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NOTAS DE IMPRENSA SOBRE CAIRO E BEIJING–
<http://www.onecountry.org> (último acesso em: 25 de fevereiro de 2003)

ANEXO 1

PLANO DE AÇÃO DE CAIRO

Population and Development

Volume 1

Programme of Action
adopted at the
International Conference on
Population and Development,
Cairo, 5-13 September 1994



Department for
Economic and Social
Information and
Policy Analysis

ST/ESA/SER.A/149



United Nations

INTRODUCTION

*Dr. Nafis Sadik**

The International Conference on Population and Development was held in Cairo from 5 to 13 September 1994. The Conference was convened under the auspices of the United Nations and was organized by a secretariat composed of the Population Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat and the United Nations Population Fund (UNFPA). It was the largest intergovernmental conference on population and development ever held, with 11,000 registered participants—from Governments, specialized agencies and organizations of the United Nations system, intergovernmental organizations, non-governmental organizations and the media. More than 180 States took part in negotiations to finalize a Programme of Action in the area of population and development for the next 20 years.

The Programme of Action, which was adopted by consensus on 13 September 1994, endorses a new strategy that emphasizes the integral linkages between population and development and focuses on meeting the needs of individual women and men, rather than on achieving demographic targets.

The key to this new approach is empowering women and providing them with more choices through expanded access to education and health services, skill development and employment, and through their full involvement in policy- and decision-making processes at all levels. Indeed, one of the greatest achievements of the Cairo Conference has been the recognition of the need to empower women, both as a highly important end in itself and as a key to improving the quality of life for everyone.

One of the primary goals of the Programme of Action is to make family planning universally available by 2015 as part of a broadened approach to reproductive health and rights. It also includes goals

in regard to education, especially for girls, as well as goals to further reduce levels of infant, child and maternal mortality. It addresses issues relating to population, the environment and consumption patterns; the family; internal and international migration; prevention and control of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS); technology, research and development; and partnership with the non-governmental sector. The Programme of Action provides estimates of the levels of national resources and international assistance required and calls on Governments to make those resources available.

The Programme of Action builds upon the World Population Plan of Action, adopted at the World Population Conference held in Bucharest in 1974, and the recommendations adopted at the International Conference on Population, held in Mexico City in 1984, for further implementation of the Plan of Action.

It also builds on the outcomes of the United Nations Conference on Environment and Development, held in Rio de Janeiro, Brazil, in 1992, as well as on the agreements reached at the World Summit for Children (1990) and the World Conference on Human Rights (1993). In turn, the emphasis of the Programme of Action on meeting people's needs and empowering women is relevant to the World Summit for Social Development and the Fourth World Conference on Women, both of which will take place in 1995.

The adoption of the Programme of Action clearly marks a new era of commitment and willingness on the part of Governments, the international community, the non-governmental sector and concerned organizations and individuals to truly integrate population concerns into all aspects of economic and social activity, in order to achieve a better quality of life for all individuals as well as for future generations. Our collective task now is to turn into action the commitments and recommendations of this important document.

*Secretary-General of the International Conference on Population and Development and Executive Director of the United Nations Population Fund.

I. PREAMBLE

1.1. The 1994 International Conference on Population and Development occurs at a defining moment in the history of international cooperation. With the growing recognition of global population, development and environmental interdependence, the opportunity to adopt suitable macro- and socio-economic policies to promote sustained economic growth in the context of sustainable development in all countries and to mobilize human and financial resources for global problem-solving has never been greater. Never before has the world community had so many resources, so much knowledge and such powerful technologies at its disposal which, if suitably redirected, could foster sustained economic growth and sustainable development. None the less, the effective use of resources, knowledge and technologies is conditioned by political and economic obstacles at the national and international levels. Therefore, although ample resources have been available for some time, their use for socially equitable and environmentally sound development has been seriously limited.

1.2. The world has undergone far-reaching changes in the past two decades. Significant progress in many fields important for human welfare has been made through national and international efforts. However, the developing countries are still facing serious economic difficulties and an unfavourable international economic environment, and the number of people living in absolute poverty has increased in many countries. Around the world many of the basic resources on which future generations will depend for their survival and well-being are being depleted and environmental degradation is intensifying, driven by unsustainable patterns of production and consumption, unprecedented growth in population, widespread and persistent poverty, and social and economic inequality. Ecological problems, such as global climate change, largely driven by unsustainable patterns of production and consumption, are adding to the threats to the well-being of future generations.

There is an emerging global consensus on the need for increased international cooperation in regard to population in the context of sustainable development, for which Agenda 21¹ provides a framework. Much has been achieved in this respect, but more needs to be done.

1.3. The world population is currently estimated at 5.6 billion. While the rate of growth is on the decline, absolute increments have been increasing, currently exceeding 86 million persons per annum. Annual population increments are likely to remain above 86 million until the year 2015.²

1.4. During the remaining six years of this critical decade, the world's nations by their actions or inactions will choose from among a range of alternative demographic futures. The low, medium and high variants of the United Nations population projections for the coming 20 years range from a low of 7.1 billion people to the medium variant of 7.5 billion and a high of 7.8 billion. The difference of 720 million people in the short span of 20 years exceeds the current population of the African continent. Further into the future, the projections diverge even more significantly. By the year 2050, the United Nations projections range from 7.9 billion to the medium variant of 9.8 billion and a high of 11.9 billion. Implementation of the goals and objectives contained in the present 20-year Programme of Action, which address many of the fundamental population, health, education and development challenges facing the entire human community, would result in world population growth during this period and beyond at levels below the United Nations medium projection.

1.5. The International Conference on Population and Development is not an isolated event. Its Programme of Action builds on the considerable international consensus that has developed since the World Population Conference at Bucharest in 1974³

and the International Conference on Population at Mexico City in 1984,⁴ to consider the broad issues of and interrelationships between population, sustained economic growth and sustainable development, and advances in the education, economic status and empowerment of women. The 1994 Conference was explicitly given a broader mandate on development issues than previous population conferences, reflecting the growing awareness that population, poverty, patterns of production and consumption and the environment are so closely interconnected that none of them can be considered in isolation.

1.6. The International Conference on Population and Development follows and builds on other important recent international activities, and its recommendations should be supportive of, consistent with 1 based on the agreements reached at the following:

- (a) The World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, held in Nairobi in 1985;⁵
- (b) The World Summit for Children, held in New York in 1990;⁶
- (c) The United Nations Conference on Environment and Development, held in Rio de Janeiro in 1992;⁷
- (d) The International Conference on Nutrition, held in Rome in 1992;⁸
- (e) The World Conference on Human Rights, held in Vienna in 1993;⁹
- (f) The International Year of the World's Indigenous People, 1993,¹⁰ which would lead to the International Decade of the World's Indigenous People;¹¹
- (g) The Global Conference on the Sustainable Development of Small Island Developing States, held in Barbados in 1994;¹²
- (h) The International Year of the Family, 1994.¹³

1.7. The Conference outcomes are closely related to and will make significant contributions to other major conferences in 1995 and 1996, such as the World Summit for Social Development,¹⁴ the Fourth World Conference on Women: Action for Equality, Development and Peace,¹⁵ the Second United Nations Conference on Human Settlements (Habitat II), the elaboration of the Agenda for Development, as well as the celebration of the fiftieth anniversary of the United Nations. These events are expected to highlight further the call of the 1994 Conference for greater investment in people, and for a new action agenda for the empowerment of women to ensure their full participation at all levels in the social, economic and political lives of their communities.

1.8. Over the past 20 years, many parts of the world have undergone remarkable demographic, social, economic, environmental and political change. Many countries have made substantial progress in expanding access to reproductive health care and lowering birth rates, as well as in lowering death rates and raising education and income levels, including the educational and economic status of women. While the advances of the past two decades in areas such as increased use of contraception, decreased maternal mortality, implemented sustainable development plans and projects and enhanced educational programmes provide a basis for optimism about successful implementation of the present Programme of Action, much remains to be accomplished. The world as a whole has changed in ways that create important new opportunities for addressing population and development issues. Among the most significant are the major shifts in attitude among the world's people and their leaders in regard to reproductive health, family planning and population growth, resulting, *inter alia*, in the new comprehensive concept of reproductive health, including family planning and sexual health, as defined in the present Programme of Action. A particularly encouraging trend has been the strengthening of political commitment to population-related policies and family-planning programmes by many Governments. In this regard, sustained economic growth in the context of sustainable development will enhance the ability of

countries to meet the pressures of expected population growth; will facilitate the demographic transition in countries where there is an imbalance between demographic rates and social, economic and environmental goals; and will permit the balance and integration of the population dimension into other development-related policies.

1.9. The population and development objectives and actions of the present Programme of Action will collectively address the critical challenges and inter-relationships between population and sustained economic growth in the context of sustainable development. In order to do so, adequate mobilization of resources at the national and international levels will be required as well as new and additional resources to the developing countries from all available funding mechanisms, including multilateral, bilateral and private sources. Financial resources are also required to strengthen the capacity of national, regional, subregional and international institutions to implement this Programme of Action.

10. The two decades ahead are likely to produce further shift of rural populations to urban areas as well as continued high levels of migration between countries. These migrations are an important part of the economic transformations occurring around the world, and they present serious new challenges. Therefore, these issues must be addressed with more emphasis within population and development policies. By the year 2015, nearly 56 per cent of the global population is expected to live in urban areas, compared to under 45 per cent in 1994. The most rapid rates of urbanization will occur in the developing countries. The urban population of the developing regions was just 26 per cent in 1975, but is projected to rise to 50 per cent by 2015. This change will place enormous strain on existing social services and infrastructure, much of which will not be able to expand at the same rate as that of urbanization.

1.11. Intensified efforts are needed in the coming 5, 10 and 20 years, in a range of population and development activities, bearing in mind the crucial contribution that early stabilization of the world population would make towards the achievement of

sustainable development. The present Programme of Action addresses all those issues, and more, in a comprehensive and integrated framework designed to improve the quality of life of the current world population and its future generations. The recommendations for action are made in a spirit of consensus and international cooperation, recognizing that the formulation and implementation of population-related policies is the responsibility of each country and should take into account the economic, social and environmental diversity of conditions in each country, with full respect for the various religious and ethical values, cultural backgrounds and philosophical convictions of its people, as well as the shared but differentiated responsibilities of all the world's people for a common future.

1.12. The present Programme of Action recommends to the international community a set of important population and development objectives, as well as qualitative and quantitative goals that are mutually supportive and of critical importance to these objectives. Among these objectives and goals are: sustained economic growth in the context of sustainable development; education, especially for girls; gender equity and equality; infant, child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health.

1.13. Many of the quantitative and qualitative goals of the present Programme of Action clearly require additional resources, some of which could become available from a reordering of priorities at the individual, national and international levels. However, none of the actions required - nor all of them combined - is expensive in the context of either current global development or military expenditures. A few would require little or no additional financial resources, in that they involve changes in lifestyles, social norms or government policies that can be largely brought about and sustained through greater citizen action and political leadership. But to meet the resource needs of those actions that do require increased expenditures over the next two decades, additional commitments will be required on the part of both developing and developed countries. This will be particularly difficult in the case of some

developing countries and some countries with economies in transition that are experiencing extreme resource constraints.

1.14. The present Programme of Action recognizes that over the next 20 years Governments are not expected to meet the goals and objectives of the International Conference on Population and Development single-handedly. All members of and groups in society have the right, and indeed the responsibility, to play an active part in efforts to reach those goals. The increased level of interest manifested by non-governmental organizations, first in the context of the United Nations Conference on Environment and Development and the World Conference on Human Rights, and now in these deliberations, reflects an important and in many places rapid change in the relationship between Governments and a variety of non-governmental institutions. In nearly all countries new partnerships are emerging between government, business, non-governmental organizations and community groups, which will have a

direct and positive bearing on the implementation of the present Programme of Action.

1.15. While the International Conference on Population and Development does not create any new international human rights, it affirms the application of universally recognized human rights standards to all aspects of population programmes. It also represents the last opportunity in the twentieth century for the international community to collectively address the critical challenges and interrelationships between population and development. The Programme of Action will require the establishment of common ground, with full respect for the various religious and ethical values and cultural backgrounds. The impact of this Conference will be measured by the strength of the specific commitments made here and the consequent actions to fulfil them, as part of a new global partnership among all the world's countries and peoples, based on a sense of shared but differentiated responsibility for each other and for our planetary home.

II. PRINCIPLES

The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.

International cooperation and universal solidarity, guided by the principles of the Charter of the United Nations, and in a spirit of partnership, are crucial in order to improve the quality of life of the peoples of the world.

In addressing the mandate of the International Conference on Population and Development and its overall theme, the interrelationships between population, sustained economic growth and sustainable development, and in their deliberations, the participants were and will continue to be guided by the following set of principles:

Principle 1

All human beings are born free and equal in dignity and rights. Everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Everyone has the right to life, liberty and security of person.

Principle 2

Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature. People are the most important and valuable resource of any nation. Countries should ensure that all individuals are given the opportunity to make the most of their potential. They have the right to an adequate standard of living for themselves and their

families, including adequate food, clothing, housing, water and sanitation.

Principle 3

The right to development is a universal and inalienable right and an integral part of fundamental human rights, and the human person is the central subject of development. While development facilitates the enjoyment of all human rights, the lack of development may not be invoked to justify the abridgement of internationally recognized human rights. The right to development must be fulfilled so as to equitably meet the population, development and environment needs of present and future generations.

Principle 4

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community.

Principle 5

Population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of life of all people.

Principle 6

Sustainable development as a means to ensure human well-being, equitably shared by all people

today and in the future, requires that the interrelationships between population, resources, the environment and development should be fully recognized, properly managed and brought into harmonious, dynamic balance. To achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate policies, including population-related policies, in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

Principle 7

All States and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development, in order to decrease the disparities in standards of living and better meet the needs of the majority of the people of the world. The special situation and needs of developing countries, particularly the least developed, shall be given special priority. Countries with economies in transition, as well as all other countries, need to be fully integrated into the world economy.

Principle 8

Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.

Principle 9

The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different

cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners.

Principle 10

Everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child. Education should be designed to strengthen respect for human rights and fundamental freedoms, including those relating to population and development. The best interests of the child shall be the guiding principle of those responsible for his or her education and guidance; that responsibility lies in the first place with the parents.

Principle 11

All States and families should give the highest possible priority to children. The child has the right to standards of living adequate for its well-being and the right to the highest attainable standards of health, and the right to education. The child has the right to be cared for, guided and supported by parents, families and society and to be protected by appropriate legislative, administrative, social and educational measures from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sale, trafficking, sexual abuse, and trafficking in its organs.

Principle 12

Countries receiving documented migrants should provide proper treatment and adequate social welfare services for them and their families, and should ensure their physical safety and security, bearing in mind the special circumstances and needs of countries, in particular developing countries, attempting to meet these objectives or requirements with regard to undocumented migrants, in conformity with the provisions of relevant conventions and international instruments and documents. Countries should guar-

ancee to all migrants all basic human rights as included in the Universal Declaration of Human Rights.

Principle 13

Everyone has the right to seek and to enjoy in other countries asylum from persecution. States have responsibilities with respect to refugees as set forth in the Geneva Convention on the Status of Refugees and its 1967 Protocol.

Principle 14

In considering the population and development needs of indigenous people, States should recognize and support their identity, culture and interests, and enable them to participate fully in the economic,

political and social life of the country, particularly where their health, education and well-being are affected.

Principle 15

Sustained economic growth, in the context of sustainable development, and social progress require that growth be broadly based, offering equal opportunities to all people. All countries should recognize their common but differentiated responsibilities. The developed countries acknowledge the responsibility that they bear in the international pursuit of sustainable development, and should continue to improve their efforts to promote sustained economic growth and to narrow imbalances in a manner that can benefit all countries, particularly the developing countries.

III. INTERRELATIONSHIPS BETWEEN POPULATION, SUSTAINED ECONOMIC GROWTH AND SUSTAINABLE DEVELOPMENT

A. INTEGRATING POPULATION AND DEVELOPMENT STRATEGIES

Basis for action

3.1. The everyday activities of all human beings, communities and countries are interrelated with population change, patterns and levels of use of natural resources, the state of the environment, and the pace and quality of economic and social development. There is general agreement that persistent widespread poverty as well as serious social and gender inequities have significant influences on, and are in turn influenced by, demographic parameters such as population growth, structure and distribution. There is also general agreement that unsustainable consumption and production patterns are contributing to unsustainable use of natural resources and environmental degradation as well as to the reinforcement of social inequities and of poverty with the above-mentioned consequences for demographic parameters. The Rio Declaration on Environment and Development and Agenda 21, adopted by the international community at the United Nations Conference on Environment and Development, call for patterns of development that reflect the new understanding of these and other intersectoral linkages. Recognizing the longer term realities and implications of current actions, the development challenge is to meet the needs of present generations and improve their quality of life without compromising the ability of future generations to meet their own needs.

3.2. Despite recent declines in birth rates in many countries, further large increases in population size are inevitable. Owing to the youthful age structure, for numerous countries the coming decades will bring substantial population increases in absolute numbers. Population movements within and between countries, including the very rapid growth of cities and the unbalanced regional distribution of population, will continue and increase in the future.

3.3. Sustainable development implies, *inter alia*, long-term sustainability in production and consumption relating to all economic activities, including industry, energy, agriculture, forestry, fisheries, transport, tourism and infrastructure, in order to optimize ecologically sound resource use and minimize waste. Macroeconomic and sectoral policies have, however, rarely given due attention to population considerations. Explicitly integrating population into economic and development strategies will both speed up the pace of sustainable development and poverty alleviation and contribute to the achievement of population objectives and an improved quality of life of the population.

Objectives

3.4. The objectives are to fully integrate population concerns into:

(a) Development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life, of present and future generations;

(b) All aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development.

Actions

3.5. At the international, regional, national and local levels, population issues should be integrated into the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development. Development strategies must realistically reflect the short-, medium- and long-term implications of, and consequences for, population dynamics as well as patterns of production and consumption.

3.6. Governments, international agencies, non-governmental organizations and other concerned parties should undertake timely and periodic reviews of their development strategies, with the aim of assessing progress towards integrating population into development and environment programmes that take into account patterns of production and consumption and seek to bring about population trends consistent with the achievement of sustainable development and the improvement of the quality of life.

3.7. Governments should establish the requisite internal institutional mechanisms and enabling environment, at all levels of society, to ensure that population factors are appropriately addressed within the decision-making and administrative processes of all relevant government agencies responsible for economic, environmental and social policies and programmes.

Political commitment to integrated population development strategies should be strengthened through public education and information programmes by increased resource allocation through cooperation among Governments, non-governmental organizations and the private sector, and by improvement of the knowledge base through research and national and local capacity-building.

To achieve sustainable development and a higher quality of life for all people, Governments should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate demographic policies. Developed countries should take the lead in achieving sustainable consumption patterns and effective waste management.

B. POPULATION, SUSTAINED ECONOMIC GROWTH AND POVERTY

Basis for action

3.10. Population policies should take into account, as appropriate, development strategies agreed upon in multilateral forums, in particular the International Development Strategy for the Fourth United Nations Development Decade,¹⁶ the Programme of Action for the Least Developed Countries for the 1990s,¹⁷

the outcomes of the eighth session of the United Nations Conference on Trade and Development, and of the Uruguay Round of multilateral trade negotiations, Agenda 21 and the United Nations New Agenda for the Development of Africa in the 1990s.¹⁸

3.11. Gains recorded in recent years in such indicators as life expectancy and national product, while significant and encouraging, do not, unfortunately, fully reflect the realities of life of hundreds of millions of men, women, adolescents and children. Despite decades of development efforts, both the gap between rich and poor nations and the inequalities within nations have widened. Serious economic, social, gender and other inequities persist and hamper efforts to improve the quality of life for hundreds of millions of people. The number of people living in poverty stands at approximately 1 billion and continues to mount.

3.12. All countries, more especially developing countries where almost all of the future growth of the world population will occur, and countries with economies in transition, face increasing difficulties in improving the quality of life of their people in a sustainable manner. Many developing countries and countries with economies in transition face major development obstacles, among which are those related to the persistence of trade imbalances, the slow-down in the world economy, the persistence of the debt-servicing problem, and the need for technologies and external assistance. The achievement of sustainable development and poverty eradication should be supported by macroeconomic policies designed to provide an appropriate international economic environment, as well as by good governance, effective national policies and efficient national institutions.

3.13. Widespread poverty remains the major challenge to development efforts. Poverty is often accompanied by unemployment, malnutrition, illiteracy, low status of women, exposure to environmental risks and limited access to social and health services, including reproductive health services which, in turn, include family planning. All these factors contribute to high levels of fertility, morbidity and mortality, as well as to low economic productivity. Poverty is also closely related to inappropriate spatial distribu-

tion of population, to unsustainable use and inequitable distribution of such natural resources as land and water, and to serious environmental degradation.

3.14. Efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing. Slower population growth has in many countries bought more time to adjust to future population increases. This has increased those countries' ability to attack poverty, protect and repair the environment, and build the base for future sustainable development. Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life.

5. Sustained economic growth within the context of sustainable development is essential to eradicate poverty. Eradication of poverty will contribute to slowing population growth and to achieving early population stabilization. Investments in fields important to the eradication of poverty, such as basic education, sanitation, drinking water, housing, adequate food supply and infrastructure for rapidly growing populations, continue to strain already weak economies and limit development options. The unusually high number of young people, a consequence of high fertility rates, requires that productive jobs be created for a continually growing labour force under conditions of already widespread unemployment. The numbers of elderly requiring public support will also increase rapidly in the future. Sustained economic growth in the context of sustainable development will be necessary to accommodate those pressures.

Objective

3.16. The objective is to raise the quality of life for all people through appropriate population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in the context of sustainable development and sustainable patterns of consumption and production, human

resource development and the guarantee of all human rights, including the right to development as a universal and inalienable right and an integral part of fundamental human rights. Particular attention is to be given to the socio-economic improvement of poor women in developed and developing countries. As women are generally the poorest of the poor and at the same time key actors in the development process, eliminating social, cultural, political and economic discrimination against women is a prerequisite of eradicating poverty, promoting sustained economic growth in the context of sustainable development, ensuring quality family planning and reproductive health services, and achieving balance between population and available resources and sustainable patterns of consumption and production.

Actions

3.17. Investment in human resource development, in accordance with national policy, must be given priority in population and development strategies and budgets, at all levels, with programmes specifically directed at increased access to information, education, skill development, employment opportunities, both formal and informal, and high-quality general and reproductive health services, including family planning and sexual health care, through the promotion of sustained economic growth within the context of sustainable development in developing countries and countries with economies in transition.

3.18. Existing inequities and barriers to women in the workforce should be eliminated and women's participation in all policy-making and implementation, as well as their access to productive resources, and ownership of land, and their right to inherit property should be promoted and strengthened. Governments, non-governmental organizations and the private sector should invest in, promote, monitor and evaluate the education and skill development of women and girls and the legal and economic rights of women, and in all aspects of reproductive health, including family planning and sexual health, in order to enable them to effectively contribute to and benefit from economic growth and sustainable development.

3.19. High priority should be given by Governments, non-governmental organizations and the private sector to meeting the needs, and increasing the opportunities for information, education, jobs, skill development and relevant reproductive health services, of all underserved members of society.¹⁹

3.20. Measures should be taken to strengthen food, nutrition and agricultural policies and programmes, and fair trade relations, with special attention to the creation and strengthening of food security at all levels.

3.21. Job creation in the industrial, agricultural and service sectors should be facilitated by Governments and the private sector through the establishment of more favourable climates for expanded trade and investment on an environmentally sound basis, greater investment in human resource development and the development of democratic institutions and good governance. Special efforts should be made to create productive jobs through policies promoting efficient and, where required, labour-intensive industries, and transfer of modern technologies.

22. The international community should continue to promote a supportive economic environment, particularly for developing countries and countries with economies in transition in their attempt to eradicate poverty and achieve sustained economic growth in the context of sustainable development. In the context of the relevant international agreements and commitments, efforts should be made to support those countries, in particular the developing countries, by promoting an open, equitable, secure, non-discriminatory and predictable international trading system; by promoting foreign direct investment; by reducing the debt burden; by providing new and additional financial resources from all available funding sources and mechanisms, including multilateral, bilateral and private sources, including on concessional and grant terms according to sound and equitable criteria and indicators; by providing access to technologies; and by ensuring that structural adjustment programmes are so designed and implemented as to be responsive to social and environmental concerns.

C. POPULATION AND ENVIRONMENT

Basis for action

3.23. At the United Nations Conference on Environment and Development, the international community agreed on objectives and actions aimed at integrating environment and development which were included in Agenda 21, other Conference outcomes and other international environmental agreements. Agenda 21 has been conceived as a response to the major environment and development challenges, including the economic and social dimensions of sustainable development, such as poverty, consumption, demographic dynamics, human health and human settlement, and to a broad range of environmental and natural resource concerns. Agenda 21 leaves to the International Conference on Population and Development further consideration of the interrelationships between population and the environment.

3.24. Meeting the basic human needs of growing populations is dependent on a healthy environment. These human dimensions need to be given attention in developing comprehensive policies for sustainable development in the context of population growth.

3.25. Demographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development.

3.26. Pressure on the environment may result from rapid population growth, distribution and migration, especially in ecologically vulnerable ecosystems. Urbanization and policies that do not recognize the need for rural development also create environmental problems.

3.27. Implementation of effective population policies in the context of sustainable development, including reproductive health and family-planning programmes, require new forms of participation by various actors at all levels in the policy-making process.

Objectives

3.28. Consistent with Agenda 21, the objectives are:

(a) To ensure that population, environmental and poverty eradication factors are integrated in sustainable development policies, plans and programmes;

(b) To reduce both unsustainable consumption and production patterns as well as negative impacts of demographic factors on the environment in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

Actions

3.29. Governments at the appropriate level, with the support of the international community and regional and subregional organizations, should formulate and implement population policies and programmes to support the objectives and actions agreed upon in Agenda 21, other Conference outcomes and other international environmental agreements, taking into account the common but differentiated responsibilities reflected in those agreements. Consistent with the framework and priorities set forth in Agenda 21, the following actions, *inter alia*, are recommended to help achieve population and environment integration:

(a) Integrate demographic factors into environment impact assessments and other planning and decision-making processes aimed at achieving sustainable development;

(b) Take measures aimed at the eradication of poverty, with special attention to income-generation and employment strategies directed at the rural poor and those living within or on the edge of fragile ecosystems;

(c) Utilize demographic data to promote sustainable resource management, especially of ecologically fragile systems;

(d) Modify unsustainable consumption and production patterns through economic, legislative and administrative measures, as appropriate, aimed at fostering sustainable resource use and preventing environmental degradation;

(e) Implement policies to address the ecological implications of inevitable future increases in population numbers and changes in concentration and distribution, particularly in ecologically vulnerable areas and urban agglomerations.

3.30. Measures should be taken to enhance the full participation of all relevant groups, especially women, at all levels of population and environmental decision-making to achieve sustainable management of natural resources.

3.31. Research should be undertaken on the linkages among population, consumption and production, the environment and natural resources, and human health as a guide to effective sustainable development policies.

3.32. Governments, non-governmental organizations and the private sector should promote public awareness and understanding for the implementation of the actions mentioned above.

IV. GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN

A. EMPOWERMENT AND STATUS OF WOMEN

Basis for action

4.1. The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition, it is essential for the achievement of sustainable development. The full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household. In all parts of the world, women are facing threats to their lives, health and well-being as a result of being overburdened with work and of their lack of power and influence. In most regions of the world, women receive less formal education than men, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized. The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public. Achieving change requires policy and programme actions that will improve women's access to secure livelihoods and economic resources, alleviate their extreme responsibilities with regard to housework, remove legal impediments to their participation in public life, and raise social awareness through effective programmes of education and mass communication. In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction. This, in turn, is essential for the long-term success of population programmes. Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women.

4.2. Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in

the development process. More than 40 years ago, the Universal Declaration of Human Rights asserted that "everyone has the right to education". In 1990, Governments meeting at the World Conference on Education for All in Jomtien, Thailand, committed themselves to the goal of universal access to basic education. But despite notable efforts by countries around the globe that have appreciably expanded access to basic education, there are approximately 960 million illiterate adults in the world, of whom two thirds are women. More than one third of the world's adults, most of them women, have no access to printed knowledge, to new skills or to technologies that would improve the quality of their lives and help them shape and adapt to social and economic change. There are 130 million children who are not enrolled in primary school and 70 per cent of them are girls.

Objectives

4.3. The objectives are:

(a) To achieve equality and equity based on harmonious partnership between men and women and enable women to realize their full potential;

(b) To ensure the enhancement of women's contributions to sustainable development through their full involvement in policy- and decision-making processes at all stages and participation in all aspects of production, employment, income-generating activities, education, health, science and technology, sports, culture and population-related activities and other areas, as active decision makers, participants and beneficiaries;

(c) To ensure that all women, as well as men, are provided with the education necessary for them to meet their basic human needs and to exercise their human rights.

Actions

4.4. Countries should act to empower women and should take steps to eliminate inequalities between men and women as soon as possible by:

(a) Establishing mechanisms for women's equal participation and equitable representation at all levels of the political process and public life in each community and society and enabling women to articulate their concerns and needs;

(b) Promoting the fulfilment of women's potential through education, skill development and employment, giving paramount importance to the elimination of poverty, illiteracy and ill health among women;

(c) Eliminating all practices that discriminate against women; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health;

(d) Adopting appropriate measures to improve women's ability to earn income beyond traditional occupations, achieve economic self-reliance, and ensure women's equal access to the labour market and social security systems;

(e) Eliminating violence against women;

(f) Eliminating discriminatory practices by employers against women, such as those based on proof of contraceptive use or pregnancy status;

(g) Making it possible, through laws, regulations and other appropriate measures, for women to combine the roles of child-bearing, breast-feeding and child-rearing with participation in the workforce.

4.5. All countries should make greater efforts to promulgate, implement and enforce national laws and international conventions to which they are party, such as the Convention on the Elimination of All Forms of Discrimination against Women, that protect women from all types of economic discrimination and from sexual harassment, and to implement fully the Declaration on the Elimination of Violence

against Women and the Vienna Declaration and Programme of Action adopted at the World Conference on Human Rights in 1993. Countries are urged to sign, ratify and implement all existing agreements that promote women's rights.

4.6. Governments at all levels should ensure that women can buy, hold and sell property and land equally with men, obtain credit and negotiate contracts in their own name and on their own behalf and exercise their legal rights to inheritance.

4.7. Governments and employers are urged to eliminate gender discrimination in hiring, wages, benefits, training and job security with a view to eliminating gender-based disparities in income.

4.8. Governments, international organizations and non-governmental organizations should ensure that their personnel policies and practices comply with the principle of equitable representation of both sexes, especially at the managerial and policy-making levels, in all programmes, including population and development programmes. Specific procedures and indicators should be devised for gender-based analysis of development programmes and for assessing the impact of those programmes on women's social, economic and health status and access to resources.

4.9. Countries should take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and children. This implies both preventive actions and rehabilitation of victims. Countries should prohibit degrading practices, such as trafficking in women, adolescents and children and exploitation through prostitution, and pay special attention to protecting the rights and safety of those who suffer from these crimes and those in potentially exploitable situations, such as migrant women, women in domestic service and schoolgirls. In this regard, international safeguards and mechanisms for cooperation should be put in place to ensure that these measures are implemented.

4.10. Countries are urged to identify and condemn the systematic practice of rape and other forms of inhuman and degrading treatment of women as a deliberate instrument of war and ethnic cleansing and take steps to assure that full assistance is pro-

vided to the victims of such abuse for their physical and mental rehabilitation.

4.11. The design of family health and other development interventions should take better account of the demands on women's time from the responsibilities of child-rearing, household work and income-generating activities. Male responsibilities should be emphasized with respect to child-rearing and housework. Greater investments should be made in appropriate measures to lessen the daily burden of domestic responsibilities, the greatest share of which falls on women. Greater attention should be paid to the ways in which environmental degradation and changes in land use adversely affect the allocation of women's time. Women's domestic working environments should not adversely affect their health.

2. Every effort should be made to encourage expansion and strengthening of grass-roots, community-based and activist groups for women. Such ups should be the focus of national campaigns to er women's awareness of the full range of their il rights, including their rights within the family, to help women organize to achieve those rights.

3. Countries are strongly urged to enact laws to implement programmes and policies which enable employees of both sexes to organize their ily and work responsibilities through flexible k-hours, parental leave, day-care facilities, maternity leave, policies that enable working mothers to breast-feed their children, health insurance and other such measures. Similar rights should be ensured to those working in the informal sector.

4.14. Programmes to meet the needs of growing numbers of elderly people should fully take into account that women represent the larger proportion of the elderly and that elderly women generally have a lower socio-economic status than elderly men.

B. THE GIRL CHILD

Basis for action

4.15. Since in all societies discrimination on the basis of sex often starts at the earliest stages of life,

greater equality for the girl child is a necessary first step in ensuring that women realize their full potential and become equal partners in development. In a number of countries, the practice of prenatal sex selection, higher rates of mortality among very young girls, and lower rates of school enrolment for girls as compared with boys, suggest that "son preference" is curtailing the access of girl children to food, education and health care. This is often compounded by the increasing use of technologies to determine foetal sex, resulting in abortion of female foetuses. Investments made in the girl child's health, nutrition and education, from infancy through adolescence, are critical.

Objectives

4.16. The objectives are:

(a) To eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection;

(b) To increase public awareness of the value of the girl child, and concurrently, to strengthen the girl child's self-image, self-esteem and status;

(c) To improve the welfare of the girl child, especially in regard to health, nutrition and education.

Actions

4.17. Overall, the value of girl children to both their family and society must be expanded beyond their definition as potential child-bearers and caretakers and reinforced through the adoption and implementation of educational and social policies that encourage their full participation in the development of the societies in which they live. Leaders at all levels of the society must speak out and act forcefully against patterns of gender discrimination within the family, based on preference for sons. One of the aims should be to eliminate excess mortality of girls, wherever such a pattern exists. Special education

and public information efforts are needed to promote equal treatment of girls and boys with respect to nutrition, health care, education and social, economic and political activity, as well as equitable inheritance rights.

4.18. Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education.

4.19. Schools, the media and other social institutions should seek to eliminate stereotypes in all types of communication and educational materials that reinforce existing inequities between males and females and undermine girls' self-esteem. Countries must recognize that, in addition to expanding education for girls, teachers' attitudes and practices, school curricula and facilities must also change to reflect a commitment to eliminate all gender bias, while recognizing the specific needs of the girl child.

4.20. Countries should develop an integrated approach to the special nutritional, general and reproductive health, education and social needs of girls and young women, as such additional investments in adolescent girls can often compensate for earlier inadequacies in their nutrition and health care.

4.21. Governments should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses. In addition, Governments should strictly enforce laws concerning the minimum legal age of consent and the minimum age at marriage and should raise the minimum age at marriage where necessary. Governments and non-governmental organizations should generate social support for the enforcement of laws on the minimum legal age at marriage, in particular by providing educational and employment opportunities.

4.22. Governments are urged to prohibit female genital mutilation wherever it exists and to give

vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices.

4.23. Governments are urged to take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children and use of girls in prostitution and pornography.

C. MALE RESPONSIBILITIES AND PARTICIPATION

Basis for action

4.24. Changes in both men's and women's knowledge, attitudes and behaviour are necessary conditions for achieving the harmonious partnership of men and women. Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government. It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.

Objective

4.25. The objective is to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.

Actions

4.26. The equal participation of women and men in all areas of family and household responsibilities, including family planning, child-rearing and housework, should be promoted and encouraged by Governments. This should be pursued by means of information, education, communication, employment

legislation and by fostering an economically enabling environment, such as family leave for men and women so that they may have more choice regarding the balance of their domestic and public responsibilities.

4.27. Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children.

4.28. Governments should take steps to ensure that children receive appropriate financial support from their parents by, among other measures, enforcing child-support laws. Governments should consider changes in law and policy to ensure men's responsibility to and financial support for their children and families. Such laws and policies should also encourage maintenance or reconstitution of the family unit. The safety of women in abusive relationships should be protected.

4.29. National and community leaders should promote the full involvement of men in family life and the full integration of women in community life. Parents and schools should ensure that attitudes that are respectful of women and girls as equals are instilled in boys from the earliest possible age, along with an understanding of their shared responsibilities in all aspects of a safe, secure and harmonious family life. Relevant programmes to reach boys before they become sexually active are urgently needed.

V. THE FAMILY, ITS ROLES, RIGHTS, COMPOSITION AND STRUCTURE

A. DIVERSITY OF FAMILY STRUCTURE AND COMPOSITION

Basis for action

5.1. While various forms of the family exist in different social, cultural, legal and political systems, the family is the basic unit of society and as such is entitled to receive comprehensive protection and support. The process of rapid demographic and socio-economic change throughout the world has influenced patterns of family formation and family life, generating considerable change in family composition and structure. Traditional notions of gender-based division of parental and domestic functions and participation in the paid labour force do not reflect current realities and aspirations, as more and more women in all parts of the world take up paid employment outside the home. At the same time, widespread migration, forced shifts of population caused by violent conflicts and wars, urbanization, poverty, natural disasters and other causes of displacement have placed greater strains on the family, since assistance from extended family support networks is often no longer available. Parents are often more dependent on assistance from third parties than they used to be in order to reconcile work and family responsibilities. This is particularly the case when policies and programmes that affect the family ignore the existing diversity of family forms, or are insufficiently sensitive to the needs and rights of women and children.

Objectives

5.2. The objectives are:

(a) To develop policies and laws that better support the family, contribute to its stability and take into account its plurality of forms, particularly the growing number of single-parent households;

(b) To establish social security measures that address the social, cultural and economic factors behind the increasing costs of child-rearing;

(c) To promote equality of opportunity for family members, especially the rights of women and children in the family.

Actions

5.3. Governments, in cooperation with employers, should provide and promote means to facilitate compatibility between labour force participation and parental responsibilities, especially for single-parent households with young children. Such means could include health insurance and social security, day-care centres and facilities for breast-feeding mothers within the work premises, kindergartens, part-time jobs, paid parental leave, paid maternity leave, flexible work schedules, and reproductive and child health services.

5.4. When formulating socio-economic development policies, special consideration should be given to increasing the earning power of all adult members of economically deprived families, including the elderly and women who work in the home, and to enabling children to be educated rather than compelled to work. Particular attention should be paid to needy single parents, especially those who are responsible wholly or in part for the support of children and other dependants, through ensuring payment of at least minimum wages and allowances, credit, education, funding for women's self-help groups and stronger legal enforcement of male parental financial responsibilities.

5.5. Governments should take effective action to eliminate all forms of coercion and discrimination in policies and practices. Measures should be adopted and enforced to eliminate child marriages and female genital mutilation. Assistance should be provided to persons with disabilities in the exercise of their family and reproductive rights and responsibilities.

5.6. Governments should maintain and further develop mechanisms to document changes and undertake studies on family composition and structure, especially on the prevalence of one-person house-

holds, and single-parent and multigenerational families.

B. SOCIO-ECONOMIC SUPPORT TO THE FAMILY

Basis for action

5.7. Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations. Conditions have worsened for many families in recent years, owing to lack of gainful employment and measures taken by Governments seeking to balance their budget by reducing social expenditures. There are increasing numbers of vulnerable families, including single-parent families headed by women, poor families with elderly members or those with disabilities, refugee and displaced families, and families with members affected by AIDS or other terminal diseases, substance dependence, child abuse and domestic violence. Increased labour migrations and refugee movements are an additional source of family tension and disintegration and are contributing to increased responsibilities for women. In many urban environments, millions of children and youths are left to their own devices as family ties break down, and hence are increasingly exposed to risks such as dropping out of school, labour exploitation, sexual exploitation, unwanted pregnancies and sexually transmitted diseases.

Objective

5.8. The objective is to ensure that all social and economic development policies are fully responsive to the diverse and changing needs and to the rights of families and their individual members, and provide necessary support and protection, particularly to the most vulnerable families and the most vulnerable family members.

Actions

5.9. Governments should formulate family-sensitive policies in the field of housing, work, health, social

security and education in order to create an environment supportive of the family, taking into account its various forms and functions, and should support educational programmes concerning parental roles, parental skills and child development. Governments should, in conjunction with other relevant parties, develop the capacity to monitor the impact of social and economic decisions and actions on the well-being of families, on the status of women within families, and on the ability of families to meet the basic needs of their members.

5.10. All levels of Government, non-governmental organizations and concerned community organizations should develop innovative ways to provide more effective assistance to families and the individuals within them who may be affected by specific problems, such as extreme poverty, chronic unemployment, illness, domestic and sexual violence, dowry payments, drug or alcohol dependence, incest, and child abuse, neglect or abandonment.

5.11. Governments should support and develop the appropriate mechanisms to assist families caring for children, the dependent elderly and family members with disabilities, including those resulting from HIV/AIDS, encourage the sharing of those responsibilities by men and women, and support the viability of multigenerational families.

5.12. Governments and the international community should give greater attention to, and manifest greater solidarity with, poor families and families that have been victimized by war, drought, famine, natural disasters and racial and ethnic discrimination or violence. Every effort should be made to keep their members together, to reunite them in case of separation and to ensure access to government programmes designed to support and assist those vulnerable families.

5.13. Governments should assist single-parent families, and pay special attention to the needs of widows and orphans. All efforts should be made to assist the building of family-like ties in especially difficult circumstances, for example, those involving street children.

VI. POPULATION GROWTH AND STRUCTURE

A. FERTILITY, MORTALITY AND POPULATION GROWTH RATES

Basis for action

6.1. The growth of the world population is at an all-time high in absolute numbers, with current increments approaching 90 million persons annually. According to United Nations projections, annual population increments are likely to remain close to 90 million until the year 2015. While it had taken 123 years for world population to increase from 1 billion to 2 billion, succeeding increments of 1 billion took 33 years, 14 years and 13 years. The transition from the fifth to the sixth billion, currently under way, is expected to take only 11 years and to be completed by 1998. World population grew at the rate of 1.7 per cent per annum during the period 1985-1990, but is expected to decrease during the following decades and reach 1.0 per cent per annum by the period 2020-2025. Nevertheless, the attainment of population stabilization during the twenty-first century will require the implementation of all the policies and recommendations in the present Programme of Action.

6.2. The majority of the world's countries are converging towards a pattern of low birth and death rates, but since those countries are proceeding at different speeds, the emerging picture is that of a world facing increasingly diverse demographic situations. In terms of national averages, during the period 1985-1990, fertility ranged from an estimated 8.5 children per woman in Rwanda to 1.3 children per woman in Italy, while expectation of life at birth, an indicator of mortality conditions, ranged from an estimated 41 years in Sierra Leone to 78.3 years in Japan. In many regions, including some countries with economies in transition, it is estimated that life expectancy at birth has decreased. During the period 1985-1990, 44 per cent of the world population were living in the 114 countries that had growth rates of more than 2 per cent per annum. These included

nearly all the countries in Africa, whose population-doubling time averages about 24 years, two thirds of those in Asia and one third of those in Latin America. On the other hand, 66 countries (the majority of them in Europe), representing 23 per cent of the world population, had growth rates of less than 1 per cent per annum. Europe's population would take more than 380 years to double at current rates. These disparate levels and differentials have implications for the ultimate size and regional distribution of the world population and for the prospects for sustainable development. It is projected that between 1995 and 2015 the population of the more developed regions will increase by some 120 million, while the population of the less developed regions will increase by 1,727 million.

Objective

6.3. Recognizing that the ultimate goal is the improvement of the quality of life of present and future generations, the objective is to facilitate the demographic transition as soon as possible in countries where there is an imbalance between demographic rates and social, economic and environmental goals, while fully respecting human rights. This process will contribute to the stabilization of the world population, and, together with changes in unsustainable patterns of production and consumption, to sustainable development and economic growth.

Actions

6.4. Countries should give greater attention to the importance of population trends for development. Countries that have not completed their demographic transition should take effective steps in this regard within the context of their social and economic development and with full respect of human rights. Countries that have concluded the de-

demographic transition should take necessary steps to optimize their demographic trends within the context of their social and economic development. These steps include economic development and poverty alleviation, especially in rural areas, improvement of women's status, ensuring of universal access to quality primary education and primary health care, including reproductive health and family-planning services, and educational strategies regarding responsible parenthood and sexual education. Countries should mobilize all sectors of society in these efforts, including non-governmental organizations, local community groups and the private sector.

6.5. In attempting to address population growth concerns, countries should recognize the interrelationships between fertility and mortality levels and aim to reduce high levels of infant, child and maternal mortality so as to lessen the need for high fertility and reduce the occurrence of high-risk births.

B. CHILDREN AND YOUTH

is for action

Owing to declining mortality levels and the persistence of high fertility levels, a large number of developing countries continue to have very large proportions of children and young people in their populations. For the less developed regions as a whole, 36 per cent of the population is under age 15, and even with projected fertility declines, that proportion will still be about 30 per cent by the year 2015. In Africa, the proportion of the population under age 15 is 45 per cent, a figure that is projected to decline only slightly, to 40 per cent, in the year 2015. Poverty has a devastating impact on children's health and welfare. Children in poverty are at high risk for malnutrition and disease and for falling prey to labour exploitation, trafficking, neglect, sexual abuse and drug addiction. The ongoing and future demands created by large young populations, particularly in terms of health, education and employment, represent major challenges and responsibilities for families, local communities, countries and the international community. First and foremost among these responsibilities is to ensure that every child is a wanted child. The second responsibility is

to recognize that children are the most important resource for the future and that greater investments in them by parents and societies are essential to the achievement of sustained economic growth and development.

Objectives

6.7. The objectives are:

(a) To promote to the fullest extent the health, well-being and potential of all children, adolescents and youth as representing the world's future human resources, in line with the commitments made in this respect at the World Summit for Children and in accordance with the Convention on the Rights of the Child;

(b) To meet the special needs of adolescents and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services;

(c) To encourage children, adolescents and youth, particularly young women, to continue their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages and high-risk child-bearing and to reduce associated mortality and morbidity.

Actions

6.8. Countries should give high priority and attention to all dimensions of the protection, survival and development of children and youth, particularly street children and youth, and should make every effort to eliminate the adverse effects of poverty on children and youth, including malnutrition and preventable diseases. Equal educational opportunities must be ensured for boys and girls at every level.

6.9. Countries should take effective steps to address the neglect, as well as all types of exploitation and abuse, of children, adolescents and youth, such

as abduction, rape and incest, pornography, trafficking, abandonment and prostitution. In particular, countries should take appropriate action to eliminate sexual abuse of children both within and outside their borders.

6.10. All countries must enact and strictly enforce laws against economic exploitation, physical and mental abuse or neglect of children in keeping with commitments made under the Convention on the Rights of the Child and other relevant United Nations instruments. Countries should provide support and rehabilitation services to those who fall victims to such abuses.

6.11. Countries should create a socio-economic environment conducive to the elimination of all child marriages and other unions as a matter of urgency, and should discourage early marriage. The social responsibilities that marriage entails should be reinforced in countries' educational programmes. Governments should take action to eliminate discrimination against young pregnant women.

6.12. All countries must adopt collective measures to alleviate the suffering of children in armed conflicts and other disasters, and provide assistance for the rehabilitation of children who become victims of those conflicts and disasters.

6.13. Countries should aim to meet the needs and aspirations of youth, particularly in the areas of formal and non-formal education, training, employment opportunities, housing and health, thereby ensuring their integration and participation in all spheres of society, including participation in the political process and preparation for leadership roles.

6.14. Governments should formulate, with the active support of non-governmental organizations and the private sector, training and employment programmes. Primary importance should be given to meeting the basic needs of young people, improving their quality of life, and increasing their contribution to sustainable development.

6.15. Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their

daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases. Access to, as well as confidentiality and privacy of, these services must be ensured with the support and guidance of their parents and in line with the Convention on the Rights of the Child. In addition, there is a need for educational programmes in favour of life planning skills, healthy lifestyles and the active discouragement of substance abuse.

C. ELDERLY PEOPLE

Basis for action

6.16. The decline in fertility levels, reinforced by continued declines in mortality levels, is producing fundamental changes in the age structure of the population of most societies, most notably record increases in the proportion and number of elderly persons, including a growing number of very elderly persons. In the more developed regions, approximately one person in every six is at least 60 years old, and this proportion will be close to one person in every four by the year 2025. The situation of developing countries that have experienced very rapid declines in their levels of fertility deserves particular attention. In most societies, women, because they live longer than men, constitute the majority of the elderly population and, in many countries, elderly poor women are especially vulnerable. The steady increase of older age groups in national populations, both in absolute numbers and in relation to the working-age population, has significant implications for a majority of countries, particularly with regard to the future viability of existing formal and informal modalities for assistance to elderly people. The economic and social impact of this "ageing of populations" is both an opportunity and a challenge to all societies. Many countries are currently re-examining their policies in the light of the principle that elderly people constitute a valuable and important component of a society's human resources. They are also seeking to identify how best to assist elderly people with long-term support needs.

Objectives

6.17. The objectives are:

(a) To enhance, through appropriate mechanisms, the self-reliance of elderly people, and to create conditions that promote quality of life and enable them to work and live independently in their own communities as long as possible or as desired;

(b) To develop systems of health care as well as systems of economic and social security in old age, where appropriate, paying special attention to the needs of women;

(c) To develop a social support system, both formal and informal, with a view to enhancing the ability of families to take care of elderly people in the family.

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All levels of government in medium- and long-term socio-economic planning should take into account the increasing numbers and proportions of elderly people in the population. Governments should develop social security systems that ensure greater intergenerational and intragenerational equity and solidarity and that provide support to elderly people through the encouragement of multigenerational families, and the provision of long-term support and services for growing numbers of frail older people.

6.19. Governments should seek to enhance the self-reliance of elderly people to facilitate their continued participation in society. In consultation with elderly people, Governments should ensure that the necessary conditions are developed to enable elderly people to lead self-determined, healthy and productive lives and to make full use of the skills and abilities they have acquired in their lives for the benefit of society. The valuable contribution that elderly people make to families and society, especially as volunteers and caregivers, should be given due recognition and encouragement.

6.20. Governments, in collaboration with non-governmental organizations and the private sector,

should strengthen formal and informal support systems and safety nets for elderly people and eliminate all forms of violence and discrimination against elderly people in all countries, paying special attention to the needs of elderly women.

D. INDIGENOUS PEOPLE

Basis for action

6.21. Indigenous people have a distinct and important perspective on population and development relationships, frequently quite different from those of the populations with which they interrelate within national boundaries. In some regions of the world, indigenous people, after long periods of population loss, are experiencing steady and in some places rapid population growth resulting from declining mortality, although morbidity and mortality are generally still much higher than for other sections of the national population. In other regions, however, they are still experiencing a steady population decline as a result of contact with external diseases, loss of land and resources, ecological destruction, displacement, resettlement and disruption of their families, communities and social systems.

6.22. The situation of many indigenous groups is often characterized by discrimination and oppression, which are sometimes even institutionalized in national laws and structures of governance. In many cases, unsustainable patterns of production and consumption in the society at large are a key factor in the ongoing destruction of the ecological stability of their lands, as well as in an ongoing exertion of pressure to displace them from those lands. Indigenous people believe that recognition of their rights to their ancestral lands is inextricably linked to sustainable development. Indigenous people call for increased respect for indigenous culture, spirituality, lifestyles and sustainable development models, including traditional systems of land tenure, gender relations, use of resources and knowledge and practice of family planning. At national, regional and international levels, the perspectives of indigenous people have gained increasing recognition, as reflected, *inter alia*, in the presence of the Working Group on Indigenous Populations at the United Na-

tions Conference on Environment and Development, and the proclamation by the General Assembly of the year 1993 as the International Year of the World's Indigenous People.

6.23. The decision of the international community to proclaim an International Decade of the World's Indigenous People, to commence on 10 December 1994, represents a further important step towards fulfilment of the aspirations of indigenous people. The goal of the Decade, which is the strengthening of international cooperation for the solution of problems faced by indigenous people in such areas as human rights, the environment, development, education and health, is acknowledged as directly related to the purpose of the International Conference on Population and Development and the present Programme of Action. Accordingly, the distinct perspectives of indigenous people are incorporated throughout the present Programme of Action within the context of its specific chapters.

Objectives

6.24. The objectives are:

(a) To incorporate the perspectives and needs of indigenous communities into the design, implementation, monitoring and evaluation of the population, development and environment programmes that affect them;

(b) To ensure that indigenous people receive population- and development-related services that they deem socially, culturally and ecologically appropriate;

(c) To address social and economic factors that act to disadvantage indigenous people.

Actions

6.25. Governments and other important institutions in society should recognize the distinct perspective of indigenous people on aspects of population and development and, in consultation with indigenous people and in collaboration with concerned non-governmental and intergovernmental or-

ganizations, should address their specific needs, including needs for primary health care and reproductive health services. All human rights violations and discrimination, especially all forms of coercion, must be eliminated.

6.26. Within the context of the activities of the International Decade of the World's Indigenous People, the United Nations should, in full cooperation and collaboration with indigenous people and their relevant organizations, develop an enhanced understanding of indigenous people and compile data on their demographic characteristics, both current and historical, as a means of improving the understanding of the population status of indigenous people. Special efforts are necessary to integrate statistics pertaining to indigenous populations into the national data-collection system.

6.27. Governments should respect the cultures of indigenous people and enable them to have tenure and manage their lands, protect and restore the natural resources and ecosystems on which indigenous communities depend for their survival and well-being and, in consultation with indigenous people, take this into account in the formulation of national population and development policies.

E. PERSONS WITH DISABILITIES

Basis for action

6.28. Persons with disabilities constitute a significant proportion of the population. The implementation of the World Programme of Action concerning Disabled Persons (1983-1992) contributed towards increased awareness and expanded knowledge of disability issues, increased the role played by persons with disabilities and by concerned organizations, and contributed towards the improvement and expansion of disability legislation. However, there remains a pressing need for continued action to promote effective measures for the prevention of disability, for rehabilitation and for the realization of the goals of full participation and equality for persons with disabilities. In its resolution 47/88 of 16 December 1992, the General Assembly encouraged the consideration by, *inter alia*, the International Conference on Population and Development, of dis-

ability issues relevant to the subject-matter of the Conference.

Objectives

6.29. The objectives are:

(a) To ensure the realization of the rights of all persons with disabilities, and their participation in all aspects of social, economic and cultural life;

(b) To create, improve and develop necessary conditions that will ensure equal opportunities for persons with disabilities and the valuing of their capabilities in the process of economic and social development;

(c) To ensure the dignity and promote the self-reliance of persons with disabilities.

Actions

6.30. Governments at all levels should consider the needs of persons with disabilities in terms of

ethical and human rights dimensions. Governments should recognize needs concerning, *inter alia*, reproductive health, including family planning and sexual health, HIV/AIDS, information, education and communication. Governments should eliminate specific forms of discrimination that persons with disabilities may face with regard to reproductive rights, household and family formation, and international migration, while taking into account health and other considerations relevant under national immigration regulations.

6.31. Governments at all levels should develop the infrastructure to address the needs of persons with disabilities, in particular with regard to their education, training and rehabilitation.

6.32. Governments at all levels should promote mechanisms ensuring the realization of the rights of persons with disabilities and reinforce their capabilities of integration.

6.33. Governments at all levels should implement and promote a system of follow-up of social and economic integration of persons with disabilities.

VII. REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH*

7.1. This chapter is especially guided by the principles contained in chapter II and in particular the introductory paragraphs.

A. REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH

Basis for action

7.2. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. 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.

7.3. Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.

7.4. The implementation of the present Programme of Action is to be guided by the above

*The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 13 September 1994.

comprehensive definition of reproductive health, which includes sexual health.

Objectives

7.5. The objectives are:

(a) To ensure that comprehensive and factual information and a full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users;

(b) To enable and support responsible voluntary decisions about child-bearing and methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not in the law and to have the information, education and means to do so;

(c) To meet changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities

ions

All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, *inter alia*, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning ser-

vices and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes.

7.7. Reproductive health-care programmes should be designed to serve the needs of women, including adolescents, and must involve women in the leadership, planning, decision-making, management, implementation, organization and evaluation of services. Governments and other organizations should take positive steps to include women at all levels of the health-care system.

7.8. Innovative programmes must be developed to make information, counselling and services for reproductive health accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning and in domestic and child-rearing responsibilities and to accept the major responsibility for the prevention of sexually transmitted diseases. Programmes must reach men in their workplaces, at home and where they gather for recreation. Boys and adolescents, with the support and guidance of their parents, and in line with the Convention on the Rights of the Child, should also be reached through schools, youth organizations and wherever they congregate. Voluntary and appropriate male methods for contraception, as well as for the prevention of sexually transmitted diseases, including AIDS, should be promoted and made accessible with adequate information and counselling.

7.9. Governments should promote much greater community participation in reproductive health-care services by decentralizing the management of public health programmes and by forming partnerships in cooperation with local non-governmental organizations and private health-care providers. All types of non-governmental organizations, including local women's groups, trade unions, cooperatives, youth

programmes and religious groups, should be encouraged to become involved in the promotion of better reproductive health.

7.10. Without jeopardizing international support for programmes in developing countries, the international community should, upon request, give consideration to the training, technical assistance, short-term contraceptive supply needs and the needs of the countries in transition from centrally managed to market economies, where reproductive health is poor and in some cases deteriorating. Those countries, at the same time, must themselves give higher priority to reproductive health services, including a comprehensive range of contraceptive means, and must address their current reliance on abortion for fertility regulation by meeting the need of women in those countries for better information and more choices on an urgent basis.

7.11. Migrants and displaced persons in many parts of the world have limited access to reproductive health care and may face specific serious threats to their reproductive health and rights. Services must be particularly sensitive to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence.

B. FAMILY PLANNING

Basis for action

7.12. The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. The success of population education and family-planning programmes in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The principle of informed free choice is essential to the long-term success of family-planning programmes. Any form of coercion has no part to play. In every society there are many social and economic incen-

tives and disincentives that affect individual decisions about child-bearing and family size. Over the past century, many Governments have experimented with such schemes, including specific incentives and disincentives, in order to lower or raise fertility. Most such schemes have had only marginal impact on fertility and in some cases have been counterproductive. Governmental goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients.

7.13. Over the past three decades, the increasing availability of safer methods of modern contraception, although still in some respects inadequate, has permitted greater opportunities for individual choice and responsible decision-making in matters of reproduction throughout much of the world. Currently, about 55 per cent of couples in developing regions use some method of family planning. This figure represents nearly a fivefold increase since the 1960s. Family-planning programmes have contributed considerably to the decline in average fertility rates for developing countries, from about six to seven children per woman in the 1960s to about three to four children at present. However, the full range of modern family-planning methods still remains unavailable to at least 350 million couples worldwide, many of whom say they want to space or prevent another pregnancy. Survey data suggest that approximately 120 million additional women worldwide would be currently using a modern family-planning method if more accurate information and affordable services were easily available, and if partners, extended families and the community were more supportive. These numbers do not include the substantial and growing numbers of sexually active unmarried individuals wanting and in need of information and services. During the decade of the 1990s, the number of couples of reproductive age will grow by about 18 million per annum. To meet their needs and close the existing large gaps in services, family planning and contraceptive supplies will need to expand very rapidly over the next several years. The quality of family-planning programmes is often directly related to the level and continuity of contraceptive use and to

the growth in demand for services. Family-planning programmes work best when they are part of or linked to broader reproductive health programmes that address closely related health needs and when women are fully involved in the design, provision, management and evaluation of services.

Objectives

7.14. The objectives are:

(a) To help couples and individuals meet their reproductive goals in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their right to choose the number, spacing and timing of the birth of their children;

To prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies and infant mortality and perinatal mortality;

To make quality family-planning services available, acceptable and accessible to all who need them, while maintaining confidentiality;

To improve the quality of family-planning counselling, information, education, communication, and services;

(e) To increase the participation and sharing of responsibility of men in the actual practice of family planning;

(f) To promote breast-feeding to enhance birth spacing.

Actions

7.15. Governments and the international community should use the full means at their disposal to support the principle of voluntary choice in family planning.

7.16. All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its inte-

gration in the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.

7.17. Governments at all levels are urged to institute systems of monitoring and evaluation of user-centred services with a view to detecting, preventing and controlling abuses by family-planning managers and providers and to ensure a continuing improvement in the quality of services. To this end, Governments should secure conformity to human rights and to ethical and professional standards in the delivery of family planning and related reproductive health services aimed at ensuring responsible, voluntary and informed consent and also regarding service provision. In-vitro fertilization techniques should be provided in accordance with appropriate ethical guidelines and medical standards.

7.18. Non-governmental organizations should play an active role in mobilizing community and family support, in increasing access and acceptability of reproductive health services including family planning, and cooperate with Governments in the process of preparation and provision of care, based on informed choice, and in helping to monitor public- and private-sector programmes, including their own.

7.19. As part of the effort to meet unmet needs, all countries should seek to identify and remove all the major remaining barriers to the utilization of family-planning services. Some of those barriers are related to the inadequacy, poor quality and cost of existing family-planning services. It should be the goal of public, private and non-governmental family-planning organizations to remove all programme-related barriers to family-planning use by the year 2005 through the redesign or expansion of information and services and other ways to increase the ability of

couples and individuals to make free and informed decisions about the number, spacing and timing of births and protect themselves from sexually transmitted diseases.

7.20. Specifically, Governments should make it easier for couples and individuals to take responsibility for their own reproductive health by removing unnecessary legal, medical, clinical and regulatory barriers to information and to access to family-planning services and methods.

7.21. All political and community leaders are urged to play a strong, sustained and highly visible role in promoting and legitimizing the provision and use of family-planning and reproductive health services. Governments at all levels are urged to provide a climate that is favourable to good-quality public and private family-planning and reproductive health information and services through all possible channels. Publicly, leaders and legislators at all levels must state their public support for reproductive health, including family planning, into adequate allocations of budgetary, human and administrative resources to meet the needs of all those who cannot pay the cost of services.

2. Governments are encouraged to focus most their efforts towards meeting their population and development objectives through education and voluntary measures rather than schemes involving incentives and disincentives.

7.23. In the coming years, all family-planning programmes must make significant efforts to improve quality of care. Among other measures, programmes should:

(a) Recognize that appropriate methods for couples and individuals vary according to their age, parity, family-size preference and other factors, and ensure that women and men have information and access to the widest possible range of safe and effective family-planning methods in order to enable them to exercise free and informed choice;

(b) Provide accessible, complete and accurate information about various family-planning methods, including their health risks and benefits, possible

side-effects and their effectiveness in the prevention of the spread of HIV/AIDS and other sexually transmitted diseases;

(c) Make services safer, affordable, more convenient and accessible for clients and ensure, through strengthened logistical systems, a sufficient and continuous supply of essential high-quality contraceptives. Privacy and confidentiality should be ensured;

(d) Expand and upgrade formal and informal training in sexual and reproductive health care and family planning for all health-care providers, health educators and managers, including training in interpersonal communications and counselling;

(e) Ensure appropriate follow-up care, including treatment for side-effects of contraceptive use;

(f) Ensure availability of related reproductive health services on site or through a strong referral mechanism;

(g) In addition to quantitative measures of performance, give more emphasis to qualitative ones that take into account the perspectives of current and potential users of services through such means as effective management information systems and survey techniques for the timely evaluation of services;

(h) Family-planning and reproductive health programmes should emphasize breast-feeding education and support services, which can simultaneously contribute to birth spacing, better maternal and child health and higher child survival.

7.24. Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning, and in all cases provide for the humane treatment and counselling of women who have had recourse to abortion.

7.25. In order to meet the substantial increase in demand for contraceptives over the next decade and beyond, the international community should move, on an immediate basis, to establish an efficient coordination system and global, regional and subregional facilities for the procurement of contra-

ceptives and other commodities essential to reproductive health programmes of developing countries and countries with economies in transition. The international community should also consider such measures as the transfer of technology to developing countries to enable them to produce and distribute high-quality contraceptives and other commodities essential to reproductive health services, in order to strengthen the self-reliance of those countries. At the request of the countries concerned, the World Health Organization should continue to provide advice on the quality, safety and efficacy of family-planning methods.

7.26. Provision of reproductive health-care services should not be confined to the public sector but should involve the private sector and non-governmental organizations, in accordance with the needs

resources of their communities, and include, where appropriate, effective strategies for cost recovery and service delivery, including social marketing and community-based services. Special efforts should be made to improve accessibility through such services.

SEXUALLY TRANSMITTED DISEASES AND PREVENTION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Measures for action

7.27. The world-wide incidence of sexually transmitted diseases is high and increasing. The situation has worsened considerably with the emergence of the HIV epidemic. Although the incidence of some sexually transmitted diseases has stabilized in parts of the world, there have been increasing cases in many regions.

7.28. The social and economic disadvantages that women face make them especially vulnerable to sexually transmitted infections, including HIV, as illustrated, for example, by their exposure to the high-risk sexual behaviour of their partners. For women, the symptoms of infections from sexually transmitted diseases are often hidden, making them more difficult to diagnose than in men, and the health consequences are often greater, including in-

creased risk of infertility and ectopic pregnancy. The risk of transmission from infected men to women is also greater than from infected women to men, and many women are powerless to take steps to protect themselves.

Objective

7.29. The objective is to prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS, and the complications of sexually transmitted diseases such as infertility, with special attention to girls and women.

Actions

7.30. Reproductive health programmes should increase their efforts to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections, especially at the primary health-care level. Special outreach efforts should be made to those who do not have access to reproductive health-care programmes.

7.31. All health-care providers, including all family-planning providers, should be given specialized training in the prevention and detection of, and counselling on, sexually transmitted diseases, especially infections in women and youth, including HIV/AIDS.

7.32. Information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, should become integral components of all reproductive and sexual health services.

7.33. Promotion and the reliable supply and distribution of high-quality condoms should become integral components of all reproductive health-care services. All relevant international organizations, especially the World Health Organization, should significantly increase their procurement. Governments and the international community should provide all means to reduce the spread and the rate of transmission of HIV/AIDS infection.

D. HUMAN SEXUALITY AND GENDER RELATIONS

Basis for action

7.34. Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour. Responsible sexual behaviour, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women.

5. Violence against women, particularly domestic violence and rape, is widespread, and rising numbers of women are at risk from AIDS and other sexually transmitted diseases as a result of high-risk sexual behaviour on the part of their partners. In a number of countries, harmful practices meant to control women's sexuality have led to great suffering. Among them is the practice of female genital mutilation, which is a violation of basic rights and a major or lifelong risk to women's health.

Objectives

7.36. The objectives are:

(a) To promote adequate development of responsible sexuality, permitting relations of equity and mutual respect between the genders and contributing to improving the quality of life of individuals;

(b) To ensure that women and men have access to the information, education and services needed to achieve good sexual health and exercise their reproductive rights and responsibilities.

Actions

7.37. Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child, that stress

responsibility of males for their own sexual health and fertility and that help them exercise those responsibilities. Educational efforts should begin within the family unit, in the community and in the schools at an appropriate age, but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts.

7.38. In the light of the urgent need to prevent unwanted pregnancies, the rapid spread of AIDS and other sexually transmitted diseases, and the prevalence of sexual abuse and violence, Governments should base national policies on a better understanding of the need for responsible human sexuality and the realities of current sexual behaviour.

7.39. Active and open discussion of the need to protect women, youth and children from any abuse, including sexual abuse, exploitation, trafficking and violence, must be encouraged and supported by educational programmes at both national and community levels. Governments should set the necessary conditions and procedures to encourage victims to report violations of their rights. Laws addressing those concerns should be enacted where they do not exist, made explicit, strengthened and enforced, and appropriate rehabilitation services provided. Governments should also prohibit the production and the trade of child pornography.

7.40. Governments and communities should urgently take steps to stop the practice of female genital mutilation and protect women and girls from all such similar unnecessary and dangerous practices. Steps to eliminate the practice should include strong community outreach programmes involving village and religious leaders, education and counselling about its impact on girls' and women's health, and appropriate treatment and rehabilitation for girls and women who have suffered mutilation. Services should include counselling for women and men to discourage the practice.

E. ADOLESCENTS

Basis for action

7.41. The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response

of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction. This effort is uniquely important for the health of young women and their children, for women's self-determination and, in many countries, for efforts to slow the momentum of population growth. Motherhood at a very young age entails a risk of maternal death that is much greater than average, and the children of young mothers have higher levels of morbidity and mortality. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall for young women, early marriage and early motherhood severely curtail educational and employment opportunities and are likely to have a long-term, negative impact on their and their children's quality of life.

Poor educational and economic opportunities and sexual exploitation are important factors in high levels of adolescent child-bearing. In both developed and developing countries, adolescents faced with few apparent life choices have little incentive to avoid pregnancy and child-bearing.

7.43. In many societies, adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially vulnerable. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS, and they are typically poorly informed about how to protect themselves. Programmes for adolescents have proven most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programmes that respond to those needs.

Objectives

7.44. The objectives are:

(a) To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion²⁰ and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group;

(b) To substantially reduce all adolescent pregnancies.

Actions

7.45. 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 the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including information 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.

7.46. Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.

7.47. Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such

programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services, and those who become pregnant will require special support from their families and community during pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and

evaluation of such information and services with proper regard for parental guidance and responsibilities.

7.48. Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. Governments and non-governmental organizations should promote programmes directed to the education of parents, with the objective of improving the interaction of parents and children to enable parents to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behaviour and reproductive health.

VIII. HEALTH, MORBIDITY AND MORTALITY*

A. PRIMARY HEALTH CARE AND THE HEALTH-CARE SECTOR

Basis for action

8.1. One of the main achievements of the twentieth century has been the unprecedented increase in human longevity. In the past half century, expectation of life at birth in the world as a whole has increased by about 20 years, and the risk of dying in the first year of life has been reduced by nearly two thirds. Nevertheless, these achievements fall short of the much greater improvements that had been anticipated in the World Population Plan of Action and the Declaration of Alma Ata, adopted by the World Conference on Primary Health Care in 1978. There remain entire national populations and vulnerable population groups within many countries that are still subject to very high rates of morbidity and mortality. Differences linked to socio-economic status or ethnicity are often substantial. In many countries with economies in transition, the mortality has considerably increased as a result of deaths caused by accidents and violence.

8.2. The increases in life expectancy recorded in most regions of the world reflect significant gains in public health and in access to primary health-care services. Notable achievements include the vaccination of about 80 per cent of the children in the world and the widespread use of low-cost treatments, such as oral rehydration therapy, to ensure that more children survive. Yet these achievements have not been realized in all countries, and preventable or treatable illnesses are still the leading killers of young children. Moreover, large segments of many

populations continue to lack access to clean water and sanitation facilities, are forced to live in congested conditions and lack adequate nutrition. Large numbers of people remain at continued risk of infectious, parasitic and water-borne diseases, such as tuberculosis, malaria and schistosomiasis. In addition, the health effects of environmental degradation and exposure to hazardous substances in the workplace are increasingly a cause of concern in many countries. Similarly, the growing consumption of tobacco, alcohol and drugs will precipitate a marked increase in costly chronic diseases among working age and elderly people. The impact of reductions in expenditures for health and other social services which have taken place in many countries as a result of public-sector retrenchment, misallocation of available health resources, structural adjustment and the transition to market economies has pre-empted significant changes in lifestyles, livelihoods and consumption patterns and is also a factor in increasing morbidity and mortality. Although economic reforms are essential to sustained economic growth, it is equally essential that the design and implementation of structural adjustment programmes incorporate the social dimension.

Objectives

8.3. The objectives are:

(a) To increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people in accordance with national commitments to provide access to basic health care for all;

(b) To increase the healthy life-span and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries.

*The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 13 September 1994.

8.4. All countries should make access to basic health care and health promotion the central strategies for reducing mortality and morbidity. Sufficient resources should be assigned so that primary health services attain full coverage of the population. Governments should strengthen health and nutrition information, education and communication activities so as to enable people to increase their control over and improve their health. Governments should provide the necessary backup facilities to meet the demand created.

8.5. In keeping with the Declaration of Alma Ata, all countries should reduce mortality and morbidity and seek to make primary health care, including reproductive health care, available universally by the end of the current decade. Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years and by 2015 a life expectancy at birth greater than 70 years. Efforts to ensure a longer and healthier life for all should emphasize the reduction of morbidity and mortality differentials between males and females as well as among geographical regions, social classes and indigenous and ethnic groups.

8.6. The role of women as primary custodians of family health should be recognized and supported. Access to basic health care, expanded health education, the availability of simple cost-effective remedies, and the reappraisal of primary health-care services, including reproductive health-care services to facilitate the proper use of women's time, should be provided.

8.7. Governments should ensure community participation in health policy planning, especially with respect to the long-term care of the elderly, those with disabilities and those infected with HIV and other endemic diseases. Such participation should also be promoted in child-survival and maternal health programmes, breast-feeding support programmes, programmes for the early detection and treatment of cancer of the reproductive system,

and programmes for the prevention of HIV infection and other sexually transmitted diseases.

8.8. All countries should re-examine training curricula and the delegation of responsibilities within the health-care delivery system in order to reduce frequent, unnecessary and costly reliance on physicians and on secondary- and tertiary-care facilities, while maintaining effective referral services. Access to health-care services for all people and especially for the most underserved and vulnerable groups must be ensured. Governments should seek to make basic health-care services more sustainable financially, while ensuring equitable access, by integrating reproductive health services, including maternal and child health and family-planning services, and by making appropriate use of community-based services, social marketing and cost-recovery schemes, with a view to increasing the range and quality of services available. The involvement of users and the community in the financial management of health-care services should be promoted.

8.9. Through technology transfer, developing countries should be assisted in building their capacity to produce generic drugs for the domestic market and to ensure the wide availability and accessibility of such drugs. To meet the substantial increase in demand for vaccines, antibiotics and other commodities over the next decade and beyond, the international community should strengthen global, regional and local mechanisms for the production, quality control and procurement of those items, where feasible, in developing countries. The international community should facilitate regional cooperation in the manufacture, quality control and distribution of vaccines.

8.10. All countries should give priority to measures that improve the quality of life and health by ensuring a safe and sanitary living environment for all population groups through measures aimed at avoiding crowded housing conditions, reducing air pollution, ensuring access to clean water and sanitation, improving waste management, and increasing the safety of the workplace. Special attention should be given to the living conditions of the poor and disadvantaged in urban and rural areas. The impact of environmental problems on health, particularly

that of vulnerable groups, should be monitored by Governments on a regular basis.

8.11. Reform of the health sector and health policy, including the rational allocation of resources, should be promoted in order to achieve the stated objectives. All Governments should examine ways to maximize the cost-effectiveness of health programmes in order to achieve increased life expectancy, reduce morbidity and mortality and ensure access to basic health-care services for all people.

B. CHILD SURVIVAL AND HEALTH

Basis for action

8.12. Important progress has been made in reducing infant and child mortality rates everywhere. Improvements in the survival of children have been a main component of the overall increase in average life expectancy in the world over the past century, first in the developed countries and over the last 50 years in the developing countries. The number of infant deaths (i.e., of children under 1) per 1,000 live births at the world level declined from 92 in 1970-1975 to about 62 in 1990-1995. For developed regions, the decline was from about 12 infant deaths per 1,000 births, and for developing countries from 105 to 69 infant deaths per 1,000 births. Improvements have been slower in sub-Saharan Africa and in some Asian countries where, during 1990-1995, more than one in every 10 children born alive will die before their first birthday. The mortality of children under age 5 exhibits significant variations between and within regions and countries. Indigenous people generally have higher infant and child mortality rates than the national norm. Poverty, malnutrition, a decline in breast-feeding, and inadequacy or lack of sanitation and of health facilities are all factors associated with high infant and child mortality. In some countries, civil unrest and wars have also had major negative impacts on child survival. Unwanted births, child neglect and abuse are also factors contributing to the rise in child mortality. In addition, HIV infection can be transmitted from mother to child before or during childbirth, and young children whose mothers die are at a very high risk of dying themselves at a young age.

8.13. The World Summit for Children, held in 1990, adopted a set of goals for children and development up to the year 2000, including a reduction in infant and under-five child mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less. These goals are based on the accomplishments of child-survival programmes during the 1980s, which demonstrate not only that effective low-cost technologies are available but also that they can be delivered efficiently to large populations. However, the morbidity and mortality reductions achieved through extraordinary measures in the 1980s are in danger of being eroded if the broad-based health-delivery systems established during the decade are not institutionalized and sustained.

8.14. Child survival is closely linked to the timing, spacing and number of births and to the reproductive health of mothers. Early, late, numerous and closely spaced pregnancies are major contributors to high infant and child mortality and morbidity rates, especially where health-care facilities are scarce. Where infant mortality remains high, couples often have more children than they otherwise would to ensure that a desired number survive.

Objectives

8.15. The objectives are:

(a) To promote child health and survival and to reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girl infants and children;

(b) To improve the health and nutritional status of infants and children;

(c) To promote breast-feeding as a child-survival strategy.

Actions

8.16. Over the next 20 years, through international cooperation and national programmes, the gap between average infant and child mortality rates in the

developed and the developing regions of the world should be substantially narrowed, and disparities within countries, those between geographical regions, ethnic or cultural groups, and socio-economic groups should be eliminated. Countries with indigenous people should achieve infant and under-five mortality levels among their indigenous people that are the same as those of the general population. Countries should strive to reduce their infant and under-five mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under-five mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an infant mortality rate below 45 per 1,000 live births and an under-five mortality rate below 45 per 1,000. Countries that achieve these goals earlier should strive to lower them further.

7. All Governments should assess the underlying causes of high child mortality and should, within framework of primary health care, extend integrated reproductive health-care and child-health services, including safe motherhood,²¹ child-survival programmes and family-planning services, to all the population and particularly to the most vulnerable and underserved groups. Such services should include prenatal care and counselling, with special emphasis on high-risk pregnancies and the prevention of sexually transmitted diseases and HIV infection; adequate delivery assistance; and neonatal care, including exclusive breast-feeding, information on optimal breast-feeding and on proper weaning practices, and the provision of micronutrient supplementation and tetanus toxoid, where appropriate. Interventions to reduce the incidence of low birth weight and other nutritional deficiencies, such as anaemia, should include the promotion of maternal nutrition through information, education and counselling and the promotion of longer intervals between births. All countries should give priority to efforts to reduce the major childhood diseases, particularly infectious and parasitic diseases, and to prevent malnutrition among children, especially the girl child, through measures aimed at eradicating poverty and ensuring that all children live in a sanitary environment and by

disseminating information on hygiene and nutrition. It is also important to provide parents with information and education about child care, including the use of mental and physical stimulation.

8.18. For infants and children to receive the best nutrition and for specific protection against a range of diseases, breast-feeding should be protected, promoted and supported. By means of legal, economic, practical and emotional support, mothers should be enabled to breast-feed their infants exclusively for four to six months without food or drink supplementation and to continue breast-feeding infants with appropriate and adequate complementary food up to the age of two years or beyond. To achieve these goals, Governments should promote public information on the benefits of breast-feeding; health personnel should receive training on the management of breast-feeding; and countries should examine ways and means to implement fully the WHO International Code of Marketing of Breast Milk Substitutes.

C. WOMEN'S HEALTH AND SAFE MOTHERHOOD

Basis for action

8.19. Complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world. At the global level, it has been estimated that about half a million women die each year of pregnancy-related causes, 99 per cent of them in developing countries. The gap in maternal mortality between developed and developing regions is wide: in 1988, it ranged from more than 700 per 100,000 live births in the least developed countries to about 26 per 100,000 live births in the developed regions. Rates of 1,000 or more maternal deaths per 100,000 live births have been reported in several rural areas of Africa, giving women with many pregnancies a high lifetime risk of death during their reproductive years. According to the World Health Organization, the lifetime risk of dying from pregnancy or childbirth-related causes is 1 in 20 in some developing countries, compared to 1 in 10,000 in some developed countries. The age at which women begin or stop child-bearing, the interval between each birth, the total number of lifetime

pregnancies and the socio-cultural and economic circumstances in which women live all influence maternal morbidity and mortality. At present, approximately 90 per cent of the countries of the world, representing 96 per cent of the world population, have policies that permit abortion under varying legal conditions to save the life of a woman. However, a significant proportion of the abortions carried out are self-induced or otherwise unsafe, leading to a large fraction of maternal deaths or to permanent injury to the women involved. Maternal deaths have very serious consequences within the family, given the crucial role of the mother for her children's health and welfare. The death of the mother increases the risk to the survival of her young children, especially if the family is not able to provide a substitute for the maternal role. Greater attention to the reproductive health needs of female adolescents and young women could prevent the major share of maternal morbidity and mortality through prevention of unwanted pregnancies and any subsequent poorly managed abortion. Safe motherhood has been adopted in many countries as a strategy to reduce maternal morbidity and mortality.

Objectives

The objectives are:

To promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries. On the basis of a commitment to women's health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion;²⁰

(b) To improve the health and nutritional status of women, especially of pregnant and nursing women.

Actions

8.21. Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half

by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.

8.22. All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants. The underlying causes of maternal morbidity and mortality should be identified, and attention should be given to the development of strategies to overcome them and for adequate evaluation and monitoring mechanisms to assess the progress being made in reducing maternal mortality and morbidity and to enhance the effectiveness of ongoing programmes. Programmes and education to engage men's support for maternal health and safe motherhood should be developed.

8.23. All countries, especially developing countries, with the support of the international community, should aim at further reductions in maternal mortality through measures to prevent, detect and manage high-risk pregnancies and births, particularly those to adolescents and late-parity women.

8.24. All countries should design and implement special programmes to address the nutritional needs of women of child-bearing age, especially those who are pregnant or breast-feeding, and should give particular attention to the prevention and management of nutritional anaemia and iodine-deficiency disorders. Priority should be accorded to improving the nutritional and health status of young women through education and training as part of maternal health and safe motherhood programmes. Adolescent females and males should be provided with information, education and counselling to help them delay early family formation, premature sexual activity and first pregnancy.

8.25. In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion ^{20/} as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and passionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions.

8.26. Programmes to reduce maternal morbidity and mortality should include information and reproductive health services, including family-planning services. In order to reduce high-risk pregnancies, maternal health and safe motherhood programmes should include counselling and family-planning information.

8.27. All countries, as a matter of some urgency, need to seek changes in high-risk sexual behaviour

and devise strategies to ensure that men share responsibility for sexual and reproductive health, including family planning, and for preventing and controlling sexually transmitted diseases, HIV infection and AIDS.

D. HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Basis for action

8.28. The AIDS pandemic is a major concern in both developed and developing countries. WHO estimates that the cumulative number of AIDS cases in the world amounted to 2.5 million persons by mid-1993 and that more than 14 million people had been infected with HIV since the pandemic began, a number that is projected to rise to between 30 million and 40 million by the end of the decade if effective prevention strategies are not pursued. As of mid-1993, about four fifths of all persons ever infected with HIV lived in developing countries where the infection was being transmitted mainly through heterosexual intercourse and the number of new cases was rising most rapidly among women. As a consequence, a growing number of children are becoming orphans, themselves at high risk of illness and death. In many countries, the pandemic is now spreading from urban to rural areas and between rural areas and is affecting economic and agricultural production.

Objectives

8.29. The objectives are:

(a) To prevent, reduce the spread of and minimize the impact of HIV infection; to increase awareness of the disastrous consequences of HIV infection and AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing it; to address the social, economic, gender and racial inequities that increase vulnerability to the disease;

(b) To ensure that HIV-infected individuals have adequate medical care and are not discriminated

against; to provide counselling and other support for people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that the individual rights and the confidentiality of persons infected with HIV are respected; to ensure that sexual and reproductive health programmes address HIV infection and AIDS;

(c) To intensify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.

Actions

8.30. Governments should assess the demographic and development impact of HIV infection and AIDS. The AIDS pandemic should be controlled through a multisectoral approach that pays sufficient attention to its socio-economic ramifications, including the heavy burden on health infrastructure and household income, its negative impact on the labour force and productivity, and the increasing number of orphaned children. Multisectoral national plans and strategies dealing with AIDS should be integrated into population and development strategies. The socio-economic factors underlying the spread of HIV infection should be investigated, and programmes to address problems faced by those left orphaned by the AIDS pandemic should be developed.

8.31. Programmes to reduce the spread of HIV infection should give high priority to information, education and communication campaigns to raise awareness and emphasize behavioural change. Sex education and information should be provided to both those infected and those not infected, and especially to adolescents. Health providers, including family-planning providers, need training in counselling on sexually transmitted diseases and HIV infection, including the assessment and identification of high-risk behaviours needing special attention and services; training in the promotion of safe and responsible sexual behaviour, including voluntary abstinence, and condom use; training in the avoidance of contaminated equipment and blood products; and in the avoidance of sharing needles among injecting drug users. Governments should develop guidelines and counselling services on AIDS and sexually trans-

mitted diseases within the primary health-care services. Wherever possible, reproductive health programmes, including family-planning programmes, should include facilities for the diagnosis and treatment of common sexually transmitted diseases, including reproductive tract infection, recognizing that many sexually transmitted diseases increase the risk of HIV transmission. The links between the prevention of HIV infection and the prevention and treatment of tuberculosis should be assured.

8.32. Governments should mobilize all segments of society to control the AIDS pandemic, including non-governmental organizations, community organizations, religious leaders, the private sector, the media, schools and health facilities. Mobilization at the family and community levels should be given priority. Communities need to develop strategies that respond to local perceptions of the priority accorded to health issues associated with the spread of HIV and sexually transmitted diseases.

8.33. The international community should mobilize the human and financial resources required to reduce the rate of transmission of HIV infection. To that end, research on a broad range of approaches to prevent HIV transmission and to seek a cure for the disease should be promoted and supported by all countries. In particular, donor and research communities should support and strengthen current efforts to find a vaccine and to develop women-controlled methods, such as vaginal microbicides, to prevent HIV infection. Increased support is also needed for the treatment and care of HIV-infected persons and AIDS patients. The coordination of activities to combat the AIDS pandemic must be enhanced. Particular attention should be given to activities of the United Nations system at the national level, where measures such as joint programmes can improve coordination and ensure a more efficient use of scarce resources. The international community should also mobilize its efforts in monitoring and evaluating the results of various efforts to search for new strategies.

8.34. Governments should develop policies and guidelines to protect the individual rights of and eliminate discrimination against persons infected with HIV and their families. Services to detect HIV infection should be strengthened, making sure that

they ensure confidentiality. Special programmes should be devised to provide care and the necessary emotional support to men and women affected by AIDS and to counsel their families and near relations.

8.35. Responsible sexual behaviour, including voluntary sexual abstinence, for the prevention of HIV

infection should be promoted and included in education and information programmes. Condoms and drugs for the prevention and treatment of sexually transmitted diseases should be made widely available and affordable and should be included in all essential drug lists. Effective action should be taken to further control the quality of blood products and equipment decontamination.

ANEXO 2**PROGRAMA DE AÇÃO DE BEIJING**



The Beijing Declaration
and
The Platform for Action

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



UNITED NATIONS

Department of Public Information
United Nations, New York
1996

Beijing Declaration

1. We, the Governments participating in the Fourth World Conference on Women,
2. Gathered here in Beijing in September 1995, the year of the fiftieth anniversary of the founding of the United Nations,
3. Determined to advance the goals of equality, development and peace for all women everywhere in the interest of all humanity,
4. Acknowledging the voices of all women everywhere and taking note of the diversity of women and their roles and circumstances, honouring the women who paved the way and inspired by the hope present in the world's youth,
5. Recognize that the status of women has advanced in some important respects in the past decade but that progress has been uneven, inequalities between women and men have persisted and major obstacles remain, with serious consequences for the well-being of all people,
6. Also recognize that this situation is exacerbated by the increasing poverty that is affecting the lives of the majority of the world's people, in particular women and children, with origins in both the national and international domains,
7. Dedicate ourselves unreservedly to addressing these constraints and obstacles and thus enhancing further the advancement and empowerment of women all over the world, and agree that this requires urgent action in the spirit of determination, hope, cooperation and solidarity, now and to carry us forward into the next century.

We reaffirm our commitment to:

8. The equal rights and inherent human dignity of women and men and other purposes and principles enshrined in the Charter of the United Nations, to the Universal Declaration of Human Rights and other international human rights instruments, in particular the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, as well as the Declaration on the Elimination of Violence against Women and the Declaration on the Right to Development;
9. Ensure the full implementation of the human rights of women and of the girl child as an inalienable, integral and indivisible part of all human rights and fundamental freedoms;

STRATEGIC OBJECTIVES AND ACTIONS

45. In each critical area of concern, the problem is diagnosed and strategic objectives are proposed with concrete actions to be taken by various actors in order to achieve those objectives. The strategic objectives are derived from the critical areas of concern and specific actions to be taken to achieve them cut across the boundaries of equality, development and peace—the goals of the Nairobi Forward-looking Strategies for the Advancement of Women—and reflect their interdependence. The objectives and actions are interlinked, of high priority and mutually reinforcing. The Platform for Action is intended to improve the situation of all women, without exception, who often face similar barriers, while special attention should be given to groups that are the most disadvantaged.

46. The Platform for Action recognizes that women face barriers to full equality and advancement because of such factors as their race, age, language, ethnicity, culture, religion or disability, because they are indigenous women or because of other status. Many women encounter specific obstacles related to their family status, particularly as single parents; and to their socio-economic status, including their living conditions in rural, isolated or impoverished areas. Additional barriers also exist for refugee women, other displaced women, including internally displaced women as well as for immigrant women and migrant women, including women migrant workers. Many women are also particularly affected by environmental disasters, serious and infectious diseases and various forms of violence against women.

A. Women and poverty

47. More than 1 billion people in the world today, the great majority of whom are women, live in unacceptable conditions of poverty, mostly in the developing countries. Poverty has various causes, including structural ones. Poverty is a complex, multidimensional problem, with origins in both the national and international domains. The globalization of the world's economy and the deepening interdependence among nations present challenges and opportunities for sustained economic growth and development, as well as risks and uncertainties for the future of the world economy. The uncer-

Platform for Action

- The persistent and increasing burden of poverty on women
- Inequalities and inadequacies in and unequal access to education and training
- Inequalities and inadequacies in and unequal access to health care and related services
- Violence against women
- The effects of armed or other kinds of conflict on women, including those living under foreign occupation
- Inequality in economic structures and policies, in all forms of productive activities and in access to resources
- Inequality between men and women in the sharing of power and decision-making at all levels
- Insufficient mechanisms at all levels to promote the advancement of women
- Lack of respect for and inadequate promotion and protection of the human rights of women
- Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media
- Gender inequalities in the management of natural resources and in the safeguarding of the environment
- Persistent discrimination against and violation of the rights of the girl-child

Chapter Four Strategic Objectives and Actions



Beijing Declaration

31. Promote and protect all human rights of women and girls;
32. Intensify efforts to ensure equal enjoyment of all human rights and fundamental freedoms for all women and girls who face multiple barriers to their empowerment and advancement because of such factors as their race, age, language, ethnicity, culture, religion, or disability, or because they are indigenous people;
33. Ensure respect for international law, including humanitarian law, in order to protect women and girls in particular;
34. Develop the fullest potential of girls and women of all ages, ensure their full and equal participation in building a better world for all and enhance their role in the development process.

We are determined to:

35. Ensure women's equal access to economic resources, including land, credit, science and technology, vocational training, information, communication and markets, as a means to further the advancement and empowerment of women and girls, including through the enhancement of their capacities to enjoy the benefits of equal access to these resources, *inter alia*, by means of international cooperation;
36. Ensure the success of the Platform for Action, which will require a strong commitment on the part of Governments, international organizations and institutions at all levels. We are deeply convinced that economic development, social development and environmental protection are interdependent and mutually reinforcing components of sustainable development, which is the framework for our efforts to achieve a higher quality of life for all people. Equitable social development that recognizes empowering the poor, particularly women living in poverty, to utilize environmental resources sustainably is a necessary foundation for sustainable development. We also recognize that broad-based and sustained economic growth in the context of sustainable development is necessary to sustain social development and social justice. The success of the Platform for Action will also require adequate mobilization of resources at the national and international levels as well as new and additional resources to the developing countries from all available funding mechanisms, including multilateral, bilateral and private sources for the advancement of women; financial resources to strengthen the capacity of national, subregional, regional and international institutions; a commitment to equal rights, equal responsibilities and equal opportunities and to the 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;

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37. Ensure also the success of the Platform for Action in countries with economies in transition, which will require continued international cooperation and assistance;
38. We hereby adopt and commit ourselves as Governments to implement the following Platform for Action, ensuring that a gender perspective is reflected in all our policies and programmes. We urge the United Nations system, regional and international financial institutions, other relevant regional and international institutions and all women and men, as well as non-governmental organizations, with full respect for their autonomy, and all sectors of civil society, in cooperation with Governments, to fully commit themselves and contribute to the implementation of this Platform for Action.

MISSION STATEMENT

1. The Platform for Action is an agenda for women's empowerment. It aims at accelerating the implementation of the Nairobi Forward-looking Strategies for the Advancement of Women¹ and at removing all the 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 that the principle of shared power and responsibility should be established between women and men at home, in the workplace and in the wider national and international communities. Equality between women and men is a matter of human rights and a condition for social justice and is also a necessary and fundamental prerequisite for equality, development and peace. A transformed partnership based on equality between women and men is a condition for people-centred sustainable development. A sustained and long-term commitment is essential, so that women and men can work together for themselves, for their children and for society to meet the challenges of the twenty-first century.

2. The Platform for Action reaffirms the fundamental principle set forth in the Vienna Declaration and Programme of Action,² adopted by the World Conference on Human Rights, that the human rights of women and of the girl child are an inalienable, integral and indivisible part of universal human rights. As an agenda for action, the Platform seeks to promote and protect the full enjoyment of all human rights and the fundamental freedoms of all women throughout their life cycle.

3. The Platform for Action emphasizes that women share common concerns that can be addressed only by working together and in partnership with men towards the common goal of gender³ equality around the world. It respects and values the full diversity of women's situations and conditions and recognizes that some women face particular barriers to their empowerment.

4. The Platform for Action requires immediate and concerted action by

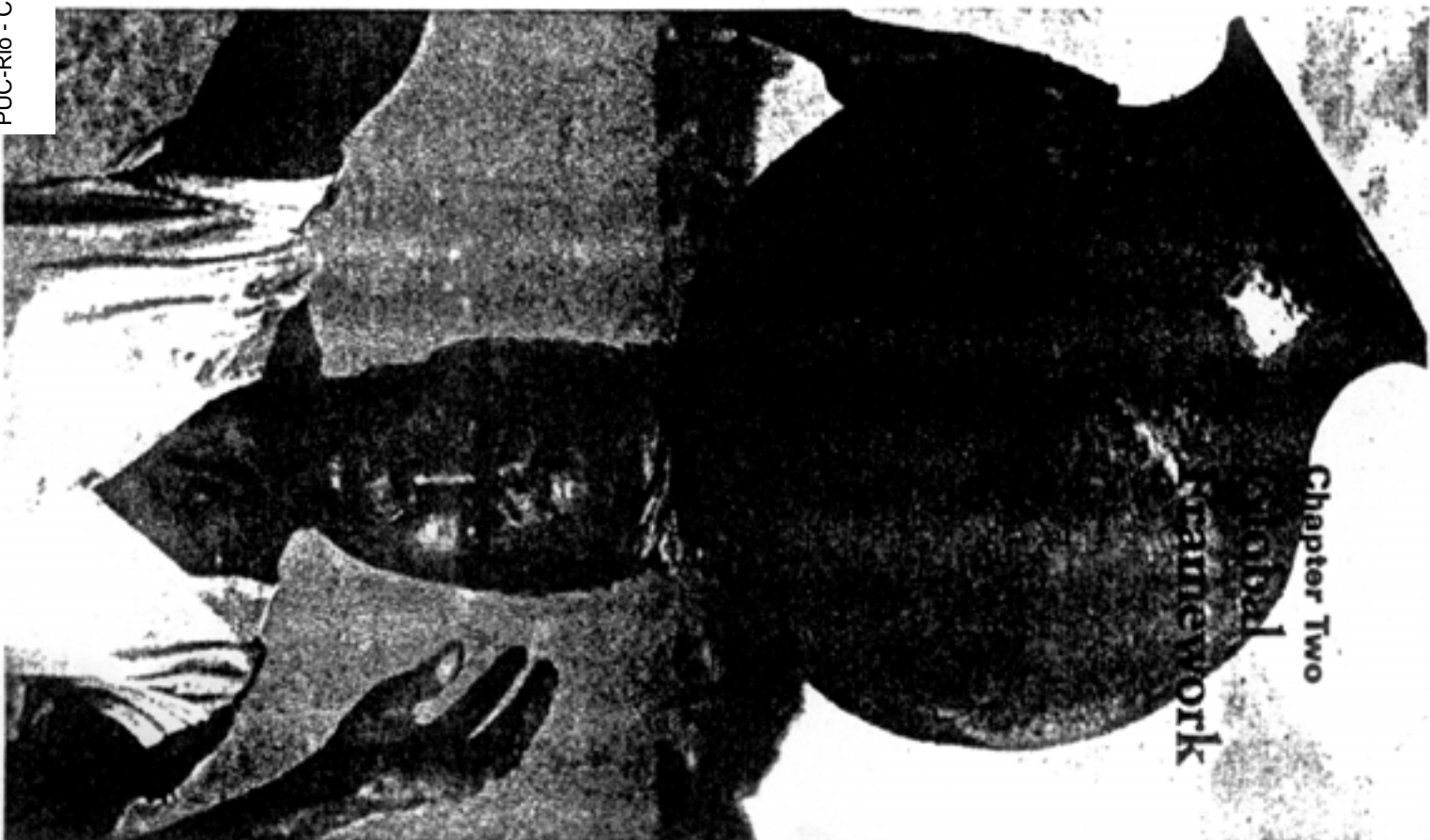
¹For the commonly understood meaning of the term "gender", see annex IV to the present report.

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all to create a peaceful, just and humane world based on human rights and fundamental freedoms, including the principle of equality for all people of all ages and from all walks of life, and to this end, recognizes that broad-based and sustained economic growth in the context of sustainable development is necessary to sustain social development and social justice.

5. The success of the Platform for Action will require a strong commitment on the part of Governments, international organizations and institutions at all levels. It will also require adequate mobilization of resources at the national and international levels as well as new and additional resources to the developing countries from all available funding mechanisms, including multilateral, bilateral and private sources for the advancement of women; financial resources to strengthen the capacity of national, sub-regional, regional and international institutions; a commitment to equal rights, equal responsibilities and equal opportunities and to the 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.

Chapter Two Global Network



GLOBAL FRAMEWORK

6. The Fourth World Conference on Women is taking place as the world stands poised on the threshold of a new millennium.

7. The Platform for Action upholds the Convention on the Elimination of All Forms of Discrimination against Women¹ and builds upon the Nairobi Forward-looking Strategies for the Advancement of Women, as well as relevant resolutions adopted by the Economic and Social Council and the General Assembly. The formulation of the Platform for Action is aimed at establishing a basic group of priority actions that should be carried out during the next five years.

8. The Platform for Action recognizes the importance of the agreements reached at the World Summit for Children, the United Nations Conference on Environment and Development, the World Conference on Human Rights, the International Conference on Population and Development and the World Summit for Social Development, which set out specific approaches and commitments to fostering sustainable development and international cooperation and to strengthening the role of the United Nations to that end. Similarly, the Global Conference on the Sustainable Development of Small Island Developing States, the International Conference on Nutrition, the International Conference on Primary Health Care and the World Conference on Education for All have addressed the various facets of development and human rights, within their specific perspectives, paying significant attention to the role of women and girls. In addition, the International Year for the World's Indigenous People,² the International Year of the Family,³ the United Nations Year for Tolerance,⁴ the Geneva Declaration for Rural Women,⁵ and the Declaration on the Elimination of Violence against Women⁶ have also emphasized the issues of women's empowerment and equality.

9. The objective of the Platform for Action, which is in full conformity with the purposes and principles of the Charter of the United Nations and international law, is the empowerment of all women. The full realization of all human rights and fundamental freedoms of all women is essential for the empowerment of women. While the significance of national and regional particularities and various historical, cultural and religious backgrounds must

be borne in mind, it is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms.⁹ The implementation of this Platform, including through national laws and the formulation of strategies, policies, programmes and development priorities, is the sovereign responsibility of each State, in conformity with all human rights and fundamental freedoms, and the significance of and full respect for various religious and ethical values, cultural backgrounds and philosophical convictions of individuals and their communities should contribute to the full enjoyment by women of their human rights in order to achieve equality, development and peace.

10. Since the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, held at Nairobi in 1985, and the adoption of the Nairobi Forward-looking Strategies for the Advancement of Women, the world has experienced profound political, economic, social and cultural changes, which have had both positive and negative effects on women. The World Conference on Human Rights recognized that the human rights of women and the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in political, civil, economic, social and cultural life at the national, regional and international levels, and the eradication of all forms of discrimination on the grounds of sex are priority objectives of the international community. The World Conference on Human Rights reaffirmed the solemn commitment of all States to fulfil their obligations to promote universal respect for, and observance and protection of, all human rights and fundamental freedoms for all in accordance with the Charter of the United Nations, other instruments related to human rights and international law. The universal nature of these rights and freedoms is beyond question.

11. The end of the cold war has resulted in international changes and diminished competition between the super-Powers. The threat of a global armed conflict has diminished, while international relations have improved and prospects for peace among nations have increased. Although the threat of global conflict has been reduced, wars of aggression, armed conflicts, colonial or other forms of alien domination and foreign occupation, civil wars and terrorism continue to plague many parts of the world. Grave violations of the human rights of women occur, particularly in times of armed conflict, and include murder, torture, systematic rape, forced pregnancy and forced abortion, in particular under policies of ethnic cleansing.

12. The maintenance of peace and security at the global, regional and local levels, together with the prevention of policies of aggression and ethnic cleansing and the resolution of armed conflict, is crucial for

the human rights of women and girl-children, as well as for the elimination of all forms of violence against them and of their use as a weapon of war.

13. Excessive military expenditures, including global military expenditures and arms trade or trafficking, and investments for arms production and acquisition have reduced the resources available for social development. As a result of the debt burden and other economic difficulties, many developing countries have undertaken structural adjustment policies. Moreover, there are structural adjustment programmes that have been poorly designed and implemented, with resulting detrimental effects on social development. The number of people living in poverty has increased disproportionately in most developing countries, particularly the heavily indebted countries, during the past decade.

14. In this context, the social dimension of development should be emphasized. Accelerated economic growth, although necessary for social development, does not by itself improve the quality of life of the population. In some cases, conditions can arise which can aggravate social inequality and marginalization. Hence, it is indispensable to search for new alternatives that ensure that all members of society benefit from economic growth based on a holistic approach to all aspects of development: growth, equality between women and men, social justice, conservation and protection of the environment, sustainability, solidarity, participation, peace and respect for human rights.

15. A worldwide movement towards democratization has opened up the political process in many nations, but the popular participation of women in key decision-making as full and equal partners with men, particularly in politics, has not yet been achieved. South Africa's policy of institutionalized racism — apartheid — has been dismantled and a peaceful and democratic transfer of power has occurred. In Central and Eastern Europe the transition to parliamentary democracy has been rapid and has given rise to a variety of experiences, depending on the specific circumstances of each country. While the transition has been mostly peaceful, in some countries this process has been hindered by armed conflict that has resulted in grave violations of human rights.

16. Widespread economic recession, as well as political instability in some regions, has been responsible for setting back development goals in many countries. This has led to the expansion of unspeakable poverty. Of the more than 1 billion people living in abject poverty, women are an overwhelming majority. The rapid process of change and adjustment in all sectors has also led to increased unemployment and underemployment, with act on women. In many cases, structural adjustment pro-

grammes have not been designed to minimize their negative effects on vulnerable and disadvantaged groups or on women, nor have they been designed to assure positive effects on those groups by preventing their marginalization in economic and social activities. The Final Act of the Uruguay Round of multilateral trade negotiations¹⁹ underscored the increasing interdependence of national economies, as well as the importance of trade liberalization and access to open, dynamic markets. There has also been heavy military spending in some regions. Despite increases in official development assistance (ODA) by some countries, ODA has recently declined overall.

17. Absolute poverty and the feminization of poverty, unemployment, the increasing fragility of the environment, continued violence against women and the widespread exclusion of half of humanity from institutions of power and governance underscore the need to continue the search for development, peace and security and for ways of assuring people-centred sustainable development. The participation and leadership of the half of humanity that is female is essential to the success of that search. Therefore, only a new era of international cooperation among Governments and peoples based on a spirit of partnership, an equitable, international social and economic environment, and a radical transformation of the relationship between women and men to one of full and equal partnership will enable the world to meet the challenges of the twenty-first century.

18. Recent international economic developments have had in many cases a disproportionate impact on women and children, the majority of whom live in developing countries. For those States that have carried a large burden of foreign debt, structural adjustment programmes and measures, though beneficial in the long term, have led to a reduction in social expenditures, thereby adversely affecting women, particularly in Africa and the least developed countries. This is exacerbated when responsibilities for basic social services have shifted from Governments to women.

19. Economic recession in many developed and developing countries, as well as ongoing restructuring in countries with economies in transition, have had a disproportionately negative impact on women's employment. Women often have no choice but to take employment that lacks long-term job security or involves dangerous working conditions, to work in unprotected home-based production or to be unemployed. Many women enter the labour market in under-remunerated and undervalued jobs, seeking to improve their household income; others decide to migrate for the same purpose. Without any reduction in their other responsibilities, this has increased the total burden of work for women.

20. Macro- and microeconomic policies and programmes,

tural adjustment, have not always been designed to take account of their impact on women and girl-children, especially those living in poverty. Poverty has increased in both absolute and relative terms, and the number of women living in poverty has increased in most regions. There are many urban women living in poverty; however, the plight of women living in rural and remote areas deserves special attention given the stagnation of development in such areas. In developing countries, even those in which national indicators have shown improvement, the majority of rural women continue to live in conditions of economic underdevelopment and social marginalization.

21. Women are key contributors to the economy and to combating poverty through both remunerated and unremunerated work at home, in the community and in the workplace. Growing numbers of women have achieved economic independence through gainful employment.

22. One fourth of all households worldwide are headed by women and many other households are dependent on female income even where men are present. Female-maintained households are very often among the poorest because of wage discrimination, occupational segregation patterns in the labour market and other gender-based barriers. Family disintegration, population movements between urban and rural areas within countries, international migration, war and internal displacements are factors contributing to the rise of female-headed households.

23. Recognizing that the achievement and maintenance of peace and security are a precondition for economic and social progress, women are increasingly establishing themselves as central actors in a variety of capacities in the movement of humanity for peace. Their full participation in decision-making, conflict prevention and resolution and all other peace initiatives is essential to the realization of lasting peace.

24. Religion, spirituality and belief play a central role in the lives of millions of women and men, in the way they live and in the aspirations they have for the future. The right to freedom of thought, conscience and religion is inalienable and must be universally enjoyed. This right includes the freedom to have or to adopt the religion or belief of their choice either individually or in community with others, in public or in private, and to manifest their religion or belief in worship, observance, practice and teaching. In order to realize equality, development and peace, there is a need to respect these rights and freedoms fully. Religion, thought, conscience and belief may, and can, contribute to fulfilling women's and men's moral, ethical and spiritual needs and to realizing their full potential in society. However, it is ^{also} ~~also~~ ^{that} any form of extremism may have a negative impact on

lead to violence and discrimination.

25. The Fourth World Conference on Women should accelerate the process that formally began in 1975, which was proclaimed International Women's Year by the United Nations General Assembly. The Year was a turning-point in that it put women's issues on the agenda. The United Nations Decade for Women (1976-1985) was a worldwide effort to examine the status and rights of women and to bring women into decision-making at all levels. In 1979, the General Assembly adopted the Convention on the Elimination of All Forms of Discrimination against Women, which entered into force in 1981 and set an international standard for what was meant by equality between women and men. In 1985, the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace adopted the Nairobi Forward-looking Strategies for the Advancement of Women, to be implemented by the year 2000. There has been important progress in achieving equality between women and men. Many Governments have enacted legislation to promote equality between women and men and have established national machineries to ensure the mainstreaming of gender perspectives in all spheres of society. International agencies have focused greater attention on women's status and roles.

26. The growing strength of the non-governmental sector, particularly women's organizations and feminist groups, has become a driving force for change. Non-governmental organizations have played an important advocacy role in advancing legislation or mechanisms to ensure the promotion of women. They have also become catalysts for new approaches to development. Many Governments have increasingly recognized the important role that non-governmental organizations play and the importance of working with them for progress. Yet, in some countries, Governments continue to restrict the ability of non-governmental organizations to operate freely. Women, through non-governmental organizations, have participated in and strongly influenced community, national, regional and global forums and international debates.

27. Since 1975, knowledge of the status of women and men, respectively, has increased and is contributing to further actions aimed at promoting equality between women and men. In several countries, there have been important changes in the relationships between women and men, especially where there have been major advances in education for women and significant increases in their participation in the paid labour force. The boundaries of the gender division of labour between productive and reproductive roles are gradually being crossed as women have started to enter formerly male-dominated areas of work and men have started to accept greater responsibility for domestic tasks, including child care. Changes in women's roles have been greater and much more

changes in men's roles. In many countries, the differences between women's and men's achievements and activities are still not recognized as the consequences of socially constructed gender roles rather than immutable biological differences.

28. Moreover, 10 years after the Nairobi Conference, equality between women and men has still not been achieved. On average, women represent a mere 10 per cent of all elected legislators worldwide and in most national and international administrative structures, both public and private, they remain underrepresented. The United Nations is no exception. Fifty years after its creation, the United Nations is continuing to deny itself the benefits of women's leadership by their underrepresentation at decision-making levels within the Secretariat and the specialized agencies.

29. Women play a critical role in the family. The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. The rights, capabilities and responsibilities of family members must be respected. Women make a great contribution to the welfare of the family and to the development of society, which is still not recognized or considered in its full importance. The social significance of maternity, motherhood and the role of parents in the family and in the upbringing of children should be acknowledged. The upbringing of children requires shared responsibility of parents, women and men and society as a whole. Maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society. Recognition should also be given to the important role often played by women in many countries in caring for other members of their family.

30. While the rate of growth of world population is on the decline, world population is at an all-time high in absolute numbers, with current increments approaching 86 million persons annually. Two other major demographic trends have had profound repercussions on the dependency ratio within families. In many developing countries, 45 to 50 per cent of the population is less than 15 years old, while in industrialized nations both the number and proportion of elderly people are increasing. According to United Nations projections, 72 per cent of the population over 60 years of age will be living in developing countries by the year 2025, and more than half of that population will be women. Care of children, the sick and the elderly is a responsibility that falls disproportionately on women, owing to lack of equality and the unbalanced distribution of remunerated and unremunerated work between women and men.

31. Many women face particular barriers because of various diverse factors in addition to their gender. Often these diverse factors isolate or marginalize such women. They are, *inter alia*, denied their human rights, they lack access or are denied access to education and vocational training, employment, housing and economic self-sufficiency and they are excluded from decision-making processes. Such women are often denied the opportunity to contribute to their communities as part of the mainstream.

32. The past decade has also witnessed a growing recognition of the distinct interests and concerns of indigenous women, whose identity, cultural traditions and forms of social organization enhance and strengthen the communities in which they live. Indigenous women often face barriers both as women and as members of indigenous communities.

33. In the past 20 years, the world has seen an explosion in the field of communications. With advances in computer technology and satellite and cable television, global access to information continues to increase and expand, creating new opportunities for the participation of women in communications and the mass media and for the dissemination of information about women. However, global communication networks have been used to spread stereotyped and demeaning images of women for narrow commercial and consumerist purposes. Until women participate equally in both the technical and decision-making areas of communications and the mass media, including the arts, they will continue to be misrepresented and awareness of the reality of women's lives will continue to be lacking. The media have a great potential to promote the advancement of women and the equality of women and men by portraying women and men in a non-stereotypical, diverse and balanced manner, and by respecting the dignity and worth of the human person.

34. The continuing environmental degradation that affects all human lives often has a more direct impact on women. Women's health and their livelihood are threatened by pollution and toxic wastes, large-scale deforestation, desertification, drought and depletion of the soil and of coastal and marine resources, with a rising incidence of environmentally related health problems and even death reported among women and girls. Those most affected are rural and indigenous women, whose livelihood and daily subsistence depends directly on sustainable ecosystems.

35. Poverty and environmental degradation are closely interrelated. While poverty results in certain kinds of environmental stress, the major cause of the continued deterioration of the global environment is the unsustainable patterns of consumption and production, particularly in industrialized countries, which are a matter of grave concern and grave poverty and imbalances.

36. Global trends have brought profound changes in family survival strategies and structures. Rural to urban migration has increased substantially in all regions. The global urban population is projected to reach 47 per cent of the total population by the year 2000. An estimated 125 million people are migrants, refugees and displaced persons, half of whom live in developing countries. These massive movements of people have profound consequences for family structures and well-being and have unequal consequences for women and men, including in many cases the sexual exploitation of women.

37. According to World Health Organization (WHO) estimates, by the beginning of 1995 the number of cumulative cases of acquired immunodeficiency syndrome (AIDS) was 4.5 million. An estimated 19.5 million men, women and children have been infected with the human immunodeficiency virus (HIV) since it was first diagnosed and it is projected that another 20 million will be infected by the end of the decade. Among new cases, women are twice as likely to be infected as men. In the early stage of the AIDS pandemic, women were not infected in large numbers; however, about 8 million women are now infected. Young women and adolescents are particularly vulnerable. It is estimated that by the year 2000 more than 13 million women will be infected and 4 million women will have died from AIDS-related conditions. In addition, about 250 million new cases of sexually transmitted diseases are estimated to occur every year. The rate of transmission of sexually transmitted diseases, including HIV/AIDS, is increasing at an alarming rate among women and girls, especially in developing countries.

38. Since 1975, significant knowledge and information have been generated about the status of women and the conditions in which they live. Throughout their entire life cycle, women's daily existence and long-term aspirations are restricted by discriminatory attitudes, unjust social and economic structures, and a lack of resources in most countries that prevent their full and equal participation. In a number of countries, the practice of prenatal sex selection, higher rates of mortality among very young girls and lower rates of school enrolment for girls as compared with boys suggest that son preference is curtailing the access of girl-children to food, education and health care and even life itself. Discrimination against women begins at the earliest stages of life and must therefore be addressed from then onwards.

39. The girl-child of today is the woman of tomorrow. The skills, ideas and energy of the girl-child are vital for full attainment of the goals of equality, development and peace. For the girl-child to develop her full potential she is entitled in an enabling environment, where her spiritual, intellectual,

lectual and material needs for survival, protection and development are met and her equal rights safeguarded. If women are to be equal partners with men, in every aspect of life and development, now is the time to recognize the human dignity and worth of the girl-child and to ensure the full enjoyment of her human rights and fundamental freedoms, including the rights assured by the Convention on the Rights of the Child," universal ratification of which is strongly urged. Yet there exists worldwide evidence that discrimination and violence against girls begin at the earliest stages of life and continue unabated throughout their lives. They often have less access to nutrition, physical and mental health care and education and enjoy fewer rights, opportunities and benefits of childhood and adolescence than do boys. They are often subjected to various forms of sexual and economic exploitation, paedophilia, forced prostitution and possibly the sale of their organs and tissues, violence and harmful practices such as female infanticide and prenatal sex selection, incest, female genital mutilation and early marriage, including child marriage:

40. Half the world's population is under the age of 25 and most of the world's youth—more than 85 per cent—live in developing countries. Policy makers must recognize the implications of these demographic factors. Special measures must be taken to ensure that young women have the life skills necessary for active and effective participation in all levels of social, cultural, political and economic leadership. It will be critical for the international community to demonstrate a new commitment to the future—a commitment to inspiring a new generation of women and men to work together for a more just society. This new generation of leaders must accept and promote a world in which every child is free from injustice, oppression and inequality and free to develop her/his own potential. The principle of equality of women and men must therefore be integral to the socialization process.

Chapter Three Critical Areas of Concern



A. Holmman

CRITICAL AREAS OF CONCERN

41. The advancement of women and the achievement of equality between women and men are a matter of human rights and a condition for social justice and should not be seen in isolation as a women's issue. They are the only way to build a sustainable, just and developed society. Empowerment of women and equality between women and men are prerequisites for achieving political, social, economic, cultural and environmental security among all peoples.

42. Most of the goals set out in the Nairobi Forward-looking Strategies for the Advancement of Women have not been achieved. Barriers to women's empowerment remain, despite the efforts of Governments, as well as non-governmental organizations and women and men everywhere. Vast political, economic and ecological crises persist in many parts of the world. Among them are wars of aggression, armed conflicts, colonial or other forms of alien domination or foreign occupation, civil wars and terrorism. These situations, combined with systematic or de facto discrimination, violations of and failure to protect all human rights and fundamental freedoms of all women, and their civil, cultural, economic, political and social rights, including the right to development and ingrained prejudicial attitudes towards women and girls are but a few of the impediments encountered since the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, in 1985.

43. A review of progress since the Nairobi Conference highlights special concerns — areas of particular urgency that stand out as priorities for action. All actors should focus action and resources on the strategic objectives relating to the critical areas of concern which are, necessarily, interrelated, interdependent and of high priority. There is a need for these actors to develop and implement mechanisms of accountability for all the areas of concern.

44. To this end, Governments, the international community and civil society, including non-governmental organizations and the private sector, are called upon to take strategic action in the following critical areas of concern:

tain global economic climate has been accompanied by economic restructuring as well as, in a certain number of countries, persistent, unmanageable levels of external debt and structural adjustment programmes. In addition, all types of conflict, displacement of people and environmental degradation have undermined the capacity of Governments to meet the basic needs of their populations. Transformations in the world economy are profoundly changing the parameters of social development in all countries. One significant trend has been the increased poverty of women, the extent of which varies from region to region. The gender disparities in economic power-sharing are also an important contributing factor to the poverty of women. Migration and consequent changes in family structures have placed additional burdens on women, especially those who provide for several dependents. Macroeconomic policies need rethinking and reformulation to address such trends. These policies focus almost exclusively on the formal sector. They also tend to impede the initiatives of women and fail to consider the differential impact on women and men. The application of gender analysis to a wide range of policies and programmes is therefore critical to poverty reduction strategies. In order to eradicate poverty and achieve sustainable development, women and men must participate fully and equally in the formulation of macroeconomic and social policies and strategies for the eradication of poverty. The eradication of poverty cannot be accomplished through anti-poverty programmes alone but will require democratic participation and changes in economic structures in order to ensure access for all women to resources, opportunities and public services. Poverty has various manifestations, including lack of income and productive resources sufficient to ensure a sustainable livelihood; hunger and malnutrition; ill health; limited or lack of access to education and other basic services; increasing morbidity and mortality from illness; homelessness and inadequate housing; unsafe environments; and social discrimination and exclusion. It is also characterized by lack of participation in decision-making and in civil, social and cultural life. It occurs in all countries — as mass poverty in many developing countries and as pockets of poverty amidst wealth in developed countries. Poverty may be caused by an economic recession that results in loss of livelihood or by disaster or conflict. There is also the poverty of low-wage workers and the utter destitution of people who fall outside family support systems, social institutions and safety nets.

48. In the past decade the number of women living in poverty has increased disproportionately to the number of men, particularly in the developing countries. The feminization of poverty has also recently become a significant problem in the countries with economies in transition as a short-term consequence of the process of political, economic and social transformation. In addition to economic factors, the rigid

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ascribed gender roles and women's limited access to power, education, training and productive resources as well as other emerging factors that may lead to insecurity for families are also responsible. The failure to adequately mainstream a gender perspective in all economic analysis and planning and to address the structural causes of poverty is also a contributing factor.

49. Women contribute to the economy and to combating poverty through both remunerated and unremunerated work at home, in the community and in the workplace. The empowerment of women is a critical factor in the eradication of poverty.

50. While poverty affects households as a whole, because of the gender division of labour and responsibilities for household welfare, women bear a disproportionate burden, attempting to manage household consumption and production under conditions of increasing scarcity. Poverty is particularly acute for women living in rural households.

51. Women's poverty is directly related to the absence of economic opportunities and autonomy, lack of access to economic resources, including credit, land ownership and inheritance, lack of access to education and support services and their minimal participation in the decision-making process. Poverty can also force women into situations in which they are vulnerable to sexual exploitation.

52. In too many countries, social welfare systems do not take sufficient account of the specific conditions of women living in poverty, and there is a tendency to scale back the services provided by such systems. The risk of falling into poverty is greater for women than for men, particularly in old age, where social security systems are based on the principle of continuous remunerated employment. In some cases, women do not fulfil this requirement because of interruptions in their work, due to the unbalanced distribution of remunerated and unremunerated work. Moreover, older women also face greater obstacles to labour-market re-entry.

53. In many developed countries, where the level of general education and professional training of women and men are similar and where systems of protection against discrimination are available, in some sectors the economic transformations of the past decade have strongly increased either the unemployment of women or the precarious nature of their employment. The proportion of women among the poor has consequently increased. In countries with a high level of school enrolment of girls, those who leave the educational system the earliest, without any qualification, are among the most vulnerable in the labour market.

54. In countries with economies in transition and in other countries undergoing fundamental political, economic and social transformations, these transformations have often led to a reduction in women's income or to women being deprived of income.

55. Particularly in developing countries, the productive capacity of women should be increased through access to capital, resources, credit, land, technology, information, technical assistance and training so as to raise their income and improve nutrition, education, health care and status within the household. The release of women's productive potential is pivotal to breaking the cycle of poverty so that women can share fully in the benefits of development and in the products of their own labour.

56. Sustainable development and economic growth that is both sustained and sustainable are possible only through improving the economic, social, political, legal and cultural status of women. Equitable social development that recognizes empowering the poor, particularly women, to utilize environmental resources sustainably is a necessary foundation for sustainable development.

57. The success of policies and measures aimed at supporting or strengthening the promotion of gender equality and the improvement of the status of women should be based on the integration of the gender perspective in general policies relating to all spheres of society as well as the implementation of positive measures with adequate institutional and financial support at all levels.

Strategic objective A.1.

Review, adopt and maintain macroeconomic policies and development strategies that address the needs and efforts of women in poverty

Actions to be taken

58. By Governments:

- (a) Review and modify, with the full and equal participation of women, macroeconomic and social policies with a view to achieving the objectives of the Platform for Action;
- (b) Analyse, from a gender perspective, policies and programmes—including those related to macroeconomic stability, structural adjustment, external debt problems, taxation, investments, employment, markets and all relevant sectors of the economy—with respect to their impact on poverty, on inequality and particularly on women; assess their impact on family well-being and conditions and adjust them, as appropriate, to promote

table distribution of productive assets, wealth, opportunities, income and services;

- (c) Pursue and implement sound and stable macroeconomic and sectoral policies that are designed and monitored with the full and equal participation of women, encourage broad-based sustained economic growth, address the structural causes of poverty and are geared towards eradicating poverty and reducing gender-based inequality within the overall framework of achieving people-centred sustainable development;
- (d) Restructure and target the allocation of public expenditures to promote women's economic opportunities and equal access to productive resources and to address the basic social, educational and health needs of women, particularly those living in poverty;
- (e) Develop agricultural and fishing sectors, where and as necessary, in order to ensure, as appropriate, household and national food security and food self-sufficiency, by allocating the necessary financial, technical and human resources;
- (f) Develop policies and programmes to promote equitable distribution of food within the household;
- (g) Provide adequate safety nets and strengthen State-based and community-based support systems, as an integral part of social policy, in order to enable women living in poverty to withstand adverse economic environments and preserve their livelihood, assets and revenues in times of crisis;
- (h) Generate economic policies that have a positive impact on the employment and income of women workers in both the formal and informal sectors and adopt specific measures to address women's unemployment, in particular their long-term unemployment;
- (i) Formulate and implement, when necessary, specific economic, social, agricultural and related policies in support of female-headed households;
- (j) Develop and implement anti-poverty programmes, including employment schemes, that improve access to food for women living in poverty, including through the use of appropriate pricing and distribution mechanisms;
- (k) Ensure the full realization of the human rights of all women migrants, including women migrant workers, and their protection against violence and exploitation; introduce measures for the empowerment of documented women migrants, including women migrant workers; facilitate the productive employment of documented migrant women through greater recognition of their skills, foreign education and credentials, and facilitate their full integration into the labour force;

use measures to integrate or reintegrate women living in

poverty and socially marginalized women into productive employment and the economic mainstream; ensure that internally displaced women have full access to economic opportunities and that the qualifications and skills of immigrant and refugee women are recognized;

(m) Enable women to obtain affordable housing and access to land by, among other things, removing all obstacles to access, with special emphasis on meeting the needs of women, especially those living in poverty and female heads of household;

(n) Formulate and implement policies and programmes that enhance the access of women agricultural and fisheries producers (including subsistence farmers and producers, especially in rural areas) to financial, technical, extension and marketing services; provide access to and control of land, appropriate infrastructure and technology in order to increase women's incomes and promote household food security, especially in rural areas and, where appropriate, encourage the development of producer-owned, market-based cooperatives;

(o) Create social security systems wherever they do not exist, or review them with a view to placing individual women and men on an equal footing, at every stage of their lives;

(p) Ensure access to free or low-cost legal services, including legal literacy, especially designed to reach women living in poverty;

(q) Take particular measures to promote and strengthen policies and programmes for indigenous women with their full participation and respect for their cultural diversity, so that they have opportunities and the possibility of choice in the development process in order to eradicate the poverty that affects them.

59. By multilateral financial and development institutions, including the World Bank, the International Monetary Fund and regional development institutions, and through bilateral development cooperation:

(a) In accordance with the commitments made at the World Summit for Social Development, seek to mobilize new and additional financial resources that are both adequate and predictable and mobilized in a way that maximizes the availability of such resources and uses all available funding sources and mechanisms with a view to contributing towards the goal of poverty eradication and targeting women living in poverty;

(b) Strengthen analytical capacity in order to more systematically strengthen gender perspectives and integrate them into the design and implementation of lending programmes, including adjustment and economic recovery programmes;

(c) Find effective development-oriented and durable solutions to external debt problems in order to help them to finance programmes and projects targeted at development, including the advancement of women, *inter alia*, through the immediate implementation of the terms of debt forgiveness agreed upon in the Paris Club in December 1994, which encompassed debt reduction, including cancellation or other debt relief measures and develop techniques of debt conversion applied to social development programmes and projects in conformity with the priorities of the Platform for Action;

(d) Invite the international financial institutions to examine innovative approaches to assisting low-income countries with a high proportion of multilateral debt, with a view to alleviating their debt burden;

(e) Ensure that structural adjustment programmes are designed to minimize their negative effects on vulnerable and disadvantaged groups and communities and to assure their positive effects on such groups and communities by preventing their marginalization in economic and social activities and devising measures to ensure that they gain access to and control over economic resources and economic and social activities; take actions to reduce inequality and economic disparity;

(f) Review the impact of structural adjustment programmes on social development by means of gender-sensitive social impact assessments and other relevant methods, in order to develop policies to reduce their negative effects and improve their positive impact, ensuring that women do not bear a disproportionate burden of transition costs; complement adjustment lending with enhanced, targeted social development lending;

(g) Create an enabling environment that allows women to build and maintain sustainable livelihoods.

60. By national and international non-governmental organizations and women's groups:

(a) Mobilize all parties involved in the development process, including academic institutions, non-governmental organizations and grass-roots and women's groups, to improve the effectiveness of anti-poverty programmes directed towards the poorest and most disadvantaged groups of women, such as rural and indigenous women, female heads of household, young women and older women, refugees and migrant women and women with disabilities, recognizing that social development is primarily the responsibility of women;

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- (b) Engage in lobbying and establish monitoring mechanisms, as appropriate, and other relevant activities to ensure implementation of the recommendations on poverty eradication outlined in the Platform for Action and aimed at ensuring accountability and transparency from the State and private sectors;
- (c) Include in their activities women with diverse needs and recognize that youth organizations are increasingly becoming effective partners in development programmes;
- (d) In cooperation with the government and private sectors, participate in the development of a comprehensive national strategy for improving health, education and social services so that girls and women of all ages living in poverty have full access to such services; seek funding to secure access to services with a gender perspective and to extend those services in order to reach the rural and remote areas that are not covered by government institutions;
- (e) In cooperation with Governments, employers, other social partners and relevant parties, contribute to the development of education and training and retraining policies to ensure that women can acquire a wide range of skills to meet new demands;
- (f) Mobilize to protect women's right to full and equal access to economic resources, including the right to inheritance and to ownership of land and other property, credit, natural resources and appropriate technologies.

Strategic objective A.2.

Revise laws and administrative practices to ensure women's equal rights and access to economic resources

Actions to be taken

61. By Governments:

- (a) Ensure access to free or low-cost legal services, including legal literacy, especially designed to reach women living in poverty;
- (b) Undertake legislative and administrative reforms to give women full and equal access to economic resources, including the right to inheritance and to ownership of land and other property, credit, natural resources and appropriate technologies;
- (c) Consider ratification of Convention No. 169 of the International Labour Organization (ILO) as part of their efforts to promote and protect the rights of indigenous people.

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Strategic objective A.3.

Provide women with access to savings and credit mechanisms and institutions

Actions to be taken

62. By Governments:

- (a) Enhance the access of disadvantaged women, including women entrepreneurs, in rural, remote and urban areas to financial services through strengthening links between the formal banks and intermediary lending organizations, including legislative support, training for women and institutional strengthening for intermediary institutions with a view to mobilizing capital for those institutions and increasing the availability of credit;
- (b) Encourage links between financial institutions and non-governmental organizations and support innovative lending practices, including those that integrate credit with women's services and training and provide credit facilities to rural women.

63. By commercial banks, specialized financial institutions and the private sector in examining their policies:

- (a) Use credit and savings methodologies that are effective in reaching women in poverty and innovative in reducing transaction costs and redefining risk;
- (b) Open special windows for lending to women, including young women, who lack access to traditional sources of collateral;
- (c) Simplify banking practices, for example by reducing the minimum deposit and other requirements for opening bank accounts;
- (d) Ensure the participation and joint ownership, where possible, of women clients in the decision-making of institutions providing credit and financial services.

64. By multilateral and bilateral development cooperation organizations:

Support, through the provision of capital and/or resources, financial institutions that serve low-income, small-scale and micro-scale women entrepreneurs and producers, in both the formal and informal sectors.

65. By Governments and multilateral financial institutions, as appropriate:

institutions that meet performance standards in reaching 75 of low-income women and men through capitalization,

refinancing and institutional development support in forms that foster self-sufficiency.

66. By international organizations:

Increase funding for programmes and projects designed to promote sustainable and productive entrepreneurial activities for income-generation among disadvantaged women and women living in poverty.

Strategic objective A.4.

Develop gender-based methodologies and conduct research to address the feminization of poverty

Actions to be taken

67. By Governments, intergovernmental organizations, academic and research institutions and the private sector:

- (a) Develop conceptual and practical methodologies for incorporating gender perspectives into all aspects of economic policy-making, including structural adjustment planning and programmes;
- (b) Apply these methodologies in conducting gender-impact analyses of all policies and programmes, including structural adjustment programmes, and disseminate the research findings.

68. By national and international statistical organizations:

- (a) Collect gender and age-disaggregated data on poverty and all aspects of economic activity and develop qualitative and quantitative statistical indicators to facilitate the assessment of economic performance from a gender perspective;
- (b) Devise suitable statistical means to recognize and make visible the full extent of the work of women and all their contributions to the national economy, including their contribution in the unremunerated and domestic sectors, and examine the relationship of women's unremunerated work to the incidence of and their vulnerability to poverty.

B. Education and training of women

69. Education is a human right and an essential tool for achieving the goals of equality, development and peace. Non-discriminatory education benefits both girls and boys and thus ultimately contributes relationships between women and men. Equality of access

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ment of educational qualifications is necessary if more women are to become agents of change. Literacy of women is an important key to improving health, nutrition and education in the family and to empowering women to participate in decision-making in society. Investing in formal and non-formal education and training for girls and women, with its exceptionally high social and economic return, has proved to be one of the best means of achieving sustainable development and economic growth that is both sustained and sustainable.

70. On a regional level, girls and boys have achieved equal access to primary education, except in some parts of Africa, in particular sub-Saharan Africa, and Central Asia, where access to education facilities is still inadequate. Progress has been made in secondary education, where equal access of girls and boys has been achieved in some countries. Enrolment of girls and women in tertiary education has increased considerably. In many countries, private schools have also played an important complementary role in improving access to education at all levels. Yet, more than five years after the World Conference on Education for All (Jomtien, Thailand, 1990) adopted the World Declaration on Education for All and the Framework for Action to Meet Basic Learning Needs,¹⁹ approximately 100 million children, including at least 60 million girls, are without access to primary schooling and more than two thirds of the world's 960 million illiterate adults are women. The high rate of illiteracy prevailing in most developing countries, in particular in sub-Saharan Africa and some Arab States, remains a severe impediment to the advancement of women and to development.

71. Discrimination in girls' access to education persists in many areas, owing to customary attitudes, early marriages and pregnancies, inadequate and gender-biased teaching and educational materials, sexual harassment and lack of adequate and physically and otherwise accessible schooling facilities. Girls undertake heavy domestic work at a very early age. Girls and young women are expected to manage both educational and domestic responsibilities, often resulting in poor scholastic performance and early drop-out from the educational system. This has long-lasting consequences for all aspects of women's lives.

72. Creation of an educational and social environment, in which women and men, girls and boys, are treated equally and encouraged to achieve their full potential, respecting their freedom of thought, conscience, religion and belief, and where educational resources promote non-stereotyped images of women and men, would be effective in the elimination of the causes of discrimination against women and inequalities between women and men.

knowledge and skills beyond those acquired during youth. This concept of lifelong learning includes knowledge and skills gained in formal education and training, as well as learning that occurs in informal ways, including volunteer activity, unremunerated work and traditional knowledge.

74. Curricula and teaching materials remain gender-biased to a large degree, and are rarely sensitive to the specific needs of girls and women. This reinforces traditional female and male roles that deny women opportunities for full and equal partnership in society. Lack of gender awareness by educators at all levels strengthens existing inequities between males and females by reinforcing discriminatory tendencies and undermining girls' self-esteem. The lack of sexual and reproductive health education has a profound impact on women and men.

75. Science curricula in particular are gender-biased. Science textbooks do not relate to women's and girls' daily experience and fail to give recognition to women scientists. Girls are often deprived of basic education in mathematics and science and technical training, which provide knowledge they could apply to improve their daily lives and enhance their employment opportunities. Advanced study in science and technology prepares women to take an active role in the technological and industrial development of their countries, thus necessitating a diverse approach to vocational and technical training. Technology is rapidly changing the world and has also affected the developing countries. It is essential that women not only benefit from technology, but also participate in the process from the design to the application, monitoring and evaluation stages.

76. Access for and retention of girls and women at all levels of education, including the higher level, and all academic areas is one of the factors of their continued progress in professional activities. Nevertheless, it can be noted that girls are still concentrated in a limited number of fields of study.

77. The mass media are a powerful means of education. As an educational tool the mass media can be an instrument for educators and governmental and non-governmental institutions for the advancement of women and for development. Computerized education and information systems are increasingly becoming an important element in learning and the dissemination of knowledge. Television especially has the greatest impact on young people and, as such, has the ability to shape values, attitudes and perceptions of women and girls in both positive and negative ways. It is therefore essential that educators teach critical judgement and analytical skills.

78. Resources allocated to education, particularly for girls and women, are in many countries insufficient and in some cases have

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diminished, including in the context of adjustment policies and programmes. Such insufficient resource allocations have a long-term adverse effect on human development, particularly on the development of women.

79. In addressing unequal access to and inadequate educational opportunities, Governments and other actors should promote an active and visible policy of mainstreaming a gender perspective into all policies and programmes, so that, before decisions are taken, an analysis is made of the effects on women and men, respectively.

Strategic objective B.1.

Ensure equal access to education

Actions to be taken

80. By Governments:

- (a) Advance the goal of equal access to education by taking measures to eliminate discrimination in education at all levels on the basis of gender, race, language, religion, national origin, age or disability, or any other form of discrimination and, as appropriate, consider establishing procedures to address grievances;
- (b) By the year 2000, provide universal access to basic education and ensure completion of primary education by at least 80 per cent of primary school-age children; close the gender gap in primary and secondary school education by the year 2005; provide universal primary education in all countries before the year 2015;
- (c) Eliminate gender disparities in access to all areas of tertiary education by ensuring that women have equal access to career development, training, scholarships and fellowships, and by adopting positive action when appropriate;
- (d) Create a gender-sensitive educational system in order to ensure equal educational and training opportunities and full and equal participation of women in educational administration and policy-making;
- (e) Provide—in collaboration with parents, non-governmental organizations, including youth organizations, communities and the private sector—young women with academic and technical training, career planning, leadership and social skills and work experience to prepare them to participate fully in society;
- (f) Increase enrolment and retention rates of girls by allocating appropriate budgetary resources; by enlisting the support of parents and the community, as well as through campaigns, flexible school schedules, scholarships and other means to minimize the costs of education to their families and to facilitate parents' ability to

choose education for the girl-child; and by ensuring that the rights of women and girls to freedom of conscience and religion are respected in educational institutions through repealing any discriminatory laws or legislation based on religion, race or culture;

- (g) Promote an educational setting that eliminates all barriers that impeded the schooling of pregnant adolescents and young mothers, including, as appropriate, affordable and physically accessible child-care facilities and parental education to encourage those who are responsible for the care of their children and siblings during their school years, to return to or continue with and complete schooling;

- (h) Improve the quality of education and equal opportunities for women and men in terms of access in order to ensure that women of all ages can acquire the knowledge, capacities, aptitudes, skills and ethical values needed to develop and to participate fully under equal conditions in the process of social, economic and political development;

- (i) Make available non-discriminatory and gender-sensitive professional school counselling and career education programmes to encourage girls to pursue academic and technical curricula in order to widen their future career opportunities;

- (j) Encourage ratification of the International Covenant on Economic, Social and Cultural Rights" where they have not already done so.

Strategic objective B.2.

Eradicate illiteracy among women

Actions to be taken

81. By Governments, national, regional and international bodies, bilateral and multilateral donors and non-governmental organizations:

- Reduce the female illiteracy rate to at least half its 1990 level, with emphasis on rural women, migrant, refugee and internally displaced women and women with disabilities;
- Provide universal access to, and seek to ensure gender equality in the completion of, primary education for girls by the year 2000;
- Eliminate the gender gap in basic and functional literacy, as recommended in the World Declaration on Education for All (Jomtien);
- Narrow the disparities between developed and developing countries;
- Encourage adult and family engagement in literacy;
- total literacy for all people;

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- (f) Promote, together with literacy, life skills and scientific and technological knowledge and work towards an expansion of the definition of literacy, taking into account current targets and benchmarks.

Strategic objective B.3.

Improve women's access to vocational training, science and technology, and continuing education

Actions to be taken

82. By Governments, in cooperation with employers, workers and trade unions, international and non-governmental organizations, including women's and youth organizations, and educational institutions:

- (a) Develop and implement education, training and retraining policies for women, especially young women and women re-entering the labour market, to provide skills to meet the needs of a changing socio-economic context for improving their employment opportunities;

- (b) Provide recognition to non-formal educational opportunities for girls and women in the educational system;

- (c) Provide information to women and girls on the availability and benefits of vocational training, training programmes in science and technology and programmes of continuing education;

- (d) Design educational and training programmes for women who are unemployed in order to provide them with new knowledge and skills that will enhance and broaden their employment opportunities, including self-employment, and development of their entrepreneurial skills;

- (e) Diversify vocational and technical training and improve access for and retention of girls and women in education and vocational training in such fields as science, mathematics, engineering, environmental sciences and technology, information technology and high technology, as well as management training;

- (f) Promote women's central role in food and agricultural research, extension and education programmes;

- (g) Encourage the adaptation of curricula and teaching materials, encourage a supportive training environment and take positive measures to promote training for the full range of occupational choices of non-traditional careers for women and men, including the development of multidisciplinary courses for science and mathematics teachers to sensitize them to the relevance of science and technology to women's lives;

develop curricula and teaching materials and formulate and take

positive measures to ensure women better access to and participation in technical and scientific areas, especially areas where they are not represented or are underrepresented;

- (i) Develop policies and programmes to encourage women to participate in all apprenticeship programmes;
- (j) Increase training in technical, managerial, agricultural extension and marketing areas for women in agriculture, fisheries, industry and business, arts and crafts, to increase income-generating opportunities, women's participation in economic decision-making, in particular through women's organizations at the grass-roots level, and their contribution to production, marketing, business, and science and technology;
- (k) Ensure access to quality education and training at all appropriate levels for adult women with little or no education, for women with disabilities and for documented migrant, refugee and displaced women to improve their work opportunities.

Strategic objective B.4.

Develop non-discriminatory education and training

Actions to be taken

83. By Governments, educational authorities and other educational and academic institutions:

- (a) Elaborate recommendations and develop curricula, textbooks and teaching aids free of gender-based stereotypes for all levels of education, including teacher training, in association with all concerned—publishers, teachers, public authorities and parents' associations;
- (b) Develop training programmes and materials for teachers and educators that raise awareness about the status, role and contribution of women and men in the family, as defined in paragraph 29 above, and society; in this context, promote equality, cooperation, mutual respect and shared responsibilities between girls and boys from pre-school level onward and develop, in particular, educational modules to ensure that boys have the skills necessary to take care of their own domestic needs and to share responsibility for their household and for the care of dependents;
- (c) Develop training programmes and materials for teachers and educators that raise awareness of their own role in the educational process, with a view to providing them with effective strategies for gender-sensitive teaching;
- (d) Take actions to ensure that female teachers and professors have the same opportunities as and equal status with male teachers and professors, in view of the importance of having female teachers

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all levels and in order to attract girls to school and retain them in school;

- (e) Introduce and promote training in peaceful conflict resolution;
- (f) Take positive measures to increase the proportion of women gaining access to educational policy- and decision-making, particularly women teachers at all levels of education and in academic disciplines that are traditionally male-dominated, such as the scientific and technological fields;
- (g) Support and develop gender studies and research at all levels of education, especially at the postgraduate level of academic institutions, and apply them in the development of curricula, including university curricula, textbooks and teaching aids, and in teacher training;
- (h) Develop leadership training and opportunities for all women to encourage them to take leadership roles both as students and as adults in civil society;
- (i) Develop appropriate education and information programmes with due respect for multilingualism, particularly in conjunction with the mass media, that make the public, particularly parents, aware of the importance of non-discriminatory education for children and the equal sharing of family responsibilities by girls and boys;
- (j) Develop human rights education programmes that incorporate the gender dimension at all levels of education, in particular by encouraging higher education institutions, especially in their graduate and postgraduate juridical, social and political science curricula, to include the study of the human rights of women as they appear in United Nations conventions;
- (k) Remove legal, regulatory and social barriers, where appropriate, to sexual and reproductive health education within formal education programmes regarding women's health issues;
- (l) Encourage, with the guidance and support of their parents and in cooperation with educational staff and institutions, the elaboration of educational programmes for girls and boys and the creation of integrated services in order to raise awareness of their responsibilities and to help them to assume those responsibilities, taking into account the importance of such education and services to personal development and self-esteem, as well as the urgent need to avoid unwanted pregnancy, the spread of sexually transmitted diseases, especially HIV / AIDS, and such phenomena as sexual violence and abuse;
- (m) Provide accessible recreational and sports facilities and establish and strengthen gender-sensitive programmes for girls and women in education and community institutions and support the participation of women in all areas of athletics and physical

- activity, including coaching, training and administration, and as participants at the national, regional and international levels;
- (n) Recognize and support the right of indigenous women and girls to education and promote a multicultural approach to education that is responsive to the needs, aspirations and cultures of indigenous women, including by developing appropriate education programmes, curricula and teaching aids, to the extent possible in the languages of indigenous people, and by providing for the participation of indigenous women in these processes;
- (o) Acknowledge and respect the artistic, spiritual and cultural activities of indigenous women;
- (p) Ensure that gender equality and cultural, religious and other diversity are respected in educational institutions;
- (q) Promote education, training and relevant information programmes for rural and farming women through the use of affordable and appropriate technologies and the mass media—for example, radio programmes, cassettes and mobile units;
- (r) Provide non-formal education, especially for rural women, in order to realize their potential with regard to health, micro-enterprise, agriculture and legal rights;
- (s) Remove all barriers to access to formal education for pregnant adolescents and young mothers, and support the provision of child care and other support services where necessary.

Strategic objective B.5.

Allocate sufficient resources for and monitor the implementation of educational reforms

Actions to be taken

84. By Governments:

- (a) Provide the required budgetary resources to the educational sector, with reallocation within the educational sector to ensure increased funds for basic education, as appropriate;
- (b) Establish a mechanism at appropriate levels to monitor the implementation of educational reforms and measures in relevant ministries, and establish technical assistance programmes, as appropriate, to address issues raised by the monitoring efforts.

85. By Governments and, as appropriate, private and public institutions, foundations, research institutes and non-governmental organizations:

- (a) When necessary, mobilize additional funds from universities and public institutions, foundations, research institutes and

- organizations to enable girls and women, as well as boys and men on an equal basis, to complete their education, with particular emphasis on under-served populations;
- (b) Provide funding for special programmes, such as programmes in mathematics, science and computer technology, to advance opportunities for all girls and women.

86. By multilateral development institutions, including the World Bank regional development banks, bilateral donors and foundations:

- (a) Consider increasing funding for the education and training needs of girls and women as a priority in development assistance programmes;
- (b) Consider working with recipient Governments to ensure that funding for women's education is maintained or increased in structural adjustment and economic recovery programmes, including lending and stabilization programmes.

87. By international and intergovernmental organizations, especially the United Nations Educational, Scientific and Cultural Organization, at the global level:

- (a) Contribute to the evaluation of progress achieved, using educational indicators generated by national, regional and international bodies, and urge Governments, in implementing measures, to eliminate differences between women and men and boys and girls with regard to opportunities in education and training and the levels achieved in all fields, particularly in primary and literacy programmes;
- (b) Provide technical assistance upon request to developing countries to strengthen the capacity to monitor progress in closing the gap between women and men in education, training and research, and in levels of achievement in all fields, particularly basic education and the elimination of illiteracy;
- (c) Conduct an international campaign promoting the right of women and girls to education;
- (d) Allocate a substantial percentage of their resources to basic education for women and girls.

Strategic objective B.6.**Promote lifelong education and training for girls and women****Actions to be taken**

88. By Governments, educational institutions and communities:

- (a) Ensure the availability of a broad range of educational and training programmes that lead to ongoing acquisition by women and girls of the knowledge and skills required for living in, contributing to and benefiting from their communities and nations;
- (b) Provide support for child care and other services to enable mothers to continue their schooling;
- (c) Create flexible education, training and retraining programmes for lifelong learning that facilitate transitions between women's activities at all stages of their lives.

C. Women and health¹

89. Women have the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology. However, health and well-being elude the majority of women. A major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different geographical regions, social classes and indigenous and ethnic groups. In national and international forums, women have emphasized that to attain optimal health throughout the life cycle, equality, including the sharing of family responsibilities, development and peace are necessary conditions.

90. Women have different and unequal access to and use of basic health resources, including primary health services for the prevention and treatment of childhood diseases, malnutrition, anaemia, diarrhoeal diseases, communicable diseases, malaria and other tropical diseases and tuberculosis, among others. Women also have different and unequal opportunities

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for the protection, promotion and maintenance of their health. In many developing countries, the lack of emergency obstetric services is also of particular concern. Health policies and programmes often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of autonomy of women regarding their health. Women's health is also affected by gender bias in the health system and by the provision of inadequate and inappropriate medical services to women.

91. In many countries, especially developing countries, in particular the least developed countries, a decrease in public health spending and, in some cases, structural adjustment, contribute to the deterioration of public health systems. In addition, privatization of health-care systems without appropriate guarantees of universal access to affordable health care further reduces health-care availability. This situation not only directly affects the health of girls and women, but also places disproportionate responsibilities on women, whose multiple roles, including their roles within the family and the community, are often not acknowledged; hence they do not receive the necessary social, psychological and economic support.

92. Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men. Women are affected by many of the same health conditions as men, but women experience them differently. The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial and other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence in decision-making are social realities which have an adverse impact on their health. Lack of food and inequitable distribution of food for girls and women in the household, inadequate access to safe water, sanitation facilities and fuel supplies, particularly in rural and poor urban areas, and deficient housing conditions, all overburden women and their families and have a negative effect on their health. Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.

93. Discrimination against girls, often resulting from son preference, in access to nutrition and health-care services endangers their current and future health and well-being. Conditions that force girls into early marriage, pregnancy and child-bearing and subject them to harmful practices, such as female genital mutilation, pose grave health risks. Adolescent girls need,

information and services for adolescents are still inadequate or lacking completely, and a young woman's right to privacy, confidentiality, respect and informed consent is often not considered. Adolescent girls are both biologically and psychosocially more vulnerable than boys to sexual abuse, violence and prostitution, and to the consequences of unprotected and premature sexual relations. The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwanted and too early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, for young women early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term, adverse impact on the quality of their lives and the lives of their children. Young men are often not educated to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.

94. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. 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.

95. Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and to attain the highest standard of sexual and reproductive health.

includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.

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

97. Further, women are subject to particular health risks due to inadequate responsiveness and lack of services to meet health needs related to sexuality and reproduction. Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world. Similar problems exist to a certain degree in some countries with economies in transition. Unsafe abortions threaten the lives of a large number of women, representing a grave public health problem as it is primarily the poorest and youngest who take the highest risk. Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care, recognizing the right of women and men to be informed to have access to safe, effective, affordable and acceptable family planning of their choice, as well as other methods of their

choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. These problems and means should be addressed on the basis of the report of the International Conference on Population and Development, with particular reference to relevant paragraphs of the Programme of Action of the Conference.¹⁴ In most countries, the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights. Shared responsibility between women and men in matters related to sexual and reproductive behaviour is also essential to improving women's health.

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

99. Sexual and gender-based violence, including physical and psychological abuse, trafficking in women and girls, and other forms of abuse and sexual exploitation place girls and women at high risk of physical and mental trauma, disease and unwanted pregnancy. Such situations often deter women from using health and other services.

100. Mental disorders related to marginalization, powerlessness and poverty, along with overwork and stress and the growing incidence of domestic violence as well as substance abuse, are among other health issues of growing concern to women. Women throughout the world, especially young women, are increasing their use of tobacco with serious effects on their health and that of their children. Occupational health issues are also growing in importance, as a large number of women work in low-paid jobs in either the formal or the informal labour market under unhealthy conditions, and the number is rising. Cancers

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cervix and other cancers of the reproductive system, as well as infertility, affect growing numbers of women and may be preventable, or curable, if detected early.

101. With the increase in life expectancy and the growing number of older women, their health concerns require particular attention. The long-term health prospects of women are influenced by changes at menopause, which, in combination with lifelong conditions and other factors, such as poor nutrition and lack of physical activity, may increase the risk of cardiovascular disease and osteoporosis. Other diseases of ageing and the interrelationships of ageing and disability among women also need particular attention.

102. Women, like men, particularly in rural areas and poor urban areas, are increasingly exposed to environmental health hazards owing to environmental catastrophes and degradation. Women have a different susceptibility to various environmental hazards, contaminants and substances and they suffer different consequences from exposure to them.

103. The quality of women's health care is often deficient in various ways, depending on local circumstances. Women are frequently not treated with respect, nor are they guaranteed privacy and confidentiality, nor do they always receive full information about the options and services available. Furthermore, in some countries, women's life events are often treated as medical problems, leading to unnecessary surgical intervention and inappropriate medication.

104. Statistical data on health are often not systematically collected, disaggregated and analysed by age, sex and socio-economic status and by established demographic criteria used to serve the interests and solve the problems of subgroups, with particular emphasis on the vulnerable and marginalized and other relevant variables. Recent and reliable data on the mortality and morbidity of women and conditions and diseases particularly affecting women are not available in many countries. Relatively little is known about how social and economic factors affect the health of girls and women of all ages, about the provision of health services to girls and women and the patterns of their use of such services, and about the value of disease prevention and health promotion programmes for women. Subjects of importance to women's health have not been adequately researched and women's health research often lacks funding. Medical research, on heart disease, for example, and epidemiological studies in many countries are often based solely on men; they are not gender specific. Clinical trials involving women to establish basic information about dosage, side-effects and of drugs, including contraceptives, are noticeably absent and

drug therapy protocols and other medical treatments and interventions administered to women are based on research on men without any investigation and adjustment for gender differences.

105. In addressing inequalities in health status and unequal access to and inadequate health-care services between women and men, Governments and other actors should promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes, so that, before decisions are taken, an analysis is made of the effects for women and men, respectively.

Strategic objective C.1.

Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

- (a) Support and implement the commitments made in the Programme of Action of the International Conference on Population and Development, as established in the report of that Conference and the Copenhagen Declaration on Social Development and Programme of Action of the World Summit for Social Development¹⁰ and the obligations of States parties under the Convention on the Elimination of All Forms of Discrimination against Women and other relevant international agreements, to meet the health needs of girls and women of all ages;
- (b) Reaffirm the right to the enjoyment of the highest attainable standards of physical and mental health, protect and promote the attainment of this right for women and girls and incorporate it in national legislation, for example: review existing legislation, including health legislation, as well as policies, where necessary, to reflect a commitment to women's health and to ensure that they meet the changing roles and responsibilities of women wherever they reside;
- (c) Design and implement, in cooperation with women and community-based organizations, gender-sensitive health programmes, including decentralized health services, that address the needs of women throughout their lives and take into account their multiple roles and responsibilities, the demands on their time, the special needs of rural women and women with disabilities and the diversity of women's needs arising from age and socio-economic and cultural differences, among others, include women, e/

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and indigenous women, in the identification and planning of health-care priorities and programmes: remove all barriers to women's health services and provide a broad range of health-care services;

- (d) Allow women access to social security systems in equality with men throughout the whole life cycle;
- (e) Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care, as agreed to in the Programme of Action of the International Conference on Population and Development;
- (f) Redesign health information, services and training for health workers so that they are gender-sensitive and reflect the user's perspectives with regard to interpersonal and communications skills and the user's right to privacy and confidentiality; these services, information and training should be based on a holistic approach;
- (g) Ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women's health services aimed at ensuring responsible, voluntary and informed consent; encourage the development, implementation and dissemination of codes of ethics guided by existing international codes of medical ethics as well as ethical principles that govern other health professionals;
- (h) Take all appropriate measures to eliminate harmful, medically unnecessary or coercive medical interventions, as well as inappropriate medication and over-medication of women, and ensure that all women are fully informed of their options, including likely benefits and potential side-effects, by properly trained personnel;
- (i) Strengthen and reorient health services, particularly primary health care, in order to ensure universal access to quality health services for women and girls; reduce ill health and maternal morbidity and achieve worldwide the agreed-upon goal of reducing maternal mortality by at least 50 per cent of the 1990 levels by the year 2000 and a further one half by the year 2015; ensure that the necessary services are available at each level of the health system and make reproductive health care accessible, through the primary health-care system, to all individuals of appropriate ages as soon as possible and no later than the year 2015;
- (j) Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on

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

- (l) Give particular attention to the needs of girls, especially the promotion of healthy behaviour, including physical activities; take specific measures for closing the gender gaps in morbidity and mortality where girls are disadvantaged, while achieving internationally approved goals for the reduction of infant and child mortality—specifically, by the year 2000, the reduction of mortality rates of infants and children under five years of age by one third of the 1990 level, or 50 to 70 per 1,000 live births, whichever is less; by the year 2015 an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000;
- (m) Ensure that girls have continuing access to necessary health and nutrition information and services as they mature, to facilitate a healthful transition from childhood to adulthood;
- (n) Develop information, programmes and services to assist women to understand and adapt to changes associated with ageing and to address and treat the health needs of older women, paying particular attention to those who are physically or psychologically dependent;
- (o) Ensure that girls and women of all ages with any form of disability receive supportive services;
- (p) Formulate special policies, design programmes and enact the legislation necessary to alleviate and eliminate environmental and occupational health hazards associated with work;

the workplace and elsewhere with attention to pregnant and lactating women;

- (q) Integrate mental health services into primary health-care systems or other appropriate levels, develop supportive programmes and train primary health workers to recognize and care for girls and women of all ages who have experienced any form of violence especially domestic violence, sexual abuse or other abuse resulting from armed and non-armed conflict;
- (r) Promote public information on the benefits of breast-feeding; examine ways and means of implementing fully the WHO/UNICEF International Code of Marketing of Breast-milk Substitutes, and enable mothers to breast-feed their infants by providing legal, economic, practical and emotional support;
- (s) Establish mechanisms to support and involve non-governmental organizations, particularly women's organizations, professional groups and other bodies working to improve the health of girls and women, in government policy-making, programme design, as appropriate, and implementation within the health sector and related sectors at all levels;
- (t) Support non-governmental organizations working on women's health and help develop networks aimed at improving coordination and collaboration between all sectors that affect health;
- (u) Rationalize drug procurement and ensure a reliable, continuous supply of high-quality pharmaceutical, contraceptive and other supplies and equipment, using the WHO Model List of Essential Drugs as a guide, and ensure the safety of drugs and devices through national regulatory drug approval processes;
- (v) Provide improved access to appropriate treatment and rehabilitation services for women substance abusers and their families;
- (w) Promote and ensure household and national food security, as appropriate, and implement programmes aimed at improving the nutritional status of all girls and women by implementing the commitments made in the Plan of Action on Nutrition of the International Conference on Nutrition, including a reduction worldwide of severe and moderate malnutrition among children under the age of five by one half of 1990 levels by the year 2000, giving special attention to the gender gap in nutrition, and a reduction in iron deficiency anaemia in girls and women by one third of the 1990 levels by the year 2000;
- (x) Ensure the availability of and universal access to safe drinking-water and sanitation and put in place effective public distribution systems as soon as possible;
- (y) Ensure full and equal access to health-care infrastructure and services for indigenous women.

Strategic objective C.2.**Strengthen preventive programmes that promote women's health****Actions to be taken**

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

- (a) Give priority to both formal and informal educational programmes that support and enable women to develop self-esteem, acquire knowledge, make decisions on and take responsibility for their own health, achieve mutual respect in matters concerning sexuality and fertility and educate men regarding the importance of women's health and well-being, placing special focus on programmes for both men and women that emphasize the elimination of harmful attitudes and practices, including female genital mutilation, son preference (which results in female infanticide and prenatal sex selection), early marriage, including child marriage, violence against women, sexual exploitation, sexual abuse, which at times is conducive to infection with HIV/AIDS and other sexually transmitted diseases, drug abuse, discrimination against girls and women in food allocation and other harmful attitudes and practices related to the life, health and well-being of women, and recognizing that some of these practices can be violations of human rights and ethical medical principles;
- (b) Pursue social, human development, education and employment policies to eliminate poverty among women in order to reduce their susceptibility to ill health and to improve their health;
- (c) Encourage men to share equally in child care and household work and to provide their share of financial support for their families, even if they do not live with them;
- (d) Reinforce laws, reform institutions and promote norms and practices that eliminate discrimination against women and encourage both women and men to take responsibility for their sexual and reproductive behaviour, ensure full respect for the integrity of the person, take action to ensure the conditions necessary for women to exercise their reproductive rights and eliminate coercive laws and practices;
- (e) Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the child to access to information, privacy, confider

and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women, ensure that in all actions concerning children, the best interests of the child are a primary consideration;

- (f) Create and support programmes in the educational system, in the workplace and in the community to make opportunities to participate in sport, physical activity and recreation available to girls and women of all ages on the same basis as they are made available to men and boys;
- (g) Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents as stated in paragraph 107 (e) above;
- (h) Develop policies that reduce the disproportionate and increasing burden on women who have multiple roles within the family and the community by providing them with adequate support and programmes from health and social services;
- (i) Adopt regulations to ensure that the working conditions, including remuneration and promotion of women at all levels of the health system, are non-discriminatory and meet fair and professional standards to enable them to work effectively;
- (j) Ensure that health and nutritional information and training form an integral part of all adult literacy programmes and school curricula from the primary level;
- (k) Develop and undertake media campaigns and information and educational programmes that inform women and girls of the health and related risks of substance abuse and addiction and pursue strategies and programmes that discourage substance abuse and addiction and promote rehabilitation and recovery;
- (l) Devise and implement comprehensive and coherent programmes for the prevention, diagnosis and treatment of osteoporosis, a condition that predominantly affects women;
- (m) Establish and/or strengthen programmes and services, including media campaigns, that address the prevention, early detection and treatment of breast, cervical and other cancers of the reproductive system;

environmental hazards that pose a growing threat to especially in poor regions and communities; apply a pre-

cautionary approach, as agreed to in the Rio Declaration on Environment and Development, adopted by the United Nations Conference on Environment and Development,¹⁸ and include reporting on women's health risks related to the environment in monitoring the implementation of Agenda 21.¹⁹

- (o) Create awareness among women, health professionals, policy makers and the general public about the serious but preventable health hazards stemming from tobacco consumption and the need for regulatory and education measures to reduce smoking as important health promotion and disease prevention activities;
- (p) Ensure that medical school curricula and other health-care training include gender-sensitive, comprehensive and mandatory courses on women's health;
- (q) Adopt specific preventive measures to protect women, youth and children from any abuse—sexual abuse, exploitation, trafficking and violence, for example—including the formulation and enforcement of laws, and provide legal protection and medical and other assistance.

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

- (a) Ensure the involvement of women, especially those infected with HIV/AIDS or other sexually transmitted diseases or affected by the HIV/AIDS pandemic, in all decision-making relating to the development, implementation, monitoring and evaluation of policies and programmes on HIV/AIDS and other sexually transmitted diseases;
- (b) Review and amend laws and combat practices, as appropriate, that may contribute to women's susceptibility to HIV infection and other sexually transmitted diseases, including enacting legislation against those socio-cultural practices that contribute to it, and implement legislation, policies and practices to protect women, adolescents and young girls from discrimination related to HIV/AIDS;
- (c) Encourage all sectors of society, including the public sector, as well as international organizations, to eliminate discrimination and supportive, non-discriminatory HI

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- (d) policies and practices that protect the rights of infected individuals; Recognize the extent of the HIV/AIDS pandemic in their countries, taking particularly into account its impact on women, with a view to ensuring that infected women do not suffer stigmatization and discrimination, including during travel;
- (e) Develop gender-sensitive multisectoral programmes and strategies to end social subordination of women and girls and to ensure their social and economic empowerment and equality; facilitate promotion of programmes to educate and enable men to assume their responsibilities to prevent HIV/AIDS and other sexually transmitted diseases;
- (f) Facilitate the development of community strategies that will protect women of all ages from HIV and other sexually transmitted diseases; provide care and support to infected girls, women and their families and mobilize all parts of the community in response to the HIV/AIDS pandemic to exert pressure on all responsible authorities to respond in a timely, effective, sustainable and gender-sensitive manner;
- (g) Support and strengthen national capacity to create and improve gender-sensitive policies and programmes on HIV/AIDS and other sexually transmitted diseases, including the provision of resources and facilities to women who find themselves the principal caregivers or economic support for those infected with HIV/AIDS or affected by the pandemic, and the survivors, particularly children and older persons;
- (h) Provide workshops and specialized education and training to parents, decision makers and opinion leaders at all levels of the community, including religious and traditional authorities, on prevention of HIV/AIDS and other sexually transmitted diseases and on their repercussions on both women and men of all ages;
- (i) Give all women and health workers all relevant information and education about sexually transmitted diseases including HIV/AIDS and pregnancy and the implications for the baby, including breast-feeding;
- (j) Assist women and their formal and informal organizations to establish and expand effective peer education and outreach programmes and to participate in the design, implementation and monitoring of these programmes;
- (k) Give full attention to the promotion of mutually respectful and equitable gender relations and, in particular, to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality;

- (j) on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted, as well as research on treatment of complications of abortions and post-abortion care;
- (j) Acknowledge and encourage beneficial traditional health care, especially that practised by indigenous women, with a view to preserving and incorporating the value of traditional health care in the provision of health services, and support research directed towards achieving this aim;
- (k) Develop mechanisms to evaluate and disseminate available data and research findings to researchers, policy makers, health professionals and women's groups, among others;
- (l) Monitor human genome and related genetic research from the perspective of women's health and disseminate information and results of studies conducted in accordance with accepted ethical standards.

Strategic objective C5.

Increase resources and monitor follow-up for women's health

Actions to be taken

110. By Governments at all levels and, where appropriate, in cooperation with non-governmental organizations, especially women's and youth organizations:

- (a) Increase budgetary allocations for primary health care and social services, with adequate support for secondary and tertiary levels, and give special attention to the reproductive and sexual health of girls and women and give priority to health programmes in rural and poor urban areas;
- (b) Develop innovative approaches to funding health services through promoting community participation and local financing; increase, where necessary, budgetary allocations for community health centres and community-based programmes and services that address women's specific health needs;
- (c) Develop local health services, promoting the incorporation of gender-sensitive community-based participation and self-care, and specially designed preventive health programmes;
- (d) Develop goals and time-frames, where appropriate, for improving women's health and for planning, implementing, monitoring and evaluating programmes, based on gender-impact assessments using qualitative and quantitative data disaggregated by sex, age, other established demographic criteria and socio-economic variables;
- (e) Establish, as appropriate, ministerial and inter-ministerial

nisms for monitoring the implementation of women's health policy and programme reforms and establish, as appropriate, high-level focal points in national planning authorities responsible for monitoring to ensure that women's health concerns are mainstreamed in all relevant government agencies and programmes.

111. By Governments, the United Nations and its specialized agencies, international financial institutions, bilateral donors and the private sector, as appropriate:

- (a) Formulate policies favourable to investment in women's health and, where appropriate, increase allocations for such investment;
- (b) Provide appropriate material, financial and logistical assistance to youth non-governmental organizations in order to strengthen them to address youth concerns in the area of health, including sexual and reproductive health;
- (c) Give higher priority to women's health and develop mechanisms for coordinating and implementing the health objectives of the Platform for Action and relevant international agreements to ensure progress.

D. Violence against women

112. Violence against women is an obstacle to the achievement of the objectives of equality, development and peace. Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. The long-standing failure to protect and promote those rights and freedoms in the case of violence against women is a matter of concern to all States and should be addressed. Knowledge about its causes and consequences, as well as its incidence and measures to combat it, have been greatly expanded since the Nairobi Conference. In all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture. The low social and economic status of women can be both a cause and a consequence of violence against women.

113. The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the

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- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
 - (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
 - (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.
114. Other acts of violence against women include violation of the human rights of women in situations of armed conflict, in particular murder, systematic rape, sexual slavery and forced pregnancy.
115. Acts of violence against women also include forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.
116. Some groups of women, such as women belonging to minority groups, indigenous women, refugee women, women migrants, including women migrant workers, women in poverty living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women, displaced women, repatriated women, women living in poverty and women in situations of armed conflict, foreign occupation, wars of aggression, civil wars, terrorism, including hostage-taking, are also particularly vulnerable to violence.

117. Acts or threats of violence, whether occurring within the home or in the community, or perpetrated or condoned by the State, instil fear and insecurity in women's lives and are obstacles to the achievement of equality and for development and peace. The fear of violence, including harassment, is a permanent constraint on the mobility of women and limits their access to resources and basic activities. High social, health and economic costs to the individual and society are associated with violence against women. Violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. In many cases, violence against women and girls occurs in the family or within the home, where violence is often tolerated. The neglect, physical and sexual abuse, and rape of girl-children and women by family members and other members of the household, as well as incidences of spousal and non-spousal abuse, often unreported and are thus difficult to detect. Even when such violence is reported, there is often a failure to protect victims or punish perpetrators.

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118. Violence against women is a manifestation of the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement. Violence against women throughout the life cycle derives essentially from cultural patterns, in particular the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society. Violence against women is exacerbated by social pressures, notably the shame of denouncing certain acts that have been perpetrated against women; women's lack of access to legal information, aid or protection; the lack of laws that effectively prohibit violence against women; failure to reform existing laws; inadequate efforts on the part of public authorities to promote awareness of and enforce existing laws; and the absence of educational and other means to address the causes and consequences of violence. Images in the media of violence against women, in particular those that depict rape or sexual slavery as well as the use of women and girls as sex objects, including pornography, are factors contributing to the continued prevalence of such violence, adversely influencing the community at large, in particular children and young people.

119. Developing a holistic and multidisciplinary approach to the challenging task of promoting families, communities and States that are free of violence against women is necessary and achievable. Equality, partnership between women and men and respect for human dignity must permeate all stages of the socialization process. Educational systems should promote self-respect, mutual respect, and cooperation between women and men.

120. The absence of adequate gender-disaggregated data and statistics on the incidence of violence makes the elaboration of programmes and monitoring of changes difficult. Lack of or inadequate documentation and research on domestic violence, sexual harassment and violence against women and girls in private and in public, including the workplace, impede efforts to design specific intervention strategies. Experience in a number of countries shows that women and men can be mobilized to overcome violence in all its forms and that effective public measures can be taken to address both the causes and the consequences of violence. Men's groups mobilizing against gender violence are necessary allies for change.

121. Women may be vulnerable to violence perpetrated by persons in positions of authority in both conflict and non-conflict situations. Training of all officials in humanitarian and human rights law and the punishment of acts against women would help to ensure that such acts take place at the hands of public officials in whom

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- and women, and to eliminate prejudices, customary practices and all other practices based on the idea of the inferiority or superiority of either of the sexes and on stereotyped roles for men and women;
- (l) Create or strengthen institutional mechanisms so that women and girls can report acts of violence against them in a safe and confidential environment, free from the fear of penalties or retaliation, and file charges;
- (m) Ensure that women with disabilities have access to information and services in the field of violence against women;
- (n) Create, improve or develop, as appropriate, and fund the training programmes for judicial, legal, medical, social, educational and police and immigrant personnel, in order to avoid the abuse of power leading to violence against women and sensitize such personnel to the nature of gender-based acts and threats of violence so that fair treatment of female victims can be assured;
- (o) Adopt laws, where necessary, and reinforce existing laws that punish police, security forces or any other agents of the State who engage in acts of violence against women in the course of the performance of their duties; review existing legislation and take effective measures against the perpetrators of such violence;
- (p) Allocate adequate resources within the government budget and mobilize community resources for activities related to the elimination of violence against women, including resources for the implementation of plans of action at all appropriate levels;
- (q) Include in reports submitted in accordance with the provisions of relevant United Nations human rights instruments, information pertaining to violence against women and measures taken to implement the Declaration on the Elimination of Violence against Women;
- (r) Cooperate with and assist the Special Rapporteur of the Commission on Human Rights on violence against women in the performance of her mandate and furnish all information requested; cooperate also with other competent mechanisms, such as the Special Rapporteur of the Commission on Human Rights on torture and the Special Rapporteur of the Commission on Human Rights on summary, extrajudicial and arbitrary executions, in relation to violence against women;
- (s) Recommend that the Commission on Human Rights renew the mandate of the Special Rapporteur on violence against women when her term ends in 1997 and, if warranted, to update and strengthen it.

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and private sectors, particularly enterprises, and the mass media, as appropriate:

- (a) Provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counselling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence;
- (b) Establish linguistically and culturally accessible services for migrant women and girls, including women migrant workers, who are victims of gender-based violence;
- (c) Recognize the vulnerability to violence and other forms of abuse of women migrants, including women migrant workers, whose legal status in the host country depends on employers who may exploit their situation;
- (d) Support initiatives of women's organizations and non-governmental organizations all over the world to raise awareness on the issue of violence against women and to contribute to its elimination;
- (e) Organize, support and fund community-based education and training campaigns to raise awareness about violence against women as a violation of women's enjoyment of their human rights and mobilize local communities to use appropriate gender-sensitive traditional and innovative methods of conflict resolution;
- (f) Recognize, support and promote the fundamental role of intermediate institutions, such as primary health-care centres, family-planning centres, existing school health services, mother and baby protection services, centres for migrant families and so forth in the field of information and education related to abuse;
- (g) Organize and fund information campaigns and educational and training programmes in order to sensitize girls and boys and women and men to the personal and social detrimental effects of violence in the family, community and society; teach them how to communicate without violence and promote training for victims and potential victims so that they can protect themselves and others against such violence;
- (h) Disseminate information on the assistance available to women and families who are victims of violence;
- (i) Provide, fund and encourage counselling and rehabilitation programmes for the perpetrators of violence and promote research to further efforts concerning such counselling and rehabilitation so as to prevent the recurrence of such violence;
- (j) Raise awareness of the responsibility of the media in promoting stereotyped images of women and men, as well as in eliminating patterns of media presentation that generate violence, and

encourage those responsible for media content to establish professional guidelines and codes of conduct; also raise awareness of the important role of the media in informing and educating people about the causes and effects of violence against women and in stimulating public debate on the topic.

126. By Governments, employers, trade unions, community and youth organizations and non-governmental organizations, as appropriate:

- (a) Develop programmes and procedures to eliminate sexual harassment and other forms of violence against women in all educational institutions, workplaces and elsewhere;
- (b) Develop programmes and procedures to educate and raise awareness of acts of violence against women that constitute a crime and a violation of the human rights of women;
- (c) Develop counselling, healing and support programmes for girls, adolescents and young women who have been or are involved in abusive relationships, particularly those who live in homes or institutions where abuse occurs;
- (d) Take special measures to eliminate violence against women, particularly those in vulnerable situations, such as young women, refugees, displaced and internally displaced women, women with disabilities and women migrant workers, including enforcing any existing legislation and developing, as appropriate, new legislation for women migrant workers in both sending and receiving countries.

127. By the Secretary-General of the United Nations:

Provide the Special Rapporteur of the Commission on Human Rights on violence against women with all necessary assistance, in particular the staff and resources required to perform all mandated functions, especially in carrying out and following up on missions undertaken either separately or jointly with other special rapporteurs and working groups, and adequate assistance for periodic consultations with the Committee on the Elimination of Discrimination against Women and all treaty bodies.

128. By Governments, international organizations and non-governmental organizations:

Encourage the dissemination and implementation of the UNHCR Guidelines on the Protection of Refugee Women and the UNHCR Guidelines on the Prevention of and Response to Sexual Violence against Refugees.

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Strategic objective D.2.

Study the causes and consequences of violence against women and the effectiveness of preventive measures

Actions to be taken

129. By Governments, regional organizations, the United Nations, other international organizations, research institutions, women's and youth organizations and non-governmental organizations, as appropriate:

- (a) Promote research, collect data and compile statistics, especially concerning domestic violence relating to the prevalence of different forms of violence against women, and encourage research into the causes, nature, seriousness and consequences of violence against women and the effectiveness of measures implemented to prevent and redress violence against women;
- (b) Disseminate findings of research and studies widely;
- (c) Support and initiate research on the impact of violence, such as rape, on women and girl-children, and make the resulting information and statistics available to the public;
- (d) Encourage the media to examine the impact of gender role stereotypes, including those perpetuated by commercial advertisements which foster gender-based violence and inequalities, and how they are transmitted during the life cycle, and take measures to eliminate these negative images with a view to promoting a violence-free society.

Strategic objective D.3.

Eliminate trafficking in women and assist victims of violence due to prostitution and trafficking

Actions to be taken

130. By Governments of countries of origin, transit and destination, regional and international organizations, as appropriate:

- (a) Consider the ratification and enforcement of international conventions on trafficking in persons and on slavery;
- (b) Take appropriate measures to address the root factors, including external factors, that encourage trafficking in women and girls for prostitution and other forms of commercialized sex, forced marriages and forced labour in order to eliminate trafficking in women, including by strengthening existing legislation with a view to providing better protection of the rights of women and girls and punishing the perpetrators, through both criminal and civil measures;

ANEXO 3**DECLARAÇÕES DOS DELEGADOS NACIONAIS EM CAIRO**



Plenary
Final Meeting and
Round-up of Session

POP/572
14 September 1994

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

CONCLUDES IN CAIRO, 5-13 SEPTEMBER

Adopts Programme of Action Emphasizing Reproductive Rights;
Health Needs; Empowering Women; Sustainable Development Pattern

(Received from a UN Information Officer.)

CAIRO, 13 September -- A strategy to stabilize world population growth and achieve sustainable development by addressing reproductive health needs, rights and responsibilities of individuals was adopted, without a vote, by the International Conference on Population and Development (ICPD) as it concluded in Cairo this afternoon.

The 16-chapter Programme of Action of the Conference emphasizes the imperatives of empowering women and guaranteeing choice in regard to family planning and stresses that advancing gender equality and ensuring women's ability to control their own fertility are "cornerstones of population and development-related programmes". It contains breakthrough language concerning reproductive health and reproductive rights -- a concept based on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.

In a closing statement to the Conference, the Secretary-General of the Conference and Executive Director of the United Nations Population Fund (UNFPA), Dr. Nafis Sadik, said the Programme of Action, covering the next 20 years, "starts from the reality of the world we live in, and shows us the path to a better reality". The Programme contains highly specific goals and recommendations in the mutually reinforcing areas of infant and maternal mortality, education, and reproductive health and family planning; but its effect would be far wider than that. "This Programme of Action has the potential to change the world", she said.

Speaking before approval of the Programme, the observer for the Holy See said that the Cairo Conference marked the first time that development had been

(more)

The Assembly and the Economic and Social Council should review the roles, responsibilities, mandates and comparative advantages of both the intergovernmental bodies and the organs of the United Nations system addressing population and development, with a view to ensuring clear recognition of the interrelationships among policy guidance, research, standard setting and operational activities for population and development, as well as the division of labour between the bodies concerned. As part of that review, the Council should consider the respective roles of the relevant United Nations organs dealing with population and development, including the UNFPA and the Population Division, regarding the follow-up of the Programme of Action. The Assembly is invited to consider establishing a separate executive board for the UNFPA.

Statements on Programme of Action

→ ~~Peru~~ Peru will approve the programme, as the process of negotiations has shown the existence of different views on it and the determination of the international community to reach agreement. Nevertheless, its recommendations will be implemented in Peru in the context of its Constitution, its laws, international treaties and international human rights conventions, especially that on the rights of the child. In this context, the Constitution of Peru states that the right to life starts from the moment of conception, and must be protected. Abortion is, therefore, illegal. Only abortions to save the lives of mothers are allowed.

The Constitution recognizes the fundamental role of the family and the role of parents in responsible parenthood and maternity. Everyone has the right to decide the number and spacing of his or her children and the method of family planning they wish to use, as long as those do not take a life. Provisions of the text on reproductive rights require more precision and should exclude reference to abortions.

→ Ecuador: Although family planning is fundamental to improving the well-being of people, other elements of equitable distribution of growth and sustainable development are equally important means to overcoming poverty. Joint programmes of action should be developed to deal with the issues of economic equity and overcoming poverty.

Ecuador joins the consensus on the draft programme of action, but expresses reservations on paragraph 8.25. The Constitution of Ecuador guarantees the inviolability of life, the protection of the child from the moment of conception, freedom of conscience and religion, the fundamental role of the family and the right of parents to bring up their children in accordance with customs and beliefs.

Such terms as "fertility regulation", "interruption of pregnancy", "reproductive health", "reproductive rights" and "undesired children" which could imply abortion, are not acceptable. It also expresses reservations on certain concepts that are against nature and which could be in conflict with constitutional principles. Ecuador does not accept anything which will violate its sovereignty, Constitution or laws.

(more)

Argentina: Argentina joins the general agreement on the programme of action. Nevertheless, Argentina has reservations on a several paragraphs in the programme. Chapter II, principle 1, is acceptable, bearing in mind that life begins at the moment of conception, and from that moment the person enjoys the right to life. Argentina also accepts chapter V, bearing in mind that while the family may have different forms, its origin and foundation cannot be changed from the union of a man and woman which leads to the bearing of children. In chapter VII, on family planning, abortion cannot be listed in the paragraph on reproductive health.

Dominican Republic: The Dominican Republic joins in the general agreement on the programme of action. Pursuant to its Constitution and laws, it confirms that every person has a right to life which begins at the moment of conception. The country accepts the content of paragraphs on reproductive and sexual health, safe motherhood and regulation of fertility. The Dominican Republic expresses reservations on the content when it includes abortion or termination of pregnancy. Reservation are also recorded on the use of "couple" when it might refer to persons of the same sex or when reproductive rights refers to sex outside of marriage. Also, previous documents on human rights cannot apply when in contravention of the right to life from conception.

United Arab Emirates: Population policies have to take into consideration the needs of individual nations. The Emirates consider population and development as part of their history. It will adopt the programme of action according to its own Constitution, laws and sovereign rights. The country does not consider abortion as a means of family planning. We also wish to record reservations on every thing in the text that contravenes the laws of Islam.

Observer of the Holy See: The Holy See was not able to join the consensus reached at the 1974 World Population Conference in Bucharest, nor that reached at the 1984 International Conference, held in Mexico City. At the current Conference, for the first time, development has been directly linked with population. The current programme of action reiterates the protection of the family as the basic unit of society, and calls for the empowerment of women through improved education and access to health care. The issue of immigration is examined and the document also appeals for respect for religious beliefs and principles.

While supporting those aspects of the programme of action, other aspects of the document cannot be supported by the Holy See. The Holy See affirms that human rights begin at the moment of conception. Thus, it could never accept population programmes that condone abortion.

At the Cairo Conference, the Holy See wishes to join the consensus in an incomplete, partial manner. It wishes to join consensus on the following chapters: chapter II, on principles; chapter III, on the family, its roles, rights, compositions and structure; chapter IV, addressing gender equality, equity and the empowerment of women; chapter IX, concerning population distribution, urbanization and internal migration; and chapter X, on international migration.

(more)

The Holy See does not join the consensus on chapters XII to XVI. Since the approval of chapter VII, on reproductive rights, sexual and reproductive health and family planning, in the Main Committee, it has been possible to evaluate that chapter in the context of overall population policy. Upon its adoption in the Main Committee, the Holy See noted its concern about the question of abortion and other section that might be interpreted as accepting extramarital sexual relations. Despite many positive aspects of chapter VII and chapter VIII, on health, morbidity and mortality, the text has broader implications that have lead the Holy See not to join consensus on those chapters.

The Holy See does support a concept of reproductive health and the promotion of general health of men and women, and will continue to work on an evolution of those principles. Nothing of the partial acceptance should be seen as an endorsement of abortion or a change in its position on abortion, contraceptive use, sterilization, or the use of contraception in HIV/AIDS prevention.

✚ Nicaragua: While in general agreement with the draft programme of action, the Government of Nicaragua expresses reservation about some specific aspects. In line with its Constitution and its laws, Nicaragua confirms that every person has the right to life. That right begins from the moment of conception. While the family may take various forms, its essence is the union between a man and woman, and that cannot change. Nicaragua has reservations about aspects addressing family planning, sexual health, reproductive rights and any other references to abortion or termination of pregnancy. Abortion or termination of pregnancy cannot be used as a method of population control or the regulation of fertility. It also voices explicit reservation about any references to couples or unions when they may refer to couples of the same sex.

Belize: Although the Conference has no power to draw up a treaty, some delegations have placed their reservations on record. Time will tell whether the work of the Conference will have substantive effects and if the programme of action will contribute to the opinion that some of its contents have deeper normative contents.

Human rights have been stressed in the Conference, particularly the right to development for States, individuals and peoples. It has become clear at the Conference that traditional values provide refuge in these hedonistic times when youth imbibe rootless values from the international electronic media, the world's baby-sitter. Belize rejoices on the compromise on abortion and other issues. A partnership between rich and poor countries will be helpful in implementing the programme of action.

Honduras: Honduras has some reservations that should be included in the final report of the Conference. They are based on the Costa Rica Summit Declaration of August 1994 and several sections of its Constitution. For instance, article 65 of the Constitution provides that the right to life is inviolable and must be protected. Other articles provide that the State must protect the institution of the family and the right of men and women to be married.

(more)

developing countries, especially those in Africa, should step up support to improve the well-being of peoples who really need help.

El Salvador: In referring to the family in its various forms, under no circumstances should the original meaning of the family be changed. It should remain the union between a man and a woman from which children can be borne.

Turkey: The Conference has fulfilled its main objectives. The final document will have more value only if it is implemented in all countries. Nations will implement it in accordance with their religious and moral values. The contents of the document are valuable, therefore, Turkey commits itself to its full implementation.

✶ Brunei Darussalam: The Conference does not seek to impose values from one part of the world on another, and its outcome has been rewarding. The programme of action should guide Governments and non-governmental organizations on actions in population and development. Countries that are relatively rich are in better position to implement the programme. Brunei will continue to emphasize improving the quality of life and its infrastructure because it does not yet have a population problem. On reproductive rights and reproductive health, Brunei has reservations on any provisions that contradict Islamic values and its ethical principles.

Zambia: It is satisfied with the adoption of the programme of action by consensus. It is pleased that the subject of sexual and reproductive health and safe motherhood is no longer in brackets. Zambia will continue to work in those fields, assured of help from abroad. "Families" should mean unions between men and women. The Cairo Conference should engender a willingness to make contributions to meet the modest budget of the programme.

Cote d'Ivoire: Cote d'Ivoire fully supports the programme of action and trusts it will be adopted by consensus. It understands reservations expressed due to cultural or religious reasons. The Conference has advanced the role and status of women. In Cote d'Ivoire, the family is viewed as a union between a man and woman. Abortion is prohibited and allowed only in cases when the woman's life is endangered. Abortion is not a method of family planning. On the issue of refugees, the international community should agree to discuss the causes of war.

Cameroon: The results of the Conference are positive. All prejudices have been addressed and thought has been given to the important issues. Despite cultural diversity, the human race is one and comprises men and women capable of working together. It is hoped that the same spirit of solidarity seen at the Conference will prevail through the implementation of the programme of action.

The Conference then adopted, without a vote, the Programme of Action of the International Conference on Population and Development.

(more)

14 September 1994

outside of marriage. The reference seems to permit such activities, in contravention of Iran's laws. Also, the mention of "safe sexual behaviour" is unacceptable. Sexual education for adolescents would only be fruitful if the material were proper and chosen by parents and included information on diseases, among other issues.

China: On principle 15, the phrase should read "promote sustained economic growth", instead of simply "promote sustained growth". With the word "economic" missing, the phrase makes no sense.

Chapter II was then adopted without a vote.

Statements on Chapters III, IV, V, VI

The Conference then adopted chapter III, on interrelationships between population, sustained economic growth and sustainable development, without a vote.

Chapter IV, on gender equality, equality and the empowerment of women, was also adopted, without a vote.

Iran: In the Arabic translation of the text, there is an incorrect translation. The text should read "men and women have equitable rights in different fields". As written now -- "equal rights" -- the text did not take into consideration the difference in potential of the two sexes.

Libya: Libya expresses reservations regarding all terms in the document in contravention of Islamic law, particularly regarding references to inheritance and extramarital sexual relationships.

Chapter V, dealing with the family, its roles, rights, compositions and structure, was adopted without a vote.

Dominican Republic: During the Conference, in general terms and in particular in relation to Chapter V and Chapter X, on international migration, it was difficult to reach consensus without an integrated United Nations instrument that enshrined the right to family integration. None the less, there is an awareness about the need to strengthen the family as a fundamental aspect of development. At future international events, the subject should be considered so that agreement could be reached on a mechanism that enshrines that principle.

Pakistan: A concept has been developed at the current stage relating to the position of the family in society. The concept encourages Governments and non-governmental organizations to strengthen efforts of integration of the family, and that calls for relationships of respect and dignity for both partners of a couple, to be built within the structure of family. The principle of the family as a vital element of development was important and has been overlooked in the final document.

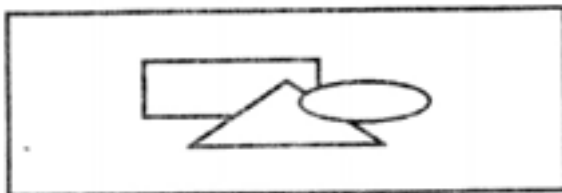
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ANEXO 4**PROGRAMA ALTERNATIVO CATÓLICO DE BEIJING**

Equality, Development and Peace: A Platform for Women of the World

Alternative Platform for the Beijing Conference

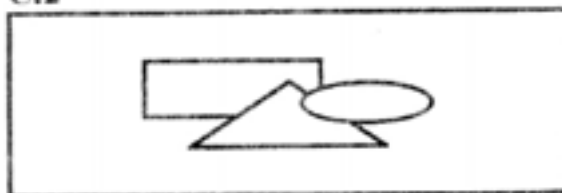
Specific Areas of Concern Poverty



C.1

Poverty has many causes and efforts to eliminate poverty and specifically the poverty of women must address all the causes.

C.2

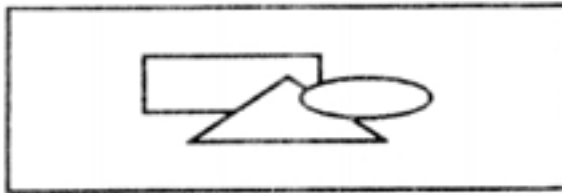


1) **Systemic poverty** - Systemic poverty occurs when no work is available or when the work available does not pay a living wage so that full time workers are not able to provide for themselves and their families. Systemic poverty affects whole nations or regions within nations and is often related to lack of development. Women often suffer disproportionately from systemic poverty. Multinational companies seek to lower production costs by moving production to countries where poverty and lack of development allows them to pay below a living wage, forcing women and children into the workforce. Products produced by this exploitation of labor are then sold in other markets, displacing workers who had been previously paid a living wage. Individual workers, national worker associations, and indeed national governments are often unable to protect the jobs and living standards of full-time workers and their families.

Systemic poverty also cause migration either temporary or permanent which disrupts family life. Men or women are forced to leave their homes and seek

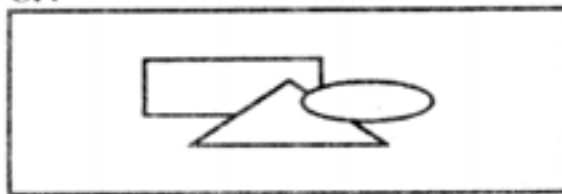
work. When the men leave, the women are forced to manage the family alone. Women forced to migrate to seek work, particularly as domestic workers, are often vulnerable to exploitation and abuses of their rights.

C.3



2)Poverty caused by discrimination - Individual families can be forced to live in poverty because of discrimination, when work is available within a society, but certain groups of workers experience persistent discrimination because of their sex, race, ethnic background, religion, or other conditions not related to their ability to perform the jobs for which they apply. Women can experience the double burden of discrimination because of sex and other discriminatory classifications.

C.4



3)Personal poverty - Individual families can fall into poverty even when economic opportunities are available and there are structural protections against discrimination if the family members are unable because of problems within their own lives to take full advantage of these opportunities. Such problems include but are not limited to drug addiction, alcoholism, health problems, psychological difficulties, lack of job skills and education, family disintegration, or personal tragedies.

C.5

In many parts of the world, including the developed countries, women are more likely to live in poverty than men. This "feminization" of poverty is directly related to the absence of the father from the family home. When the father is not present in the family due to desertion, divorce, or death, or because the child was conceived out of wedlock and no marriage follows the birth, the single mother is likely to fall into poverty. Fathers absent from their families often fail to provide child support. Under these circumstances women are forced to carry the burden of work and home management by themselves -- a job best accomplished by two persons, particularly when

there are young children in the family. The two parent family is the best defense against poverty.

Father-absent families are not only the major cause of maternal and child poverty, they are also directed related to the deterioration of community life, and to the increase in crime, and violence, and educational failure. There is substantial statistical evidence that women in father-absent families are more likely to be poor, to remain poor, and to pass poverty on to the next generation. Children raised in father-absent families are less likely to succeed in school, more likely to be arrested and to bear children out of wedlock.

While government programs try to keep father-absent families from starvation and homelessness, they do not fully address the problem. If the programs are poorly funded, the or administered families live in poverty, instability, and unacceptable conditions; but when these programs are well funded they often provide an incentive for family breakup, particularly if governments give benefits only to father-absent families.

Fathers should be legally responsible for contributing to the support and welfare of the children. However, in some cases this is not possible since the unwed mother does not know or will not identify the father. When the mother has had children by several men or where the mother has never married, the families are particularly at risk, not only for poverty, but for sexual and physical abuse of woman and children, and a general inability to cope with the stresses of life. In these families poverty is only one indication of the larger problem of family disintegration.

The only solution to the feminization of poverty is the restoration of father/mother families. Each society must in line with its own culture, traditions, and laws find ways and implement programs to ensure family stability and prevent the creation of more father-absent families. In this regard, women and men must be educated to recognize that personal decisions, particularly in the area of sexuality, have serious consequences for themselves and their future children. Women and men have a responsibility to protect their future children by engaging in sexual activity only within a committed marriage and choosing marriage partners who are committed to being responsible parents.

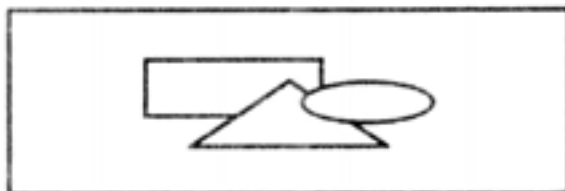
C.6

The following specific actions would help to eliminate poverty among women:

- a. Multinational corporations which exploit poverty and lack of development by paying below a living wage count on the fact that consumers seek low prices. Women as consumers should show a spirit of solidarity with families in other parts of the world and boycott products produced by child labor or exploitation of women workers.
- b. Government should prohibit child labor and the exploitation of workers, and prohibit discrimination in the workplace against women.
- c. Governments should promote the stability of the father/mother family in all social welfare programs, taxation, and jobs programs.
- d. Women should be educated to recognize the relationship between sexual activity outside marriage and the feminization of poverty. Women must consider the future consequences of their sexual decisions.
- e. Men should take responsibility for their children, by marrying their children's mother and supporting them economically.
- f. All discrimination against women in employment, salaries, firing, or promotion should be eliminated.

Alternative Platform for the Beijing Conference

Specific Areas of Concern



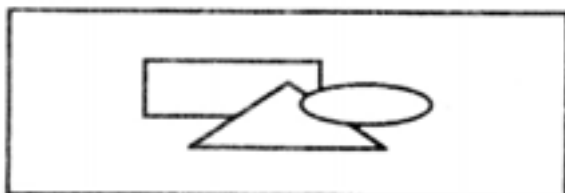
Education

D.1 Goals

Education is crucial to the personal development of women, to their opportunities of employment, to their participation in the lives of their communities, and to their vocation as mothers. Women are not only the recipients of education but also the first and primary educators. The mother because of her physiology, establishes the first and most direct relationship with the child on a psychological and affective level.

Fathers and mothers have equal responsibilities to provide care, education, and affection to their children, but they do not always have identical

responsibilities. Because women are more likely to accept primary responsibility for the care of the home and children, and in particular the early education and socialization of children, women need education which will prepare them for this work. Women also need to be able to make their voices heard in the world, to develop to the fullest all their talents and gifts, and to be able to support themselves through their work. The education of women should be tailored to respond to all those needs.

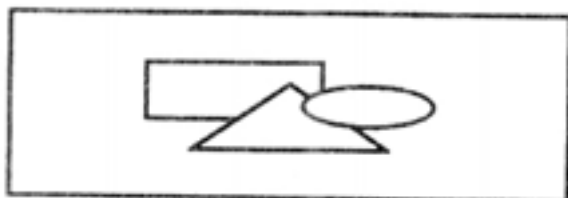


D.2 Equality and Complementarity

- The principle of equality requires that women are provided equal opportunity for education; the principle of complementarity requires that the education of women be tailored to their specific needs and to their natures. Girls and boys have different learning styles, develop at different rates, have different futures awaiting them when they complete their education and make different occupational choices. Educational systems should take these differences into consideration in designing programs which will meet the specific needs of women. In this single sex education should be considered as a positive option, provided the schools for girls are equal in terms of standards and facilities to the schools for boys.

D.3

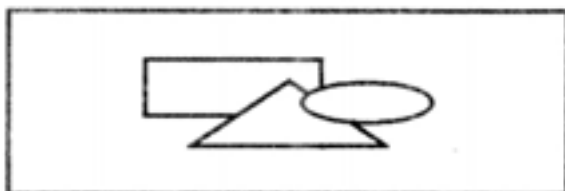
Educational institutions and employers should recognize that the pattern of women's lives often differs from the pattern of men's lives. The opportunity for women to continue their education after taking time off "even years" to fulfill their vocations as mothers and attend to family responsibilities must be made available. Educational systems should encourage the reentry of women into education, part time education extended into adulthood, continuing education programs, and education through television or taped



information.

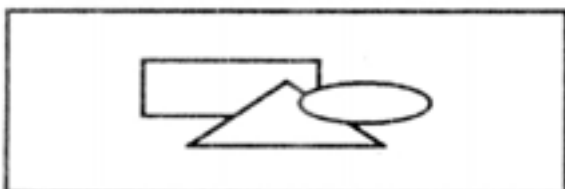
D.4 Quality Education

Governments should improve the quality of education so as to ensure that women receive a basic education which would include but not be limited to: reading, math skills, practical training, career preparation, cultural traditions and history, political awareness and current events, science and technology, health and nutrition, ethical values, development of reasoning ability and logic, and the development of personal talents and abilities.



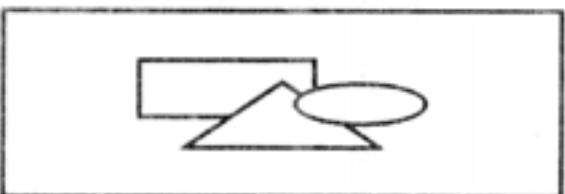
D.5 Educational Experimentation

Schools should employ the most effective methods of teaching reading, basic skills, and values. Mass experimentation on children with untested methods constitutes an abuse of trust and puts a generation of children at risk and must be avoided.



D.6 Literacy

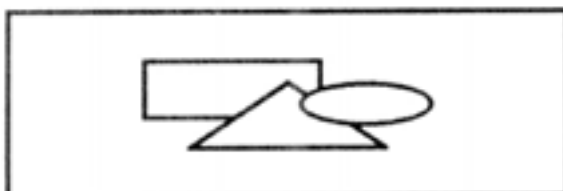
It is essential that every woman learn to read and write in her own language. A woman who cannot read is handicapped in her ability to be the educator of her children, cannot be an informed consumer, or an informed participant in the political life of her community. Free primary education must be available to all girl children on an equal basis with boys. Every child in the world should be provided without cost to his or her parents the opportunity to attend school and receive at least a basic education.



D.7 Combating Illiteracy Among Adult Women

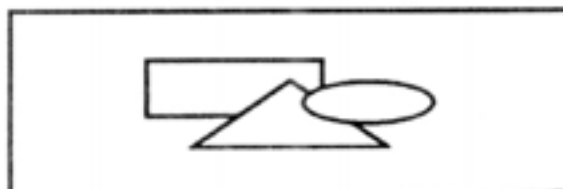
Many adult women are illiterate and programs should be developed to teach these women to read and write. Television, videos, and other modern methods of communication offer tremendous opportunities to reach women with literacy education. Governments, television stations, and non-governmental organizations should provide quality programming to teach

reading through television. Community based programs and woman to woman programs should be organized by non-governmental organization and governments to assure that every adult woman who is illiterate has the opportunity to learn to read.



D.8 Education for Work

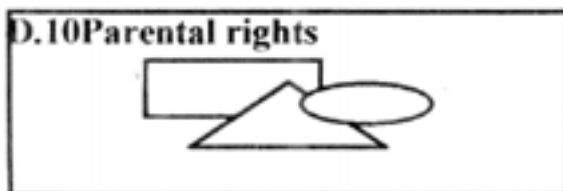
All women should be prepared to be able to work outside the home and support themselves through their own work. Higher education and technical education should be available to girls on an equal basis with boys to prepare them for the occupations of their choice. Because women are more likely to drop out of the workforce for extended periods to care for their children, educational facilities should be sensitive to women's need to update their skills or obtain education and training later in life. In this regard, the mature woman's experience in life, in volunteer work, and in the family should be taken into consideration in the granting of degrees and certificates of proficiency.



D.9 Education for Motherhood

The majority of the world's women will in the course of their lifetimes become mothers. Mothers are the first educators of the human person. The mother together with the father teach the baby to talk, guides the child's growth in moral and spiritual values, and teach the child the basic traditions of the community. Women are also responsible for the care of the home, the care of the sick and disabled within the family, service in the community, and the carrying on of cultural and religious traditions. Women need education (in fact because of the dual nature of the work of most women, work in the home and paid employment) women need more education than men. Unfortunately, girls are often forced by economic constraints, domestic responsibilities and early marriage to limit their education.

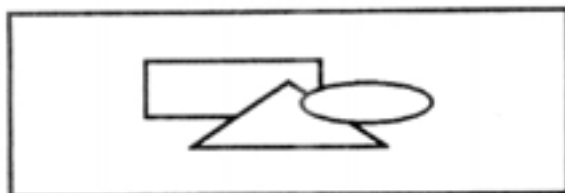
D.10 Parental rights



According to the Universal Declaration on Human Rights, "Parents have a prior right to choose the kind of education that shall be given to their children;" all governments and educational institutions should recognize this fundamental right of parents and remember that parents are the primary educators of their children. The home is the first school of virtues and the natural environment for initiating a human being into solidarity and communal responsibilities. Mothers and fathers in particular have an essential task in the formation of a sense of responsibility within the child. The education of women and men should include courses designed to form the conscience of future mothers and fathers and prepare them to be educators of the young.

Mothers and fathers are directly responsible for the education of their children and should be able to oversee the education of their children. Education is more than simply academic preparation, it is necessary to provide children with an integral education aimed at the development of the whole person. Mothers and fathers should have the time to educate their own children within the home, particularly in matters of religion, family traditions and cultural heritage. Formal education should not be so demanding on the time or draining on the energy of children that their family life suffers or family-centered education is minimized.

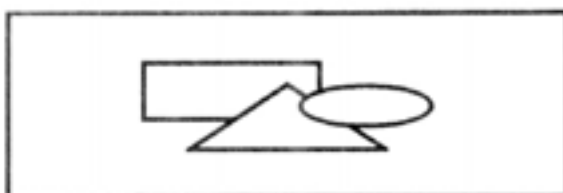
Government schools should recognize that the parents are the primary educators of their children and that the schools support the work of the parents. Parents should have the right and economic ability to choose the education they deem most appropriate for their children, including religious



education and single sex education.

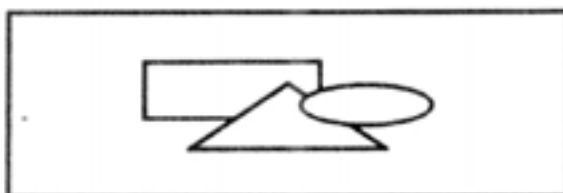
D.11 Parental Duties

Parents should be made aware of the importance of educating girls and should encourage the education of their daughters. Working mothers should be careful not to transfer a disproportionate share of the burden of child care and household duties to their young daughters. Parents should teach children to avoid the compromising and degrading influences which threaten human society.



D.12 Poverty and the student

Poor children are often disadvantaged in public education systems because they lack the equipment and supplies, space within the home for study, or proper food and clothing. Schools need to be sensitive to these problems in order to insure that even the poorest child will be able to receive a quality education.



D.13 Freedom of religion in educational settings

Freedom of religion should be respected in educational institutions; this includes the right to wear clothing required by religious observance and to pray, and to speak openly and without discrimination about religious matters.

Equality, Development and Peace: A Platform for Women of the World

Alternative Platform for the Beijing Conference

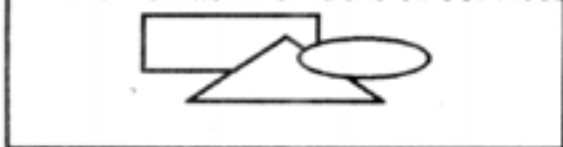
Specific Areas of Concern

Health

E.1

The Universal Declaration on Human Rights lists among the rights to which everyone is entitled "the right to a standard of living adequate for the health and well being of himself and his family, including food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control."

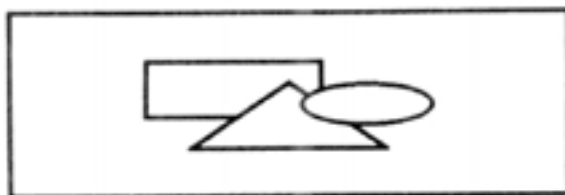
E.2 Women as Providers of Services



Throughout history women have been the providers of essential services within the family. The health and well-being of the world has depended upon the work of women, who prepare food, manage the home and clothing, and provide most of the medical care as well as care for the elderly, for the disabled, and for children. Without the unpaid work of women, there would be no way to meet the basic needs of human beings. Women, precisely because they have accepted the responsibility of care for others, are often dependent on support from others. Therefore, this essential work of women must be respected, valued, and rewarded by their families and the larger community.

In most parts of the world, it is the responsibility of women to maintain a clean home environment. This is essential work since lack of cleanliness spreads germs, food-borne health problems, or contamination by human waste.

The so-called "old wives tales" about the beneficial properties of various foods and herbs have proven to be true in many cases. More research needs to be done on traditional treatments, prevention regimes, and therapies. Investigation into the health care treatments used by indigenous women should protect the proprietary rights of these women to any profits made



from the marketing of products developed by their tribes and communities.

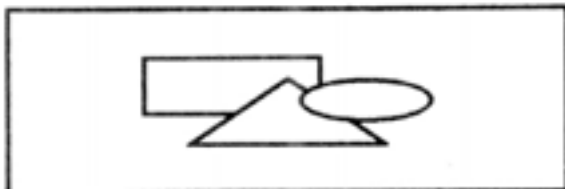
E.3 Government Responsibilities

Women need the support of governments to ensure the safety and availability of food, clothing, and housing. In this regard governments need to institute measures to insure that the food and other products consumed in the home are safe. Nutritional education is critical to the health of the next generation. Packaged foods need to be labeled as to nutritional contents so that the consumer can make an informed decision.

Clean water is an absolute essential for human life. Pollution of water sources "careless, inadvertent, or intentional" endangers the health of the community and must be prohibited and prevented. It is the responsibility of the government to see that communities have safe and sanitary means of

disposing of human and other waste, so that the health of citizens is not endangered.

Adequate housing is essential to good health. Where families rent their housing, it is the duty of the landlord to ensure that the property is properly maintained and no health hazards exist.



E.4 Health care

The problems of health care and medical treatment involve:

1. preventing diseases and conditions caused by various behaviors which can be changed;
2. preventing diseases and conditions by vaccines or other medical treatments;
3. treating curable or controllable diseases or conditions;
4. care for the dying and those whose disease or condition cannot be cured or adequately treated;
5. research toward a cure or treatment for diseases or conditions for which no effective cure or treatment currently exists.

E.5

The best form of health care is prevention. This begins, of course, with ensuring that every person has an adequate diet, clean water, clothing, and housing. Unfortunately, much of the world's ill health is the result of indulgence in various behaviors which lead directly to illness and, in some cases, death. These include overeating, eating improper foods, smoking, use of alcohol and illegal, addictive drugs, and sexual relationships outside marriage involving promiscuity and homosexuality. Over-indulgence in the use of alcohol and the use of illegal drugs not only endangers the health of the user, it also endangers the health of others, since alcohol and drug abuse is frequently the cause of traffic accidents where innocent persons are injured or killed. Alcohol and drug abuse are also frequently associated with crime and violence and, in particular, violence against women. Women who

abuse alcohol or addictive drugs are often unable to protect their dignity and so become the victims in abusive situations.

E.6

The recent dramatic increase in sexually transmitted diseases directly threatens the health of women and of their unborn children. The spread of these diseases could be greatly reduced and, in some cases, completely eliminated if men and women practiced abstinence from sexual activity before marriage and were faithful to one another during marriage. Prostitution and adulterous sexual relationships spread diseases not only to the persons committing adultery but to the innocent spouses and unborn children. Abstinence from sexual activity before marriage and fidelity to the marital contract represent wise public health policy and should be encouraged by government-sponsored health education..

E.7

Genital mutilation is an attack on the dignity of the victim and constitutes a serious health problem. Support should be given to local groups attempting to stamp out this practice. Unfortunately, some groups who have attacked the problem have often caused a backlash because they did not understand the culture which supported these practices. Programs against genital mutilation should be guided by those who understand the culture and can speak to women in their own language to show them the health risks, in particular the risk of infertility, and that their religion does not demand these practices. The genital mutilation involving in the so-called "sex-change" operations are also contrary to the dignity of persons. It is impossible to "change" one's sexual identity, which is genetically set at birth and encoded in the DNA of every cell of the person's body. Persons who suffer from psychological problems in regard to their sexual identity should receive compassionate care and psychological therapy.

E.8

The desire for a more attractive appearance can motivate some persons to engage in practices or undergo procedures which endanger their health. Such procedures and practices should be avoided.

E.9

Many diseases and conditions which affect women and children in developing countries are unknown in the developed world because good sanitation, proper nutrition, vaccines, simple inexpensive treatments, and basic health care prevent these diseases and conditions. The first priority for

health care should be the funding of basic health care for all the people in the world. In this regard tropical diseases and other infectious diseases need the attention of the world community. The eradication of small pox, the conquering of the scourge of leprosy, the overcoming of polio, and the defeat of a host of other once devastating diseases represent major scientific advances, and this progress needs to be continued. In particular, programs need to be promoted to eliminate diseases for which cure or prevention is already available, including guinea worm, river blindness, measles, polio, rubella, and yaws.

E.10

The provision of high-quality maternal care has been shown to drastically reduce the incidence of maternal mortality and infant mortality. Nothing more affects the health of women than the treatment they receive during pregnancy and childbirth. High quality pre-natal and maternal health care should be made available to all women in their own communities and in ways compatible with their cultural and religious traditions.

E.11

Women have the right to informed consent in all treatment, particularly in regard to potential risks to their health or ability to have children. Of particular concern to women is the prevention and treatment of infertility. Sexually transmitted diseases, abortion, certain contraceptive devices, and pelvic inflammatory diseases are directly related to infertility, and all means possible, including contact tracing in the case of sexually transmitted diseases, should be used to prevent infertility. In recent years a number of women have been rendered sterile or infertile because of treatment with various vaccines, drugs, or devices. In some cases the women were the subjects of experimental drugs, vaccines, or devices and were not properly warned of the potential risk to their future fertility. A woman's right to have children is her most precious right. Actions "willful or negligent" which endanger a woman's fertility without her full and completely informed consent constitute a grave injustice.

E.12

Married women desiring information about family planning should receive accurate and complete information about natural methods which are effective, safe, inexpensive, without health risk, and respectful of the relationship and dignity of the couple. Governments should promote research and education on natural methods of family planning. As for chemical and barrier methods which are legally available, women should be

provided with information which would state clearly if the method is an abortifacient or has a potential abortifacient effect, and they should receive clear and complete information about the possible physical and psychological side effects, the user and method effectiveness rates, and the continuance rates. Women should receive a full medical examination by a licensed physician before contraceptive chemicals or devices are prescribed to insure that they have no pre-existing condition which could make such drugs or devices dangerous to their health. No woman should be forced, coerced, or paid to use contraception or to agree to be sterilized.

The best protection of the physical and psychological health of children is a stable two-parent family. Given the known failure rates of the various contraceptive drugs and devices, the dispensing of contraceptive drugs and devices to unmarried persons almost guarantees that children will be conceived outside marriage and thus put at risk. Sexual activity between unmarried persons constitutes an unacceptable risk and should be discouraged.

E.13

The right to life of all human beings should be protected. Treatment for the dying should be humane and avoid pointless therapies, provide relief from pain, and guard the value of life until natural death. Women are the primary caregivers for the sick and dying. In this regard, government and private organizations should promote programs which aid women who care for the sick at home. The small amount of money needed to make it possible for home care versus hospital care makes this a wise health care investment.

Given modern technology, pregnancy can in almost all cases be managed in a way which protects the life of the mother and of the child. Induced abortion always constitutes a failure of society to provide for the needs of women. Women should be educated about the physical and psychological risks of abortion. The physical and psychological complications of abortion should be treated compassionately. In no case should abortion be promoted as a solution to the problems of women.

E.14

Research is needed into those diseases and conditions which affect only or primarily women, in particular breast cancer. Women and men are biologically different and therefore drugs and other treatment affect them differently. Researchers have been unwilling to test drugs and treatments on women because of fear of injuring an unborn child of a woman who might

not know she is pregnant. This is a real concern because drugs have been shown to affect the fetus in the first few weeks of development. This danger must be balanced against the need to know if a therapy or treatment is equally effective and safe for women.

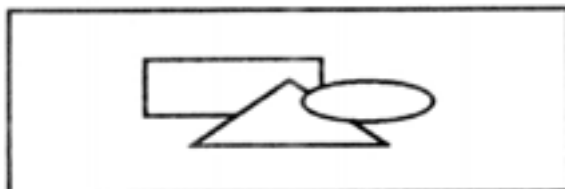
Equality, Development and Peace: A Platform for Women of the World

Alternative Platform for the Beijing Conference

Specific Areas of Concern Prevention of Violence against Women

F.1

- Violence against children and women is a particularly reprehensible form of injustice because children and women are vulnerable and often unable to defend themselves.



F.2 Female feticide and female infanticide

In certain cultures the birth of girls is considered a social liability. This leads to the practice of pre-natal testing to determine the sex of the unborn child, leading to female feticide, and female infanticide. The very existence of the mentality that supports such practices is an offense to the dignity of all women and is the most absolute denial of the equality and dignity of women.

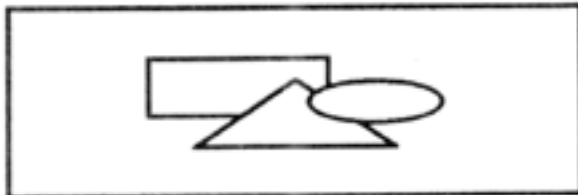
While there are legitimate reasons for some prenatal testing, all prenatal testing done for the sole purpose of determining sex with the intention of aborting a child whose sex is not acceptable to the parents must be halted immediately. If in the course of other legitimate procedures on the unborn child, the child's sex is determined, the parents should not be informed of the sex unless there is an absolute certainty that they will not and cannot use the information to discriminate in a lethal manner against the girl fetus.

Government should pass laws to make pre-natal testing for the purpose of female feticide illegal.

It is not enough however to ban the procedure; the underlying conditions which produced a desire in parents to have a boy child must also be removed. These conditions include:

1. negative cultural attitudes towards girls;
2. social practices which make the birth of daughters economically disadvantageous to the family, such as high dowries;
3. one child policies and other population control policies.

Besides the introduction of technologies which allow female infanticide, there has been a resurgence of the almost extinct practice of female infanticide. In some cases international organizations must bear some of the responsibility because they have pressured governments to meet population reduction goals which in turn lead to policies which disadvantage large families and generate pressure to eliminate girl babies. The practice of female feticide and female infanticide and the policies which promote them must be eliminated.



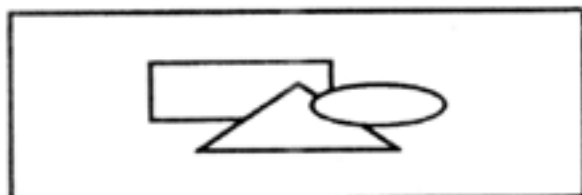
F.3 Violence against women's ability to bear children

Women's and men's ability to bear children is their most valuable personal asset and crucial to their freedom as a person. No persons should be sterilized against their will, coerced to accept sterilization, encouraged by economic incentives to accept sterilization, tricked into consenting to be sterilized, sterilized without their knowledge, exposed to drugs or other treatments which could potentially result in sterilization. All such actions, whether by governments, organizations, or individuals constitute unspeakable violence against women and men. IUDs and other medical treatments have been used on unsuspecting women, even when it was well known that a significant number of women who accepted these devices or treatments would become infertile or sterile. Women often had been denied full information about the risks. Coerced sterilization of prisoners constitutes cruel and unusual punishment.

Particularly reprehensible are government controlled population programs which have coerced, forced or threatened women with economic reprisals if they did not consent to sterilization. Genocide by sterilization of a captive population constitutes a crime against humanity. Governments should not coerce, entice with the promise of cash payments or threaten with imprisonment women on welfare, poor women, mentally ill women,

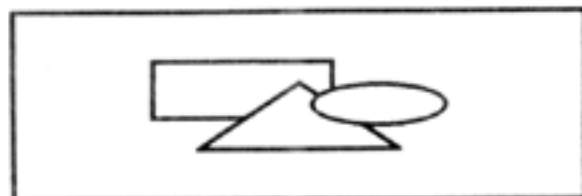
disabled women, indigenous women, women in occupied territory or women carriers of hereditary diseases to use contraceptives or undergo sterilization, either permanent or temporary.

Sexually transmitted diseases endanger a woman's potential for having children. Anyone who knowingly engages in sexual relations while carrying a sexually transmittable disease which has the potential to sterilize the woman, to infect her child, or even to kill her is committing an act of violence against the woman and the child should be punished.



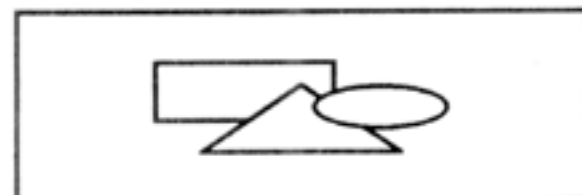
F.4 Violence against women's political participation.

The right to vote and participate in the political process belongs to women as well as men. Any attempt to use force to keep women from participating in the political process on an equal basis with men violates the human rights of women and should not be condoned.



F.5 Sexual assault

Rape, violent sexual assault, sexual harassment, public exhibitionism, and physically accosting women in public are all violations of a woman's human rights and should be condemned. Men should stand ready to defend women against such attacks and should in no way condone such behavior or consider such attacks as humorous, normal, acceptable, or instigated by women themselves.

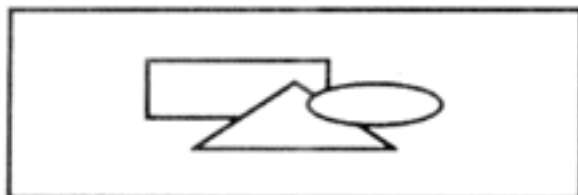


F.6 Violence against women by men they know

Many women are subject to violence from family members, boyfriends, or other men with whom they are acquainted. Women engaging in sexual relations with men to whom they are not married are more likely to become

victims of violence than married women. Women, because of their size and strength, are often unable to resist such attacks. In some cases the woman, because of a past history which included abuse, may feel intimidated or may be unable to distinguish between acceptable and unacceptable behavior. Women need to be taught that there is nothing feminine about accepting non-acceptable behavior. There are several underlying causes for violence by men against women and these need to be addressed:

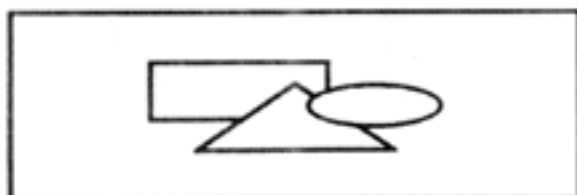
1. Sociopathic personality disorders often cause men to develop a pattern of abusive behavior and violence against women or to commit sexual crimes. Arrest and incarceration appears to be the immediate solution in these cases. Research needs to be done on the causes and possible ways to prevent the development of sociopathic personality disorders. Women need to be educated about the symptoms of such disorders and how to avoid relationships with men who suffer from these problems.
2. The use of alcohol or drugs often precipitates violence against or abuse of women, even among men who would never commit such acts if they were sober. Men addicted to alcohol and drugs often have a pattern of abusive behavior toward women. Treatment for the alcohol and drug abuse can in some cases stop the violence. Women should refuse to expose themselves to situations where drugs and alcohol are being abused. Women should also recognize that their own abuse of alcohol and drugs may put them at greater risk of abuse. While female drunkenness in no way excuses male abuse of women, it represents irresponsible behavior on the part of the woman herself.
3. In some cultures men have been brought up to believe that they have a right to enforce their will on their wives by the use of violence. Husbands and wives are equal partners in marriage and neither has the right to use violence to control the other. Husbands and wives have a solemn duty to protect and defend the dignity and honor of their



spouses in all situations and to treat them with respect.

F.7 Sexually Oriented Businesses

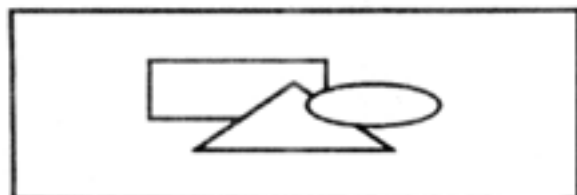
Prostitution and other sexually oriented business including pornography, nude dancing, sex clubs, sex tourism and trafficking for sexual purposes in women and children also constitute sources of violence against women. Sexually oriented businesses treat women as sexual objects and lower the respect for women in society. Women in such businesses are frequently the victims of physical abuse. Sexually oriented businesses lead to a deterioration of neighborhoods and a general increase in violence. The enforcement of laws against prostitution and sexually oriented businesses should include prosecution of the men who frequent prostitutes and those who profit from the services of the prostitutes including the owners of establishments where prostitution is practiced and where other sexually oriented businesses are conducted. In this regard the Convention on the Elimination of Trafficking in Persons should be fully implemented and enforced.



F.8 Women victims of crime

Thieves and other criminals frequently target women because they are vulnerable to physical attack. The protection of women from crime requires strong law enforcement and a climate of respect for personal and property rights. Women should be able to travel and work outside their homes and to be in their homes without a sense of threat and fear.

PEACE



G.1 War against civilians

War, civil conflict and terrorism continue to cause bloodshed, death and destruction in many areas of the world. Unfortunately the violence is not confined to armed combatants. New forms of violence target vulnerable civilians, specifically women and children. War against civilians, bombing urban areas, ethnic cleansing, genocide, forced migration, rape as a military

ANEXO 5**DADOS ESTATÍSTICOS SOBRE REPRODUÇÃO**

