

United Nations Population Fund (UNFPA)

Pan American Health Organization (PAHO)

Latin American and Caribbean Women's Health Network (LACWHN)

**NGO CONTRIBUTIONS TO
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
IN LATIN AMERICA**

Recommendations from Civil Society for
Improved Follow-up of the Cairo and Beijing Commitments

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*We are committed to helping remove barriers to closer cooperation between NGOs and governments in the policy formation and services delivery. And we are eager to help NGOs advocate effectively for laws, policies, and resources allocation in support of reproductive health and rights.*¹

BACKGROUND

In 1994 the Latin American and Caribbean Division (LACD) of the United Nations Population Fund (UNFPA), recognizing the valuable contributions being made by non-governmental organizations (NGOs) in the area of sexual and reproductive health and rights, sponsored two regional projects that brought together various civil society organizations working in this field. The projects—*Provision of Reproductive Health Services through Women's Groups and other NGOs*, and *Linking Reproductive Health to Regional Preparations for the World Summit for Social Development and the World Conference on Women*—were formulated at a critical time in the preparations for these world conferences, in which NGOs and women's groups played a fundamental role through their activism and lobbying to secure the commitments that were ultimately made by the governments.

These UNFPA initiatives helped to ensure the perspectives and maximum participation of civil society in formulating and promoting the international commitments agreed upon at the International Conference on Population and Development (Cairo, 1994), the World Summit on Social Development (Copenhagen, 1995), and the Fourth World Conference on Women (Beijing, 1995), in which emphasis was placed on the importance of extensive collaboration between governments and NGOs, and women's groups in particular. The two projects consisted of several NGO proposals from the Region focused on advocacy, lobbying, education, training, and service delivery activities in the area of sexual and reproductive health and rights and domestic and sexual violence in Argentina, Bolivia, Chile, Colombia, Ecuador, Guatemala, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

In order to review the three years of collaboration with the NGOs and disseminate the strategies that they had implemented, UNFPA invited the PAHO Program on Women, Health, and Development to assist in preparing a systematization of the experiences gained under the two projects. The document, *NGO Contributions to Sexual and Reproductive Health and Rights: Experiences Gained from Collaboration between NGOs and the United Nations Population Fund in Latin America, 1994-1996* (available in Spanish only), was to serve as the starting point for a regional meeting of the NGOs that had participated in the projects, to be convened by UNFPA. The meeting was held in June 1997. The report cites *the following overall achievements*:

- ◇ Mobilization of NGOs to support the world conferences held in Cairo, Copenhagen, and Beijing, which resulted in broader dissemination to a variety of audiences of the concepts of sexual and reproductive health and the content of the international agreements in this regard. This effort also resulted in the strengthening of NGO ties and networks;
- ◇ Greater awareness and public recognition of the contributions and actions of NGOs in the aforementioned areas, which has not only helped to improve technical cooperation with government programs but has also contributed to the sustainability and institutionalization of the activities and perspectives of civil society; and,

¹ Excerpt from a statement by Dr. Nafis Sadik, Executive Director of UNFPA, to the Third Meeting of its NGO Advisory Committee (New York, 18 June 1997).

- ◇ Increased capacity among NGOs to conduct activities aimed at improving the sexual and reproductive health and rights, which has also contributed to a strengthening of national capabilities in Latin America.

Among *the principal lessons learned* by the NGOs that participated in these projects, which will be useful for the development of cooperation strategies in the future, the report cites the following:

- ◇ The ongoing relationship between international cooperation agencies and national and local governments makes it possible to monitor the international agreements made by governments in the area of sexual and reproductive health. This relationship has also made it easier for the agencies to demonstrate and call the attention of governments to the contributions that have been made by NGOs in this field. Because of their capacity to elicit participation and support, **UNFPA and other agencies in the United Nations system are in a position to play a key role in facilitating and intensifying dialogue between governments and NGOs** in the areas of gender and sexual and reproductive health and rights. Moreover, their role enables them to accompany a process where it is hoped that the programs and policies in this important area of basic human needs will be transformed into public policies that will endure despite changes in administrations.
- ◇ By reflecting and responding to community needs and perspectives, the interventions of the NGOs have created a demand for education and services in the area of sexual and reproductive health that sometimes exceeds the capacity of these organizations to respond. In such cases, **it is essential that governments take on the responsibility of providing services and mobilizing resources for this purpose in collaboration with international cooperation agencies.** This has not always been the case, or at least not in time to respond adequately to people's needs.

A regional meeting, *NGO Contributions to the Implementation of the Cairo and Beijing Commitments in Latin America: Sexual and Reproductive Health and Rights*, was held in Quito, Ecuador, on 3-5 June 1997. The main objective of the meeting, which was convened and sponsored by UNFPA in collaboration with the Latin American and Caribbean Women's Health Network (LACWHN) and PAHO, was to draft recommendations to facilitate implementation of the agreements made at the Cairo and Beijing world conferences by implementing or strengthening mechanisms for coordination and/or collaboration between government bodies, NGOs, and international cooperation agencies in the area of sexual and reproductive health and rights. The meeting sought to develop joint strategies for getting NGOs more closely involved in national policies and programs and thus improving their quality, mobilizing human resources on the basis of their comparative advantages, and maximizing the impact of these resources to improve the health and well-being of the population. There were approximately 50 participants, most of them representatives of NGOs, especially women's groups (see Annex B).

At the meeting, the discussion and analysis focused mainly on the following areas: promoting sexual and reproductive rights; adolescent sexual and reproductive health of; promoting shared responsibilities and male participation; and incorporating a gender perspective in reproductive health services.

The present document summarizes the observations and recommendations of the participants aimed at ensuring progress toward accomplishing world agreements to the sexual and reproductive health and rights of adolescent and adult women and men of the Americas.

1. GENERAL FRAMEWORK: OBSERVATIONS AND GENERAL CONCLUSIONS OF THE REGIONAL MEETING

As a result of the Cairo International Conference on Population and Development, UNFPA's mandate has been reformulated to reflect the new paradigm proposed at that meeting. This paradigm stresses the recognition of human rights, especially sexual and reproductive rights, with particular emphasis on the rights of women and gender equity as the central focus of all population policies. It also focuses on encouraging intersectoral collaboration between governments, NGOs, women's groups, grassroots networks, indigenous and youth movements, and other expressions of civil society.

At the local, national, and international levels, NGOs and women's groups have been, and continue to be, major forces for awareness and mobilization in these areas, both in technical terms and in the promotion of political and national programs. Through their acknowledged role as valid intermediaries between governments and specialized NGOs, the United Nations agencies—UNFPA and PAHO in particular—are in a position to facilitate the incorporation of a gender and rights perspective in the area of sexual and reproductive health. Thus, strengthening the different but complementary roles of governments, NGOs, and the United Nations agencies will make it possible to move forward with the Cairo and Beijing agendas so that sexual and reproductive rights will become a reality.

Non-governmental organizations...as well as grass-roots movements, merit greater recognition at the local, national and international levels as valid and valuable partners for the implementation of the present Programme of Action. For such partnerships to develop and thrive, it is necessary for governmental and non-governmental organizations to institute appropriate systems and mechanisms to facilitate constructive dialogue, in the context of national programmes and policies, recognizing their distinct roles, responsibilities and particular capacities.²

Given the controversial nature of the subject of sexuality, gender inequity, and the culture of silence surrounding these issues, there is great concern to implement the agreements on sexual and reproductive health and rights, which, according to the NGOs, seem to be paralyzed or suspended in limbo despite the high hopes and momentum generated at the Cairo and Beijing conferences. Evidence of this delay can be seen in the continued absence of political and legal frameworks; discriminatory legislation that limits or prohibits the exercise of sexual and reproductive rights instead of guaranteeing them; the lack of standards and mechanisms for promoting and monitoring these rights at the level of health services; the inadequate content and limited priority accorded to programs and budgetary allocations for "sexual and reproductive health and rights" and "a gender perspective" (beyond the lip service paid); the little thought being given to the role of men in national population and health strategies and the continuing disregard of their potential as fundamental partners in accelerating the empowerment of women and gender equity in the area of sexuality and reproductive life; the slow progress in improving the relationship between service providers and users and in considering and respecting sociocultural and ethnic aspects.

Added to this is the fact that the allocation of national resources and cooperation for development in the social sector is far below the requirements for a region in which 39% of the population continues to live in poverty (ECLAC 1997), while the needs and demands in these areas cry out for an expeditious and decisive response by governments. Furthermore, it should be noted that conservative forces continue to influence public opinion and in some cases have managed to incorporate themselves at the national decision-making

² Paragraph 15.4 of the Programme of Action of the International Conference on Population and Development, Cairo, 1994.

levels, hindering the consolidation of leadership and political resolve in the field of sexual and reproductive health and rights.

In addition, there is concern on the part of many NGOs that the concepts of gender and sexual and reproductive rights that underlie the programs and activities implemented by governments and supported by cooperation agencies are not always reflected in practice, and also that advantage is not being taken of the valuable and replicable experiences of women's groups. It has also been noted that health workers are not always familiar with the content of the Cairo and Beijing international agreements and often lack the necessary training to adapt these concepts and international commitments to national and local situations.

In addition to the aforementioned factors that are hampering the implementation of new approaches in sexual and reproductive health, in most of the countries in the Region yet another impediment is the ongoing process of health services reform. As part of the privatization and decentralization processes, the most vulnerable groups should be identified, and governments should take steps to counteract any resulting negative impact.

At the same time, the fact that there are ever more opportunities for dialogue between the NGOs and the governments indicates that there is a democratic trend in most of the countries of the Region. There is a growing presence of people with decision-making authority in the governments who are amenable to the promotion of sexual and reproductive health and rights. In view of the changing role of the State, it is urgent to review the role of the NGOs and civil society as a whole in safeguarding these global and national commitments: citizens know little about their right to participate in these processes and are largely unaware of the organizations active in this area and the possibilities for social monitoring and vigilance to enforce the international agreements. Although it is recognized that it is mostly NGOs and women's groups that are taking the lead in the field of gender and reproductive rights, there is a tendency not to take their perspectives and technical contributions sufficiently into account to enable these NGOs to have a positive impact on the formulation of public policies and programs. In order to effectively monitor fulfillment of the Cairo and Beijing commitments in terms of improved reproductive health, it is essential to create better formal mechanisms whereby civil organizations can carry out this function.

The new concepts regarding sexual and reproductive health and rights that were agreed to at Cairo and Beijing will become a reality only when all social actors have become sensitive to these concepts and fully endorse them and when the attitude of each and every person has changed. For this to happen, it is essential to continue to support the important work of the NGOs in breaking the silence and banishing the timidity that surrounds sexuality and reproductive health so that equity can be achieved under the law and in society—especially among the groups now most deprived of their rights: the poor, women, indigenous populations, boys and girls, and adolescents. Nevertheless, in the effort to establish closer links between the governmental and non-governmental sectors at the operational level, the autonomy of the NGOs should be preserved; this should be a relationship of collaboration and not one of control or cooptation. Fulfillment of the Cairo and Beijing agendas will be facilitated through an ongoing partnership between governments and civil society grounded in mutual respect and an understanding of the limitations and capabilities of each.

... Non-governmental organizations, especially those working in the field of sexual and reproductive health and family planning, women's organizations... youth organizations... [and] other groups... should be invited to participate with local, national and international decision-

making bodies, including the United Nations system, to ensure effective implementation, monitoring and evaluation of present Programme of Action.³

The recommendations and general conclusions that emerged from the discussion on promoting implementation and guaranteeing accomplishment of the international agreements on sexual and reproductive health and rights were as follows:

- ◇ Disseminate the content of the commitments agreed upon at the world conferences so that grassroots women's groups will become familiar with their rights, appropriate them, and exercise them;
- ◇ Increase the participation and training of the mass media and keep them informed so that they will provide ongoing coverage and dissemination of the concepts agreed to at Cairo and Beijing in regard to sexual and reproductive health and rights, serving as a fundamental instrument for raising public awareness about these issues through traditional and alternative media;
- ◇ Promote a positive approach to sexuality in programs and policies on reproductive health as a basic aspect of individual health and development in its broadest sense, incorporating the concepts of affection, tenderness, pleasure, self-determination, and equity in gender relations;
- ◇ Address both sexual and reproductive rights in sexual and reproductive health programs, defining those aspects which are shared and those which are distinct, in order to avoid the subordination of sexual to reproductive aspects, as has been the traditional tendency in reproductive health programs;
- ◇ Establish tripartite monitoring mechanisms comprised of governments, NGOs, and United Nations agencies to promote the global commitments adopted at Cairo and Beijing and ensure that sexual and reproductive health and rights are permanently placed on national agendas, ensuring that a gender perspective, quality care, and promotion and respect for human rights are incorporated in the delivery of services in national and local health systems, both public and private;
- ◇ Encourage governments to include the participation of specialized NGOs in health or public education councils and other bodies, ensuring that the reform processes become opportunities for giving visibility to sexual and reproductive rights issues, gender equity, and gender violence and for mobilizing civil society;
- ◇ Ensure that officials in the United Nations agencies are committed to gender equity and sexual and reproductive rights and that the national and regional offices of international cooperation agencies actively promote and monitor fulfillment of the agreements made at the Cairo and Beijing conferences;
- ◇ Support projects executed by NGOs as well as those carried out jointly by governments and NGOs, with a view to ensuring that NGOs are involved in government programs;
- ◇ Facilitate the participation of NGOs, especially women's groups that play a leading role in these areas, in all activities and decision-making related to policies, programs, and projects in sexual and reproductive

³ Paragraph 15.5 of the Programme of Action of the International Conference on Population and Development, Cairo, 1994.

health and rights carried out by governments and international cooperation agencies, including human resource development, to take advantage of their technical expertise;

- ◇ Support the creation or institutionalization of centers of excellence in the region for training service providers and program and service managers in incorporating a gender perspective and sexual and reproductive health and rights, and create and disseminate a database on regional expertise in these fields;
- ◇ Promote the implementation of alternative models of sexual and reproductive health care by NGOs and women's groups by mobilizing the political will for public sectors to adapt such models for the entire population and replicate them, thus guaranteeing their continuity and sustainability;
- ◇ Incorporate the inclusion of comprehensive care for cases of domestic and sexual violence in all reproductive health programs, providing means for the timely detection, treatment, and referral of abused women and adolescents;
- ◇ Ensure that priority is given in every sexual and reproductive health program to the treatment of sexually transmitted diseases that women suffer from; put an end to the chronic scarcity of information and services for the prevention and treatment of these infections, which impact on the quality of life and the physical and psychological well-being of millions of women;
- ◇ Ensure institutional strengthening of NGOs and exchanges and other contacts among networks of NGOs in order to reduce competition and maximize resources and collective skills;
- ◇ Take advantage of new electronic communication technologies to increase the exchange of views and experiences and intensify regional debate on specific sexual and reproductive health and rights issues;
- ◇ Improve the information available on the programs and mandates of international cooperation agencies and disseminate it among NGOs and other counterparts in civil society;
- ◇ Convene meetings to follow up on the Quito conference to ensure that political will is institutionalized and that the recommendations of the conference are implemented at the national or local level through the development of joint work plans involving government agencies, NGOs, and international cooperation organizations. Recognizing that UNFPA and PAHO have responsibility in this monitoring, it is suggested that NGOs establish contact with their respective national offices to facilitate this process.

2. OBSERVATIONS AND RECOMMENDATIONS OF THE WORKING GROUPS

The following observations and recommendations—aimed at NGOs, social movements, government bodies, and international cooperation agencies—were developed on the specific issues discussed at the meeting:

2.1 Promoting Sexual and Reproductive Rights

Traditionally, sexual and reproductive health programs have focused on family planning and maternal and child services and have given only limited attention to the protection of sexual and reproductive rights. Even when there has been concern for these issues from the standpoint of rights, these have been limited to the realm of family planning, subsuming sexual rights under reproductive rights. Because the subjects of sex and reproduction have traditionally been kept in the dark, it has been more difficult to address them explicitly as fundamental rights, and for this reason it is especially important to insist that they be regarded as human rights.

At this time it is essential to address the subject of sexual and reproductive rights from a more integrated perspective that includes the defense of the rights of individuals to have control over, and make free and responsible decisions about, their sexuality and reproduction without being subjected to coercion, discrimination, or violence. These rights should be recognized as an essential and inseparable part of health and education, since without them it is impossible to practice self-care, to demand services to preserve and/or promote health, to experience intimacy based on one's own feelings, or to make decisions about one's reproductive capacity according to one's own possibilities. The discussion of women's health and maternity should be framed in the context of sexual and reproductive rights, because beyond the need for information and services, these aspects of life become matters of ethics and politics: the recognition and promotion of sexual and reproductive rights produces individual and collective transformations because it bears on customs and habits; it has an impact on quality of life, health, happiness, personal fulfillment, and daily life; and it calls into question social, family, and economic mores that interfere with the exercise of these rights.

One of the obstacles to sexual and reproductive rights is the cultural weight of conservative religious attitudes and their influence on the national legal systems of the region. In the health services, another specific obstacle is the existence of standards of care that do not correspond to the new paradigms of Cairo and Beijing and that impair the exercise of sexual and reproductive rights both by clients and by the service providers themselves. Health workers are not familiar with the details of the international agreements on sexual and reproductive health and rights and are not provided with clear guidelines for action based on the significance of respecting and safeguarding sexual and reproductive rights in various specific contexts.

In order to promote sexual and reproductive rights, NGOs and society in general need to know about, and make use of, the mechanisms that exist for monitoring, articulating, and coordinating the Cairo and Beijing agreements at the national and local level. Currently, the reforms being made in constitutions, health, legislation, and national education plans in some of the countries are opening up opportunities for citizens to increase the exercise of their rights. In this context, NGOs have a vital role to play in presenting and addressing the subject of sexual and reproductive rights at the government and legislative levels, getting them to be recognized as human rights, and promoting the issue among the population at large, taking cultural and ethnic diversity, age differences, and other aspects of society into account.

Recommendations

- ◇ Create permanent national and local working groups that include the participation of governments, NGOs, feminist movements, and indigenous peoples to ensure that sexual and reproductive rights are explicitly covered in policies and legal reforms;
- ◇ Develop and strengthen feminist groups, NGOs, national and regional networks, and indigenous groups committed to the promotion of sexual and reproductive rights in order to consolidate negotiating capacity and ensure that the issue remains on the political agenda;
- ◇ Provide training and hold national and regional forums and workshops on sexual and reproductive rights for lawmakers, ministry officials responsible for fulfilling the international agreements, planners, and policy-makers, and establish ongoing information and communication services;
- ◇ Introduce plans for sex education at all educational levels that will reflect the vision of sexual and reproductive rights endorsed at Cairo and Beijing.

2.2 Adolescent Sexual and Reproductive Health

In the area of adolescence, the focus has traditionally been on problems related to reproduction—specifically, pregnancy in teenage women and morbidity and mortality associated with abortion and maternity. Less attention has been given to the broader area of sexuality, and hence there is little sex-specific information available on this subject, or on its impact on the health and lives of adolescents. During adolescence a socialization process takes place through educational and formative interventions by a number of different actors, including the family, the school, circles of friends, and the mass media, by means of which society constructs standards and values related to sexuality and reproduction. In all these areas, the people who interact with adolescents can reinforce gender stereotypes and certain values about sexuality and reproduction that do not necessarily correspond to the needs of young people or help them to make informed and responsible decisions about their own bodies free of the threat of coercion, violence, or discrimination.

In the prevailing social view, adolescents are seen to be “healthy, immune, and invulnerable.” This image ignores the realities of the adolescent experience. On the other hand, the very idea of adolescence tends to evoke a pejorative and pathological connotation. Because the various social actors are reluctant to address adolescent sexuality in the open and because there is a shortage of trained human resources in this area, governments and the non-governmental sector tend not to listen to adolescents or respect their rights; there is a tendency to think that they lack the ability to make responsible decisions. Accordingly, no effort is made to recognize and assess the need for adolescents to exercise their rights, including their sexual and reproductive rights, or to participate in programs that will reinforce these rights.

Focusing attention on the health situation and rights of adolescents has been facilitated by the fact that there is now an international agenda for orienting discussion and actions which has been subscribed to by governments around the world, as well as by the opportunity that has been provided by the HIV/AIDS epidemic to speak openly about sexuality. In addition, the idea has taken hold that spending on adolescent health programs is necessary and justified because healthy adolescents are an investment in the future. Accompanying these trends, adolescents themselves have changed their attitudes and they have gained political power. Added to all this, a growing number of NGOs have acquired experience, technical

competence, knowledge, and success in working with adolescents, while at the same time indigenous and grassroots movements are showing greater openness and willingness to participate in these areas.

Given the foregoing situation, it is urgent to create awareness and commitment on the part of the State and the various forces in society to treat adolescent sexuality as an integral part of human development in order to guarantee the sexual and reproductive health and rights of adolescents and young adults. For this purpose, appropriate policies and adequate budgets are needed, and it is essential to regard the problems of adolescents as public health problems—and indeed, as problems of development.

Recommendations

- ◇ Promote a positive view of sexuality and call the attention of the various social actors (mass media, lawmakers, educators, government agencies, adolescents themselves as trainers of peers, civil society at large, etc.) to the realities of adolescent sexual and reproductive health;
- ◇ Formulate public policies that address adolescence from a comprehensive viewpoint and promote their implementation;
- ◇ Promote the participation of youth in all activities that relate to them;
- ◇ Provide education about the new concepts relating to adolescent sexual and reproductive health and rights, taking advantage of the specialized resources of NGOs;
- ◇ Set up formal and non-formal sex education programs for adolescents oriented toward bringing about social and cultural change;
- ◇ Promote comprehensive sexual and reproductive health services for adolescents, to include information, education, individual orientation, and medical care;
- ◇ Promote the inclusion of care for children and adolescents affected by sexual violence in all sexual and reproductive health programs;
- ◇ Set up a regional network of institutions that work with adolescents;
- ◇ Strengthen interinstitutional relations between UNFPA, PAHO, and UNICEF in the area of sexual and reproductive health of adolescents.

2.3 Promoting Shared Responsibilities and Male Participation

Priority should be given to a review and in-depth examination of the unequal power situation and the male culture of violence since so little information is available on the sexual and reproductive health situation of men and on the impact of gender inequalities on decisions involving sexuality and reproduction. However, there has been concern in the women's health movement that focusing on the male aspects of reproductive health could end up diverting financial and human resources away from the sexual and reproductive health of women. Stress has therefore been put on ensuring that services continue to focus on the sexual and

reproductive health needs of women, both because gender-related and cultural inequities place them at a disadvantage and because biologically, they have higher morbidity and mortality than men from conditions related to sex and reproduction.

Even so, there is need for an understanding of the elements that make up masculinity. The international mandates regarding shared responsibilities and male participation are important, but their fulfillment is not guaranteed: men need to go through a process of reflection, and recently they have started doing just that. Although institutions such as the armed forces have traditionally reinforced macho attitudes, there are successful examples of activities that have been carried out with recruits to improve attitudes about gender and sexual and reproductive health. It should be pointed out that the word *gender* is often mistaken for a synonym for *women*, leaving men out of the picture. At the same time, it is important to avoid reinforcing stereotypes about masculinity or imposing external models that do not correspond to cultural realities.

The experiences of the women's movement are an important resource for men's movements, and there are already men in the region whose consciousness has been raised on this subject. The inclusion of the subject of masculinity and shared responsibility in the mandates, agendas, and platforms for action of the various international agencies, helps to mobilize financial and human resources in this area. The growing popular rejection of the culture of violence in general is seen as a positive step toward establishing more equitable gender relations. In addition, the problem of HIV/AIDS has helped to erode stereotypes about sexuality, since it has cast a public spotlight on the limited availability of sexual and reproductive health services for men, both homosexual and heterosexual. Such services have traditionally been geared to women only and have excluded the participation and consciousness-raising of men, despite the disproportionate influence that men have in all aspects of gender relations.

Recommendations

- ◇ Carry out activities that raise awareness about sexuality and reproduction using a gender approach, with the participation of young men in social groups, sports, art schools, etc.;
- ◇ Work with adult men through neighborhood councils and clubs, schools for parents, etc., to raise the consciousness of public opinion leaders, officials in government and the armed forces, teachers, health workers, other NGOs, HIV/AIDS workers, and the mass media on priority gender issues;
- ◇ Provide training for teachers at all levels of the educational system on the subject of masculinity as it relates to the sexual and reproductive health and rights of both women and men;
- ◇ Promote enforcement of the laws that have been passed regarding the family, domestic violence, and sexual and reproductive health;
- ◇ Conduct comparative studies of different countries and population groups to identify common aspects in the construction of the masculine identity and their impact on sexual and reproductive health and rights.

2.4 Incorporating a Gender Perspective in Sexual and Reproductive Health Services

The hierarchical and often patriarchal structure of health services, together with the absence of a critical mass that could become a force for disseminating the new concepts, makes it difficult to validate and

establish a dialogue on the gender perspective. There are restrictive legal frameworks governing the exercise of sexual and reproductive rights that perpetuate the conditions of inequity between women and men. In addition, health services have difficulty recognizing the inequalities that exist in the different areas of women's life, not to mention addressing these problems. For example, in scheduling appointments there is a failure to take into account the specific nature of men's and women's lives or to allow for cultural differences.

There is a general lack of commitment on the part of the health sector to incorporate a gender perspective and quality care, resulting in inadequate health services and poor treatment of those who use public services. At the same time, however, the alternative health services offered by women's groups and other NGOs are disparaged or disregarded. Another problem is the lack of indicators for promoting and monitoring the incorporation of a gender perspective in sexual and reproductive health services, since traditional indicators are no longer appropriate.

Since the Cairo and Beijing conferences, the concept of *gender perspective* has become "fashionable" and has tended to be treated superficially without a full understanding of its meaning. Moreover, there are cultural and educational obstacles to considering sexual and reproductive rights from a gender perspective. On the positive side, however, there have been efforts to get governments and NGOs to work together on incorporating a gender perspective in sexual and reproductive health services; a body of knowledge about the situation of women and their health needs has been amassed by the NGOs, NGOs have acquired the capacity to serve and respond rapidly to these needs, and there is a high degree of professionalism and education in this social movement in the area of sexual and reproductive rights with a gender perspective. In addition, the legitimacy of the women's movement and a gender perspective have also become key elements to be reckoned with by the international agencies and the academic sector.

In order to make certain that a gender perspective is incorporated into health services and, consequently, that the quality of care is improved, it is not enough to merely offer training: it is necessary to build institutionalized political will. To ensure the full effect of incorporating a gender perspective, efforts should be made to promote the commitment and strengthening of the women's health movement, and citizens should be urged to study and observe the international agreements signed by the governments.

Recommendations

- ◇ Intensify the processes of change leading to the incorporation of a gender perspective, bearing in mind that cultural change, which entails changing gender issues, calls for sustained effort rather than specific interventions;
- ◇ Create formal, permanent, mixed agencies at the ministerial level to draft a plan for incorporating gender into sexual and reproductive health services and to insure monitoring; such agencies should include representatives from the ministries of health, the women's health movements, other community-based bodies, and international agencies (for example, PAHO and UNFPA);
- ◇ Train personnel in the health sector and other public sectors to address the problem of gender in health through organizations in the women's health movement, which already have the experience, knowledge, and necessary skills;

- ◇ Empower users to exercise and defend their human rights, especially their sexual and reproductive rights, and to monitor respect for their rights and the quality of services provided by governments;
- ◇ Identify men's groups committed to changing the current power relationships between women and men and to forging partnerships aimed at gender equity;
- ◇ Educate the mass media about a gender perspective and its relationship to sexual and reproductive health, with a view to strengthening the media's role in effecting cultural change;
- ◇ Draft new laws, regulations, and health codes and mobilize the community to ensure that they are approved and enforced.
- ◇ Identify new lines of research and study on beliefs, attitudes, and behaviors regarding sexuality, abortion, menopause, and sexual and reproductive rights, including of children.

*The United Nations Population Fund
in collaboration with
the Pan American Health Organization and the
Latin American and Caribbean Women's Health Network
presents:*

**NGO CONTRIBUTIONS TO THE
IMPLEMENTATION OF THE CAIRO AND BEIJING
COMMITMENTS IN LATIN AMERICA:**

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Quito, Ecuador 3-5 June 1997

Regional Meeting of Non-governmental Organizations

OBJECTIVES OF THE REGIONAL MEETING

- To convene a forum for the formulation of short- and medium-term recommendations to UNFPA, PAHO, and the NGOs to help speed up implementation of the Cairo and Beijing agreements on sexual and reproductive health and rights, with a gender perspective;
- To discuss the experiences of the NGOs that have been working with UNFPA within the framework of two regional projects in order to gain useful lessons for strengthening activities aimed at implementing the Cairo Programme of Action and the Beijing Platform for Action;
- To identify strategies for strengthening the role of the agencies in the United Nations system, especially UNFPA and PAHO, in facilitating collaboration between NGOs and governments in the area of sexual and reproductive health and rights.

AGENDA**TUESDAY, 3 June****9:00 - 10:30** ***Opening Session: Perspectives on NGO contributions toward Implementation of the Cairo and Beijing Commitments***

Marisela Padrón Quero, Director
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United Nations Population Fund (UNFPA)

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Pan American Health Organization (PAHO), Ecuador

María Mercedes Placencia, Director
Centro Ecuatoriano para la Promoción y Acción de la Mujer (CEPAM), Ecuador

Juan Esteban Aguirre, UNFPA Representative in Ecuador

Lucia Peña de Alarcón, First Lady of the
Republic of Ecuador

10:30 - 11:00 ***BREAK*****11:00 - 13:00** ***The Strengthening of NGOs and their Contribution to Sexual and Reproductive Health and Rights***

Moderator: Pamela Hartigan, Coordinator,
PAHO Program on Women, Health, and Development

11:00 - 11:30 ***Introduction: The Cairo Paradigm and Multisectoral Collaboration***

Marisela Padrón Quero, Director
Latin American and Caribbean Division, UNFPA

Results of the Systematized Review of NGO Project Experiences with UNFPA

Martine de Schutter, Advisor
PAHO Program on Women, Health, and Development

11:30 - 13:00 ***Discussion*****13:00 - 14:30** ***LUNCH***

14:30 - 17:30***Panel: NGO Experiences and Perspectives
on Promoting the Cairo and Beijing Agreements***

Moderator: María Isabel Matamala

Assistant Coordinator, Latin American and Caribbean Women's Health Network
(LACWHN)

14:30-15:45

***NGO-Government Collaboration on the Promotion
of Sexual and Reproductive Health and Rights: Achievements and Challenges***

Susana Galdos, Technical Coordinator

ReproSalud Program

Movimiento Manuela Ramos, Peru

***Reproductive Health with a Gender Perspective: Contributions of the NGOs
toward Progress in Quality Care***

Piera Oria, President

Taller Permanente de la Mujer, Argentina

Violence Against Women and Comprehensive Health Care

Carmen Posada, Executive Director,

Centro de Recursos Integrales para la Familia (CERFAMI), Colombia

Perspectives of Indigenous Peoples in Sexual and Reproductive Health

Carmen Yamberla, President

Federación Indígena y Campesina de Imbabura (FICI) Ecuador

***Implications of Health Services Decentralization for NGOs: Opportunities and
Challenges in Health and Reproductive Rights***

Jacqueline Hermann, Researcher

Cidadania, Estudo, Pesquisa, Informação e Ação (CEPIA), Brazil

15:45-17:30

Discussion**WEDNESDAY, 4 June****09:00 - 10:00*****Plenary Session***Moderator: Mónica Muñoz Vargas, Regional Program Adviser, Andean Region,
United Nations Development Fund for Women (UNIFEM)***Introduction and Formation of Working Groups***

Silvia Vega, Representative

Political Coordinator for Women, Ecuador

10:00 - 13:00 *Working Groups*

Group 1: **Promoting Sexual and Reproductive Rights**
Group 2: **Adolescent Sexual and Reproductive Health**
Group 3: **Promoting Shared Responsibilities and Male Participation**
Group 4: **Incorporating a Gender Perspective in Sexual and Reproductive Health Services**

13:00 - 14:30 *LUNCH*

14:30 - 18:00 *Working Groups (cont.)*

THURSDAY, 5 June

9:00 - 11:00 *Plenary Session: Presentation and Discussion of the Recommendations of the Working Groups*
Moderator: Mabel Bianco, President
Fundación para Estudio e Investigación de la Mujer (FEIM), Argentina

11:00 - 11:30 *BREAK*

11:30 - 13:00 *Discussion (cont.)*

13:00 - 14:30 *LUNCH*

14:30 - 16:00 *Discussion: Follow-up of the Meeting and Strategies for Collaboration*
Moderator: Marisela Padrón Quero, Director
Latin American and Caribbean Division, UNFPA

16:00 - 16:30 *Closing Session*

Moderator: Lily Rodríguez, UNFPA, Ecuador

Aase Smedler, United Nations System Coordinator, Ecuador

Doris Solís, Director, Servicio para un Desarrollo Alternativo (SENDAS) Ecuador

Juan Esteban Aguirre, UNFPA Representative in Ecuador

Rosalía Arteaga, Constitutional Vice President of the Republic of Ecuador

Regional Meeting
NGO CONTRIBUTIONS TO THE IMPLEMENTATION OF THE
CAIRO AND BEIJING COMMITMENTS IN LATIN AMERICA:
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
Quito, Ecuador, 3-5 June 1997

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Quito, Ecuador

Lucía Peña de Alarcón
First Lady of the Republic of Ecuador
Quito, Ecuador

Aase Smedler
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Quito, Ecuador

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