina Alberdi Alonso**
Suriname	First Lady **Liesbeth Venetiaan**
Swaziland	Min. for Home Affairs **Prince Sobandla**
Sweden	Deputy Prime Minister and Min. of Equality **Mona Sahlin**
Switzerland	Federal Councillor **Ruth Dreifuss**
Syria	Min. of Higher Education **Salha Sanqar**
Tajikistan	Deputy Prime Minister **Bozqul Dodkhudoyeva**
Trinidad and Tobago	Min. of Community Development, Culture, and Women's Affairs **Joan Yuille-Williams**
Turkey	Min. of State for Women's and Family Issues **Aysel Baykal**
Turkmenistan	Deputy Prime Minister **Abad Rizayeva**
Uganda	Vice-President and Minister for Gender and Community Development **Specioza Wandira Kazidwe**
Ukraine	Deputy Prime Minister of Humanitarian Affairs **Ivan Kuras**
United Kingdom	Under Secretary of State for Education and Employment **Cheryl Gillan**
Uruguay	Director of the National Institute for Women and the Family **Alba Osores De Lanza**
Uzbekistan	Deputy Prime Minister **Dilbar Ghulomova**
Venezuela	President of the National Women's Council **Maria Bello Guzman**
World Bank	President **James D. Wolfensohn**
Yemen	Min. of Social Security, Social Affairs and Labor **Muhammad Abdallah al-Batani**
Zambia	International Organizations Director **Sheila Shankaya**

31 August 1995

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STATE FOR G/CS, IO AND EUR/WE
BEIJING FOR FWCW DELEGATION

FROM EMBASSY VATICAN/MESSAGE NO. 245/95

E.O.12356: N/A

TAGS: KWMN, PHUM, SOCI, PREL, PREF, UN, CH, VT
SUBJECT: POPE CALLS FOR SUCCESSFUL FWCW AND COMMITS
-- CHURCH TO "SPECIAL OPTION" FOR GIRLS AND
-- YOUNG WOMEN IN EDUCATION, BASIC HEALTH CARE

1. POPE JOHN PAUL II TOLD THE VATICAN'S DELEGATION TO THE FWCW AUG 29 THAT HE HOPED FOR A SUCCESSFUL CONFERENCE THAT WOULD "GUARANTEE ALL THE WOMEN OF THE WORLD 'EQUALITY, DEVELOPMENT AND PEACE', THROUGH FULL RESPECT FOR THEIR EQUAL DIGNITY AND FOR THEIR INALIENABLE HUMAN RIGHTS, SO THAT THEY CAN MAKE THEIR FULL CONTRIBUTION TO THE GOOD OF SOCIETY." THE POPE ALSO RECALLED HIS RECENT PRONOUNCEMENTS FOCUSED HOLY SEE POSITIONS AND CATHOLIC CHURCH TEACHING "ON THE DIGNITY, RIGHTS AND RESPONSIBILITIES OF WOMEN IN TODAY'S SOCIETY: IN THE FAMILY, IN THE WORKPLACE, IN PUBLIC LIFE."

2. RESPONDING TO THE UNSYG'S REQUEST FOR CONCRETE COMMITMENTS BY BEIJING PARTICIPANTS TO IMPROVE WOMEN'S CONDITIONS, THE POPE ANNOUNCED THAT THE VATICAN COMMITMENT WOULD TAKE THE FORM OF A SPECIAL "OPTION IN

COMMITMENT WOULD TAKE THE FORM OF A SPECIAL "OPTION IN FAVOR OF GIRLS AND YOUNG WOMEN" IN EDUCATION AND BASIC NUTRITION AND HEALTH CARE. THE POPE'S COMMITMENT IMPLIES CHANGES IN POLICY AND PRACTICE ON BEHALF OF GIRLS AND YOUNG WOMEN IN THE MANY THOUSANDS OF EDUCATIONAL AND BASIC HEALTH CARE FACILITIES THAT THE CHURCH OPERATES AROUND THE WORLD, ESPECIALLY IN DEVELOPING COUNTRIES.

4. THE COMPLETE TEXT OF THE POPE'S REMARKS IN THE ORIGINAL ENGLISH FOLLOWS:

(BEGIN TEXT OF POPE'S REMARKS)

AS YOU PREPARE TO LEAVE FOR BEIJING, I AM HAPPY TO MEET YOU, THE HEAD OF THE DELEGATION OF THE HOLY SEE TO THE FOURTH WORLD CONFERENCE ON WOMEN, AND THE OTHER MEMBERS OF THE DELEGATION. THROUGH YOU, I EXTEND MY BEST WISHES AND PRAYERS TO THE SECRETARY GENERAL OF THE CONFERENCE, TO THE PARTICIPANT NATIONS AND ORGANIZATIONS, AS WELL AS TO THE AUTHORITIES OF THE HOST COUNTRY, THE PEOPLE'S REPUBLIC OF CHINA.

MY WISHES ARE FOR THE SUCCESS OF THIS CONFERENCE IN ITS AIM TO GUARANTEE ALL THE WOMEN OF THE WORLD "EQUALITY, DEVELOPMENT AND PEACE", THROUGH FULL RESPECT FOR THEIR EQUAL DIGNITY AND FOR THEIR INALIENABLE HUMAN RIGHTS, SO THAT THEY CAN MAKE THEIR FULL CONTRIBUTION TO THE GOOD OF SOCIETY.

OVER THE PAST MONTHS, ON VARIOUS OCCASIONS, I HAVE DRAWN ATTENTION TO THE POSITIONS OF THE HOLY SEE AND TO THE TEACHING OF THE CATHOLIC CHURCH ON THE DIGNITY, RIGHTS AND RESPONSIBILITIES OF WOMEN IN TODAY'S SOCIETY: IN THE FAMILY, IN THE WORKPLACE, IN PUBLIC LIFE. I HAVE DRAWN INSPIRATION FROM THE LIFE AND WITNESS OF GREAT WOMEN WITHIN THE CHURCH THROUGHOUT THE CENTURIES WHO HAVE BEEN PIONEERS WITHIN SOCIETY, AS MOTHERS, AS WORKERS, AS LEADERS IN THE SOCIAL AND POLITICAL FIELDS, IN THE CARING PROFESSIONS AND AS THINKERS AND SPIRITUAL LEADERS.

THE SECRETARY GENERAL OF THE UN HAS ASKED THE NATIONS PARTICIPATING IN THE BEIJING CONFERENCE TO ANNOUNCE CONCRETE COMMITMENTS FOR THE IMPROVEMENT OF THE CONDITION OF WOMEN. HAVIMG LOOKED AT THE VARIOUS NEEDS OF WOMEN IN TODAY'S WORLD, THE HOLY SEE WISHES TO MAKE A SPECIFIC OPTION REGARDING SUCH A COMMITMENT: AN OPTION IN FAVOR OF GIRLS AND YOUNG WOMEN. THEREFORE, I CALL ALL CATHOLIC CARING AND EDUCATIONAL INSTITUTIONS TO ADOPT A CONCERTED AND PRIORITY STRATEGY DIRECTED TO GIRLS AND YOUNG WOMEN, ESPECIALLY TO THE POOREST, OVER THE COMING YEARS.

IT IS DISHEARTENING TO NOTE THAT IN TODAY'S WORLD, THE SIMPLE FACT OF BEING A FEMALE, RATHER THAN A MALE, CAN REDUCE THE LIKELIHOOD OF BEING BORN OR OF SURVIVING CHILDHOOD; IT CAN MEAN RECEIVING LESS ADEQUATE NUTRITION AND HEALTH CARE, AND IT CAN INCREASE THE CHANCE OF REMAINING ILLITERATE AND HAVING ONLY LIMITED ACCESS, OR NONE AT ALL, EVEN TO PRIMARY EDUCATION. INVESTMENT IN THE CARE AND EDUCATION OF GIRLS, AS AN EQUAL RIGHT, IS A FUNDAMENTAL KEY TO THE ADVANCEMENT OF WOMEN. IT IS FOR THIS REASON THAT TODAY:

-- I APPEAL TO ALL THE EDUCATIONAL SERVICES LINKED TO THE CATHOLIC CHURCH TO GUARANTEE EQUAL ACCESS FOR GIRLS, TO EDUCATE BOYS TO A SENSE OF WOMEN'S DIGNITY AND WORTH, TO PROVIDE MORE POSSIBILITIES FOR GIRLS WHO ARE DISADVANTAGED, AND TO IDENTIFY AND REMEDY THE REASONS WHY GIRLS DROP OUT OF EDUCATION AT AN EARLY STAGE;

-- I APPEAL TO THOSE INSTITUTIONS WHICH ARE INVOLVED IN HEALTH CARE, ESPECIALLY PRIMARY HEALTH CARE, TO MAKE IMPROVED BASIC HEALTH CARE AND EDUCATION FOR GIRLS A

STATE FOR G/CS, IO AND EUR/WE
BEIJING FOR FWCW DELEGATION

FROM EMBASSY **VATICAN**/MESSAGE NO. 245/95

E.O.12356: N/A

TAGS: KWMN, PHUM, SOCI, PREL, PREF, UN, CH, VT
SUBJECT: POPE CALLS FOR SUCCESSFUL FWCW AND COMMITS
-- CHURCH TO "SPECIAL OPTION" FOR GIRLS AND
-- YOUNG WOMEN IN EDUCATION, BASIC HEALTH CARE

HALLMARK OF THEIR SERVICE;

-- I APPEAL TO THE CHURCH'S CHARITABLE AND DEVELOPMENT ORGANIZATIONS TO GIVE PRIORITY IN THE ALLOCATION OF RESOURCES AND PERSONNEL TO THE SPECIAL NEEDS OF GIRLS;

-- I APPEAL TO CONGREGATIONS OF RELIGIOUS SISTERS, IN FIDELITY TO THE SPECIAL CHARISM AND MISSION GIVEN TO THEM BY THEIR FOUNDERS, TO IDENTIFY AND REACH OUT TO THOSE GIRLS AND YOUNG WOMEN WHO ARE MOST ON THE FRINGES OF SOCIETY, WHO HAVE SUFFERED MOST, PHYSICALLY AND MORALLY, WHO HAVE THE LEAST OPPORTUNITY. THEIR WORK OF HEALING, CARING AND EDUCATING, AND OF REACHING TO THE POOREST IS NEEDED IN EVERY PART OF THE WORLD TODAY;

NEEDED IN EVERY PART OF THE WORLD TODAY;

-- I APPEAL TO CATHOLIC UNIVERSITIES AND CENTERS OF HIGHER EDUCATION TO ENSURE THAT, IN THE PREPARATION OF FUTURE LEADERS IN SOCIETY, THEY ACQUIRE A SPECIAL SENSITIVITY TO THE CONCERNS OF YOUNG WOMEN;
-- I APPEAL TO WOMEN AND WOMEN'S ORGANIZATIONS WITHIN THE CHURCH AND ACTIVE IN SOCIETY TO ESTABLISH PATTERNS OF SOLIDARITY SO THAT THEIR LEADERSHIP AND GUIDANCE CAN BE PUT AT THE SERVICE OF GIRLS AND YOUNG WOMEN.

AS FOLLOWERS OF JESUS CHRIST, WHO IDENTIFIES HIMSELF WITH THE LEAST AMONG CHILDREN, WE CANNOT BE INSENSITIVE TO THE NEEDS OF DISADVANTAGED GIRLS, ESPECIALLY VICTIMS OF VIOLENCE AND A LACK OF RESPECT FOR THEIR DIGNITY.

IN THE SPIRIT OF THOSE GREAT CHRISTIAN WOMEN WHO HAVE ENLIGHTENED THE LIFE OF THE CHURCH THROUGHOUT THE CENTURIES AND WHO HAVE OFTEN CALLED THE CHURCH BACK TO HER ESSENTIAL MISSION AND SERVICE, I APPEAL TO THE WOMEN OF THE CHURCH TODAY TO ASSUME NEW FORMS OF LEADERSHIP IN SERVICE AND I APPEAL TO ALL THE INSTITUTIONS OF THE CHURCH TO WELCOME THIS CONTRIBUTION OF WOMEN.

I APPEAL TO ALL MEN IN THE CHURCH TO UNDERGO, WHERE NECESSARY, A CHANGE OF HEART AND TO IMPLEMENT, AS A DEMAND OF THEIR FAITH, A POSITIVE VISION OF WOMEN. I ASK THEM TO BECOME MORE AND MORE AWARE OF THE DISADVANTAGES TO WHICH WOMEN, AND ESPECIALLY GIRLS, HAVE BEEN EXPOSED AND TO SEE WHERE THE ATTITUDE OF MEN, THEIR LACK OF SENSITIVITY OR LACK OF RESPONSIBILITY MAY BE AT THE ROOT.

ONCE AGAIN, THROUGH YOU, I WISH TO EXPRESS MY GOOD WISHES TO ALL THOSE WHO HAVE RESPONSIBILITY FOR THE BEIJING CONFERENCE AND TO ASSURE THEM OF MY SUPPORT, AS WELL AS THAT OF THE HOLY SEE AND THE INSTITUTIONS OF THE CATHOLIC CHURCH, FOR A RENEWED COMMITMENT OF ALL TO THE GOOD OF THE WORLD'S WOMEN.

(END TEXT OF POPE'S REMARKS)

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ORGANISATION MONDIALE DE LA SANTE

DR HIROSHI NAKAJIMA
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

Biographical Note

Dr Hiroshi Nakajima, Director-General of the World Health Organization, was born in Chiba City, Japan, on 16 May 1928. He obtained his medical degree at the Tokyo Medical College in 1955 and he holds a postgraduate degree in medical science. In 1984 he was awarded the Kojima Prize, the highest award given in Japan for achievements in public health.

Shortly after graduation Dr Nakajima began his training in neuropsychiatry, first as a junior physician in the Department of Neuropsychiatry, Tokyo Medical College, and later, as a postgraduate fellow supported by the Government of France, in the Department of Neuropsychiatry, Faculty of Medicine, Paris University, and in the Institute of Pharmacology of the same university where he received practical training in pharmacology. From 1958 to 1967 he worked as a scientist at the National Institute of Health and Medical Research, Paris, carrying out research in basic and clinical neuropsychopharmacology and finally, as principal scientist, supervising research activities in the neuropsychopharmacological unit of the Institute. In 1967 he returned to his home country as Director, Research and Administration, Nippon Roche Research Centre, Tokyo. Between 1967 and 1973 he became internationally known in the field of pharmacology and neuropsychiatry and contributed, as an expert nominated by his government, to a number of WHO activities.

Dr Nakajima joined the World Health Organization in January 1974 in the position of Scientist, Drug Evaluation and Monitoring. He became Chief, Drug Policies and Management unit in 1976. It was in this position that he played a key role in developing the concept of essential drugs, as Secretary of the first Expert Committee on the subject. In 1978 the WHO Regional Committee for the Western Pacific, at its twenty-ninth session, nominated Dr Nakajima as Regional Director; he was appointed to that office by the WHO Executive Board at its sixty-third session in January 1979, and he took up his duties as the Region's third Director on 1 July 1979. On the nomination of the Regional Committee he was reappointed by the Executive Board for a further five-year term from 1 July 1984. In May 1988, while still in office as Regional Director, he was appointed Director-General of the World Health Organization by the Forty-first World Health Assembly. He took up his duties as the Organization's fourth Director-General in July 1988. In May 1993 the Forty-sixth World Health Assembly elected Dr Nakajima to a second term of office as Director-General for five years from July 1993.

Dr Nakajima is the author of scientific articles and reviews relating to the medical and pharmaceutical sciences, published in the English, French and Japanese languages.

He is married to Martha DeWitt Nakajima and has two sons.

BIOGRAPHY OF DR A. EL BINDARI HAMMAD

Dr Aleya El Bindari Hammad currently holds the position of Executive Administrator for Health Policy in Development (HPD) in the World Health Organization. In this capacity she is responsible for health policy analysis, particularly relating to the effects of development policies and economic strategies on the health status of populations. From this analysis, health policy advocacy is carried out to provide input to the UN system and to ensure the promotion of WHO's health policies in the work of relevant agencies, organizations and bodies. A seminal part of this work is carried out under the auspices of the WHO Task Force on Health in Development, of which Dr Hammad is the secretary.

Dr Hammad is responsible for work on women's issues at a policy level, both within and outside the Organization. In this capacity, Dr Hammad is Secretary to the WHO Global Commission on Women's Health. Her functions also encompass work on human rights and health where WHO provides support to Member States and the UN system in the review, design and monitoring of instruments and practices in the field of health to protect and promote health-related human rights. As focal point for human rights, she represented the Organization at the World Conference on Human Rights (Vienna, June 1993).

Dr Hammad has a wide range of experience in public health and education. Her qualifications include a Masters degree in public health administration and a Ph.D. in education (health and social anthropology) from Boston University, and post doctoral studies at Harvard University, working with culturally deprived children in the USA.

Her pioneering work in the infancy of primary health care led to her appointment to the WHO programme responsible for primary health care, in Geneva. She participated in the preparation of, and attended the International Conference on Primary Health Care held in Alma-Ata in 1978.

Dr Hammad's extensive knowledge and experience of the linkages between health status and the development process led to her being responsible for intersectoral action for health. During that time she was Secretary of the Technical Discussions held during the Thirty-Ninth World Health Assembly in 1986, which were co-sponsored by the United Nations, FAO, UNESCO, and the United Nations Environment Programme (UNEP) and Habitat. She has also been designated as the Secretary for the Technical Discussions, in May 1992 on the theme of Women, Health and Development, a responsibility she has retained in her present position. She is also the focal point for human rights and represented the Organization in the International Conference.

Dr Hammad is married and has two children.

WORLD HEALTH ORGANIZATION

INFORMATION CIRCULAR No. 64

IC/95/64
20 July 1995

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ORIGINAL: ENGLISH

HEALTH POLICY IN DEVELOPMENT (HPD)

The Director-General is pleased to announce the appointment of Dr Aleya El Bindari-Hammad, formerly Adviser on Health and Development Policies, as Executive Administrator for Health Policy in Development (HPD), with effect from 21 July 1995.

The responsibilities of Health Policy in Development, which will report direct to the Director-General, include the following:

- **Health in socio-economic development policies**
  Secretary of Task Force on Health in Development and Global Commission on Women's Health; Promoting leadership for health: health policy analysis including intersectoral development policies; health aspects of socio-economic development.

- **Health policy advocacy**
  Input to the UN system; ensuring the promotion of WHO's health policies in the work of relevant agencies, organizations and bodies.

- **Human rights and health**
  Support to Member States and the UN system in the review, design and monitoring of instruments and practices in the field of health to protect and promote health-related human rights.

****

~~Nafis Sadik, M.D.~~
~~Under-Secretary General~~
United Nations Population Fund
220 East 42nd Street
New York, NY 10017
Tele: 212-297-5111
Fax: 212-297-4911

Dr. Nafis Sadik, born in Pakistan, is the recipient of numerous prestigious awards for her numerous contributions to advancing the cause of women and to alleviating problems associated with population growth. She was the first woman Director-General of Pakistan's National Family Planning Program, and as Executive Director of the United Nations Population Fund with the rank of Under-Secretary-General, is the first women in the history of the United Nations to head one of its major voluntary programs. Dr. Sadik, as Secretary-General of the International Conference on Population and Development (ICPD) successfully concluded in Cairo in September 1994, was most instrumental in focusing world attention on the urgent need to collectively address the critical challenges and interrelationships between population and development.

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P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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PRIORITY ROME

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E.O. 12356: N/A

TAGS: KWMN, PHUM, SOCI, CH, UN, PREF

SUBJECT: UNITED NATIONS FOURTH WORLD CONFERENCE ON WOMEN
-- final request for demarche

REF: (A) 95 STATE 171929, (B) 95 STATE 158733

for USREP ICAO, NESCO, FODAG, UNEP

1. SUMMARY. DURING THE INFORMAL NEGOTIATING SESSION FOR THE FOURTH WORLD CONFERENCE ON WOMEN (FWCW) IN NEW YORK, A SIDE DISCUSSION ON HEALTH ISSUES WAS CONDUCTED WITH MONSIGNOR MARTINSIDE. BOTH THE USG AND THE HOLY SEE REQUESTED ANY ADDITIONAL INFORMATION OR IDEAS FOR REMOVING BRACKETS BE EXCHANGED PRIOR TO ARRIVING IN BEIJING. THIS CABLE OUTLINES SEVERAL USG SUGGESTIONS ON HOW TO REMOVE BRACKETS IN THE HEALTH SECTION OF THE PLATFORM FOR ACTION (PFA) FOR THE FWCW. POST IS REQUESTED TO USE THIS GUIDANCE IN DISCUSSING HEALTH ISSUES WITH HOLY SEE REPRESENTATIVES. PARAGRAPH 16 OF THIS MESSAGE INCLUDES KEY POINTS FOR USE AS AN AIDE MEMOIRE. END SUMMARY.

ACTION REQUESTED
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2. EMBASSY IS REQUESTED TO APPROACH HOST GOVERNMENTS AND

USE THE TALKING POINTS AT PARAGRAPH 7 TO ELICIT THE GOVERNMENT'S THINKING ON THE ISSUES IN THE PLATFORM FOR ACTION WHICH REMAIN TO BE NEGOTIATED. WE ARE PARTICULARLY INTERESTED IN FINDING AREAS OF COMMON AGREEMENT. PLEASE SLUG CABLE FOR G/CS AND INCLUDE USUN NEW YORK AND EMBASSY BEIJING AS ADDRESSEES. PLEASE ALSO REMEMBER TO USE THE KWMN TAG.

HEALTH
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3. AS DESCRIBED REFTEL B, THE PRIMARY USG OBJECTIVE IS TO PROMOTE THE ADVANCEMENT AND EMPOWERMENT OF WOMEN, AND TO REAFFIRM AND BUILD ON THE COMMITMENTS MADE AT OTHER IMPORTANT UN CONFERENCES. WOMEN PLAYED VITAL, PARTICIPATORY ROLES IN THESE CONFERENCES, AND MANY ISSUES OF CONCERN TO WOMEN WERE ADDRESSED AT THESE CONFERENCES. ENSURING THE EMPOWERMENT OF WOMEN IN EVERY SOCIETY IS ESSENTIAL TO SUSTAINABLE DEVELOPMENT.

4. ISSUES RELATED TO HEALTH ARE THE LEAST NEGOTIATED BECAUSE THEY WERE PUSHED TO THE END OF THE MARCH PREPCOM AND WERE NOT ADDRESSED DURING THE SUMMER INFORMALS. WE WERE SUCCESSFUL, HOWEVER, IN EXPANDING THE SECTION TO ADDRESS A LIFESPAN APPROACH TO WOMEN'S HEALTH AS WELL AS A WIDE RANGE OF HEALTH ISSUES. THE LANGUAGE IN BRACKETS IS PRIMARILY CONSENSUS LANGUAGE AGREED TO IN 1994 AT THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD). DURING THE PREPCOM, IT SEEMED THAT GENERALLY THE G-77 WAS STANDING BEHIND THE AGREEMENTS ON ISSUES SUCH AS REPRODUCTIVE AND SEXUAL HEALTH, REPRODUCTIVE RIGHTS, SAFE ABORTION AND CONDOMS, BUT THE HANDFUL OF COUNTRIES WHICH TOOK RESERVATIONS AT THE ICPD HAVE NOT YET BEEN WILLING TO ACCEPT THE LANGUAGE FOR THE FWCW. THE UNITED STATES DOES NOT INTEND TO PUSH FOR LANGUAGE ON WHICH WE WERE UNABLE TO AGREE AT THE ICPD, BUT PLACES A HIGH PRIORITY ON REAFFIRMING ITS COMMITMENT TO THE AGREEMENTS ACHIEVED AT THE ICPD, MANY OF WHICH ARE FUNDAMENTAL TO WOMEN'S EMPOWERMENT.

5. AT THE ICPD, A GREAT DEAL OF TIME WAS SPENT NEGOTIATING BROADLY ACCEPTED LANGUAGE ON PARENTAL INVOLVEMENT WITH ADOLESCENT HEALTH SERVICES. UNFORTUNATELY, THAT LANGUAGE IS NOT INCLUDED IN THE DRAFT PFA, AND INSTEAD MORE THAN 20 REFERENCES USING NON-CONSENSUS LANGUAGE ON PARENTAL INVOLVEMENT (SOME OF WHICH ARE ENTIRELY ILL-PLACED) ARE INCLUDED IN THE DRAFT PLATFORM. WE WOULD RECOMMEND THE INCLUSION OF THE ICPD CONSENSUS PARAGRAPH 7.45 IN THE SECTION ON HEALTH, AND REMOVING THE ADDITIONAL PARENTAL INVOLVEMENT REFERENCES THAT ARE IN BRACKETS. FOR YOUR INFORMATION, THE ICPD LANGUAGE FOLLOWS:

"RECOGNIZING THE RIGHTS, DUTIES AND RESPONSIBILITIES OF PARENTS AND OTHER PERSONS LEGALLY RESPONSIBLE FOR ADOLESCENTS TO PROVIDE, IN A MANNER CONSISTENT WITH THE EVOLVING CAPACITIES OF THE ADOLESCENT, APPROPRIATE DIRECTION AND GUIDANCE IN SEXUAL AND REPRODUCTIVE MATTERS, COUNTRIES MUST ENSURE THAT PROGRAMS AND ATTITUDES OF HEALTH-CARE PROVIDERS DO NOT RESTRICT THE ACCESS OF ADOLESCENTS TO APPROPRIATE SERVICES AND THE INFORMATION THEY NEED, INCLUDING ON SEXUALLY TRANSMITTED DISEASES AND SEXUAL ABUSE. IN DOING SO, AND IN ORDER TO,

INTER ALIA, ADDRESS SEXUAL ABUSE, THESE SERVICES MUST SAFEGUARD THE RIGHTS OF ADOLESCENTS TO PRIVACY, CONFIDENTIALITY, RESPECT AND INFORMED CONSENT, RESPECTING CULTURAL VALUES AND RELIGIOUS BELIEFS. IN THIS CONTEXT, COUNTRIES, SHOULD, WHERE APPROPRIATE, REMOVE LEGAL, REGULATORY AND SOCIAL BARRIERS TO REPRODUCTIVE HEALTH INFORMATION AND CARE FOR ADOLESCENTS."

6. THE US SUPPORTS INCLUDING LANGUAGE OPPOSING COERCIVE REPRODUCTIVE PRACTICES, SUCH AS FORCED STERILIZATION OR FORCED ABORTION AND OBTRUSIVE MEDICAL INTERVENTIONS. THE DRAFT PLATFORM CURRENTLY INCLUDES THREE VERSIONS OF PARAGRAPH 107H, WHICH REFERS TO THESE ISSUES. THE US CAN ACCEPT EITHER OF THE FIRST TWO VERSIONS, BUT FEELS THAT THE THIRD VERSION, WHICH STATES THAT PHYSICIANS MUST BE PRESENT ANY TIME CONTRACEPTIVE DEVICES ARE PRESCRIBED AND MUST PROVIDE INFORMATION ON ONLY NEGATIVE SIDE EFFECTS AND NOT THE BENEFITS OF MEDICATION, IS UNREALISTIC AND INAPPROPRIATE.

TALKING POINTS
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7. POSTS ARE ASKED TO DRAW ON THE ABOVE BACKGROUND INFORMATION AND TO MAKE THE FOLLOWING SPECIFIC POINTS. ANY INFORMATION ON THE FOLLOWING POINTS OR OTHER MATTERS OF CONCERN WHICH YOU CAN OBTAIN FROM THE HOST COUNTRY WILL GREATLY FACILITATE THE NEGOTIATIONS IN BEIJING.

- WE BELIEVE THAT WE MADE PROGRESS AT THE MARCH PREPCOM ADDRESSING A BROAD SET OF ISSUES RELEVANT TO WOMEN'S HEALTH. WE ARE INTERESTED IN KNOWING, HOWEVER, IF THERE ARE ISSUES THAT YOU BELIEVE HAVE NOT RECEIVED PROPER ATTENTION AND, IF SO, IF YOU HAVE PLANS TO TRY TO AMEND THE DRAFT PLATFORM TO REFLECT THOSE VIEWS.

-- THE US IS COMMITTED TO REAFFIRMING THE AGREEMENTS ACHIEVED AT THE ICPD, MANY OF WHICH ARE FUNDAMENTAL TO WOMEN'S EMPOWERMENT. WE HOPE YOU WILL SUPPORT UNBRACKETING OF CURRENTLY BRACKETED ICPD LANGUAGE.

-- LANGUAGE IN BRACKETS WHICH SHOULD BE ACCEPTABLE BASED ON CONSENSUS LANGUAGE (AGREED IN THE PAST) RELATED TO REPRODUCTIVE HEALTH, SEXUAL HEALTH, REPRODUCTIVE RIGHTS, UNSAFE ABORTION, CONDOMS AND OTHER CONTRACEPTIVES. WHILE WE UNDERSTAND THAT THE HOLY SEE TOOK RESERVATIONS ON THESE ISSUES DURING THE ICPD, WE ARE HOPEFUL THAT THE LIMITED TIME IN BEIJING WILL NOT BE DIVERTED TO RENEGOTIATING THE AGREEMENTS REACHED IN CAIRO, WHICH REPRESENTED THE INTERNATIONAL COMMUNITY'S BEST EFFORT ON CONSENSUS.

-- THE CHAPEAU TO CHAPTER TWO RELATED TO IMPLEMENTATION OF THE PFA, SOVEREIGNTY, RELIGIOUS AND ETHICAL VALUES AND HUMAN RIGHTS OF THE ICPD PROGRAM OF ACTION IS VITALLY IMPORTANT TO A NUMBER OF COUNTRIES. WE BELIEVE THAT THAT EXACT LANGUAGE SHOULD BE USED IN PARAGRAPH 9 OF THE FWCW PFA.

-- ADDITIONAL NEGOTIATIONS ARE REQUIRED TO DETERMINE HOW TO REFER TO THE DOCUMENT FROM THE ICPD. WE WERE ENCOURAGED BY THE G-77 FORMULATION "AS AGREED IN THE REPORT OF THE ICPD," WHICH ENSURES THE INCLUSION OF THE

RESERVATIONS AND DECLARATIONS. WE ARE INTERESTED IN KNOWING THE PREFERRED LANGUAGE OF THE HOLY SEE AND WHERE THIS REFERENCE IS BEST INCLUDED.

-- THE RESTATING OF SEVERAL ISSUES FROM THE ICPD ARE RELEVANT TO THE PFA, AND HELP TO PROVIDE THE FULL PICTURE OF HEALTH CARE NEEDS OF WOMEN. THE PFA IS NOW SOMEWHAT OF A "COLLAGE" OF NEW IDEAS AND "PHOTOCOPIES" OF RELEVANT PREVIOUS DOCUMENTS. THIS APPROACH SEEMS TO BE ADEQUATELY BALANCED, AND ARE INTERESTED TO LEARN IF THE HOLY SEE DESIRES A DIFFERENT BALANCE.

-- THE US SUPPORTS USING ICPD LANGUAGE ON PARENTAL INVOLVEMENT WITH ADOLESCENT HEALTH SERVICES. WE WOULD RECOMMEND THE INCLUSION OF THE CAREFULLY AGREED ICPD CONSENSUS LANGUAGE 7.45 IN THE SECTION ON HEALTH, AND REMOVING THE ADDITIONAL PARENTAL INVOLVEMENT REFERENCES THAT ARE IN BRACKETS. IF THIS DOES NOT SEEM APPROPRIATE, WE ARE INTERESTED IN BETTER UNDERSTANDING THE INTENTION OF INCLUDING THE OTHER LANGUAGE, "RECOGNIZING THE RIGHTS, DUTIES AND RESPONSIBILITIES OF PARENTS, CONSISTENT WITH THE CONVENTION ON THE RIGHTS OF THE CHILD," TO BETTER DETERMINE HOW TO ADDRESS THIS ISSUE.

-- THE USG HAS CONSIDERED POINTS MADE BY MOSIGNOR MARTIN REGARDING THE USE OF "PRENATAL SEX SELECTION" AND THE NEED TO ADDRESS THE CURRENT AND FUTURE CAPABILITIES OF CREATING SPECIFIC SEXES IN LABORATORIES. UPON FURTHER REFLECTION, THE USG DOES BELIEVE THAT THE TERM "PRENATAL SEX SELECTION" BEST DESCRIBES THE ACTIVITIES WHICH WE ARE TRYING TO ADDRESS. OUR POSITION REMAINS, HOWEVER, THAT SUCH BROADER SOCIAL ISSUES MUST BE ADDRESSED TO IMPROVE THE PERCEPTION OF GIRLS SO THAT THESE PRACTICES ARE NO LONGER UNDERTAKEN.

-- WE AGREE THAT THE REFERENCES TO FORCED PREGNANCY IN SITUATIONS OF VIOLENCE CAN BE UNBRACKETED BY USING THE EXACT VIENNA LANGUAGE IN PARAGRAPH 13 OF THE GLOBAL FRAMEWORK.

-- REGARDING THE FAMILY, WE WOULD LIKE TO SEE PARAGRAPH 30, OR ANOTHER RELEVANT PARAGRAPH IN THE GLOBAL FRAMEWORK, INCLUDE LANGUAGE FROM THE ICPD PRINCIPLE 9 AND THE WORLD SUMMIT FOR SOCIAL DEVELOPMENT DECLARATION 26H. THIS SHOULD ENABLE EASY RESOLUTION OF ADDTIONAL REFERENCES TO FAMILIES IN THE DOCUMENT.

-- REGARDING PARAGRAPH 91, "THE MAJOR" COULD BE CHANGED TO "A MAJOR".

-- REGARDING PARAGRAPH 95, WE WOULD SUGGEST THAT THE WORD "AND" BE INSERTED BETWEEN "UNPROTECTED" AND "PREMATURE" AND REMOVE THE BRACKETS.

-- THE US SUPPORTS LANGUAGE CONDEMNING COERCIVE PRACTICES SUCH AS FORCED ABORTION OR FORCED STERILIZATION, AND REQUIRING CONSENT REGARDING CONTRACEPTIVES. WE COULD ACCEPT EITHER OF THE FIRST TWO VERSIONS OF PARAGRAPH 107H CURRENTLY IN THE PLATFORM.

-- WE ARE CONTACTING THE RELEVANT USG LAWYERS REGARDING THE "CONSCIENCE CLAUSE" LANGUAGE TO EXPLORE POSSIBLE ALTERNATIVES. HOWEVER, REFERENCES TO "NOT REFERRING FOR SERVICES" IS IN VIOLATION OF US LAW AND CANNOT BE

ACCEPTED.

-- A POSSIBLE ALTERNATIVE FOR 108P IS "ENSURE THAT WOMEN'S HEALTH IS AN INTEGRAL PART OF MEDICAL SCHOOL CURRICULA AND OTHER HEALTH CARE TRAINING."

ON PARAGRAPH 108Q, THE BRACKETS AROUND "CHILDREN" SHOULD BE DROPPED AS THEY SHOULD BE PROTECTED FROM ABUSE.

-- A POSSIBLE ALTERNATIVE FOR 109I IS "GIVE ALL WOMEN AND HEALTH CARE WORKERS ALL THE ACCURATE INFORMATION ABOUT HIV/AIDS AND OTHER STDS AND PREGNANCY AND THE IMPLICATIONS FOR THE BABY, INCLUDING BREASTFEEDING, AND GIVE THEM THE WHO RECOMMENDATIONS ON HIV/AIDS AND BREASTFEEDING.

-- WE HOPE THAT REFERENCES TO EARLY MARRIAGE WILL REMAIN AS SUCH, WITHOUT THE INCLUSION OF "FORCED"

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As prepared by U.S. Bishops Conference

Backgrounder

Summary of Positions of Holy See on Issues Likely to Arise in Beijing

(*This factsheet is arranged according to the three themes of the Beijing Conference: Equality, Development and Peace; it is a compilation of statements made by representatives from the Holy See at conferences preceding Beijing about matters likely to arise in Beijing. The statements have been arranged under topical headings in order to assist the press in understanding Holy See positions. It is not an official position paper of the Holy See).

EQUALITY

Women's Human Dignity

Woman's dignity derives from their creation in the image and likeness of God. (John Paul II, Letter to Women). Their relationship with men is one of complementarity, not sameness. Their human rights are an inalienable and integral part of universal human rights.

Women ought to have the opportunity for full and equal participation in political, civil, economic, social and cultural life at all levels.

There is needed a campaign for the promotion of women, beginning with a universal recognition of the dignity of women. The Church admires women who have fought for women's rights, even "at a time when this was considered...the sign of a lack of feminity, even a sin!" ((Letter to Women, John Paul II).

The Church condemns cultural forces which encourage men to see women as mere objects of pleasure or reproductive devices, instead of as human beings with innate dignity (Holy See press release, 22Aug 24).

Political Empowerment

The Church recognizes the right of women everywhere to full equality in public life and supports the use of legislative authority to promote such equality. It believes that the contribution of a female voice to the public debate, particularly as a link between the political and private spheres of life, not only will empower women, but will aid the development of more balanced, more humane, social, economic and political policies as well.

Societies should safeguard for women both the opportunities to advance in the workplace and women's vocations as mothers and educators. (Statement of Archbishop Martino at the 3rd Committee of the 49th Session of the UN General Assembly).

Economic Empowerment

There is an urgent need for real economic equality such as equal pay for equal work, protection for working mothers, and fairness in career advancements. The Church recommends larger portions of international and domestic aid budgets for fostering productive activities of low-income and poor populations. (Preparatory Meeting to fourth World Conference on Women, 11/94).

Church humanitarian agencies have witnessed first-hand how the lives of rural women, and their families and communities can be transformed with basic assistance, such as local self-sustaining economic initiatives, credit assistance and even small improvements in a community's infrastructure. The Church strongly supports allocating larger portions of international aid and domestic budgets to such projects. (Archbishop Martino, 3rd Committee of the 49th Session of the UN General Assembly).

Mass Media

The Church supports an "international code of ethics" in the media, to protect the rights and dignity of women. (Archbishop Renato Martino, Statement at Third Committee of 49th Session before UN General Assembly, 12/94).

Environmental Justice

Gender perspective in policy-setting
Environmental injustices (especially regarding rural poor)
Mass media attention to women

Areas likely to Engender Controversy:

"Reproductive Health"

Abortion proponents are seeking to include a right to abortion within this and related language by expanding language agreed to in Cairo, or by refusing to use Cairo language in its entirety or within context.

Sexual Rights

This is a concept that was debated and rejected in Cairo; some would apply this also to children and adolescents, and others wish to affirm a right to sexual orientation.

Family/Motherhood

Some wish to avoid mentioning in the document the importance and value of family or motherhood for women.

Conscience Protection for Health Care Providers

Some refuse to recognize that health care providers should not be required to provide and refer for those services to which they object on the basis of religious belief or moral convictions.

Forced Impregnation

This term has been used before in the very specific context of war and conflict situations. It appears that the draft Program of Action for Beijing is trying to extend the term to other situations and circumstances which may be a cause for concern.

General Information -- Beijing Conference
(Fourth World Conf. on Women)

When: 4-15 September 1995
Where: Beijing, China
Head: Mrs. Gertrude Mongella from Tanzania (Secretary-General)

History:

First Conference--Mexico City, 1975

- adopted Plan of Action-led to UN declaration of UN Decade for Women (1976-1985)
- led to 1979 UN Convention on the Elimination of All Forms of Discrimination Against Women
- Holy See did not join the consensus; it expressed "reservations" over abortion-rights language and highly individualistic view of sexuality; but did note support for broad aspirations for equality, development and peace

Second Conference--Copenhagen, Denmark, 1980

- adopted "Program of action"
- emphasis on education, employment, health
- Holy See did not join consensus, noting document's insufficient valuation of the domestic work of women, flawed perspective on the family, and references to family planning which could lead to the violations of human dignity and responsible parenthood.

Third Conference--Nairobi, Kenya, 1985

- adopted Nairobi Forward-looking Strategies for the Advancement of Women to the Year 2000
- Strategies offered framework for national, regional, int'l effort for empowerment, human rights
- 1990 evaluation of Strategies revealed loss of momentum, need for Fourth Conf.
- Holy See did join the consensus and also registered reservations on paragraphs 29 and 156-59 concerning control of fertility, and family planning

Recent History of Related Conferences:

International Conference on Population and Development (ICPD)--Cairo, 1994

- adopted "Program of Action"
- focused on population growth as key connection to underdevelopment and injustice, advocating greater access to contraception and abortion in health care and family planning programs
- Holy See joined in a partial consensus but also refused to associate itself with chapters 7 and 8 of the document on the grounds that they tended to: (1) represent abortion as part of population policy and maternal health care; (2) sanction and promote artificial contraception; (3) sanction extramarital sex, particularly that between adolescents ; general reservations were also taken on chapters 11-16.

World Summit on Social Development (WSSD)--Copenhagen, 1995

- summit with over 170 nations represented in delegations, including Holy See delegation, with relevance to Beijing in treatement of poverty, underdevelopment, and the special burdens on women
- 3 main goals: elimination of poverty, job creation, inclusion of peoples of all nations
- 2 Vatican proposals regarding women--(1) governments to include in GNP statistics of the value of unremunerated work performed by women at home; and (2) worldwide commitment to equal access to health care and education for women and young girls (protecting human dignity, esp. women and girls from objectification and abuse)
- Holy See joined the consensus on the document which recognizes parental rights in overseeing the sex education and health services of their children.

Participants:

UN organizations	Governments (as represented by delegates)	Non-Governmental Orgzns.

Some Accredited Pro-Life NGOs:

Alianzo Latinoamer.para la Fam.	American Life League	Catholic League

Cath. Un. for Faith (CUF)	Ecum. Coal on Women and Soc	
Family Res Council	Fam. of Americas Found.	Feminists for Life
Mass Citizens for Life	NCCB - USCC	Nat R to Life Comm.
Nat. Inst. of Womanhood	Real Women of Canada	The Rockford Institute
The Rutherford Institute	Value of Life Comm	Women for Faith & Fam

Mission Statement of Draft Document for Beijing Conf. '95:

1. "The removal of all obstacles to women's active participation in all spheres of public and private life through a full and equal share in economic, social, cultural and political decision-making. This means also establishing the principle of shared power and responsibility between women and men at home, in the workplace, and in the wider national and international communities. "

2. "To promote and protect [the full enjoyment of all universal] all human rights and the fundamental freedoms of all women throughout their life cycle."

3. "..[.adequate] [new and additional]resources for the implementation of the agreements made; ...equal participation of women and men in all national, regional and international bodies and policy-making processes; and the establishment or strengthening of mechanisms at all levels for accountability to the world's women."

Outcome Sought:

Adoption of a Plan of Action for 1995 - 2005

Process:

- Regional meetings in 1994-95--provide input to development of Program of Action document
- PrepComm (Spring, 95) -all governments invited to discuss and edit Program of Action
- Concepts, phraseology, etc. not agreed upon at final PrepComm are placed in square brackets "[ ]".
- At the Conference in Beijing, delegates will resolve bracketed language; delegates will pursue "consensus" on entire document
- A delegation may opt out of the consensus, or be counted as part of the consensus but "reserve" its consent from a portion, or portions, of the document.

Status of the Final Document:

Carries no enforcement mechanism. However, it becomes a document by which nations assess their own progress or by which this progress can be or is assessed by others.

"Priority Themes":

Equality
Development
Peace

Subthemes in Draft Program of Action:

Human Rights
Developing countries--disproportionate impact on women of economic crisis, debt burden, poverty
Violence against women, including domestic violence, sexual harassment, armed conflict, victims of war
Migration and internal displacement
Political empowerment for women
Other public sphere empowerment--voice in economic & social policies, anti-poverty initiatives
Attitudinal changes
Health care, reproductive health
Remuneration for duties inside home
Family disintegration, female headed households
Reproductive Rights
Sexual Rights

The Church supports an increased emphasis on environmental justice. In particular, it supports increased efforts aimed at mitigating, curbing and preventing current levels of resource depletion, deforestation, pollution, war and wasteful consumption. Care should be taken in particular to ensure that the selection of sites for toxic wastes does not unjustly burden the poor, who already face disproportionate environmental hazards.

Given women's very direct bond with future generations, women should play an important role in developing an "environmental ethic."

Family Role

The family is the basic unit of society. The Church recognizes the value of motherhood in the lives of women and in the life of their communities, and sees efforts to demean this role as "false liberation" and disrespectful of women. (Vienna Regional Preparatory Meeting, 1994). The Church favors financial compensation for this role, declaring that a "mother's work in the home must be recognized and respected." (Holy See Report in Preparation for Beijing). Also advocated is a "family wage" that would provide a decent standard of living for a family, so that families would not require two full-time incomes, and one parent could choose to spend time raising children.

DEVELOPMENT

Poverty

Poverty is a formidable obstacle to women's full participation in social, economic and political life. Poverty also contributes to the problems of trafficking of women and girls, mistreatment and abuse of migrant women workers and domestic violence

Some erroneously believe that the solution to poverty is simply preventing the conception of more children or aborting already-conceived children. The Holy See recognizes that the solutions to poverty are far more complex and wide-ranging. Any solutions that address poverty, must remember that the "human being is at the center of sustainable development." (Statement of Archbishop Tauran, 5/95) The Church holds that the keys to development lie in economic reform, empowerment, peace and justice -- not easier access to abortion and contraception.

Health Care

The Church recognizes that access to health care is essential to women's well-being and to the possibility of their participating in public life or living their private life with dignity. It also recognizes that, in many parts of the world women and girls do not have access even to basic health care. The Church is quite active, internationally, in providing low cost or free health care for women, especially rural women. The Church stands strongly for "reproductive health," when such care focuses on both mother and child, and includes "efforts to eliminate sexual violence, to remove other abuses and mutilations, especially of women." (Msgr. Martin, PrepComm III statement, NYC, April 94). Health care for women should include extensive pre- and post-natal care, as well as instruction in natural family planning techniques (the latter involving male responsibility as well). The Church is concerned that the current draft of the Beijing document focuses on sexually related health problems at the expense of other health problems that afflict a vastly larger number of women.

Sexual Behavior - The Church teaches that sex is a holy union between a man and a woman in marriage, open to the miracle of life. In contrast to current trends, more attention needs to be given to teaching self-restraint and personal responsibility. Current efforts to debase the importance of this sexual union, as well as the importance of the family as the basis for moral education, are to be challenged. "It is really a question of behaviour that distorts the essential meaning of human sexuality, preventing it from being put at the service of the person, of communion and of life "(Pope John Paul II, before the Angelus, 26 June 94).

Literacy

The Church urges countries to fight female illiteracy by allocating a greater proportion of their domestic and international budgets to education, rather than to military spending or "security" measures. At a regional conference in Africa in preparation for Beijing, a representative for the Holy See stated: "At a time when Africa's women are confronted with high rates of female illiteracy, disease and premature mortality, some countries are spending more on their military sector than on the health and education sectors combined." (11/94).

Education

Education is a fundamental requirement for the true empowerment of women. The Church is committed to educating women around the world to help themselves and their families. In many countries, the Church is the single largest private educator of girls. "The Catholic Church . . has experienced the positive impact that education can have not only on the well-being of women, but also on the family, community,and country." (Representative of the Holy See, Senegal Conference, 11/94).

PEACE

Generally - The advancement of women will further peace and the achievement of peace will advance women.

Arms Spending and Buildup

There is an excessive transfer and accumulation of conventional arms. Even when women are confronted with high rates of female illiteracy, disease and premature mortality, some countries spend more on their military sector than on health and education combined. (Representative of the Holy See, Fifth African Regional Conference on Women in Dakar, Senegal 11/ 94).

Violence Against Women

The Church deplores the level of violence and abuse facing women, and particularly that facing the girl-child. It condemns the "hedonistic and commercial culture which encourages the systematic exploitation of sexuality" (John Paul II, Letter to Women), sometimes through advertising. Efforts must be taken to eradicate domestic violence, child labor, son preference, female mutilation, prostitution and pornography. Such conditions are frustrated by deplorable levels of poverty and underdevelopment (John Paul II, World Day of Peace, 1/ 95). Effective measures against violence against women include improving their economic situations as welll as reeducating men and cultures which allow, and even foster, such treatment.

Armed Conflict -- Effects

Today's society faces deadly ethnic conflict. Given the present nature of such warfare, noncombatants, particularly women and children, are most vulnerable to the effects of civil strife. Increased efforts need to be made to shelter these women and families. The Church continues to condemn modern methods of warfare, ethnic cleansing, and current levels of arms accumulation and transfer, and calls for nonviolent means to the ends of peace and justice.

Migrants/Refugees

The Church gives priority to female refugees displaced by civil strife or coercive political policies. International organizations and countries need to place more emphasis on the needs of this migrant population, a growing reality in light of global situations facing all corners of the globe. Equally important are measures allowing families to reunite with those members forced to flee. " It is also necessary to set up means to facilitate women's integration and cultural and professional training, as well as a fair share of the social benefits, such as the provision of housing, schooling for children, and adequate tax reductions." (John Paul II, Migration Day, 8/ 94).

Summary of *Letter to Women*
from His Holiness Pope John Paul II
June 29, 1995

1. **Goals of the document**
   - Reflect on the problems and prospects of women in our time
   - Focus on the dignity and rights of women, as seen in the light of Scripture
   - In anticipation of the Fourth World Conference on Women, in Beijing

2. **Thank you to women**
   - To mothers, wives, daughters, sisters, and consecrated
   - To women who work:

     "You are present and active in every area of life--social, economic, cultural, artistic and political. In this way you make an indispensable contribution to the growth of a culture which unites reason and feeling, to a model of life ever open to the sense of 'mystery', to the establishment of economic and political structures ever more worthy of humanity." (Para. 2)

3. **Gospel message can transform historically conditioned view of women's dignity**
   - Societal views of women have been and are obstacles to the progress of women
   - Church apologizes:

     "And if objective blame, especially in particular historical contexts, has belonged to not just a few members of the Church, for this I am truly sorry." (Para. 3)
   - History has failed to "register" the scope of women's achievements
   - Despite cultural norms, Jesus respected women's dignity by being open and respectful:

     "When it comes to setting women free from every kind of exploitation and domination, the Gospel contains an ever relevant message which goes back to the *attitude of Jesus Christ himself*. Transcending the established norms of his own culture, Jesus treated women with openness, respect, acceptance and tenderness. In this way he honoured the dignity which women have always possessed according to God's plan and in his love." (Para. 3)

4. **Social, political and economic rights**
   - Recognizes that wives and mothers suffer discrimination
   - Supports equality with regard to pay and career advancement:

     "As far as personal rights are concerned, there is an urgent need to achieve *real equality* in every area: equal pay for equal work, protection for working mothers, fairness in career advancements, equality of spouses with regard to family rights and the recognition of everything that is part of the rights and duties of citizens in a democratic State" (Para. 4)

5. **Condemns sexual violence against women**
   - Condemns "hedonistic and commercial culture which encourages the systematic exploitation of sexuality"
   - Praises women who continue with a pregnancy resulting from rape:

     "...[G]reat appreciation must be shown to those women who, with a heroic love

for the child they have conceived, proceed with a pregnancy resulting from the injustice of rape." (Para. 5)

- Addresses others' culpability in abortion:

  "In these cases the choice to have an abortion always remains a grave sin. But before being something to blame on the woman, it is a crime for which guilt needs to be attributed to men and to the complicity of the general social environment." (Para. 5)

6. **Appeals for respect for women**:

   "Here I cannot fail to express my admiration for those women...who have devoted [themselves] to...fighting for [women's] basic social, economic, and political rights,...at a time when this was considered...the sign of a lack of femininity...!" (Para. 6)

   - More is needed than the condemnation of discrimination and injustices
   - Need for "an effective and intelligent campaign for the promotion of women"

7. **The dignity and mission of women as described in Genesis**
   - Dignity derives from creation "in the image and likeness of God" (Gen 1:26)
   - Woman's mission and being is complementary to man's:

     "Womanhood expresses the 'human' as much as manhood does, but in a different and complementary way." (Para. 7)

8. **Progress**
   - More important to measure according to the social and ethical dimension, which women influence through their role in the family, than by scientific and technical standards
   - Special appreciation for women involved in areas of education and health care

9. **Mary as a model**
   - Vocation as wife and mother
   - At the service of God and others:

     "*For her, 'to reign' is to serve! Her service is 'to reign'!*"(italics original)

10. **Diversity of roles is not prejudicial to women, if it is not arbitrary**
    - All members of the Church "share equally in the dignity proper to the 'common priesthood' based on Baptism" (Para. 11)
    - The ministerial priesthood is only male as a sign pointing to Christ the Bridegroom:

      "These role distinctions should not be viewed in accordance with the criteria of functionality typical in human societies. Rather they must be understood according to the particular criteria of the sacramental economy, i.e. the economy of 'signs' which God freely chooses in order to become present in the midst of humanity." (Para. 11)

    - "...[T]he ministerial priesthood, according to Christ's plan, 'is an expression not of domination but of service'(quoting from Holy Thursday Letter, No. 7)" (Para. 11)
    - Praises women in the Church who are martyrs, saints, mystics, and Doctors of the Church

11. **Expresses hope that the Beijing Conference will bring out the "full truth about women"** (Para. 12)

A Profile of the Catholic Church in the United States and Worldwide 1994*

		United States	International
Adult Catholic Baptisms		73,332	2,029,952
Catholic Schools		*Number of Students*[1]	*Number of Students*
	Elementary	2,023,976	24,312,914
	Secondary	652,054	12,477,229
	Post Secondary	656,905	2,935,668[2]
	Non-Residential Schools for the Disabled	11,241	
Catholic Health Care	*Number of US Patients*	*Number of Facilities*	*Number of Facilities*
	Hospitals 53,856,637	605	5,478
	Health Care Centers 2,002,142	327	14,806[3]
Catholic Child Care	*Number of US Children*	*Number of Facilities*	*Number of Facilities*
	Day Care 124,718	1,003	9,293[4]
	Orphanages 75,277	159	7,102
Catholic Social Services		*Individuals Assisted*	
	Special Centers for Social Services	18,344,087	
	Catholic Charities USA	12,000,000 (1991 statistics)	
	Society of St. Vincent de Paul	($160,000,000 in assistance to the poor in 1990-91 fiscal year)	
Overseas Missionaries		5,467 (1992 statistics)	2,950[5]

*Unless otherwise noted, US figures are from The Official Catholic Directory 1995 in which case they include US territories and reflect statistics from 1994. The International figures, which reflect 1992, as well as US figures from 1990-1992 are from the 1995 Catholic Almanac.
[1]These Elementary and High School figures are the total of diocesan, parish, and private Catholic schools. [2]Includes students in Higher Institutions, Universities for Ecclesiastical Studies, and other Universities. [3]Referred to as Dispensaries. [4]Referred to as Nurseries. [5]Reflects only Lay Missionaries.

FACT SHEET

THE "GENDER GAP" IN ABORTION VIEWS

Over the past twenty years, numerous public opinion polls have shown a "gender gap" on abortion: Women are more strongly opposed to abortion than men, and more in favor of protective legislation for the unborn. Some recent examples:

- The Tarrance Group's A Survey of Voter Attitudes in the United States of May 1995 indicates that 47% of women (compared to 44% of men) believe that abortion should be "illegal and prohibited under all circumstances" or "illegal except in cases such as rape, incest or to save the life of the mother".

- CBS/ New York Times poll of March 1993 asked, "Should abortion for women who want it be covered as part of a basic health care plan or should it be paid for directly by the women who want it?" Only 22% of women (compared to 24% of men) think abortion should be covered.

- Gallup poll published in the June 1992 Life magazine: 46% of women (compared to 54% of men) thought abortion should be legal "always" or "in most circumstances." 52% of women (but only 44% of men) thought it should be legal "never" or "in only a few specific circumstances." 74% of women (compared to 70% of men) favored requiring parental consent for minors' abortions.

- Gallup poll of January 1992 (published in USA Today, 1/23/92) asked registered voters if they would be "more likely" or "less likely" to vote for a presidential candidate "who favors making abortion illegal, except in cases of rape, incest or when the mother's life is in danger." Men: 42% more likely, 48% less likely. Women: 45% more likely, 45% less likely.

- 73% of women (compared to 65% of men) answered yes to the question, "Should the lives of unborn babies be protected?" (Wirthlin poll, October 1989)

- The Wirthlin poll of July 1990 asked: "At what point do you personally feel that the unborn's right to live outweighs the right of a woman to choose whether she wants to have an abortion?" 44% of women (compared to 38% of men) said this occurs "at the moment of conception"; only 9% of women (compared to 14% of men) said it occurs at "the moment of birth".

- A 1983 Los Angeles Times poll concluded that 47% of women (compared to 51% of men) favor the general availability of abortion. In this same poll, 28% of women said the NOW speaks for most American women; 56% said it speaks only for a "small minority." ("Poll: 'Gender Gap' Not Based on Sexual Issues," Philadelphia Inquirer, Sept. 27, 1983)

- The gender gap on abortion goes back twenty years. See: "Women Lead Opposition to Abortion," Washington Evening Star and Daily News, April 17, 1973 (citing the University of Michigan's Institute for Social Research).

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statement by Vatican Spokesman Joachin Navarro Valls

VATICAN INFORMATION SERVICE

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SUMMARY:

BRIEFING HELD TODAY ON UN CONFERENCE ON WOMEN IN BEIJING

VATICAN CITY, JUN 20, 1995 (VIS) - Holy See Press Office Director Joaquin Navarro-Valls this morning held the first briefing on the UN-sponsored 4th World Conference on Women to be held in Beijing from September 4-15. He spoke on the Draft Platform for Action and outlined the themes that will be discussed. Following are excerpts from the briefing:

"This 4th conference will deal with topics such as dignity, the rights and the roles of women in every aspect of social life, equality and human development. The point of departure for every other consideration for the Holy See is the human dignity of women, which is the foundation for the concept of universal human rights recognized by the United Nations Charter."

"The document that will be discussed in Beijing - 'Proposals for Consideration in the Preparation of a Draft Declaration and the Draft Platform for Action' - favors the operative aspects of the diverse topics. The Holy See shares this definition: the dignity of women in too many social and geographical contexts is far from being fully recognized."

"At the same time, the Holy See sees in this document pressure of an ideological character which seems to want to impose on women all over the world a particular social philosophy belonging to some sectors of western countries.

"If, on the one hand, the document wishes to liberate women from certain cultural conditioning, on the other hand it seems to wish to impose a western model of female advancement which does not take into account the values of women in the majority of countries of the world.

"THE DIGNITY OF WOMEN AND UNIVERSAL HUMAN RIGHTS. One has the right to think that the unanimous goal in Beijing will be to attain a common operative effort for the defense of the dignity of women and the promotion of their universal human rights. Incidentally, it becomes paradoxical and incomprehensible that the word 'dignity' - referring to women - appears systematically within brackets throughout the document. In the same way the term 'universal' is placed in parentheses when referring to the human rights of women.

"One reason among many for which the Holy See has insisted that the Platform for Action include some reference to the universality of human rights is that women in many countries do not enjoy the human rights recognized by the International Declarations. We think that it is not possible to promote and defend that which has not been defined. If every country limits itself to promoting generic rights of women not defined on an international level, then this conference will not represent any progress in the area of human rights for the majority of the world's women.

"LACK OF CONTINUITY WITH RESPECT TO PREVIOUS INTERNATIONAL DOCUMENTS. In many places the Document does not respect continuity with precedents and often with United Nations Declarations. For example, paragraph 12, whose inclusion was proposed by the Holy See Delegation, appears in parentheses, even though its contents come from the World Conference on Human Rights (Vienna 1993). We retain that when one speaks of Human Rights there should be a general consensus on their content and, possibly, reference to international documents."

"A similar reservation should be expressed on paragraph 107 j which, as it is formulated, intends to suppress the affirmation 'In no case will abortion be promoted as a method of family planning,' an affirmation adopted by consensus at the International Conferences in Mexico City (1984) and Cairo (1994).

"IDEOLOGICAL UNBALANCE. The recurrence of some concepts illustrates in some way the tacit social philosophy of the Draft Document. One can cite as an example that the term 'gender' appears around 300 times; 'mother/motherhood' appear fewer than 10 times, while the terms 'sex/sexual/sexuality' appear about one hundred times. From this point of view the document appears to be extraordinarily unbalanced.

"This ideological unbalance is more evident, for example, in the section that proposes the defense of women's right to health. While the document talks 40 times of health problems related to sexual life (AIDS, reproductive health, sexually transmitted diseases, fertility control, etc.), only in two cases are tropical diseases mentioned. Still, the World Health Organization estimates, for example, 4 million cases of HIV infection in 1994, while the same World Health Organization estimates the cases of tropical diseases during the same period as hovering between 650 and 850 million."

"LINGUISTIC AMBIGUITY. ...The ambiguities of international language are often a way to avoid a concrete will to carry out what is expressed.

"Some terms in the document are often vaguely defined: 'sexual orientation' and 'lifestyle' lack a precise definition, and moreover, no juridical recognition in an international document exists for either one. This semantic and conceptual ambiguity could lead one to consider, for example, pedophilia as simply a mode of 'sexual orientation,' thus easily acceptable as a 'right.' The term 'sexual orientation,' proposed by some western countries, was not accepted by developing countries.

"SOME ASPECTS OF PARTICULAR INTEREST. VIOLENCE AGAINST WOMEN. The Holy See shares the emphasis that the Platform for Action places on physical, sexual, psychological and moral violence against women. For the Holy See this topic is a priority."

"The Holy See would like, however, a more decisive and radical condemnation of every kind of violence, also psychological, perpetrated against women, including forced sterilization, forced use of birth control or inducement to abortion. The Holy See has always expressed its deep worry regarding the number of women made objects of systematic sterilization plans which take place especially in developing countries."

"The Holy See Delegation proposed that these practices be included in paragraph 115 among the violations of the rights of women. Some delegations have wanted to put this proposal in brackets."

"In paragraph 40, the Holy See Delegation would like to have added to the list of attacks against young girls - limits to access to food, to education and to health care - also the denial of the very access to life ('and even life itself')."

"FAMILY. Surprisingly the theme of family and motherhood receives scarce attention and little space in a document of nearly 130 pages on women. Already in Chapter II the concept of the family as 'the fundamental unit of society...' is placed within brackets, in contrast with the Universal Declaration of Human Rights, art. 16,3. In fact, all of paragraph 30 goes to Beijing in brackets.

"On the topic of the advancement of women, the Holy See certainly shares the emphasis on the importance of their full participation in all the activities of social life. Nevertheless, it goes against all evidence to think that this emphasis should cancel the unique role of women in the family: a role that does not exhaust all the personal resources of femininity but that however is specific to women. Obviously this point of view is shared by the immense majority of women all over the world and by the societies to which they belong.

"Juridical regulations on the family should guarantee to women also the fundamental right to be mothers. Indeed laws should create conditions - environmental, legal, economic, etc. - favorable to the practice of motherhood. Perhaps the moment has come to affirm that the struggle for equal dignity between men and women implies also recognizing for women their being different and their being treated in a different way."

"It is the conviction of the Holy See, as has been recognized already in Copenhagen, that the work of women, today not remunerated, should be recognized adequately; work that nevertheless holds a particular social value. None of this is mentioned in the Beijing document.

"IMMIGRATION. The Holy See attributes great importance to the rights of emigrant women...This topic has already gathered ample consensus at the Conference in Cairo.

"The Document addresses this theme in various places. It is nevertheless the opinion of the Holy See that the attention is insufficient, as are also insufficient the proposals suggested, which seem to represent a step backward with respect to Cairo."

"RIGHTS AND RESPONSIBILITIES OF PARENTS. In all cultures parents are particularly interested in the education of their children and the exercise of their duty especially with respect to minors. The Holy See, making these worries its own, maintains that in Beijing no formula should be accepted that goes against the Universal Declaration of Human Rights, which establishes the right of parents to choose the type of education they desire for their own children. Along the same lines of incomprehensible negation of some universal rights, in the document that goes to Beijing the proposal to guarantee the rights of women and girls to freedom of conscience and of religion in educational institutions has been refused.

"Even more serious is the attempt to deprive parents of their responsibility in the confrontation of the offer of programs and public services in the area of sexuality, including abortion."

The question and answer period with journalists, which followed the briefing, concluded in the afternoon and will be transmitted tomorrow.

OP/UN CONFERENCE WOMEN/NAVARRO-VALLS VIS 950620 (1500)

PONTIFICAL COMMISSION FOR LATIN AMERICA HOLDS 4TH MEETING

VATICAN CITY, JUN 20, 1995 (VIS) - The 4th plenary meeting of the Pontifical Commission for Latin America is being held in the Vatican from June 19 to 23 on "Evangelizers: Priests, Religious Men and Women, Laity."

Following the introductory greeting by commission president Cardinal Bernardin Gantin, vice president Bishop Cipriano Calderon presented yesterday a report on the activities and programs of this body as it faces current problems and challenges of the new evangelization in Latin America.

Bishop Calderon spoke at length about the agenda of the plenary meeting and introduced the different speakers of these days. He also stressed some of the initiatives of the commission, such as holding a symposium in the Vatican in 1997 or 1998 to mark the 1st Latin American Plenary Council, held in Rome in 1899 and called for by Pope Leo XIII. The symposium would be devoted to a study, from a historical point of view, of the last hundred years of the life of the Church in America and would serve as a preparation for the Synod of America.

The commission is preparing, in cooperation with the Pontifical Council for the Family, added the vice president, a meeting on "The Evangelical Activity of the Family Facing Sects," to be held in Petropolis, Brazil, at the end of August 1995.

.../PLENARY/COM-AL VIS 950620 (220)

CARDINAL ORTEGA Y ALAMINO TO TAKE POSSESSION OF TITLE SUNDAY

VATICAN CITY, JUN 20, 1995 (VIS) - Cardinal Jaime Lucas Ortega y Alamino, archbishop of San Cristobal de La Habana, Cuba, will take possession of the Title of Saints Acquilla and Priscilla on Sunday, June 25 at 7:00 p.m.

OP/TITLE/ORTEGA Y ALAMINO VIS 950620 (50)

"It is significant," he went on, "that in Rome, the center of Christianity and see of the successor of Peter, the Muslims have their own place of worship in the full respect of their freedom of conscience. In a significant circumstance such as this, one must, unfortunately, note how in several Islamic countries, equivalent signs of the recognition of religious freedom are missing. Yet the world, on the threshold of the third millennium, is waiting for these signs!"

John Paul II pointed out that "religious freedom is by now part of numerous international documents and represents one of the pillars of contemporary civilization." He concluded: "I truly hope the right to freely express one's own faith will be allowed to Christians and to all believers, in every corner of the earth."

AG/MOSQUE:RELIGIOUS FREEDOM/... VIS 950621 (180)

BRIEFING ON BEIJING

VATICAN CITY, JUN 21, 1995 (VIS) - After outlining the Holy See position for the September 4-15 UN-sponsored 4th World Conference on Women in Beijing, Holy See Press Office Director Joaquin Navarro-Valls made additional remarks and answered questions asked by journalists.

He noted that, in its contacts with other countries and institutions in recent months, the Holy See has discovered that "the consensus is growing daily" on its position for the conference on women. "We want Beijing to be a big success," he stated.

The first question concerned the issue of "gender," a term whose meaning was questioned by several member States at the Beijing PrepCom (Preparatory Committee) held in New York from March 15 to April 7. This term, the director explained, has traditionally been used in UN documents to mean "sex," that is, "masculine" and "feminine," man or woman. In fact, when the English word "gender" is translated into French or Spanish, it becomes the equivalent of "sex," "man" or "woman." A special committee was set up by the UN to study this term, following the request of some who wished to expand its definition to include, for example, transsexuals and homosexuals. Navarro-Valls reported on the results of that study and said that the meaning of the word "gender" remains unchanged from traditional UN use.

Asked about the composition of the Holy See delegation to Beijing, he responded that there would be 20 members, that the Holy Father was evaluating the possibilities, and that women would form, as they have in the past for international conferences, a great part of the delegation. Names will be announced at a later date.

To a question on what these international conferences mean on a practical level, Joaquin Navarro-Valls replied: "These conferences offer a Final Document on a specific theme which is proposed to the international community but which is not binding on the single nations. They are not laws. The UN is not a legislative organ. Every country has its parliament. The fact that these documents - from Cairo, Copenhagen, and from Nairobi 10 years ago - are not binding does not mean they do not have a value. They are a collective reflection which has a supranational level. These documents can have an influence, can be important, for example, when the nations of the world come to agree on one, two or ten points of action set forth in that specific document and then act on a national level."

"Why does the Holy See participate in these conferences?" he added, in answer to the same question. "It participates because the beautiful part of these conferences is that they are, in some way, an appeal to consciences." He quoted a member from another delegation at the Cairo conference who said he felt the fundamental contribution of the Holy See was its proposing to the international community an ethical dimension to the problems that everyone would be discussing. Navarro-Valls said "this is useful, this serves a purpose."

"What are the indispensable principles for the Holy See in view of the Beijing document and conference?" asked a reporter. The press office director responded: "The Holy See will insist on two things: the human dignity of the woman and the universal human rights of the woman."

The Holy See will not reach a "holy alliance" with Islam to form a united front in the face of the topics that will be discussed at the Beijing conference, said Navarro-Valls, who rejected the allegation made regarding the Holy See delegation at the Cairo conference. "Some Muslim representatives have wanted to present their concerns about some of the themes of the Peking document through international organizations. We have agreed to speak with them. However, although there are some areas of general interest for both them and us, there are some substantial differences between Christianity and Islam on themes such as women, family, etc., that do not permit us to arrive at any type of operative agreement."

One journalist asked about the practice of aborting female fetuses, as occurs for example in China. Joaquin Navarro-Valls went back to the issue of human rights: "The important thing is to recognize that human rights are universal, and that consequently, it is not up to each country to decide what they are, because otherwise, we enter the realm of arbitrariness."
OP/CONFERENCE WOMEN/NAVARRO-VALLS VIS 950621 (730)

COMMISSION FOR LATIN AMERICA: THE PROTAGONISTS OF EVANGELIZATION

VATICAN CITY, JUN 21, 1995 (VIS) - Yesterday, in the plenary assembly of the Pontifical Commission for Latin America, which is taking place in the Vatican, the participants reflected on the protagonists of evangelization from the perspective of the third millennium of the Church.

In the morning, Cardinal Jose T. Sanchez spoke about priests; Cardinal Eduardo Martinez Somalo presented the role of religious in the work of the new evangelization of Latin America facing the third millennium; Cardinal Eduardo F. Pironio spoke on the apostolate of the laity as craftsmen of evangelization in the third millennium, with a special emphasis on the young. Lastly, Cardinal Alfonso Lopez Trujillo referred to the role of the family in the new evangelization of Latin America.

In the afternoon the ideas and proposals presented by the speakers were summed-up, underlining especially the problem of sects and the preferential option for the poor.

Cardinal Jan P. Schotte, C.I.C.M., secretary general of the Synod of Bishops, spoke this morning on the Synod for America. Later, time was given for observations, suggestions, and comments before reaching the final propositions, which will be presented this afternoon.
.../PLENARY/COM-AL VIS 950621 (200)

HOLY SEE ATTENDS CONFERENCE ON EUROPE-ISLAM RELATIONS

VATICAN CITY, JUN 21, 1995 (VIS) - Bishop Joseph Khoury, apostolic visitator for the Maronite faithful in Europe, and president of the Holy See delegation to the European Conference on Europe-Islam Relations, held in Stockholm, Sweden, from June 15-17, addressed the assemblage on "Europe in the face of the co-existence of religions."

He said that, in the process of building a great Europe, importance must be given to religious freedom and to the intermingling and peaceful co-existence in each country of believers of different faiths. Europe must "further become a common house, whose tenants belong to different ethnic groups and denominations: along with the Reformed Churches, Latin Catholics and Orthodox Christians live Oriental Catholics and Orthodox of the Middle East."

LETTER
OF POPE JOHN PAUL II
TO WOMEN

LIBRERIA EDITRICE VATICANA
VATICAN CITY

I greet you all most cordially,
women throughout the world!

1. I AM WRITING THIS LETTER to each one of you as a sign of solidarity and gratitude on the eve of the Fourth World Conference on Women, to be held in Beijing this coming September.

Before all else, I wish to express my *deep appreciation* to the United Nations Organization for having sponsored this very significant event. The Church desires for her part to contribute to upholding the dignity, role and rights of women, not only by the specific work of the Holy See's official Delegation to the Conference in Beijing, but also by speaking directly to the heart and mind of every woman. Recently, when *Mrs Gertrude Mongella*, the Secretary General of the Conference, visited me in connection with the Peking meeting, I gave her a written *Message* which stated some basic points of the Church's teaching with regard to women's issues. That message, apart from the specific circumstances of its origin, was concerned with a broader vision of the situation and problems of *women in general*, in an attempt to promote the *cause* of women in the Church and in today's world. For this reason, I arranged to have

it forwarded to every Conference of Bishops, so that it could be circulated as widely as possible.

Taking up the themes I addressed in that document, I would now like to *speak directly to every woman,* to reflect with her on the problems and the prospects of what it means to be a woman in our time. In particular I wish to consider the essential issue of the *dignity* and *rights* of women, as seen in the light of the word of God.

This "dialogue" really needs to begin with a word of thanks. As I wrote in my Apostolic Letter *Mulieris Dignitatem,* the Church "desires to give thanks to the Most Holy Trinity for the 'mystery of woman' and for every woman—for all that constitutes the eternal measure of her feminine dignity, for the 'great works of God', which throughout human history have been accomplished in and through her" (No. 31).

2. This word of thanks to the Lord for his mysterious plan regarding the vocation and mission of women in the world is at the same time a concrete and direct word of thanks to women, to every woman, for all that they represent in the life of humanity.

Thank you, *women who are mothers!* You have sheltered human beings within yourselves in a unique experience of joy and travail. This experience makes you become God's own smile upon the newborn child, the one who guides your child's first steps, who helps it to grow, and who is the anchor as the child makes its way along the journey of life.

Thank you, *women who are wives!* You irrevocably join your future to that of your husbands, in a relationship of mutual giving, at the service of love and life.

Thank you, *women who are daughters* and *women who are sisters!* Into the heart of the family, and then of all society, you bring the richness of your sensitivity, your intuitiveness, your generosity and fidelity.

Thank you, *women who work!* You are present and active in every area of life—social, economic, cultural, artistic and political. In this way you make an indispensable contribution to the growth of a culture which unites reason and feeling, to a model of life ever open to the sense of "mystery", to the establishment of economic and political structures ever more worthy of humanity.

Thank you, *consecrated women!* Following the example of the greatest of women, the Mother of Jesus Christ, the Incarnate Word, you open yourselves with obedience and fidelity to the gift of God's love. You help the Church and all mankind to experience a "spousal" relationship to God, one which magnificently expresses the fellowship which God wishes to establish with his creatures.

Thank you, *every woman,* for the simple fact of being *a woman!* Through the insight which is so much a part of your womanhood you enrich the world's understanding and help to make human relations more honest and authentic.

3. I know of course that simply saying thank you is not enough. Unfortunately, we are heirs to

a history which has *conditioned* us to a remarkable extent. In every time and place, this conditioning has been an obstacle to the progress of women. Women's dignity has often been unacknowledged and their prerogatives misrepresented; they have often been relegated to the margins of society and even reduced to servitude. This has prevented women from truly being themselves and it has resulted in a spiritual impoverishment of humanity. Certainly it is no easy task to assign the blame for this, considering the many kinds of cultural conditioning which down the centuries have shaped ways of thinking and acting. And if objective blame, especially in particular historical contexts, has belonged to not just a few members of the Church, for this I am truly sorry. May this regret be transformed, on the part of the whole Church, into a renewed commitment of fidelity to the Gospel vision. When it comes to setting women free from every kind of exploitation and domination, the Gospel contains an ever relevant message which goes back to the *attitude of Jesus Christ himself*. Transcending the established norms of his own culture, Jesus treated women with openness, respect, acceptance and tenderness. In this way he honoured the dignity which women have always possessed according to God's plan and in his love. As we look to Christ at the end of this Second Millennium, it is natural to ask ourselves: how much of his message has been heard and acted upon?

Yes, it is time to *examine the past with courage*, to assign responsibility where it is due in a review

of the long history of humanity. Women have contributed to that history as much as men and, more often than not, they did so in much more difficult conditions. I think particularly of those women who loved culture and art, and devoted their lives to them in spite of the fact that they were frequently at a disadvantage from the start, excluded from equal educational opportunities, underestimated, ignored and not given credit for their intellectual contributions. Sadly, very little of women's achievements in history can be registered by the science of history. But even though time may have buried the documentary evidence of those achievements, their beneficent influence can be felt as a force which has shaped the lives of successive generations, right up to our own. To this great, immense feminine "tradition" humanity owes a debt which can never be repaid. Yet how many women have been and continue to be valued more for their physical appearance than for their skill, their professionalism, their intellectual abilities, their deep sensitivity; in a word, the very dignity of their being!

4. And what shall we say of the obstacles which in so many parts of the world still keep women from being fully integrated into social, political and economic life? We need only think of how the gift of motherhood is often penalized rather than rewarded, even though humanity owes its very survival to this gift. Certainly, much remains to be done to prevent discrimination against those who have chosen to be wives and

mothers. As far as personal rights are concerned, there is an urgent need to achieve *real equality* in every area: equal pay for equal work, protection for working mothers, fairness in career advancements, equality of spouses with regard to family rights and the recognition of everything that is part of the rights and duties of citizens in a democratic State.

This is a matter of justice but also of necessity. Women will increasingly play a part in the solution of the serious problems of the future: leisure time, the quality of life, migration, social services, euthanasia, drugs, health care, the ecology, etc. In all these areas a greater presence of women in society will prove most valuable, for it will help to manifest the contradictions present when society is organized solely according to the criteria of efficiency and productivity, and it will force systems to be redesigned in a way which favours the processes of humanization which mark the "civilization of love".

5. Then too, when we look at one of the most sensitive aspects of the situation of women in the world, how can we not mention the long and degrading history, albeit often an "underground" history, of violence against women in the area of sexuality? At the threshold of the Third Millennium we cannot remain indifferent and resigned before this phenomenon. The time has come to condemn vigorously the types of *sexual violence* which frequently have women for their object and to pass laws which effectively defend them from

such violence. Nor can we fail, in the name of the respect due to the human person, to condemn the widespread hedonistic and commercial culture which encourages the systematic exploitation of sexuality and corrupts even very young girls into letting their bodies be used for profit.

In contrast to these sorts of perversion, what great appreciation must be shown to those women who, with a heroic love for the child they have conceived, proceed with a pregnancy resulting from the injustice of rape. Here we are thinking of atrocities perpetrated not only in situations of war, still so common in the world, but also in societies which are blessed by prosperity and peace and yet are often corrupted by a culture of hedonistic permissiveness which aggravates tendencies to aggressive male behaviour. In these cases the choice to have an abortion always remains a grave sin. But before being something to blame on the woman, it is a crime for which guilt needs to be attributed to men and to the complicity of the general social environment.

6. My word of thanks to women thus becomes a *heartfelt appeal* that everyone, and in a special way States and international institutions, should make every effort to ensure that women regain full respect for their dignity and role. Here I cannot fail to express my admiration for those women of good will who have devoted their lives to defending the dignity of womanhood by fighting for their basic social, economic and political rights, demonstrating courageous initiative at a time

when this was considered extremely inappropriate, the sign of a lack of femininity, a manifestation of exhibitionism, and even a sin!

In this year's *World Day of Peace Message*, I noted that when one looks at the great process of women's liberation, "the journey has been a difficult and complicated one and, at times, not without its share of mistakes. But it has been substantially a positive one, even if it is still unfinished, due to the many obstacles which, in various parts of the world, still prevent women from being acknowledged, respected, and appreciated in their own special dignity" (No. 4).

This journey must go on! But I am convinced that the secret of making speedy progress in achieving full respect for women and their identity involves more than simply the condemnation of discrimination and injustices, necessary though this may be. Such respect must first and foremost be won through an effective and intelligent *campaign for the promotion of women*, concentrating on all areas of women's life and beginning with a *universal recognition of the dignity of women*. Our ability to recognize this dignity, in spite of historical conditioning, comes from the use of reason itself, which is able to understand the law of God written in the heart of every human being. More than anything else, the word of God enables us to grasp clearly the ultimate *anthropological basis* of the dignity of women, making it evident as a part of God's plan for humanity.

7. Dear sisters, together let us reflect anew on the magnificent passage in Scripture which describes the creation of the human race and which has so much to say about your dignity and mission in the world.

The Book of Genesis speaks of creation in summary fashion, in language which is poetic and symbolic, yet profoundly true: "God created man in his own image, in the image of God he created him; *male and female he created them*" (*Gen* 1:27). The creative act of God takes place according to a precise plan. First of all, we are told that the human being is created "in the image and likeness of God" (cf. *Gen* 1:26). This expression immediately makes clear *what is distinct about the human being with regard to the rest of creation.*

We are then told that, from the very beginning, man has been created "male and female" (*Gen* 1:27). Scripture itself provides the interpretation of this fact: even though man is surrounded by the innumerable creatures of the created world, he realizes that *he is alone* (cf. *Gen* 2:20). God intervenes in order to help him escape from this situation of solitude: "*It is not good that the man should be alone; I will make him a helper fit for him*" (*Gen* 2:18). The creation of woman is thus marked from the outset by *the principle of help*: a help which is not one-sided but *mutual*. Woman complements man, just as man complements woman: men and women are *complementary*. Womanhood expresses the "human" as much as manhood does, but in a different and complementary way.

When the Book of Genesis speaks of "help", it is not referring merely to *acting*, but also to *being*. Womanhood and manhood are complementary *not only from the physical and psychological points of view*, but also from the *ontological*. It is only through the duality of the "masculine" and the "feminine" that the "human" finds full realization.

8. After creating man male and female, God says to both: *"Fill the earth and subdue it"* (*Gen* 1:28). Not only does he give them the power to procreate as a means of perpetuating the human species throughout time, *he also gives them the earth, charging them with the responsible use of its resources*. As a rational and free being, man is called to transform the face of the earth. In this task, which is essentially that of culture, *man and woman alike* share equal responsibility from the start. In their fruitful relationship as husband and wife, in their common task of exercising dominion over the earth, woman and man are marked neither by a static and undifferentiated equality nor by an irreconcilable and inexorably conflictual difference. Their most natural relationship, which corresponds to the plan of God, is the "unity of the two", a relational "uni-duality", which enables each to experience their interpersonal and reciprocal relationship as a gift which enriches and which confers responsibility.

To this "unity of the two" God has entrusted not only the work of procreation and family life, but the creation of history itself. *While the 1994*

International Year of the Family focused attention on *women as mothers*, the Beijing Conference, which has as its theme "Action for Equality, Development and Peace", provides an auspicious occasion for heightening awareness of *the many contributions made by women to the life of whole societies and nations*. This contribution is primarily spiritual and cultural in nature, but socio-political and economic as well. The various sectors of society, nations and states, and the progress of all humanity, are certainly deeply indebted to the contribution of women!

9. Progress usually tends to be measured according to the criteria of science and technology. Nor from this point of view has the contribution of women been negligible. Even so, this is not the only measure of progress, nor in fact is it the principal one. Much more important is *the social and ethical dimension*, which deals with human relations and spiritual values. In this area, which often develops in an inconspicuous way beginning with the daily relationships between people, especially within the family, society certainly owes much to the *"genius of women"*.

Here I would like to express particular appreciation to those women who are involved in the various *areas of education* extending well beyond the family: nurseries, schools, universities, social service agencies, parishes, associations and movements. Wherever the work of education is called for, we can note that women are ever ready and willing to give themselves generously to others,

especially in serving the weakest and most defenceless. In this work they exhibit a kind of *affective, cultural and spiritual motherhood* which has inestimable value for the development of individuals and the future of society. At this point how can I fail to mention the witness of so many Catholic women and Religious Congregations of women from every continent who have made education, particularly the education of boys and girls, their principal apostolate? How can I not think with gratitude of all the women who have worked and continue to work in the area of health care, not only in highly organized institutions, but also in very precarious circumstances, in the poorest countries of the world, thus demonstrating a spirit of service which not infrequently borders on martyrdom?

10. It is thus my hope, dear sisters, that you will reflect carefully on what it means to speak of the *"genius of women"*, not only in order to be able to see in this phrase a specific part of God's plan which needs to be accepted and appreciated, but also in order to let this genius be more fully expressed in the life of society as a whole, as well as in the life of the Church. This subject came up frequently during *the Marian Year* and I myself dwelt on it at length in my Apostolic Letter *Mulieris Dignitatem* (1988). In addition, this year in the Letter which I customarily send to priests for Holy Thursday, I invited them to reread *Mulieris Dignitatem* and reflect on the important roles which women have played in their

lives as mothers, sisters and co-workers in the apostolate. This is another aspect—different from the conjugal aspect; but also important—of that "help" which women, according to the Book of Genesis, are called to give to men.

The Church sees in Mary the highest expression of the "feminine genius" and she finds in her a source of constant inspiration. Mary called herself the "handmaid of the Lord" (*Lk* 1:38). Through obedience to the Word of God she accepted her lofty yet not easy vocation as wife and mother in the family of Nazareth. Putting herself at God's service, she also put herself at the service of others: a *service of love*. Precisely through this service Mary was able to experience in her life a mysterious, but authentic "reign". It is not by chance that she is invoked as "Queen of heaven and earth". The entire community of believers thus invokes her; many nations and peoples call upon her as their "Queen". *For her, "to reign" is to serve! Her service is "to reign"!*

This is the way in which authority needs to be understood, both in the family and in society and the Church. Each person's fundamental vocation is revealed in this "reigning", for each person has been created in the "image" of the One who is Lord of heaven and earth and called to be his adopted son or daughter in Christ. Man is the only creature on earth "which God willed for its own sake", as the Second Vatican Council teaches; it significantly adds that man "cannot fully find himself except through a sincere gift of self" (*Gaudium et Spes*, 24).

The maternal "reign" of Mary consists in this. She who was, in all her being, a gift for her Son, *has also become a gift for the sons and daughters of the whole human race,* awakening profound trust in those who seek her guidance along the difficult paths of life on the way to their definitive and transcendent destiny. Each one reaches this *final goal* by fidelity to his or her own vocation; this goal provides meaning and direction for the earthly labours of men and women alike.

11. In this perspective of "service"—which, when it is carried out with freedom, reciprocity and love, expresses the truly "royal" nature of mankind—one can also appreciate that the presence of *a certain diversity of roles* is in no way prejudicial to women, provided that this diversity is not the result of an arbitrary imposition, but is rather an expression of what is specific to being male and female. This issue also has a particular application within the Church. If Christ—by his free and sovereign choice, clearly attested to by the Gospel and by the Church's constant Tradition—entrusted only to men the task of being an *"icon" of his countenance as "shepherd" and "bridegroom" of the Church through the exercise of the ministerial priesthood,* this in no way detracts from the role of women, or for that matter from the role of the other members of the Church who are not ordained to the sacred ministry, since *all* share equally in the dignity proper to the *"common priesthood"* based on Baptism. These role distinctions should not be viewed in accordance with the

criteria of functionality typical in human societies. Rather they must be understood according to the particular criteria of the *sacramental economy,* i.e. the economy of "signs" which God freely chooses in order to become present in the midst of humanity.

Furthermore, precisely in line with this economy of signs, even if apart from the sacramental sphere, there is great significance to that "womanhood" which was lived in such a sublime way by Mary. In fact, there is present in the "womanhood" of a woman who believes, and especially in a woman who is "consecrated", a kind of inherent "prophecy" (cf. *Mulieris Dignitatem,* 29), a powerfully evocative symbolism, a highly significant "iconic character", which finds its full realization in Mary and which also aptly expresses the very essence of the Church as a community consecrated with the integrity of a *"virgin"* heart to become the *"bride"* of Christ and *"mother"* of believers. When we consider the "iconic" complementarity of male and female roles, two of the Church's essential dimensions are seen in a clearer light: the "Marian" principle and the Apostolic-Petrine principle (cf. *ibid.,* 27).

On the other hand—as I wrote to priests in this year's Holy Thursday Letter—the ministerial priesthood, according to Christ's plan, "is an expression not of domination but of service" (No. 7). The Church urgently needs, in her daily self-renewal in the light of the Word of God, to emphasize this fact ever more clearly, both by developing the spirit of communion and by carefully

fostering all those means of participation which are properly hers, and also by showing respect for and promoting the diverse personal and communal charisms which the Spirit of God bestows for the building up of the Christian community and the service of humanity.

In this vast domain of service, the Church's two-thousand-year history, for all its historical conditioning, has truly experienced the "genius of woman"; from the heart of the Church there have emerged women of the highest calibre who have left an impressive and beneficial mark in history. I think of the great line of woman martyrs, saints and famous mystics. In a particular way I think of Saint Catherine of Siena and of Saint Teresa of Avila, whom Pope Paul VI of happy memory granted the title of Doctors of the Church. And how can we overlook the many women, inspired by faith, who were responsible for initiatives of extraordinary social importance, especially in serving the poorest of the poor? The life of the Church in the Third Millennium will certainly not be lacking in new and surprising manifestations of "the feminine genius".

12. You can see then, dear sisters, that the Church has many reasons for hoping that the forthcoming United Nations Conference in Beijing *will bring out the full truth about women.* Necessary emphasis should be placed on the *"genius of women"*, not only by considering great and famous women of the past or present, but also those *ordinary* women who reveal the gift of

their womanhood by placing themselves at the service of others in their everyday lives. For in giving themselves to others each day women fulfil their deepest vocation. Perhaps more than men, women *acknowledge the person*, because they see persons with their hearts. They see them independently of various ideological or political systems. They see others in their greatness and limitations; they try to go out to them and *help them.* In this way the basic plan of the Creator takes flesh in the history of humanity and there is constantly revealed, in the variety of vocations, that *beauty*—not merely physical, but above all spiritual—which God bestowed from the very beginning on all, and in a particular way on women.

While I commend to the Lord in prayer the success of the important meeting in Beijing, I invite *Ecclesial Communities* to make this year an occasion of heartfelt thanksgiving to the Creator and Redeemer of the world for the gift of *this great treasure* which is womanhood. In all its expressions, womanhood is part of the essential heritage of mankind and of the Church herself.

May Mary, Queen of Love, watch over women and their mission in service of humanity, of peace, of the spread of God's Kingdom.

With my Blessing.

From the Vatican, 29 June 1995, the Solemnity of Saints Peter and Paul.

Joannes Paulus PP. II

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EVENTS

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Divider Title: **WHO Colloquium "Women & Health Security"**

WHO COLLOQUIUM - "WOMEN & HEALTH SECURITY"

DATE:	**Tuesday, September 5**
TIME:	**11:15 am**
LOCATION:	**Beijing Commodities Center**
FROM:	**Brenda Costello**

I. PURPOSE

To underscore your interest in promoting women's economic security by participating in a colloquium on women's health sponsored by the World Health Organization.

II. BACKGROUND

In conjunction with the Fourth World Conference on Women, the World Health Organization (WHO) is planning a Women's Health Day on September 5 with four panel discussions on various topics and a colloquium entitled "Women & Health Security" (see schedule attached). The WHO has asked you to give the keynote address in the colloquium, which is a joint WHO/ UN Population Fund activity.

The goal of the colloquium is to promote health security for all women, ensure that women have access to quality health care throughout their lifespan, and to reduce the impact of poverty on women's health. In the WHO position paper on the Conference, Dr. Hiroshi Nakajima states, "Sustainable progress will be achieved when women are finally empowered to make free, informed and responsible choices, and assert themselves as leaders in their own right within their societies. Women's health is the surest road to health for all." (Note: The U.S. took the lead in the prepatory meetings of the conference to highlight the comprehensive approach to women's health, not just reproductive health.)

The "Women and Health Security" colloquium will be a three-part session, consisting of opening addresses, your remarks, and panel discussion. Both Dr. Hiroshi Nakajima, Director General of the WHO and Dr. Natis Sadik, UN Population Fund (UNFPA) will give opening remarks before you arrive (bios attached).

You will arrive to hear remarks by Mrs. Gertrude Mongella, Secretary Genneral of the FWCW, who will discuss violence. Following Mrs. Mongella's remarks, Dr. Nakajima will introduce you. Your address will be followed by remarks and discussion from three panelists: Princess Basma of Jordon and Lady Chalker, the Baroness of Wallasey, who will both discuss poverty and health care (bios attached); and Cindy Robins, an AIDS patient from Canada, who will discuss AIDS as a women's health issue. Ms.Vivian Creegor of the UK is moderating. (Bios to be forwarded.)

Note: There is an 18-minute video being shown at the beginning of the colloquium before you arrive. This video, which will focus on threats to women's health, including reproductive health, is apparently somewhat sensationalistic and violent.

The audience will be comprised of approximately 450 people, including approximately 200 official Conference delegates, 100-150 NGO members, 20 Chinese government officials, and members of the Press.

Topics for the four panel discussions to be held later in the day include: Women, health and education; Women, health and work; Women, health and violence; and Women and AIDS. Secretary Shalala will deliver the keynote address at the panel discussion on "Women and AIDS" that evening.

WHO

The World Health Organization is an intergovernmental organization with 166 Member States within the United Nations System, whose mission is the attainment by all people of the best possible level of health. The WHO has two main constitutional functions: (1) to act as the directing and coordinating authority on international health work; (2) to encourage technical cooperation for health with member states. Headquartered in Geneva, Switzerland, WHO has six regional offices and committees.

In 1981 the World Health Assembly, the annual meeting of delegates from all Member States, unanimously adopted a Global Strategy for Health for All by the Year 2000. The focus of the Strategy is to develop a health system infrastructure to ensure resources for health will be evenly distributed, and that essential health care will be accessible to everyone with full community involvement.

The WHO's position paper for the Fourth World Conference on Women outlines the challenges the health community still faces in securing the health of millions of women around the world, and points to both progress and setbacks in women's health since the Nairobi conference on women in 1985.
(executive summary attached).

III. PARTICIPANTS

Dr. Hiroshi Nakajima, M.D., Ph.D., Director-General, WHO
Mrs. Gertrude Mongella, Secretary General, FWCW
Dr. Nafis Sadik, Executive Director, UNFPA

Panelists and Guests
Dr. Aleya El Bindari Hammad, Exec. Administrator for Health Policy in Development, WHO
Princess Basma Bint Talal, Jordan
Ms. Cindy Robins, Canada

The Baroness Chalker of Wallasey, UK
Ms. Vivian Creegor, UK
Dr. Nafsiah Mboi, Member of Parliament, Indonesia
Mrs. Nana Konadu Agyeman-Rawlings, First Lady of Ghana-TBA
Ms. Amparo Claro, Chile
Mrs. Maria Pia Fanfani, Italy -TBA

IV. SEQUENCE OF EVENTS

SEE TRIP BOOK

V. PRESS

Open press.

VI. REMARKS

Prepared by Lissa Muscatine.

4:45 pm - 6.15 pm

PANEL DISCUSSION

Women, health and violence

(A World Health Organization activity in collaboration with the Centre for Human Rights)

Keynote address: HE Mrs Specioza Wandera Kazibwe, Uganda*

Special guests:
Mrs Maria Pia Fanfani, Italy*
Dr Radhika Coomaraswamy, Sri Lanka
Mrs Esoledad Alvear, Chile*
Mrs Joyce Kadandara, Zimbabwe
Ms Joan Dunlop, USA
Mrs Patricia Giles, Australia

Challenges

- To recognise the impact of all forms of violence on women's health
- To adopt strong measures for reducing violence against women
- To promote health and support services for women who are subjected to violence
- To ensure that penal or criminal justice systems provide comprehensive legal protection against all forms of violence, including those perpetrated against women during periods of war and conflict

Outcome

- A call for a stop to violence against women

* to be confirmed

6:30 pm - 8.30 pm

PANEL DISCUSSION

Women and AIDS

(A World Health Organization activity in collaboration with UNAIDS and the NGO Coalition)

Keynote address: Dr Donna Shalala, USA*

Special guests:
Dr Hilary Homans, UK
Ms Yolanda Simons, Trinidad
Ms Cindy Robins, Canada
Professor Hakima Himmich, Morocco
Mrs Ncerine Kaleeba, Uganda
Dr Adepeju Olukoya, Nigeria
Dr Mabel Bianca, Argentina

Moderators: Dr Nafsiah Mooi, Indonesia
Dr E. Maxine Ankrah, USA

Challenges

- To reduce women's vulnerability to HIV/AIDS and increase their ability to protect themselves against HIV infection
- To recognize gender disparity as a root cause of women's disproportionate vulnerability to HIV infection
- To recognize and build on the strength generated through partnerships, in particular with men, in combatting the AIDS pandemic
- To generate self-empowerment of women through collective action and solidarity in order to develop networks and services for women by women

Outcomes

- A call for unity of action to achieve greater effectiveness, revitalisation of current efforts in the fight against HIV/AIDS
- A commitment from delegations, NGOs and other agencies to address the pressing issues of HIV/AIDS through specific initiatives

Refreshments will be served

* to be confirmed

FOURTH WORLD CONFERENCE ON WOMEN

World Health Organization

Invitation to **Women's Health Day**

Tuesday 5 September 1995

Securities Exchange Building – opposite BICC

Addresses and presentations will be delivered by distinguished personalities

ALL DELEGATES TO THE CONFERENCE AND NGO FORUM ARE WELCOME

10:00 am - 1:00 pm

COLLOQUIUM

Women and health security

(A joint World Health Organization/ United Nations Population Fund activity)

Opening addresses: Dr Hiroshi Nakajima, WHO
Mrs Gertruce Mongella, FWCW
Dr Nafis Sadik, UNFPA

Keynote address: HE Mrs Hillary Rodham Clinton, USA*

Special guests: HRH Princess Basma Bint Talal, Jordan
Dr Nafsiah Mboi, Indonesia
The Rt Hon The Baroness Chalker of Wallasey, UK*
HE Nana Konadu Agyeman-Rawlings, Ghana*
Ms Amparo Claro, Chile
Mrs Maria Pia Fanfani, Italy*
Ms Cindy Robins, Canada

Moderator: Ms Vivian Creegor, UK

Challenges

- To promote health security for all women
- To ensure that women have access to quality health care throughout their life span, including reproductive health services during their reproductive years
- To reduce the impact of poverty on women's health

Outcome

- Commitment to equity, development and peace as basic requirements for women's health security

* to be confirmed

1:15 pm - 2.45 pm

PANEL DISCUSSION

Women, health and education

(A World Health Organization activity in collaboration with the United Nations Educational, Scientific and Cultural Organization)

Opening address: Mr Federico Mayor*, UNESCO

Keynote address: HE Mr Julius Nyerere, Tanzania

Special guests: HE Mrs Suzanne Mubarak, Egypt
Ms Jane Fonda, USA*
Mr Shanker Chowdhury, India
Dr Ann Kerwin, USA

Challenges

- To improve health by ensuring access to education/ information for girls and women
- To develop a culture for health which states that health education is an integral part of primary and secondary education

Outcome

- Commitment by the international community to educating girls and women, and to including health in the education core curriculum, as one of the most powerful means for achieving the objectives of development

* to be confirmed

3:00 pm - 4:30 pm

PANEL DISCUSSION

Women, health and work

(A World Health Organization activity in collaboration with the International Labour Office)

Keynote address: HE Mr Assane Diop, Senegal

Special guests: Dr Kaisa Kauppinen-Toropainen, Finland
Ms Cecilia Lopez, Colombia
Mrs Ela Bhatt, India
Dr Florence Manguyu, Kenya
Mrs Noel Irwin-Hentschel*, USA

Challenges

- To maximise the opportunities for women to safeguard their health in the work environment
- To build on positive experiences of delegates in their own work environment from which lessons can be drawn for wider application
- To reduce the inequities in employment conditions for women especially during periods of crisis

Outcome

- Recommendations for the protection and promotion of women's health in all work environments, formal and non-formal

* to be confirmed

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WOMEN'S HEALTH

Fourth World
Conference on Women
Beijing, China
4 – 15 September 1995

EXECUTIVE SUMMARY

POSITION PAPER

World Health Organization
Geneva, 1995

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Preface

We are not asking for privileges for women. All we are saying is that equitable care is not identical care, particularly where physiological differences obviously call for specialized health services.

Sustainable progress will be achieved when women are finally empowered to make free, informed and responsible choices, and assert themselves as leaders in their own right within their societies.

Women's health is the surest road to health for all.

Dr Hiroshi Nakajima
Director-General of the World Health Organization

The 1995 *Fourth World Conference on Women* provides us with an opportunity to draw attention to the challenges now facing the health community as it strives towards promoting – and ensuring – the health of women everywhere. In many ways we have come a long way since the beginning of the United Nations Decade for Women (1976–85). And yet we find ourselves faced with the same obstacles to progress recognized then. Poverty, inequitable relationships between women and men, women's unequal access to health care and education, and social and cultural factors that discriminate against girls and women still prevent the attaining – and maintaining – of health for millions of women around the world.

Introduction

People generally accept the level of health and well-being that their society defines as appropriate for them. This has implications for women, who often consider themselves "healthy" as long as they can fulfil the roles expected of them. Millions of women around the globe, suffering from malnutrition, anaemia, extreme fatigue, chronic pelvic inflammations, and much more, will describe themselves as being "in good health" as long as they can get up in the morning, do a day's work, and cope with household chores and family obligations.

Historically, women's health has been largely defined by family and community interpretations of culture and tradition, and by a medical profession in which men are the main decision-makers. In addition, the resources required to achieve and maintain health have for too long been denied to individual women. The definition of health applied to a woman – and the resources allocated for this – have been influenced by social perceptions of women's status and role, which in turn interact with class, caste, race and ethnicity.

Many women accept ill-health as their lot in life, often ignoring painful and debilitating symptoms because in their culture a women is expected to endure without complaint; or because taboos and myths have led them to believe that their health problems stem from some sort of reproachable behaviour on their part; or simply because they have no alternative.

Such views are by no means universal, however. Women and women's groups in all parts of the world, increasingly supported by men, are formulating their own interpretations of what health means in the context of their own lives. For many women it means not only physical well-being, but also exercising more control over their lives and relationships, and having the information and resources to take responsibility for their own health and that of their family – in short, it means having choices. When women themselves are asked about health what they have to say comes as a challenge to health system planners. The needs women express at first may seem only indirectly related to health – see Box 1. But if they say they want resources of their own to use as they wish, or if they want a better work environment then they are in fact defining health in their own terms, and explaining what is important to their physical, mental and social well-being.

Box 1. Women speak out on health

"What we need most for our health," said a group of women in a village not far from Bangalore, "is a rabbit-raising project. We could sell the meat and pelts and have a few rupees to spend the way we want – for food, or a daughter's school fees." In a Nepalese village, the women had another idea: "What we really need for our health is a bridge across that gorge. It would cut two hours off the trip for firewood."

With a nudge from women themselves, many societies are getting better at listening to women and *looking at the world through women's eyes*, to paraphrase the theme of the 1995 NGO Forum on Women. This is a healthy addition to the long-prevailing predominantly male viewpoint, which has often been accepted as applying to all. To look at the world through the eyes of women is to bring hidden issues into the open. It suggests different priorities and alternative solutions.

When WHO adopted the goal of Health for All by the year 2000, it again underscored its commitment to working for the health and well-being of all people, especially those most in need and in danger of being marginalized. We need to reaffirm that human rights and the goal of Health for All apply equally to women.

For many years it was assumed that the differences between men's and women's health must flow from the biological differences between women and men. Consequently, attention was focused on this aspect of women's health, namely pregnancy, childbirth and women's role as mothers. Other major differences in the lives of men and women received little attention from the health sector.

In fact, women have health needs above and beyond those related to pregnancy and motherhood. Their health problems take different forms at different stages of their lives, and in different parts of the world. In some areas, women may die because they do not have access to services, or because services cannot provide the basic skills, technology and equipment they need, while in other areas they may suffer from over-medicalization and inappropriate use of sophisticated technologies. In both cases the needs and well-being of the women concerned are not being given adequate consideration.

Although the problems are different, many of the dynamics that lead to inequities in health for women are much the same everywhere. These are derived from the generally low status of women legally, economically and socially; from the imbalance of power in relationships which limits women's choices and ability to protect their own health; and from the world's indifference to the abuse and neglect of women.

Progress in some areas of women's health has been mixed with setbacks in others. There have been three very positive developments with regard to women's health since the Nairobi conference on women in 1985:

- a return to the emphasis on health as a human right, and renewed interest in the broad definition of health
- increasing use of gender analysis in health issues
- intensified activism on women's health, to the point that one now finds groups of people everywhere, men and women, advocating and working for the fundamental changes in society that will lead to better health for women.

Two overall developments in the past decade have however had a significant and adverse impact on women's health:

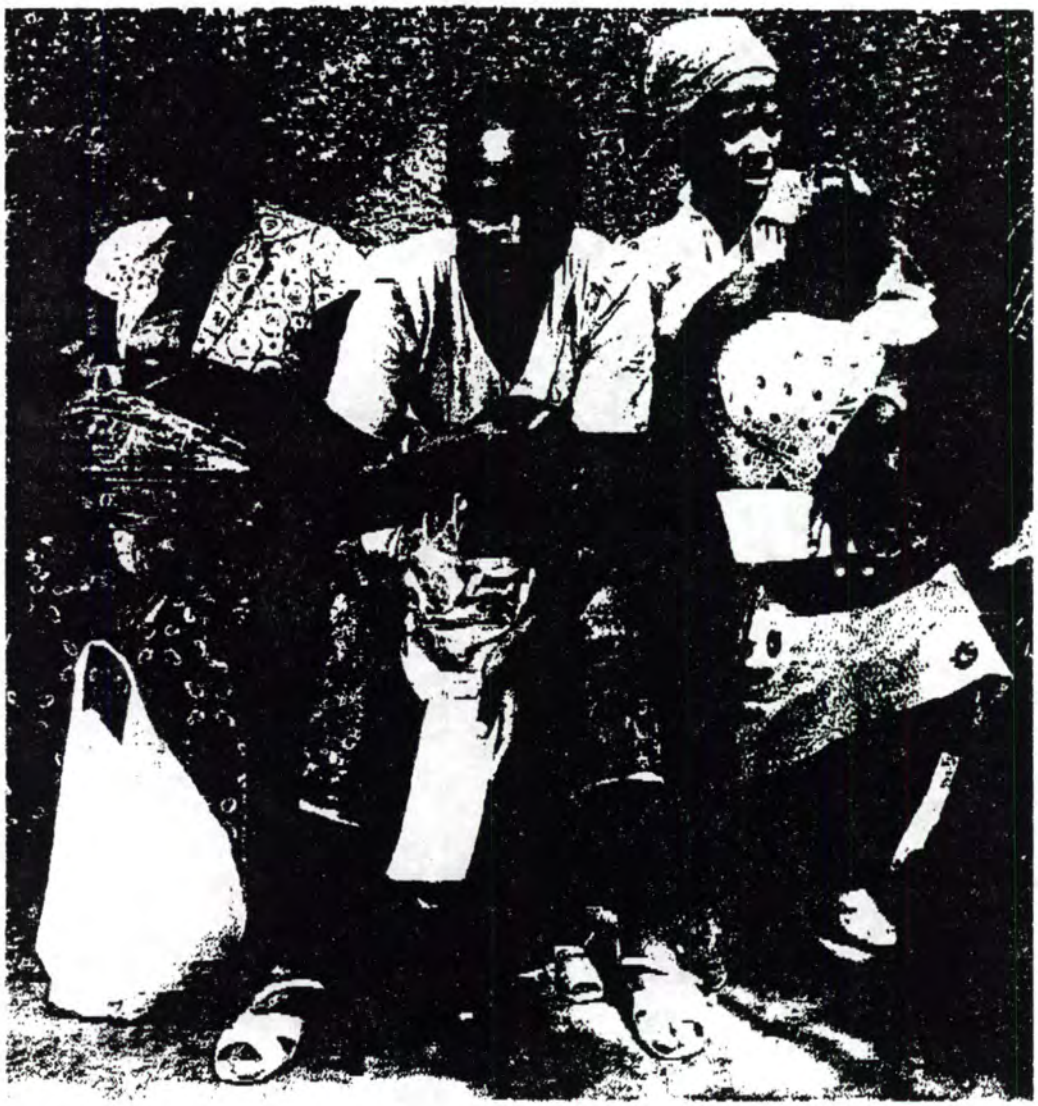
- First, the late 1980s and early 1990s brought severe economic difficulties and painful economic transitions in several areas of the world. In many countries, the already meagre health and social service budgets, including those allocated for women's needs, were slashed. As a consequence, the quality and accessibility of services deteriorated even further.
- Secondly, in many places, ethnic conflict, civil wars and uprisings have further disrupted health and social service systems, with much of the violence having been directed at civilians, especially women. The extent of this large-scale public violence – and the domestic violence that many women experience in their daily lives – is only now becoming apparent. Violence is one of the major health concerns for women today.

The primary health care approach (PHC) – with its emphasis on community participation – enabled many women to take part in discussions of local health issues for the first time. The United Nations Decade for Women (1976–85) spurred an increase in local women's groups, including those addressing health issues. These groups have grown in number and size, become more organized, and are now in touch with one another through various national and international networks. Today the women's health movement, in all its diversity from the grassroots level to international gatherings, has a significant influence on policies and programmes affecting health and development.

In any review of women's health, the spread of the HIV/AIDS pandemic must also be taken into account. The pandemic has had a truly disastrous effect on the lives of both men and women. However, it has made possible a far more public discussion of topics that have previously been difficult to address in a frank and open manner: for example, sexuality, human rights issues related to sexual and reproductive health, and the inequality between women and men in relationships. The rapid spread of HIV infection has forced the world to look more carefully at the differences in men's and women's experience with health and illness, and to look at the many different factors limiting women's ability to protect themselves from ill-health. HIV/AIDS provides many insights into the ways in which gender issues can interact with biological factors to the detriment of women's health.

Women's health is a fundamental human right, and must clearly be promoted as such. The health of women is moreover a crucial determinant of social and economic development – a point that the World Health Organization continuously emphasizes.

Women are the cornerstones of the family and assume responsibility for many of its most vital functions, not only in regard to health and education, but also in food production and income generation. Therefore, the health of women is a prerequisite for the health of the whole family and, by extension, of communities and societies.



Human development, indeed human survival, would be impossible without the contributions that women make, often at the expense of their own health. Women and men both could make additional contributions to human development if they were to enjoy full health. **Health for All is not an achievable goal until millions more women are empowered to promote and safeguard their own health, and consequently their own development.**

Investing in programmes that benefit women is one of the most cost-effective development strategies, whether it be investing in women's health, or their education, or supporting them in income-generating activities. There is a synergy in these investments – they not only enhance a woman's personal health and well-being but also contribute to the development of a nation's human resources.[1] **Investing in women's health leads directly to women making personal choices they could not make otherwise, and helps them to be more effective, whatever the roles they choose to play, whatever the tasks they undertake.**

Women – when provided with a supportive and enabling environment – can improve their own health and that of their families and communities, often in the face of many hardships and constraints. The time is long overdue for an acceleration of action on policies and programmes that are truly supportive of women in this endeavour.

[1] *Health, Population and Development – WHO Position Paper.* World Health Organization, Geneva, 1994. Prepared for the International Conference on Population and Development, 1994, Cairo.

[2] *Investing in health: world development report 1993.* The World Bank.

PART I Why women's health?

Women's health matters – to women themselves, to their children and families, to their communities, and to society as a whole. The pervasive neglect of women, their inferior social, economic and cultural status, their exclusion from so many aspects of human development – education, access to resources, political power – and their specific biological needs and functions, have historically meant that women could not take good health as a given. For many women in large parts of the world, life is conditioned by poor health and inadequate access to the benefits health care can bring.

In addition to the adverse effects on women themselves, women's ill-health has a broader societal impact:

on children and families – malnutrition and ill-health in mothers can initiate a cycle of ill-health in the next generation, as many of these women will bear low-birthweight babies whose future growth, development and nutrition will be jeopardized from the start.

on household income and national productivity – women are an increasing proportion of the formal labour market, apart from their participation in food production for household consumption – calculated at 80% in Africa – and the informal markets. Malnutrition and lack of health among women undermines their income-earning capacity, which is even more serious when one notes the growing proportion of female-headed households.

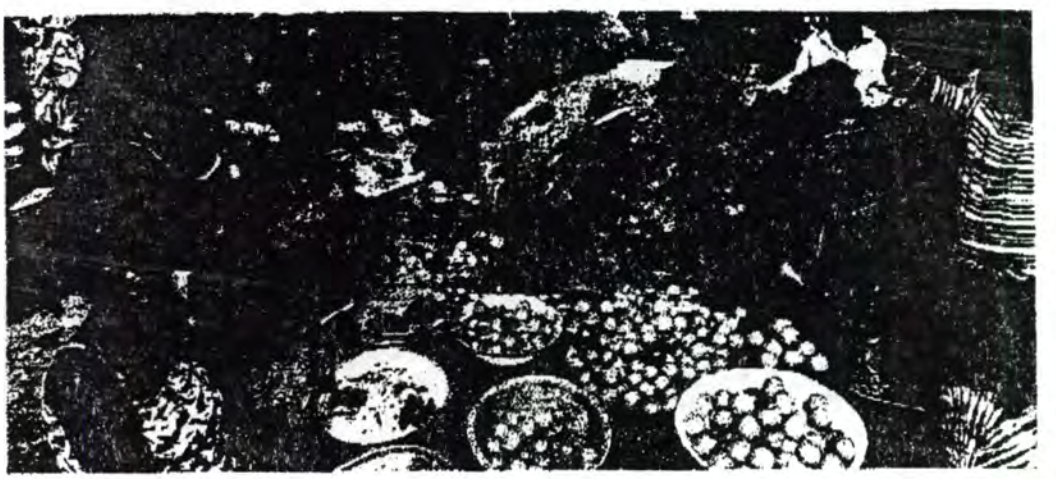
Collecting information on women's health permits a better understanding of their needs and concerns. It is not enough however to simply collect data – women's health problems need to be analysed from the perspective of women because they suffer from diseases and conditions that:

- affect women and men differently
- are unique or more prevalent in women
- are more serious in women or among some groups of women
- have different risk factors or different exposure to risk for women and men
- require different interventions for women and men.

During the last few decades there has been an evolution in programmes addressing women and health, due in large part to a significant shift which is occurring in the way women are viewed:

Women as childbearers – initially, women were viewed primarily as beneficiaries in need of specific services for themselves and their babies during pregnancy and childbirth. Another area of attention was family planning primarily as a means of reducing fertility and thereby slowing population growth. In both cases, women's health tended to be seen as a means to an end rather than an objective in itself.

Women as mothers and care givers – women have been seen as guardians of family health and health-care givers, with the emphasis on primary



health care. This perspective puts the emphasis on women as people in need of information, training and support so that they can contribute to the health of others.

Women as individuals with multiple roles, needs and potential – this more holistic, gender-oriented approach looks at women in all their roles and relationships, across the life span, in all the contexts that may affect their health. It helps identify the social and cultural determinants of health, notably relations between the sexes. This type of analysis has already provided new insights as to why good health eludes so many women. However, there is much still to be done, both to learn more and to translate the knowledge into programmes and action that will make a difference in the lives of women.

Due largely to action on the part of women themselves, the decade since the previous world conference on women held in Nairobi in 1985 has brought an increased public awareness of women's health issues. Perhaps even more important is the widening of perspective from looking at women and health in isolation to a wider appreciation of "gender issues" – see Box 2. In the health sector such widening of perspective has contributed to an improved understanding of the many interactions between women's health and socioeconomic development. It has also helped to reveal the diversity of needs amongst women, and the constraints that they face in addressing them.

The word "gender" is used to describe those characteristics of men and women which are socially constructed, in contrast to those which are biologically determined.

People are born female or male, but learn to be girls and boys who grow into women and men. They are taught what the appropriate behaviour and attitudes, roles and activities are for them, and how they should relate to other people. This learned behaviour is what makes up gender identity and determines gender roles.[1]

Gender is a dynamic concept which looks at the system formed by the interrelations between men and women. These vary from one culture to another, and from one social group to another within a culture. But in practically all cultures the role of women is subordinate to that of men. The gender approach highlights the need for more equal relationships between men and women in all matters, in order to fully address women's health problems.

The empowerment of women is a fundamental prerequisite for their health. This means promoting increased access for women to resources, education and employment and the protection and promotion of their human rights and fundamental freedoms so that they are enabled to make choices free from coercion or discrimination. Women will necessarily remain at the focus of health activities, but efforts should be increased to facilitate their involvement in programme development so that they become participants in, rather than objects of, health interventions. Women's contribution to human development must be reflected in their ability to share equally in the benefits development can bring. Women's health is an issue that concerns everyone – women and men and the generations of tomorrow.

Box 2. Spotlight on gender

WHO, in applying a gender approach to health, moves beyond describing women and women's health in isolation, but rather brings into the analysis differences between women and men. It examines how these differences determine differential exposure to risk, access to the benefits of technology and health care, rights and responsibilities, and control over their lives. In practice, a gender approach leads to:

- **More consideration of all the factors that affect women's health, not only biological factors, but social and economic status, cultural, environmental, familial, occupational and political factors.**
- **More attention to all of women's roles, not only as wives and mothers.**
- **More attention to the roles and responsibilities of men, and the inequalities between men and women, with an examination of men's roles, perspectives and beliefs in relation to women's health concerns.**
- **More involvement of men in bringing about change.**
- **Listening to what women have to say about health and what they would like to know about it, rather than simply transmitting information to women.**
- **Stronger measures to ensure that the voices of women are heard in identifying health issues and in researching, planning, carrying out, and monitoring the responses to them.**
- **More attention to the entire duration of a women's life, from birth to death – health for everyone is a cumulative matter.**
- **Greater recognition and support of women as active participants in the development of health care for themselves, their families and communities.**

[1] *The Oxfam Gender Training Manual*. S. Williams, with J. Seed and A. Mwau. Oxfam UK and Ireland. 1994.

PART II What factors affect women's health?

Poverty and other economic factors

The statistics about women and poverty are all too familiar by now – the majority of the 1.3 billion people living in extreme poverty are women; women are more likely to be poor than men; in all areas of the world, households headed by women (between 10% and 27% in developing countries) are more likely to be poor than those headed by men.

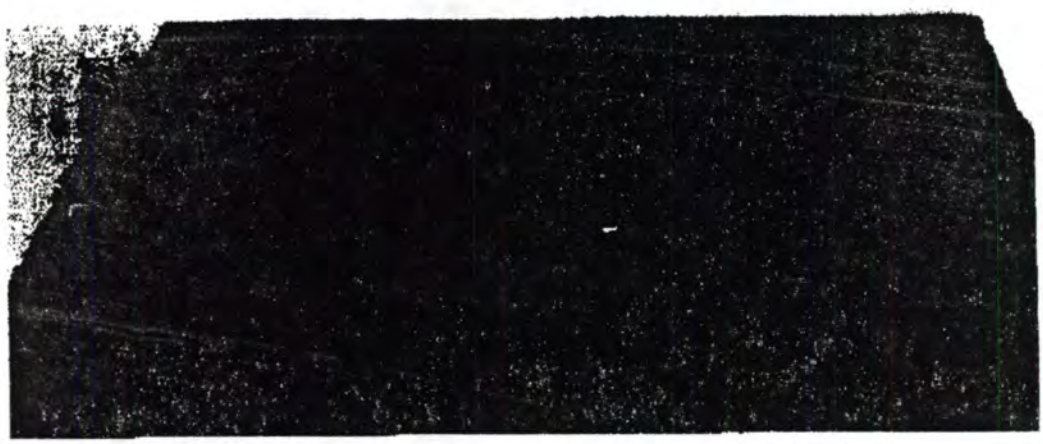
The relationship between women and poverty tends to be the same, whether one looks at urban or rural women, or whether the data come from developed or developing nations. People living in countries with a low ranking on the scale of human development invariably suffer from several combined forms of vulnerability in relation to health, knowledge and education, purchasing power and income-earning capacity.

Poverty often means that people exist on insufficient food or the wrong kinds of food. For women, when this is combined with childbearing and a staggering workload, it often leads to serious malnutrition. Poor women are more likely to live in crowded, unsanitary housing with an inadequate water supply. Poverty and gender-defined roles limit access to education, especially for girls, narrowing their possibilities for future employment and denying them the opportunity to break out of the cycle of poverty and ill-health. Poverty limits access even to free health care if a family cannot afford the costs of medication or transport, or if a woman cannot afford to take time off from paid work to visit a health facility.

Still, the correlation between poverty and poor health for women is not a direct one. Economic growth does not necessarily guarantee better health or higher status for all women because the benefits are not equitably distributed. Indeed, in general the health gap between rich and poor appears to be widening. A deteriorating economic situation can create severe health risks for women even when they do not live in extreme poverty. As the world has learned in recent years, women remain more vulnerable to adverse economic trends than men, especially in times of rapid social, economic and political change.

Lack of personal and social status and opportunities

The status of girls and women in society, and how they are treated or mistreated, is a crucial determinant of their health. Educational opportunities for girls and women affect their status and the control they have over their own lives, their health and their fertility in a powerful way. Equal opportunities for women in other areas of their lives – for example in the judicial, legislative, educational and employment sectors – would also directly promote and protect their health and well-being.



The generally subordinate status of women has an impact on their health in many ways:

Legal status – laws and customs about land ownership, inheritance, marriage or divorce that discriminate against women need to be revisited. Women should not be economically dependent upon men or left entirely without resources of their own since this would have a very negative effect on their health and nutrition, and that of their children, and other family members for whom they are responsible. Even when laws have been made more equitable, millions of women continue to be disadvantaged because custom prevails over law, laws are not enforced, or women are unaware of their rights.

Son preference – the high value placed on sons in some regions leads to discrimination with serious health consequences for girls and women. In extreme cases it may lead to prenatal sex selection in favour of boys, or infanticide. In areas with a strong preference for sons, patterns of food distribution within a household may contribute to malnutrition in girls. Young girls are more likely to be malnourished but less likely to receive treatment for malnutrition or any other health problem. The woman who has many daughters may be under pressure to keep on having more children until she produces sons.

Lack of decision-making power and participation – there is often a hierarchy within households based on age and gender. The older women in some families are quite influential, but younger women may have little autonomy and little weight in family decisions. This becomes important to women's health if they cannot, for example, take part with their husbands in decisions on family planning, or make decisions on their own about the emergency referral of children to a health facility.

Status through childbearing – many of the roles traditionally assigned to women are those of lesser value in a society, which tends to keep women's social status low. On the other hand, the bearing of children, is a role that is symbolically highly valued and respected almost universally. It may also be the only way for women to gain status or to survive in a given society. However, women receive little support in this role in terms of policies or resource allocation

Lack of education – when illiteracy rates are considered, the gap between women and men becomes even wider. Globally, more than 960 million adults are illiterate, two-thirds of whom are women. In many parts of the developing world, girls are simply not expected to attend school. Sixty million of the 100 million children who have no access to primary schooling are girls. Findings prepared for the World Conference on Education for All suggest that the more education girls and women receive, the greater the likelihood that they will seek prenatal care during pregnancy and that they will be attended by trained health personnel during the births of their children. Although the relationship is not uniform, fertility rates generally decrease as the proportion of women who attend school increases. Improving the health and well-being of children and mothers cannot be sustained and cannot be advanced further without primary education, literacy and basic knowledge for better living for girls and women.

Demographic factors

Population dynamics reflect the life events of people – birth, growth, maturation, migration, family formation, aging, illness and death. Such events are the driving forces of changing demographic and health profiles, and are inextricably linked to the health status of a population. Therefore, the health of individual men, women and children remains of paramount importance at each level of population change.

But demographic, epidemiological and socioeconomic factors in developing and developed countries alike are combining to create new patterns of mortality and morbidity for both women and men, and to force a redefinition of the determinants of women's health. Such factors include marriage and childbearing in adolescence in some parts of the world, contrasted with falling fertility rates in others as women are tending to have fewer children and to have them later in life, increased exposure of women to occupational hazards both within and outside the formal work economy; the particular problems faced by women as they grow older often without any personal or societal support networks; and the stark realities faced by women in refugee or other displaced populations.

All of these – and other – demographic factors bring inevitable sociocultural and epidemiological changes, and challenge health and social service systems. One such challenge is to prepare for changing health-care needs as the proportion of older women increases. Another challenge is to reach young women now with information that will help them avoid the preventable disabilities and illnesses of old age. To meet these and other challenges, it will be necessary to study the physical, economic and social situation of women in their locality, and to

be prepared to respond. Attention must be given to listening to what women of all ages in the community are saying about themselves, and their health concerns.

Harmful practices – female genital mutilation

There are a significant number of practices that have a distinctly negative impact on women's health and well-being. Some examples are dowry and bride price that may in some circumstances lead to physical abuse, intimidation, or even death; and the practice of marriage and childbearing before girls have reached physical and psychosocial maturity, which creates many health risks for young women. Most of the young women in these situations are powerless to resist. The social sanctions for doing so would be severe, and they have few alternatives.

Another traditional practice with serious health risks for women is female genital mutilation (FGM) – a tradition deeply embedded in patriarchal power structures and the desire to control women's lives. Over time, however, both men and women in societies where it is practised have come to believe that FGM is necessary and in the best interests of the girl concerned.

An estimated 2 million young girls are subjected to FGM each year. Most of these girls live in Africa, some in the Middle East, a few in Asia, and an increasing number among immigrant communities in Australia, Canada, Europe and the United States of America.

Women's groups, health professionals, human rights activists, governments and international agencies have all taken firm stands against FGM, considering it a violation of children's – and women's – human rights. At the international level, the Convention on the Rights of the Child explicitly requires States to take all appropriate measures to abolish traditional practices prejudicial to the health of children. In 1994, the World Health Assembly again called the attention of the world to the detrimental health consequences of FGM, and has called for the elimination of FGM. In addition, the World Health Assembly has declared that medicalization of the procedure should not be allowed under any circumstances.

Female genital mutilation (FGM)

FGM is a deeply rooted traditional practice that adversely affects the health of girls and women. It is a form of violence against them that has serious physical and psychosocial consequences, and is a reflection of discrimination against girls and women.

Definition of FGM

All procedures which involve partial or total removal of the external female genitalia and/or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

Lack of access to health care

It has been found that women are grossly under represented in statistics relating to the use of health services. Although they suffer from levels of disease comparable to those of men – and even higher in the area of reproductive health – many do not get the care they need. They wait longer than men before seeking treatment and have difficulty leaving their families and household duties behind if long hospitalization is required. Such delays add to the risk of treatment failure.

In order to address – and redress – these imbalances, health systems are taking action in several pressing areas – see Box 4 in Part IV. Nevertheless, the long-term, more effective solution has to be to reduce the social, economic and cultural inequities that are at the origin of women's unequal and inadequate access to health care.

PART III What are the major issues in women's health today?

Nutrition

Malnutrition is undoubtedly the most widespread and disabling health problem among women in developing countries. It is often the result of two inequities: poverty and the status of women. These inequities lead, among other outcomes, to the unfair distribution of food within the family, and to the lack of money to buy good food. All of this is exacerbated by factors such as ignorance of nutritional requirements, illnesses and parasites (such as hookworm) that interfere with the body's utilization of food, improper food storage or preparation, and taboos against eating certain foods. Malnutrition is, moreover, a contributing factor in many other health problems that prevent women enjoying physical, mental and social well-being.

Although both men and women are affected by nutritional factors, women, for biological reasons, have a higher risk of suffering from health-impairing nutritional deficiencies. Women and girls need more iron than men because of menstruation, pregnancy, lactation and other demands on their body's iron supply. Insufficient iron in the diet leads to anaemia, a condition that causes extreme fatigue and lower resistance to disease, and in women to difficulties in pregnancy and childbirth. In developing countries, about 55% of pregnant women and 44% of all women suffer from anaemia. Significant disparities exist not only between developed and developing countries but also between different areas of the world. In some settings there is a dangerous interaction between anaemia and malaria that greatly increases the risks for both mother and child in pregnancy.

Breast-feeding

Breast-feeding, besides promoting child growth by providing the best possible nutrition for both physical and mental development, also benefits maternal health in several important ways. In addition to strengthening maternal-infant bonding, breast-feeding immediately after delivery may reduce the mother's risk of postpartum haemorrhage and anaemia. Breast-feeding also lowers the risk of ovarian and breast cancer, promotes child spacing, and reduces fertility rates. Longer intervals between births allow women time to regain their strength and nutritional well-being before having another baby. Although these benefits of breast-feeding for baby and mother have been recognized for a long time, there has been a lag in ensuring the practical support that breast-feeding mothers need in their daily lives, such as adequate nutrition and reduced workload. With more women going to work outside the home, supportive policies are also needed to ensure that working mothers who want to breast-feed can continue to do so.

Reproductive health

WHO is committed to implementing the Programme of Action – especially in the area of reproductive health – agreed upon at the International Conference on Population and Development (ICPD) held in Cairo in September 1994. The definition of reproductive health agreed upon in Cairo represents an important widening of perspective, and contains many concepts that are of vital importance to the general health of women and men:

> **Reproductive health ... 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. ...[It implies] the right of access to appropriate information and services that will enable women to go safely through pregnancy and childbirth. ... It also includes 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.**

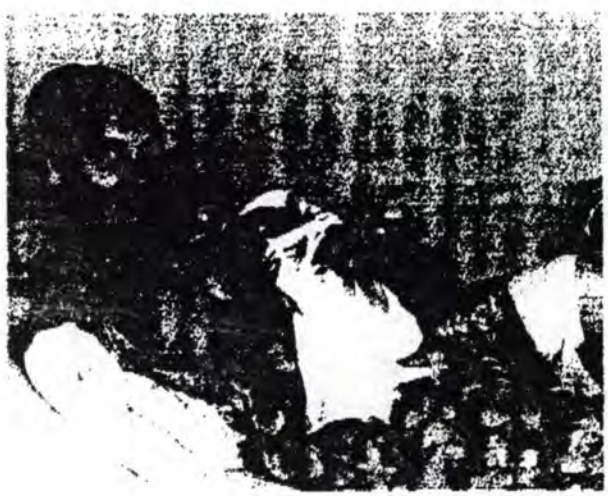
Reproductive health is a crucial part of general health – not only is it a key element of health during adolescence and adulthood, it also sets the stage for health beyond the reproductive years for both women and men, and has pronounced intergenerational effects. The reproductive health component of general health increases during adolescence and, particularly for

women, during the reproductive years. In old age, although general health continues to reflect earlier reproductive life events, other health issues become more important. Even though at each stage of life an individual's needs differ, there is a cumulative effect across the life span – events at each phase having important implications for future well-being.

Women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and childbirth; they must deal with unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, and are more exposed to contracting, and suffering the complications of, reproductive tract infections, particularly sexually transmitted diseases (STDs).

Biological factors alone do not explain women's disparate burden. Their social, economic and political disadvantages have a hugely detrimental impact on their reproductive health. Young people of both sexes are also particularly vulnerable to reproductive health problems because of a lack of information and access to services.

This concept of reproductive health, as promoted by WHO and its partners, is based upon principles of gender equity and human rights. Human sexuality and relationships between the sexes directly affect the ability of young people and adults – both women and men – to maintain good reproductive health. Putting these principles into effect will require the involvement of those most directly concerned – women themselves and young people. It will also involve a multisectoral effort to increase access to care and to improve quality so that no opportunity is missed to offer people a full range of reproductive health information and services.



Maternal mortality and morbidity

In the mid-1980s it was estimated that half a million women died each year from pregnancy-related causes – 99% of them in developing countries. Unfortunately, little has changed since then. Inadequate reporting in the past (and today) makes it difficult to discern trends, but it appears that there has been very little reduction in global maternal mortality, in spite of the fact that almost all of these deaths could be prevented with existing knowledge and technology.

Sexuality and reproductive health in adolescence

Whether they live in developing or developed countries, adolescent girls and boys are subject to many health risks in a rapidly changing world, but for adolescent girls, some of the biggest risks they face are related to reproductive health. Female children and adolescents (as well as young males) are highly vulnerable to pressure from older people to have sex – such pressures can be experienced both inside and outside their own family.

Unless young people who are sexually active have appropriate information, skills and services, they risk very serious health problems, including sexually transmitted diseases (STDs) and HIV infection leading to AIDS. For girls, unprotected sex can also result in an unwanted pregnancy and childbirth. In addition to the physical dangers of early childbearing (inside or outside marriage) it can mean the end of their education, greatly reduced employment prospects, and having to assume the responsibilities of parenthood before they are ready for them. If they resort to unsafe abortion they run many more health risks.

Family planning

Family planning services should provide information, education and universal access to the full range of safe and reliable methods, and be closely linked to, or integrated with, other reproductive health services. Family planning programmes must focus on enabling people to make informed choices about the timing, number and spacing of their children, and on empowering women to manage their own fertility, while emphasizing men's joint role and responsibilities in healthy sexuality and reproductive health.

Unsafe abortion

Each year there are about 20 million unsafe abortions performed worldwide. It is estimated that at least 70 000 women die as a result of these abortions, while millions more become infertile or are left with other lasting damage to their health. Unsafe abortions account for a sizable proportion of all maternal mortality and morbidity, and in some countries may be the cause of more than half the total number of all maternal deaths.

Unsafe abortion is a major public health issue and a clear indication of unmet needs for contraception. The health consequences of unsafe abortion should be recognized and managed, and counselling and care provided for all complications. Where abortion is legal it should be safe. All women should have access to high-quality and affordable counselling and services, including post-abortion family planning.

Sexually transmitted diseases (STDs) including HIV/AIDS

Biologically women are more susceptible to most sexually transmitted diseases than men, at least in part because of the greater mucosal surface exposed to a greater quantity of pathogens during sexual intercourse. In addition, the risk of transmission of STDs, including HIV infection, is greater whenever the vaginal mucosa is damaged. As a result of such factors most STDs, including HIV infection, are transmitted more readily from men to women than from women to men. Women with STDs are more likely than men to be asymptomatic, and therefore are less likely to seek treatment for STDs, resulting in chronic infections with more long term complications. Untreated STDs increase the likelihood of HIV infection occurring during unprotected sex with an HIV infected partner.

These biological factors are compounded by sociocultural ones. In many parts of the world women have little or no control over decisions relating to sexuality, nor do they have control over the sexual behaviour of their male partners or the use of condoms for the prevention of STD/HIV infection or pregnancy. The symptoms of STDs may not be recognized as needing treatment. Stigmatization, which is particularly acute for women with STDs, keeps women from seeking treatment, or services and facilities suitable for women may not be available. In most cultures, women tend to have sexual partners who are older, who are usually sexually more experienced, and who have had more partners and thus are more likely to have become infected. This plays a particularly important role when adolescent women have sex with older men. The HIV/AIDS pandemic provides some dramatic illustrations of these issues, and of the need for sex- and age-specific analysis of data. In many places, young women are becoming infected with HIV and progressing to AIDS at much earlier ages than men

Women and sexually transmitted diseases

It is estimated that 165 million cases of curable STD occur globally each year among women aged 15–49 years. Case numbers are distributed as follows with many women having more than one disease:

- **syphilis** — 6.5 million
- **gonorrhoea** — 31.3 million
- **chlamydia** — 47.0 million
- **trichomoniasis** — 80.0 million.

STDs in women are not easily identified and cured for a number of reasons:

- **over 50% of STDs in women are asymptomatic**
- **diagnosis is difficult**
- **women's access to services is frequently poor, because STD management is rarely provided as part of an integrated approach to women's health needs.**

This leads to complications which seriously impair the health of women causing considerable mortality and morbidity:

- **STDs cause pregnancy-related complications, sepsis, spontaneous abortion, premature birth, stillbirth and congenital infections.**
- **1–5% of all maternal mortality is due to ectopic pregnancy**
- **35% of postpartum morbidity is attributed to STDs**
- **almost two-thirds of cases of infertility among women are attributed to STDs**
- **17–40% of all gynaecological admissions are due to PID**
- **almost half a million new cases of cervical cancer occur each year in the world – cervical cancer is the second most common cancer in the world.**

Worldwide, the disease burden of STD in women is more than 5 times that in men.

It is essential to address the power relationships between men and women and provide women, especially young women, with the personal skills and confidence to refuse sexual relations when they so wish. This will be possible, however, only when women have sufficient status and economic opportunities to reduce their dependence on men for survival and relative well-being.

The rise of the HIV/AIDS pandemic has confirmed what women's health advocates have long been saying: women's poor health is linked to their relative powerlessness in relations with men, stemming in part from an inferior social status and economic dependence, and in part from society's tolerance of human rights violations against women.

Women bear much of the burden of the HIV/AIDS pandemic in other ways. In HIV-infected women, the virus can pass on to their children during delivery or through breast-feeding. Women are also likely to be the care providers when their husband or someone in the family or community is sick with AIDS. When sick themselves, they may not get support or care. Many older women in the areas hardest hit by the pandemic find themselves taking care of a number of children orphaned by AIDS. It is to be hoped that the growing understanding of how HIV/AIDS affects women will lead to more effective interventions to help them protect themselves against it, and to more support for those who are affected.

Women and the HIV/AIDS pandemic

From almost being absent from the HIV/AIDS pandemic in 1980, women infected with HIV now number 7 to 8 million. Some one million new infections occur in women each year, mainly through unprotected sexual intercourse. Every minute 2 women are infected with HIV, every 2 minutes one woman dies of AIDS. By the year 2000 over 14 million women will have been infected and about 4 million will have died. In some regions where heterosexual transmission is predominant, women infected with HIV outnumber men 6 to 5.

The transmission of HIV from men to women is 2–4 times more efficient than from women to men. Data suggest that STDs, especially those which cause ulcerative lesions (chancroid and syphilis) facilitate the acquisition and transmission of HIV.

Studies in some countries show that up to 30% of HIV infections occur in young women whose only risk behaviour is sexual intercourse with a single male partner who in turn has had – or is continuing to have – unprotected sex with other partners.

Women's vulnerability is in fact linked to their low status in society, and their economic, cultural and social dependence on their male partners.

Work-related and environmental health hazards

WHO promotes a definition of occupation which includes all women's paid and unpaid tasks, performed inside or outside the home. Women are more likely than men to work in situations where they are not protected against exposure to potential health hazards. Outside the home, women tend to work in the informal sector or in smaller, less-regulated enterprises. In rural areas women and men are frequently exposed to pesticides and other toxins. Whether in the formal or informal sector, the health hazards relating to women's work have been inadequately studied, and as a result are poorly addressed.

Women's work is not confined to the formal and informal sectors. In most cultures, women continue to carry the main responsibility for maintaining the household, including caring for the children, the sick and the elderly. In many developing countries, the time, work and sheer physical burden involved in satisfying basic requirements for food, water and fuel can be enormous. When women's increased participation in wage-labour is added to their household responsibilities, the resulting "double or triple burden" means that women work far longer hours than men.

Communicable diseases

Tropical diseases

In recent years, the use of gender analysis in the study of tropical diseases has led to a better appreciation of how such diseases in women differ from those in men.

Women have a different risk of exposure to certain tropical diseases than men. This is as a consequence of their traditional roles related to water (schistosomiasis), cultivation (malaria, filariasis), domestic roles (dengue, Chagas

disease, and leishmaniasis) and certain biological characteristics (for example, during pregnancy when malaria is an important cause of maternal death, abortion, miscarriage, stillbirth and neonatal death).

Women's social and economic activities are particularly affected by diseases which lead to disfigurement or stigmatization. Women frequently do not seek care for themselves or for their children following infection with tropical diseases.

Tuberculosis

Tuberculosis – seldom a prominent item on the agenda of women's health advocates – is reponsible for the deaths of around one million women each year. For reasons not fully understood, women seem to be most vulnerable to tuberculosis in their early and reproductive years. The biological changes that occur in those years may make women more likely to progress to tuberculosis once infected. Tuberculosis is an indirect or contributory cause of many maternal deaths.

Noncommunicable diseases

As infectious and parasitic diseases are brought under control, and as populations age, noncommunicable diseases become more prominent. Women now spend a much greater proportion of their lives in the post-reproductive, post-menopausal years. Even if the problems are similar – for instance, breast cancer or cervical cancer – the strategies for dealing with them differ for younger and for older women. Older women are more vulnerable to cardiovascular disease, diabetes and cancers – noncommunicable diseases will therefore play a larger role in women's health in coming years. In addition, the problems of older women often differ from those of older men, for example in the higher morbidity rates associated with incapacitating osteomuscular diseases such as osteoporosis and arthritis, and the higher levels of depressive illness among women. Not enough is known about how noncommunicable diseases and conditions are manifested in women.

Substance abuse

Gender-sensitive research has uncovered many differences between men and women in their experiences with substance abuse. For example, the rates of tobacco smoking among men have levelled off or declined in many developed countries, while the rates among women are still climbing and climbing fastest among young women. An estimated 21% of women in the developed world are smokers – in the developing world the corresponding female smoking prevalence is estimated at 6%. In some developed countries the numbers of male and female smokers are currently converging. In many of these countries fewer men than women are taking up smoking and, in addition, the prevalence of female smoking is not declining as rapidly as it is among men.

Socially, women drinkers are more likely to become isolated. They are less likely than men to seek treatment. A study in one Latin America country found that nine out of ten husbands leave their alcohol-addicted wives, whereas one out of ten wives leaves her alcohol-addicted husband.

The rehabilitation and treatment needs of women drug abusers differ from those of men. However, very few rehabilitation facilities specifically address women's needs, and there is a general lack of information on how to deal with drug abuse among women.

Mental health

A gender perspective when applied to mental health, takes into account men's and women's status, roles and positions in society. A recent WHO publication on women's mental health concludes:

> **When women's position in society is examined, it is clear that there are sufficient causes in current social arrangements to account for the surfeit of depression and anxiety experienced by women.**

In developing countries, community surveys usually find more women than men suffering from some form of mental illness, but more men getting treatment. In developed countries, depression is the most common mental disorder among women. Although adequate data are lacking in developing countries, it appears that the same is true there.

The gender perspective has been a useful addition to the work on women's mental health. But there is still much to be done in order to understand the origins of mental illness in women; to help women find ways to protect their mental health and avoid illness; and to develop and disseminate more effective treatment strategies for women.

Violence against women

In a world where violence seems endemic, both men and women experience it in many forms and both suffer considerable damage to their health and well-being because of it. But the nature of the violence they are exposed to is almost always different, the causes of it are usually different, and the impact on their lives is different.

Women are exposed to a continuum of violence – from domestic violence taking place in the home, where the woman or girl usually knows the assailant; to settings outside the home where women are subject to random violence by people unknown to them; to the large-scale, systematic violence against women found in situations of conflict and mass movements of people.

Some women make repeated trips to emergency rooms and clinics, each time with more serious injuries. Their injuries are often not recognized or reported as deliberate violence until they end in homicide.

Most health systems and health planners at all levels have been slow to respond to this "hidden epidemic". Women in many countries are demanding that the health sector:

- regard domestic violence as a serious public health issue
- undertake more specific research on its causes, consequences and ways to prevent it
- disseminate information about domestic violence to health workers or conduct training to strengthen their ability to recognize the signs of domestic violence.

Women are especially vulnerable in situations of armed conflict or mass population movements. Women forced to leave their homes as refugees or displaced persons are often separated from the men in their families and have few means to protect themselves from violence. A refugee woman who has children or other dependents with her is vulnerable to sexual exploitation. Her only means of assuring their food and safety may be to accede to the demands for sexual favours made by soldiers, border guards or camp administrators.

In recent hostilities, there have been many examples of violence against women being used as a punitive measure against the enemy. This systematic rape and brutal sexual abuse destroys the dignity of women and violates many of their human rights, including their right to physical integrity, to survive, and to lead full and fulfilled lives.

Violence against women

The selected examples shown here indicate the extent of domestic violence and its impact on women.

- Worldwide studies indicate that from 20% to over 50% of women have been beaten by an intimate male partner.
- In Costa Rica, one study found that 70% of all rapes reported to the police were of women beaten by their husbands.
- In the USA, up to one-third of women patients in hospital emergency departments are there because of injuries sustained in domestic violence.
- In Papua New Guinea a survey found that over half of married women in cities had been battered, and almost one in five of these women had gone to a hospital after being beaten.
- A study in Alexandria, Egypt, showed domestic violence as the leading cause of injury to women, accounting for 25% of all visits by women to trauma units.
- In a survey in the Kisii District of Kenya, 42% of women reported being "beaten regularly" by their partners.
- In Jamaica, a study among girls aged 11–15 years found that 40% reported the reasons for their first sexual intercourse as "forced".
- In a nationally representative sample of Canadian women, 29% of those ever married reported being physically assaulted by their current or former partners.

Source: From – Heise et al. (1994): *Violence against women: The hidden health burden*. World Bank Discussion Papers 255, Washington D.C., USA.

PART IV The role of WHO in women's health

Towards better health for women

Almost 50 years ago the International Health Conference defined health as:

> **a state of complete physical, mental and social well-being, and not merely the absence of disease.**

This definition is embodied in the WHO Constitution which also affirms that:

> **everyone has the right to the highest attainable standard of health.**

WHO's activities in women's health are guided by the following operational principles, which are fundamental in promoting the centrality of human health and well-being to the process of development.

- health is a fundamental **human right**
- the highest **ethical standards must be** maintained
- **equitable relationships** between women and men and **equality of opportunities** must be achieved
- services must be **accessible**
- **quality of care** must be assured
- **individuals, families and communities must be fully involved** in the promotion and protection of their own health
- a **life-span** approach to health must be taken
- **partnerships** must be established between health care providers and clients and with sectors other than health
- **health services should be integrated** to promote a holistic approach to health care provision
- to invest in human **resources** is to invest in social and economic development
- optimal **use** should be made of human and material resources
- interventions must be **sustainable.**

Women do not perceive their bodies as separate groups of organs each requiring a different set of interventions. Nor do they see their lives as a series of discrete periods with the ages around pregnancy and childbearing as being the only ones of significance. And women are concerned not only with their own health needs but also with those of their children and other family members.

Yet the way health systems have been set up around the world is such that it is almost impossible to find a single facility that can address simultaneously the needs of young and older women, their children, or different concerns such as reproductive tract infections and tropical diseases. Research will be needed to develop alternative models providing such integrated services in different socioeconomic and cultural settings.

Improving women's health and eliminating inequalities requires partnerships of many kinds: women and men; old and young; international agencies, governments and NGOs; researchers in many disciplines; health professionals, women's health advocates, programme planners; and users of health services. In its own activities WHO will continue to:

- Advocate for greater allocation of resources to programmes that effectively address the health needs of women.
- Promote preventive strategies and programmes.
- Promote and expand the use of gender-sensitive approaches in all health programmes, through staff orientation, expansion of training activities in the regions and support for national training activities.
- Ensure that the voices of women are heard in identifying health issues, planning and carrying out interventions, and evaluating the results.
- Advocate for a greater proportion of women in decision-making and leadership positions in the health sector at all levels, from local and district health offices, to national ministries, to the highest levels of international organizations.
- Work for improved sex- and age-disaggregated data collection and analysis to sensitize policy-makers and lead to more effective action in the health sector.

For WHO, one of its most valued partnerships is with women health care providers – those millions of women who work day in and day out in health systems around the globe – see Box 3. In looking at women and health, there is a tendency to concentrate on women in need of health care or women as users of health services. However, WHO is mindful, too, of the inestimable contribution made to health by the women who provide health care to others – this despite the often poor salaries and limited career opportunities available to women in largely male-dominated health-system hierarchies.

At the end of the 20th century, global economic, social and political shifts make it imperative for the perspectives and contributions of women to be brought more forcefully into the health and development arena. WHO has an opportunity and a responsibility to address women's health and quality of life issues in all of its activities. Women's health must now assume its rightful place high on all social, economic and development agendas

Box 3: Women in the health system

Women form the backbone of the health system in almost every country. They give long years of dedicated service as community health workers, nurses, midwives, doctors, pharmacists, nutritionists, health educators, and in many other capacities. Their contribution to the community and nation goes far beyond professional functions and office hours. They are health advocates, health promoters in the community, health care providers and carers for their children, the elderly and the infirm.

In some countries, women have served with distinction at the highest levels of national health systems. In general, however, women have been underrepresented at the top decision-making levels of health systems, a situation that WHO is working to correct.

Gender issues affect women health care providers at all levels. Gender discrimination, combined with [illegible] in some societies, means that young female health workers face increased [illegible] in their relations with patients and population, and may be subject to harassment [illegible]

[illegible] do not use health services unless they can be seen by women health workers. It is particularly urgent to recruit and train more women. However, the same cultural factors that [illegible] women's use of health care facilities may make it difficult to recruit women health workers unless their special needs are met. It is important that women in the health professions receive good training, are not discriminated against in pay or career opportunities, and have the support of more experienced workers in their first years at work. They should also have access to housing and transport, and working arrangements should be safe and culturally appropriate.

The work of WHO

Part of WHO's commitment to improving women's health is to make sure that the voices of women are heard wherever decisions are made about health. Particular attention is being paid to incorporating a gender perspective and addressing women's concerns in the work of WHO at both Headquarters and Regional levels.

Many programmes across the range of WHO's activities have made efforts to increase the emphasis placed upon women's health as an issue in its own right, and have attempted to ensure that this is reflected in programme activities.

WHO has strengthened the emphasis given to women's health issues by creating the unit of Women, Health and Development (WHD) within the Division of Family Health (FHE). The objective is to accelerate activities in women's health, and develop and consolidate a coherent and comprehensive strategy. At the regional level, focal points on women, health and development work to strengthen and coordinate activities for women in all WHO programmes, and to liaise with other organizations of the United Nations system concerned with women's health and development.

All of WHO's work in women's health is guided by the *Ninth General Programme of Work*, which draws attention to the risks of marginalization of vulnerable groups, particularly women, in overall development. It also emphasizes the human-rights basis for the protection of women's health at all stages of life, noting their increased vulnerability in situations of economic hardship, violence, warfare and environmental degradation. Among the major intended results of the Ninth General Programme of Work are the removal of inequities and the meeting of the special needs of women.

Regional achievements

WHO Regional Offices actively promote women's leadership and participation in health through consultations, through national and regional networks involving governmental and nongovernmental representatives, and through workshops and leadership training programmes. Although each Region has a different focus for its activities, a number of commonalities emerge, such as the need for improved data collection and analysis; for more research on women's health; and a universal concern for reproductive health issues.

WHO – closing the gap

WHO's future activities to improve women's health will continue to include setting norms and developing guidelines, policy development, the provision of technical support, and research. Increased efforts will be directed towards:

- Advocacy for women's health and gender-sensitive approaches
- Promotion of women's health and prevention of ill-health
- Making health systems more responsive to women's needs.

Advocacy for the importance of women's health, and for the need to develop effective policies and programmes to address it will continue to be needed. It was with such issues in mind that the Global Commission on Women's Health was established in 1993 in response to resolution WHA45.25 on Women, health and development emanating from the 1992 Technical Discussions at the World Health Assembly. The purpose of the Global Commission on Women's Health is to promote the adoption and implementation of effective measures at all levels for improving women's health, and to carry out international and national advocacy in the area of women's health concerns.

Promotion of women's health and prevention of ill-health involves addressing the underlying socioeconomic and other factors that determine women's health status and affect their access to information and services. It requires legal, regulatory and other mechanisms to promote and support improvements in women's health. WHO has a role to play in the following key areas:

- **Legislation and health policies** – to ensure that discrimination against women is identified and that efforts are made to introduce required changes. Education, legislation, information and other measures can, for example, improve communication and shared responsibility between men and women on responsible parenthood, sexual and reproductive behaviours and prevention of STDs (including HIV/AIDS).
- **Investment in female education** – including taking affirmative steps to keep girls and adolescents in school, developing more gender-sensitive curricula, and sensitizing parents to the value of educating girls.
- **Improvement in women's economic status** – especially focusing on poor or vulnerable women.

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Making health systems more responsive to women's needs is another major focus in which WHO has particular responsibilities, both because of its technical expertise and also because it can bring women's health to the attention of those in a position to make changes. On the basis of its past experiences in the area of women's health and in the light of newly emerging trends, WHO has identified a number of areas for immediate action. Change in these areas could bring about rapid yet lasting improvements in women's health:

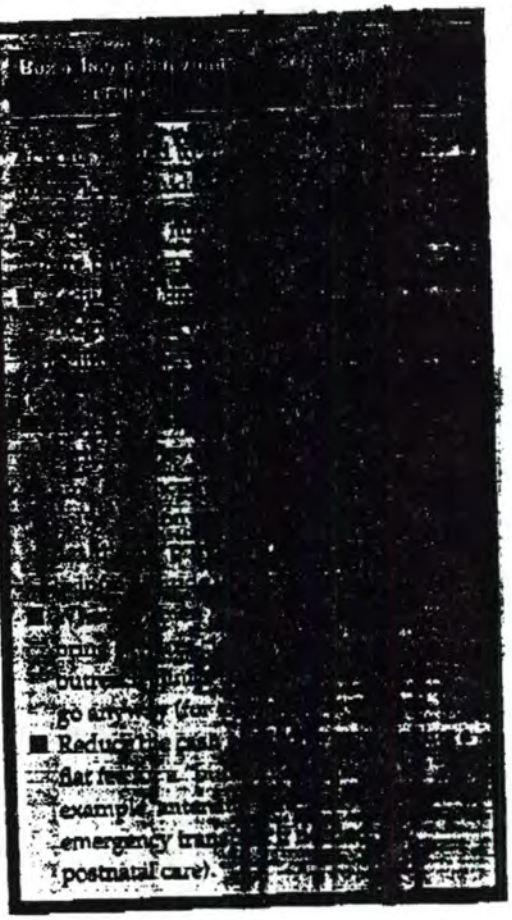
- Improving access to health care
- Improving quality of care
- Involving women in the planning and implementation of interventions
- Responding to the needs of women health care providers
- Encouraging discussion of ethical issues in health
- Providing information to women
- Gathering and analysing information about women and their health.

Improving access to health care

Women in developing countries, and poor women everywhere, tend to have less access to health inputs and services than do men. Underlying those inequitable patterns of access are social, cultural and economic factors which include practices that discriminate against women and girls; and a lack of women's control over household resources. As a result, barriers to the use of health services – for example time and travel costs, and health system deficiencies – may pose greater obstacles for women than for men. More women can be reached by health services if better use is made of peripheral services. It is less costly, in terms of both time and money, if people living in rural areas can get adequate care in facilities that are close by. But very often, the bulk of a country's limited resources for health is directed to the tertiary facility in the urban area or capital city. Bringing health care closer to where people live, through known and trusted providers – along with a range of other measures (Box 4) – could do much to reduce the gap between women and health care services.

Improving quality of care

Improving quality of care is critical to improving women's health, to increasing access to and use of health services, and to using limited resources effectively. Much of the difficulty of achieving the best balance can be resolved through a more



gender-sensitive approach to the needs of women on the part of health-care providers, and a rethinking of the relationships between providers and clients, one that removes the aura of infallibility and power of the provider, and recognizes the skills and knowledge of the client in her own health care. Addressing quality of care also means addressing the fragmented way in which women's health needs are currently addressed. Research will be needed to develop alternative models providing such integrated services in different socioeconomic and cultural settings.

Involving women in the planning and implementation of interventions

One important mechanism to improve quality of care is to involve women in decision-making so that they become active participants in their own health care. This means that women participate as equals in planning, implementing and evaluating policies and programmes, and that interventions are developed in a holistic and integrated manner. WHO's primary health care approach has underscored the necessity of involving women.

Responding to the needs of women health care providers

Much of the discussion on women's health uses language that defines women as needing care. However, to a large extent, women are also the main providers of health care – see Box 3 above – particularly in the traditional health care systems and at the most peripheral levels of modern health-care structures. Yet little attention has been given to the constraints within which they work, to the difficulties faced by women in this role or to ways of improving their status and standing in the community. Efforts need to be made to improve their working conditions and promotion prospects, and to increase their access to the skills, supplies and equipment needed to fulfil their functions effectively.

Encouraging discussion of ethical issues in health

Ethical issues have concerned health practitioners since ancient times. In recent decades a new range of ethical concerns have arisen as a result of technological advances. Many of these concerns centre on "women's issues" – infertility, fertility regulation, pregnancy and childbearing. This has led to considerable debate in both developed and developing countries, in part reflecting conflicts between religious and secular approaches. Ethical guidance, and associated programmes in ethics education, with input from professionally qualified people, is needed to ensure that policies at the national level embody the recognized precepts of contemporary bioethics. National, regional and institutional ethics committees, with representation of all concerned sectors and professional groupings, especially women, can play a role in fostering adherence to ethical norms in this area, as well as other areas in health. WHO and other international organizations are promoting the development of ethical guidelines that can help to create a template for national efforts. WHO believes it is imperative for women – whether as health care providers or users of services – to have a major part in all discussions related to health care.

Providing information to women

A major constraint that women face is lack of information. Women need to know about danger signs and symptoms, and when to seek health care, whether for themselves, their children or for other members of their families. They also need information to make decisions about when to seek health care and from whom.

The idea of a Healthy Women Counselling Guide (HWCG) was conceived by several programmes of the World Health Organization as a tool to be used by rural women. The guide is intended to provide information to women about their health, in a way that can be understood readily by both literate and illiterate women. The information given to women in the HWCG will be strengthened by more positive feedback and interaction with health workers.

Gathering and analysing information about women and their health

A significant constraint in dealing effectively with women's health needs is the continuing lack of sex-differentiated data. Whereas WHO has long collected and analysed data on cause of death for males and females separately, the same has not been true in relation to the incidence and prevalence of specific diseases such as tuberculosis, and malaria and other tropical diseases. There is very little information on their differential impact on men and women. It is not enough simply to collect data – it has to be analysed from a gender perspective. Do the data indicate differentials in incidence or prevalence? What are the possible sources of such differentials? Do they lie in biological factors such as different responses to disease or differences in reactions to treatment; or are they a reflection of social factors such as differences in exposure, in health-seeking behaviour, or coping mechanisms?

In order for Member States to be able to use relevant information for policy development and management, and to include such information in their regular reporting on women's health and health care, it will be necessary to ensure that health information systems collect and analyse sex- and age-specific data as a matter of routine. Analysis and reporting of women's health need to go beyond looking only at reproductive health issues in order to assess the effect of sex differences and attitudes on women's health as a whole.

In the coming years WHO, its partners, and health systems globally must face up to the challenge of "closing the gap" between rhetoric and reality, and to give far greater attention to women's health issues.

other members of their families. They also need women's health issues.

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Conclusion

All individuals have the right to "the highest attainable standard of health". But when it comes to women, double standards, poverty, social discrimination and inequality, amongst other factors, militate against this. Many of the facts have been known for years. Yet health and well-being continue to elude millions of the world's women.

The themes of the United Nations Decade for Women (1976–85) – **equality, development** and **peace** – will be reiterated at the Fourth World Conference on Women in Beijing in September 1995. These are all crucial elements in women's health, and in their personal and social development.

Quite simply, women will never enjoy the highest attainable level of health until they have equal access to resources and to the fruits of development – equality in access to education, to political power, and to the process of decision-making. This in turn means addressing inequitable gender relationships, and the underlying inequalities that currently stand in the way of women's access to health. Such inequalities – enshrined in traditional, cultural and legal frameworks – perpetuate women's lower social and economic status. All of this continues to limit the ability of women to make free and informed choices about their lives. In addition, to attain full health, women must have access to high-quality services, and the information and skills to use such services appropriately. Women – the primary care givers in the home and in the health system – must receive appropriate and acceptable care for themselves, and for their families.

To promote equality for women is not to favour health and human development has been recognized and awareness is now growing of the extent of that contribution and of the enormous toll it takes on women in terms of their own health. Human energy and creativity are the driving forces of development, yet for millions of women worldwide that vital energy is drained in the daily struggle to survive, and to protect the health and well-being of themselves and their families.

The achievement of **peace** at all levels – international, national, local and domestic – is a crucial step for the attainment of health for all. For women, it has a very special significance. Women and their children are most often on the receiving end of violence and aggression. Among the first to be affected by war and civil strife they are often the last to receive support and assistance.

Whether in the form of killing and maiming, ethnic cleansing, mass rape or forced prostitution, violence is all too often borne by women. Moreover, violence is not confined to the sphere of politics. Very often it is from within their own homes and families that girls and women have most to fear. Female genital mutilation, incest, sexual abuse, domestic assault and battery – these are the hidden faces of violence against women. For women, peace is a domestic as well as a societal issue.

For far too long women have been portrayed as powerless victims and have been seen as objects of health interventions. Undoubtedly women all over the world face enormous adversities that impact on their health and well-being. Yet women have power, are creative, can take and already have taken action. Women must be

identical approaches to health for women and men. Women and men are innately different and have differing needs. Promoting equitable access to health care implies recognizing these differences, and developing responses that address the varied needs of men and women throughout their lives. It also involves addressing the socioeconomic and cultural factors which discriminate against women and girls.

Ever since the start of the United Nations Decade for Women, the contribution that women make to recognized as protagonists in their own health, and in the provision of health care.

The time has come when women all over the world are beginning to ask questions, take actions and demand resources, results and accountability. The time has come for health-care systems to listen to what women are saying, and to take every possible opportunity to improve women's health and – by extension – the health of the world.

World Health Organization

UNITED NATIONS
Fourth World Conference on Women

Facts and figures on women's health

Health is not a commodity to be acquired, bought or sold, it is a right. Worldwide, however, the health security of women, that is, all that guarantees women's right to health, is at risk. Women's health security embraces all aspects of women's lives, including the right to freedom of choice and personal security, the right to adequate and sufficient food, the right to work in safe environments, and the right of access to education, information and decent housing. After all, what hope does a woman have who has been mutilated against her will or pulled out of school without any say? What prospects for a brighter tomorrow does the 15 year-old face when she discovers that she is unintentionally pregnant? What are the chances for a healthy survival for the children who are left behind after their mother has died in childbirth? Equity and equality are at the heart of health security for women. Equal opportunities and the ability to benefit from the fruits of development, work in an enabling environment, and live in a peaceful society free from the threat of aggression at home or in the street, are vital factors in shaping women's health today.

Equality

■ Gender bias is reflected in the use of health services, the quality of care provided and the success or failure of disease control programmes. In one developing country, only 16% of people attending malaria clinics were women, yet surveys revealed no significant gender differential in susceptibility to infection.

■ Over half a million women are estimated to die each year due to lack of access to adequate reproductive health care. In developing countries maternal mortality is a leading cause of death for women of reproductive age, the most common cause being haemorrhage (25%). Despite the availability of technology to prevent maternal mortality, at least half a million women die giving birth each year in developing countries. 23 million women undergo serious complications with child birth, such as postpartum haemorrhage, hypertensive disorders, eclampsia, and puerperal sepsis each year. 15 million suffer long-term morbidity.

■ Many women give birth without trained assistance. Only about one-third of all births are assisted by trained attendants in Southern Asia and 42% in Africa, as opposed to 76% in Latin America, 94% in Eastern Asia, and virtually 100% in North America.

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■ Because women need more iron than men, and because they tend to receive a lower share in the distribution of food, globally, over half of pregnant women and a third of women of reproductive age who are not pregnant have anaemia.

■ The adolescent girl requires, but rarely gets, 18% more iron per kg body weight than male adolescents. Virtually all adolescent girls in developing countries suffer from iron-deficiency.

■ Each year unwanted pregnancy forces 20 million women to hazard unsafe abortions as a result of lack of access to family planning services, costly contraceptive methods, the unavailability of information and restrictive practices. Of these women, 60,000 to 100,000 die and countless more endure long-term disabilities. 25% of all maternal deaths occur in the teenage group, with unsafe abortion as the leading cause of these deaths.

■ Almost 30% of maternal deaths could be prevented by contraception. About 120 million women in the developing world say that they are not using family planning even though they want to avoid becoming pregnant.

■ Prevalence rates of sexually transmitted diseases are generally higher among sexually active women than among sexually active men, due to greater biological, social and economic vulnerability, their greater proportion of asymptomatic infections and inferior access to care than men. Over 20 million women are chronically infected with either genital herpes or human papilloma virus infections.

■ Globally, women account for an ever-increasing share of HIV infections. The proportion of women in the overall figure of those infected rose from 20% in 1980 to 40% in 1992. By the year 2000, half of those infected with HIV will be women. In many countries 60 % of all new HIV infections are among 15 to 24 year olds, with a female to male ratio of 2 to 1.

■ Due to different proportions of muscles, fat and water in the body, women develop alcohol-related liver diseases more rapidly than men. Studies show that the chronic use of alcohol, cannabis, cocaine and heroin affect menstrual dysfunction and contribute to obstetric complications and damage the foetus.

■ In some countries women are barred from drug and substance abuse treatment facilities as a matter of policy, because resources are limited and men are given priority. Most facilities refuse to treat pregnant women.

■ Many elderly women experience poor nutrition, reproductive ill-health, dangerous working conditions, violence and lifestyle-related diseases, all of which exacerbate the post-menopausal phenomena of increased likelihood of breast and cervical cancers and osteoporosis.

3 Development

■ 10% of women in developed countries and 40% in developing countries give birth before the age of 20. Early childbearing poses considerable obstacles to women's education and economic well-being.

■ In countries where participation rates of women in the labour market were as high as 50% prior to economic restructuring, over 60% of the currently unemployed are women.

■ Many women engaged in occupations heavily related to repetitive tasks (assembly lines), jobs requiring precise work for long periods (electronics assembly), or processing of agricultural products (fruit and flower packing), have been shown to have health problems which affect the musculo-skeletal and nervous systems, the reproductive tract, and skin. In the industrial working environment, exposure to toxic chemicals can cause cancer, dermatitis, miscarriage, and birth defects. Women may be particularly susceptible to some toxic chemicals for biological reasons.

■ For agricultural workers, a significant and positive correlation exists between heavy use of pesticides and prevalence rates of deformity of limbs, dysfunctions of joints, amputations and visual deformities.

■ Certain health conditions, such as chronic bronchitis and back pain, are particularly linked with women's traditional roles. These include the burning of biomass fuels in cooking and heating homes, the carrying of heavy loads of fuel wood and water, and the use of household chemicals. Toxicological effects on the foetus have also been shown. In addition, women and children are at greatest risk of burns within the home.

■ For poor women prostitution is often the only way of securing income. In one country, 50 000 to 75 000 street children survive through prostitution.

■ Depressive disorders are responsible for 5.8% of all deaths and disabilities among women of reproductive age - twice the rate among men.

■ While men have higher mortality rates from suicide, women predominate for suicide attempts. The typical suicide attempter is a single women under the age of 25.

■ Smoking amongst young women has increased rapidly, and now equals or exceed that of young men in a number of developed countries. Over the next thirty years tobacco-related deaths will more than double, so that by the year 2020, well over a million adult women will die every year from tobacco-related illnesses. Women are smoking in increasing numbers in developing countries. Women are a special target of cigarette and alcohol advertising world wide, further predisposing them to the immediate and long-term health consequences of addiction.

4 Peace

■ Numerous studies from many countries conclude that between 20 to 60% of all women report having been beaten by their partners.

■ Women are most at risk from men they know. Data from around the world suggests that girls and women are more at risk of violence in the home than anywhere else.

■ On a per capita basis the health burden of domestic violence and rape is roughly the same for reproductive-age women in industrial and developing countries, but because the overall health burden is greater in developing countries, the percentage attributable to gender-based victimization is smaller, at roughly 5%. In industrialized countries, rape and domestic violence account for almost one in every 5 healthy years of life lost to women aged 15 to 44.

■ Approximately 85 to 115 million females have been subjected to female genital mutilation. Each year, a further 2 million girls suffer this harmful practice, representing 6 000 new cases a day, and 5 girls every minute.

■ It is estimated that 75% of the world's 18 million refugees are women and girls. Most of them are exposed to poor nutrition and illness, and many of them to violence, including rape.

■ Migrant women have increased vulnerability to sexually transmitted diseases and HIV/AIDS due to high unemployment, and lack of community and family support, which force many to engage in sexual barter.

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GLOBAL COMMISSION ON WOMEN'S HEALTH

The Global Commission on Women's Health was established as a high-level advocacy body by virtue of resolution WHA45.25 on "Women, health and development" emanating from the Technical Discussions at the Forty-fifth World Health Assembly in 1992. The objective of the Commission is to accelerate action at the national and international level to improve women's health as their fundamental human right. In recognition of the fact that health conditions affect subsequent phases of a woman's life, as well as the well-being of future generations, the Commission insists that attention be given to a holistic and life span approach to women's health.

In carrying out its objective, the Global Commission on Women's Health assumes a critical fourfold mission. First, it has produced an agenda for action on women's health focusing on a few select areas capable of yielding the most significant progress: nutrition, reproductive health, the health consequences of violence, aging, lifestyle-related health conditions, and the work environment. These issues represent the predominant factors leading to morbidity and mortality in women of all ages around the world, and are amenable to feasible and low-cost interventions. Second, the Global Commission raises awareness of women's concerns among policy-makers through the use of sex-disaggregated data on women's health and their socioeconomic situation. Third, the Global Commission advocates the inclusion of women's health issues as a priority within development plans by using all forms of mass media. It ensures that these issues are articulated at all major national, regional and international fora on women and development and the events leading up to them, notably the United Nations Fourth World Conference on Women. Finally, the Global Commission provides a forum for consultation and dialogue with women's health advocacy groups and others who mobilize women from the grassroots to the highest political levels.

Members of the Global Commission on Women's Health, listed below, work closely with numerous key individuals and institutions across the world, notably the following: Dr Hoda Badran, President, Alliance of Arab Women, Egypt; Dr Jo Ivey Boufford, Principal Deputy Assistant Secretary for Health, United States of America; Dr Lorraine Dennerstein, Associate Director, The Key Centre for Women's Health, Australia; Ms Marianne Haslegrave, Director, Commonwealth Medical Association, United Kingdom; Mrs Julia Hausermann, Executive Chair, Rights and Humanity, United Kingdom; Ms Elaine Wolfson, President, Global Alliance for Women's Health, United States of America; the World Bank and UNICEF.

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Conference Address

Divider Title:_____

THE SECRETARY-GENERAL

4/m Jones

C/C with Clinton

19 May 1995

Dear Mrs. Clinton,

I am honoured to invite you to attend the Fourth World Conference on Women, as my special guest. As you are aware, the Conference, which will be held in Beijing from 4 to 15 September 1995, will be a major milestone in the efforts of the United Nations to promote and protect women's rights and to define practical strategies to remove the remaining obstacles to the advancement of women.

Building on the series of landmark conferences and summits convened by the United Nations in the first half of this decade - on children's rights, the environment, human rights, population and social development - the Conference offers the international community an opportunity to achieve a concrete programme of action for progress into the next century. I believe that the Conference would benefit greatly not only from your experience, knowledge and commitment, but also from the prestige and respect which you command.

The Secretariat for the Conference is in the process of preparing a programme of Special Events in which I hope you will find it possible to participate. The Secretary-General of the Conference will convey the programme to you shortly.

I look forward to hearing from you and hope very much that you will be able to attend this important gathering during the United Nations fiftieth anniversary year.

Yours sincerely,

Boutros Boutros-Ghali

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C.

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This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Divider Title: **Boutros Boutros-Ghali Discussion**

BOUTROS BOUTROS-GHALI DISCUSSION

DATE:	**Tuesday, September 5**
TIME:	**4:30 pm**
LOCATION:	**TBA**
FROM:	**Brenda Costello**

I. PURPOSE

To attend a discussion and reception hosted by UN Secretary General Boutros Boutros-Ghali entitled "Women in Decision Making Roles and Sharing Power".

II. BACKGROUND

This discussion is an opportunity for Secretary General Boutros Boutros-Ghali to meet with all the female heads of countries and distinguished VIPs whom he has personally invited to the Conference. The group includes members of the Secretary General's Advisory Group as well as special guests of the Secretary General.

There is no formal program, just a free-flowing discussion on women in decision making roles with a reception to follow. Approximately 25-40 people are expected to attend. Small conference style set-up (See bios and invitation attached.)

III. PARTICIPANTS

Queen Noor AL-Hussein, Jordan
Dr. Souad M. Al-Sabah, Kuwait
Mrs. Ruth Cardoso, Brazil
Madame Bernadette Chirac, France
Ms. Takako Doi, Japan
Mrs. Janet Museveni, Uganda

Advisory Group
Princess Basma Bint Talal, Jordan
Ms. Margarita Penon de Arias, Costa Rica
Queen Fabiola, Belgium
Honorable Victoria F. Chitepo, M.P., Zimbabwe
Mr. Idriss Jazairy, Agency for Co-operation and Research in Development (ACORD)
Ms. Roberta Lajous, Mexico
Mr. Jack Lang, Mayor of Blois, France
Mr. Stephen Lewis, Canada
Ms. Deng Nan, China
Ms Barbara Simons, Member, European Parliament, Germany
Baroness Shirley Williams, United Kingdom
Professor Muhammad Yunus, Bangladesh

Past Secretaries-General UN Conferences on Women
H.E. Dr. Lucille Mathurin Main, Jamaica
Senator Leticia R. Shahani, Philippines
Hon. Ms. Helvi Sipila, Finland

IV. SEQUENCE OF EVENTS

SEE TRIP BOOK

V. PRESS

Pool spray and live feed.

VI. REMARKS

No formal remarks necessary.

PREC: PRIORITY CLASS: UNCLASSIFIED SSN: 3257 MSGID: M1827270

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INFO: RHEHNSC/NSC WASHDC
RHEHAAA/WHITEHOUSE WASHDC
RUEHBJ/AMEMBASSY BEIJING 2376

UNCLAS USUN NEW YORK 003257

NSC FOR ERIC SCHWARTZ
WHITE HOUSE FOR M.VERVEER
G/CS FOR TERESA LOAR

E.0.12356: N/A
TAGS: KWMN, UN, CI
SUBJECT: REQUEST FOR MEETING WITH MRS. CLINTON

MISSION HAS RECEIVED THE FOLLOWING REQUEST FROM THE UN SECRETARY GENERAL FOR A MEETING WITH MRS. CLINTON AND OTHER SPECIAL GUESTS DURING THE FOURTH WORLD CONFERENCE ON WOMEN IN BEIJING. ORIGINAL POUCHED TO G/CS T. LOAR.

BEGIN TEXT:

21 AUGUST 1995

DEAR MRS. CLINTON,

I WAS MOST GRATIFIED TO LEARN THAT YOU HAVE ACCEPTED MY INVITATION TO ATTEND THE FOURTH WORLD CONFERENCE ON WOMEN AS MY SPECIAL GUEST.

IN THIS CONTEXT, IT GIVES ME GREAT PLEASURE TO INVITE YOU, ALONG WITH OTHER SPECIAL GUESTS AND MEMBERS OF THE SECRETARY-GENERAL'S ADVISORY GROUP FOR THE CONFERENCE, TO MEET WITH ME FOR AN EXCHANGE OF VIEWS ON 5 SEPTEMBER FROM 4.30 PM TO 6.00 PM AT THE BEIJING CONFERENCE CENTRE. I PROPOSE TO FOCUS OUR DISCUSSION ON THE TOPIC

CENTRE. I PROPOSE TO FOCUS OUR DISCUSSION ON THE TOPIC "PROMOTING THE ROLE OF WOMEN IN DECISION-MAKING AND THE SHARING OF POWER", A THEME WHICH REFLECTS ONE OF THE CENTRAL PREOCCUPATIONS UNDERPINNING THE AGENDA OF THE CONFERENCE. FOLLOWING THE MEETING, I HOPE YOU CAN JOIN ME AT A SMALL RECEPTION.

I LOOK FORWARD TO OUR MEETING AGAIN IN BEIJING AND TO HEARING YOUR VIEWS ON THE THEME OF OUR DISCUSSION.

BOUTROS **BOUTROS-GHALI**

MRS. HILLARY RODHAM **CLINTON**
THE WHITE HOUSE
WASHINGTON, D.C.. END TEXT. ALBRIGHT
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PRT: VERVEER
SIT: NSC SCHWARTZ

List of the "Special Guests" of the Secretary-General to the Fourth World Conference on Women 4 - 15 September 1995, Beijing

Queen Noor Al-Hussein
Jordan

Dr. Souad M. Al-Sabah
Kuwait

Mrs. Ruth Cardoso
Brazil

Madame Bernadette Chirac
France

Mrs. Hillary Rodham Clinton
United States

Ms. Takako Doi
Japan

Mrs. Janet Museveni
Uganda

Members of the Secretary-General's Advisory Group for the Fourth World Conference on Women

Her Highness
Princess Basma Bint Talal
Jordan

Ms. Margarita Penón de Arias
Honorary President
The Arias Foundation for Peace and Human Progress
Costa Rica

Her Majesty
Queen Fabiola
Belgium

The Honourable Victoria F. Chitepo, M.P.
Member of Parliament
Zimbabwe

Mr. Idriss Jazairy
Executive Director
Agency for Co-operation and Research in Development (ACORD)

Ms. Roberta Lajous
Advisor, Partido Revolucionario Institucional (PRI)
Mexico

Mr. Jack Lang
Mayor of Blois
France

Mr. Stephen Lewis
Former Canadian Ambassador to the United Nations
Canada

Ms. Deng Nan
Deputy Director, Commission of Science
China

Ms. Barbara Simons
Member, European Parliament
Germany

Baroness Shirley Williams
Member of House of Lords
United Kingdom

Professor Muhammad Yunus
Managing Director, Grameen Bank
Bangladesh

Past Secretaries-General UN Conferences on Women

H.E. Dr. Lucille Mathurin Mair
Ambassador
Jamaica

Senator Leticia R. Shahani
Member of Parliament
Philippines

The Honourable Ms. Helvi Sipila
Finland

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P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
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