

**Reproductive Health and the
Millennium Development Goals:
The 2005 World Summit**

Part two of a series

by Barbara Crossette

Women's rights on the margins

When the leaders of more than 170 of the 191 United Nations member countries meet in New York in mid-September 2005 to mark the 60th anniversary of the organization and commit themselves to making the UN more effective in a changing world, poverty reduction will be high on the agenda. But after months of efforts by the UN-supported Millennium Project and by a wide range of nongovernmental organizations and a few governments, the crucial importance of women's reproductive rights in reducing poverty at the grass roots will not get official recognition. Once again, governments are on course to fail to acknowledge that a prerequisite to development is the freedom of women to make decisions about their sexual health in all its aspects, from choosing family size to protecting themselves against HIV/AIDS.

The year, a critical one for setting a new development agenda, has been marked by a series of important events around the United Nations, beginning in January with the publication of the independent Millennium Project's multivolume experts' reports on how to get serious about meeting the Millennium Development Goals, the eightfold plan to make life better for the world's poor. In March, Secretary General Kofi Annan released his own report relating to security, development and human rights, *In Larger Freedom*. In June, a large gathering of "civil society" represented by leading nongovernmental organizations met in New York to air their views on development and other issues before the UN in anticipation of the coming summit.

By then, however, the first draft of a summit statement by leaders was already in circulation. Important politicians do not like surprises, thus these documents are always finished before a "debate" can begin. Any commitment to sexual and reproductive rights has so far been avoided by national delegations drawing up the outcome document, and time is running out.

On the table in September -- along with hefty, distracting political subjects such as the vexed issue of Security Council reform, the creation of a peacebuilding commission and the abolition of the existing Human Rights Commission -- will be an international recommitment to the Millennium Development Goals, adopted in the wake of the General Assembly session in 2000. The goals, however, also steer clear of sexual and reproductive rights to avoid international controversy, and there is universal agreement that those goals, and the targets and indicators to measure them, will not or

cannot be rewritten or expanded now, as some had hoped. A majority of countries, despite years of mounting evidence showing that women are the keystone to building healthier, more prosperous families and communities, are sticking by a plan that fails abjectly to give women the tools they need to play their full part in development. Exactly how this happened is the subject of an earlier report in this series.¹

That leaves only the government leaders' final summit statement as a place to emphasize for the official record the importance of women's reproductive rights, the key to smaller family size, healthier and better educated children, lower maternal mortality, fewer women with AIDS (and fewer orphans) and a host of other social benefits. Poverty won't be reduced without giving women the power to change their lives and those of their families. It's that simple.

Because the goals are considered immutable, a lot of effort by advocates of women's reproductive rights and sexual rights in general for men and women has gone into persuading sympathetic national delegations to take account of these important issues in the summit's final document. The active involvement of rights advocates in correcting the Millennium Development Goals was late in coalescing, says June Zeitlin, executive director of the Women's Environment and Development Organization, which was founded two years before the 1992 Earth Summit in Rio and has continued to play a leading role among nongovernmental organizations through all the major UN conferences that followed.

"Women's groups were not active at all in the lead-up to the Millennium Summit," she said.² "It happened the year of Beijing-plus-five, which was a horrible and we were really exhausted. Very few people in the NGO community thought the Millennium Summit was of particular import. We've learned subsequently that the governments thought it was important.

"In the women's right community in general I'd say there was a lot of debate for a couple of years about do we or do we not engage with the MDGs, some people saying, It's so limited, why bother? [and] others saying, This is a tool we should use to advance our own agenda," she said. "At the CSW [Commission on the Status of Women] last year, there was sort of a coming together and understanding that if you're going to continue to work at the UN to advance women's rights you couldn't ignore the MDGs and you had to really shape them in an expansive way. So that's how we went into this.

"On the one hand we were very energized by the affirmation and even though we had to fight it seemed like things were moving in the right direction," Zeitlin said. "And then when the Secretary General issued his report, *In Larger Freedom*, we were really bitterly disappointed. Gender equality was so sidelined. Essentially there was one paragraph in the development section, and nothing in the other sections. It was such a kick in the face after talking about how important women's rights were in achieving development.

"We felt like we've had an uphill battle since March," she said. "So I'd say in each draft [of the summit document] we've made some steady progress, but we've really had to push and be vigilant and keep offering different ways of really integrating gender equality issues, not only into the development section in much greater detail but also in

¹ *Reproductive Rights and the Millennium Development Goals: The Missing Link*, commissioned by the Population Program of the William and Flora Hewlett Foundation, December 2004.

² Interview, August 2005

the human rights part and peace and security and in UN reform and in the preamble. The document itself has much more than it did when it started.”

Among the changes nongovernmental organizations were influential in achieving, Zeitlan said, was the insertion in the draft summit document of a list of steps reflecting most of the seven strategic priorities proposed by the Millennium Project’s task force on gender equality and women’s empowerment. The document now calls for eliminating gender disparities in education, women’s rights to housing and the inheritance of property, access to reproductive health services, equal access to labor markets, protection in armed conflict, equal participation in government decision-making bodies and protection from violence. Though these stop short of advocating reproductive rights, they are a gain, if allowed to stand.

A reluctant world

This report, written in anticipation of history’s largest gathering of world leaders, will focus at least in part on the international climate surrounding the issue of women’s reproductive rights and women’s rights as equal citizens everywhere. As of this writing in mid-August 2005, the latest draft of the document expected to be adopted by the assembled government leaders in September may contain a commitment to the equality of women and the suggestions of independent experts on how to achieve that, but it still avoids the central question of women’s reproductive rights. It asks only for nations to ensure “access” to reproductive health services, not for the right or unrestricted freedom to use them. In the developing world, many women are simply forbidden to go for help, or suffer violence if they do. Health clinics and access to them are themselves more the rarity than the norm across the global South, especially in rural areas.

Moreover, the document’s commitment to the rights of women generally has already been softened and qualified ahead of the summit, when compared with an earlier draft written in July. The current draft of the government leaders’ statement places the equality of women in the context of the future of their children. It is a change that critics of women’s rights, and probably many opponents of abortion, might welcome.

Here is what the July 22, 2005, draft said, in paragraph 12: **“We reaffirm that gender equality and the promotion and protection of the full enjoyment of all human rights and fundamental freedoms for women are essential to advance development, security and human rights.”**³

In only a few weeks of backroom maneuvering, that commitment was fuzzed in the August 5 draft to this, also in paragraph 12: **“We reaffirm that gender equality and the freedoms for all, in particular for women and children, are essential to advance development, peace and security. We are committed to creating a world fit for future generations, which takes into account the best interests of the child.”**

The document of commitments to be endorsed by government leaders in September grew out of Annan’s *In Larger Freedom*, the report that disappointed so many advocates of women’s rights. But though it barely mentioned women at all, it was

³ Revised draft outcome of the high-level plenary meeting of the General Assembly of September 2005 submitted by the President of the General Assembly. There have been three drafts to date: June 3, July 22 and August 5. A final draft is expected before the summit session convenes. All of these are readily available at www.reformtheun.org

nevertheless stronger in some of its language than what the drafters of the September document have drawn from it. “Empowered women can be some of the most effective drivers of development,” the Secretary General said in his report.⁴ Among the needs of women he listed “access to sexual and reproductive health services.”

The problem seems to be the word sexual, which many critics see as a code word for services outside traditional family planning – condom distribution or services for unmarried teens, for example. The word is nowhere to be found in the government leaders’ text. Such words alarm social conservatives in many places including the United States.

The Friday Fax, an online service from the Catholic Family and Human Rights Institute in New York,⁵ raised an alarm in June after the European Union said in a report that the Millennium Development Goals cannot be met without a commitment to universal sexual and reproductive health and rights. The Friday Fax called the reference to sexual and reproductive rights a “veiled reference to legalized abortion.”

In late July, the online newsletter accused the United Nations Population Fund, UNFPA, of demanding abortion rights for children as young as 10. This was in response to UNFPA’s concerns that too many teenagers were in need of help to prevent the early pregnancies that kill hundreds of thousands of girls or keep them out of school and make them vulnerable to AIDS. In the United States, the Bush Administration has made minimal support for clinical youth programs a matter of policy, calling instead for abstinence, a completely irrelevant and useless proposition in societies where girls have no rights and often no money to eat or go to school.

The unchanging, or at best slowly changing, international atmosphere in which advocates for the reproductive rights of women and girls work cannot be overemphasized. It seems all too clear that most governments – though there are exceptions – are failing to grasp a profound concept: that attention to the sexual needs of women is not a feminist or even a women’s issue. It is an issue that underlies development in almost every aspect and underpins the progress of nations.

It is disheartening to note that while numerous governments say that they will voice public support in speeches in September for the Millennium Development Goals, only a very few – to date, Canada, Israel and several Nordic countries – plan to be explicit in their support for reproductive rights. Advocates of these rights say that the European Union has been supportive of the idea. But so far, no country has managed to get a mention of sexual rights (for women or men) into the final document.

Americans will recall the attitudinal revolution required before civil rights and women’s rights campaigns removed stereotyping from at least most public discourse on race and sex in the second half of the 20th century. The work of changing attitudes about the role of women is only beginning at official levels in many developing countries, whatever laws they may have on the books or treaties they may have signed. Women’s groups and health advocates in those same countries are years ahead in their thinking, but are not often heard among the powerful in their own capitals.

⁴ *In Larger Freedom: Towards Development, Security and Human Rights for All*, by Kofi A. Annan, United Nations Department of Public Information, April 2005. Page 17

⁵ To subscribe to the Friday Fax, see the Catholic Family and Human Rights Institute’s website at www.c-fam.org

Stephen Lewis, the Canadian who is Secretary General's envoy for monitoring AIDS in Africa, feels his anger rise and pessimism grow as the years pass. "For me, when I travel, the single-most heartbreaking dimension of the pandemic is the situation of women, and the way in which it is so hard to get governments to rally," he said in late July.⁶

"As a matter of fact, I even continue to run into discussions with very senior members of cabinet where as soon as you mention women you're subject to a kind of locker-room humor," he said. "You would think, for God's sake, that in the year 2005 you wouldn't have to deal with that kind of rubbish any longer. But there is still this assumption of male authority and power and entitlement, which ravages everything."

Only tangentially [in paragraph 36] does the draft government leaders' statement make the link between women's reproductive health and rights by reaffirming the Beijing Declaration and Platform for Action that emerged from the Fourth World Conference on Women in 1995. The full implementation of those agreements, the leaders will say, "is essential to achieving the internationally agreed development goals."

If this line remains in the final September 2005 statement by government leaders, there is a lot of ammunition in the Beijing documents for women to use. "In most countries," the Beijing Platform for Action says, "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."⁷

The Beijing action platform noted that women's health needs are equal but different from those of men, and women face unique barriers in exercising their right to health services. "The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes toward 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,"⁸ it says.

Knowledge about how the human body works is often lacking in developing societies. Reports by women in India have demonstrated this.⁹ In Laos in 2004, on a tour of family planning work supported by UNFPA in rural areas, village women I met watching an Australian-directed but locally made video on family planning remarked how they had just learned about ovulation for the first time, and were also able to discover in the video's graphics a mind-opening "map" of the female reproductive system.¹⁰

Poor women everywhere, but most of all in the poorest countries where the status of the female population may be very low and preventive medicine is all but nonexistent. frequently get little respect or attention from health officials if they are not actively "sick." In Laos we stopped to visit an extremely rudimentary clinic cobbled together in a

⁶ Interview July 2005

⁷ FWCW Platform for Action: Women and Health.

www.un.org/womenwatch/daw/beijing/platform/health.htm paragraph 97

⁸ *ibid.*, paragraph 92

⁹ An excellent source of information on these issues in South Asia is the Women's Feature Service, an online news agency based in New Delhi. www.wfsnews.org

¹⁰ Two articles on collaborative efforts of local and international agencies in Laos are appended to this report.

former rice barn. The two men in charge complained that women were staying away and not seeking family planning help. Waving vaguely toward an empty back corner of the mostly empty shed one of the men said that they had recommended building a cubicle or partition to guarantee privacy, but were still waiting months later for government approval and funds. Had they really cared, they could have built a partition ten times over at almost no cost with local labor.

In countries stepping up into middle-income status, some of the worst practices of developed countries are foisted on women by health service providers. In Brazil last year, I saw an otherwise impressive clinic and hospital in a small city in Rio de Janeiro state where a worried local health official said that caesarian sections had accounted for up to an astonishing 80 percent of births until recently, mostly for the convenience of the doctors.

Poor women everywhere in the world know what they want and need, even if they often seem to acquiesce in social customs or behavior patterns that may harm them. It is women like these whose voices have not been heard in any significant way anywhere in the Millennium process. They are certainly not going to be present in the halls of the General Assembly in September. Sadly, they are not a major official concern of even the G-77 group of more than 130 developing nations.

When the group's current chairman, Stafford Neil, the Jamaican ambassador to the UN, summarized the G-77's thoughts on the draft document for the summit circulated in late July, there was not a mention of women, who are strong players in Caribbean societies and economies. Instead, the G-77 was preoccupied with getting more resources and concessions from the developed nations, and strengthened statements about national sovereignty.

When Unifem, the United Nations development fund for women, released its annual report on August 8 this year --- in time to be read by delegations to the September summit -- Mark Malloch Brown, the outgoing administrator of the United Nations Development Program, who is now Secretary General Annan's chief of staff, said all the right things, bemoaning the shortfalls in Unifem's funding for crucial projects such as the campaign to stop violence against women or to enhance women's property rights. The Millennium Development Goals, he said, were ambitious but achievable, and "it is clear that women need to be at the center of all these efforts."

From the vantage point of Noeleen Heyzer, the executive director of Unifem, however, it doesn't always look as though her colleagues in the system are really putting women at the center. She noted in July that at least some proposed reforms of the UN had been bolstered in recent months by concrete ideas about the mechanisms for institutional rebuilding and for raising or reallocating resources to do that.

"But when it comes to gender equality, women's empowerment, there is no clear resource allocation," she said, noting that the trust fund set up by the General Assembly to support work on violence against women is woefully short of money, relying on contributions.¹¹

"At the end of the day, I think that people know that these issues are politically correct, important and all that," Heyzer said. "But somehow it's not important enough to spend time thinking about the best institutional arrangements that the multilateral system can have in order to use UN reform to deliver on behalf of women.

¹¹ Interview, July 2005

“There’s a lot of rhetorical awareness that gender equality, women’s empowerment, is central to the achievement of all the goals,” she said. “They talk about halving the world’s absolute poverty, but which half are you going to leave behind? Hopefully it’s not the women’s half.”

2005: Gains and Losses

When advocates of forging clearer links between women’s rights and the Millennium Development Goals are asked to name the most positive event of the year, there appears to be wide agreement that it was the publication in January of the task force reports of the Millennium Project.

The Millennium Project was commissioned by Secretary General Kofi Annan to serve as an independent advisory body charged with studying how to achieve the eight Millennium Development Goals by 2015, the target date for eradicating extreme poverty and hunger: providing universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV-AIDS, malaria and other diseases; ensuring environmental sustainability, and developing global partnerships for development.¹²

The internationally known economist Jeffrey Sachs of Columbia University in New York was named head of the Millennium Project, which has been unofficially run from the university’s Earth Institute, which Sachs founded and heads. A small fulltime staff was headquartered at the United Nations Development Program offices in New York.

The project gathered more than 265 leading development experts drawn from academic institutions, nongovernmental organizations, governments, the private sector and UN agencies. The experts were divided into 10 task forces, which wrote separate reports on various areas of development covered by the goals. The project’s overall findings were distilled into a blueprint document titled *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*. It was presented to Secretary General Annan in mid-January and made public at about the same time.¹³

The project’s experts said that if the Millennium Development Goals were to be achieved by 2015 – though statistics already show that is not likely – 500 million people could be lifted out of poverty and 250 million would no longer suffer from hunger. Further, 30 million children and 2 million mothers will avoid death. In 2005, five years after the Millennium General Assembly, it is estimated that more than a billion people are living on less than a dollar a day.

The calls by several of the Millennium Project’s task forces for women’s reproductive rights and improved status across the board were unambiguous. In the mainstream news media, however, reporting on the work of the project focused most

¹² The complete list of Millennium Development Goals, with their targets and indicators for measuring progress, are included in the appendices to this report. For the most comprehensive list of goals, targets and indicators, go to the UN’s statistical department, http://unstats.un.org/unsd/mi/mi_goals.asp

¹³ For more details on reports and findings, see www.unmillenniumproject.org

attention on the monetary cost of implementing the project's recommendations, and on exhortations to donor nations to increase development aid.¹⁴ Little attention was paid to promoting attitude changes in recipient nations, a difficult area for many reasons, not least because there is squeamishness about criticizing other cultures, and putting a price tag on social change is difficult. Yet, to carry Noeleen Heyzer's argument forward, if concrete numbers and institutional arrangements for women and girls are not stated or proposed – as, for example, might be price tags for AIDS drugs or environmental cleanup -- those gender-specific needs are relegated to the margins or ignored.

At Population Action International in Washington, Sally Ethelston, a vice president and policy analyst, says it would be a mistake to say that that attitude change is free. First of all, there would be the price of educational outreach and campaigns to reduce discrimination against women in any form. Then, if and when the status of women rises in any country, there will be demands for the services they seek.

“Providing services definitely costs,” Ethelston said.¹⁵ “Gender equality actually does cost money because it is about equal opportunity to education, to all kinds of health care, to certain kinds of economic resources.”

Experts working on the Millennium Project reports confronted the problems of finding a balance between technical or monetary solutions and less tangible but possibly more immediately important social and political factors within nations and between donor and recipient countries. “[A]lthough achieving the Goals depends on increasing access to a range of key technical interventions, simply identifying those interventions and calling for their broad deployment is not enough,” wrote the task force on child health and maternal health.¹⁶ “Answering ‘what will it take?’ requires wrestling with the dynamics of power that underlie the patterns of population health in the world today.”

June Zeitlin at WEDO is one of a number of experts who believe that until there is a strong, well financed agency for women in the UN system, getting meaningful lines in international budgets for improving the status of women and services they need is a lost cause.

“Policymakers say all the right things, but we’re still on the margins,” Zeitlin said.¹⁷ “If you’re not in the room when the decisions are made and resources are allocated, they forget about it.

“If you don’t have an agency that’s well resourced and has stature to sit at the table to remind people how to do this, or even that it needs to be done, it just becomes invisible, and that’s really what’s happened at the UN,” she said. “The voice for women’s rights is very muted. It’s not really visible. They’ve even documented in their own reports that their gender mainstreaming strategy has failed. It’s not because people opposed it,

¹⁴ A good example is the article by Colum Lynch in *The Washington Post* of Jan. 18, 2005, headlined “U.N. Report Urges Rich to Give More; Nations Have Not Met Pledges to World’s Poor.” Reports in other major publications had a similar emphases.

¹⁵ Interview, July 2005.

¹⁶ UN Millennium Project 2005, *Who’s Got the power? Transforming Health Systems for Women and Children. Summary version of the Task Force on Child Health and Maternal Health.* Note that the eight goals do not correlate directly with the task force titles; reducing child mortality and improving maternal health are two separate goals. www.unmillenniumproject.org

¹⁷ Interview, August 2005

it's because if there isn't somebody to champion it at the highest level, and see that it happens, there's no follow through."

Zeitlin applauds the tireless efforts and frank talk that Noeleen Heyzer has put into this issue, but is critical of UN members and the organization's secretariat for not giving enough support to her agency. "Unifem is a drop in the bucket," Zeitlin said. "Their money is tiny. She has to fight to get to the table. People from the UNDP are supposed to represent Unifem. Well they don't represent Unifem – not even close."

Although Unifem has taken on a broad range of issues under the leadership of Heyzer, who is from Singapore, where women enjoy considerable social and economic freedom and equality, her agency is not the lead voice on issues of reproductive health. That responsibility rests with UNFPA, the United Nations Population Fund. UNFPA has also suffered funding problems, especially after the withdrawal of virtually all support from the United States under the Bush administration.

Thus, while attention is focused widely on dollars – and trade and debt concessions – needed to meet the Millennium Development Goals, women in the United Nations system have not been able to promote with the same level of publicity and media – even celebrity – attention the unique unwritten, unbudgeted needs of women in developing nations, beginning with disadvantages of social status.

"If [women] are delegitimated then they can't push for what they need at the national level," Zeitlin said. "Why is it that 10 years after Beijing, after all of this achievement that women have made, we're still at the margins? This is a challenge, definitely. We work a lot with other social justice groups that are not women-specific, and they know enough to have us at the table, but if we're not there they don't take up the fight. Often, like if I'm giving a talk, we now try to not put 'women' in the title. As soon as you put women in the title, men don't come. It's something that we all need to reflect on. Maybe we're not presenting the message right: this isn't just for us, this is for the benefit of society, for development. It's not just to make women better"

Given these frustrations, advocacy groups for women's reproductive rights have been buoyed and encouraged most by the report of the Millennium Project's Task Force 3, on Education and Gender Equality, which split into two groups to disaggregate the two issues. One of the annoyances to advocates of women's rights has been that the authors of the Millennium Development Goals chose to measure equality and empowerment of women through the sole targets of eliminating of gender disparity in primary and secondary schools, literacy and seats in national parliaments – necessary steps, to be sure, but hardly the whole story. Task Force 3 has broken out of that box, giving gender its own importance beyond educational statistics.

For the growing body of development experts in and out of governments and international organizations, the second of the two Task Force 3 reports, *Taking action: achieving gender equality and empowering women*,¹⁸ is being seen as a necessary compendium to the Millennium Development Goals, and a bulwark against those who would argue that if the goals do not include references to sexual and reproductive health, these should not be advocated by the UN. The task force says explicitly that "guaranteeing sexual and reproductive health and rights [is a] strategic priority for achieving gender equality and empowering women."

¹⁸ www.unmillenniumproject.org

Equality alone may not give women power, the gender report also says. “The concept of empowerment is related to gender equality but distinct from it. The core of empowerment lies in the ability of a woman to control her own destiny. This implies that to be empowered women must not only have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and employment), they must also have the agency to use those rights capabilities, resources and opportunities to make strategic choices and decisions (such as are provided through leadership opportunities and participation in political institutions). And to exercise agency, women must live without fear of coercion and violence.” The guarantee of sexual and reproductive rights is one of the key underpinnings of empowerment, the report says.

The gender equality and empowerment report draws on numerous sources in building the mosaic of women’s lives in many poor societies. There are plenty of statistics from a range of United Nations departments and agencies that demonstrate the hardships that persist in developing nations. Writing in *UN Chronicle*, a publication of the United Nations Department of Public Information, Rita Luthra, an American gynecologist and obstetrician specializing in international health and development, compiled some disturbing World Health Organization statistics. Among them were these: 1,600 deaths a day – 585,000 a year – from pregnancy and childbirth complications; 75 million unwanted pregnancies annually (a startling third of the total world births); 20 million unsafe abortions.

“If all women who do not want any more children were actually able to stop childbearing,” wrote Luthra, who edits the international e-learning website www.WomensHealthSection.com, “the number of births would be reduced by an average of 35 percent (94.4 million) in Latin America, 33 percent (24.4 million) in Asia, and 17 percent (4 million in Africa).” Women would thus be voluntarily reducing strains on themselves, their other children and the environment around them.

The gender and empowerment task force also provided some pertinent statistical material. Those writers found, among other estimates, that “One-fifth of married women in the Middle East and North Africa and one-quarter of the women in sub-Saharan Africa are unable to access the contraception they need.”

Yet governments react slowly to grassroots needs, if they recognize them at all. In India, where the status of women is low and the population has soared from 360 million to over 1 billion in the last 50 years and will edge out China within a few decades at most, Prime Minister Manmohan Singh, while admitting that Indians were putting pressure on the environment and other resources, said in a recent speech that overall development, particularly in education and the economy, will bring population growth down without incentives or coercion.¹⁹ That seems a faint hope, when women in the poorest regions of the country, where literacy is low, have the country’s highest fertility rates and often the most rudimentary reproductive health services. There is scant trickle-down effect there from the hi-tech outsourcing centers in a few urban areas such as Delhi, Bangalore and Hyderabad. The pattern is repeated elsewhere in South Asia and in Africa.

¹⁹ Agence France Presse report from New Delhi, July 24, 2005.

A special case: HIV-AIDS

Stephen Lewis, the troubleshooter Secretary General Annan assigned to follow the pandemic in Africa, will not be part of the official program when the summit leaders assemble in September. He is looking around for ways to make his voice – and his anger – heard, however.

“There has been almost no serious reaction, either on the part of the multilateral agencies or the big donors or the NGOs from outside, nor any real initiatives from the African governments themselves on the inside, to what everybody acknowledges in the grotesque vulnerability of women,” he argues.²⁰ “The disproportionate numbers who are infected, and who are dying, is really quite overwhelming, and although we’ve talked ad nauseum over the last three or four years since the phrase ‘the pandemic has a woman’s face’ has become *de rigueur*, the truth is that very, very little has been done about it.” He calls this muted response – in his words, “the failure to intervene, dramatically, on behalf of woman” -- the most profound mistake in the world’s handling of the AIDS crisis.

Lewis is sharply critical of the Millennium Development Goals, when compared to the starkly honest reports of the independent Millennium Project, which he applauds. “It is fascinating that when the countries of the world sit down, not only do they leave out sexual and reproductive health completely, but they also manage to define gender in the narrowest of ways imaginable,” he said. “So of course you lose the incentive to take it seriously.”

He homes in, as others have, on the paltry support Unifem, potentially a powerful defender of women’s rights, gets within the UN system. At a speech at the University of Pennsylvania in April, Lewis issued this strong indictment, worth repeating at length.²¹

“I want to remind you, finally, of the arrangements we’ve made within the United Nations itself. HIV/AIDS is the worst plague this world is facing; it wrecks havoc on women and girls, and within the multilateral system, best-placed to confront the pandemic, we have absolutely no agency of power to promote women’s development, to offer advice and technical assistance to governments on their behalf, and to oversee programmes, as well as representing the rights of women. We have no agency of authority to intervene on behalf of half the human race. Despite the mantra of ‘Women’s Rights are Human Rights,’ intoned at the International Conference on Human Rights in Vienna in 1993; despite the pugnacious assertion of the rights of women advanced at the Cairo International conference in 1994; despite the Beijing Conference on women in 1995; despite the existence of the Convention on the Elimination of Discrimination against Women, now ratified by over 150 countries; we have only UNIFEM, the UN Development Fund for Women, with an annual core budget in the vicinity of \$20 million dollars, to represent the women of the world. There are several UNICEF offices in individual developing countries where the annual budget is greater than that of UNIFEM.

²⁰ Interview, July 2005

²¹ Speech by Stephen Lewis delivered at the University of Pennsylvania’s Summit on Global Issues in Women’s Health, Philadelphia, April 26, 2005.

“More, UNIFEM isn’t even a free-standing entity. It’s a department of the UNDP (the United Nations Development Program). Its Executive Director ranks lower in grade than over a dozen of her colleagues within UNDP, and lower in rank than the vast majority of the Secretary-General’s Special Representatives.

“More still, because UNIFEM is so marginalized, there’s nobody to represent women adequately on the group of co-sponsors convened by UNAIDS. You see, UNAIDS is a coordinating body: it coordinates the AIDS activities of UNICEF, UNDP, the World Bank, UNESCO, UNFPA, WHO, UNDCP (the Drug Agency), ILO and WFP. UNIFEM asked to be a co-sponsor, but it was denied that privilege.

“So who, I ask, speaks for women at the heart of the pandemic? Well, UNFPA in part. And UNICEF, in part (a smaller part). And ostensibly UNDP (although from my observations in the field, “ostensible” is the operative word).

“Let me be clear: what we have here is the most ferocious assault ever made by a communicable disease on women’s health, and there is just no concerted coalition of forces to go to the barricades on women’s behalf. We do have the Global Coalition on Women and AIDS,²² launched almost by way of desperation, by some international women leaders ... like Mary Robinson, like Geeta Rao Gupta, but they’re struggling for significant sustainable funding, and their presence on the ground is inevitably peripheral.”

Given the horrific toll of AIDS, it is noteworthy that the latest draft of the government leaders’ statement to mark the outcome of the September UN summit contains no “quick win” suggestions to spur national development that bear any reference to the pandemic, much less to women’s reproductive rights and limitations. The “quick win” suggestions in the draft include measures such as the free distribution of bed nets against malaria and the provision of home-grown school meals. An argument could certainly be made that another “quick win” might be the distribution of millions of condoms to HIV-affected countries. That however, would be roundly opposed, perhaps most of all by Washington.

Human Rights Watch is among the organizations that stepped up in 2005 its campaign for the making the situation of women and AIDS an issue of human rights. In a report, *A Dose of Reality :Women’s Rights in the Fight against HIV/AIDS*,²³ Human Rights Watch up a list of four areas of urgent concern after interviewing hundreds of women and girls living with HIV around the world. The areas the report showed as needing attention were domestic violence, including marital rape; violations of property an inheritance rights; the harmful traditional practices of bride, price, widow inheritance and ritual sexual “cleansings,” and the widespread sexual abuse of girls, often in families. Human Rights Watch called these familial abuses, the dark side of extended family life, “among the most pervasive and dangerous abuses for women and girls.”

In dealing with violence, however, the statement being prepared for the UN’s September summit [paragraph 36] commits leaders only to “supporting direct actions to

²² The Global Coalition on Women and AIDS, an initiative of UNAIDS in Geneva, was launched in 2004 with a core group of UN agencies and programs, nongovernmental organizations and prominent individuals joining to put emphasis on the situation of girls and women in the pandemic and to promote remedies to help them. www.womenandaids.unaids.org

²³ *A Dose of Reality* is available on the Human Rights Watch website, <http://hrw.org/english/docs/2005/03/21>

protect women and the girl child from discrimination and violence, including by ending impunity, in particular in situations of war and civil strife.” Human Rights Watch says that governments are too often tolerant of abuse. Their avoidance of the issue of domestic violence demonstrates this.

Some points for discussion

No official organization or nongovernmental group genuinely committed to helping women take control of their reproductive lives or at least have an equal say in reproductive choices would deny that vastly increased aid from rich countries is a necessary ingredient for development, or that women’s programs everywhere in the developing world would not benefit from significantly increased funds. But it is fair to ask that closer monitoring of where those funds – or the benefits of a better international trade environment or debt cancellation – will go if they materialize, and for what purposes.

Nations that have failed to take women’s reproductive rights into account in framing the Millennium Development Goals and are now set to reaffirm those flawed goals with more lip-service statements about women’s equality, are not likely to give priority to women or guarantee their rights.

The supporters of larger doses of aid have a world of support from international organizations to rock stars. Women out of the media loop all over the poorer countries do not have an organized lobby of great visibility. They need one. Such a lobby needs to be attentive to the women themselves and focused on their needs, not diluting the cause of women’s reproductive rights by becoming an appendage to the larger aid lobby and accepting unquestioningly that aid, trade and debt relief will automatically benefit women.

A new look will have to be taken at family planning and worldwide contraceptive campaigns, after decades of sensitivity on the issue, which once the political left, and now the right, say is an interference in others’ lives. Rubbish, would be the response of the women of developing countries around the world who would like nothing better than to make that decision for themselves. They are owed the respect of outsiders.

Unifem, the United Nations women’s fund, also needs a lobby. Unicef, the children’s fund, and UNFPA, the population fund, have these in the United States. Unifem’s support is much smaller, and its message more diffuse in a society that loves the clarity of a soundbite.

Were it not so close to the September summit, advocates for women would do well to consider calling together a large gathering to make the point that the 60th anniversary General Assembly summit will endorse an unworkable road to development in the Millennium Development Goals unless the place of women is given its due. Such a gathering – if not now, later – would not be a forum for people who already know each other to speak to each other, It needs to have a public audience and speakers with independent international stature: Amartya Sen, Stephen Lewis, Noeleen Heyzer, Nancy Birdsall, Geeta Rao Gupta and others drawn from scores of developing nations come to

mind. President Abdoulaye Wade of Senegal would have interesting things to say, so would Suzanne Mubarak, the wife of Egypt's president. That is only a beginning.

Above all, women in the richer nations have to build more and stronger links directly to good grassroots organizations in Latin America, Africa and Asia. Women there have a lot to teach those who are better off about life at the bottom of the development ladder, and their opinions, not only those of presidents and prime ministers, should get a hearing in New York. Many NGOs have the necessary contacts worldwide but often not the money to facilitate travel and exchanges.

In South Africa, Janine Moolman, , the editor of opinion and commentary for Gender Links, a women's news service serving the southern African region and beyond, watched a documentary recently about a historic march of 20,000 women demanding liberation half a century ago. "I was struck by their physical presence, the agency they seemed to possess" she wrote on the Genderlinks website.²⁴

"From where I stand, the same cannot be said for the images and articles that I have read around Women's Day more recently," she added. "Instead, two themes or questions dominate: The first is: Where are the women? And the second is: How far have we come?"

"How far has who come? The rural woman for whom customary law still means that she is effectively a minor; the poor woman in a township whose economic dependence on her abusive husband limits her options for leaving him; or the young educated woman who has reaped the benefits of our democracy and our government's commitment to gender equality and has acquired economic success that has allowed her access to better opportunities?"

Until these two worlds come together, she concluded, "the collective action that is required to address our concerns will remain out of reach."

The same could be said for the divide between the women of the global South and North.

end

²⁴ www.genderlinks.org.za August 9, 2005

Appendix I

The Millennium Development Goals with targets and indicators

Source: United Nations Statistics Division

Millennium Development Goal Indicators Database

The Millennium Development Goal Indicators Database shows the latest available data as of April 2005.

Goals, targets and indicators

A framework of 8 goals, 18 targets and 48 indicators to measure progress towards the Millennium Development goals was adopted by a consensus of experts from the United Nations Secretariat and IMF, OECD and the World Bank. ([Road Map towards the Implementation of the United Nations Millennium Declaration, A/56/326](#) [PDF, 450KB])

Each indicator below is linked to millennium data series as well as to background series related to the target in question.

For a description of the monitoring process, see [About the Millennium Development Goals](#).

Goal 1. Eradicate extreme poverty and hunger

Target 1.

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Indicators

1. [Proportion of population below \\$1 \(1993 PPP\) per day \(World Bank\)^a](#)
2. [Poverty gap ratio \[incidence x depth of poverty\] \(World Bank\)](#)
3. [Share of poorest quintile in national consumption \(World Bank\)](#)

Target 2.

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicators

4. [Prevalence of underweight children under five years of age \(UNICEF-WHO\)](#)
5. [Proportion of population below minimum level of dietary energy consumption \(FAO\)](#)

Goal 2. Achieve universal primary education

Target 3.

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators

6. [Net enrolment ratio in primary education \(UNESCO\)](#)
7. [Proportion of pupils starting grade 1 who reach grade 5 \(UNESCO\)^b](#)
8. [Literacy rate of 15-24 year-olds \(UNESCO\)](#)

Goal 3. Promote gender equality and empower women

Target 4.

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicators

9. [Ratio of girls to boys in primary, secondary and tertiary education \(UNESCO\)](#)
10. [Ratio of literate women to men, 15-24 years old \(UNESCO\)](#)
11. [Share of women in wage employment in the non-agricultural sector \(ILO\)](#)
12. [Proportion of seats held by women in national parliament \(IPU\)](#)

Goal 4. Reduce child mortality

Target 5.

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Indicators

13. [Under-five mortality rate \(UNICEF-WHO\)](#)
14. [Infant mortality rate \(UNICEF-WHO\)](#)
15. [Proportion of 1 year-old children immunized against measles \(UNICEF-WHO\)](#)

Goal 5. Improve maternal health

Target 6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicators

16. [Maternal mortality ratio \(UNICEF-WHO\)](#)
17. [Proportion of births attended by skilled health personnel \(UNICEF-WHO\)](#)

Goal 6. Combat HIV/AIDS, malaria and other diseases

Target 7

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicators

18. [HIV prevalence among pregnant women aged 15-24 years \(UNAIDS-WHO-UNICEF\)](#)
19. [Condom use rate of the contraceptive prevalence rate \(UN Population Division\)^c](#)
 - 19a. [Condom use at last high-risk sex \(UNICEF-WHO\)](#)
 - 19b. [Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS \(UNICEF-WHO\)^d](#)
 - 19c. [Contraceptive prevalence rate \(UN Population Division\)](#)
20. [Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years \(UNICEF-UNAIDS-WHO\)](#)

Target 8.

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators

21. [Prevalence and death rates associated with malaria \(WHO\)](#)
22. [Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures \(UNICEF-WHO\)^e](#)
23. [Prevalence and death rates associated with tuberculosis \(WHO\)](#)
24. [Proportion of tuberculosis cases detected and cured under DOTS \(internationally recommended TB control strategy\) \(WHO\)](#)

Goal 7. Ensure environmental sustainability

Target 9.

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicators

- 25. [Proportion of land area covered by forest \(FAO\)](#)
- 26. [Ratio of area protected to maintain biological diversity to surface area \(UNEP-WCMC\)](#)
- 27. [Energy use \(kg oil equivalent\) per \\$1,000 GDP \(PPP\) \(IEA, World Bank\)](#)
- 28. [Carbon dioxide emissions per capita \(UNFCCC, UNSD\) and consumption of ozone-depleting CFCs \(ODP tons\) \(UNEP-Ozone Secretariat\)](#)
- 29. [Proportion of population using solid fuels \(WHO\)](#)

Target 10.

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation

Indicators

- 30. [Proportion of population with sustainable access to an improved water source, urban and rural \(UNICEF-WHO\)](#)
- 31. [Proportion of population with access to improved sanitation, urban and rural \(UNICEF-WHO\)](#)

Target 11.

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicators

- 32. [Proportion of households with access to secure tenure \(UN-HABITAT\)](#)

Goal 8. Develop a global partnership for development

Indicators for targets 12-15 are given below in a combined list.

Target 12.

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction - both nationally and internationally

Target 13.

Address the special needs of the least developed countries.

Includes: tariff and quota-free access for least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 14.

Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

Target 15.

Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries (LLDCs) and small island developing States (SIDS)

Indicators

Official development assistance (ODA)

- 33. [Net ODA, total and to LDCs, as percentage of OECD/Development Assistance Committee \(DAC\) donors' gross national income \(GNI\)\(OECD\)](#)
- 34. [Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services \(basic education, primary health care, nutrition, safe water and sanitation\) \(OECD\)](#)
- 35. [Proportion of bilateral ODA of OECD/DAC donors that is untied \(OECD\)](#)
- 36. [ODA received in landlocked developing countries as a proportion of their GNIs \(OECD\)](#)
- 37. [ODA received in small island developing States as proportion of their GNIs \(OECD\)](#)

Market access

- 38. [Proportion of total developed country imports \(by value and excluding arms\) from developing countries and from LDCs, admitted free of duty \(UNCTAD, WTO, WB\)](#)
- 39. [Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries \(UNCTAD, WTO, WB\)](#)
- 40. [Agricultural support estimate for OECD countries as percentage of their GDP \(OECD\)](#)
- 41. [Proportion of ODA provided to help build trade capacity \(OECD, WTO\)](#)

Debt sustainability

- 42. [Total number of countries that have reached their Heavily Indebted Poor Countries Initiative \(HIPC\) decision points and number that have reached their HIPC completion points \(cumulative\) \(IMF - World Bank\)](#)
- 43. [Debt relief committed under HIPC initiative \(IMF-World Bank\)](#)
- 44. [Debt service as a percentage of exports of goods and services \(IMF-World Bank\)](#)

Target 16.

In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Indicators

- 45. [Unemployment rate of young people aged 15-24 years, each sex and total \(ILO\)^f](#)

Target 17.

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicators

- 46. [Proportion of population with access to affordable essential drugs on a sustainable basis \(WHO\)](#)

Target 18.

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicators

- 47. [Telephone lines and cellular subscribers per 100 population \(ITU\)](#)
- 48. [Personal computers in use per 100 population and Internet users per 100 population \(ITU\)](#)

Footnotes:

^a For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

^b An alternative indicator under development is "primary completion rate".

^c Among contraceptive methods, only condoms are effective in preventing HIV transmission. Since

the condom use rate is only measured amongst women in union, it is supplemented by an indicator on condom use in high-risk situations (indicator 19a) and an indicator on HIV/AIDS knowledge (indicator 19b). Indicator 19c (contraceptive prevalence rate) is also useful in tracking progress in other health, gender and poverty goals.

^d This indicator is defined as the percentage of population aged 15-24 who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can transmit HIV. However, since there are currently not a sufficient number of surveys to be able to calculate the indicator as defined above, UNICEF, in collaboration with UNAIDS and WHO, produced two proxy indicators that represent two components of the actual indicator. They are the following: (a) percentage of women and men 15-24 who know that a person can protect herself from HIV infection by "consistent use of condom"; (b) percentage of women and men 15-24 who know a healthy-looking person can transmit HIV.

^e Prevention to be measured by the percentage of children under 5 sleeping under insecticide-treated bednets; treatment to be measured by percentage of children under 5 who are appropriately treated.

^f An improved measure of the target for future years is under development by the International Labour Organization (ILO).

Appendix II

Letting women speak

Three reports on grassroots work in Laos and Ghana by Barbara Crossette, from a trip in spring/summer 2004 to Latin America, Africa and Asia sponsored by the United Nations Foundation with help from the Communications Consortium Media Center in Washington, DC, a nonprofit public interest organization helping nongovernmental organizations create effective communications strategies.

Village women take the lead



Vandy, right, and Souphan, who dared to defy tradition

Travel anywhere among the poorest societies on earth, and chances are there will be courageous village women with a clear understanding of why their families are condemned to hard lives shortened by poverty and illness. They don't deal in theories of

development; they just feel their own ebbing strength and listen to the racking coughs of malnourished children. In rural Laos, Vandy and Souphan are two of them.

These two sisters, who cannot read or write and know almost nothing about the wider world beyond their village, took stock of their hardships some years ago and decided that too many children was a large part of the problem. That may not sound shocking – unless, like Vandy and Souphan, you happen to be the first women in a traditional village to opt for modern contraceptives.

“You will die!” neighbors told them when they decided take a contraceptive injection. Their response was, Just watch us.

Vandy and Souphan had lived traditional lives in the village of Phon Thong, a farming community nestled in a pleasant green hollow in Saravane province in Southern Laos. They worked in the fields, married early in their teens and soon got worn down by repeated pregnancies.

“We never plan,” one of their neighbors explained to visitors. “Babies just come.” This prospect troubled Vandy, who was the mother of six children by the time she reached her early 20s. Four would have been better, she said, but she had never heard of birth control.

Her older sister Souphan, now in her early 40s, has an especially difficult life. When her husband fell sick years ago with tuberculosis, a common malady in these hills and valleys, Souphan, already the mother of seven, was forced to take on all the heavy farm labor, growing rice and peanuts. Three days after delivering a child she would be have to return to hard work, she said, and she feared that more pregnancies would sap her remaining strength and jeopardize the family’s livelihood.

“My husband was sick in the chest,” she said with a smile, “but other parts of him were still working.”

Six years ago life changed when Vandy struck up a conversation with a development team installing a pump, the first clean water supply the village of Phon Thong had ever known. Somehow the subject turned to children, and Vandy learned for the first time that there were modern ways to prevent pregnancies.

She set out for the government clinic, along with her husband, who was sympathetic. Vandy was lucky. Many husbands in rural Laos refuse to condone such a radical step as birth control. “Women should have all the children they can feed,” a village man told visitors.

Little more than a decade ago, the communist government of Laos was officially supporting large families and rapid population growth. “Laos had a pro-natalist policy until 1993,” said Nobuko Horibe, the representative in Laos of UNFPA, the United Nations Population Fund. Over the last half of the 20th century, Laos had lost nearly a third of its population to wars in Indochina, an armed rebellion at home and the flight of tens of thousands of refugees out of the country. Even today, it is not unusual to meet mothers of a dozen or more children – sometimes as many as 16 or 17. The daily burdens of life fall heavily on women.

“We women are poor,” Vandy said through an interpreter, Maliphone Virachit, a Laotian program consultant at UNFPA, who was visiting the village with Horibe to take stock of reproductive health practices and needs. “With too many children, we can’t go anywhere to sell things,” Vandy said. “I never had time for myself. There were always so many children around that I didn’t even enjoy eating my meals.”

Vandy and Souphan, the pioneers in a village of 57 households, have been on injectable contraceptives for more than five years. They had choices. Laos permits intrauterine devices and contraceptive pills as well as injections and condoms, and some sterilization is now available, though restricted. The sisters tried pills at first but gave up because of side effects, a common complaint when there has been little or no counseling or information available on what initial reactions to expect.

In the eyes of the village, an ethnic Katang community where no one has secrets, the injections were widely discussed and condemned as a reckless move. Now, however, 20 other women have followed their example.

“Since we have the injections, we both feel healthy,” Vandy said, with a radiant smile.” We eat well. We can go out.” Her youngest child is now six, and her life has been completely turned around, she said. She and Souphan have been able to send their children to school, except for Souphan’s boys, who are expected to do the farm work their invalid father can no longer do.

Vandy isn’t shy about an added bonus contraception has brought. Freed of the fear of more pregnancies, the couple, always close, has a happy sex life, she said. She laughs when she recalls how they were told there should be no sex for 20 days after her first injection. “We couldn’t wait,” she said. “And we didn’t.”



Speaking out on contraception at a village meeting in Naphang Noi, Laos

Local talent gets the job done

Khamla Xaysombath is an earthy woman with a hearty laugh and a ready repertory of good stories to tell. There's the one about the wooden penises, for example.



Some background: Laos did not have much family planning or safe-sex campaigns until the mid-1990s, after a policy to increase births in the underpopulated country ended and the threat of an HIV-AIDS invasion loomed in neighboring Vietnam and Thailand. Over the last decade there has, consequently, been a scramble to devise programs and explain them to people for whom a dozen or more children is the norm.

The tale may be apocryphal, but everyone likes to talk about how the health workers who first demonstrated the use of a condom unrolled it over a thumb held up for all to see. Before long, the story goes, village men were complaining that condoms didn't work. They had dutifully put them on their thumbs, just like in the demonstrations.

Khamla [*left*], an official of the once-stodgy, quasi-governmental Lao Women's Union, wanted better props for reproductive health kits being assembled for village health volunteers in a rural program she directs with support from Family Planning Australia. Determined to

make the education material as realistic for villagers as possible, Khamla hit on the idea of commissioning rural woodcrafters to carve some lifelike penises for the kits. These, she thought, would leave no doubt about how to use a condom.

The woodcrafters she approached were scandalized by the bold request. Though surrounded by woodlands, at least one of them pleaded that he was out of wood. Khamla howls with laughter at the absurdity. She persevered, however. Eventually she found her

sculptor, and the props were duly created. In village gatherings, the erect wooden penises still shock some people, entertain others but educate all who watch the demonstrations.

Khamla, who comes from remote Sam Neua province in northern Laos and has an instinctive understanding of village culture and first-hand experience of rural deprivation, is getting a chance to make a big difference to the delivery of reproductive health needs and the safe-sex message in Laos in part because of a government decision to decentralize more social services, giving provincial leaders at least some freedom to introduce innovative programs.

It is a slow and uneven process. In southern Laos I visited a village dispensary where two men in charge complained that they had been waiting two years for an allocation of funds from the government to partition a corner of their headquarters in a former rice warehouse to provide privacy for women being counseled. It apparently had not occurred to them to take the initiative and perhaps enlist villagers for an afternoon of volunteer work to create a private corner with simple walls or screens. Meanwhile, women were staying away.

The same passivity also appears to affect the work of some village volunteers for the Lao Women's Union. In one community, a painfully shy young volunteer was asked what her role in the village was. She replied, "I boil the water for tea at meetings."

Khamla, who works in the women's rights division of the Lao Women's Union, is obviously a much more creative and impatient actor. With a little money, she can do wonders. She also had a hand in the making of a sex-education video for rural villagers, financed by UNFPA and shot under Australian direction in the village of Phoudindeng, in the mountainous Vang Vieng region. (One of Khamla's wooden penises gets a supporting role in the video, with shoe polish for makeup to get the color right.)

Vang Vieng is becoming something of an off-beat tourist attraction, a backpackers' guest house stop about a hundred miles north of the Laotian capital, Vientiane, on the way to the old royal city of Luang Prabang.

The village of Phoudindeng is not without attitude problems. Some Hmong who live here are suspected of backing armed rebels who have never accepted the communist central government, and many oppose all official programs. Socially, a traditional conservatism is still strong. It was here, a local official said, that a man beat his wife over the head with a stick because he thought she was spending too much time with the women's health project. Making the video was something of a gamble.

But even before the video was completed, family life in Phoudindeng was changing with unbelievable speed through the work of the Lao-Australian project. Villagers said that only four children had been born this year, where not many years ago there would have been many more.

In Phoudindeng, I watched the premiere of the finished video with Khamla and her Australian partners in the Lao women's project, Kathryn Sweet, who speaks fluent Lao, and Vimala Dejvongsa, who was born in Laos and raised in Australia. Sweet is the lead representative in Laos of Family Planning Australia, a nonprofit organization that is part of the International Planned Parenthood Federation. The Australian group has been the sponsor since 1998 of the Lao women's project here and in other locations.

The video, titled *Find Out First*, was made in three local languages: Lao, Hmong and Khmou. The stars were the villagers themselves – men and women-- talking about their choices in birth control. Their comments were interspersed with explicit

diagrammatic pictures or animations of how male and female organs work, and how various methods of contraception are used. There was rapt attention in the room crammed with local women of all ages, and only occasional nervous titters over graphical illustrations of erect male penises and intercourse.



Absorbed in the screening of "Find Out First" in Phoudindeng

When the video show ended, women talked animatedly about what they had seen, and several said they had never before understood how reproductive systems work, let alone how to prevent pregnancies or sexually transmitted infections. Some admitted that these were topics not traditionally discussed so openly.

"But whether we like the film or not," a middle-aged woman said, "we watch it because we get information." Another woman revealed that only now did she know why she suffered menstrual pain as part of a normal monthly cycle.

"We understand things more because now we have seen it with our own eyes," a talkative young woman said. She and others agreed that men should watch it too, and with their wives. Some men had in fact, peeked through windows to catch the video, but didn't want to comment on what they had seen.

"It is a very good idea that men should see this video," a woman said emphatically. "Men play around and bring diseases to their wives and children. Some men want to help their wives but they don't know how."

“Play it again,” someone asked. “I don’t think understood everything.” Before lunch was over, there had been two more screenings. This is one video the makers hope will be pirated and sold in the markets.

Why were these traditional village women so willing not only to talk about their most intimate lives but also to express their determination to learn from the video and the women’s project more generally, and adopt new contraceptive measures?

“Women have to make decisions quicker because we are the ones giving birth,” a mother in the crowd commented. “Women change faster.”

Khamla, out on the porch, was smiling.



*Talking it over
after the show*

Learning About Motherhood and Life



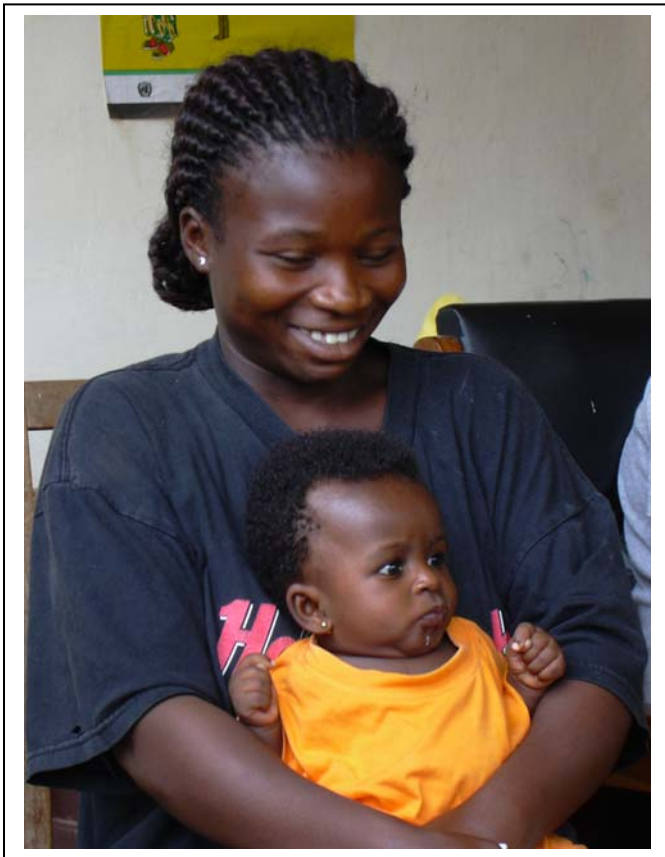
In only a few small rooms of a family house in Kumasi, Ghana's second largest city and the center of Ashanti culture, a welcoming center for pregnant girls and new mothers still in their teens has become a model for helping scores of young people learn how to be parents and how to learn skills that could lead to a steady income and better lives. It is one of many small projects that have sprung up in Ghana in recent years, born of enlightened national policies, the support of nongovernmental organizations and the extra boost that the 1994 Cairo conference on population and development gave to the needs of women.

Unhappily this project, like so many in developing nations that got the 21st century off to a promising start, finds its livelihood threatened as funds for reproductive health are being whittled down, or sometimes slashed, everywhere. The Center for Pregnant Teens will also lose its lease next year and have to find new premises.

Christina Acquah of the Planned Parenthood Association of Ghana directs the program here, which began with 53 girls and young women in 1998 and now provides a

daily gathering place and three-month training program for about 100 young mothers every year. Confidential family planning advice and some limited services are always available. Acquaaah says she would very much like to have a delivery room for safe, assisted births. Her poor young clients are usually forced to deliver their babies at home, in surroundings that are not always ideal. There is no residential space at the center.

Girls leave the three-month program with not only training but also a little seed money to start their own small enterprises. Most are destitute, and are frequently driven into a rudimentary sex trade to stay alive.



“Some of these girls have sex with men for money because they can’t afford a single meal,” Acquaaah said. The added responsibility of caring for a child is crippling for many. Akosua Owusua [*left*] – who, like all the other girls assembled for a morning session said she was 19 but was probably younger – is one of the luckier new mothers in a group where luck is measured in very small doses. She lives with the father of her child, a boy she named Blessing Cromwell. But her life before she met Blessing’s dad was harsh and precarious. Akosua lost her parents when she was very young, and went to live with an uncle, who abused her. She found another household that gave her shelter and took to the streets to make a living, collecting used

clothes for resale. She had no education, though she is obviously bright and capable and could have done more with her life had there not been deprivation on every front.

While making her rounds peddling used clothing she met Blessing’s father, she said, through an interpreter. He was an itinerant trader who travels frequently to neighboring Togo. But he gave her a home and soon a friend directed her to the center for pregnant teens. Now on contraceptives, she makes a living for herself and son selling drinking water in little plastic bags to quench the thirst of people working under a hot West African sun.

Afua Boatema, who is still enveloped by hurt and want, has a two-week-old boy named Nana Kwame and her immediate preoccupation is that she doesn’t have the small amount of money needed to have him circumcised.

Afua, now in her late teens, said her mother died when she was still a toddler. The grandmother who took her in didn’t live much longer. At seven Afua was brought to Kumasi by an aunt who in turn gave her to another woman who put her to work in a

market. Moved again, she found herself in an unfriendly home and was sent to hard labor in the stone quarries. The woman of the house did not like her, she said.

She learned nothing about how her body was changing; she was refused sanitary pads when she began to menstruate. Meanwhile at the quarry she met a man with whom she began a sexual relationship and moved in with him not knowing he was already married. She became pregnant. When she told him he stopped giving her money so that she would not have an abortion. He said he wanted the child. But three months into the pregnancy, he deserted her.

Afua heard of the center and found a refuge and the information she never had about the female reproductive system. Like other girls, she said she had to start by learning about the menstrual cycle. “There were so many things I didn’t know,” she said. Her life is still extremely difficult, but she has asked to learn the art of tie-dyeing in the hope of making a living selling tie-dyed cloth.

Christina Acquah led a round of confidence-enhancing applause for Afua and then asked the other young women in the group what they had learned.

“I learned that it’s not good to have too many children,” someone volunteered.

“I learned how to protect myself from pregnancy,” another voice added.

“I learned about the values of life,” said a woman at the back of the group.

“I learned that what a man can do, a woman can do,” a young voice said triumphantly.

There was more applause.



Christina Acquah