Colophon

Publication
© Cordaid, The Hague, February 2004

Text and final editing
Cordaid's partnerorganisations, Barbara Berger,
Frank van Lierde, Rens Rutten, Annemiek van Voorst

Photography
© Cordaid, Guy Stubbs (1999), Jeremy Bean and
Leopold Podlashuc, Roel Burgler, Wilco van Dijen

Design and print
Design: SO creatief, The Hague
Print: Hoonte Bosch & Keuning, Utrecht

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Communications Department of Cordaid:
t +31 70 3136 333
f +31 70 3136 330
e externe.communicatie@cordaid.nl

Cordaid forms together with Memisa, Mensen in Nood and Vastenaktie one of the biggest international development organisations. Supported by half a million people in the Netherlands, Cordaid is working with more than thousand partners worldwide for an existence with dignity for poor people and those who are deprived of their rights.

Cordaid
P.O. Box 16440, 2500 BK The Hague
The Netherlands, Lutherse Burgwal 10
t +31 70 3136 300, f +31 70 3136 301
cordaid@cordaid.nl / www.cordaid.com

Foreword

Dear Minister

Young women in Africa, Asia en Latin America need your attention! In this booklet you will find sixteen personal letters of partner organisations of Cordaid in which they draw your attention to the challenges faced by adolescent girls to attain their rights to a life of their own choice: access to resources for a viable existence, freedom of opportunity to acquire knowledge and freedom of choice with regard to reproduction. In these letters they request your assistance.

Ten years after the International Conference on Population and Development (ICPD) in Cairo young women want to inform you about the, often still crude realities of today. These realities take place although their governments have signed the international commitments in 1994.
In your talks with national governments, ngo's or international agencies you can help to change the lives of many women. Small, tangible actions can make big differences for thousands of them. That's why all the letters presented here end with specific demands: actions on reproductive health you could undertake yourself or issues you could lobby for in your talks with others.
Many issues mentioned can and will be taken up by local organisations in collaboration with civil society in the country concerned, but support from outside and at the international level is essential.

In the past years Cordaid has supported a large number of partner organisations in the field of reproductive rights and reproductive health. The outcome of a survey of thirty three organisations involved in health care is also presented in this booklet. You will find an overview of the programs implemented, obstacles encountered and issues that need to be strengthened. From these overviews it is clear, that the issues of discussion have changed, but that reality of today is not much different from the reality of ten years ago. Besides development, gender equality and access to reproductive health services, the issues of violence against women, aids and adolescent reproductive health should be high on the political agenda. Social, cultural and religious values are an integral part of day to day reality and should be taken into account and, if necessary, challenged in order to obtain gender equality and reproductive rights for all (men, women and adolescents).

Dear minister, we count on you!

Cordaid and partners

Introduction: Cairo and beyond 2

At the International Conference on Population and Development in Cairo (1994), Cordaid specifically drew attention to the fact that cultural practices and religious laws can deny individuals their freedom of choice and promote gender discrimination.

But this is not how women themselves perceive the role of religion and local culture. During a meeting of Cordaid representatives with Buddhist and Islamic women it became very clear that when we go back to the basics of our religious traditions, we share three basic values: human dignity, respect for life and stewardship. This gave us the strength to go on and to look for common issues in our struggle to attain gender equality and basic human rights for all: men, women and youth.

Cordaid committed itself to a two pronged approach with special attention to the cultural and religious values and human rights. A long term strategy aimed at an improvement in the socio economic position of poorer groups, especially women. A greater social and economic independence, will lead to a reduction in the number of births and will eventually have an effect at national level. The short term strategy is aimed specifically at individual needs to prevent unwanted pregnancies: sex education at schools, pre-marriage counselling; fertility regulation, mother and child care, general information about and supply of contraceptives.
It would be unwise to direct the activities exclusively at women since it has been documented that it is among men in particular that many misunderstandings and ignorance concerning sexuality, reproduction and fertility regulation exist. If they are excluded from information, consultation and care, while continuing to have a decisive influence on reproductive behaviour, then programs aimed at women will almost certainly lead to conflict and can prove counter-productive. Furthermore in the light of the aids epidemic and the need for its prevention, an approach which includes men is even of greater importance.

Cordaid supports the link made by the UN between the decline of the fertility rate and the increase of 'gender equality' and the empowerment of women. In addition Cordaid urges that people should be informed about qualitatively acceptable means of fertility regulation and measures necessary to ensure their availability. This should be related to the value which fertility and sexuality have in non-western cultures and religions. The perception of fertility and sexuality is central to human identity, which to a large degree is culturally and religiously determined. This means that people (men, women and youths) will be informed about available and qualified means and methods of contraception, in a way which is understandable and acceptable in a given cultural religious context. This is a condition that needs to be met in order to exercise the right of individual choice.
However, Cordaid finds that respect for social, cultural and religious values has its limits. Whenever a person's basic right to human dignity is infringed, all other rights are subsidiary. This also applies to the inviolability of the right to life and personal integrity.

In Cairo the international community has agreed that reproductive health is a human right and that carrying reproductive rights into effect by women, youths and men individually will contribute to early population stabilisation. In this new consensus practicality meets morality: needs for individual empowerment coincide with the demands of societal and global development.

Reproductive health covers the whole life span: it begins before birth, when parents learn to value their girl children equally to their boys. It continues in childhood, when girls are offered equal opportunities for nutrition, education and health care; and on into adolescence when girls have special health needs. Young women need options other than reproduction to give them self- esteem and social status in society. They need support in their decisions to marry or not to marry; to begin childbearing or delay it; to space their pregnancies and stop having children while their health is still intact. They need care in pregnancy and after it; they need the companionship and support of their husbands, and they need the option of a life outside the home. Older women need to know that their worth does not depend on the size of their family. Their special health needs should be catered for and they need support, whether they have children or not.

Gender gap

There is a wide gender gap in health care: because women's health needs are often ignored, partly, because medical research is conducted on the assumption that women's and men's health needs are, apart from reproduction, the same. Equally, sexual health is still not regarded as a matter for special care and attention. Women run a higher risk of sexually-transmitted diseases and hiv infection because of their physiology. They are even more vulnerable if they lack the right of refusal in sexual intercourse.

The gender gap in education is still wide, because it is assumed that girls need education less than boys. In today's world this is far from true: education empowers women in all areas of their lives, and the more options a woman has other than child-childbearing, the more she will need education to take advantage of them. Men are going to take their share of child-rearing and women their share of income generation. Boys should be made to understand from an early age that they and their sisters are on an equal footing in the family and in society. They should learn that denial of another's humanity diminishes their own.

Equal treatment for women under the law is cared for, but in practice women are at a considerable disadvantage in matters of marriage, ownership of property, inheritance, employment and credit. Women's vulnerability extends to their personal security. The magnitude of the scale of routine, everyday violence against women is enormous and only recently women and women organizations are speaking out. The same is the case for traditional harmful practices, including female genital mutilation. Sex tourism and trafficking of women and children are on the increase.

The horror of systematic rape as an act of war has finally brought to the attention to the world that women have been routinely used as objects of violence in war and in civil conflict.

From the letters contained in this booklet it is clear that the underlying issue is one of equality: women and men are entitled to the same expectations. They should have the same rights in practice as well as by law. Tackling these issues is often a question of simply ensuring that a woman can exercise the rights which the law already gives her. But sometimes more fundamental changes are needed. Changes in cultural and social attitudes and expectations concerning women, men and the relation between them. Women need to gain self esteem. It is fundamental that a girl develops this self esteem from an early age onwards, by getting support from her family, the local community and the society at large. Changes in the attitude of boys and men towards girls and women are crucial and traditional and religious leaders can play an important role.

Dear Minister

In line with the above, Cordaid requires your action in the following issues:

Violence against girls and women within their own family and after marriage from their in laws

Please ask the governments of the countries concerned, not only to pass laws in line with the UN conventions, but to implement these in an effective way to abolish female foeticide, female genital mutilations, child marriages, dowry, sexual violence and coercion and to ensure that women have equal rights to inheritance, to own property and to a just settlement in case of divorce.

Equal opportunities for girls in education

Please request governments to implement laws on equal education opportunities for girls and to provide special facilities for the education of girls. As a gesture please present, each time you visit a country, a special fund for 200 scholarships for girls to the government concerned.

Reproductive and sexual health information and services for adolescents appropriate to their age, capacities and circumstances

Please motivate governments to improve the policy climate in favour of reproductive rights and services for adolescents. This improvement is needed in order to achieve supportive providers, local communities and religious leaders and the availability of appropriate information and services (incl. peer counselling).

Poverty alleviation in general

Please note that the Millennium Development Goals cannot be achieved if questions of population and reproductive health are not squarely addressed. Ensure that all (potential) donor countries adhere to the agreed UN target for development cooperation of 0,7% GNP, to support initiatives at the World Trade Organisations for fair trade relations and to promote cancelations of debt.

Violence against women and girls in conflict situations and trafficking of women and children for sexual purposes

Please support initiatives to comfort and counsel victims of violence in war and civil conflict and to deal with the consequences for women's reproductive health; to ensure close collaboration between criminal investigation departments in different countries on trafficking of women and children; to include rape in the list of war crimes and trafficking a crime against humanity so that its perpetrators can be brought to justice at the International Criminal Court in The Hague, the Netherlands. Please see to it that the media present women not only as victims of armed conflict but also important mediators for peace.

Young people to act on their own behalf in policy development and implementation

Please encourage governments to establish national and local youth policies that emphasize gender equality and the rights of young people to reproductive health and to facilitate the participation of young people in the development of these policies and in their implementation

Hiv/aids has become a disease of young people, the majority of them young women

Please convince governments that it is essential to challenge the fact that men often seek younger sexual partners who are unlikely to be infected with hiv, to break the taboo on sex in communities and to ensure that young people get sufficient information and skills to refuse sex or negotiate safer sex practices.

Dear Minister

Letter from South Africa, December 15th, 2003

For the past 15 years the Social Change Trust (SCAT) has worked on a daily basis with men and women experiencing a life of poverty. Within these poverty struck lives, women and girls are confronted to all kinds of gender violence. Our experience makes painstakingly evident the need for a cohesive, multi-prolonged strategy that tackles the link between poverty reduction, gender violence and hiv/aids. In the following SCAT would like to give an answer to this one question: What can be done in South Africa to develop and implement this strategy?

What can be done?

One of the most overlooked factors driving the hiv epidemic is violence against women and girls. As a result the link between the two remains unemphasised in the responses to the pandemic. Gender-based violence - specifically sexual violence - is recognized as being both a cause and a consequence of the spread of hiv. It needs to be tackled on all levels of society:

Locally

Prevention efforts should aim to correct gender imbalances from a very young age. In this, school programmes are critical. A conscious effort should be made to include men in the fight against aids to break down barriers created by gendering and stereotypes. Community based methods of looking after orphans need to be developed and implemented as an alternative to institutional care. Advocacy and lobbying for gender awareness and empowerment has to take place at the level of local municipality and traditional structures as well.

Nationally

National efforts should urgently address the issue of poverty. National campaigns addressing the issue of violence, gender and diversity should be intensified and need to target traditional leaders.

Regionally

A potential for professional and practice exchanges and networking with our regional counterparts remains one of the possible avenues for learning about relevant and most sustainable and best practices.

Internationally

The UN Declaration on the Elimination of Violence Against Women (1993) stipulates that gender-based violence is a human rights violation. International NGO's have a responsibility to prioritise violence against women in their support to developing countries. In turn the NGO's should be able to bring awareness to their partners to the structural and devastating link between hiv/aids, gender, diversity and violence. Advocacy and lobbying campaigns at an international level would be another powerful way of supporting the cause. I trust, Mrs. Van Ardenne, to have given you at least some valuable information to tackle gender imbalances in your international development work.

Yours sincerely,

Nohmle Nkumbi-Ndopu
Director, Social Change Assistance Trust

Social Change Assistance Trust, SCAT House, 19 Loop Street, Cape Town 8001, South Africa,
e-mail info@scat.org.za, tel. 00 27 214182575

Prevention options for women: female condom and microbicides

In 2002 GAP organized a two day meeting on hiv prevention methods designed for women. This was done together with the Indian Network of NGOs working on hiv/aids, with PATH and with support of the Global Campaign for Microbicides. Research status in respect to microbicides and female condom trials in India were the important highlights of the meeting. The meeting also took note of the recent studies that have predicted an explosion of hiv in India, with a particular impact on women, who are both biologically and socially more vulnerable than men. While existing prevention strategies and messages that focus on abstinence, mutual monogamy and male condom use can have an impact, they do not adequately address many aspects of many a women's reality. For many women gender roles, economic dependency, and lack of knowledge about sex and hiv risk, prevent them from implementing safer sex strategies. Participants of the meeting formed a working group to continue to develop strategies for advocating prevention options for women in India. The group is convened by Ms Renu Seth of GAP.

Prevention methods that women initiate or use themselves could greatly improve their ability to protect themselves from hiv and other STI's when other prevention strategies are resisted or even fail. The urgency of women's prevention needs has not been answered by appropriate urgency of response. The female condom is an existing woman focused prevention method, yet it remains virtually unknown and inaccessible to the majority of women.

The word 'microbicides' refers to a wide range of products that share one common characteristic: the ability to prevent the sexual transmission of hiv and other sexually transmitted diseases (STDs) when applied topically. Scientists are currently testing many substances to see whether they help protect against hiv and/or other STDs, but no safe and effective microbicide is currently available to the public. There is an urgent need for awareness raising and advocacy for microbicides, to speed the development and introduction of a safe, effective microbicide as soon as possible (within 5 to 7 years). Community stakeholders will play an instrumental role in shaping the progress of women focused hiv prevention.

Dear Minister

Letter from India, Ahmedabad, January 30th, 2004

Greetings from GAP!
Gujarat aids Awareness and Prevention (GAP) has been working since 1989 as a part of the International Society for Research on Civilization Diseases and on Environment (ISRCDE). Our goal is to prevent hiv/aids and sexually transmitted diseases through increased knowledge and changing opinions and attitudes in this area. As a molecular biologist, I have worked in the Netherlands and I lost a dear friend of mine to aids related diseases. This became a part of my inspiration to work in the field of hiv/aids. I believe that women should be able to shape their own lives and avoid physical exploitation. Further, I am convinced that changes can be made by young people. Adolescents should know their own body, know their rights, and contribute to bring changes in their own society.

Even though many laws have been changed in the past decade, the rape rate is going higher and higher.
This would be a good moment for our government to adapt and execute the laws in this respect, to prove their efficacy. Though Anti Retroviral Treatment in India is only costing around 50 US $ per month, it is beyond the accessibility of the Indian patients. The Indian healthcare budget is only around Rupees 6/= per person. I am concerned especially about mothers with hiv/aids who would be able to take care of and raise their children if they had access to treatment. Even though much attention is given to bilateral contacts, I would like to plea for international conferences, using the case of India as an example. All people expressing the same concerns and bringing the same message across should be brought together in a forum and make themselves heard. In my opinion, the message should be to ensure that women could protect themselves.

I would like to bring the following issues under your special attention:

- In order to make sure that women can protect themselves, more research and funding is needed for the use of female condoms and microbicides.
- Care and treatment including ARV should be should be increased.
- Use the case of India in international conferences to ensure that women can actually exercise their rights.
- Create awareness among boys and girls together, on reproductive, sexual health and their rights, in order to make them sensitive about gender issues and obtain equity on spiritual, emotional and physical health.

I hope that you will use this information to influence international policy making. I look forward to hear from you about concrete actions and developments in this regard.

Yours sincerely,

Dr. Radium Bhattacharya
Gujarat aids Awareness and Prevention

Gujarat aids Awareness and Prevention, B/02 Siddha Chakra Apts, Ellisbridge, Ahmedabad -380 006, India,
tel. 00 91 79 6575282, fax 00 91 79 6575382, e-mail radium@icenet.net / gapad1@sancharnet.in

Cesip - Overview

What's the problem?

During the last few decades, Peru has witnessed violence, terrorism and an autocratic regime. This is the background against which today's youth of Peru has grown up.

In this scenario, girls do not have the same opportunities as boys. There is still a double standard in the way boys and girls are brought up and taught, with regard to sex roles. In the last few years, some progress has been made in the domain of equality of the sexes, but prejudices and taboos are tenacious.

As a consequence, young women have a weaker position with regard to their sexual and reproductive rights than young men. This is shown in the many unplanned teenage pregnancies (for every 1,000 births, between 75 and 100 are to teenage mothers), deaths at childbirth (in the case of women from 15 to 19 years of age, this figure is 60% higher than the national average), violence and sexual abuse, and the high rate of abortions, as well as in the increasing numbers of young people between the ages of 13 and 25 who become infected with hiv.

What is Cesip doing?

CESIP is working with young people in Peru to ensure that they are able to deal with their sexuality in a responsible way. In so doing, it is important that they experience their sexuality in a way that safeguards their health, satisfaction, and social position. CESIP engages young people in discussions in various ways, about their rights, independence, decision-taking, responsible sexuality and reproductive health. This helps them to become aware and independent.

CESIP also engages with parents, to provide them with information about the risks which their daughters and sons are exposed to. CESIP works closely together with local institutions which are active in the fields of health care and education, grassroots civil society organisations and networks, in order to exert as much influence as possible on policies and programmes directed towards young people.

What you can do, Minister...

- Advise the government of Peru to implement United Nations treaties and agreements, in particular the treaties concerning population and development, women and declarations regarding the protection of human rights.
- Allocate a budget to the above, to ensure sustainability.
- Recommend that governments recognise adolescents as human beings with rights, who are at ease taking decisions about their sexuality and reproductive life in response to their needs, particularities and expectations. Governments should involve adolescents in decision-making in this domain.
- Make recommendations for the formation of strategic alliances, with a view to integrated service provision, in order to improve the quality of sexual and reproductive health care in Peru.

Estimada Ministra

Letter from Peru, Lima, Noviembre 28 del 2003

De nuestra especial consideración:
Reciba el cordial saludo del Centro de Estudios Sociales y Publicaciones, CESIP, institución que durante 27 años trabaja por el desarrollo de la democracia en nuestro país, así como en la defensa y promoción de los derechos ciudadanos de mujeres, adolescentes, niños y niñas. Justamente nuestra línea de intervención en la población adolescente, es posible, gracias al aporte de la cooperación holandesa, fundamentalmente de Cordaid.

Conocedoras del alto cargo que Ud. ocupa en el gobierno holandés, y de su sensibilidad frente a la situación de los sectores socialmente marginados, es que nos dirigimos a su despacho ministerial para manifestarle nuestra preocupación acerca del tema de la sexualidad y la salud reproductiva en los y las adolescentes de nuestro país, quienes son prácticamente excluidos de las políticas públicas y no reconocidos como sujetos de derecho con autonomía y capacidad de decisión. Al mismo tiempo, queremos solicitarle, tenga a bien, interceder ante nuestro gobierno para sugerirle o recomendarle algunas estrategias que puedan revertir la situación que atraviesan nuestros/as adolescentes.

La mejora de la calidad de vida y el desarrollo de los y las adolescentes están estrechamente vinculados con la salvaguarda de los derechos y la atención de las necesidades de salud sexual y reproductiva de esta población. Un aspecto importante con relación a las políticas estatales, es que no abordan las inequidades y exclusiones por razones de género, edad y etnia, específicamente en el sector salud como en educación, que serían los dos campos importantes a trabajar o influir para que las políticas tengan un componente de género y otros indicadores importantes a considerar en la perspectiva de que las políticas sean inclusivas y no excluyentes para el ejercicio de los derechos sociales y políticos de las y los adolescentes.

Adjunto a la presente encontrará un cuadro con información sucinta respecto a la situación de las/los adolescentes en relación al tema de la Salud reproductiva; de igual manera encontrará algunas propuestas de estrategias que podrían ser recomendadas desde su despacho hacia el gobierno peruano. Tenemos la seguridad que su voz tendrá eco en nuestro país, además de contar con el aval de las instituciones y organizaciones que trabajamos por el reconocimiento de los derechos de las y los adolescentes para el ejercicio de una sexualidad libre y responsable, así como de una salud reproductiva de calidad.

Agradeciendo anticipadamente la buena acogida de la presente, le reitero nuestro saludo.

Atentamente,

Ana Vásquez Gardini
Directora General
Centro de estudios Sociales y Publicaciones

Women as mediators for peace

In the media and the minds of people all over the world women are mainly seen as victims of armed conflict. Systematic rape of women, displacement from their homes, hunger and death are daily realities for these women and these should be denounced in all possible ways.

But at the same time, in spite of all these atrocities, women are the main force behind the peace processes. As mothers of the children who suffer most, but especially as mothers of young soldiers, who are only pawns in the whole conflict, they have organised themselves in many countries in Africa and been able to achieve more in the field of peace mediation than many outsiders.

Caritas Mbujimayi: education of girls crucial

In Kasaï Oriental (Congo) conflict is still a day to day reality and livelihoods of families are still being threatened. Men behave in a very traditional way and consider themselves as princes and treat the women and girls more or less as slaves. The girl child suffers most. The health and the schooling of the boys is more important. She should take care of the household and the younger children, her food is limited and funds are not available for school fees. Caritas Mbujimayi pleads for proper education for girls and asks the Minister:

- to provide scholarships for girls;
- to request local governments to pay the salaries of the teachers and to sensitise parents and the communities on the rights of girls to equal opportunities and protection from violence.

Madame le Ministre

Letter from Congo, Mbujimayi, 03 janvier 2004

Dans la société Kasaïenne (Province du Kasaï Oriental/République Démocratique du Congo), les stéréotypes sexistes dictées par les coutumes et traditions rétrogrades sont transférées dans les entreprises, associations et ménages. Les considérations de la société Kasaïenne démontrent que la perception est positive pour l'homme et négative pour la femme. L'homme est considéré comme : chef, prince, fort, courageux, capable de tout dominer, héritier, … tandis que la femme (fille) est considérée comme esclave, inférieure à l'homme, être faible, qui a sa place à la cuisine et préparée seulement pour la maternité.

Pour l'éducation des enfants, la fille est défavorisée par rapport au garçon:

Primaire:	81.013 garçons contre	4.749 filles
Secondaire:	59.342 garçons contre	3.166 filles
Universitaire:	1.139 garçons contre	239 filles.

La faible fréquentation des filles aux études est expliquée par plusieurs paramètres dont les plus apparents sont:

- le mariage précoce de la jeune fille, cause majeure de son abandon de l'école;
- la surcharge de la jeune fille par les travaux ménagers et le gardiennage des enfants au retour de l'école sont parmi les principales causes de son échec à l'école, ce qui l'amène à être considérée comme moins intelligente. A la fin de l'année, on finit par lui demander d'arrêter les études;
- la pauvreté des ménages qui conduit les parents à un comportement très sélectif dans l'affectation du peu des ressources dont ils disposent.

Les actions de lobbying à mener auprès du gouvernement en faveur de l'instruction de la jeune fille peuvent se traduire par des actions suivantes:

- l'octroi des bourses d'études aux jeunes filles;
- la mise en place des stratégies de prise en charge salariale des fonctionnaires de l'administration publique et le relèvement des allocations familiales, peuvent faire changer les comportements des parents.

Veuillez agréer, Madame le Ministre, l'expression de notre considération distinguée.

Régine Ndjibu Mudimbi
Chargée du Genre
Caritas Mbujimayi

20 km to see a docter

Yes, government's and civil society efforts addressing reproductive health and hiv/aids problems are laudable. But no, they're not enough to really empower Malawian girls and women in their sexuality! They need to reach all isolated and marginalised groups. The majority in rural areas walk 5 to 20km to reach a health facility! And they need to be complimented by approaches that are community-based and gender sensitive. Promoting dialogue in communities and among families and breaking the culture of silence on sex and sexual reproductive health (SRH), is an effective way of empowerment. One that Cordaid and the Minister for Development are invited to promote and support.

Women empowerment

Women's contribution to society is not reflected in Malawian national policies or bodies of law. Take the example of Seodi White, a renowned gender activist and national coordinator of the Women and Law in Southern Africa Research and Education Trust (WILSA). She lobbied intensively to increase women's access to justice delivery systems and to draft a bill on domestic violence. But to date parliament has not passed a bill regarding women protection or domestic violence.

Cadecom wants to work for and with women towards a new era. A new era for women. Advocating women's and children's rights in collaboration with human rights institutions will be vitally important to reach this goal in Malawi.

Finally, we wish the Honourable Minister for Development Cooperation in the Dutch Government a success on the effort to lobby on gender concerns. CADECOM Blantyre supports her in prayers and thanks Cordaid for involving her partners in this very important exercise.

Norah Kamba
Diocesan Director, CADECOM (Malawi)

Dear Minister

Letter from Malawi, December 10th, 2003

The Story Workshop is Malawi's leading Edu-tainment Media NGO. It uses the education through entertainment methodology to address Food Security and Nutrition, hiv/aids, and Human Rights and Democracy issues in Malawi. We urge you, dear Minister, to take the following key issues in reproductive health into account in your international lobbying activities.

Domestic violence and reproductive health

For a long time, gender violence has been treated as a private affair, condemning women and girls to lives of silent suffering. There is now growing recognition in Malawi that violence of any kind is totally unacceptable and is punishable by law. Decision-making on all household issues including family size, hiv/aids protection, and sexual behaviour within marriage has been denied women through both cultural attitudes and the use of violence by men. Making domestic violence unacceptable is a step toward empowering women to take more control over their reproductive health.

Girls education and reproductive health

The constitution of Malawi enshrines education as a basic human right. A non-discriminatory education system benefits both boys and girls and this ultimately contributes to more equal relationships between women and men.
It is reported that in most schools girls are sometimes subjected to various forms of abuse and sexual harassment, which adversely affect their learning and performance in school. Early marriages leading to school dropout is more prevalent for girls, and it is also claimed that at times parents tend to encourage this. The root cause is often judged to be poverty, leading girls to looking for material support through marriage.

Gender and hiv/aids

To date, Malawi has one of the highest hiv infection rates in the world in spite of the apparent high awareness levels of hiv/aids amongst the general population.
The National Aids Commission (NAC) put hiv infection rate in the 15-49 age group at around 15 percent nationally and this rate is significantly higher in urban areas (25 percent) than in rural areas (13 percent).
New infection rates are at 60 percent in young women and 40 percent in young men. Most women who get hiv/aids get it from their promiscuous husbands and the lack of economic empowerment makes it difficult for the women to divorce their husbands to protect themselves.
Poverty and the lure for good life and money forces young girls to sleep with adults 'sugar daddies', who infect them with hiv/aids and other STI's and even impregnate them and this kills their future.

Faithfully yours,

Marvin Hanke
Executive director
Story Workshop Educational Trust

Dear Minister

Letter from the Philippines, December 4th, 2004

Good day!
This is a short case study and a reflection of DAMPA, a Philippine grassroots organization working on the major problems which adolescent girls in our country are confronted with.
We met Glisel in April 2003 on a trip to Visayas. She is 16 and highly intelligent. She was bound to become a successful individual, were it not that her family could not afford to send her to high school.
She tried her luck by going to Manila, with the only hope that DAMPA could help her to gain access to College education. At first we were all optimistic because she was eligible for the state Scholarship program. Later we found out that she did not qualify for the program. DAMPA then shared resources for her daily allowance, tuition fee, food and offered the office as her home. An adolescent girl, living temporarily in DAMPA infrastructure, can in no way lead a normal life and engage in activities of her age.
She cannot adapt to her surroundings and is separated from family and friends. This particular case of Glisel shows to what extent poverty plays a major role in the life of a gifted adolescent girl in the Philippines.

We, on behalf of girls like Glisel, would like you, Mrs. Van Ardenne, to stress the following issues in international policy making:

Access to Education. Instead of paying debts as first topic of the agenda, the government should make access to education her top priority.

Family Support. In general it is not because they can't afford the school fees that poor families do not send their children to school. More important to them is the fact that by not sending children to school the children can engage in work that will augment the family income. Therefore, family and food support will also increase access to education.

Mobilize community support through organizing and engaging adolescents in community activities like sports, art, education, community issues and other related activities.

Will it be possible for the government and donor agencies to increase support to grassroots organizations? This would be of direct service our program beneficiaries and decrease bureaucracy and corruption. In line with this we propose creating a monitoring team with representatives from donor organizations, government and people's organizations to monitor the impact of the program.

Finally, we recommend **a more thorough analysis** of the relationship between problems of adolescent girls and poverty.

Sincerely yours,

Femie H. Duka
DAMPA

Damayan ng Maralitang Pilipinong Api (DAMPA) Inc. 3-D Batay St. Barangay Kaunlaran, Quezon City, Philippines
e-mail dampafed@skyinet.net

FHAC - Overview

What's the problem?

Honduran women are often victims of violent criminal acts, sexual violence, accidents with firearms, and criminal gangs. Contrary to what people often think, weapons provide no protection for women against domestic violence and gang violence. The presence of weapons in the home increases the likelihood that violence in the home has a fatal outcome. In many cases, women have to ensure that the family is provided for, without any work or education opportunities. As a consequence, women easily end up in prostitution, or become involved with anti-social groups such as gangs.

In Honduras, the proportion of women taking active part in economic life is increasing. However, because of poor working conditions, low wages and precarious social circumstances, this does not lead to an improvement in the situation of women. Women's incomes are approximately 25% of those of men. Every 31 hours, a woman dies in Honduras as a result of childbirth. According to statistical data, from January to October 2003, there were 5,246 reports of domestic violence, in comparison with 4,413 cases in 2002. Murder is a common form of violence against women in Honduras. In many cases it is committed by their own husband. An average of three women per month is murdered by their husband or partner. The most common cause of death among women of reproductive age is AIDS. 18% of women of reproductive age die as a result of hiv/aids.

What is FHAC doing?

Fundación Hondureña de Asistencia y Capacitación para Niños con Retos Especiales (FHAC) was set up to offer mentally and physically handicapped children and young people the possibility to lead a dignified life.

The organisation uses creative, cultural and vocational courses for parents and children, in an attempt to improve the employment opportunities of the handicapped and thereby improve their position in society.

What you can do, Minister...

Dera Minister, we want to update you on the situation of young women in Honduras: they are victims of criminal acts, domestic and sexual violence, murder, prostitution and street gangs, as a consequence of the extremely limited opportunities that society offers them.

For this reason we are asking your government to lobby the Honduran government. Government efforts to reduce the marginalisation of and violence against women need to be intensified. This violence also stems from the machismo prevalent in social attitudes. All Honduran women have the basic human to improve their living conditions and reduce the precariousness of their social circumstances. We hope your international policy will contribute to giving Honduran women the opportunities to fulfil this right

Estimada Ministra

Letter from Honduras, Tegucigalpa, D.C. 15 Diciembre, 2003

Por medio de la presente reciba de la Fundación Hondureña de Asistencia y Capacitación para Niños con Retos Especiales (FHAC) un cálido saludo y éxitos en sus tan delicadas funciones y así mismo darle a conocer la situación actual a la que están sometidas las mujeres jóvenes hondureñas.

Las mujeres en Honduras son víctimas frecuentes de crímenes violentos, ataques domésticos, violencia sexual, suicidios, accidentes con armas de fuego y pandillas.
Al contrario de lo que se suele creer, las armas no protegen a las mujeres en casos de violencia doméstica y formación de maras. Mas bien la presencia de un arma en una casa aumenta la posibilidad de que una relación abusiva se convierta en fatal. Ellas sufren los efectos negativos de la violencia armada como víctimas, madres, esposas e hijas. Con frecuencia, las mujeres tienen que soportar el peso de sostener una familia y contenerla emocionalmente sin oportunidades laborales y educativas para ellas. Por lo que la hace presa fácil para la prostitución o formar parte de grupos antisociales como las maras o pandillas. Las mujeres jóvenes en Honduras por falta de oportunidades educativas y laborales encuentran considerable entrar a formar parte de grupos antisociales como pandillas o maras de las cuales una vez ingresando es difícil su salida y tienen que cumplir las leyes a las cuales están sometidas, ya que si no las cumplen los pandilleros actúan de manera brutal, torturándola, asesinándola y mutilándola lo que en la actualidad se mira con frecuencia. Olvidándose que las mujeres jóvenes deben de ser tratadas con dignidad y respeto. Todo lo anteriormente citado se da en el país por la descomposición social por la que atraviesa Honduras, afectando directamente a las mujeres jóvenes.
Los desafíos para mejorar la calidad de vida de las mujeres son enormes y se dará en la medida que exista una actuación de la sociedad civil en el establecimiento de compromisos con el Estado y las instituciones nacionales e internacionales que atienden este complejo y dramático aspecto de la vida de las mujeres y realizar debates con el estado, sociedad civil y las mujeres hacia el cumplimiento de convenciones, leyes y estrategias favorables a la mujer.

Por lo que mucho agradeceríamos de ser posible la creación de un Lobby de su gobierno con el gobierno de Honduras que ayude a reducir la marginación y violencia en contra de las mujeres hondureñas producto de nuestra cultura machista, brindándoles así una oportunidad de mejorar sus condiciones de vida y seguridad social.

Muy atentamente,

Dra. Delfina Alemán
Directora Fundación Hondureña de Asistencia y Capa
Delfina Alemán de Zelaya

Delfina Alemán de Zelaya, B. El Bosque, casa # 916, casa del poeta Claudio Barrera, Tegucigalpa, Honduras
e-mail Ayalez5@yahoo.com

Bangladesh Women's Health Coalition

Visit to a maternity clinic, a Primary Health Care clinic and a community post.

'He'll just have to wait'; Benita, slum-dweller, in Dhaka

Benita works as a volunteer in a small clinic offering essential health care in a slum area of Dhaka, Bangladesh. She has had no training, but for years has been helping with births as a midwife using traditional methods. When she caught tuberculosis, she visited the local clinic which had been set up by the Bangladesh Women's Health Coalition, a Cordaid partner organisation which works to promote women's reproductive rights. After her recovery she actively took part in the women's group which, with the support of the clinic staff, is working to raise awareness among the local residents about their rights to health care. She goes from door to door in the area where she lives and listens to people's stories concerning all manner of social problems. People also treat her as a confidante.

The biggest problem for women in the slum is polygamy: it is customary practice for men to bring a second or third wife into the home without their first wife's permission. In the slum, men consider sex the only form of recreation, Benita explains. This leads to major conflicts at home and often to violence against women. Furthermore, the first wives are often thrown out onto the street with their children without any means to look after themselves. They are then, as divorced women, socially ostracised. Benita takes note of the problems and first tries to mediate by talking to the husband or the family.

If that does not work, she provides support to the ostracised woman in legal proceedings against the man, together with the members of the women's group. Bangladeshi legislation is women-friendly, but implementation of the law is not. Women use the law to demand justice and maintenance for themselves and their children. When the judge gives a positive verdict, it helps the woman to regain her sense of dignity in the community, because her innocence in the matter has been proven. This is often more important than money.

The voluntary work is crucial to Benita's well being. Five years ago, she hardly ever left her house. 'Before, my husband would moan if I was five minutes late with the dinner and he often beat me. Now I just say that I am going to the clinic and that dinner will just have to wait. He now accepts that because he sees that I am respected in the area.' She hopes for a better future for her daughter. She is doing everything she can to ensure she can attend school so that she will be able to earn her own income in later life.'

Dear Minister

Letter from Bangladesh, February 09th, 2004

RDRS Bangladesh (Rangpur Dinajpur Rural Service) has over 30 years of experience of development work at grassroots level in Bangladesh. Gender and reproductive health occupy an important position within our development activities. RDRS would like to share some of its observations with you.

The government and legislative bodies of Bangladesh have done much over the past few years to put gender and health, particularly reproductive health high on the agenda. However, all too often the policies, which exist on paper, fail to be implemented. In practice, girls and women in Bangladesh have little access to their reproductive and civil rights.

At the 2003 local government elections, there was a decrease in women's participation. Their campaigns were deprived of publicity and many were subjected to threats and violence by their male counterparts.

A considerable number of cases of violence against women in Bangladesh can be traced back to issues concerning dowry, right of inheritance etc. In practice, men often do not recognize women's right of inheritance, which leads to heinous acts of domestic violence.

Bangladesh has strict legislation governing marriage, which offers girls and women a measure of protection. In practice, however, most marriages in the rural areas are not registered for financial reasons and because of pressure exerted by the bridegrooms family. This weakens the legal position of women and girls: in unregistered but customarily approved marriages, an underage girl is renounced very soon after the wedding. Together with older widows, these girls comprise the most vulnerable groups in Bangladesh.

On behalf of thousands of Bangladeshi women with whom RDRS has been working for decades, I urge you, dear Minister, to advocate the following actions within the framework of your laudable development work with regard to Bangladesh:

- Urge the government to fully ratify CEDAW. This convention is an effective tool for settling issues of rights of inheritance and the custody of children after divorce.
- The law states that 30% of parliamentarians must be women, but it qualifies this by stating that these women must be designated by the government parties. Primarily, the women's movement wants women to be able to stand for direct election in the reserved women's seats without needing to seek a party's patronization.
- WTO/ADD see education and health care as commodities and are exerting pressure to privatize these sectors. I urge you to express your opposition to this. This is not about services, it is about human rights.

With the hope that you will advocate the above causes in international policy for a, I remain,

Yours sincerely,

Dilrose Hossain
Senior Programme Manager
RDRS Bangladesh

Sexual abuse and violence against women and young girls

Rwanda is one of the poorest countries in Africa. Poverty has a number of negative side effects. People try to forget their misery by drinking too much alcohol and taking drugs. And this again leads to violence within the family, which is considered by perpetrator and victim alike as more or less normal.
Women need official permission from their husbands before they can obtain contraceptives from health centers. Young girls have a high risk of hiv-Aids infection due to rape.
Many of the unwanted, pre-marital pregnancies of young girls and women lead to illegal (and unsafe) abortions, school dropout, and repudiation by their families. The result is that these girls have no future and mostly end up as a prostitute and easily become hiv/aids infected. Sexual abuse and violence against women and young girls is linked to unequal power relationships between men and women. In most cases the woman is economically dependent on her husband or the male members of her family. There hardly ever is a way out for her.

Together with the Rwandese human rights organisation `Forum for Activists against Torture´ Cordaid Rwanda organised a workshop on gender related sexual violence, the consequences for reproductive health care and the support of victims. During this workshop it became clear that sexual abuse and violence against women is considered as more or less normal and that victims do not dare mention incidents of sexual abuse and violence as they are afraid to be pointed at or accused of having incited men to harassment.
At the same time health workers indicated that they had no notion of the symptoms of sexual abuse and no idea how to deal with and support the victims.

The minister is requested to explicitly bring to the attention of her counterparts in Rwanda the issues of gender related sexual violence, the consequences for reproductive health care and the need for support of the victims. She could request them to implement existing laws and to develop a protocol for a multi sector approach for cases of sexual abuse. Main elements of this protocol should be geared to more openness and understanding of the issue of sexual abuse in the communities and the training of health workers to recognise the symptoms of abuse, to support and comfort the victims and to provide them with the necessary reproductive health care.

Madame le Ministre

Letter from Rwanda, Kigali, le 30 janvier 2004

Le Rwanda est un des plus pauvres pays de l'Afrique.
La pauvreté emmène entre autres à des frustrations, à cause de manque des perspectives, accompagné souvent de consommation excessive d'alcool et des drogues.
Ces derniers entraînent la violence, surtout sexuelle, dans la société en général et dans la famille en particulier.
La violence sexuelle est un phénomène courant sous plusieurs formes ici au Rwanda. Il reste malheureusement toujours un grand tabou dans la société Rwandaise de condamner ouvertement ces actes, bien que le gouvernement reconnaisse la gravité de ce problème et fait beaucoup de campagnes pour rendre la population consciente de cette mauvaise culture.

Les manifestations perceptibles à cette situation ne manquent pas au quotidien:

- Les hommes n'admettent pas que leurs épouses accouchent dans un centre de santé, suite aux excuses liées aux moyens financiers.
- Dans la plus part des services sanitaires, les femmes doivent montrer une autorisation de leur mari pour obtenir des contraceptives.
- Les femmes ne se trouvent pas dans une position de proposer l'utilisation des préservatifs, sans parler de la position des prostituées.
- Les jeunes filles courent énormément de chances d'attraper le VIH à cause des violations nombreuses.
- Les grossesses précoces et involontaires des jeunes filles/femmes mènent aux pratiques de l'avortement provocatus, l'échouement à l'école, expulsion par la famille etc., avec un résultat final que ces filles n'ont pas les moindres moyens de survivre dans la société et finissent le plus souvent dans la prostitution où elles tombent facilement à la proie de VIH.

Il est alarmant que beaucoup de ces manifestations de violence susmentionnées sont considérées en premier lieu comme quelque chose de normal au sein de la population. Les victimes, surtout les femmes dans ce cas, n'osent pas en parler parce qu'elles ont peur de l'entourage qui les accuse de complicité dans ces actes. Un autre phénomène frappant est que les travailleurs de santé admettent qu'ils ne savent pas comment reconnaître les symptômes d'abus et comment se comporter vis-à-vis des victimes.

Nous voudrions vous demander de soulever explicitement chez vos homologues rwandais le sujet de violence sexuelle basée sur le genre, les conséquences dans le domaine de la santé reproductive ainsi que l'accueil des victimes. Priez les de renforcer les efforts dans l'éducation des jeunes gens par rapport aux cas d'abus sexuel. Il est aussi d'une grande importance d'ouvrir la discussion sur les abus sexuels dans toutes les couches de la société. En même temps il faut agrandir parmi le personnel de santé les connaissances des symptômes d'abus sexuel et de l'accueil adéquate et respectueuse de la victime. Veuillez agréer, Madame le Ministre, l'expression de notre considération distinguée.

Pour l'équipe Cordaid Rwanda

Mme Freja Grapendaal
Fund Holder Manager
Cordaid Rwanda

Dear Minister

Letter from India, December 4th, 2003

Greetings from Community Health Cell, Bangalore, India.

We are a professional resource group working for 20 years in community and public health. The last five years we have been working with government and international agencies.
We would like to share with you some information that could be useful in your capacity in international policy making.

The situation of adolescents and youth, particularly girls, and the role intergovernmental bodies play in the fulfillment of their rights, are key issues to us.
Young persons (aged 10 - 24 years) comprise a little over 30% of the Indian population, i.e. over 300 million.
They are most often left out of development programmes. They face particular problems that need to be tackled to improve their lives. But also, in a broader context, to achieve the Millenium Development Goals, especially regarding eradicating poverty and hunger, promoting gender inequality, reducing child mortality, and combating aids, malaria and other diseases.

Key problems include the following:

Alarming changes in gender ratios that are adverse to girls. There are thousands of missing young girls who do not survive due to female foeticide and infanticides. Death rates are highest in the 15 - 19 age group.
High rates of undernutrition (hunger) **and iron deficiency anemia** (hidden hunger) among both girls and boys. **Nutrition insecurity** is growing due to crashing prices of primary commodities; loss of livelihoods; reduced subsidies to agriculture; increasing indebtedness; and reduced reach of the public distribution system. This is influenced by policies of international bodies such as the World Bank and WTO. Due to this, many young persons drop out of school to work and earn a living for their families.
Reproductive health problems are now recognized, but addressed by vertical targeted interventions.
Integrated health empowerment interventions based on a gender perspective and life skills education, as part of primary health care are lacking.
Under funding of interventions for this age group and dependence on external loans.
In the light of this we would like, Minister van Ardenne, to flag the following issues to you:
Enhanced earmarked funding for life skills education for girls and boys and for primary health care services in which reproductive health care is integrated.
Advocacy with international bodies such as World Bank, IMF and WTO on policies affecting fair trade and pricing of primary commodities and on the need for the Public Distribution System.
Nutrition interventions for children and adolescents.
Gender sensitization in all programmes and involvement of young persons in design and development of programmes for youth.
Thanking you for your attention.

Yours sincerely,

Dr. Thelma Narayan, MBBS,M.Sc,PhD (London)
Coordinator Community Health Cell (CHC)

Coordinator Community Health Cell (CHC), 367, Srinivasa Nilaya, 1st Main, 1st Block, Jakkasandra,
Koramangala, 560 034 Bangalore, India, e-mail sochara@vsnl.com

Analysis of young women's problems in South Africa

The 'need to belong' and peer pressure push young women to thoughtless materialism. This asks for money they do not have, and which they seek by getting themselves into relationships with people who can provide, often older than themselves and more experienced in life matters. Involvement with older men means that the women find themselves in a position where they are not able to negotiate safe sex, with resultant exposure to hiv and other Sexually Transmitted Diseases. Relationships of uneven power also increase the incidence of rape and violent abuse, which are already extreme and life threatening issues for all South African women.

The AIDS RESPONSE programmes actively involve young women into field activities, either as home-based caregivers of people living with hiv and aids or as volunteers in the faith-based sector. We have enabled some to gain a degree of economic independence through the monthly stipend that we give to our volunteers, and the capacity building opportunities. As an organisation, we may thus have succeeded to some degree in empowering young women to take care of their lives.

But those measures are not enough. Without economic safety nets that the South African government could provide, young women in South Africa are in grave danger. And this is where we want our government to be lobbied: implementing a social public expenditure policy that provides a safety net for young women and other vulnerable groups (such as the Basic Income Grant), coupled to improved labour laws which attempt to address labour imbalances and promote equity.

AIDS RESPONSE Programme (GRAIL)
South Africa

Dear Minister

Letter from South Africa, December 16th, 2003

GRAIL is willingly bringing to your attention the issue of growing poverty for women in South Africa.

Let me start with the story of one South African young woman. A young woman came to CapeTown to be with her boyfriend and find a job. She did not find a job and her boyfriend lost his job. He then started to 'sell' his girlfriend for sex with his own friends. As she had not gone on drugs (as those around her had) she had presence of mind to get a court interdict against him.

In South Africa, the news is filled with indications that our economy is healthy and robust.
Underneath these reports is another story. Last week, the SABC news stated that over 13,000 textile factory jobs in CapeTown alone, were cut in December 2003 a fine Christmas present to a mainly female work force. In a rural district of the Western Cape, the Overberg, over 80% of the population lives below the poverty line.
This area attracts much tourism because of the pristine coastline, yet its underbelly is riddled with malnutrition, disease and poverty. It has the fastest growing rate of the hiv infection in the country.

Many will argue that apartheid was a war against the majority of people of South Africa. After any war, it is expected that a new government will spend even up to 80% of GDP on reconstruction. Instead, the economic policy adhered to several socially devastating principles, like cutting taxes of those privileged enough to have a steady income and cutting social spending to less than 25% of the annual GDP. As the South African government narrowly focussed on growth, over 1 million jobs disappeared. Houses built by the government since 1994 (1 million) are on average about 24 square metres and overcrowded. They are a root cause of the increased violence against women and children.

As the development sociologist from Chile, Manfred MaxNeef, states, when fundamental needs are not met, social pathologies not only emerge, they begin to take over a culture.

We urge the Dutch government to side with the countries who are saying that the double standard on trade agreements and the strict conditions of the IMF need to be dramatically challenged and changed. We strongly encourage the Dutch government to urge the countries of the South to begin actual economic relief to the poor through job creation programmes that are beyond public works; through labour intensive versus capital intensive subsidies, and land for the landless.

Without land and jobs, South African women will continue to bear the brunt of the socio-pathologies of their men folk and the drug-driven culture that draws youth to it like a magnet.

Yours sincerely,

Sally Timmel
Grail Movement

Broken lives (efforts of Caritas against traffic in women)

'A friend of the family told her that she could work as a domestic help in New Delhi. It sounded as a good opportunity to earn money for the family. Their parents got a payment in advance. The same day she was taken to the big city. Once there she was put in a cell and exploited as a prostitute.'

Next to the illegal weapons and drug trade, trafficking in women is a growing, lucrative but massively destructive 'business', caused mainly by poverty and the lack of political, social and economical stability.

Trafficking in human beings

According to the protocols to the UN Convention against Trans-national Organised Crime, 'trafficking in human beings' means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, abduction, fraud, or deception, for the purpose of exploitation. Exploitation includes the exploitation or prostitution of others or other forms of sexual exploitation. This covers a wide spectrum of malpractices, asking for a global and concerted approach to counter them.

Caritas a global Network

Caritas is a confederation of Catholic organizations in 192 countries throughout the world.

Caritas Europa encourages its Member Organisations to provide adequate professional services to trafficked women according to their individual needs, to work on prevention and awareness raising, on advocacy and networking. Trafficked women may seek help from different services offered by Caritas, such as migration services, assistance for homeless people, general counselling offered in parishes. COATNET (Christian Organisations Against Trafficking in Women) came to life as a Caritas Europa project. In 2004 The European Member Organisations will tune their efforts at different levels to further reduce the trafficking of human beings in Africa.

Caritas Europa
Rue De Pascale, 4
B-1040 Brussels, Belgium
www.caritas-europa.org

Dear Minister

Letter from Georgia, December 19th, 2003

Greetings from Center for Information and Counseling on Reproductive Health Tanadgoma, Tbilisi, Georgia.

We are one of the leading NGO's in the country working in the field of Reproductive Health and we are honoured and happy to inform you on our stance in issues of development and youth in Georgia.

From the viewpoint of Center Tanadgoma we can formulate the following problems youths face in the field of Health, especially Reproductive Health:

- There is no legislation regulating any issue concerning youth in Georgia except 'The Law of Georgia on State Support to Children and Youth Associations'.
- Integrated health empowerment interventions, based on a gender perspective and life skills education as part of primary health care, are missing.
- Abortion is still considered as one of the popular methods of family planning, especially among youth. During the last ten years numbers of registered STI cases in this group are steadily increasing. Female adolescents and young women do not refer to medical facilities for treatment. All these factors are having serious impact in terms of reproductive health problems.
- There are no federal programs providing user-friendly health care services to youth as a separate, vulnerable group.
- There is no program concerning either healthy life skills education or particularly sexual education in the educational system of the country.
- Economical and social deterioration over the last decade has increasingly pushed youths, especially girls, in the sex and trafficking industry, causing psychosocial disorders amongst this vulnerable age group.

The apparent gender problems are enhanced by traditional and post-soviet approaches.

Dear Minister, we would like you to underscore the following issues in international policy making:

- A comprehensive legislation concerning youth in general.
- Enhanced funding for life skills education for young people, including sexual education and for primary health care services, including reproductive health care.
- Advocacy with international bodies such as World Bank, IMF and WTO on policies regarding youth.
- Gender sensitization in all programs and involvement of young persons in design and development of programs for youth.

Thanking you for your attention.

Yours sincerely,

Nino Khetaguri
Executive Director of Center Tanadgoma, Georgia

Center Tanadgoma, 44 Chavchavadze Ave. P.O. Box 241; 0179 Tbilisi, Georgia; Tel/Fax (955 32) 25 35 11;
e-mail: center@tanadgoma.ge / www.tanadgoma.ge

'Teenage pregnancy stigmatises young women in communities. It leaves them immobilised and robs them of opportunities that others (who are benefiting from youth programmes) are grabbing to advance their lives.'

Sam Stern, at the YDN Gender Lunch, 30 January 2004
Commenting on teenage pregnancy as the YDN national office was discussing gender issues

Because of the prevalent rape and sexual violence cases in South African schools, young girls are not able to experience healthy sexual development and maturation. '... sexual and physical violence against the girl child in South African schools has reached epidemic proportions, and girls continue to be raped, sexually abused, sexually harassed, and assaulted by male class mates and teachers. For many South African girls, violence and abuse are an inevitable part of the school environment.'
Mike Earl Taylor and Fanelwa Lutshaba,

'Sexual Abuse in South African Schools,' p.13
Youth Development Journal, 9th ed., April 2002

'The rate of hiv/aids related deaths means that children are raising children, thus disturbing what was previously known as family life. More and more neglected orphans roam around the city centres and are exposed to prostitution, drug trafficking and other harsh realities.'Rashieda Khan,

'Implications of HIV/AIDS on Young Rape Victims,' p.6
Youth Development Journal, 9th ed., April 2002

Dear Minister

Letter from South Africa, December 12th, 2003

The Youth Development Network is a national network of seven youth development non-governmental organisations in South Africa. Our work is predominantly with young people and we are particularly concerned about the plight of young women. Allow me to bring the following to your attention.

Violence Against Women

Violence against women is increasing in South Africa. The high rate of unemployment amongst young women contributes tremendously to their dependence on abusive relationships. Initiatives around violence against young women do not take into account the economic dependence of young women. Whilst there is legislation that seeks to protect the rights of women, young women do not understand these legislations and hence cannot access them. There is also a lack of coherence within the criminal justice system in terms of enforcing legislation to protect the rights of women.

Hiv/aids

In most cases, women's control over their lives is subject to economic, religious, social and cultural circumstances. As a result they are the largest group affected and infected by hiv/aids. Due to patriarchal power, women are not expected to discuss matters that relate to their sexuality and cannot make informed decisions around sexual practices. In certain cultures polygamy and extra-marital relationships are accepted, hence some women in peri-urban areas accept that their permanent partners have other partners but they have little or no leverage to negotiate safe sex. In addition, women play a big role of being caregivers for their families.
Economic Opportunities

Young women are often excluded from economic opportunities that promote sustainable livelihoods. Access to micro-finance remains a challenge to all young people but in particular to young women. Young women being the primary caregivers are often forced to concentrate on domestic chores. They are too often over-looked or even not considered for certain categories of jobs. This further marginalizes them.

We therefore appeal to you Minister to do the following as part of your advocacy agenda:

- ensure that violence against women, hiv/aids and economic opportunities for young women is included in your development co-operation themes;
- ensure that gender is mainstreamed within all development themes that are supported by the Netherlands government;
- prioritise the mainstreaming of vulnerable groups (women, young people) for economic opportunities at future World Trade Organisations negotiations;
- lobby and support governments, within the framework of development co-operation, to enact and implement appropriate legislation that protects the rights of women and young women in particular. We trust that you will support the above appeals to build a world that allows young women to be decision makers of their own lives.

Sincerely,

Clayton Peters
Director Youth Development Network

Youth Development Network, 15th Floor, CCMA House, 20 Anderson St. Johannesburg, P.O Box 62217, Marshalltown, 2172 tel. 27 11 836 2172, fax 27 11 838 4608, e-mail ydn@sn.apc.org / website: www.ydn.org.za

IBISS - Overview

What's the problem?

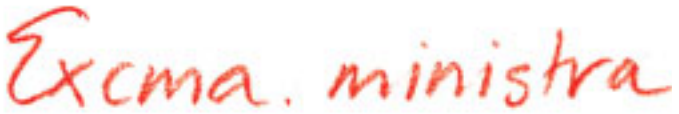
A study of the trade in women and children for sexual purposes has shown that Rio de Janeiro is one of the key Brazilian cities within a people-trafficking network.

The study shows that social inequalities, increasing unemployment, ineffectual government policy, criminal organisations and the growth of prostitution and sex tourism create a favourable climate for the international trade in women and children for sexual purposes.

The group of people which delivers these 'sexual services' is comprised mainly of black women and girls from the poorest sections of the population. In this way, a historical phenomenon of subservience is dressed up in modern, globalised clothes.

What can the minister do?

IBISS is urging for more attention to be paid in the Netherlands, the EU and the OSCE to the 'hidden trade in women', whereby there is no immediate proof of trade or coercion, but whereby women accept an attractive offer to travel to Europe. Trade and coercion only become clear when they arrive in Europe. IBISS asks for improved coordination and exchange of information between the Netherlands and the Brazilian police, in order to achieve prosecutions and detain perpetrators. This would be a very useful complement to the above-mentioned preventive activities which we will be carrying out in Rio de Janeiro.



Letter from Brasil, Rio de Janeiro, 17 dezembro 2003

Gostaríamos de chamar a sua atenção para o problema do tráfico de seres humanos, um problema que existe tanto no Brasil como na Holanda. Em 2001 e 2002, a nossa entidade IBISS participou em uma pesquisa internacional sobre tráfico de mulheres, crianças a adolescentes para fins de exploração comercial. Esta pesquisa mostrou que a nossa cidade do Rio de Janeiro é uma das principais cidades brasileiras envolvidas numa rede de tráfico de mulheres. Na Europa há 500.000 mulheres na prostituição e 75.000 delas são brasileiras. Este porcentagem de 15% faz com que o Brasil seja o campeão latino-americano de exportadores de prostitutas.

A pesquisa mostra também que os seguintes fatores favorecem este tráfico de mulheres e crianças/ adolescentes para fins de exploração: a desigualdade social, o desemprego crescendo, políticas públicas fracas, a existência de redes criminosas, o sexoturismo e a prostituição crescendo. No caso do Rio de Janeiro ficou claro que a prostituição (infanto-juvenil) existente fez com que a nossa cidade se tornasse um destino para o sexoturismo. Um relatório da polícia municipal mostra que tanto mulheres adultas como crianças adolescentes facilmente vão para o exterior com seus ´amigos galegos`. Este relatório identificou também que cresce o número de jovens entre 14 a 17 anos de idade que fazem programa na rua. Este crescimento é mais forte no verão, quando há mais turistas.

Nós queremos pedir a senhora ministra para aproveitar a sua posição na Holanda, na União Européia e na OVSE e chamar maior atenção destas autoridades para o trafico ludibriado de mulheres. São casos de mulheres que vão à Europa por vontade própria atrás de uma oferta bonita de emprego ou casamento. Após a sua chegada se encontram forçadas a se prostituir.

Outro pedido que temos para senhora é melhorar a coordenação e intercâmbio de informação entre as polícias de Holanda e Brasil para que as denúncias resultem em ações contra os traficantes. Ao mesmo tempo queremos continuar/ampliar as nossos programas de prevenção no Rio de Janeiro.

Katia, educador social do IBISS

Nanko van Buuren
diretor executivo do IBISS

IBISS, Av. Marechal Câmara 350, Sala 807, 20020-080 Rio de Janeiro, Brasil
tel. 00 55 21 22403215, e-mail ibiss@ibiss.com.br

Dear Minister

Letter from Malawi, January 7th, 2004

Re: Gender and Reproduction - Issues Requiring Interventions in favor of Young Girls and Adolescents.

As the date of March 8 on which we commemorate that 'International Women's Day' draws closer, I, on behalf of the Coordination Unit for the Rehabilitation of the Environment (CURE) would like to bring to your attention issues that require addressing as they relate to gender and reproduction, especially among the young girls and adolescents.

The first issue concerns retrogressive cultural beliefs. These come in two forms: initiation ceremonies and pre-arranged marriages for the young girls and adolescents. In the case of initiation ceremonies, young girls in some traditions are required to have sex and as such get exposed to sexually transmitted diseases, including hiv/aids as sex is committed in an unprotected manner and without consent. As for pre-arranged marriages, the girls parents agrees with the 'would be husband' to the daughter without the consent of the girl. This has resulted in early marriages, unsafe teenage pregnancies and motherhood. Subsequently, this leads to high infant mortality rates and high maternal deaths.

Malawian laws at present prohibit rape but fall short of outlawing these cultural practices. Rape, according to our laws has two dimensions. One includes where there is sex without consent and the other covers cases where an adult has sex with a girl below the age of sixteen. Although most cases involving initiation ceremonies and pre-arranged marriages would constitute offences under the prevailing laws, sensitivities of cultural values and low level of awareness about the legal provisions protecting young girls and adolescents remain a major hindrance to total elimination of the said malpractice.

Although the Government of Malawi, Non-Governmental Organisations and civil society are working on discouraging these practices, the outreach is far from sufficient. Required, therefore, is financial, material and human resources support to ensure that the laws governing the issues highlighted are reviewed to reflect current thinking and to ensure that these laws are widely distributed and disseminated and explained to the communities.

I should be grateful for your favourable consideration of these issues.

Yours faithfully,

Christopher Mwambene
Executive Director
Coordination Unit for the Rehabilitation of the Environment

Coordination Unit for the Rehabilitation of the Environment, P.O. Box 2916, Blantyre Malawi, tel. (265) 01 645 757, fax (265) 01 643 765, e-mail cure@malawi.net

Girls and women with fistula

Fistula is a devastating childbirth injury that leaves girls and women leaking urine and/or faeces continuously from the vagina. In nearly every case of fistula, the baby dies. It is preventable and occurs almost entirely in Africa and South Asia. Currently, at least two million girls and women live with fistula.

On of those girls is Habiba, a 17 year old girl from Tanzania. On the morning that Habiba went into labor, her mother was summoned from her village. They waited, hoping that Habiba would deliver at home because they did not have the money for the hospital. The baby wouldn't come. Late that afternoon, they went to the local health center. Here health providers told her to go to the hospital. But the medical officer saw that she needed care. When Habiba was fully dilated she was told to push, but still there was no progress. The providers insisted that she needed hospital care. There was no transport. She would need to walk 11 kilometres to catch a pickup truck at the main road. This was impossible, so Habiba stayed at the health center, unable to deliver, for three days.

On the third day of Habiba's labor, the medical officer went to a local leader, who helped to transport Habiba to the hospital, 80 kilometres along the road. There was no room in the vehicle for Habiba's husband, so he travelled six hours by bicycle to visit her. When Habiba arrived at the hospital the baby had died. It was delivered by caesarean section. During the operation the surgeons discovered that Habiba's uterus was ruptured. They removed it immediately. Four days after the operation she started leaking urine and faeces. The doctors may be able to fix Habiba's two fistula's, but they cannot replace her uterus.

Despite the challenges, girls and women like Habiba are typically strong and resourceful. They continue to support their families and themselves. They may spend years saving money to pay for proper medical care and transportation to a facility providing treatment.

Urgent action is needed to ensure that every girl and woman with fistula gets treatment and reclaims her dignity. Prevention efforts must be strengthened so that in the future fistula does not occur. Girls and women deserve no less.

From 'Faces of Dignity, Women's Dignity Project, 2003'
Tanzania

Dear Minister

Letter from Tanzania, December 15th, 2003

During one of the many trips that you make as Minister for Development Cooperation, you are almost sure to visit Kenya or Tanzania. In this part of Africa live a semi-sedentary people, the Maasai.
The Maasai have a rich cultural tradition that goes back many hundreds of years. Standards, values, spirituality and nature are the leitmotivs which characterise the daily lives of girls and women living in Maasai communities. At first sight, this would appear to be a very good thing, but for many of the girls and women it is a torment.

The social model on which the Maasai culture is founded is polygamy. It undermines a woman's pride and self-respect. It is not rare for girls to be married out against their will and at an early age, between 12 and 14 years old. Furthermore, around 85% of girls are still subjected to a radical form of circumcision before the celebration of marriage, by which the clitoris is removed. It is not rare for this operation to result in the girl's death. For these girls, a sexual life on equal terms with that of the man is impossible. Childbirth, often at a very young age, is particularly beset with risks. Hiv/aids infection is a frequent consequence due to the use of unsterilised instruments.
The Emusoi Centre is situated in the city of Arusha (Tanzania). Here, around 150 Maasai girls from 10 to 16 years old receive care and support. At the table and during classes, discussions are held about how Maasai girls can liberate themselves from their vulnerable and dependent position. They even describe themselves as having been 'saved' by the centre.

In our opinion, these girls will have an important role to play in the future. Later, they will be able to tell others about their deliberations, the risks and, above all, the importance of standing up for your right to choose for yourself.

Dear Minister, on behalf of Emusoi and of the Maasai girls in our care, I ask you to support structural improvements in the status of Maasai women and girls. You can do this by advocating the following points in the development fora in which you take part:

- Trauma counselling for young Maasai women and guidance when deciding whether to receive schooling instead of following the traditional path (circumcision, marriage, having children).
- Better, more structured care facilities for Maasai girls, both quantitatively and qualitatively, with sustainable education opportunities.
- Gender awareness programmes instead of women's emancipation, because the latter merely increases the rift between men and women.
- Guidance during the reintegration process for Maasai girls. They all want to return to their community one day, to contribute to their people's development.
- An emphasis on the maintenance of cultural identity in development programmes.

Yours sincerely,

Sr. Mary Vertucci
Director
Emusoi Centre

Reproductive and sexual health programs of Cordaid's partner organisations 4

In 2003 Cordaid conducted a survey to gain more insight in the activities in the field of reproductive and sexual health of its partner organizations involved in health care. 33 organizations responded to a questionnaire on programs, strategies, problems and best practices.

The organizations describe a wide range of problems in the field of reproductive and sexual health, from sexually transmitted diseases (STD's) and lack of family planning to myths and cultural beliefs, polygamy and female child infanticide. STD's and hiv/aids are most frequently mentioned. Teenage pregnancy and unsafe abortion are indicated as important problems in each of the regions. One of the obstacles that limit further development of reproductive health programs is the fact that reproductive health is considered generally as a female issue. Some statements in this respect are:
'If a man seeks treatment and finds out that there's a reproductive health problem, he decides to treat himself alone'. 'Men are usually indifferent towards safe sex'. Gender issues play an important role: 'When men hear that their wives are involved in reproductive health programs, there's violence in the home and their access to reproductive health services is obstructed'. It is also mentioned that men have more myths and misconceptions themselves than women as far as sexuality is concerned. However, positive remarks are made as well: 'Men and leaders are interested in and open to the issue of reproductive health'. 'At present due to the advent of hiv/aids, males are quite willing to have their blood screened for hiv infection after counseling'.

In general, reproductive health programs are directed towards women in reproductive age. Elderly women, adolescents and men do not receive sufficient attention in their reproductive and sexual health needs. Other groups like refugees and commercial sex workers encounter the same problem.

Reproductive health problems in communities
8 organizations conducted a needs assessment
STD's/RTI's/hiv/aids (21), Frequent pregnancies (FP) /lack of FP (14) Unsafe abortion (9), Teenage pregnancy/early marriage (9), Lack of information on R& SH (8), Absence of safe delivery facilities. (8), Infertility (8), Domestic/sexual violence (5), Maternal mortality (4) Male migration Myths and cultural beliefs, Limited prenatal/postnatal care, female child infanticide

Main obstacles in the field of reproductive health
Reproductive health considered as female issue, lack of RH services for youth, flow of wrong information, attitudes and cultural beliefs, unskilled health providers (including unskilled traditional birth attendants), lack of funds, drugs, transport, allowance culture by other NGOs and donors, male dominated culture

Reproductive health strategies

On a list with 15 reproductive health strategies the organizations were asked to indicate the importance of each of these strategies in their program. The large majority of the organizations is working in prenatal, postnatal and delivery care, while prevention of hiv/aids, STDs and RTIs as well as family planning information, services and counseling also receives much or average

attention. More than half of the organizations is working on the prevention and treatment of complications of unsafe abortion. Partner organizations in Central and West Africa relatively give more attention to the treatment of infertility, and in Latin America the diagnosis and treatment of cervical cancer is a more important issue than in other regions. As far as family planning is concerned, only 10 of the 33 organizations provide contraceptives themselves, some of them indicate they work together with other organizations that provide contraceptives; others only work with natural family planning methods. On the issue of prevention of mother to child transmission (MTCT) of hiv and management and care of hiv/aids many of the organizations that actually do not have these services indicate these will be implemented in the future. Most of the organizations from Central and West Africa, as well as some organizations from the other regions, express their intention to give more attention to men's and adolescent's sexual and reproductive health. Reproductive health generally is seen as a female issue. However, various organizations indicate that working with women or girls alone is not enough. For example, when boys are not engaged in empowerment and personality development programs, their attitude and behaviour towards women continues to pose a problem. Furthermore it is stated that men should be addressed in their own group to stimulate an open discussion on reproductive health and sexuality. Most of the organizations are working together with other organizations in the field of reproductive health and hiv/aids, and most of the organizations are participating in networks on this issue. Religious and cultural beliefs are mentioned as impediments to the collaboration between different organizations. As a strategy to strengthen the cooperation and working in networks, joined planning workshops are organized to address reproductive health issues.

The majority of the organizations is actively involved in the promotion of community participation in reproductive health. Working with community health workers, including traditional birth attendants, local committees and groups and influencing local leaders are mentioned as strategies.

Adolescents and reproductive health

Almost 50% of the organizations are actually implementing youth-targeted reproductive health programs, like school education programs, youth clubs, training peer educators. However, 'most of the youth are not yet aware of the STDs and have no idea about sexual behaviour'. Schools are seen as a good entry point to work with youth, whereby the importance to work with the parents as well is stressed. A problem with school programs is that in many countries reproductive health is not integrated within the department of education. In order to reach youths that are not going to school, organizing community groups or recreation and sport activities are examples of effective strategies. Various organizations indicate the importance of mobilizing local and religious leaders on the issue of adolescent reproductive health. In Malawi initiation counselors are trained in the field of reproductive health. Experiences in Bangladesh show the importance to link information giving activities with counseling and health care facilities for adolescents.

Youth-targeted programs, Yes: 16

Examples: Sport and recreation act., psycho-social life skill education, counseling, sex education in schools, peer education, training initiation counselors, school immunization of girls with TT vaccine

Effective strategies to reach youth with reproductive health services

Peer groups, youth clubs, school programs (f.i. School Aids Education Program), Training of peer educators, training health staff in youth and RSH, mobilize local leaders and politicians, involve school authorities, teachers and parents, youth addressed in communities and working places, youth-to-youth approach, adolescents as agents of social change, income generating projects for youth

Results and best practices

Indicated results of the reproductive health programs are, amongst others, the increased institutional delivery and antenatal and postnatal care, reduction of STDs and increased knowledge and behavioural change.
In Bangladesh the number of children per woman declined from 6 to 4. In Guatemala s a result of the program women in remote communities are more conscious of their right to safe motherhood, while they used to consider maternal mortality as a mere fact. In Malawi female traditional birth attendants have become full members in local area development committees.
An interesting program is the mutuelle de la maternité sans risque in Kinshasa, where women are participating in saving groups to be able to finance caesarian sections.
Another example is an organization with a clear internal policy on gender and reproductive health. Its personnel has access to 4 months maternity leave and 10 days paternity leave, the organization bears the cost of caesarian section of staff members, and they have 40% male staff involved in reproductive health services.
Training of local traditional advisors, traditional healers (chinamwali) and village headman in hiv/aids prevention through traditional healers is an example of Malawi.
Half of the organizations are involved in lobby activities.
In India the criminalization of sex workers has been reduced. In Bangladesh the government has acknowledged reproductive health as a subset of general health.
In Guatemala local leaders donated infrastructures to install women clinics in the communities run by trained traditional birth attendants.

General results in reproductive health

Increased institutional delivery, Reduction maternal mortality rate; Increased awareness among adolescents on RH, Reduction of STDs/RTIs; Increased antenatal and postnatal care, Increased Voluntary Counseling & Testing (VCT);
Reduction number children, Increased knowledge and behaviour change, Family Planning more accessible, awareness of safe motherhood, Traditional Birth Attendants trained;

Best practices in the area of reproductive health

Sensibilisation on reproductive health rights, treatment of STD's and RTI's, Mutuelle des cesariennes, Antenatal care and safe delivery, regular follow-up

Lobby activities, Yes: 15

Examples of results: counseling centers in govt. hospitals, Sexual education in curriculum of schools, counseling centers for PLWA, integration of life skills education in every parish

Future activities

Some of the issues to be addressed better in the future were: the empowerment of women, reproductive rights, adolescent reproductive health, abortion care, male involvement, adolescents and reproductive health in rural areas, behavioural change, training health staff on reproductive health in general and for specific groups, prevention of hiv/aids, prevention of MTCT, VCT, more collaboration and networking on reproductive health.
Elements that Cordaid needs to underscore in it's reproductive and sexual health interventions, are the following: capacity building and training of health staff on reproductive health in general and adolescents in specific; methods and strategies for behaviour change and male involvement; more attention for reproductive health in rural areas; empowerment of women and reproductive rights; collaboration and networking between different organizations in the field of reproductive health.
Cordaid is planning to conduct more in depth study of access for communities to modern family planning methods, specifically in those areas where organizations do not provide modern family planning methods themselves. Cordaid will increasingly stress the importance of providing extensive information on all existing family planning methods. The full range of information on family planning should be accessible to all women, girls, men and boys.

Abbreviations

TT	vaccin tetanus toxoid vaccination
FP	family planning
MTCT	mother to child transmission
PLWA	people living with aids
RH	reproductive health
RSH	reproductive and sexual health
RTI	reproductive track infections
STD	sexually transmitted diseases
STI	sexually transmitted infections
VCT	voluntary counseling and testing