

REPORTS FROM THE INTERNATIONAL WOMEN'S RIGHTS ACTION WATCH (IWRAW) 1990 CONFERENCE

The following are abstracts of selected papers presented at the Fifth Annual International Women's Rights Action Watch (IWRAW) Conference, in New York on January 20–22, 1990. IWRAW was founded in 1985 to monitor compliance with and promote public interest in the United Nations Convention on the Elimination of All Forms of Discrimination Against Women ("Convention"). It strives to broaden the global network of individuals and organizations monitoring compliance with the Convention and to ensure the integrity of States Parties implementation efforts. The conference celebrated the Convention's tenth anniversary. As of the date of the conference, the Convention had been ratified by 101 nations. To date, 104 nations have ratified it.

The first two days of the three day conference were devoted to discussion of the specific provisions of the Convention and to sharing news and information on efforts to implement the Convention in various countries. The third day focused on the status of reproductive rights around the world.

DAYS ONE AND TWO: THE CONVENTION

Judge Elizabeth Evatt, "The Convention: Challenge and Change"

Judge Elizabeth Evatt of Australia, Chair of the United Nations Committee on the Elimination of Discrimination Against Women (CEDAW or "Committee"), discussed ways in which the Convention and the work of CEDAW could be strengthened. She pointed out that the Convention imposes legal obligations on the States which are parties to it by setting international standards, thus emphasizing that the equality of women is a legitimate concern of international law. Wide acceptance of the Convention, moreover, gives its principles broad status.

Evatt also outlined the weaknesses of CEDAW. The body is unable to make legally binding determinations about the interpretation or application of the Convention. It can neither deal with individual cases nor raise the question of compatibility of reservations. She highlighted the physical isolation of the Committee's headquarters in Vienna (all other human rights treaty bodies are in Geneva) and the lack of resources and staff.

In order to further enhance the Committee's work and the impact of the Convention, Evatt called for the Committee to take a more active role, to be

consistent in its interpretations, and to draft comprehensive recommendations. She added that while standards should be universal, CEDAW should also be well informed about the different stages of development of each States Party and the unique needs of women in particular States. She advocated the application of "principles of progressive implementation" which would suggest levels of compliance for each State. Evatt recommended that these be reviewed and upgraded as needed. Lack of information and resources, however, makes these goals difficult to accomplish.

Contributions by nongovernmental organizations (NGOs) to the Committee's work have been particularly useful. Evatt supported giving NGOs a more formal role in the reporting process.

Evatt concluded by noting that the time has come to establish workable procedures and practices for supervising the application of the Convention. However, in the interim, CEDAW has the ability to influence States to improve the status and living conditions of women, despite its current limited resources.

Silvia Pimentel, "Toward the Future: Education and Politics"

Silvia Pimentel, of the Faculty of Law at Pontificia Universidad Catolica de Sao Paulo, Brazil, and head of the Sao Paulo Ministry of Education Equality Commission, discussed the shaping of formal, preuniversity education policy for girls and young women. She prefaced her paper by noting the importance of having a "feminist space" inside the government, and she recounted some of her own experiences as a member of a 1987 joint conference between the Ministry of Education and the National Council of Women's Rights on "Women and Education."

The educational guidelines which were developed from the conference concern teaching materials, attitudes of educators, and the vocational orientation of students. According to Pimentel, these guidelines closely follow many points in article 10 of the Convention. The guidelines are designed to teach the young to consider equality and nondiscrimination as the norm.

Pimentel concluded with two points. First, although women in government are often criticized, they must persist in holding positions in the executive, legislative, and judicial branches if all women are to advance in society. Second, the ultimate goal of feminism is not merely "equivalencia," or equal value for women, but rather the transformation of society from one in which selfishness, aggressiveness, competitiveness, and war prevail to one in which love, tenderness, solidarity, and peace triumph.

Farida Shaheed, "Challenging and Changing the Essence of Tradition: Law, Custom, and Stereotyping"

Drawing from two earlier papers, Farida Shaheed, a founder of the Pakistan Women's Action Forum (WAF) and the Women Living Under Muslim Laws network, discussed the ways governments and political groups use the traditions of religion to control women and to rationalize continued limitations on women's activities.

The structure of patriarchy in Pakistan, Shaheed explained, does not differ greatly from Western patriarchal structures. The patriarchal system in Pakistan has been religiously justified and perpetuated by invoking customary laws which are said to be sanctioned by Islam.

Drawing upon her experiences with WAF, Shaheed noted that the future of Pakistani women depends on the mobilization of Pakistan's voiceless women, of whom there are a vast and diverse number. She stressed that a women's movement which seeks to incorporate large numbers of people must neutralize the constraints imposed by religious and cultural norms.

This incorporation can only be accomplished, according to Shaheed, if the movement is perceived as an integral part of the cultural reality in which it operates. In essence, Shaheed claimed that the success of the Pakistani women's movement depends on its willingness to work *within* Islam. Shaheed also warned that the Pakistani women's movement is in danger of becoming inextricably linked to a minority of professional middle-class women, which she fears will alienate women from other socioeconomic backgrounds.

Shaheed noted that by the time of the 1988 elections, the Pakistani women's movement was beginning to bridge this gap and gain recognition from a wide variety of women. Women voters were courted by major parties and were able to participate actively in campaigns and canvassing. In general, however, Shaheed sounded a warning to Pakistani feminists to work within Islam for the changes they desire.

Sara Hlupekile Longwe, "Understanding the Dimensions of Inequality in the African Women's Burden of Work"

Sara Longwe, Women in Development Consultant for the Zimbabwe Association for Research and Development, addressed the inequality in the amount of work done by African women and the worth assigned to it by their societies. Her discussion revolved around the thesis that women's poverty and

burden of work are not only economic problems, but women's rights issues. Longwe focused on poor women farmers. The majority of women in southern Africa live in rural areas and work as unpaid farmers in subsistence and cash crop agriculture. While the arduous duties of farming consume much of their time, the majority of these women have the added responsibility of heavy domestic labor and child care, which are also unpaid. According to Longwe, traditions contain the key to understanding why the great burden of work borne by women in southern Africa is unrecognized. Until traditional views of women change, women's labor will not be valued.

Working women in urban areas are also burdened with the double duties of family care and outside employment. They are underpaid relative to men and are often denied benefits and access to certain areas of employment open to men.

Throughout the region, women continue to be viewed as property, despite modern laws recognizing their right to function as independent adults. A husband's permission is still needed to acquire bank loans, to obtain contraceptives, and to place children on a mother's passport.

Longwe concluded that the African women's heavy burden of labor reflects the structure of inequality in patriarchal society as a whole. She proposed that tradition must be challenged in order to discredit the longstanding patriarchal devaluation of women's labor. Longwe stressed the need for those advocating for women's rights to address the patriarchal structure of the economy and to increase women's effective participation in the political process.

Dr. C.L. Kundu, "Atrocities Against Women in Indian Society: Policy to Overcome Discrimination"

Dr. C.L. Kundu, Director of the Women's Studies Research Centre at Kurukshetra University in India, discussed "widow burning" and "dowry deaths." Widow burning is a traditionally lauded practice where a wife throws herself onto the funeral pyre of her dead husband, killing herself in the process. Dowry deaths are the killing or suicide of newlywed brides as a result of inadequate premarital dowry agreements or bridal noncompliance with expectations by the groom or groom's family.

Kundu analyzed case studies of twenty-eight victims in order to examine whether laws such as the Dowry Prohibition Act of 1961 and its two amendments have in fact prevented this type of violence against women. He concluded that legislation has been largely ineffective in stemming the tide of such deaths. Statistics based on killings reported, only a small percentage of those actually

occurring, show one dowry death occurs every twelve hours. Widow burning, he reported, generally occurs after seven years of marriage and approximately thirty percent of widows burned are pregnant.

Kundu further examined the roles of the court and the police in acquittals and appeals. He advocated developing a national policy to overcome discrimination against women. Kundu posits that this discrimination results from the patriarchal values that dominate the executive, judiciary, and legislative branches of the Indian government, and that only through changing those values can discrimination be eliminated. Kundu charged the Indian judiciary with substantial responsibility for the continued practice of widow burning and dowry deaths.

Silu Singh, "Challenging Tradition Through Knowledge: Legal Literacy and Legal Services"

Silu Singh, Executive Director of the Women's Legal Services Project (WLSP) in Nepal, addressed the fact that although successive constitutions since the institution of democracy in Nepal in 1951 have raised the political status of women and granted them rights, laws and customs which maintain women's inferior economic and social status remain largely in effect. Singh believes traditional Hindu values have impeded the development of Nepalese women's property and family law rights.

Singh discussed the strategies which the WLSP has developed to confront these problems. WLSP provides free legal services to women and conducts short and long term legal literacy classes for rural women that aim to inform them of their basic rights and to create rural paralegal workers.

DAY THREE: REPRODUCTIVE RIGHTS

Perdita Huston, "International Trends in Reproductive Rights"

Perdita Huston, of the International Planned Parenthood Federation (IPPF), was angry that despite inclusion in a number of international documents, the right to family planning is far from universally accepted. Huston first focused on the internationally recognized right of all couples to plan the number and spacing of their children. She cited three nations in which the right is or has been severely abrogated. In an effort to boost the birth rate, the Ceausescu regime in Romania required women to undergo monthly gynecological exams in the workplace. Women faced severe sanctions if they refused, or if found to be pregnant, failed to produce a child in nine months. In Singapore, a government campaign advocating small families worked so

well that the government has now reversed itself. The Prime Minister of Singapore recently chastised women who are too well-educated and "too choosy" about whom they marry, because the government now wants its citizens to have larger families. In the Soviet Union, though reproductive freedom is legally protected, modern contraceptives are in erratic supply, forcing women to use abortion as a regular method of birth control.

According to Huston, even if the right to reproductive choice were guaranteed by national or international law, it would not benefit those who lack access to reproductive services. Usually, such access is limited by a national government's inability to finance programs. Both international and national funding would have to increase exponentially in order to bring health care and counseling services to all those in need by the year 2000. Unfortunately, political opposition to family planning is gathering global force. Lobbyists in the United States have succeeded in denying United States funding to the United Nations Population Fund and the International Planned Parenthood Federation. Huston believes this is because family planning is seen by its opponents as a threat to male power and patriarchy.

Joan B. Dunlop, "Reproductive Rights In the United States and How They Affect Women Worldwide: Morale and Money"

According to Joan Dunlop of the International Women's Health Coalition, women's rights activists in less developed countries feel that if abortion were made illegal in the United States, the effect would be disastrous in their countries. Other countries look to the United States as a model of freedom when advocating for their own abortion rights policies.

After the United States Supreme Court's decision in *Webster v. Reproductive Health Services*, 492 U.S. 490 (1989), which seriously jeopardized American women's abortion rights, the International Women's Health Coalition received telegrams and telexes of support from all over the world, including the following:

From Bangladesh—"Amazed at the ineptitude of U.S. judiciary to understand the implications of restricting abortion . . . U.S. having powerful political clout and being a 'trendsetter,' ripple effect of such restrictions would be disastrous on third world countries in particular"

From Brazil—"We deplore the fact that the U.S. Supreme Court has ruled in the direction of restricting safe abortion for American women This affects the women of the whole world who are fighting for reproductive health and reproductive rights."

From Nigeria—"The U.S. Supreme Court ruling to severely restrict abortion is unfortunately retrogressive and a threat to global efforts to improve the reproductive health of women."

From Chile—"We fear that anti-abortion policymakers in Latin America, who often look to the U.S. as a model for action, will find new strength in a decision which is detrimental to women."

According to Dunlop, the Helms Amendment to the Foreign Assistance Act and the Mexico City Policy have severely restricted the availability of safe abortion services, counseling, and referral for women in the third world. She concluded with a rousing call for "covens, caucuses, coalitions and campaigns" to help in the fight for reproductive freedom for women all over the world.

Maria del Carmen Brion, "Law, Custom and Stereotyping: Reproductive Rights In Argentina"

Despite the fact that Argentina is a signatory to international documents in support of family planning and women's rights, Maria del Carmen Brion reported that most Argentine women are denied access to contraceptives, abortion, and adequate obstetrical care by law and practice. Abortion is illegal in Argentina. Brion discussed a 1989 case involving a twenty-one-year-old rape victim, in which article 86(2) of Argentina's penal code, passed in 1921 and establishing that abortion shall not be penalized in cases of rape, was declared unconstitutional.

Two congressional decrees prohibited provision of family planning services until they were repealed in 1986. They were replaced in 1988 by a Ministry of Health decree that family planning services should be available only to "high risk" populations, such as women who have had an abortion. Brion points out the irony of "Argentine health officials . . . making a health service available on the condition that women commit what our legislation considers to be a crime."

Brion also discussed the problem of cesarean deliveries in Argentina, and a lawsuit she recently initiated in an effort to address the problem. In Argentina, fifty percent of births are surgical, doctors are not required to be specialists in obstetrics to perform cesarean sections, and underreporting of maternal deaths in Buenos Aires nears fifty percent.

Maria del Carmen Elu, "Reproductive Rights In Mexico"

Maria del Carmen Elu, of the Instituto Mexicano de Estudios Sociales, questioned why many Mexican women, whose impoverished circumstances are worsened by the financial demands of bearing and rearing large families and by health problems related to lack of obstetrical and gynecological care, do not take advantage of family planning and family health care facilities that are made available to them.

She suggested that the explanations offered by Mexican women reflect the fact that the designers of family planning programs fail to incorporate prevailing cultural values. Women worry about incurring the disapproval of their families and husbands if they visit the clinics. Many feel alienated by the clinics and the health care workers who treat them there. Men echo the women's sentiments; they mistrust the clinic workers, the contraceptives they provide, and the government's motives in "regulating" their fertility.

Doctors at the family planning clinics, on the other hand, opined that the reason the women did not visit clinics is because they are "ignorant and stubborn." Doctors also complained that their medical advice was not heeded. Elu believes these responses reflect the cultural and ideological gap between health care workers and the women they are trying to serve.

Elu criticized the tendency of public officials to measure reproductive health in quantitative terms. Whereas health programs tend to divide human beings into different parts as if each of these were independent, she argued that health means a sense of well-being in body and mind, for individuals themselves, with their mates, and in the larger community.

This version of health necessitates the recognition of comprehensive reproductive rights. However, the reproductive rights of women are not currently part of family planning policies in Mexico. The women's health care system as it stands does not empower women to make informed decisions about their reproduction and health care according to their own interests.

Elu noted that since the early 1970s, grassroots women's organizations have been active in Mexican communities in an effort to achieve holistic health care for Mexican women. These groups have served as a forum in which women can address their concerns about sexuality, reproduction, and health care, but the groups generally lack political power. It is important that government policy makers who design women's health care programs receive input from the women to be served. Local women's groups can integrate women into the decision-making process. With this integration, Elu hopes, the large gap between so-called "health" programs and the cultural realities which hinder them can be closed.

Margaret M. Mutambo, "Opposition as a Challenge to Family Planning Programmes in Zambia"

Margaret Mutambo, Executive Director of the Planned Parenthood Association of Zambia, delivered an optimistic paper on reproductive rights in Zambia. Family Planning Services, later Planned Parenthood Association of Zambia (PPAZ), was formed in 1972. It is a voluntary, nongovernmental

agency, but maintains close ties with the Ministry of Health and other agencies working in the field of population and family planning.

Initial opposition to family planning in Zambia arose from two quarters: the political and the cultural. Political opposition came from some community leaders who believed that limiting black population benefited the colonists. Cultural opposition stemmed from the fact that children were traditionally viewed as a means to wealth and security in old age. More children meant more wealth and more security.

Some Zambians also feared that access to family planning would encourage promiscuity among the unmarried. In response, PPAZ recently launched a publicity campaign to explain and build consensus in support of its aims, including changing its name from Family Planning and Welfare Association of Zambia to Planned Parenthood Association of Zambia.

Recent opposition to family planning work has come from the Roman Catholic Church. While in Madagascar, Pope John Paul II reiterated the Church's opposition to contraception in an address covered by the Zambian press. Local clergy, however, support family planning goals, as long as only natural contraceptive methods are employed. Church-sponsored groups discourage use of modern contraceptive methods, especially birth control pills. PPAZ has requested the Ministry of Health to intervene with the church groups on its behalf.

The Pro-Life Society of Zambia was formed in 1986, and continues to spread propaganda attacking the quality of care and products distributed by PPAZ. It alleges, among other things, that Zambia is being used as a dumping ground for contraceptives rejected in the countries of their manufacture. PPAZ attempts to correct misinformation, but has so far avoided direct confrontation with the group.

The Zambian government, however, has clearly declared its support for family planning, and has asked PPAZ to take a lead role in implementing its population policy. Resource personnel have been provided to support various PPAZ endeavors, and PPAZ has been allowed to bring contraceptives into the country duty-free.

Anne-Marie Dourlen-Rollier, "Reproductive Rights In France In 1990"

According to Anne-Marie Dourlen-Rollier, President of the World Federation for Surgical Contraception, France has a history of restrictive family planning legislation. Although France is now fairly advanced with regard to women's rights to contraception and abortion, sterilization rights remain ambiguous.

Dourlen-Rollier suggested that since 1974, women in France have had wide access to contraceptives, largely because costs of contraceptives and accompanying medical care at that time became covered by Social Security Insurance. She cited studies showing that French women of all demographic groups are taking greater advantage of this availability today than the women of ten years ago. Today nearly two out of every three sexually active women are using birth control.

Until 1975, abortion was illegal in France except as necessary to save a woman's life. Today, abortions are legal through the tenth week of pregnancy, and are most likely to be sought by women over the age of thirty-five who have more than three children, according to a study done by the French National Institute of Demographic Studies.

Dourlen-Rollier discussed the controversial history of RU 486, a drug which induces abortion in ninety-five percent of the women who use it. RU 486 was introduced in France in September 1988, but strong anti-choice opposition led the drug's manufacturer, Roussel Uclaf, to halt distribution of RU 486 in France on October 26, 1988. Two days later the Minister of Health instructed Roussel Uclaf to resume the distribution of RU 486, declaring that it was a measure taken in the interests of public health and the right of women to an abortion. During 1989, over 20,000 French women used RU 486, according to a study cited by Dourlen-Rollier.

Dourlen-Rollier stated that voluntary sterilization is of uncertain legal status in France. Although no statutes expressly permit or prohibit the procedure, a 1937 case prohibited sterilization, relying on a criminal statute dealing with intentional wounds and injuries. Based on this case, until 1983, the National College of Physicians' Code of Medical Ethics prohibited doctors from performing sterilizations. In 1983, the College revised its position to allow discretion to doctors to make their own decisions about performing sterilizations.

Dr. Benjamin Viel, "Fertility Regulation in Latin America"

Dr. Benjamin Viel first reviewed the origins and history of fertility regulation in Latin America. At independence, Latin American countries based their legal systems on the Napoleonic Civil Code. Since then, through the 1960s, they have tended to copy France's revisions of the Code which expand the rights of women.

Viel claimed, however, that Latin American countries have failed to follow France's lead in the area of contraception. Few Latin American governments, for example, provide sex education or contraceptives to the poor. Mexico,

Colombia, and Chile do have clinics for women and children located in poor communities. These are often crowded, however, and preventive care is not a priority. In Santiago, for example, only thirty-three percent of pregnant women participating in a survey conducted by Viel had desired to become pregnant when they did.

Viel summarized the current state of abortion rights in Latin America. Abortion is illegal in *all* Latin American countries except Cuba. Safe, illegal abortions, however, are usually available to wealthy women. Although criminal codes provide for jail sentences for the woman and the abortionist, prosecutions are rare. Estimations of the number of illegal abortions performed in Latin America range between three and five million per year.

According to Viel, population growth is rapid in Latin America, and a high percentage of the population survives in extreme poverty. Governments in economic straits cannot possibly increase human services at a sufficient rate to maintain even current standards of living.

Viel pointed out that sex education and general availability of contraceptives should be part of a first-line, preventive approach to improving living conditions. In support of the values inherent in a preventive approach to reproductive rights, Viel offered the definition of health embraced by the World Health Organization: "Health is a complete feeling of physical, mental and social well being and is not only the absence of disease."

