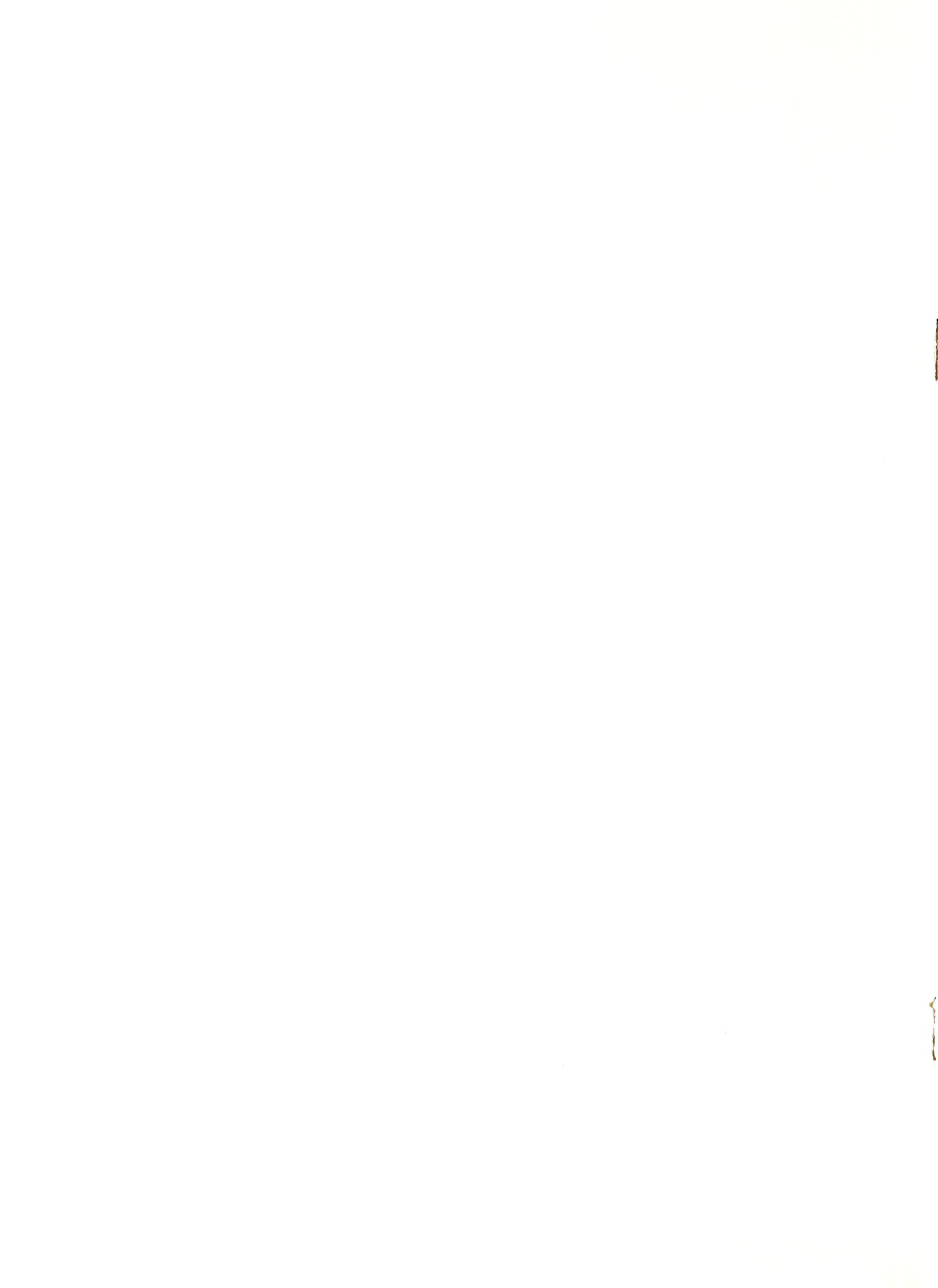


REPRODUCTIVE
HEALTH
AND JUSTICE
INTERNATIONAL
WOMEN'S HEALTH
CONFERENCE
FOR CAIRO '94

JANUARY 24-28, 1994
RIO DE JANEIRO





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HEALTH
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**JANUARY 24-28, 1994
RIO DE JANEIRO**

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This report was produced by the Secretariat on behalf of the Organizing Committee for the Conference (OC).
Claudia García-Moreno wrote the Introduction, in consultation with the OC, and compiled the rapporteurs'
summaries of the working groups and other written documents from the Rio Conference.

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Conference participants assembled on the final day of the conference.

INTRODUCTION

The Rio Conference—"Reproductive Health and Justice: International Women's Health Conference for Cairo '94"—took place from January 24 to 28, 1994, in Rio de Janeiro, Brazil. In five short days, the 215 women from 79 countries who gathered in Rio generated a twenty-one-point statement and strategies and activities to ensure that women's perspectives and experiences are considered and acted upon by the United Nations International Conference on Population and Development (ICPD) to be held in Cairo in September 1994.

Just as important as these tangible accomplishments, and perhaps even more so, were the processes that took place amongst participants at both the personal and the broader political levels. The effects of these processes are hard to capture in words. *Progress, empowerment, solidarity, challenge, hopefulness, change, diversity, courage, friendship, learning, and listening* were some of the words used by participants in the concluding session of the Rio Conference to describe their experiences there. This introduction hopes to convey the spirit of the meeting by explaining how it was organized, and its structure and process.

Many women's meetings were convened during 1993 at national and regional levels in which reproductive health and population issues were discussed. Following from these, one of the aims of the Rio Conference was to "search for and identify common ground and universalities in women's perspectives on reproductive health and justice," while recognizing and respecting the diversity that exists in the women's movement. In the words of Jacqueline Pitanguy of the Secretariat, conference participants sought "to create a chorus, where the different voices can come together in harmony."

THE CONFERENCE PLANNING PROCESS

Diversity was present from the beginning of the conference planning process in the international Organizing Committee (OC). The OC included

fourteen women from women's organizations and networks with diverse perspectives and experiences, and from eleven countries. The OC envisioned this conference as a political event with two purposes: to develop tools and strategies to influence the process of the ICPD, and to build solidarity and strengthen the women's health movement as an important political actor in the ICPD and beyond. The OC was supported by a Secretariat comprised of Citizenship, Studies, Information, Action (CEPIA) in Brazil, and the International Women's Health Coalition (IWHC) in the United States.

The OC wanted to have the meeting in a Southern country, and Brazil seemed most appropriate as CEPIA, in Rio de Janeiro, was part of the Secretariat and willing to serve as host. In addition, Rio had hosted the United Nations Conference on Environment and Development (UNCED) in 1992, where discussions on population policies were intense and heated at times. At UNCED, it seemed difficult for women to develop a common agenda for reproductive health, and women's dissatisfaction with existing programs was understood by many in the population and family planning fields to mean that women were "against family planning." Many women present at UNCED, and those who subsequently have been involved in some of these discussions, decided that it was necessary to continue the efforts to achieve broader solidarity among women.

The process of planning the Rio Conference was extremely enriching, even if painstaking and at times slow, as all OC members were consulted on major decisions. Differences were negotiated, and agreements were reached by communicating over long distances, which was not always easy. One of the more difficult tasks the OC faced was developing the invitation list. Early on, it was decided that the meeting had to be limited to two hundred participants to allow for in-depth discussion and to achieve its purposes. In fact, the OC

faced budgetary and organizational constraints to meet even this number. They wanted to be as inclusive as possible, while recognizing that some very talented women with important contributions to make to the conference would inevitably be left out. The OC therefore decided that, rather than invite individuals, they would ask organizations to nominate a representative to attend. (The list of participants begins on page 10.)

Criteria for invitations were designed to elicit participation from a wide cross-section of women that recognized diversity of region, nationality, culture, age, sexual orientation, income level, profession, and philosophy. Special efforts were made to find organizations active in the processes leading to the ICPD. The meeting was successful in achieving diverse representation. Women from regions like North Africa, francophone West Africa, and Eastern Europe, which are usually under-represented in international meetings, were present in good numbers. Despite these efforts, there were few women from organizations of indigenous peoples (see Appendix VII, "Statement by Indigenous Women," page 38) and none from organizations of women with disabilities. On the other hand, and of great significance, was the strong presence of women of color, notably from the United States, who said that this was the "first time" so many of them had been in an international meeting.

RIO CONFERENCE STRUCTURE

The meeting was carefully planned to ensure plenty of time for debate, and much of the week was spent in working groups, which followed panels on various topics. (See the Summary of the Rio Conference Agenda, page 8.) Every evening and one half day in the middle were left free for unstructured discussion and meetings amongst participants. The importance of cross-regional interaction was stressed throughout, and this was facilitated by deliberate efforts to combine regions in the working groups, and by having translators. Translation for plenaries was available in Spanish, French, and Portuguese, and three of the six work-

ing groups also had translation.

The conference started off with a review of the issues raised by women organizing for reproductive health and justice in different regions (South-east Asia, sub-Saharan Africa, Latin America), in networks (Women Living under Muslim Laws, women of color in the United States), and at the international level. The first two and a half days were designed around topical panels, each followed by working-group discussions on the topics covered. The presentations were deliberately kept very brief, and presenters were asked to highlight key issues for discussion in the working groups. The plenary sessions were: Population Policies and Their Impact on Women, North-South Relations, Gender-based Power and Sexuality, Reproductive Health and Rights, and Strategizing for Cairo.

Conference rapporteurs produced a daily summary based on the reports of the working groups. These summaries included issues on which there was general agreement, major debates and other issues, and suggestions for strategies. Working-group membership stayed the same for the first three days, which gave continuity and depth to the discussions. For the discussions on Thursday afternoon and Friday morning, different working groups were formed to develop strategies for the ICPD based on people's particular interests. Participants reviewed the summaries from the first three days as a starting point, and then focused on the following themes:

- Sexual and reproductive health and rights
- Development models and North-South relations
- Accountability mechanisms and human rights
- The media
- Families
- Political processes in the women's movement
- The ICPD draft document

The summary reports of the working groups on the media, accountability mechanisms and human rights, and political processes are included in this report as Appendices III, IV and V.

THE RIO STATEMENT

The reports from the working-group discussions on Thursday afternoon, together with the summaries of the first three days, provided the basis for the draft “Rio Statement,” which was circulated on Friday morning for discussion. Following presentations in plenary, and working-group discussions that morning, revision of the twenty-one-point document began. The statement was read and revised line-by-line in plenary, in what was a remarkable exercise in democracy and building of solidarity with diversity. The document was completed and adopted after five hours of sometimes difficult discussion and negotiation, and follows on page 4. Participants worked hard to find wording that encompassed diverse perspectives while moving forward to develop a viable agenda for reproductive health and justice.

Some differences of opinion still exist. Recognizing that population policies are a reality, a majority of participants agreed that women’s health advocates should engage in making them more democratic, women-centered, and integrated with health and development priorities. Some argued that all population policies are inherently detrimental to women, and that women should instead promote social and development policies. Contraceptive technologies were another issue on which there are different views. These differences did not prevent the meeting from reaching agreement on a range of important issues that formed the basis of the Rio Statement. There was unanimity amongst the participants on a great number of themes, including the need to:

- understand reproductive health and rights in the broader context of development and propose new development models that are equitable and do not discriminate against the poor, and women in particular;
- develop comprehensive and high-quality health services for women, including broadly defined reproductive health services, not just contraceptive services;
- recognize the right to safe and legal abortion as

an intrinsic part of women’s health and human rights;

- redirect military expenditures to investment in social services;
- end all forms of violence and exploitation of women and children, including within the family;
- uphold and protect women’s human rights, including their reproductive rights;
- recognize that fundamentalism, whatever its origins or religious claims, has political aims and does not respect women’s human rights; and
- insist that governments, donors, and others in this field be accountable to the women they serve.

It was agreed that the participants could use the Rio Statement as they wished; in whole, excerpted, or summarized form, with the press, for lobbying government delegations, for public education, and for mobilizing women’s organizations or other non-governmental organizations. (See also the List of Goals, Strategies, and Activities, Appendix II, page 26.)

NEXT STEPS

We were all aware at the end of the conference that in many ways this was only a beginning. Debates, clarification, and solidarity-building must continue amongst those present in Rio and others, during the next Preparatory Committee meeting, at ICPD itself, and in many other meetings at both national and international levels. We hope that each of us who was present in Rio will take responsibility to cultivate the seeds that sprouted there and continue to work together to improve the situation of women, and to ensure their reproductive health and rights, and justice and dignity for all human beings.

The Rio Statement is available from the Secretariat in French, Spanish, and Portuguese, the languages of the conference. This report will be available in French, Spanish, and Portuguese in the summer.

THE RIO STATEMENT

OF "REPRODUCTIVE HEALTH AND JUSTICE INTERNATIONAL WOMEN'S HEALTH CONFERENCE FOR CAIRO 1994"

During the period from January 24 through 28, 1994, 215 women from 79 countries participated in "Reproductive Health and Justice: International Women's Health Conference for Cairo '94" held in Rio de Janeiro. The conference brought together representatives of women's and other non-governmental organizations and networks active in the fields of health, human rights, development, environment, and population. The main objective of the conference was for women to prepare to participate in the International Conference on Population and Development to be held in Cairo in September 1994, and to provide a forum where women could search for and identify commonalities on reproductive health and justice, while recognizing the diversities emanating from different economic, social, political, and cultural backgrounds. The conference also aimed at developing tools and strategies to be used before, during, and after the Cairo conference.

The participants strongly voiced their opposition to population policies intended to control the fertility of women and that do not address their basic right to a secure livelihood, freedom from poverty and oppression; or do not respect their rights to free, informed choice or to adequate health care; that whether such policies are pro- or anti-natalist, they are often coercive, treat women as objects, not subjects, and that in the context of such policies, low fertility does not result in alleviation of poverty. In fact, a significant number of the participants opposed population policies as being inherently coercive. There was unanimous opposition to designing fertility control measures or population policies specifically targeted at Southern countries, indigenous peoples, or marginalized groups within both Southern and Northern countries, whether by race, class, ethnicity, religion, or other basis.

There was also significant criticism of pressure by donors and efforts to link development aid or structural adjustment programs to the institution and/or implementation of population control policies, and a suggestion that donor countries should not promote in other countries what they do not support for the majority of their own people.

It was agreed that:

1. Inequitable development models and strategies constitute the underlying basis of growing poverty and marginalization of women, environmental degradation, growing numbers of migrants and refugees, and the rise of fundamentalism everywhere. For women, these problems (and their presumed solutions through economic programs for structural adjustment that promote export production at the expense of local needs) have particularly severe consequences:
 - growing work-burdens and responsibilities (whether in female-headed households or otherwise);
 - spiralling prices and worsened access to food, education, health services, and other basic rights;
 - greater economic pressures to earn incomes;
 - growing victimization through violence, wars, and fundamentalist attempts to control and subordinate women sexually and in a number of other ways.
2. External debt, structural adjustment programs, and international terms of trade sustain Northern domination, increase inequalities between rich and poor in all countries, aggravate civil strife, encourage the corruption of government

- leaders, and erode the already meager resources for basic services.
3. Environmental degradation was seen to be closely related to inequality in resources and consumption, profit-driven production systems, and the role of the military as a major polluter and user of resources; hence, there is a close relationship between the violence and poverty that bedevil people's, particularly women's, lives, and environmental problems. Focussing on women's fertility as a major cause of the current environmental crisis diverts attention from root causes, including exploitative economic systems, unsustainable elite consumption patterns, and militarism. Women in the conference urged governments to diminish military expenditures in favor of social programs. The participants also urged the Northern governments and donors to stop supporting and financing military and undemocratic regimes in the South.
 4. There was particular concern about the situation of women migrants who are heads of households, domestic servants, migrant workers, entertainers, and other service workers. It was agreed that while the movement of people should not be constrained by discriminatory and restrictive immigration policies that operate in contexts where migration is often forced by economic hardship, civil strife, war, and political persecution, efforts should be made to address the brutality and violence faced by women and children who are victims of trafficking and sexual exploitation.
 5. Alternative development strategies must be identified. In doing so, there is no single blueprint for development strategies but a multiplicity of approaches within a basic framework of food security, adequate employment and incomes, and good-quality basic services, which can be guaranteed through democratic people-centered and participatory processes.
 6. The "sustainable and human development models" that are currently being proposed in the official documents of governments and international organizations need to be based on investments and social policies that guarantee the quality of life and well-being of all people.
 7. There was general agreement on the need to design social development policies starting from the concerns and priorities of women. These include:
 - the need to redistribute resources in an equitable and just manner without discrimination against women, to remove poverty, and to improve the quality of life of all;
 - the need to design development strategies so that they do not disempower and marginalize people, particularly women;
 - to restore and strengthen basic services (for health, education, housing, etc.) that have been eroded by macroeconomic policies;
 - to provide health services that are of good quality, accessible, comprehensive, and address the reproductive health needs of women and men of all ages;
 - to address reproductive health and rights needs and concerns (including the right to free and informed choice) within the context of social and economic justice;
 - to strengthen women's participation and empowerment in political and policy-making processes and institutions with the goal of achieving gender balance in all such processes and institutions;
 - to build accountability processes and mechanisms into policies.
 8. The discussion of fundamentalism brought strong agreement that, whatever its origins or religious claims, its aim is political. Central to fundamentalist attempts to gain political power is the control of women's lives and in particular of female sexuality, including the right to self-determination and reproductive decisions. There was criticism of the role of major Northern

- countries in supporting fundamentalist groups for their own political ends. Fundamentalists use religion, culture, and ethnicity in their pursuit of power; such movements represent a new form of war against women and an aggressive attempt to mutilate their human rights.
9. A major site of the fundamentalist war against women is over the meaning of “families.” The participants at the conference agreed that a definition of “family” that is limited to a model with a male “head” of household, wife and children, does not reflect the life situation of all of the world’s people. Instead it was agreed that all those who voluntarily come together and define themselves as a family, accepting a commitment to each other’s well-being, should be respected, supported, and affirmed as such.
 10. All members of the family have rights, especially to justice and human dignity. Physical, emotional, psychological, or sexual abuse of women, young girls, and children within families constitute a serious violation of basic human rights under the Universal Declaration of Human Rights. Women’s rights within the family include access to resources, participation in decision making, bodily integrity, and security. Women have a right to participate in public life, to social benefits and social insurance, and to have their unpaid work inside and outside the home recognized and shared by all members of the family.
 11. Comprehensive and high-quality health services for women, including for reproductive health, are a primary responsibility of governments. They should be available, accessible, and affordable to women in order to reduce maternal mortality, morbidity, child mortality, and unsafe abortion, within a broad women’s health approach that addresses women’s needs across the life cycle. Qualitative (as well as quantitative) indicators need to be developed to assess services, and users need to be involved in this.
 12. There was clear agreement that quality reproductive health services are a key right for women. However, existing family planning programs cannot simply be redefined as programs of reproductive health. Reproductive health services should include prenatal, childbirth, and postpartum care including nutritional and lactation programs; safe contraception and safe non-compulsory abortion; prevention, early diagnosis, and treatment of sexually transmitted diseases, and breast, cervical, and other women’s cancers, as well as the prevention and treatment of HIV/AIDS, and treatment of infertility; all with the informed consent of women. These services should be women-centered and women-controlled, and every effort should be made to prevent the maltreatment and abuse of women users by the medical staff. The UN and other donors and governments should recognize the right to safe and legal abortion as an intrinsic part of women’s rights, and governments should change legislation and implement policies to reflect such a recognition.
 13. In the area of contraceptive technology, resources should be redirected from provider-controlled and potentially high-risk methods, like the vaccine, to barrier methods. A significant proportion of the participants also felt strongly that Norplant® or other long-term hormonal contraceptives should be explicitly mentioned as high-risk methods from which resources should be redirected. Female controlled methods that provide both contraception and protection from sexually transmitted diseases, including HIV, as well as male methods, should receive the highest priority in contraceptive research and development. Women’s organizations are entitled to independently monitor contraceptive trials and ensure women’s free, informed consent to enter the trial. Trial results must be available for women’s organizations at the different stages of such trials, including the very early stages.

14. Better health services are one element of women's human rights. In addition, sexuality and gender power relationships must be addressed as a central aspect of reproductive rights. Reproductive rights are inalienable human rights that are inseparable from other basic rights, such as the right to food, shelter, health, security, livelihood, education, and political empowerment. Therefore, the design and implementation of policies affecting reproductive rights and health should conform to international human rights standards.
15. Women are entitled to bodily integrity. Within this principle, violence against women; forced early marriage; and harmful practices, especially female genital mutilation, must be recognized as major reproductive rights, health, and development issues. Governments should take measures to combat such practices and should be held accountable for failure to do so.
16. Women have a right to express their sexuality with pleasure and without fear of abuse and risk of diseases or discrimination on the basis of their sexual orientation or disability. Social and economic powerlessness; oppressive cultural, traditional and religious norms and practices; inequitable laws; fundamentalism, and fear of male violence are impediments to women's own sense of entitlement and should be challenged.
17. Women, especially girls, must have equal access to education in general. Such education should not be gender-discriminatory in its objectives, methods, and content. Quality sex education with a gender perspective should be made available to women and men of all ages, in order to create the conditions for equity in social roles and empowerment of women in order to enable them to control their own fertility.
18. For women to be able to empower themselves and fully exercise their rights of citizenship, the underlying inequities in gender relationships must be eliminated. In particular, policies and programs should educate and encourage men to share family responsibilities, including the responsibility for their reproductive behavior and for the prevention of sexually transmitted diseases.
19. Participants at the conference were concerned that women and women's organizations should be involved in the decision-making process locally, nationally, and internationally where any laws or policies affecting their rights and health are designed and implemented. Governments, the UN, and other international institutions should be held accountable for the design and implementation of social and development policies that guarantee women's reproductive rights and health. Mechanisms for monitoring and regular evaluation should be established, and should provide for participation of women's organizations.
20. Donors and governments should also be held accountable, and their concern for women's health and development should be reflected in their resource allocation and priorities. Donors and governments should revise their funding categories to promote comprehensive women's health programs, rather than narrowly defined programs for family planning. A major requirement is that women-centered programs must have access to a fair share of the financial resources available for reproductive health.
21. The participants recommended a UN commission on women's reproductive rights whose composition should be gender-balanced, and should take account of geographic, ethnic, racial, social class, and other balances. Said commission should be interdisciplinary and should include NGOs, especially women's human rights organizations. Each government should be held responsible for establishing a similar commission at the national level.

SUMMARY OF THE CONFERENCE AGENDA

Sunday, January 23, 1994

Welcome Address: *Mona Zulficar*

Introduction of Staff and
Organizing Committee.

Administrative Announcements.

Monday, January 24, 1994

Opening Speech: *Jacqueline Pitanguy*,
CEPIA (Citizenship, Studies, Research, Informa-
tion, Action), Co-Secretariat. Vision and objectives
of meeting.

Plenary Panel: Key Issues for Women
Organizing for Reproductive Health and
Justice.

Chair: *Peggy Antrobus*

Women Living under Muslim Laws:
Marie Aimée Hélie-Lucas

Southeast Asia: *Silvia Estrada-Claudio*

Sub-Saharan Africa: *Florence Manguyu*

U.S. Women of Color: *Charon Asetoyer*

Latin America: *Mabel Bianco*

International organizing: *Loes Keyzers*

Plenary: Questions for speakers and
discussion of participants' views on
reproductive health and justice.

Chair: *Peggy Antrobus*, assisted by *Sônia Correa*,
Bene Madunagu, and *Gita Sen*.

Plenary Panel: Current Population Policies:
Implications for Women.

Chair: *Barbara Klugman*

The Impacts of Government Failure to Provide
Services: *Elsa Berquó*

The Impacts of Anti-natalist Policies:
Sundari Ravindran

The Impacts of Pro-natalist Policies:
Wanda Nowicka

Working groups to discuss issues under
Population Policies theme; identify
commonalities and differences in views.

Tuesday, January 25, 1994

Plenary Panel: Population, Development,
and Women's Health: North-South Relations,
Responsibilities, and Rights.

Chair: *Florence Manguyu*

Resource Allocation, Debt, and Structural
Adjustment: *Marilen Danguilan*

Interactions between Population and Environment:
Gabriela Canepa

Feminist Perspectives on Migration:
Annie Phizacklea

The Politics of Fundamentalism and Its Impact:
Frances Kissling

Working groups to discuss issues under
the Population and Development theme;
identify commonalities and differences
in views.

Plenary Panel: Gender-based Power and Sexuality.

Chair: *Adrienne Germain*

Public Images about Sexuality, Gender, and Health: *Mridula Sainath*

Gender and Sexuality in Africa: *Patricia McFadden*

Young Women's Sexuality—Testimonies: *Marie Assad*

Young Women's Sexuality: *Evelyn Flores Mayorga*

Lesbian Sexuality and Organizing: *Anjana Suvarnananda*

Commercial Sex and Violence: *Lin Lap-Chew*

Sex after the Age of Forty-five: *Elvira Lutz*

Working groups to discuss issues under Gender and Sexuality theme; identify commonalities and differences in views.

Wednesday, January 26, 1994

Plenary Panel: Reproductive Health and Rights.

Chair: *Patricia McFadden*

Reproductive Rights—A Viable Framework?: *Rosalind Petchesky*

Reproductive Rights and Social Change: *Maria Adamik*

Technology—Benefits and Costs: *Celeste Cambria*

Practical Service Issues: *Sandra Kabir*

Working groups to discuss issues under Reproductive Health and Rights theme; identify commonalities and differences in views.

Afternoon open for ad hoc initiatives (e.g., regional meetings) or relaxation.

Thursday, January 27, 1994

Plenary: Summary of working group discussions.

Chair: *Gita Sen*

Plenary Panel: Background and Strategizing for Cairo: ICPD and NGO Forum.

Chair: *Mona Zulficar*

ICPD Context and Political Process: *Bella Abzug*

Summary of Women's Input at ICPD Prep Com II: *Sônia Correa*

Preparations for the NGO Forum in Cairo: *Aziza Hussein*

Links with Other U.N. Meetings: *Charlotte Bunch*

Working groups to Build Solidarity and Strategies for Cairo and Beyond.

Topics:

Sexual and Reproductive Health and Rights
Development Model and North-South Relations
Accountability Mechanisms and Human Rights
The Media
Families
Political Processes in the Women's Movement
ICPD Document
Services

Friday, January 28, 1994

Continuation of working groups.

Plenary: Working group rapporteurs report.

Chair: *Gita Sen*

Plenary questions and discussion.

Closing Session.

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APPENDICES

APPENDIX I

BACKGROUND DOCUMENTS PROVIDED AT THE RIO CONFERENCE

1. "An Overview of the International Conference on Population and Development and Its Preparatory Process," from Latin American and Caribbean Women's Health Network (LACWHN), *Women and Population Policies*, Oaxtepec, Mexico, July 1993.
2. "Briefing on the ICPD Process, PrepCom II," by Sônia Correa, May 1993.
3. Statement from the Seventh International Women's Health Meeting (IWHM) in Kampala, Uganda, September 1993.
4. "Call for a New Approach," by the Committee on Women, Population and the Environment, Amherst, Massachusetts, February 1993.
5. "Letter to Dr. Nafis Sadik," in LACWHN, *Women and Population Policies*, Oaxtepec, Mexico, July 1993.
6. "Women's Declaration on Population Policies" (in English, Spanish, French, and Portuguese), and update on its signatories and endorsers as of January 1994.
7. "A Criticism of 'Women's Declaration on Population Policies,'" by FINRRAGE, July 1993.
8. "Resolution on 'Women's Voices '94,'" by Gabriela (A National Women's Coalition of Organizations), Manila, Philippines, 1993.
9. "Declaration of People's Perspectives on 'Population' Symposium," by FINRRAGE, Comilla, Bangladesh, December 1993.
10. World Conference on Human Rights, "The Vienna Declaration and Programme of Action," June 1993.
11. "Poverty, Development and Population Activities," by U.S. Women of Color Coalition for Reproductive Health Rights, U.S. Women of Color Delegation, January 1994.
12. "Major Issues Raised at the First Regional Congress of the Near East and Africa Region of the Medical Women's International Association (MWIA) on the Health of Women and Safe Motherhood," November 29 to December 3, 1993, Nairobi, Kenya. Appendix A—Draft Outline of Action Plans on Women's Health. Appendix B—Draft Proposal for a Needs Assessment for an African Women's Health Network.
13. "Encontro Nacional Mulher e População: Nossos Direitos para Cairo '94," Carta de Brasília, September 1993.

APPENDIX II

LIST OF GOALS, STRATEGIES, AND ACTIVITIES

The following goals, strategies, and activities are drawn from the rapporteurs' summaries of conference days one, two, and three, and the reports of the working groups on days four and five. This is not an exhaustive list; see also the Rio Statement and the summaries of the working groups; in particular, the media working group.

THE DEVELOPMENT MODEL

- Call on governments to change inequitable development models reinforced by the promotion of market-oriented economic frameworks, unequal terms of trade, and structural adjustment programs (SAPs).
- Reassert the role of the state in ensuring the equitable distribution of resources and the satisfaction of basic needs.
- Call on all governments to reduce resources allocated to military expenditures and increase allocations for social programs and productive activities, and for Northern governments and donors to stop supporting military and undemocratic regimes in the South.
- Denounce and oppose the focus on population growth as the main cause of environmental degradation, and urge recognition of high consumption patterns and the military as major causes of environmental degradation.
- Call on governments of donor countries and on international donor agencies to stop linking development assistance to the implementation of policies to control fertility.
- Identify alternative development strategies within a basic framework of food security, adequate employment and incomes, and good-quality basic services.
- Call for action by governments to end the trafficking of women and children (putting migration, prostitution, and trafficking in the context of gender, class, ethnicity, and North-South relations).

POPULATION POLICIES

- Campaign for the rejection of population policies that are intended to control the fertility of women and that do not address their basic right to a secure livelihood and freedom from poverty and oppression, or that do not respect their right to free, informed choice or to adequate health care.
- Substitute discussion of population control policies with social policies that start from the concerns and priorities of women.
- Document abuses of population control policies.

SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH

- Promote the use of the term "sexual" along with "reproductive rights and health."
- Ensure that women's right to safe, legal, accessible, and affordable abortion is non-negotiable, and is inserted in the final documents adopted by governments at the ICPD.
- Develop women-centered indicators for monitoring and assessing health programs and services.
- Develop mechanisms of accountability for governments, donors, and international agencies, including legal mechanisms.
- Develop a women's health framework at global, national, and local levels to serve as a basis for negotiations and advocacy with governments, donors, and international organizations in order to lobby for greater expenditures on women's health.
- Make sexual and reproductive health, and sexual and reproductive rights and ethics, a part of the curriculum in the training of all health professionals.
- Work with men; particularly, include them in educational and counselling programs about their reproductive and sexual behavior, and

their roles and responsibilities.

- Campaign against harmful contraceptive practices; petition international agencies to stop research and development on immunological contraceptives (like the vaccine) and to redirect contraceptive research and development funding to women-controlled methods and barrier methods.

GENDER POWER AND SEXUALITY

- Develop strategies that would support and affirm the bodily integrity of women, asserting that “our bodies, minds, and spirits belong to us.”
- Address gender power inequalities, raise gender awareness, and discuss issues of sexuality with both women and men.
- Challenge gender stereotypes in the media and education, and initiate public debate on gender power and sexuality.
- Develop an understanding of sexuality as we experience it ourselves—as individual women, in the women’s organizations where we work, and in the wider women’s movement—and make the links with assumptions of female sexuality that underlie social policies.
- Denounce violence against women in all forms, by men or other women, in application of social norms, harmful practices, or customs such as genital mutilation and virginity tests.
- Ensure that the ICPD documents include emphasis on the importance of sexuality, sexual health, and STD prevention, including that of HIV and AIDS.

POLITICAL PROCESSES

- Build and strengthen networks, alliances, and coalitions between women’s organizations and between these organizations and other NGOs and social movements for the promotion of reproductive rights and justice.
- Develop the lobbying skills of women’s organizations.

- Link activists at national and international levels and generate instruments and actions that will allow us to use the political power of women’s meetings and conferences.
- Formulate principles and guidelines for alliance and coalition building within the women’s movement, specifying the non-negotiables for making alliances.
- Clarify the terms of interaction and negotiation with the state.

ADVOCACY

Prepare and disseminate declarations, statements, and letters to leaders, donors, and international institutions calling for, *inter alia*:

- The cessation of population policies that are intended to control the fertility of women and that do not address their basic right to a secure livelihood and freedom from poverty and oppression, or that do not respect their right to free, informed choice or to adequate health care;
- The cessation of funding or support for:
 - contraceptive research harmful to women;
 - fundamentalist movements that use the democratic process to attack human rights, and women’s rights in particular;
- Governments and multilateral institutions to address the adverse effects on women of inequitable development models and SAPs;
- The use of the human rights framework to advance reproductive health and justice and to hold governments and international organizations accountable (see Appendix V, page 34).

HUMAN RIGHTS INSTRUMENTS

Utilize the human rights framework to achieve sexual and reproductive rights and health, and explore the ways human rights concepts, laws, and mechanisms can be applied to this area. These include:

- Demanding women’s rights to bodily integrity—reproductive and sexual control, as well as freedom from violent abuse—as a fundamental

human right during war and conflict situations and in everyday life.

- Demanding that government shape services (adequate health care, education, housing, etc.) to fulfill the socioeconomic rights and needs of women.
- Holding the International Monetary Fund (IMF), the World Bank, the United Nations, and other international agencies accountable to human rights standards in their policies and allocation of resources.
- Countering fundamentalist forces that advocate policies and pass laws that violate women's human rights.
- Developing specific human rights-based strategies for women during war and occupation, including lobbying with the Red Cross and the United Nations High Commissioner for Refugees (UNHCR).
- Ratifying the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) and assuring representation by women NGOs in monitoring implementation, particularly with regard to violence against women.

FUNDING

- Study the organizational structures and resource potential of donor agencies to enable women and women's organizations to realize their institutional goals.

WITHIN THE ICPD PROCESS

- Organize workshops and other educational activities at all levels, and specifically at Prep-Com III and during the ICPD itself, on topics such as:
 1. Fundamentalism, with special emphasis on reproductive health and justice.
 2. The linking of reproductive rights and health to social policies and the substitution of population policies for social development policies.
 3. The sexual and reproductive rights and health of women of color, indigenous women, women of ethnic minorities, women with disabilities, refugee and migrant women.
 4. Models of women-centered, comprehensive, integrated services such as those of the Bangladesh Women's Health Coalition and the Gabriela clinics in the Philippines.
- Critique and comment on the draft UN document for ICPD and send it to the ICPD secretariat, governments, and other key actors in the process.
- Create a commission that consolidates the national and regional positions of the women's movement on the ICPD draft to create an instrument for lobbying.
- Produce indicators and mechanisms for the follow-up of the resolutions made at the ICPD in Cairo.

SUMMARY OF THE WORKING GROUP ON MEDIA STRATEGIES

January 28 and 29, 1994

Rapporteur: *Cece Modupé Fadopé*

The participants in the Media Working Group agreed that:

- There has been limited coverage of ICPD in the media; there has been extensive coverage of “overpopulation” in the media, reinforced by the image of abject poverty that is prevalent in the world. There has been no coverage of distribution issues, including population distribution, which in some countries is more of a problem than population growth.
- Women’s issues and women’s perspectives on population activities have received limited or no coverage at all.
- Different strategies are needed for broadcast, audio, and print media.
- All women and NGOs are part of the media; NGOs are instruments for carrying and disseminating information.
- We should target alternative media to convey information about women’s issues.

The working group recommended the following strategies:

Before and during Cairo we should:

- Identify our present media assets, and human and material resources.
- Use all outlets available to us to convey information about women and women’s perspectives on population activities; cultivate and sensitize the mainstream media, journalists, and media managers on population and development issues. Also sensitize the official media of international organizations and the alternative media on women’s issues. Use prime time to disseminate messages.
- Bombard the media with citations from inter-

national agreements that have denounced the abuse of and discrimination against women, and focus attention on governments that are signatories of these international treaties and hold them accountable for their commitments.

- Find facts, figures, and positive images of quality of life to at least counter, if not subvert, the prevailing portrayal of population issues in the media as only “growth.” Print buttons, T-shirts, banners, and other memorabilia to blitz the Cairo conference and other conferences.
- Identify sources of funding to launch a women’s media campaign on population changes and women’s issues. Make use of audiovisual materials already produced to promote feminist ideas of social development.
- Include women’s agenda and perspectives on population on the agenda of national and international media meetings.
- Solicit support of attendees of previous international conferences on how to strategize about media during the ICPD. Images of population and development “problems” should not focus on developing countries alone; these are global issues and should be presented as such. The voices of women, especially those who are silenced or have been forgotten, must be amplified.
- Ensure that at least one feminist press agency and journalist from each region is present at the PrepCom and in Cairo.

After Cairo, we must:

- Collect as much information as possible from Cairo for feedback and dissemination after the conference.
- Continue to cultivate journalists; encourage women to become media actors who will continuously promote women’s voices, especially those that are not often heard.

- Recognize and encourage universities and institutions that train journalists to focus on nonsexist curricula, and to challenge gender stereotypes in the media; also promote women's perspectives on gender and development.
- Maintain the media momentum towards the Social Development Summit and the Women's Conference in Beijing in 1995, ensuring that the achievements in one United Nations conference are carried on to the next one.

SUMMARY OF THE WORKING GROUP ON POLITICAL PROCESSES

January 28 and 29, 1994

Rapporteur: *Loes Keyzers*

Women present in this group are all political actors working at different levels: grassroots organizations, national NGOs, international networks, and a few from government and donor agencies. These political actors also differ in perspectives according to their background: class, race, ethnicity, religion, sexual orientation, and experience.

In terms of the importance they give to reproductive rights and justice, all these women can be considered like-minded, but the strategies and tactics to create the conditions in which women are enabled to exercise their rights do necessarily differ. We are not the same, but because of our shared vision we can act in solidarity.

From the various experiences and questions brought up for discussion, the following principles, guidelines, and bits of wisdom are worth considering:

1. Linkages: always clarify WHO, WHAT, and HOW.

WHO: Linkages between actors on four levels:

- within the women's health movement, amongst ourselves at the various locations;
- between the movement and the government;
- between the movement and society at large;
- in international networking and between networks.

WHAT: Reproductive rights are not an isolated issue, but are intrinsically linked to macro-development models. Women stress the importance of making women's needs central. It is therefore important not only to denounce abuses in population control, but also to show how population-control interventions are part of the overall control policies of the "new economic order," which do not put the fulfillment of people's needs in the forefront.

HOW: We need to ensure the link between strengthening the movement internally (by information flow, transparency in acting, feedback, and monitoring) and external work (by creating alternatives and advocating and lobbying amongst more powerful policy-making circles). Always stress the interconnectedness of issues, which requires solidarity in support for each others' actions.

2. Mobilization for reproductive rights and justice.

Firstly, it is important for local organizations to network locally, nationally, and internationally. Secondly, reproductive rights activists should not limit themselves to working with the women's movement, but should reach out and link up with other social movements. Moreover, within development circles, the importance of reproductive rights should be established.

3. Working inside and outside the official (ICPD) process.

- Distinguish between those who are outside because they are not informed (there, information and education is needed), and those who for tactical reasons choose to stay outside (to keep the strength of the opposition going or to gain or keep credibility in their community or constituency).
- Working inside: there is scope for working inside when one is able to maintain one's own agenda and own terms of reference, and able to avoid co-optation. There should be a balance between the need to maintain accountability to the women whose interests are supposed to be served (act as their ally) with strategies and tactics that are effective vis-à-vis powerholders. Act with confidence and force: BOTH are required.

- In the discussion about the scope and limits of working inside or outside, the issue of power needs to be considered. Outsiders have less power and need allies inside; insiders cannot do their work properly if they have no backing from outsiders in the movement.

In planning strategy (whether inside or outside), we need to take care not to discredit and undermine each other by highlighting power differentials. There should be democratic and transparent use of power to further reproductive rights and justice and hold each other accountable.

4. Dialogues and working with population institutions.

Based on past experience, the movement views the population establishment with caution and suspicion. Nowadays there is “double-speak” and co-optation. Therefore “dialoguers” and “workers within” have to be explicit about their own (women’s movement-backed) agenda. *“Women’s demands should never be subsumed under population policies.”* Say, “This is what we want. Your policies, your framework do not meet what we need in any way; our needs have to be central, not demographic targets.”

We cannot afford not to act vis-à-vis and inside population institutions. “Especially with the present population crisis talk, like a tidal wave, we need to stand up from everywhere....”

5. Commitment and accountability within the movement.

Privileged political actors should take care to relate openly with women at the grass-roots level in the community,* provide information and encourage articulation of local needs and demands, and translate these into more general political

demands at the national and international level. Lobbyists and advocates should act with commitment, and not be arrogant and career-driven. Community and local women’s groups have to hold lobbyists and powerful actors accountable and monitor their work.

6. Representation.

Actors at any level have to be responsible and accountable to the women whose interests they represent. It is not acceptable that powerful international bodies appoint (top-down) so-called experts and women representatives.

7. Women and the State.

- NGOs have to hold governments accountable for promises they have made or conventions they have signed. This requires a public monitoring process.
- When circumstances change (from dictatorship to democracy; from demographically driven population control to recognition of the need for social policies), social NGOs or movements with a history of militancy and opposition have to face the challenge to keep on denouncing what is wrong, while putting great effort into creating alternatives and negotiating with the former opposition. Moreover, it should be kept in mind that there is no simple dichotomy between blocs, but different levels and different actors; so actions have to suit their context and time. The ability to successfully interact and negotiate with governments and powerful policy-makers depends on:
 - backing by the broader movement or community, and the legitimacy of the lobbyists;
 - strength in alliance with other social movements.

*“Grass roots” is a concept that is used by some with pride. Others feel it is derogatory and prefer to speak of “community.” Language has to be seen (and respected) in its context. Similarly, the terms “women of color” and “black women” are highly loaded and need to be used with sensitivity.

8. Donors.

Distinguish between donors with their own agenda (making instrumental use of women) and donors willing to fund work as defined by women themselves. Such ally-donors need to be involved because the movement does need resources (and lots!) on their own terms. A challenge to ally-donors is to steer back the flow of resources to the women's movement now that "women" as a funding category have become less "fashionable."

9. Transparency.

"Transparency" is a much-used, crucial concept for individuals, for organizations, and for coalitions and alliances. Transparency means:

- honesty, openness, making commitments in public;
- clear rules regarding decision-making processes;
- commitment to explicit, basic shared values and vision amongst members of organizations or alliances.

Underlying transparency is the issue of POWER. Often, power differences are not articulated, yet they do have an impact, which is subtle and may cause suspicion; transparency means acknowledging and working with power differences, and it leads to cooperation in clearly defined and agreed-upon terms.

10. Importance of vision and collectively developing a global conceptual and analytical

framework for local, specific strategies and actions.

We cannot assume that we share vision and analysis just because we are concerned women. To build the strength of the movement or of alliances, the time and energy-consuming process of sharing experience and vision cannot be skipped.

11. Assessment of our strength as a movement.

On one hand, women in strategic positions are optimistic because they experience the force of the movement. On the other hand, women "on the ground" are pessimistic because they experience the multitude of disempowering and marginalizing forces, deteriorating living conditions, etc.

As the women's movement we are both strong (moving, challenging) and weak (compared to the immense anti-women forces). Therefore we have to work on the basis of *unity* (which is not sameness) and *solidarity* (differences as a source of strength) inside and outside and at community and international levels simultaneously, keeping in mind the need for constant movement-building (through trust and transparency) from the local level up.

On our various routes to Cairo, the movement-building and alliance-making process is going on. We know that advocacy will only be successful if there is solid local organizing effort. We must have unity in our vision, and solidarity in our strategies.

We will have political impact: our power-tools are diversity and subversion.

APPENDIX V

SUMMARY OF THE WORKING GROUP ON ACCOUNTABILITY MECHANISMS AND HUMAN RIGHTS*

January 28 and 29, 1994

Rapporteur: *Rosalind Petchesky*

Some thirty-three women participated in this working group, representing around fifteen countries of Asia, Africa, Latin America, and North America. On the second day of meetings, the group divided into two subgroups, one dealing explicitly with accountability mechanisms and the other with plans for a series of panels for the NGO Forum at Cairo, under the leadership of Nahid Toubia (and Lynn Freedman). These notes briefly summarize the first day's discussion, then mainly focus on the work of the "accountability" group the second day.

On the first day, each participant described the particular issue(s) she was interested in working on. Out of a long list of concerns, the following were selected as focal points for the working group's deliberations:

1. A statement of principle drafted by the group (*see below*);
2. Whether to organize a women's tribunal for Cairo similar to that held in Vienna;
3. The proposal for an international "commission" on reproductive rights and health;
4. Accountability mechanisms for international family planning and population agencies;
5. Accountability mechanisms for international economic and donor agencies like the International Monetary Fund and the World Bank;
6. Planning panels for the Cairo NGO Forum;
7. Mechanisms to make women accountable to each other, through our organizations and networks. (It was pointed out that not only are there questions of representation and the division of power here, but also that some human rights abuses regarding reproduction may be by women of other women—for example, inter-

national adoption practices such as the selling of Southern babies to Northern infertile women);

8. In addition, a significant minority in the group were primarily interested in the reproductive rights and health conditions of refugee women and women under war.

The following *statement of principle* was adopted by the group as a *working draft* (not final) and submitted to the conference organizers for the daily record: "Issues related to bodily integrity and women's health are fundamental human rights questions, and therefore all policies affecting these areas, particularly around reproduction and population, should be held accountable to economic, social, cultural, and political human rights standards."

On the second day, the working group decided to focus on family planning and population agencies, understanding that these operate at three different levels: intergovernmental (United Nations Population Fund - UNFPA); national governments (both within the country and as international donor agencies—for example, United States Agency for International Development - USAID); and private donors (for example, International Planned Parenthood Federation - IPPF). One participant stressed that an incipient process of consultation had already begun, with agencies like the World Health Organization (WHO), UNFPA, and USAID already trying to give funds to women's NGOs and setting up women's advisory groups. Some participants, however, pointed out that, while it is true that the vocal protests of women's groups have prompted such agencies to set up "dialogues" with women, the intention is often, not to listen to women, but just to contain a nuisance.

* Note: The working group's discussion did not involve any formal voting, so all statements about our "agreements" are inferences by the rapporteur.

There was unanimous agreement that unethical clinical and experimental practices are still widespread, resulting in dangerous and ineffective outcomes for women; that virtually no effective monitoring procedures exist to regulate these practices; and that we need to devise women-controlled accountability mechanisms to achieve this in a real, practical way. The form such mechanisms should take, however, is still a matter for discussion and debate.

There seemed to be general agreement that we need more time and space to think through the composition of a potential commission to oversee ethical standards for the development of contraceptive technologies, clinical trials, and the functioning of programs and services; and that all the main women's organizations and constituencies, including indigenous women, must be represented in any monitoring procedures that are adopted. It was also agreed that such a commission or monitoring mechanism must be independent of governments and intergovernmental organizations, must be allocated sufficient funds, and must get beyond the formalism of "consent" (which all governments now accede to) to the real conditions of informed choice. We were reminded that, in order to participate effectively in such monitoring procedures, women's groups need to have full knowledge of the methods being tested and of the relevant clinical and experimental procedures. It was pointed out that such mechanisms need to operate within countries as well as internationally, given the degree of corruption and unreliability in many of the governmental enforcement agencies. Another participant stressed that, besides procedures for monitoring abuses, we need means for submitting complaints.

As to the further development and implementation of these ideas, the following suggestions were made:

1. That we use both PrepCom III and Cairo as forums to mobilize women's input and support;
2. That a coalition of existing women's health networks be formed as the basis for an accountability commission;
3. That we should circulate a petition or statement (proposing such a mechanism) among such groups;
4. That we develop minimum standards of information for consent (as, for example, in the statement of U.S. Women of Color Coalition);
5. That we develop training workshops for providers and scientists to demonstrate ethical practices and principles;
6. That we explore the possibility of an external, independent ombudsman for the World Bank (and IMF), and what the model for that would look like.

To assure funding for the monitoring process, we will need something like a percentage from each national and United Nations agency budget pledged to this purpose. In addition, we will need to make clear distinctions between internal bodies within existing organizations and independent, women-controlled bodies.

Finally, there remained the large question of how we establish mechanisms for our own accountability to other women. For example, should women's NGOs ever participate in clinical trials; when and how? If so, when and how should we ever enter into "dialogues" with family planning and population organizations? Who should represent women in such undertakings? The group did not really begin to explore these questions. We concluded with a decision that those of us attending PrepCom III would meet again there to continue this discussion, with participants in New York taking responsibility for convening the meeting. Our meeting during the PrepCom will then develop plans for a larger meeting or planning session on accountability mechanisms (as well as other mobilizing strategies) to be convened at the NGO Forum in Cairo.

DECLARATION PROPOSED BY SOME PARTICIPANTS

This short declaration was drafted by a number of Conference participants from Latin America, with input from women from other regions. It was presented to the plenary on the last day for consideration and endorsement. However, because it had not been discussed by all participants and there was no time for sufficient discussion in plenary, no action was taken. (Many of the points made here are included in the Rio Statement.)

DRAFT DECLARATION OF THE INTERNATIONAL CONFERENCE ON WOMEN'S HEALTH: REPRODUCTIVE HEALTH AND JUSTICE

We are 227 women from all the continents who met at the "Reproductive Health and Justice" Conference in Rio de Janeiro, Brazil, from January 24 to 28, 1994. In spite of this broad diversity of realities and experiences, we have reached consensus on the following issues.

The "sustainable human development models" that are currently proposed in the official documents of governments and international organizations need to be reflected in investments and social policies that guarantee the quality of life and well-being of people, particularly of women and other groups that are discriminated against, whether by age, race, ethnicity, social class, sexual preference, nationality, or religion, and whether they live in urban or rural areas. This implies satisfying the basic needs and guaranteeing a dignified life for all human beings. Development should be sought for the people, rather than seeing population as a function of development. Otherwise, certain groups and sectors will continue to be excluded, marginalized, and in some cases exterminated by the implementation of policies, such as structural adjustment policies, that are in contradiction to development objectives.

We reject population policies.* National and regional public policies must respond to the needs of human development, and all social and economic policies need to be integrated. Governments and international agencies must stop blaming women's fertility for poverty and for the environmental degradation of the planet.

Without this shift, *it will not be possible* for governments to reduce infant or maternal mortality—especially mortality resulting from unsafe abortion—as stated in the Regional Plans of Action on Population and Development. Neither will they be able to prevent the increase in mortality resulting from the HIV/AIDS pandemic. At the same time, *it will not be possible* to effectively affect the root causes and consequences of migration due to deterioration of economies, political conflicts, and the trafficking of people, especially women, girls, and adolescents.

Real political will to incorporate people into development implies modifying the existing gender inequity and guaranteeing women the full exercise of their sexual and reproductive rights, without imposing forced maternity or contraception, and guaranteeing access to legal and safe abortion for all women who request it. It also implies linking women's sexual and reproductive rights to the full exercise of their citizenship and to the social recognition of their autonomy. In addition, it requires formulating programs that encourage men to take responsibility for their role in parenthood and in contraception, and that change social attitudes and values that only recognize men's role as providers.

Evaluation of human development policies must include indicators that consider gender, race, ethnicity, social class, and sexual orientation. Organizations that represent the women's movement must be involved. At the same time, governments and international organizations must acknowledge

*The participants, as well as the drafters of this statement, had strongly divergent views on whether to keep this sentence or not.

the right of non-governmental organizations to monitor the agreements and commitments that they sign in Cairo.

Governments and international organizations must understand that reproductive decisions are part of people's basic rights, and that their responsibility in this matter is only to provide the necessary services for people to exercise their right. The state must, therefore, guarantee information and education on sexuality and must provide the widest range of safe and effective contraceptives, free or at a subsidized price. It should eliminate public and private programs that only provide specific methods, especially if they are offered in a coercive way, and guarantee quality of care and freedom of choice. Governments must also recognize that contraceptives have to be considered elements of humanitarian aid during political conflict, including war.

Research in human reproduction, in both conception and contraception, must not use people as subjects, and must respect the ethical principles agreed to in international documents, especially those of Copenhagen and Helsinki.

It will not be possible to build and strengthen democracy without these conditions.

Gender equity, reproductive health, and justice *will not be possible* if the United Nations International Conference on Population and Development, to be held in Cairo in September 1994, does not address the demands and proposals presented by the women gathered here from all regions of the world, who are committed to constructing a future where well-being and happiness are ensured for all.

Rio de Janeiro
January 28, 1994

STATEMENT BY INDIGENOUS WOMEN “INDIGENOUS WOMEN AND POPULATION POLICIES”

Taking the opportunity of this International Women's Health Conference on “Reproductive Health and Justice,” we would like to make some statements on how indigenous women are involved in the process of obtaining justice for our people.

To understand the complexity of the struggle of the indigenous peoples and their cultures in the world, it is necessary to put yourself in their place. In your case, as feminist women, you must put yourselves in our place.

We come from native cultures that have 20,000 years of life. When in 1492 the Spaniards invaded our territories and raped our grandmothers to satisfy their desire for gold and lust, we lost our liberty.

We have the tradition of communities that lived and still are living in harmony with our environment; with a philosophy and an ideology based on the respect for Mother Earth and Mother Nature.

In some communities, women are still respected as life-givers and transmitters of culture who continue to play a very important role in the education of their children.

With the influence of other, different patterns of life, these concepts have been modified and values have been disrupted; as seen, for example, in the change of attitudes of men towards women.

Analyzing the reasons for the changes, we find the answer in the imposition of a colonialist and patriarchal mentality, supported mainly by the Catholic religion, that in the process of conquering our consciences made us guilty of sin.

“Sin” and women's submission to men now affect all aspects of life, including sexual life, while in the indigenous world, sex was not taboo. When in religious marriage we are told, “woman, you will follow this man until death separates you,” it seems that we must carry a burden all our lives.

Several female historians have stated that pre-hispanic cultures gave women a proper place. Think, for instance, of the image of Mama Ocllo

and Manco Capac, who emerged side by side and jointly founded the “Incario”; Mama Huaco, representing a female warrior; and other examples such as Micaela Bastidas, who was Tupac Amaru's partner; Bartolina Sisa; and many others that the official history does not mention. When we bring these images to this meeting and compare them to what is happening nowadays, we observe that indigenous women are the most affected in terms of our ability to exercise our collective rights and our rights as citizens.

We are aware that it is necessary to build a bridge for solidarity and communication, respecting differences and diversity. We try to understand you and we ask you to understand our collective being. We indigenous women cannot isolate our struggle from a set of collective demands related to territory and language; to philosophical ideologies and cultural expressions. In this framework we would like to suggest the following points to think about:

1. Following the openness of the organizing committee of this meeting, we request that, in future meetings, at least one indigenous woman from each country should be invited.
2. Based on the respect for differences, we request your solidarity in allowing us space for our education because we also have to face challenges that our reality imposes on us.
3. You are all aware that the marginalization and oppression that our people have suffered is even more serious for women, who are denied access to education, information, and professional training.
4. We recommend that in your daily work with women of poor sectors, you should be careful not to reproduce the mistakes of colonialism,

because reproductive rights must be exercised freely and with clear knowledge. Indigenous women have been used in contraceptive trials without adequate information.

It is important to consider what kind of development we are seeking, because Western parameters for development are not always suitable for us. We understand “development” as respect for our territory, use of our own resources, and improving our productive and intellectual capacities to participate in the political, social, economic, and cultural lives of our countries. We all wish to read and write in our own languages as well as in the national languages, and want our bodily and spiritual integrity to be respected.

5. We understand that tradition and modernization are not in conflict; for example, traditional medicine is complemented by modern Western science. We want our mothers to be able to know that uterine cancer is preventable and that tuberculosis can be cured.

The revival of traditional forms of organization, such as collective work (MINKA), work in solidarity (AYNI), and the practice of solidarity among large families (COMMUNITY), together with the capacity for resistance, have allowed us to provide concrete answers to poverty in our communities. The organizational and work capacity in the “comedores populares”* in Peru, and the birth of self-built “barrios” are positive examples of traditional forms of organizing in which indigenous women have been a determining factor.

6. It is necessary to recommend the humanizing of the medical profession, because indigenous

women are often mistreated in reproductive health services. We see an increase in dehumanization and profit-making in the health profession.

We, indigenous women working with our collective conscience, work to have our territorial rights, our native religions, and our languages recognized. We want our children to learn to speak our language, our healers to be recognized legally; to be able to decide freely where to live, and to have access to education and information.

Social and economic realities force us not to continue having children who do not have enough to eat, who cannot find a job, who might want to change their face to be accepted. We want our husbands to have a decent job, and not to beat us. We want our grandparents to have a dignified old age and not to be beggars.

We do not want our children to be used as cannon fodder in the different armed conflicts.

For all these reasons, we ask you all, who live in our countries, for solidarity and assistance to make our dreams come true.

Tarcila Rivera Zea

Peru

Josefa Xiloj

Guatemala

Luz Alvarez Martínez

U.S.A.

Charon Asetoyer

U.S.A.

Eliane Potiguara

Brazil

*“Comedores populares” are neighborhood services that provide people with a free or subsidized basic meal.

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