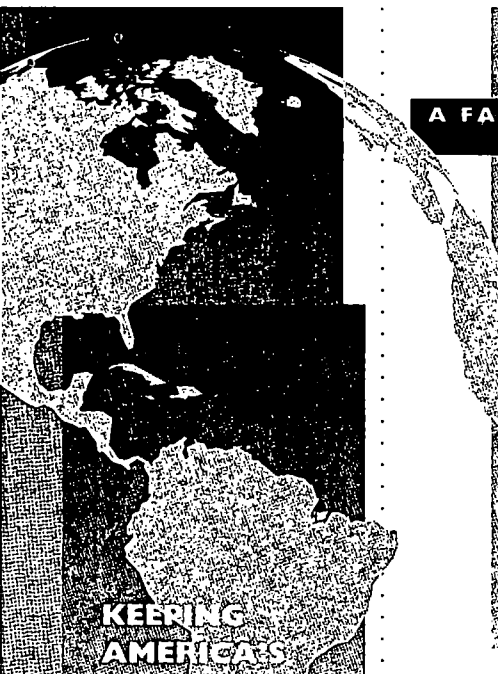


A FACT SHEET PREPARED BY THE MOBILIZING RESOURCES TASK FORCE
U.S. NGOs IN SUPPORT OF THE CAIRO CONSENSUS

Keeping America's Promises

U.S. Funding for Reproductive Health Care at Home and Abroad

KEEPING AMERICA'S PROMISES

In 1994, at the International Conference on Population and Development held in Cairo, Egypt, the United States agreed, together with other nations, to make basic reproductive health services available to all in need of them, and to this end, to increase financial support to developing countries. As the fifth anniversary of the conference approaches, where does the United States stand with respect to these commitments, both at home and abroad?

Cairo PLUS FIVE

REPRODUCTIVE HEALTH NEEDS WORLDWIDE

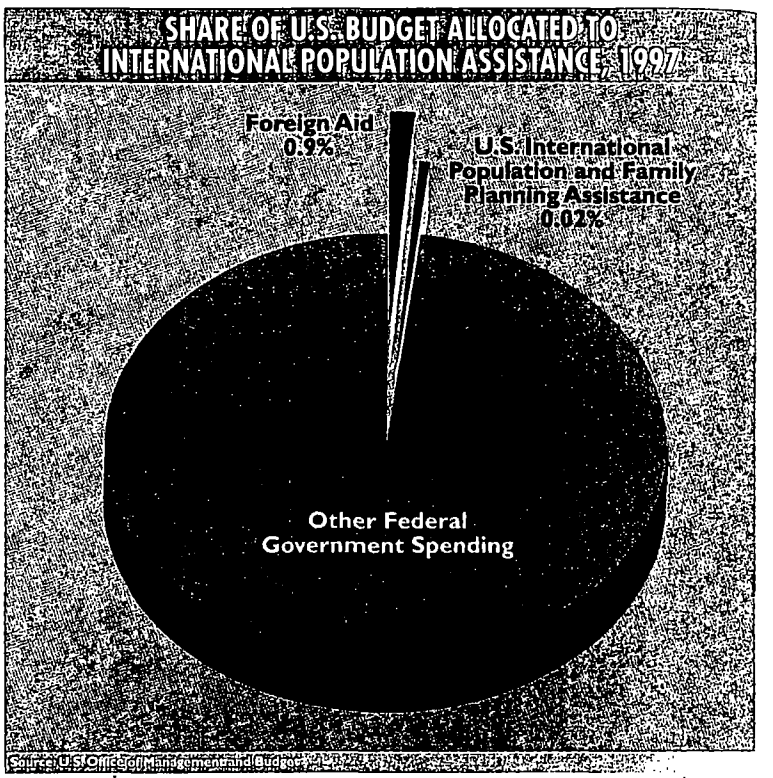
Worldwide, poor reproductive health is a serious problem—about 3.4 million women and men die each year from reproductive health related and largely preventable causes. Because of early and frequent childbearing and poor access to health care and contraception, about 585,000 women die each year in pregnancy or childbirth, including an estimated 75,000 deaths from unsafe abortion; almost all these deaths occur in developing countries. Worldwide, in 1997, some 30 million people were living with HIV/AIDS and about 1.8 million adults died of the disease. With 5.8 million new infections in that year, the future death toll from AIDS is expected to rise. In addition, 330 million new cases of other sexually transmitted diseases (STDs) occur annually worldwide, many of which undermine maternal and infant health. Meanwhile, the largest group of adolescents in history is at risk of unwanted pregnancy, HIV and other STDs.

Better access to voluntary family planning and related health care would prevent many deaths from reproductive health related causes. Family planning saves the lives of mothers and children by helping women avoid high risk pregnancies and increasing the time between births. Improved access to counseling and condoms can also prevent new cases of HIV infection and other STDs. However, funding for these efforts falls far short of the needs. Despite the growing desire of couples everywhere to make their own decisions about how many children to have and when to have them, and the urgent need to promote safer sex, contraceptive and sexual health services are still difficult to obtain, unaffordable, or of poor quality in many countries. Over 100 million women in developing countries who want to delay or avoid another pregnancy are not using contraception. As a result, couples in developing countries increasingly want smaller families, but often have more children than they would like.

Large family size contributes to continuing rapid population growth. Social and economic changes, together with improved availability of family planning, have resulted in dramatic declines in average family size across the developing world. Still, population growth rates remain high in many countries, especially where the low social status of women contributes to a continuing desire for large families. UN projections suggest world population could increase from 5.9 billion people today to 8.9 billion or more by the year 2050. Currently, the world is adding 78 million people a year, almost all in developing countries.

Keeping America's Promises

The ICPD called for universal availability of family planning by 2015 as part of a broadened approach to reproductive health and rights.



This rapid population growth is outpacing the ability of governments to provide social services and infrastructure, and undermining prospects for environmentally sustainable development. For example, 24 percent of the world lacks access to clean water. Human activity is also having a devastating impact on our environment, threatening natural resources and decimating other species. Improved access to family planning can accelerate the trend towards smaller families, thereby helping to alleviate the problems associated with rapid population growth while also enhancing reproductive health. For example, slower population growth can help avoid conflict over scarce water resources and thus promote global political stability. By making it possible for countries to invest more in education and health, slower population growth rates contribute to increased productivity and economic growth as well—and to expanded trade and prosperity in both developed and developing nations.

THE CAIRO CONFERENCE: MEETING THE NEEDS

The International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994 revolutionized the world's approach to population and development issues. The conference, attended by 16,000 representatives of governments, international and nongovernmental organizations, and the media, focused attention on the human and environmental issues surrounding rapid population growth and poor reproductive health. In Cairo, 180 nations took part in negotiations to develop recommendations for global action in the area of population and development over the next 20 years.

A major achievement of the ICPD is the recognition that empowering individual women also benefits society as a whole. The conference recommendations aim to provide women with expanded choices by improving their access to education, health services and employment opportunities, and involving them fully in policy and decision making. The conference also emphasized the close links between population and development; issues relating to population, the environment and consumption patterns; and the need for partnerships between governments and private organizations.

At the ICPD, nations agreed on a plan to improve individual reproductive health and help slow world population growth. The conference recommendations call for universal availability of family planning by 2015 as part of a broadened approach to reproductive health and rights that emphasizes meeting individual needs rather than demographic targets. Other conference goals include further reductions in infant, child and maternal mortality. Within the area of reproductive health, the ICPD highlighted the need for: family planning; prevention of sexually transmitted diseases including HIV/AIDS; and basic reproductive health care, including pre-natal and post-natal care and safe delivery. The conference anticipated that addressing the totality of human reproductive health needs in a comprehensive way would improve health outcomes while also increasing demand for family planning.

The Cairo conference identified the financial commitments needed to implement this plan. The ICPD is unique among other recent global conferences in reaching agreement on the level of financial commitments, and responsibility for these commitments, needed to fulfill key goals. The conference estimated that making quality reproductive health services available in developing countries to all in need of them would cost about $17 billion in the year 2000. The cost would rise to $22 billion in the year 2015, as a result of both the growing number of women in their reproductive years and the rising demand for contraception as couples increasingly desire smaller families. The conference agreed donor countries would provide roughly one-third of these funds, while developing countries would provide the remaining two-thirds.

THE U.S. ROLE IN INTERNATIONAL POPULATION ASSISTANCE

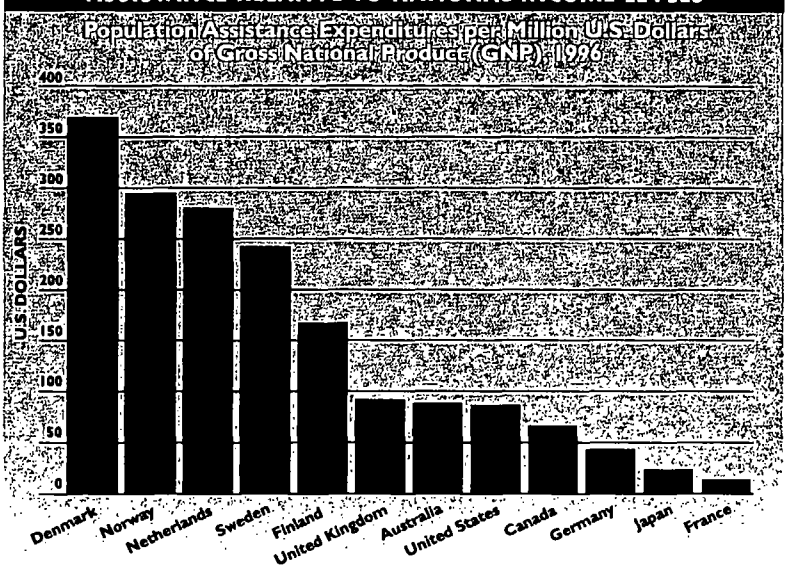
Since the 1960s, the United States has been a leader in helping poor countries develop population policies and implement family planning programs. The United States helped establish the United Nations Population Fund (UNFPA), the most important international organization working in this area. The U.S. foreign aid program, working in close partnership with private American organizations, leads the world in expertise in the delivery of high quality, cost-effective family planning and health services in developing country settings. More recently, the United States has also emerged as a leader in AIDS prevention efforts.

U.S. population assistance has been highly effective. Countries receiving significant U.S. funds have experienced remarkable increases in contraceptive use and declines in birth rates. Tens of millions of couples use family planning as a direct result of U.S. assistance; millions more have benefited indirectly from improvements in services resulting from American advice and innovations. In the 28 largest countries receiving U.S. funds, average family size has fallen from about six children in the 1960s to roughly four today. In Colombia, Indonesia and Mexico, family size now averages close to three children, while Taiwan and Thailand have reached a two-child family and no longer require U.S. assistance.

Recently, however, the Congress has slashed funds for international population assistance. Beginning in 1994, President Clinton increased U.S. support for family planning overseas significantly. But in 1996, a new and conservative Congress cut overseas development aid dramatically; funds for family planning assistance were cut disproportionately, declining by 35 percent. These cuts, together with punitive delays and restrictions on the release of population assistance funds imposed by family planning opponents, have created many problems for a successful foreign aid effort. The U.S. Congress has also eliminated all funding for UNFPA for 1999.

The United States is the largest donor but contributes too little relative to its size and wealth. In 1996, the U.S. government spent $463 million for family planning and related health activities, and an additional $175 million on maternal health and HIV/AIDS programs, for total expenditures of $638 million on population assistance as defined by the ICPD. As the largest industrialized nation, the United States appropriately contributes the most to international population programs. However, in 1996 it ranked eighth out of 20 major donors in its contribution relative to gross national product (GNP). In that year, the U.S. contributed $84 in population assistance for every million dollars of GNP, while Denmark spent $371—almost five times the U.S. contribution. Denmark's contribution represented $112 for every Danish citizen, while the U.S. contribution represented only $2.36 for every American. The United States, with declining overall foreign aid levels also ranks last among 21 donor countries in development assistance as a percentage of GNP.

MAJOR DONOR COUNTRY CONTRIBUTIONS TO POPULATION ASSISTANCE RELATIVE TO NATIONAL INCOME LEVELS



Source: UNFPA & OECD

To pay its fair share, the United States needs to triple its population and reproductive health assistance by the year 2000. The U.S. share of the year 2000 goal for donor assistance, calculated in proportion to its respective share of total GNP for the rich industrialized

nations is $1.9 billion. Because the United States is by far the largest and richest donor country, it is unlikely the overall ICPD goal for donor assistance can be met without the full U.S. contribution. Denmark, the Netherlands and Norway have already exceeded their own year 2000 goals, suggesting that fulfilling these financial commitments is largely a matter of political will. Achieving the U.S. share would cost an additional five dollars per year for every U.S. citizen—the equivalent of one fast food meal.

Political attacks continue to undermine U.S. participation in the international effort to reach a stable and healthy world population. Although the Congress has prohibited the use of U.S. foreign aid funds to support abortion since 1973, conservatives are seeking to impose additional policy restrictions relating to abortion. Current proposals would deny U.S. family planning assistance to private organizations overseas if they use other non-U.S. funds to provide legal abortion services or to participate in policy debates over abortion in their own countries. This proposal, termed the "Global Gag Rule," is more sweeping than similar restrictions in effect in the late 1980s and early 1990s in its effort to curtail basic democratic principles and free speech. These restrictions would also harm women's health by limiting access to family planning, increasing reliance on abortion and suppressing public debate about unsafe abortion.

REPRODUCTIVE HEALTH NEEDS IN THE UNITED STATES

Although reproductive health status is better in the United States than in developing countries, Americans have significant unmet needs for reproductive health care. Each year, more than 3 million unintended pregnancies occur, 1.4 million of which end in abortion. The U.S. teen pregnancy rate is far higher than that of many other developed countries—twice as high as England, France and Canada, and nine times as high as Japan and the Netherlands. Almost one million teen pregnancies occur each year in the United States, of which 4 out of 5 are unplanned. Moreover, of 12 million new STD infections nationwide each year, fully 3 million are in teens. Women and people of color are also disproportionately affected by STDs; ectopic pregnancy, a consequence of untreated STDs, is the leading cause of death in early pregnancy among African American women.

The poor, minorities, illegal immigrants and adolescents in the United States have less than optimal access to reproductive health care. Although most people rely on private insurance to help pay for their reproductive health care, some 30 million Americans lack health insurance. They must either pay out of pocket or rely on subsidized services or even emergency room care to cover the costs of contraception, STD treatment and maternity care. Roughly half of the 33 million women nationwide in need of contraception, including 5 million teens and almost 12 million low income women, have a need for publicly supported services. There is also significant racial disparity in access to early prenatal care: in 1994, 83 percent of white women, but only 68 percent of black women, received such care. Age is also a factor—one-third of pregnant teens did not receive adequate prenatal care.

In addition, private insurance coverage of family planning services is seriously inadequate. Although most private insurers cover prenatal care and STD treatment, the same cannot be said for screening and contraceptive services. Ironically, while most private plans cover

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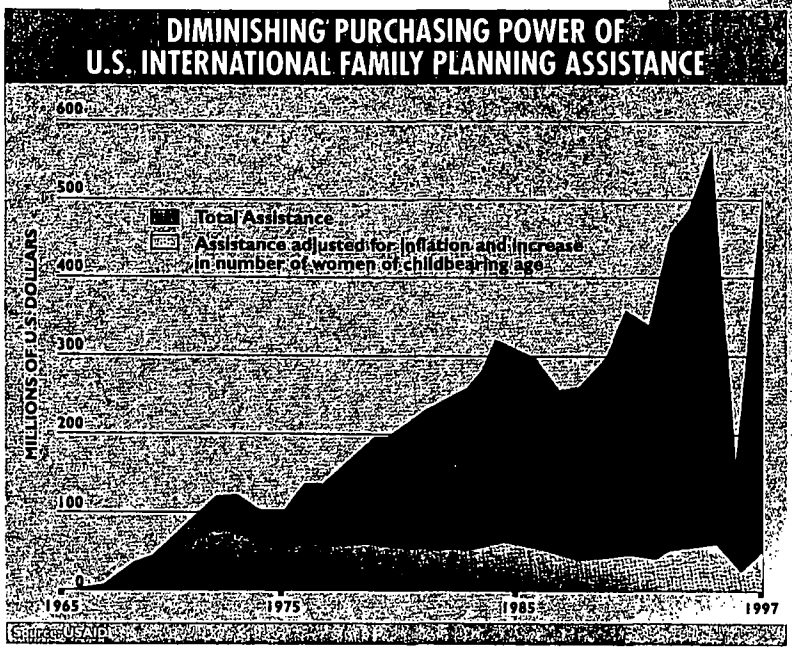
The U.S. is the world's largest industrialized country, but in 1996 it ranked eighth out of 20 donor countries in population assistance relative to GNP.

DIMINISHING PURCHASING POWER OF U.S. INTERNATIONAL FAMILY PLANNING ASSISTANCE



Source: USAID

Keeping America's Promises

The United States must increase funding to promote universal access to basic reproductive health care both at home and abroad.

the surgical procedures of sterilization and abortion, fully half of large insurance plans cover no method of prescription contraception. Less than 20 percent of these plans and less than 40 percent of managed care programs cover all five major reversible contraceptive methods. As a result, women of reproductive age in the United States pay 68 percent more in out-of-pocket health care costs than men of the same age.

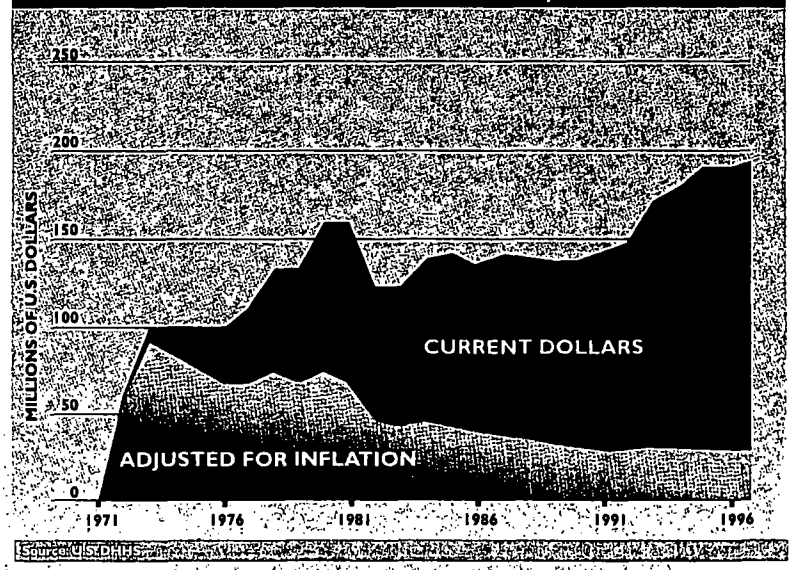
PUBLIC FUNDING FOR DOMESTIC REPRODUCTIVE HEALTH CARE

The U.S. government provides funding for reproductive health care for uninsured individuals through a variety of programs. In the United States, low income women and others can obtain subsidized family planning and prenatal services, and STD screening and treatment, through a patchwork of clinic based services funded through several public health and insurance programs. Clinics serving these populations often receive government funds from several sources, including the federal Medicaid and Title X (ten) programs, state government contributions and federal block grants to the states. While the Medicaid program is the largest funding source for family planning, providing almost half of all public spending, it does not directly fund clinics or provide services. Title X is the only federal program dedicated solely to the provision of family planning services and related reproductive health care through a national network of clinics and federal regulations and guidelines.

Public funding, especially through the Title X family planning program, remains important in the United States, serving an estimated 6.6 million women and teens each year. Over half (57 percent) of individuals receiving publicly funded family planning services have incomes below the federal poverty level. Almost 60 percent of some 7,100 U.S. clinic sites providing subsidized family planning services are funded, at least in part, by Title X. Moreover, about two-thirds of women receiving subsidized family planning are served by clinics funded through Title X. For many family planning patients, a Title X-funded clinic may be the only access they have to health care at all.

Federal family planning funds support a broad range of reproductive health care, but may not be used to pay for abortion. Clinics funded by Title X support the full range of contraceptive information and services, routine gynecological care, pregnancy testing and other basic reproductive health services. They may also choose to provide prenatal care in some instances. In addition, family planning clinics are playing an increased role in STD care; in 1993 STD and AIDS screening, counseling and treatment accounted for roughly one-quarter of the budgets of clinics offering such services. Maternal and child health clinics and community health centers may also provide family planning services, and STD clinics (which traditionally serve more men than women) usually refer patients for other reproductive health services.

DIMINISHING PURCHASING POWER OF FUNDS FOR THE TITLE X DOMESTIC FAMILY PLANNING PROGRAM, 1971 TO 1997



Without question, the provision of publicly funded reproductive health services is highly cost-effective. Each year, publicly funded contraceptive services help American women avoid 1.3 million unintended pregnancies, more than 600,000 of which would have ended in abortion. Studies show that for every dollar spent on publicly funded family planning services, over $3.00 is saved in pregnancy related costs in

the short term. In addition, for each dollar spent to provide prenatal care to low income women, more than $3.30 can be saved in health care costs. Treatment of the consequences of chlamydia, the most common curable STD in the United States, is estimated to be 12 times greater than the cost of screening and treatment. Expenditures on preventive care can also avoid the need for billions of dollars in expenditures on social and health services and temporary welfare payments as well.

Federal funding for reproductive health care has fallen in real terms and is inadequate to meet current needs. Between 1980 and 1994, total U.S. public expenditures for family planning fell by 27 percent in constant dollars, while funding for the Title X program declined by over 65 percent. If Title X funding had merely kept up with inflation, it would be funded at nearly $500 million today, rather than the $200 million level where it is currently stagnating. Federal maternal and child health and STD programs have also experienced cuts in real terms, with funding remaining largely level. Thus, as health care costs have soared and the number of potential clients has increased, the ability of these programs to provide services has been significantly undermined. Some clinics have reduced hours of operation and placed patients on waiting lists for effective long-term family planning methods. A lack of funds is also limiting the role of family planning clinics in screening and treatment of STDs. Meanwhile, over the last three years, Congress has attempted to eliminate funding for the Title X program in its entirety, to shift family planning dollars to other programs, and to impose restrictions that would severely limit the ability of teens to receive services—efforts that have been largely unsuccessful thus far.

CAIRO+5: ASSESSING PROGRESS SINCE ICPD

The Cairo conference has had a profound impact on government policies and programs as well as the lives of millions of men and women around the world. Since Cairo, many countries have undertaken a broad range of actions to implement the ICPD approach including changes in population and development policies; legal and constitutional reforms to better protect women's rights and promote gender equality; and efforts to strengthen and reorganize family planning and health services to meet a broad range of reproductive health needs. To mark the fifth anniversary of the ICPD, the United Nations is planning a series of meetings to assess progress to date, identify remaining challenges and recommend future actions. These meetings will also call on governments to recommit themselves to the goals agreed on at Cairo.

Both developing and donor nations are far from achieving the ICPD financial goals; in many poor countries a shortage of funds is impeding efforts to implement the conference recommendations. According to the United Nations, governments, private organizations and households in developing countries spent just under $8 billion on reproductive health in 1996. This represents about 80 percent of total spending from all sources—and 70 percent of the contribution required from developing countries in the year 2000. However, a few developing countries account for most of this spending; the poorest countries, which tend to have the worst reproductive health status and highest population growth rates, spend much less. Meanwhile, in 1996, the donor community spent two billion dollars, or just over 35 percent of the year 2000 goal for donor contributions. Thus, the industrialized nations are currently paying only one-fifth of the costs of the global effort, rather than the one-third agreed on in Cairo.

The United States must stand by the commitments it made in Cairo. For many years, the United States set an example to other governments in its efforts to expand worldwide access to family planning and support family planning services for poor Americans. But U.S. leadership has been undermined by budget cuts—or in the case of domestic budgets, declines in real terms—and by crippling restrictions on both international and domestic family planning funding which can only lead to more unwanted pregnancies and abortions. The United States must live up to the responsibility that comes with its wealth and role as a world leader, and increase funding to promote universal access to basic reproductive health care both at home and abroad. Better reproductive health and slower population growth will yield benefits to the global economy and environment, and improve the quality of life for Americans and all people.

Keeping America's Promises

1994 · 1999

PLUS FIVE

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1994-1999 Cairo PLUS FIVE

CAIRO PLUS FIVE

TOP TEN Q&A

Through July of 1999, a process referred to as "Cairo Plus Five" or "ICPD+5" will increasingly involve the international development community — including the U.N. Population Fund (UNFPA), the United States and other governments, nongovernmental organizations (NGOs), the media and the general public. The process involves a global review of population-related developments in the five years since the International Conference on Population and Development (ICPD) was held in Cairo, Egypt, in 1994.

This brief, produced by **U.S. NGOs in Support of the Cairo Consensus,** provides answers to ten of the most commonly asked questions about the process.

Q. What is "Cairo Plus Five?"

A. In September 1994, the United States and delegations from 179 nations and thousands of NGO representatives met in Cairo to discuss ways to address world population growth and promote global economic and human development. The ICPD reached consensus on a historic shift in policies to address rapid population growth: to move away from demographic targets to a 20-year goal of meeting individuals' reproductive health and development needs .

This visionary approach is reflected in the final conference document, a 16-chapter *Programme of Action* that offers concrete actions for improving the quality of life for all people. Key recommendations include: empowering women in the economic, political and social arenas; removing gender disparities in education; integrating family planning with related efforts to improve maternal and child health and prevent the spread of HIV/AIDS and other sexually transmitted diseases (STDs); increasing financial and human resources commitments; and strengthening cooperation between the public and private sectors in implementing these goals.

Nations and NGOs involved in population and development issues will now meet in a series of high-level meetings to assess the progress made in the five years since Cairo. These meetings, and their preparatory regional and technical conferences, will identify successful programs and strategies and share lessons learned. They will also review the status of commitments made at the ICPD and identify key actions needed to move the Cairo agenda forward.

Q. What is at stake during this review process?

A. Life itself is at stake for millions of mothers and their children who die each year from the complications of pregnancy and childbirth, including unsafe abortion. Action is urgently needed to prevent these deaths, as well as to reduce unintended pregnancy, abortion, and to stem the spread of HIV/AIDS and other STDs.

Although family planning services are more widely available than ever, more than 100 million women in the developing world want to space or limit their childbearing, but are not using modern contraception. And that number is growing. At the turn of the millennium, nearly 1 billion of the Earth's 6 billion people will be teenagers. Now entering their reproductive years, these young people have an enormous unmet need for reproductive health information, education and services — in addition to jobs, education, housing and health care.

The planet's demographic future is also at stake. World population today stands at 5.9 billion, and is expected to reach 6 billion in late 1999. About 78 million people are added to the world's population each year, 95 percent of them in developing nations. Depending on how successful the world is in implementing the ICPD *Programme of Action*, the latest U.N. projections show that by the year 2050 (in our children's lifetime), the world's population could be as low as 7. 3 billion people or as high as 10.7 billion.

In many countries, rapid population growth is straining the ability of governments to provide social services and jobs, and undermining prospects for environmentally sustainable development. If fully implemented, the ICPD *Programme of Action* would enable individuals, communities and governments to cope better with these and other challenges and decrease political friction over scarce resources, including natural resources such as fresh water and arable land. By making greater investments in social services possible, slower population growth rates can help foster economic development and political stability — above and beyond the benefits of such social investments to individuals and families.

Q. Is Cairo working?

A. Cairo, as represented in the *Programme of Action*, is an ambitious document with a 20-year timetable. Although early in the process, there is evidence that the new approach to population and development that is at the heart of the document is working. The U.N. is conducting a global review, and independent case studies are underway in at least 16 countries. Early findings indicate broadening commitments to women's advancement (such as girls' education and legal rights); increasing integration of family planning with other basic health services; new ways to provide family planning to adolescents, rural residents and other under-served people; and expanding public-private partnerships among governments, NGOs and other sectors of civil society such as religious and business leaders.

Progress among countries is uneven, however. Huge disparities remain in women's status, family size, child health, and educational opportunities for boys and girls. Millions of couples still don't have access to basic reproductive health services, including family planning. Many donor countries are not living up to their share of the funding goals agreed to at the ICPD.

Just as with the 1994 Cairo conference, NGOs hope that the Cairo Plus Five process, by requiring each nation to assess its progress and participate in global consensus-building, will help strengthen and affirm commitments made at Cairo and move implementation forward.

Q. Why are women a central focus of the Programme of Action?

A. In much of the world, women's low status means they have little control over their reproductive lives, including pregnancy and childbirth, whether contraception of any sort is used, whether to marry or even whether to have sex. Teenage women have the least freedom and are most vulnerable in these areas, including young women in the United States.

In many developing countries, women often see few options for their lives beyond childbearing. Education and broader social, political and credit opportunities for women, however, have been proven to raise most indicators of economic wellbeing as women postpone marriage and children. Even short periods of education for women on nutrition, health care, sanitation and environmental stewardship — areas where women tend to have primary responsibility — tend to boost family health and resource conservation, and improve economic wellbeing.

Q. Are we forcing this program on poor women and on poor nations?

A. No. Women surveyed worldwide have expressed a consistent demand for family planning services, saying they wanted fewer children than they now have. Fertility rates were falling worldwide before Cairo, and the reasons are generally acknowledged: increasing educational achievement for girls, declining infant mortality rates, growing rights for women, the move of people from rural to urban areas, better health care, and especially the availability of quality family planning services. To ensure

that these trends continue, developing nations have embraced the ICPD *Programme of Action* as central to their hopes for sustainable social and economic development. Overall, developing countries shoulder three-quarters of the cost of meeting the demand for family planning and other reproductive health services. For the poorest countries, however, assistance from international agencies and donor countries is crucial and the help currently forthcoming from the donor community falls far short of what is needed.

Q. Isn't the Vatican opposed to the ICPD recommendations on birth control and family planning?

A. While opposed to the use of contraception, other than natural family planning, the Vatican supported ICPD recommendations for empowerment and education of women and for economic, political and social development. The ICPD *Programme* responded to the broad and urgent demand for effective family planning services across the spectrum of world religions and cultures, recognizing that opinion and practice would differ. No ICPD recommendation seeks to promote abortion but rather to reduce the demand for abortion by ensuring access to safe, effective and affordable methods of contraception. But it also states that there should be treatment for women suffering from the complications of unsafe abortion, and that where abortion is legal, it should be safe.

Despite highly visible opposition from the Vatican, most Protestant and Jewish denominations in the United States have positions supporting contraception and a woman's right to choose abortion.

Q. What is the role of nongovernmental organizations (NGOs) in dealing with these issues?

A. NGOs provided much of the field knowledge and program experience that guided drafting of the ICPD *Programme of Action*, and were especially influential in pressing for action on women's needs. NGOs continue to hold governments accountable for promises made in Cairo, to monitor progress and to generate additional support for ICPD implementation, as well as to discover and test new techniques and approaches to service delivery. NGOs also play a key role in educating and informing policy makers, the media and the general public of current issues in the field and in providing the individual stories of human success and challenge that make those issues real to the world audience.

Q. How has the United States done on its ICPD commitments? Hasn't Congress cut funding?

A. The United States played a leadership role in Cairo, strongly stating its commitment to ICPD goals and incorporating them into key policies. Programs to implement ICPD goals are in place at the U.S. Agency for International Development (USAID), the State Department, the Department of Health and Human Services, the Environmental Protection Agency, Labor, and the Census Bureau, among other agencies.

Beginning in 1994, President Clinton increased U.S. funding for population programs overseas. But in 1996, a new and conservative Congress cut overseas development aid dramatically; funds for USAID family planning assistance were cut disproportionately, declining by 35 percent. These cuts, together with punitive delays and restrictions on the release of population assistance funds imposed by family planning opponents, threaten to cripple U.S. assistance to the foreign NGOs that deliver international family planning services to much of the world.

Based upon its share of overall wealth and the year 2000 goal for donor assistance contained in the ICPD *Programme of Action* , the United States' "fair share" is $1.9 billion. Because the United States is by far the richest donor country, it is unlikely that overall ICPD goals for donor assistance can be met without the full U.S. contribution. Denmark, the Netherlands and Norway have already exceeded their year 2000 "fair share" of donor assistance. Achieving the U.S. share would cost an additional $5 per year for every U.S. citizen — the cost of one fast food meal.

Q. Why should the average American citizen care about Cairo Plus Five?

A. The world is increasingly interconnected. Threats to the environment, basic human rights and public health in any nation now cross international borders. Such threats are made more serious by rapid

population growth. Indeed, the prospects for peace and economic development in the 21st century will depend, among other things, on meeting human needs and slowing population growth.

The promise of Cairo also affects Americans more directly. Here in the United States, high teenage pregnancy rates have begun to drop, as have rates of unintended pregnancy and abortion, partially due to improving sexuality education programs that have led to fewer teens having sex and more teens using contraceptives. New programs have been instituted to build self-esteem among young women and to involve young men in responsible family planning, and others seek to improve women's access to credit, family planning and legal services.

Q. How fast is population growing in the U.S. and other industrialized nations?

A. The United States is the world's third largest nation, with 274 million people. Americans are having babies at a rate slightly higher than most industrialized nations, 2.1 children per woman. This fact, combined with relatively high levels of teenage pregnancy and immigration, means that the U.S. population is growing at 0.8 percent per year. At this rate, U.S. population is expected to increase by at least 50 percent by the year 2050.

Italy has the world's lowest child-bearing levels at 1.2 children per woman, with Japan, Spain and a number of other European countries not far behind. Some pundits have argued that these trends and the social factors that caused them will inevitably continue and spread without further effort on our part, leading in 40 years or less to depopulated nations, a huge dependent elderly population and widespread loneliness.

Such notions ignore the reality of inevitable population growth generated by the large numbers of young people just entering their childbearing years. They also ignore very different conditions in poorer parts of the world where health care is challenged by poverty and widespread resurgent disease, where women's rights are often circumscribed, and where much of the population remains without access to reliable and affordable contraception. In 40 African nations, for example, fertility remains at six children per woman.

In addition, the rising number of people over age 65 is likely to prove a benefit rather than a burden, as medical and nutritional advances are boosting their vitality and productivity.

In environmental terms, the impact of each American on the planet is much greater than their sheer numbers indicate. Americans, with 5 percent of the Earth's people, generate 25 percent of its waste and pollution.

Cairo Plus Five At a Glance:

A three-day Special Session of the U.N. General Assembly (30 June-2 July, 1999)will mark the formal culmination of the five-year review of the ICPD. Events leading up to the Special Session began in April and include the following:

Roundtables focusing on key themes of the ICPD *Programme of Action*:

Adolescent sexual and reproductive health (April 1998); Reproductive rights and reproductive health programs (June 1998); Participation of civil society in ICPD implementation (July 1998); Population and macro-economic linkages (November 1998).

The Hague Forum on ICPD implementation (8-12 February 1999, The Hague), organized by the United Nations Population Fund (UNFPA), will bring together national delegations, U.N. organizations and NGOs. Events preceding the Forum include a forum for NGOs, including youth (6-7 February 1999, The Hague), and a meeting of parliamentarians (4-6 February 1999). See page 4.

The 32nd Session of the **Commission on Population and Development** (22-30 March 1999, New York) will serve as the preparatory committee (PrepCom) for the U.N. Special Session scheduled for 30 June-2 July 1999.

Here in the United States, an informal network of NGOs is involved in activities as part of the Cairo Plus Five process. **U.S. NGOs in Support of the Cairo Consensus** currently comprises four task forces working to build public awareness of and support for ICPD implementation. See http://www.cedpa.org/cairo.

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Focus on Population And Development

The U.S. and the UN International Conference on Population and Development

World leaders gathered in Cairo, Egypt, in September 1994 to address crucial problems facing humanity at the third decennial UN conference on population. The International Conference on Population and Development (ICPD) presented a critical opportunity to develop a program of action to address problems that cause immeasurable human suffering in all parts of the world.

Delegates to the ICPD agreed on a Program of Action that will help guide the population programs of the United Nations and national governments into the next century. The Program of Action is not a binding treaty, but it will serve as a benchmark and standard toward which governments and agencies should strive.

The U.S. Government fully participated in both the preparations for Cairo and the conference itself—and in articulating a new approach to population policy. The new approach enjoys the support of a majority of the world's nations. Grounded in a commitment to health, development, and empowerment, the new approach strengthens families and communities, promotes economic and social development, and affirms, in the words of the UN Charter, "the dignity and the worth of the human person."

An Emerging Consensus

The new international consensus on population policy is a recent development, but it has been decades in the making. Since they were implemented on a broad scale in the 1960s, population and family planning programs have enabled millions of men and women to plan the size and spacing of their families. In large part, these services have improved the lives of millions of people, but they have periodically drawn criticism for narrowly focusing on lowering birthrates and insufficiently addressing human rights, women's health, and cultural differences. Previous UN conferences on population were marked by heated debates on how to address population growth and, indeed, whether population growth is a problem at all.

At the World Population Conference in Bucharest in 1974, the U.S. and other industrialized countries advocated programs to slow growth rates, while the developing countries countered that "development is the best contraceptive." By 1984, when the UN held its second conference on population in Mexico City, many positions were reversed. The developing countries acknowledged the need for population programs, but the U.S. delegation pronounced population a "neutral factor" and scaled back family planning efforts worldwide. During the 1992 earth summit in Rio de Janeiro, delegates vigorously debated the role of population in sustainable development.

In welcome contrast, the Cairo conference was characterized by an extraordinary degree of international agreement. The new consensus reflects, in part, the degree to which population professionals have responded to concerns voiced by women's groups and the citizens of developing countries. It also is a product of improved understanding of the complex context in which decisions about childbearing are made. There is now broad agreement that development and family planning can work separately to slow population growth but that they work most effectively when pursued together. There also is increasing recognition that population growth is part of a constellation of factors that can cause environmental degradation. And it is widely acknowledged that family planning should be provided as part of broader primary and reproductive health initiatives, that population policy should encompass economic opportunity for women, and that legal and social barriers to gender equality should be eliminated.

The preparatory process for the Cairo conference also benefited from a high level of citizen participation. More than 1,200 representatives of citizens' groups attended the last preparatory meeting in New York and more than 2,000 attended the conference. They played an important role in drafting conference documents. Many of the representatives were women from diverse backgrounds and all regions of the world. The U.S. delegation included 15 citizen representatives, including women's health experts, environmentalists, and population experts.

The Administration actively sought the input of citizens and organizations in the development of its new policies. State Department representatives participated in town meetings from coast to coast and conducted meetings encouraging participation in document drafting. Continuous outreach for input has been at the crux of U.S. preparations. The increased interna-

To obtain a copy of the Program of Action, call the UN International Conference on Population and Development on (212) 297-5222 or write to the following address: ICPD, 22nd Floor, 220 East 42nd St., New York, NY 10017. ❑

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tional involvement of citizen groups signals an important shift—from top-down imposition of "population control" measures to community-based programs that are crafted to respond to the needs of individuals and families.

North-South Agreement

At previous UN population conferences, the fault lines of debate tended to separate industrialized and developing countries. The Cairo process, in contrast, has prompted far more cooperation between North and South. This may imply a greater understanding that political boundaries are porous—that modern-day plagues of environmental devastation and disease do not respect national borders and that increasing globalization has drawn more tightly the bonds that connect us. The problems facing the human community—although they differ greatly in magnitude—are the same the world over. We all aspire to have strong families, secure livelihoods, high-quality health care, and a healthy environment. We share a concern about the world that our children will inherit and struggle to maintain our moral compass in a world that is rapidly changing.

These shared concerns are each, in some way, enmeshed with the issue of population growth. The size and rate of growth of the human population certainly affects the quality of public health, opportunities for employment, and the ability of families and societies to provide for their members. But there are other, equally important factors: the way resources are used and distributed and the economic, political, and social factors that moderate access to opportunity. Participants in the Cairo conference addressed population growth not simply as a problem of numbers but as one of many factors that shape the human prospect. The conference's guiding vision was stabilized population growth and sustainable development to meet the needs of current generations without compromising the ability of future generations to meet their needs. Successfully realized, this goal will assure broad-based economic growth; protect the environment; and enhance human rights, health, and potential.

The theme of the Cairo conference, "Choices and Responsibilities," encapsulated the new approach to population issues. This emphasis reinforced the U.S. conviction that the decision to bear a child is a profoundly personal one and that men and women have the right to decide freely the number and spacing of their children. With choice, however, comes responsibility. The Cairo conference underscored the responsibilities of parents to their children, of men and women to each other, of governments to their citizens, of caregivers to their clients, and of current to future generations.

A Program of Action

Following is a broad outline of the Program of Action which was approved by consensus in Cairo. The U.S. Government supports the programs and policies embodied in this document. Therefore, the following also is a statement of U.S. population policy. U.S. domestic policies in this area are identical to those it supports internationally.

Principles. The Program of Action is guided by a set of principles agreed to by 180 countries. These call for full respect for religious diversity, critical values, and cultural backgrounds; international human rights standards; and national laws when implementing population and development programs. They are based on the interrelationship between population and sustainable development.

The Family. Families are the basic unit of society. They are the nurturers, caregivers, role models, and teachers who instill shared societal values. Around the world, they also are challenged as never before. The number of single-parent homes has soared to as many as one in three worldwide. Families are sundered for many reasons—divorce, death, war, or migration in search of economic opportunity. But the result is often the same: Most single-parent families are headed by women, many are desperately poor, and children are denied the benefits of an intact family.

The Cairo Program of Action seeks to preserve the integrity of families and help those that face special challenges, such as single-parent families and extended families caring for the elderly. Improved health care and greater economic security, which are discussed in detail, are recommended to bolster the capacity of family members to sustain and care for each other. The Program of Action asks governments to ensure that men shoulder their full share of responsibility as parents, for example, through the enforcement of child support laws. Governments are urged to help increase the earning power of poor women, especially those with children, through training and self-help programs. The Program of Action also calls for measures that enable parents to combine family responsibilities and labor-force participation. An example of such policies is the Family and Medical Leave Act, signed into law by President Clinton in 1993, which guarantees that no worker will have to choose between keeping his or her job and caring for a new child or sick family member.

Elderly men and women are valued members of the family. In the developed countries, falling birth rates and medical advances have created a sharp increase in the number of elderly men and women: By the year 2025, people over 60 years of age are expected to comprise nearly one-fourth of the population. Sadly, the erosion of extended family networks has left many older men and women without adequate care and support. The Cairo Program of Action seeks to repair frayed support networks by promoting the strengthening of social security systems and enhancing the ability of families to care for elderly members.

Sustainable Development. Despite the great technological advances of the last half-century, a global chasm of inequity still separates rich and poor. While a billion of the world's people live in relative affluence, another billion exist on the knife-edge of survival; one person in five does not have enough to eat. Despite decades of development efforts, the gap between rich and poor nations—and inequalities within nations—remains wide.

In much of the developing world, poverty is both a cause and effect of population growth. Mortality rates have fallen steeply due to public health advances, but fertility remains high, in

part, because poor families rely on children for social and economic security. A destructive synergism takes hold: Rapid population growth perpetuates poverty by straining the ability of families and societies to support their members, and economic uncertainty, in turn, fosters rapid population growth.

Among the greatest challenges we face as a global community is that of assuring secure livelihoods for the world's people. This problem is acute in the developing countries, where the UN estimates that a half-billion people currently are unemployed or underemployed. To accommodate their growing populations, those countries must create 30 million new jobs each year to maintain current employment levels. Few consider it likely that the strained governments of the developing world can generate increases of that magnitude.

At the UN Conference on Environment and Development (UNCED) in Rio in 1992, world governments agreed to "Agenda 21"—a worldwide blueprint for sustainable development. The ICPD Program of Action reinforces many of the UNCED objectives, without rewriting Agenda 21. The Program of Action recommends steps to both stabilize population growth and foster broad-based economic development. It asks the international community to rethink trade policies to maximize job creation in the industrial, agricultural, and service sectors; to seek methods of reducing the debt burden on developing countries; and to promote development strategies that enhance the personal and economic potential of the world's poorest citizens through health care, education, and training. For their part, developing country governments are urged to create and sustain democratic institutions, curtail corruption, and redirect domestic budget priorities to human resource development.

Gender Equity. Another inequitable divide separates boys and girls, men and women. In many parts of the world, girls are fed less, given less medical care, withdrawn from school earlier, and forced into hard labor sooner than boys. Women, who perform an estimated 60% of the world's work, own only 1% of the world's land and earn just 10% of the world's income. This inequity exacts another toll in women's lives, health, and potential and is closely associated with high fertility. Where they are denied education, secure livelihoods, and the full legal and social rights of citizenship, women depend on children as their only means of attaining status and security. Efforts to increase women's self-determination have been shown to improve the health and well-being of women and their children and to slow the pace of population growth. For example, women with even a primary school education have fewer, healthier, and better-educated children and are far less likely to die in childbirth than their uneducated peers.

Improving the status of women is a core objective of the Program of Action, which urges governments to close the gender gap in education and political life and to eliminate all forms of institutionalized discrimination against women, for example, in hiring practices, access to credit, and property-ownership laws. It condemns the preferential treatment of boys and encourages affirmative measures to improve the health, nutritional status, and self-esteem of girls.

Health. In the past 50 years, global life expectancy has increased by nearly 20 years, and the risk of dying in the first year of life has fallen by almost two-thirds. While these gains are significant and encouraging, they mask persistent disparities between rich and poor. Poor people worldwide—particularly women and children—sicken and die by the thousands from health problems that are readily preventable and curable.

Every year, 500,000 women die of pregnancy-related causes. The vast majority of those deaths take place in the developing world. An African woman, for example, is 200 times more likely than a European woman to die in childbirth. The infant mortality rate in the developing countries is six times higher and the child mortality rate is seven times higher than in developed countries. Disparities exist within countries as well. In the U.S., infant mortality among whites is at 8 per 1,000 births, while African-American infant mortality is at 18 per 1,000—a rate higher than that in Cuba or Poland.

Maternal and child mortality is closely associated with insufficient family planning services and reproductive health care. At least 100 million women in the developing world—one in six married women outside China—wish to avoid or postpone pregnancy but lack access to modern contraception. And even where family planning and reproductive health services are available in developing countries, the quality of care is often poor. When couples lack the ability to plan and space their pregnancies, high fertility takes a great toll on women's lives and health. The leading causes of maternal deaths are postpartum hemorrhage—which is most common among poor women who have had several closely spaced pregnancies—and unsafe abortion. Between 50 and 60 million abortions are performed each year, nearly half of which are illegal and often unsafe.

High fertility takes a toll in children's lives as well. A child born less than two years after a previous birth is more likely to die before his or her fifth birthday. Child mortality and high fertility form another destructive synergism: Where infant and child mortality rates are high, parents tend to have more children in the hope that some will survive, yet high fertility results in an even greater number of infant and child deaths in the absence of necessary health services.

The ominous advance of AIDS and other sexually transmitted diseases (STDs) poses another threat to global health. The World Health Organization estimates that, in 1994 alone, approximately 2 million people will become infected with HIV, the virus that causes AIDS. Women are the fastest-growing population of persons living with AIDS and HIV infection. In some U.S. cities, AIDS already has become the leading cause of death among vulnerable groups of women, especially those between the ages of 15 and 45.

The Cairo Program of Action recommends several measures to halt these pandemics of disease and death. It calls for extending integrated primary, maternal, and child health services to all, and ensuring universal access to prenatal care, immunization coverage, and programs to combat malnutrition. Such programs are urged to pay particular attention to the most

vulnerable and under-served groups in the population and to remove barriers to access. The Program of Action asks governments to develop multisectoral strategies to combat AIDS and other STDs, particularly through early diagnosis and treatment and public education campaigns stressing the importance of safe and responsible sexual behavior.

Improved family planning and reproductive health services are a cornerstone of the Program of Action's recommendations to improve health. The Program of Action asks governments to assess the extent of unmet need for family planning services and to provide universal access to the full range of safe contraception and reproductive health services. It rejects the use of incentives, such as cash gifts to those who agree to use contraception, as well as disincentives, such as policies that punish families for having more than a certain number of children.

The Program of Action does not promote abortion, but it does recognize the need to address unsafe abortions as a critical public health concern. This issue also generated controversy at the conference, because although abortion is permitted under some circumstances in 173 of 190 countries, national laws on abortion vary. The Program of Action will be implemented by each country in accordance with national law and international human rights standards. Nearly all countries at the conference agreed on reducing the need for abortion through the provision of safe and effective family planning services. The Program of Action urges governments to consider including a commitment to women's health and well-being in their policies. It supports women's access to quality health care services, including reliable information, counseling, and medical care to enable them to terminate their pregnancies in those cases allowed by law, as well as access to services to provide for the management of complications of unsafe abortions.

Adolescents. Adolescent sexual activity and fertility pose a special set of problems and challenges. Adolescents often are directly or indirectly coerced into early sexual activity, either through forced marriage or the seemingly inexorable forces of peer pressure. Although men and women are marrying later in many parts of the world, adolescent marriages are still common in some areas. In Mali, for example, the average age for marriage is 16. And in the U.S., one in five 15-year-old girls has had sex at least once; the comparable figure for boys is two in five. Many adolescents lack the emotional and cognitive maturity to enter into responsible sexual relationships.

Whether it takes place within or outside marriage, early sexual activity risks the lives and well-being of young women and their children. Adolescent mothers are twice as likely to die in childbirth as mothers aged 20-24, and their babies are more than twice as likely to die in their first year of life. Moreover, adolescent motherhood—particularly among the unmarried—can sharply limit a young woman's education and earning potential, as well as her children's horizons. And sexually active adolescents risk exposure to deadly STDs, including increased incidence of AIDS among teenagers. Among unmarried teens, STDs and unplanned pregnancies may reflect their lack of access to family planning and reproductive health services, which are often limited to married couples.

These problems are expected to grow along with the burgeoning world population of adolescents which, by the year 2000, is expected to number 1 billion. Accordingly, the Program of Action offers several strategies to address sexual activity and fertility. It asks governments to enforce laws governing the minimum age of consent and age at marriage. The Program of Action also recommends programs to curtail adolescent pregnancy by encouraging young teens to delay the initiation of sexual activity. In addition to emphasizing the importance of interpersonal relationships and responsibilities of sexuality, the Program of Action advocates measures to ensure that adolescent girls have alternatives to early childbearing, such as educational and employment opportunities. Governments are asked to ensure that those teens who are sexually active have access to appropriate counseling, family planning, and reproductive health services. The Program of Action recognizes that parents have a central role in teaching their adolescent children about moral and responsible behavior and recommends programs that support and strengthen that role.

The Environment. Our planet's thin layer of life is threatened as never before. Ozone depletion, climate change, and species loss are all red alerts that we have strained the regenerative capacity of ecological systems. These problems have deeply disturbing implications for future generations. As the U.S. National Academy of Sciences and the Royal Society of London warned in 1992, "If current predictions of population growth prove accurate and patterns of human activity on the planet remain unchanged, science and technology may not be able to prevent either irreversible degradation of the environment or continued poverty for much of the world."

Population growth per se is not a direct cause of environmental problems; the effect of any given population on the environment can be magnified or mitigated by patterns of resource consumption and technology. The industrialized world has the most environmentally damaging habits and technology, and, therefore, contributes the lion's share to trends attributed to global environmental degradation. Estimates show that, with only 22% of the world's population, the developed countries use two-thirds of all resources consumed and generate 75% of all pollutants and wastes. Many analysts believe that the earth cannot support all of its current—much less future—inhabitants at contemporary developed-country levels of consumption. A central challenge for the international community is, therefore, to craft a paradigm of development that meets human needs at lower environmental cost.

The Program of Action emphasizes the role of unsustainable resource use as a cause of environmental problems and urges the development and sharing of environmentally sustainable technologies and practices. It also calls for the integration of population dynamics into planning for sustainable development and asks governments to integrate women into matters of natural resource protection and management.

Urbanization-Migration. Whether from country to city or from one country to another, many people have

traditionally moved in search of improved opportunities—a better job; better surroundings; a better quality of life. In recent decades, millions have sought better lives by moving to urban areas, and cities have mushroomed. The number of cities with populations of more than 1 million rose from 111 in 1960 to 288 in 1990, more than two-thirds of which are in the developing world. Building capacity to provide housing, employment, and sanitation for growing urban populations is a major challenge for many countries. To meet that challenge, the Program of Action promotes urban development that is both participatory and environmentally sustainable. It also urges governments to provide services for migrants from rural areas, in order to improve their health and earning potential.

Other migrants seek better lives across national boundaries. International migration encompasses two distinct phenomena: the voluntary movements of people which are beneficial to both migrants and host countries, such as family reunification and legal labor-migration; and what has been called "irregular" migration—those flows which are involuntary (refugees) or illegal (undocumented labor migration). While reliable global statistics are hard to come by, it is safe to say that international migration is increasing. Refugee flows, which take place mostly within and between developing countries, also have escalated in size and volatility in recent years. Data linking population growth to migration outflows are inconclusive because it is difficult to isolate the role of population growth from other variables influencing migration. But it is clear that the combined effects of rapid population growth, poverty, resource depletion, and human rights violations can fuel political unrest and drive population growth movements, particularly irregular migration, which can destabilize both sending and receiving countries.

The Cairo Program of Action reflects a growing awareness that more must be done to address the root causes of irregular migration. Stepped-up border control measures, while necessary, will not be sufficient to cope with illegal immigration; nations need to address the panoply of social and environmental problems that impel people to leave their homes. Governments are asked to take measures to improve the quality of life in migrant-sending countries by, for example, fostering employment, opening markets, promoting good governance, and preventing land degradation. The Program of Action also urges governments to adopt effective sanctions against those who profit from smuggling aliens and to safeguard the human rights of undocumented migrants. The international community is asked to continue to protect refugees and asylees, to seek to reduce the pressures that fuel refugee movements, and to support international refugee assistance.

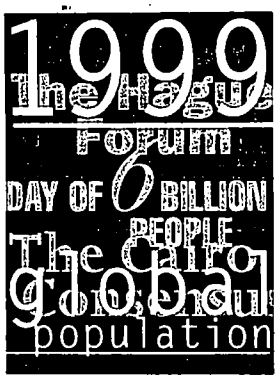
Investments. The Cairo Program of Action represents more than agreement in principle. Both developed and developing countries have renewed their commitment to provide resources for family planning, health, and human development programs. In the U.S., the President's budget request for family planning and reproductive health programs for fiscal year 1995 is $585 million, an $83-million increase over the previous year. Additional resources also are needed for child health, education, and development programs. Japan has agreed to spend $3 billion over seven years on a broad package that includes family planning, reproductive health, AIDS prevention, maternal and child health, and basic education—a tenfold increase over current spending. Germany has indicated that it will significantly increase its current contribution, after doubling its investment over the past four years, and the European Union announced recently that its contributions will increase tenfold to $350 million by the year 2000. Australia and the United Kingdom also are reported to be planning significant increases. Developing countries, which provide at least two-thirds of the financing for population programs, will foster local partnerships with non-governmental organizations to make optimal use of those resources.

Conclusion

The International Conference on Population and Development is a crucial milestone on our long journey toward population stabilization and sustainable development. The challenges before the global community are great, but we are compelled to act by moral imperatives to alleviate human suffering and to safeguard our collective future.

There are many sound reasons for hope. For all the difficulties we face, we can still say that in the last 50 years we have made more progress in alleviating human misery than in the previous two millennia. Life expectancy in the developing countries grew by one-third, death rates for infants and children were cut in half, and real incomes more than doubled. If we could do all that while burdened with the political and economic costs of the Cold War, how much greater should be the goals we set for ourselves now?

The Cairo conference provided an unparalleled opportunity to define those goals, and the Program of Action approved at the conference provides a firm basis for action in support of those goals. The Clinton Administration intends to carry on the leadership role evidenced in Cairo in support of the programs and policies of the Program of Action. ■



the facts of life

Summary of the Programme of Action

International Conference on Population & Development (ICPD)

Cairo, 5-13 September, 1994

After vigorous debate, more than 180 countries agreed to adopt the 16-chapter ICPD Programme of Action. The 115-page document outlines a 20-year plan to promote sustainable, human-centered development and a stable population, framing the issues with broad principles and specific actions. Some 20 delegations expressed reservations about specific parts of the text.

Chapters I & II: The Preamble and the Principles set out the development and human rights context of the Programme.

The Preamble places the ICPD in global context, noting the interdependence of population and development; recent rapid population growth; the need to mobilize partnerships and international resources; and the links to agreements from other major world conferences and universal standards of human rights.

The set of 15 Principles states positions on basic issues discussed in the rest of the document. These include: the universal equality and rights of all as set forth in the Universal Declaration of Human Rights; people-centered sustainable development; gender equity; the context of population programmes; the relationship of population, resources, the environment and development; the eradication of poverty; the rights to education and to physical and mental health; support for the family; the health and development of children; the treatment of documented migrants; the right to asylum; the rights of indigenous people; and sustained economic growth that benefits a broad social base.

Each subsequent chapter contains Bases for Action, Objectives, and Actions.

Chapter III: Interrelationships Among Population, Sustained Economic Growth and Sustainable Development: Outlines links between the needs and acts of growing numbers of people and the finite "carrying capacity" of natural resources.

Action recommendations include: integrating population, production and consumption dynamics into sustainable development policies; investing in human resources, including education, employment and health services, particularly in needs of women and the poor; promoting socially responsive economies; and taking extra measures to end poverty in ecologically vulnerable areas.

Chapter IV: Gender Equality, Equity and Empowerment of Women: Addresses imbalances between women and men and the need to empower women, protect the girl child, and achieve gender equity.

Action recommendations include: policies and programs to empower women; promoting equal treatment and preventing the neglect and abuse of girl children; and promoting equal responsibility of men in family life, in health, communication and economics.

Chapter V: The Family, Its Roles, Rights, Composition and Structure: Recognizes that the family, in all its forms, is the basic unit of society and that population and development policies should promote the family in all its diversity.

Action recommendations include: promoting the earning power of poorer families and greater compatibility between work and parental duties; and developing innovative policies to assist families with health, social and/or political disadvantages.

Chapter VI: Population Growth and Structure: States that countries where demographic growth outstrips economic growth face special challenges in ensuring a quality of life based on human rights and sustainable development.

Action recommendations include: integrating demographic trends with social and economic development; reducing high maternal and child mortality levels that often lead to high fertility rates; meeting the health, education, social, training and employment needs of children and youth; enhancing equity, self-reliance and support systems for elderly people, particularly women; and recognizing the perspectives of indigenous cultures and persons with disabilities and developing responsive policies and programs.

Chapter VII: Reproductive Rights and Reproductive Health: States that all couples and individuals have the right to attain the highest standard of sexual and reproductive health.

Action recommendations include: providing universal reproductive health services by 2015, including participatory programs for adolescents, men, migrants and displaced persons; seeking universal access to safe, appropriate and adequately-funded family planning programs by 2015, based in the principles of voluntary and informed choice and quality of care; helping women avoid abortion; promoting the prevention, detection and treatment of sexually-transmitted diseases, including HIV/AIDS; developing policies and programs that support comprehensive sexual education and services based on an improved understanding of the need for responsibility, the realities of current behavior, and the prevention of abuse, including female genital mutilation; and ensuring access to appropriate and supportive reproductive health programs and services for adolescents.

Chapter VIII: Health, Morbidity and Mortality: Focuses on international and national level commitments to increasing health and life span and improving the quality of life of all people.

Action recommendations include: promoting strategies to reduce morbidity and mortality, to recognize the custodial role of women in health, and to reduce local and large-scale environmental health hazards; reducing high infant and child mortality rates to 35 and 45 per 1,000, respectively, and maternal mortality by half by 2015; and mobilizing to prevent and assess the impact of HIV/AIDS, protecting the rights of all those affected.

Chapter IX: Population Distribution, Urbanization and Internal Migration: In the context of human rights, outlines the need for countries to foster balanced and sustainable patterns of population distribution through sustainable development and the reduction of "push factors" related to migration, including ending all forced migration and "ethnic cleansing."

Action recommendations include: keeping population distribution policies consistent with other development goals, policies and human rights; encouraging the growth of small to medium urban centers; reducing urban bias through rural development incentives, conservation and infrastructure; promoting urban development responsive to growth; maintaining consistency with the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War (1949); improving conditions for the urban poor, especially women and street children; and providing displaced persons with basic social services, including health, education, and employment opportunities.

Chapter X: International Migration: Considers documented and undocumented migrants, refugees, asylum-seekers and displaced persons, emphasizing the need to address the root causes of migration and vulnerabilities of the displaced.

Action recommendations include: addressing economic imbalances between developed and developing countries; addressing circumstances of environmental refugees; gathering sound data on migration factors; addressing discriminatory attitudes and practices; promoting integration and re-integration of the displaced; adopting sanctions for international trafficking, especially against exploitation, prostitution and coercive adoption; enhancing mechanisms for cross-border responsibility; and respecting the principle of non-refoulement, the non-forcible return of persons whose freedom is threatened.

Chapter XI: Population, Development and Education: Focuses on the need for universal access to quality education, the relationship between population and sustainable development, and the need to enhance people's ability to "exercise their basic right to decide freely and responsibly on the number and spacing of their children."

Action recommendations include: achieving universal access to quality education; promoting job training, non-formal education and literacy programs; integrating reproductive health, gender sensitivity, demographic, health and environmental perspectives into existing programs as appropriate; using the media to expand culturally-appropriate knowledge and motivation in population, health and development; disseminating information on the relationships between population, consumption, production and sustainable development through databases and networks; and strengthening research about population and development issues.

Chapter XII: Technology, Research and Development: Outlines the need to collect, analyze and disseminate population, socio-economic, and reproductive health-related data.

Action recommendations include: encouraging collection and use of data; setting up databases to link categories such as population, education, environment, health, poverty, family well-being, migration and development issues, including consumption and women's role in economic development; implementing appropriate training programs; refining research on reproductive and sexual health at social, medical and technical levels; improving program recognition of social, cultural and economic differences; applying operations research to evaluations; and investigating gender discrepancies revealed in research.

Chapter XIII: National Action: States that each country should incorporate population concerns into national development strategies, involve all sectors of society in development decisions, and mobilize and allocate resources.

Action recommendations include: working with partners to promote awareness of population and development strategies, plans, policies and programs; developing human resources, especially women as leaders; promoting experience-sharing and database networking; developing client-centered information systems; mobilizing resources through cost-recovery measures, including more involvement of the private sector, to ensure "universal availability of and access to high-quality reproductive health and family planning services"; and increasing public and development assistance spending in social sectors, including developing reliable cost estimates.

Chapter XIV: International Cooperation: States the need for the international community to create an enabling economic environment for implementing the Programme, to develop "people-centered" population and development strategies, and to make a strong commitment to funding population and development programs.

Action recommendations include: offering technical assistance and appropriate technology transfer to reinforce national capacity-building; promoting economic policy favoring sustained economic growth; strengthening cooperation between governmental and non-governmental organizations; striving to fulfill the consensus target of .7% of GNP for overall official population and development assistance; coordinating financing and planning based on evaluation, needs assessment, and complementary programs; exploring innovative financing mechanisms and direct South-South funding; and expanding financial aid in population, reproductive, sexual health, and family planning.

Chapter XV: Partnership with the Non-Governmental Sector: Calls for greater cooperation and partnerships among all levels of government and the full range of NGOs and the private sector in program design, implementation, coordination, and evaluation.

For governments, action recommendations include: promoting partnerships with NGOs, especially women's groups, through dialogue, decisionmaking, program planning, training, outreach and other activities; and promoting partnerships with the private sector and NGOs. For NGOs, action recommendations include: strengthening interaction with communities while joining national, regional and international debates on population and development. For the private sector, action recommendations include: channeling financial and other appropriate support to non-profit NGOs and meeting their employees' needs for information, education and reproductive health services.

Chapter XVI: Follow-up to the Conference: Calls for creation of national, subregional, regional and international follow-up mechanisms to promote implementation of the Programme of Action through appropriate, coordinated and specific policies and programs.

Action recommendations include: prioritizing political leadership and commitment, dissemination, spending levels, accountability, multi-disciplinary expertise and evaluation, and increasing efficiency in U.N. and aid groups. The ICPD made a global commitment to mobilize $17 billion annually by the year 2000 and over $21 billion by 2015 for population and reproductive health programs. So far less than $10 billion per year is being directed to these programs, four-fifths of it from developing countries. International assistance remains well below the $5.7 billion per year that the ICPD agreed would be required by 2000.

Sources: Programme of Action of the International Conference on Population and Development; Document/Conference Summary, Population Communications International; Chapter Summaries, International Women's Health Coalition; State of World Population 1998, United Nations Population Fund.

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The Human Population: Six Billion and Growing

October 12, 1999 marks the day the Earth's population reaches 6 billion. Over one billion will be adolescents, just entering their reproductive years.

In 1804: world population reached 1 billion
1927: 2 billion (123 years later)
1960: 3 billion (33 years)
1974: 4 billion (13 years)
1987: 5 billion (12 years)
1999: 6 billion (12 years)

The fact that the fifth and sixth billion both took 12 years is a sign that at last the rate of increase has begun to slow. (1) But humanity's numbers continue to rise. The seventh and eighth billion will probably take another 14 to 15 years each, but that rate is not guaranteed.

The current pace is adding about 78 million more people every year – the population of France, Greece and Sweden combined, or a city the size of San Francisco every three days. Nearly all the increase occurs in the less-developed countries of Africa, Asia and Latin America, where women continue to have four to seven children each over their lifetimes. Early in the next century, nearly all the net annual gain in global population will come in developing countries, as fertility rates in the industrialized nations stabilize at or slightly below 2.1 children per woman. (1) Birth rates are falling worldwide, and death rates are falling even faster.

The ultimate peak global population size will depend on the availability of information, access to family planning services and the individual decisions of every person on earth. Those choices will depend in part on whether nations fulfill their commitments to the International Conference on Population and Development (ICPD) Programme of Action.

The United Nations projects high, medium and low population-growth scenarios for the next half-century. The ICPD Programme of Action is dedicated to achieving the "medium" scenario or better:

- The "high" scenario assumes that the slowing of fertility rates continues at its current pace, so that today's global 1.33% annual population growth rate declines to 0.86%, with 10.7 billion people on earth by 2050.

- The "medium" calculation, regarded as most likely, assumes fertility rates fall still faster worldwide, so that growth slows to 0.34% per year by 2050, bringing the population to 8.9 billion.

- The "low" projection of 7.3 billion would require an average annual net loss in population of -0.23% by 2050. That means women would be bearing fewer than two children each worldwide over their lifetimes. This is considered unlikely.(1)

ICPD participants generally agreed with world demographic researchers on the chief causes of continued population growth:

- Population momentum from the global postwar baby boom, with the planet's unprecedented 1 billion teenagers just entering their reproductive years;
- Unwanted and unplanned pregnancies, where an estimated 350 million couples lack access to the full range of contraception and other reproductive health services.(2)
- A demand for large families where, for example, childhood death rates are high, or where poverty reduces people's options.

The ICPD and researchers also generally agreed on the reasons fertility rates decline:

- Broader horizons for girls and women in education, rights and health care, including reproductive health care; and in opportunities for work, credit, training, and political and economic activity, which lead them to postpone childbearing;
- Availability of better quality health care and affordable family planning services and technology that allow women and men to make their own choices; and
- Urbanization, which tends to reduce family size.

Modern medical knowledge and better living conditions have dramatically lowered the global death rate, especially for infants and children but also for women of childbearing age and for the elderly. The result: with continued commitment of resources to expanded primary and reproductive health care, the world population profile is beginning to shift from a short pyramid toward becoming a taller pillar, where the number of people over 65 will begin to approach the number of children.

- In 1950, average life expectancy in the developing world was just under 40 years. Today it is 61, although AIDS and other factors are expected to bring it down once more in some nations, mostly in Africa. At the same time, life expectancy in the industrialized nations rose from 66 to 75 years. (3)
- In about 71 nations and territories in Africa, Asia, the Mideast and Latin America, more than 40% of the population is under 15.
- In the 46 nations with fertility levels below the replacement level of 2.1 children per woman, mostly in Europe and the industrialized world, people older than 65 are an unprecedented 10 to 15% of the population today and are expected to reach 20 to 30% by 2050. (4)
- The number of older people is increasing so fast worldwide that for the first time, the UN this year lists separate categories for people aged 80 to 90 (58.6 million), 90 to 100 (7.3 million) and over 100 (100,000). In 2050, these numbers are expected to be 11.1 million, 56.9 million and 2.2 million, respectively — more than a sixfold increase. (1)

Sources: (1) United Nations Population Division, "1998 Revision, World Population Estimates and Projections" (New York: Department of Economic and Social Affairs, Nov. 28, 1998). (2) UNFPA, *Advocating Change* (New York: 1998). (3) Population Reference Bureau, 1998 World Population Data Sheet (Washington DC: PRB 1998). (4) UNFPA, "The State of World Population 1998" (New York: UNFPA 1998)

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The Myth of Shrinking Population

Women worldwide are having half the number of children that their mothers did in the 1950s. Lifetimes are lengthening and child survival rates are improving in most of the world, while opportunities and education for women and men are generally on the rise. In 61 nations, women's fertility rates have fallen below the "replacement level" of 2.1 children per woman. (1) However, world population continues to rise by 78 million people per year.

The reasons for falling fertility are many: broadened horizons for girls and women, who respond by delaying childbearing; health care advances that keep babies alive, reducing the demand for more; broad availability of reliable and inexpensive family planning services; and urbanization.

In short, the planet seems to have averted--at least for now — the threat of a population bomb. However, environmental security and sustainability require continued effort. We have come perhaps half the distance to population stability. The danger now is that we will declare victory and go home.

Some vocal contrarians are recommending just that. They argue that the trends leading to our current progress are irreversible and could lead to depopulated nations of a few lonely young people struggling to support vast numbers of dependent senior citizens. They oppose further work to curb population growth.

They are wrong. The trends are not irreversible. The need instead is for renewed commitment to the steps outlined at the 1994 International Conference on Population and Development (ICPD).

- Of the world's 6 billion people, more than 1 billion are teenagers, the largest "youthquake" ever. (2) Now just entering their reproductive years, their sheer numbers guarantee an enormous "momentum" of population growth through 2050 and an urgent global need for reproductive health information and services, even with a continued decline in fertility rates.

- More than 95 % of those teens live in less-developed nations (2) where many governments are already struggling to meet current needs for social and infrastructure services, education, jobs, family planning information, and reproductive and other health care.

- While 44 % of the world's people (2.6 billion) live in the 61 nations where women have fewer than 2.1 children each, these "total fertility rates" don't give the full picture. A country's population growth rate includes migration *and* longevity. Among those 61 nations, for example, 31 will experience population declines by 2050, but population will rise in the other half, because of their young population structures and migration patterns. (1)

- Just to stay even with current living conditions, the world must somehow provide for 78 million more people every year--another Great Britain plus New York City--for another generation.

- More than 840 million people, one in 7, do not have enough to eat. (3) Mostly, they are too poor to pay for food, even with historically low prices. Clearly, the "Green Revolution" has not reached many poor farmers, and in 75 nations, per capita food production has declined over the last 15 years. (3)

- Opportunities for women, key to lowering fertility rates, are being circumscribed rather than expanded in Afghanistan and elsewhere.

- Health care advances have not reached millions of people where resurgent disease is challenging impoverished medical systems, especially in the developing world.

- Rising urbanization has led to declining fertility, chiefly because of urban prosperity. But nothing guarantees that prosperity will continue to rise as population does. And, most people in poor nations still live in rural areas where birth rates remain high.

- Developing nations pay 80 % of the costs of family planning services themselves, relying on industrialized nations for help with the rest. But that help has not always been forthcoming. U.S. aid has been cut severely in recent years.

- Any projection of depopulation in some countries ignores the likely migration from crowded places. The world may change its appearance but it is in no danger of being depopulated.

The keys to further progress are obvious: the roles of women, whose options and opportunities in every sphere of life must continue to expand; and the education and participation of young people, women and men alike, in the changes necessary to construct a workable future. Their demand for reliable and inexpensive family planning services, currently unmet in many crucial places, must be satisfied on a continuing basis well into the next century.

Sources: (1) United Nations Population Division, "1998 Revision, World Population Estimates and Projections" (New York: Department of Economic and Social Affairs, Nov. 28, 1998); (2) UNFPA, The State of World Population 1998 (New York, 1998); (3) UN Development Programme, Human Development Report 1998 (New York: 1998)

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AIDS/HIV: The New Trends

AIDS/HIV is reversing decades of progress in improving the quality of life in developing countries. It has slashed life expectancies and forces choices between health and dozens of other investments vital for development. If AIDS affects 5% of the population, for example, total national spending on health will increase by 40%. (1)

- Affected governments need to place AIDS at the center of their development priorities, not just on the health agenda, to ensure that the crisis is addressed in every policymaking arena. They need to lead in creating a helpful legal environment and programs for education and counseling so as to raise awareness of the disease and to promote behavioral changes, safe sex practices, the use of condoms and treatments for sexually transmitted diseases (STDs). Partnerships are vital — among governments and NGOs, churches and the private sector.

- Prevention education works. In several southern African factories, the rate of new infections was reduced by over a third at the cost of only $6 per employee through peer education, condom distribution, voluntary testing and counseling, and job-sponsored health benefits and disability packets.

AIDS is the Number One Killer

Worldwide, 33.4 million people are infected with AIDS/HIV, including 1.3 million children. The incurable disease has claimed 13.9 million lives since the epidemic began, 3.2 million of them children. In 1998, 2.5 million people died of AIDS. Fully 30% of all tuberculosis deaths are due to HIV/AIDS infections, and if those deaths are counted, AIDS in 2020 will be the single largest cause of adult death from infectious diseases (2).

AIDS is Spreading Fastest in the Developing World

By 1990, AIDS had already caused more adult deaths than malaria in the developing world. By 2020, it will cause 37% of adult deaths due to infectious disease in those nations.

New infection rates are slowing in most of the industrialized world, but 5.8 million infections still occurred in 1998, 70% of them in sub-Saharan Africa. A total of 21.5 million adults are infected there and 75% of all adult deaths result from AIDS or AIDS-related diseases. The vast majority are age 20-50, the most productive years (2).

- In Botswana, 25% of all adults are HIV-positive. In Zimbabwe and Namibia the rate is 20%; Zambia 19% ; Swaziland 18% and in several other African countries, 10% or more.

- In Botswana, where relatively few HIV cases have progressed to AIDS, the virus in 1997 cost companies 0.7% of their wage bill. In 2002, an expected sevenfold rise in HIV infections will bring health-related costs to nearly 12% of the wage bill.

- Women, the most important agents of development, are especially vulnerable because of social and economic inequality. In Africa, women under 25 have the fastest-rising infection rate.
- In South and Southeast Asia, 6.4 million people now live with HIV/AIDS, while another 1.7 million became infected in 1997.
- The latest UN report described an "explosion" of the disease in cities of India, evidently because of migrant workers and truckers. The epidemic in Asia could be bigger than the one in Africa.
- The HIV infection rate is not expected to level off in Africa until the next decade, and in Asia not until after 2010.

AIDS has slashed life expectancies in many developing nations. Average life expectancies increased from 39 years to 55 years by 1990 in most of the developing world. But AIDS has wiped out 2/3 of this advance in Burkina Faso and Cote d'Ivoire.

- Botswana's 1990 life expectancy of 61 years has dropped to 47 years.
- In Zimbabwe, life expectancy was on course to reach 66 years by 2005, but because of AIDS, children born today can expect to live only 35 years. The population is expected to stop growing because of AIDS and by 2015 will be 19% smaller.

AIDS Orphans are a Growing Tragedy

More than 8 million children have lost one or both parents to AIDS since the epidemic began. In 23 countries studied by UNFPA, the number of these "AIDS orphans" is expected to double by 2000, and the total in the worst-hit 19 African nations will be 40 million by 2010. AIDS orphans typically suffer from malnutrition and are more likely to stop going to school, to have to support themselves and take on adult responsibilities in the home, and to leave home or lose their homes. Often they become street children. Girls may feel increased pressure to marry. In Uganda, where HIV infection rates have fallen from 35 to 30% and apparently leveled off, AIDS orphans are estimated to number 1.7 million.

Signs of Hope

Concerted government-led programs involving health education, promoting condom use and discouraging sexual promiscuity have slowed HIV infection rates in some poor nations including Thailand, Uganda and Brazil.

- In Thailand, a vigorous campaign involving brothels raised condom use to over 90%. The number of patients with STDs other than AIDS has dropped dramatically, and the HIV infection rate among army conscripts has dropped from 4% to less than 2%.
- In Nairobi, Kenya, a programme that treated STDs of 500 prostitutes raised their condom use to 80% and is estimated to have prevented 10,000 infections per year among their clients, clients' wives and other partners.
- In Brazil, condom sales rose from 406,000 in 1991 to nearly 27 million in 1996.

Sources: (1). Except where noted, all figures in this paper are taken from UNFPA, *State of the World Population 1998* (New York: 1998) and from UN Department of Economic and Social Affairs, Population Division, *World Population Estimates and Projections, 1998 Revision* (New York: October 1998); (2) Joint UN Program on HIV/AIDS and World Health Organization, *AIDS Epidemic Update: December 1998*, (New York: Dec 1998), www.unaids.org/highband/document/epidemio/wadr98e.pdf

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Equality, Equity and The Empowerment of Women

Despite many international agreements affirming women's human rights, girls and women are still much more likely than men to be poor, malnourished and illiterate, and to have less access than men to medical care, property ownership, credit, training and employment. They are far less likely than men to be politically active and far more likely to be victims of domestic violence.

Where women are poor, uneducated and have little participation in the wider society, family size tends to be large and the population growth rate high. Population and development programs are more effective when they center on improving the education, rights and status of women.

- Childbearing has been women's chief source of security and status for centuries. This is still the case, especially where women are denied education, reproductive health care, secure livelihoods and full equal rights. Successful population and development programs must offer women options for their lives beyond childbearing.

- Women in developing nations are usually in charge of securing water, food and fuel and of overseeing family health and diet. Therefore they tend to put into immediate practice whatever they learn about nutrition, preserving the environment and natural resources, and improving sanitation and health care.

- Of the 960 million illiterate adults in the world, two-thirds are female. Higher levels of women's education are strongly associated with both lower infant mortality and lower fertility. In poor countries, every additional year of a woman's schooling is associated with a 5 to 10% decline in child deaths. (1)

- Children born to mothers below age 18 are 1.5 times more likely to die before age 5 than those born to mothers age 20-34. Yet three of every four teenage girls in Africa are mothers, and 40 percent of births there are to women under 17. (2)

- Programs that offer girls alternative life choices can help them stay in school and, consequently, delay childbearing. This lengthens the time span between generations. Such women tend also to have fewer children — three or four rather than six or more. (3)

- Laws and customs often deny women the right to own land, inherit property, establish credit, receive training or move up in their field of work. Laws against domestic violence are often not enforced on behalf of women. Achieving gender equality in these areas will require the support of men who exercise most of the power in these spheres of life.

- The involvement of men is critical to women's rights and to population policy success. In Cameroon, Burkina Faso, Niger and Senegal, for example, men want between two and four more children than their wives do; in Cameroon, Mali and Senegal, fewer than half of men approve of family planning. Birthrates in those West African nations are higher than in most of East Africa, where with the exception of Tanzania, more than 90% of both men and women favor family planning. (4)

- The roles that men and women play in society are not biologically determined – they are socially determined. Often justified as required by culture or religion, they still vary widely by locality and change constantly; they are not immutable. Slavery, torture and racial and ethnic prejudice are also centuries-old practices now rightly condemned worldwide when they involve people of color, political dissidents, Jews or other ethnic groups. Violations of women's human rights must receive the same international censure.

- Because roles are deeply embedded social practices, programs are needed that work with young people to orient them toward gender equality.

The ICPD Programme of Action commits nations to:

- Close the gender gap in education and political life; eliminate illiteracy and legal political and social barriers to women; and ensure equal representation of women in aid programs.
- Combat violence against women and girls, including sexual violence.
- Ratify all agreements that further women's rights.
- Design programs for the aging that address the special needs of elderly women.
- Urge employers to help workers manage their family and work responsibilities through flexible hours, parental leave, daycare facilities and so on.
- Involve men in family planning and responsibilities and in the prevention of sexually transmitted diseases.
- Ensure that children receive appropriate financial support by enforcing child support laws, among other things.
- Enforce laws on minimum age of consent and marriage.
- Eliminate female genital mutilation.
- Provide adolescents not only with information and services, but also education and life choices.

Sources: (1) UNFPA, "Population Issues Briefing Kit 1998," (New York: 1998); (2) Alan Guttmacher Institute, "Issues in Brief: Family Planning Improves Child Survival and Health" (Washington DC: Alan Guttmacher Institute, 1997), and Nafis Sadik, "Investing in Women: The Focus of the '90s," in Laurie Ann Mazur (ed.), *Beyond the Numbers: A Reader on Population, Consumption and the Environment* (Washington DC, Island Press, 1994); (3) Population Reference Bureau, *A Citizen's Guide to the International Conference on Population and Development*,1993; (4) James E. Rosen and Shanti R. Conly, *Africa's Population Challenge: Accelerating Progress in Reproductive Health* (Washington DC: Population Action International, 1998).

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Youth and Population Momentum

At 1.05 billion, this is history's largest generation of young people between 15 and 24, and their number is rapidly expanding in many countries. It is critical that all societies address their education, health and employment needs. (1)

The reproductive behavior of these young people will determine the planet's future. If they are enabled to realise their potential, they will be a real "demographic bonus"--an unprecedented bulge of human resources for future development.

Ending Discrimination Against Girls

Discrimination against girls and women is a persistent barrier to generational achievement. Several national declarations and treaties have labeled it a violation of human rights as well as a threat to development. Ending discrimination must be a priority worldwide.

- Discrimination against girls often begins before birth in the preference for sons, and in too many places continues with denial of medical care and education and with forced teen or even preteen marriage, sex and pregnancy.
- Women may be restricted to the home, sexually and physically abused without remedy, and denied rights to own or inherit property, to receive training or credit, or to take part in political and social discourse.
- Girls may be prepared by their societies only to be mothers, restricted in education and employment. Boys may be prepared only to be providers and heads of families, restricted in emotional, communication and caring skills. At puberty, both girls and boys have specific needs that should be addressed.

Adolescents, more than other age groups, are exposed to reproductive health risks.

- As the average age of marriage goes up worldwide, the period of sexual activity before marriage is increasing. But young people are often denied the information and the means they need to avoid unwanted pregnancy and sexually transmitted diseases (STDs).
- Of the 260 million women aged 15-19 worldwide, about 11% (29 million) lack access to effective contraceptive protection. A majority of these (16.2 million) are married and say they want to delay childbirth; 9.8 million are unmarried and sexually active; 3.2 million are adolescents, both married and unmarried, who use traditional methods. (2)
- Half of all new HIV infections occur in people aged 15-24. The infection rates among young women are higher than among young men. Marginalized young people, such as street children, show higher infection rates than do better-off young people. (2)

Providing Quality Information

In most of Asia, Latin America, the Caribbean, North Africa and the Middle East, more than 60% of adolescents (often more than 80%) have heard of a modern method of family planning. (2) But that does not mean they always know how to use it properly. Better communication about sexuality, gender relations, unwanted pregnancy and STDs is essential if young people are to make responsible choices and broaden their life options.

- A survey of secondary school students in Kenya found that only one in three males and one in four females knew that contraceptive pills had to be taken by the woman and not by the man. Even fewer knew the pills had to be taken daily, not just before sex. (2)
- In Latin America, surveys show that 44 to 76% of the pregnancies of young unmarried women are unwanted. In Kenya, 74% of unmarried women aged 15-19 (and 17 % of the married women) report their current pregnancy unwanted. (2)
- Many women suffering from an unwanted pregnancy seek abortion whether it is legal or not. Young women are more likely to get an unsafe abortion because they often lack the money and the information to get it done in a safe way. (2)

Families remain the strongest influence on adolescents' behavior and choices, but traditional sources of sex and gender education — grandparents, teachers and community leaders—are losing influence to modern media culture and urbanization. Teens see their elders' lives and priorities as less relevant to their own. While teenagers and service providers may seek to avoid pregnancy and other consequences of sexual activity, their elders may see sexual activity itself as the problem.

- A tribal chief of southern Malawi responded this way to a sex education radio program: "A foreign dress mode is something we can easily accept, but should we wholesale adopt everything foreign, including shamelessly talking about sex in public?" Family and community leaders need to be included in population policy decisionmaking so that the helpful effect of such programs is understood.
- Sex education does not increase promiscuity. Of 68 studies on family life and sex education in a scientific review, 65 found no associated increases in sexual behaviour. Of the 53 studies that evaluated specific interventions, 21 found that young people taking part in such programs had higher levels of abstinence, later start of sexual activity, higher use of contraceptives, fewer sexual partners and/or reduced rates of STDs and unplanned pregnancy. (3)

Broadening Sex Education Beyond the Schoolroom

Sex education must not be restricted to school students. Not all young people are students, and in some countries they are not even the majority.

- Restricting sex education to secondary schools further reduces those reached, because the gender gap in education is biggest in secondary school and a large percentage of girls will be missed. In many countries, students may also enter primary school as teenagers and go no further. In sub-Saharan Africa and South Asia, a majority of adolescents who are in school are in primary schools. (4)
- Millions of young people, many of them children, live on their own and/or on the streets. They are more at risk than their peers. Special rehabilitation programs, including sex education and reproductive health services, are needed to reach them.
- Mass media campaigns have succeeded in addressing some reproductive health needs, such as HIV/AIDS. Soap operas, comic books, posters, teenage magazines, drama and music are effective ways to inform young people. Surveys show they are especially useful when combined with training programs for young people who can then spread the word among their peers.

Sources: (1) UNFPA, *State of the World Population 1998* (New York: UNFPA), p. 2; (2) Alan Guttmacher Institute, *Into a New World* (Washington DC: 1998), pp. 24-29; (3) UNFPA, *State of the World Population 1998* (New York: UNFPA), p. 31; (4) Ibid., p. 32; (5) IPPF, *Generations*, 1998.

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U.S. Scorecard

In Growth

The US population in November 1998 was 274 million, third highest in the world and about 15 million higher than when the ICPD met in Cairo in 1994. China is still first at 1.25 billion and India is next at 982.2 million, up 84.8 million from 1994. World population as of mid-1999 is 6 billion, up 400 million in the past five years. (1)

- The US rate of natural population increase, excluding immigration, is now 0.6%—1.6 million people per year. Among industrialized nations, only New Zealand (0.8%) and Australia (0.7%) are higher. Europe, Russia and several other countries of the former Soviet Union have a slightly negative natural growth rate. The world average, however, is 1.4%. (2)

- U.S. legal immigrants will probably number 820,000 in 1999, according to the Census Bureau. (3) Counting both legal immigrants and natural increase, the total U.S. growth rate is 0.9%—faster than all industrialized nations except Canada and Australia. (4)

- The U.S. fertility rate (average number of births per woman) is 1.96, highest of all industrialized nations. Yemen has the world's highest fertility rate, 7.6, with Oman (7.2), Uganda (7.1) and Niger (7.1) close behind. The lowest rate is 1.19, in Italy. (5)

These growth rates are declining, but the U.N. estimates that U.S. population in 2025 will still grow to be 332.5 million, with global humanity numbering 8.039 billion—about 360 million fewer than in estimates made five years ago. (5)

In Mortality

U.S. life expectancy is now 73.4 years for men, lower than in 22 other nations including Cuba, Costa Rica, Hong Kong, Japan, Israel, Kuwait, Canada and most of Europe. U.S. women can expect to live 80.1 years, less than in Western Europe (80.9), Greece, Puerto Rico, Canada, Hong Kong and Japan. (5)

Globally, the average life is 63.4 years long for men, 67.7 years for women, but in least developed countries it is 50.9 and 53.0 respectively, more than 20 years shorter than in North America. Life expectancy in shortest in Malawi, at 40.3 years for men, 41.1 years for women. (5)

U.S. infant mortality is 7 deaths per 1,000 live births, well below the world average of 57 but higher than that in 14 other industralized countries, and about the same as that in eight other nations. Japan's rate is lowest at 4 deaths per thousand live births, and Sierra Leone is highest at 169. (5)

In Consumption

Each U.S. citizen consumes an average of 260 lbs. of meat per year, the world's highest rate. That is about 1.5 times the industrial world average, three times the East Asian average and 40 times the average in Bangladesh (6.5 lbs). (6)

The U.S. population is 4.6% of global humanity, but it produces 24% of the world's carbon dioxide output, largely from the burning of fossil fuels. (6)

Directly or indirectly, each U.S. citizen consumes his or her own body weight in primary resources every day: oil, coal, other minerals, and agricultural and forest products. (7)

A child born today in the United States will have a lifetime impact on the environment that is 30 times greater than a child born today in a developing nation such as India. (8)

In Fulfilling the ICPD Commitment

Prior to 1995 budget cuts, U.S. family planning aid was $583 million per year. The FY1999 level is $385 million, down 30%. (9)

Sources: (1) UN Population Division, Department of Economic and Social Affairs, *1998 Revision: World Population Estimates and Projections* (New York: United Nations), Oct. 28, 1998; (2) Population Reference Bureau, *1998 World Population Data Sheet* (Washington DC: 1998); US Bureau of the Census, "Population Projections of the United States by Age, Sex, Race and Hispanic Origin: 1995 to 2050," *Current Population Reports*, (Washington DC: US Government Printing Office, 1996: 28, Table Q); (4) US Bureau of the Census Web site (http:/www.census.gov/population/estimates); (5) UNFPA, *The State of World Population 1998*; (6) UNDP, *Human Development Report 1998*; (7) Alan Thein Durning, *How Much is Enough? The Consumer Society and the Future of the Earth* (New York: W.W. North & Co., 1992); (8) Al Gore, *Report of the President's Commission on Sustainable Development* (Washington DC: June 1993); (9) Population Action International, "Politics of Population Assistance," PAI Web site (http:/www.populationaction.org).

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NGOs and the Role of Civil Society

One of the many contributions of the 1994 International Conference on Population and Development (ICPD) was increased visibility and participation for civil society in all UN proceedings thereafter. Before the ICPD in Cairo, non-governmental organizations (NGOs) had only an informal presence at best at UN conclaves.

In 1994, however, hundreds of NGOs took part in the ICPD as members of delegations, activists and lobbyists, providing much of the language for the Programme of Action. They helped set the agenda that focused clearly on improving the quality of people's lives instead of on achieving demographic targets. Their work was recognized in Programme language promoting NGO involvement in global policymaking and implementation, the strongest such language ever to emerge from a UN conference.

Many nations have reformed their population and family planning efforts in large part due to NGO participation:

- Most nations no longer accept targets, incentives or coercion, instead using integrated approaches that make services, education and quality of care the central elements.

- India dropped numerical targets and is progressing on a major project in the north that integrates family planning with maternal and child health services.

- Several developing countries, particularly in Africa, are reorganizing reproductive health programs so as to reach more young people and the unmarried.

NGOs have made substantial progress in networking for advocacy and lobbying:

- In Europe, NGOs have forged an advocacy movement through formal and informal alliances to build political support for the ICPD Programme in donor countries as well as in developing nations.

- Communication among NGOs and decisionmakers has increased in quality as well as quantity in many countries, where NGOs are being invited more and more to take part in policy debates.

- NGO advocacy has shaped national population policy development and helped mobilize financial resources in a number of donor and developing countries, including Denmark, the Netherlands, India and Uganda.

NGOs have certain advantages over government agencies that allow them to design and implement more innovative, flexible and responsive programs with extensive grassroots participation.

- NGOs often have constituencies that are poorly served by government or hard to reach through government channels.

- NGOs may be more free to approach sensitive issues. In Pakistan, for example, an Islamic NGO can discuss reproductive issues more openly than the government can.

- NGOs' functions can vary according to need. They have helped establish sexual and reproductive health as a movement, acted as watchdogs, set and monitored performance standards, become donors and provided technical assistance, among other work.

The Women's Environment and Development Organization (WEDO) has monitored and documented the promises each government has made at all UN conferences since Cairo. Their findings are publicly available and posted on their World Wide Web internet site: www.wedo.org.

Future Needs and Challenges

NGOs need to strengthen their policy expertise and capacity for advocacy, especially in countries where the political environment remains unreceptive to the ICPD Programme of Action.

NGO partnerships with government need strengthening in countries where governments still view NGOs as unwelcome competitors for donor funds.

Governments need to increase their transparency in decision making and information, and to be more open to NGO involvement in policy development. Such NGO involvement should be institutionalized.

Governments need to modify cofinancing requirements, overhead limitations and other bureaucratic procedures that constrain NGOs' effectiveness in advocating for population and reproductive health programs and in implementing them.

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From Family Planning to Reproductive Health

The 1994 International Conference on Population and Development (ICPD) Programme of Action calls for an approach to reproductive health that is comprehensive and client-centered. This consensus resulted from intense discussions in the field among governments, policymakers and international donors.

- The ICPD or Cairo consensus process worked to build a bridge between advocates for women and family planning organizations. The family planning groups wanted to provide services in a more inclusive and empowering way. Advocates realized that the ability to make responsible and informed choices about sexual and reproductive health is both a condition and a vehicle for improving the status of women.

- Service providers worldwide, facing the spread of HIV/AIDS, found it increasingly irresponsible to provide the means of family planning without counseling clients on sexually transmitted diseases (STDs).

- The Cairo consensus rejected coercion in any form in reproductive health services.

Implementing the Cairo Consensus

Ideally, reproductive health services should include: (1)

Family Planning
Range/choice of methods
Delayed childbirth for adolescents
Male responsibility
Attention to unmet need/demand
Research on safety/side effects
Sterilization reversal
Implant removal
Quality services

Pregnancy Care
Prenatal care
Tetanus toxoid
Iron folate/iodine supplements
Safe delivery
Access to caesarian section
Access to blood transfusions
High-risk birth screening
Transport
Complications detection/ management/referral
Postpartum care
Postpartum contraception

Breastfeeding
As a family planning method
Lactation management
For newborn/child care

STD/AIDS Service
Prevention
Condom promotion/ distribution
Treatment/referral/ screening
Prenatal screening (syphilis)
Symptomatic case management
Adolescent treatment
Identification of high risk-takers
Policy dialogue
Data collection

Abortion-related Services
Management of complications
Post-abortion family planning
Improved sex education and family planning services where abortion is restricted

Infertility Services
Prevention and management

Provider Training
Technical competence
Gender sensitivity
Adolescent nutrition
Training for physicians, nurses, midwives and traditional birth attendants

Counseling on:
Sex/sexuality education
Safe sex
Male support
Women's support
Parental/family support
Pre-/early adolescence AIDS/ STDs
Abortion
Family planning/methods
Sterilization

Public Education on:
AIDS/STDs
Violence
Gender discrimination
Female genital mutilation
Legal matters
Nutrition
Sexual/ reproductive rights
Unintended pregnancy
Smoking/substance abuse

Management Information System (MIS) for male/female clients

Key Factors in Implementation of the ICPD

Advocacy: Political will and commitment are needed at every level. The support of community leaders is effective if not essential for the success of reproductive health programs.

- In South Africa, reproductive rights are now part of the constitution.
- In Uganda, government officials implemented the new system with support from community and religious leaders.
- Among the Sabiny people in northern Uganda, elders were included in a campaign to eradicate female genital mutilation.

Program development: The process can be as important as the outcome. Those involved should range from grassroots organizations and client representatives through service providers and policymakers.

Setting priorities: Providers may need to choose between providing basic services for everybody in an area or a broad range of services for fewer people. They may need to make crucial choices at the clinic level —for example, whether or not to provide IUDs where no screening is available for reproductive tract infections. Clients' involvement is essential, as their priorities are not necessarily the same as those of service providers. A clinic in Indonesia, for example, learned that clients saw information supported by drawings on family planning as more important than blood pressure testing, which was available at the market for little money.

Infrastructure, referral and logistics: Reproductive health providers function properly only with a guaranteed regular supply of drugs and equipment. Clients lose interest when they make time and effort to visit a clinic, only to find nothing available for them. Referrals can direct clients to other providers. For example, birth assistants in some areas have been trained to diagnose complications at an early stage of pregnancy.

Training: Service providers need continuous training and support to face their new challenges. Issues to be covered include quality and continuity of care, technical competence, sensitivity to client needs, and commitment to informed choice.

Monitoring and evaluation: As for any new concept, monitoring and evaluation at every level will ensure that follow-up visits are useful for clients and that timely Programme adjustments can be made.

Sources: (1) This list was compiled from documents of the International Planned Parenthood Federation; USAID; the World Bank; UNFPA; The International Projects Assistance League; International Women's Health Coalition; the Older Women's League; Population Action International; the Rockefeller Foundation; and the World Health Organization.

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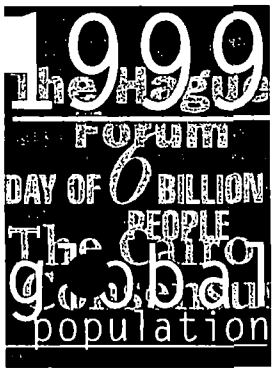

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Poverty, Population and Development

Few people now deny the link between economic development and slower population growth. But development is neither an automatic product of slower population growth nor vice versa. Instead, family planning, reproductive health care and development programs can work together to reduce the rate of population growth and improve the quality of life.

Sustainable development must include the following:

- Provision of reproductive health care reduces child and maternal mortality rates, which encourages smaller families, later childbearing and planned spacing of births.

- Investment in education for women and in expanding their access to credit, training, property and legal rights gives them options for achieving status and satisfaction in life through more means than childbearing. It also liberates their economic potential.

- Smaller family size releases resources that individuals can then invest in work, health care, education, or other economic activity. Fewer children to educate means higher achievement levels for all of them and a smaller total bill.

- In developing nations, 800 million people are unemployed or under-employed — a number greater than the entire current workforce of the industrialized countries.(1) Those nations must create 40 million new jobs per year just to stay at this level.(2) They also need to guarantee the health and education of their record number of young people (one billion teenagers in 2000) in order to generate prosperity and to care for the growing number of the elderly, and for future generations.

Globalizing markets bring benefits and dangers:

- A village in rural China is now as likely to be linked to Hollywood movies and advertising on a community TV as it is to be linked to the next town by road or railroad. Expectations for the future are changing accordingly, increasing pressure on governments for advanced development.

- Every nation now receives a constant stream of new products, often produced far away in unknown conditions. Advertising, now a $435 billion business (3), is the predominant source of product information; consumer safety laws or movements are absent or rudimentary in many developing nations. Unfamiliar products have often brought dangers: tobacco from the New World, alcohol to the Americas, infant formula to areas where no clean water exists.

- Developing nations seeking income are vulnerable to the "dumping" of commercial imports that may be hazardous such as expired medications, toxic wastes, contaminated food or pesticides banned in the country of origin. Impoverished areas are also the most likely to be the site of polluting industries and waste dumps that threaten their health and livelihoods.

- Products grown for export purposes may be capital-intensive cash crops, replacing or crowding out those that make up the local food supply. Yet the poor often cannot afford imported replacement foods.

Disparities continue and investment is needed:

- In 1960, the richest 20% of humanity claimed 70% of all income; by 1997 their share had risen to 86%. Meanwhile the poorest fifth saw their share fall from 2.3% to just 1.3%. The three richest people in the world have assets that together exceed the combined gross domestic product of the 48 least-developed nations. (3)

- Of the 4.4 billion people in developing nations, a fifth have no access to modern health services of any kind. A quarter do not have adequate housing. A third have no access to clean water. Fully 60% lack access to safe sewers. (4)

- Attention to the needs of the poor for basic sanitary and transportation services, education, access to productive land and job opportunities will reduce pollution, resource use and stress on the environment. Institutional solutions are needed for management of common global resources of air, water, fisheries, forests and pasture, and for controlling emissions and wastes.

- Some of the gains in health, education and nutrition during the 1960s and 1970s have since been reversed. In Africa, the proportion of malnourished children rose from 5% to 25% between 1983 and 1993, and primary school enrollment fell from 79% to 67%.(5) The average African household today consumes 20 percent less than it did 25 years ago.(4)

Sources: (1) International Labor Organization, World of Work, (Washington DC: 1998); and United Nations Population Fund, The State of World Population 1998 (New York: 1998); (2) Population Action International, Why Population Matters, (Washington DC: 1996); (3) United Nations Development Programme, Human Development Report 1998 (New York, 1998), p. 63; (4) UNDP, Human Development Report 1998, p. 30; (5) UNDP, Human Development Report 1998, p.2; (6) Lawrence H. Summers, US Government, statement to members of the African Development Bank, Abidjan, May 1993.

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Population and the Environment

The link between population and environmental impact seems obvious at first glance: more people consume more resources, damage more of the earth and generate more waste. As nations develop, they increase consumption. This simple reasoning is true as far as it goes, but the larger picture is more complex.

- A very small proportion of the population consumes the majority of the world's resources. The richest fifth consumes 86% of all goods and services and produces 83% of all carbon dioxide emissions, while the poorest fifth consumes 1.3% of goods and services and accounts for 3% of C02 output. (1)

- Per capita municipal waste grew 30% in developed nations since 1975 and is now two to five times the level in developing nations. (1)

- An average American's environmental impact is 30 to 50 times that of the average citizen of a developing country such as India. (1)

The need is to balance the requirements of a growing population with the necessity of conserving earth's natural assets.

Rising levels of industrial and agricultural pollution threaten the air we breathe, the oceans, the diversity of Earth's species and the ozone layer that protects life itself.

- Every 20 minutes, the world adds another 3,500 human lives but loses one or more entire species of animal or plant life —at least 27,000 species per year. This is a rate and scale of extinction that has not occurred in 65 million years. (2)

- Spreading deserts and declining water tables in a third of the planet are contributing to famine, social unrest and migration.

- Two thirds of the world's population lives within 100 miles of an ocean, inland sea or freshwater lake: 14 of the world's 15 largest megacities (10 million or more people) are coastal. Their impacts include growing loads of sewage and other waste, the drainage of wetlands and development of beaches, and destruction of prime fish nurseries. (3)

Technological advances can mitigate some of the impact of population growth, and market mechanisms raise prices for some diminishing resources, triggering substitution, conservation, recycling and technical innovation so as to prevent depletion.

- But market systems often subsidize industries such as logging, mining and grazing without tallying environmental costs. No market considers commonly held resources such as groundwater levels or atmospheric and ocean quality. Nor do markets consider questions of equity and social justice.

- A world conclave of 58 national Academies of Science agreed in 1993 that unchecked consumption and rapid population growth are likely to overwhelm technological improvements in affecting the environment. (4)

Clearly, the greatest environmental threat comes from both the wealthiest billion people, who consume the most and generate the most waste, and from the poorest billion, who often damage their meager resource base in their daily struggle to avoid starvation. In addition, the billions in between are doing their best to increase their standard of living, in part through increased consumption.

- Although the world's supply of water remains constant, per capita water consumption is rising twice as fast as world population. At least 300 million people live in regions with severe water shortages now; by 2025, the number could be 3 billion. (5)

- The world's forests have shrunk from 11.4 to 7.3 square kilometers per 1,000 people since 1970. The loss is concentrated in developing countries, mostly to meet the demand for wood and paper by the industrialized world. Wild species are becoming extinct 50 to 100 times faster than they naturally would. (1)

- Over the last 50 years, 12% of the planet's soils have been severely degraded. That's nearly 2 billion hectares, the size of China and India combined. (1)

- Global emissions of carbon dioxide, a "greenhouse gas" most researchers say, have caused global warming and disruption in weather patterns, have quadrupled since 1950, largely from deforestation and the burning of fossil fuels. Where the industrialized world now produces 60% of it, the developing world will be producing 60% of it by 2015.(1)

Sources: (1)United Nations Development Programme, *Human Development Report 1998* (New York: Oxford University Press, 1998); (2)Ken Strom, *Population and Habitat in the New Millennium,* National Audubon Society and The Global Stewardship Initiative (Boulder CO 1998); (3)Population Action International, *Why Population Matters* (Washington DC: PAI, 1996); (4)Report, *Population Summit of the World's Scientific Academies* (Washington DC: The National Academy Press, 1993); (5)Simon, Paul, *Tapped Out* (New York: Welcome Rain Publishers, October 1998).

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Consumption and Resources

In 1994, the International Conference on Population and Development (ICPD) saw that industrialized nations' level of consumption of natural resources was unsustainable worldwide. One U.S. citizen was consuming 30 times what one citizen of India did; developed nations were 20% of the world's population yet used two-thirds of all resources and generated 75% of the world's pollution and waste. (1) World consumption patterns were undermining the environmental resource base.

Yet the 1 billion people living in absolute poverty require increased consumption so as to alleviate their malnutrition, disease and illiteracy.

The ICPD agreed that countries should reduce and eliminate unsustainable patterns of production and consumption so as to meet people's needs without compromising future generations.

Such changes would conserve resources long enough for new policy options to be implemented that would contribute to human development.

Consumption disparities are increasingly stark:

- With world population at 6 billion and rising, the richest 20% of humanity consumes 86% of all goods and services used, while the poorest fifth consumes just 1.3%. The wealthy consumes 45% of all meat and fish, use 58% of all energy produced and own 87% of the vehicles.(2)

- Meanwhile, 2.6 billion people lack basic sanitation, 1.5 billion have no access to clean water, 1.1 billion lack adequate housing and nearly 900 million have no access to modern health services of any kind. (2)

- According to the United Nations, Americans and Europeans together spend $17 billion a year on pet food, $4 billion more than the estimated yearly additional amount needed to provide everyone in the world with basic health and nutrition. (2)

Production techniques are eroding the resource base:

- The burning of fossil fuels has almost doubled since 1950. Consumption of fresh water has doubled since 1960, and wood consumption (for household and industry use) is 40% higher than 25 years ago. (2)

- Commercial fishing is threatened worldwide by over-fishing: one-quarter of all fish stocks are listed as "depleted" or in danger of being depleted; another 44 percent are being fished "at the biological limit." This is driven by export demand for animal feed and oils, not by food needs, but it strains the primary protein source for nearly billion people in 40 developing nations. (2)

- Producing a quarter-pound of hamburger requires 100 gallons of water, 1.2 lbs. of feed grain and energy equal to a cup of gasoline, causing the loss of 1.25 lbs. of topsoil and producing greenhouse gas emissions equal to a 6-mile drive in a typical U.S. automobile.(3) Americans each consume 260 lbs. of meat per year on average, most of it hamburger; the average in Bangladesh is 6.5 lbs. (2)

The trend is toward more consumption worldwide:

- Global spending on advertising, which stimulates consumption, multiplied nearly sevenfold from 1950 to 1990, when the total was $257 billion, or $48 for each person on the planet. It has nearly doubled again since then, to $435 billion, and is increasing faster than incomes or population, especially in developing nations. (2)

- Surveys of U.S. households found that the income desired to fulfill consumption aspirations doubled between 1986 and 1994. (2) The definition of "necessity" is changing worldwide.

- Increased consumption is not producing a parallel increase in happiness. The National Opinion Research Center of the University of Chicago has found that the proportion of Americans who say they are "very happy" has remained at about one-third since 1957, although personal consumption has more than doubled.(4)

Sources: (1) United Nations Population Fund, *Population and the Environment: The Challenges Ahead* (New York: United Nations, 1991); and R.Paul Shaw, "The Impact of Population Growth on the Environment: The Debate Heats Up," *Environmental Impact Assessment Review*, March-June 1992; (2) United Nations Development Programme, Human Development Report 1998 (New York: Oxford University Press, 1998) p. 5; (3) Alan Durning, Ecological Wakes: The Story of Six Everyday Objects (Seattle: Northwest Environment Watch, 1994); (4) Alan Durning, How Much is Enough? The Consumer Society and the Fate of the Earth (New York: W.W. Norton, 1992)

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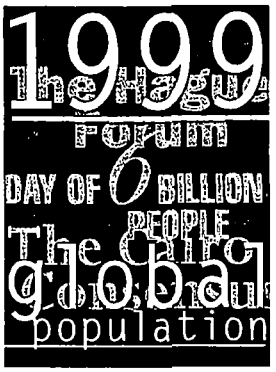

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The Road to the Cairo Consensus: People Rather than Numbers

In 1946, a Population Division was set up within the UN Secretariat to analyze demographic trends, based on the then-prevailing concern that mortality from war and disease might cause a population decline. Researchers developed demographic analysis and governments in developing countries conducted the first national censuses.

When 1950 and 1960 findings became available, policymakers became concerned about rapid global population growth. The UN role expanded to include policy development and financial and technical aid to population programs. Improved data collection and analysis, including growth projections, brought the issue to the attention of more policymakers and stimulated national population programs.

In 1974, 1984 and 1994, the UN organized international population conferences to help build world consensus on the need to address population issues. These created political support for national policies to promote sustainable populations and voluntary family planning programs.

The 1994 International Conference on Population and Development in Cairo was an important watershed. The conference document reaffirmed the importance of slowing population growth for social and economic development, but it also called for a major shift in strategies to achieve this goal: an emphasis on meeting the needs of individual women and men, rather than on achieving any demographic targets.

The 1994 ICPD in Cairo

The UN Economic and Social Council in 1991 explicitly linked development and population when it named the 1994 gathering. Preparations for a 1992 UN Conference, on Environment and Development (ICED) in Rio de Janeiro, focussed attention on the new concept of "sustainability"—that environmental and population factors are critical in economic growth.

Other crucial influence came from the 1990 World Summit for Children and the 1993 Vienna Conference on Human Rights. The ICPD's first preparatory meeting resolved that population, sustainable economic growth and development would be ICPD themes.

The ICPD was the largest intergovernmental conference on population and development ever held: 11,000 registered representatives from governments, NGOs, UN agencies and intergovernment agencies. 179 States negotiated on a Programme of Action for the next 20 years, while another 4,000 NGOs held a parallel conference and there was unprecedented media attention.

Cairo is Working

The key to the Cairo consensus, and perhaps its chief achievement, was recognition of the need to empower women, providing them with more choices through expanded access to education and health services, skill development and employment, and full involvement in policy and decisionmaking at all levels.

The ICPD Programme of Action facilitated reforms in population/family planning programs so that they no longer use targets, incentives or coercion. Instead they include integrated approaches where services, education and quality care are central elements.

Since Cairo, non-governmental organizations have achieved near-full participation in official conference proceedings. The Programme of Action language on NGOs' role and civil society was the strongest from any UN gathering. Since Cairo, NGOs have participated as official delegates to UN conclaves and have been instrumental in providing language for the final documents.

ICPD Plus Five: Reviewing the Results

The 1999 *ICPD + 5* is the first review in the 20-year course of the Cairo Programme of Action. The UN General Assembly, ordering this comprehensive appraisal of implementation so far, further resolved that the review would not reopen provisions of the Programme but would instead identify ways to advance its implementation.

Beginning in April 1998 with the first of four roundtable discussions, a series of events (1) involved program countries, donor countries, the UN system, and civil society including NGOs and the private sector in discussion of current issues.

An International Forum convenes in The Hague in February 1999 to recommend next steps in implementation for presentation at the March 1999 meeting of the Commission on Population and Development. The review then culminates in a three-day Special Session of the UN General Assembly in June 1999.

The Role of NGOs

NGOs will be fully involved in the review process. They have identified five themes that must be addressed if the Cairo Programme of Action is to be realized:

- Resources and advocacy;
- Reproductive rights: rhetoric to reality;
- Putting the Cairo agenda into practice: providing sexual and reproductive health services;
- Links between population, environment and development; and
- Partnerships

Each theme area will be the focus of a panel discussion during the NGO Forum at The Hague in February 1999. The forum's final document will suggest further steps needed to implement the Cairo Programme of Action into the next century.

Sources: (1) The events will concern adolescent sexual and reproductive health; reproductive rights and implementation of reproductive health programmes, women's empowerment, male involvement and human rights; the role of civil society; and population and macro-economic links.

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Journalist's Notebook: What's In A Word?

What's in a word? Plenty when it comes to population terminology. Demographic language is often freighted by controversial associations with geopolitics, sex, power, gender, race, religion and personal rights.

"Population control" is a prime case in point. The term is now out of favor with experts in the field, because it implies force — a negative thing to most. To some it evokes men trying to control women, industrialized nations trying to weaken the power of developing nations' increasing numbers, or whites trying to reduce the future numbers of people of color.

To stress the voluntary nature of the actions sought, experts use terms like **"stemming," "stabilizing"** or **"slowing"** population growth. Similarly, **"family planning"** is preferred to **"birth control,"** a term that dates back to the time of Margaret Sanger's crusade for women's right to use contraceptives.

"Overpopulation" is also a misnomer. If we have too many people, who are the unneeded? Developing nations and the poor suspect that the wealthy may be referring to them. Besides, a newborn can represent not only a new mouth to feed but two new hands with which to build and a new mind to create the future.

The subject of debate is better described as **"global population issues"** or **"population policy,"** in order to stress the need to assess human numbers in the context of desired living conditions and development.

"Immigration" is taking on negative connotations in the U.S. and in western Europe as a globalizing economy and population crowding bring rising numbers of newcomers who could threaten jobs, social services and the predominant culture. As the new wave is largely nonwhite, some whites fear that immigration will dilute their power.

In the developing world, however, **"migration"** tends to connote an admirable ambition and courage to seek work or a better life away from home. Many immigrants migrate again, or return home when conditions change or they achieve their purposes. More than 90% of all births now take place in developing nations, a fact that helps explain relative attitudes toward trans-national human traffic.

Doomsday scenarios are passé. Thomas Malthus' dire warnings of rampant disease and famine sparked talk of "triage" and "lifeboats" to describe the coming necessity of deciding who should be allowed to live in a world eaten out of house and home by too many people.

The **"population bomb"** is somewhat discredited. Growth rates peaked in the early 1970s, and we are now living in that explosion's fallout: global numbers doubled from 3 billion in the 1960s to 6 billion in mid-1999, and continue to rise but at a slower rate. Improved health services have managed to keep the increased billions alive, though often in a deprived state. Population specialists now concentrate on "quality of life" of the millions of newborns who will be hard-pressed to find education, health care and work needed for a meaningful life.

Today, **"population momentum"** from the 1960s baby boom continues to drive human numbers upward. Growth will continue for at least another generation as the new millennium's record 1 billion teenagers enter their reproductive years. The question now is: when will we achieve **"population stabilization,"** where growth stops?

The answer depends upon whether commitments that the world's nations made at the ICPD in 1994 are fully honored: to programs furthering **"birth spacing," "reproductive health"** and **"women's rights"**; boosting **"sustainable development"**; and improving the earth's **"carrying capacity"** and the human **"quality of life."** These terms stress not sheer population numbers but the broader vision of global well-being.

"Acceptable risk" describes the health risks associated with many modern contraceptives, while **"relative risk"** compares that small danger to, say, riding a motorbike in city traffic. The definitions of each are under challenge from women's groups, who note that all but two modern methods (condoms and male vasectomies) make women take the risk.

Not Just Words

It's not just political correctness to watch your population language. Many of yesterday's terms were rooted in detached calculations that dehumanized people and the process of family-building. People universally resist bean-counter reckoning in deciding the size of their families. Population specialists have moved beyond mere number-crunching to understand what population increase means to individuals--and this change in perspective has changed policy and language.

Most governments in developing countries have adopted family planning policies in an effort to balance their national populations with available resources. They have shouldered two-thirds of the costs involved, asking industrialized nations' to help with the rest. The term **"commitment"** involves not only political will but the provision of human and material resources as well. It is this commitment that is at stake today.

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People On the Move: Urbanization & International Migration

People leave their native lands for many reasons: to find better work, escape political conflict or personal danger, and to find a better environment to live in. They may migrate again or return home when conditions change or their purposes are accomplished. These factors are often related to population pressures. Both the communities gaining population and those losing it may view the change either as threat or benefit.

Reliable statistics on the movement of people from country to country do not exist. The best current "guesstimate" from the United Nations Population Fund, however, is that roughly 120 million people were living outside their countries of birth or citizenship in 1998. The number is thought to be rising for a number of reasons; one is that the native labor pool in the industrialized world is shrinking while the developing world's workforce will soon double. (1)

Migration Affects Urbanization Patterns

- Cities are growing faster than ever. The world was 45% urban in 1995 (2), and cities are expected to hold most of the projected increase in humanity for the next 25 years.

- The number of cities with more than 1 million people rose from 111 in 1960 to 280 in 1995, and two-thirds of those are in developing nations.(3)

- By 2010, the developing-world total will be 368 such cities, up from 173 in 1990. This will further strain those nations' capacity to provide services such as energy, education, health care, transportation, sanitation and physical security.

Violence Attends Much Migration

- The United Nations High Commission for Refugees (UNHCR) reports that most of the 22 million people who came under its wing in 1997 were fleeing from conflict, both domestic and international. Most of them fled to poor countries — only 406,000 sought asylum in Western nations, up from 318,300 in 1997.(4)

- Refugees, especially women, often suffer beatings, rape and other abuses of their human rights while losing access to systems of justice and medical care. The lack of reproductive health care for refugee women is especially acute.

Migrants Do Not Fit Stereotypes

- Immigrants to industrialized nations from developing ones tend to have higher fertility rates for the first generation (25 years). Thereafter their fertility rates equal those of the host country. (5)

- For the most part, voluntary immigrants are not the world's poorest and most destitute people but those with the energy, intelligence, courage and resources to seek a better life.

The ICPD Programme of Action commits nations to:

- Recognize and address the root "push" causes of migration--armed conflicts, human rights violations, environmental degradation, lack of sustainable economic growth, and insufficient social resources--and also acknowledge the influence of economic "pull" factors.

- Improve urban planning by encouraging the growth of small or medium-sized urban centers and sustainable development in rural areas.

- Assess the impact of national economic and environmental policies on residential patterns, and build capacity to manage urban development.

- Stem undocumented migration by improving law enforcement (especially against profiteering smugglers of aliens) while safeguarding the human rights of undocumented migrants.

- Protect refugees and asylum-seekers, reduce pressures that lead to refugee movements and support international refugee assistance.

Sources: (1) Population Action International, *Why Population Matters* (New York: 1996), p. 19; (2) UNFPA, *The State of World Population 1998* (New York: 1998), p. 70; (3) UNFPA, *The State of World Population 1995* (New York: 1995); (4) Intergovernmental Consultations on Asylum, Refugee and Migration Policies, and U.S. Committee for Refugees (World Wide Web site: wttp://www.refugees.org/world/statistics/wrs98 table10.htm); (5) Joseph A. McFalls Jr., "Population: A Lively Introduction (Third Edition)," *Population Bulletin* 53.3 (Washington DC: Population Reference Bureau, 1998), p. 10.

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Money Matters: Financial Resource Commitments

To reach the ambitious goals of the ICPD, participating governments — after hard negotiations and much research — agreed to increase spending on population and related programmes to $17 billion per year by 2000. The figure, less than one week's global spending on armaments, was to climb to $22 billion by 2015. (1). Two-thirds of the total was to come from developing nations and one-third from the industrialized world.

That commitment was a departure from trends prior to 1994, which had showed a steady slight decline in overall development assistance. But the ICPD saw that just to maintain the levels of contraceptive use that had led to global fertility declines, about 100 million more couples would need access to reproductive health and family planning services by 2000.

A Good Start

In 1995, a global total of $9.5 billion was earmarked for population programmes and projects, a substantial rise from 1994 spending.

- Donor countries increased their assistance to $2 billion, the highest percentage in a decade.
- Developing nations provided $7.5 billion, about 78% of total investments, more than projected. China, India and Indonesia accounted for more than half that amount.

The funds were channeled to projects directed at expansion of reproductive health care including family planning and sexual health information and services for women and men; and production and distribution of safe, effective and inexpensive contraceptives, maternal health care, essential childbirth and STDs and HIV/AIDS prevention. It also includes advocacy for the ICPD Programme of Action, especially for primary education and sexual health. These were the programmatic priorities agreed upon at the ICPD.

Follow-through is Lacking

Since 1995, however, donor nations with a few exceptions have been reducing their support for population measures rather than increasing it as promised.

- Only five donor nations have managed to approach their share: Denmark, Finland, Sweden Norway and the Netherlands. Most others are far short of their commitments.

- Population aid from all donor nations was 2.46% of official development assistance in 1996, up from 2.32% in 1995 but still short of their share. (2)
- In 1996, 94% of all population assistance funding came from ten countries: the Netherlands and the United States (55% together); and the United Kingdom, Germany, Japan, Denmark, Sweden, Norway, Canada and Australia. (2)
- Final 1996 spending by region was as follows: Sub-Saharan Africa $422 million (28%); Asia and the Pacific $367 million (24%); Latin America and the Caribbean $197 million (13%); Western Asia and North Africa $104 million (7%); Europe $25 million (2%). The remaining 26% went to global and interregional aid. (2)

The Consequences of Continuing to Fall Short Will Be Severe

The UN Population Fund has projected scenarios for low, medium and high rates of shortfall from the Cairo commitments. (1)

Constant growth of commitments, the most optimistic, assumes that donor nations continue their current below-target rate of growth in contributions 1995-2000, and that developing nations meet the Cairo targets. This means a shortfall of $2.1 billion in 2000.

- Some 97 million people who would have chosen contraception will not be able to do so. The number of unintended pregnancies will rise by 130 million.
- Abortions will increase by 50 million. Unwanted births will rise by 59 million. Maternal deaths will rise by 300,000, and an additional 3.6 million infants and 1.3 million children will die from inadequate health care.

Intermediate growth of commitments assumes assistance rises 20% more slowly than in the above scenario. This leads to a $2.9 billion shortfall in 2000.

- About 130 million people who would have chosen contraception will not be able to do so. The number of unintended pregnancies will rise by 170 million.
- Abortions will increase by 68 million. Unwanted births will rise by 79 million. Maternal deaths will rise by 400,000, and another 4.8 million infants and 1.8 million children will die from inadequate health care.

Low growth of commitments assumes that developing nations also fall short of their targets. This results in a $3.8 billion shortfall in 2000.

- Some 170 million people who would have chosen contraception will not be able to do so. The number of unintended pregnancies will rise by 230 million.
- Abortions will increase by 92 million. Unwanted births will rise by 110 million. Maternal deaths will rise by 540,000, and an additional 6.5 million infants and 2.4 million children will die from inadequate health care.

Sources: (1) Except where indicated, all figures are from UNFPA, *Falling Short: Struggling to Implement the Cairo Programme of Action*, (New York: 1997). (2) UNFPA, *Global Population Assistance Report, 1996* (New York: 1997),

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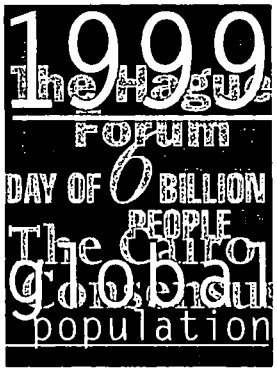

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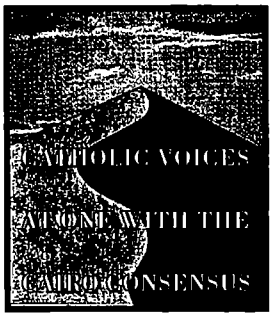

Catholics and Cairo: A Common Language

One of the most daunting tasks in international discourse is the discovery and crafting of a common language. This imperative becomes all the more difficult and demanding when the issues seeking expression are charged with intense feelings, emotions, and differences in worldview.

The United Nations 1994 International Conference on Population and Development and its Programme of Action adopted in Cairo constitute a pivotal moment in the articulation of a common language of conscience. Furthermore, Cairo provided the Catholic church with an unprecedented opportunity to enter the world dialogue in terms not unfamiliar to its own traditions and mission.

THE CAIRO CONFERENCE AND THE PROGRAMME OF ACTION

Every ten years since 1974, the United Nations has convened an international conference on population and development. Past conferences have been held in Bucharest (1974) and Mexico City (1984). In 1994, 180 governments came to Cairo, Egypt, to attend the third United Nations International Conference on Population and Development (hereafter, Cairo or the Cairo Conference).

At Cairo, the governments of the world agreed to a list of proposed actions for the future – these are contained in a Programme of Action, which spans over 100 pages and comprises sixteen chapters. Chapters three through sixteen develop the qualitative and quantitative goals agreed to at Cairo. Of particular interest to Catholics and other people of faith are the principles in chapter two that provide the ethical framework for the Cairo approach to population and development.

Earlier population conferences were rightly criticized for focusing solely on limiting family size and reaching demographic targets, often using inflammatory language, such as "population explosion" and "zero population growth." This demographic approach emphasized reduction of population and neglected women's human rights.

The Programme of Action represents a refreshing step forward. It recognized the importance of ethics, values, interrelationships, sustainability, poverty eradication, and especially the connection between the empowerment of women and lower fertility rates. The document articulates a broad vision that puts human dignity above demographic goals; women's equality and men's responsibility over mandated family planning. It crafted language on reproductive and sexual health and rights.

This year, the five-year assessment of Cairo will be conducted through a series of regional, national, and international meetings. This assessment is enhanced considerably by religious voices reflecting on the principles and goals of Cairo and its Programme of Action. Among these religious groups, a Catholic reflection is especially crucial because of the strong and sometimes controversial role played by the Vatican and the Holy See during the Cairo process.

THE VATICAN AT CAIRO

Cairo sought to deal with some of the most volatile issues in our personal, political, and religious lives: reproduction, sexuality, development, and women's human rights. Remarkably, it chose to link these themes together and to deal with them in the overarching categories of rights and responsibilities.

Rights emerge from the individual, innate, and inviolable core of each person. Responsibilities are grounded, for the most part, in the community, in the demand to treat others with equal dignity and rights, and in the insistence that the consequences of

all our actions be measured by more than our own advantage and identity. The dialogue and tension between rights and responsibilities, between individual and community, between belief and conscience, between wealth and poverty, indeed between men and women were addressed in Cairo to an unheard-of level of agreement. To find the words and consensus to express the world's conscience on such controversial matters is extraordinary. One might have supposed that the Holy See would be gratified by the serious purpose, religious resonance, Catholic language, and moral tone with which Cairo went about its work.

The field of agreement between the Catholic church and the Programme of Action is large and impressive. Nonetheless, sharp differences emerged (these are dealt with in part 2 of this paper).

Unique among religious bodies of the world, the Catholic church enjoys a privileged status as a Non-Member State Permanent Observer at the United Nations through its governmental entity, the Holy See. In this capacity, the Holy See takes part in United Nations-conferences and can exercise, as it did at Cairo, voting rights.

However, any government will not necessarily reflect the beliefs and practices of the people it purports to represent. There is a distinction between the Catholic church and its tradition as a whole (i.e. the entire body of believers) and the administration of that church as it is represented by the Holy See at the United Nations. This distinction is especially important to keep in mind because the laity, theologians, and the bishops at large have no meaningful voice or vote on the selection of the pope and the policies of the Holy See. Therefore, a truly Catholic position on a particular issue must take into account not only the official position of the Holy See, but also the way this position is received and lived out in the body of believers. This widely accepted approach insists that Catholic teaching is made up of two entities: the teaching hierarchy (pope, cardinals, and bishops) and the teaching of the laity – the *sensus fidelium*.

For all these reasons, the strong Vatican rejection of major items in the Cairo document was puzzling and disappointing. The Vatican has every right to state its reservations. The difficulty many experienced with the Vatican's position derived from its unwillingness to enter the process of discussion or to propose language that could win the support of the world. This difficulty was compounded by the Vatican's reluctance to affirm the revolutionary character of the Cairo Conference as it put issues of population in an overall ethical framework fortified by insistence on women's rights and health.

Furthermore, the Vatican's actions at Cairo weakened Cairo's message, particularly for the Catholic observer. While there are many Catholics who do not agree with the positions taken by the Vatican at Cairo, more still do not realize how consistent the Programme of Action is with Catholic teachings. In reality, Cairo and the Vatican had more areas of concurrence than disagreement. The Vatican came to Cairo with deep suspicions and an apparent unwillingness to trust the global process of reaching agreement on ethical issues, and, therefore, its message at Cairo was often inconsistent with church teachings. In particular, the Vatican's actions distorted what Cairo actually said on women's human rights, health, and family.

Reproductive rights are dealt with in the Programme of Action under the larger rubric of human rights for women. The same strategy is followed in addressing reproductive health through the more expansive issue of a right to health. This is one of the great contributions of Cairo. It constantly seeks a larger context, one in which there is universal agreement, before it deals with controversial specifics. Thus, all of the world agree on human rights for women even if they may disagree on reproductive rights. The same is true of a right to health and the more difficult issues of reproductive health, safe motherhood, abortion, and sexual health.

One of these difficult issues turned on the definition of "family." As Cairo sought a comprehensive definition, the Vatican feared that a consequence of so broad a definition would be the validation of homosexual unions.

The Vatican became most adamant over the issue of abortion. It finds abortion and contraception immoral in every circumstance. It rightly opposes coercive use of these methods. Delegates at Cairo agreed with the need to end coercion but also believed that people should be informed of all these choices. The Programme of Action leaves to religions and conscience the dialogue about whether particular individuals or traditions should choose among the options they are

given. In a world climate in which choices seen as moral by one side are branded as immoral by the other, the Cairo Conference had no other way to proceed.

The articulation of moral choices should never be so absolute that they have no reference to the real situations in which people live. Catholic theology and teaching have always affirmed the right of conscience and contextualized moral choices. Cairo did insist that where reproductive health is concerned, all legal options open to the individual should be safe and people should be informed fully about the consequences of deciding one way or the other.

CATHOLICS AND CAIRO

Cairo, in many ways, is a universal declaration of human rights applied to population, sexuality, and women's lives. Had the document been cast in the narrow terms the Vatican demanded, it would have divided and splintered the world community. A new language of shared values needed to be formulated, a language of universal rights and responsibilities. The agency to speak that language, the United Nations, gained the world's confidence more readily than the respected but sometimes ideological voice of the Vatican.

The debates at Cairo made it clear that in many moments, the Vatican and the global community frequently spoke with the same voice. The Vatican, however, often declared its position on the more controversial issues as definitive, neither inviting nor allowing participation or nuance in order to achieve consensus. The United Nations cannot adopt a language of ethics and values that the human family at large neither understands nor accepts. If people are fundamentally reliable, then open debate, accommodation, and global consensus may offer us our best hope for choices that are moral, profoundly human, and irresistibly fair.

For the purposes of this article and to help clarify the distinction between the official and the living church, the terms "Holy See," "Vatican," and "delegation" are used to represent church governance. The terms "church," "church teachings," and "church tradition" are used to represent a broader definition of Catholicism, to include the laity, theologians, and the hierarchy.

While it is written from a Catholic perspective, we hope this article will be of use and interest to readers from other religious, ethical, or philosophical traditions. And by no means does our analysis pretend to be exclusive: Cairo's vision reflects the values of many belief systems.

PART 1
AREAS OF AGREEMENT: SHARED PRINCIPLES

The Vatican claimed that the Programme of Action lacked an ethical framework and was the work of aggressive Western feminists: "One of the principal concerns of the Delegation of the Holy See regarding the Draft Final Document is its lack of a clear ethical vision."[i] The document that the Vatican so soundly excoriated, however, is actually remarkable for its principles and values -- values forged and agreed to by over 180 nations from around the world and clearly articulated in chapter two of the Programme of Action.

The principles, the foundation for the Programme of Action, are consistent with Catholic values -- especially as they relate to population and development -- reflecting how much the Catholic church has in common with the global community. These principles are the legacy of Cairo. Regardless of what happens with regard to proposed actions or financial commitments, the principles are critical to the development of a common language of values. And despite initial appearances to the contrary, the Vatican and those supporting reproductive rights do agree on these values.

PRINCIPLE 1:
UNIVERSALITY OF HUMAN RIGHTS

Following the United Nations tradition of support for human rights, the Programme of Action includes strong support for individual rights. Catholic endorsement of the fundamental vocabulary of human rights moved forward dramatically as social justice documents and the *Declaration on Religious Freedom* from Vatican II were adopted in the 1960s. Since then, the church has become an international advocate for human rights, even though, like many other political and religious bodies, it has a mixed record in this area.

Catholic support for human rights – such as bodily integrity, right to life, and right to health – is linked to the value placed on human dignity by the church, biblically grounded in the creation of human

beings in the image of God (Gn 1:26) and the spirit of Christ (Jn 1). These rights are human, therefore universal, and transcend boundaries of gender, race, religion, and nations. However, while the church upholds the universality of human rights, its record on women's rights is varied.

Within the international community there is a debate over the universality of human rights. In this debate, the Vatican agrees with human rights organizations that a core group of human rights are universal because of our common human dignity and should be freely exercised independent of the current political, cultural, or economic atmosphere of a particular location. The other side of the debate argues that human rights are not necessarily universal and indeed are culturally conditioned. In this way "culture" has often been used to defend human rights abuses and to prevent the implementation of development programs.

While the church teaches that preservation of culture is an important consideration in any global mandate, it insists that culture is not an absolute value that justifies everything from the oppression of women to the bondage of children and genocide. The Jewish prophets and Jesus himself exemplified the Christian belief that people of good will often resist aspects of their own cultural heritage.

PRINCIPLE 2: PEOPLE AS CENTRAL CONCERN OF DEVELOPMENT

The true measure of development, according to both the Programme of Action and the church, is whether it meets people's human needs and aspirations and whether it does so in accord with their human dignity.

Development policies have at times been the subject of serious criticism by faith-based organizations, including both official and independent Catholic groups. Development policy has often been focused solely on economic rather than human development. In contrast, delegates at Cairo reaffirmed the emerging global consensus that people's lives, not markets or production, should be the central concern of all development policies.

PRINCIPLE 3: RIGHT TO DEVELOPMENT

The United States President's Council on Sustainable Development notes that people in developed countries -- only 20 percent of the world's population -- consume 85 percent of the world's resources.[ii] In light of this observation, we are made aware that we can do better and that the human cost of resisting development is incalculable and unconscionable.

The Catholic social justice tradition and preferential option for the poor provide a basis for the church's teaching on development. The church maintains that industrialized nations should assist, through technology transfer and debt forgiveness, the developing world's ability to use its resources for its own development. In particular, John Paul II has criticized both capitalism and socialism for neglecting to put human needs and the common good above material profit.

PRINCIPLE 5: POPULATION-RELATED GOALS

Although often perceived as unwilling to acknowledge problems caused by rates of population growth, the church does consider hunger and other developmental problems to be exacerbated by population growth. Indeed, the Second Vatican Council insisted that parenthood be exercised responsibly. Parents who bring children into the world recklessly and thoughtlessly are censured. At issue is not limiting births or determining family size, which the Vatican accepts, but the means by which this limitation is achieved.

PRINCIPLE 6: SUSTAINABLE DEVELOPMENT

Because developing countries were able to voice their concerns over sustainable development at Cairo, a larger recognition of the overconsumption of developed countries was written into the Programme of Action. This principle is also seen in the church belief that developed countries must eliminate their overconsumption as a way to maintain sustainability and to achieve responsible stewardship.

The Catholic church supports consideration of environmental concerns in development policy. For many centuries, the church, prompted by Scripture, principally Genesis, believed that domination of the earth by people was God's will. To its credit, the church has begun to appreciate the vital interrelationship among human beings, other forms of life on the planet, and the planet itself. Now the church sees the world itself as a sacrament, namely a reality endowed with the presence of God and with grace. There remain those in the Catholic community who fear that ecological spirituality may lead to pantheism. This hesitancy has not prevented popes from speaking bravely about an ecological crisis, our common environmental responsibility,

and the need to impose limits on human domination and overconsumption of natural resources.

PRINCIPLE 7: ERADICATING POVERTY

The Programme of Action's focus on eradicating poverty and the special attention it gives to the neediest of poor countries is an important aspect of the Cairo consensus for Catholics. Cairo is consistent with church teachings on the preferential option for the poor and economic justice for all in insisting that "special priority" be given to the least developed nations of the world.

It has been observed that poverty imposes imperatives on the affluent. Jesus makes it quite clear that neglect of the poor is neglect of God. The Catholic tradition resonates with this teaching, from the medieval legends of the poor as saints and of God disguised in poverty to modern proclamations of a preferential option for the poor. Indeed, the Catholic church is often seen as the church of the masses, the poor, and the workers.

There are different ways of addressing poverty; sometimes the least effective, but by no means inconsequential, is charity and alms giving. On a deeper level, however, the church calls for the transformation of structures that create poverty. On the deepest level of all, the poor must be addressed as equal in dignity to those who are affluent. On this, the church and Cairo agree.

PRINCIPLE 10: RIGHT TO EDUCATION

In Cairo, education was emphasized as the means to the full development of human resources. Traditionally, girls and women have not been given equal access to educational opportunities. Investment in education is critical to the empowerment of women and the achievement of their human rights.

Catholic teachings support the importance of education. From monasteries to universities, the church has been a pioneer in educating people in their spiritual and social responsibilities.

PRINCIPLE 11: CHILDREN AS A PRIORITY

Cairo maintained children's rights to standards of living and adequate health care, as well as the right to be protected from injury and exploitation. The church protects children as innocents. The church was so concerned with the injustices perpetrated against children that the Pontifical Council for the Family organized three international meetings of experts prior to Cairo to address this subject: prostitution of children in Bangkok, Thailand (1992); child labor in Manila, Philippines (1993); and street children in Rio de Janeiro, Brazil (1994).

However, it is important not to overstate the hierarchy's support of children's rights. While the church often speaks and acts on behalf of the well-being of children, it defines children's rights as almost exclusively derivative of parental rights. Furthermore, the Vatican is more likely to support parental rights over children's rights, as further recognition of the patriarchal family unit. Parents have a primary right to educate and raise their children, but it is not an absolute or exclusive right, such as prevails in some cultures where children are defined as property. Society at large and the church must establish and affirm children's rights when parents violate or neglect them.

PRINCIPLE 12: MIGRANT RIGHTS

The Programme of Action acknowledges that migrants often have the least access to resources and services provided in development plans and calls on countries to guarantee fundamental human rights to all migrants. The church's record here has been impressive and effective. The church has organized and spoken on behalf of migrants. It has often demanded that nations support immigrant and migrant populations by not only considering them as workers, but also respecting their cultural identity. The church has offered migrants pastoral service, and through the pope and national conferences of bishops has acted as their advocate before the world community. In fact, on the issue of migrant rights, the church and United Nations are more in agreement with each other than with developed nations.

PRINCIPLE 13: RIGHT TO ASYLUM

Cairo explicitly calls on nations to grant protection for refugees escaping persecution. This stance is well in line with church tradition, which condemns political and religious persecution and urges nations to provide asylum for those in exile as a duty of the common good. In fact, church buildings have traditionally been sanctuaries for the persecuted. The church at large, sometimes selectively, has offered protection to the vulnerable.

PRINCIPLE 14: INDIGENOUS RIGHTS

In the past, the church has in many instances favored evangelization and cultural transformation over the preservation of indigenous identities.

History tells how colonization of indigenous people by Western powers was often accompanied by the imposition of Christianity. The church, however, has recently been more sensitive to indigenous traditions. Nonetheless, it is disappointing that national church leaders, speaking on behalf of their own people, have not been sufficiently heard by the Vatican. Indigenous rights are not only the rights of indigenous minorities. The church cannot be truly incarnated in a culture unless it takes on the character of that culture. If the church appears as an alien presence in the culture, it will not reach the people there on a profound level or in an authentic way.

PRINCIPLE 15: DEVELOPMENT RESPONSIBILITIES

The final principle agreed to in Cairo addresses the need for all nations to take responsibility in assisting global development while acknowledging that each nation has its own needs, capabilities, and responsibilities. It also states a special obligation of more developed countries to advance set agendas and to maintain sustainable levels of growth. The church has historically been sensitive to the diversity of nations in regard to population and development strategy, and it has put pressure on the North to contribute to the equitable development of the South.

PART 2
AREAS OF DEBATE: WOMEN, HEALTH, AND FAMILY

When the United Nations produces an international document such as Cairo's Programme of Action, its goal is to secure the support of as many nations as possible. Thus, it provides an extensive drafting process aimed at achieving consensus, with many versions of a document and numerous preparatory meetings -- with considerable input by nongovernmental organizations – to discuss objectives. A government delegation objecting to any part of the document may have a section, phrase, or word placed in brackets for further debate and possible deletion. During the Cairo process the Holy See and a handful of other nations— including Argentina, Benin, Guatemala, Honduras, Malta, Morocco, and Nicaragua— bracketed most language referring to reproductive rights, sexuality education, abortion, contraception, the definition of family, and safe motherhood. In fact, the Vatican focused most of its energy at Cairo on objecting to the existing consensus on reproduction and sexuality rather than proposing language or lending force to the many other issues discussed at the Cairo Conference and important to Catholics.

In the end the Vatican joined the global consensus on the Programme of Action as a whole, but placed reservations on the following list of specific phrases:

- contraception
- couples and individuals
- family planning
- reproductive health
- reproductive rights
- sexual health
- sexual rights
- widest range of family-planning services
- women's ability to control their own fertility

The Holy See also placed general reservations on eight of the sixteen chapters: "Reproductive Rights and Reproductive Health"; "Health, Morbidity, and Mortality"; "Population, Development, and Education"; "Technology, Research, and Development"; "National Action"; "International Cooperation"; "Partnership with the Non-Governmental Sector"; and "Follow-up to the Conference."

Cairo, of course, did not detail ethical values as a religious tradition would detail them. It could not do this, given the diversity of its constituency. It did, however, search for a common, global ethic based on human rights and responsibilities. Cairo afforded an opportunity for the Holy See to make its points regarding the importance of human dignity in population policy. The Holy See might have done this more convincingly by affirming more forcefully the many positive features in this document and by engaging in a constructive dialogue with the world on the complex issues of reproduction and sexuality.

The Holy See delegation's concerns over three principles in the Programme of Action – women's human rights, the right to health, and the definition of family – led to reservations on a number of Cairo objectives. Disagreement was over application, as the church has historically supported all three of these principles. However, a gap exists between what the Vatican said at Cairo and what Catholic tradition allowed the Vatican to say. In reality, official church statements could have been brought

to bear to support the United Nations positions on women, health, and family.

PRINCIPLE 4: WOMEN'S HUMAN RIGHTS

As part of the new development paradigm created at Cairo, women's human rights were supported as a principal goal. Prior to Cairo, women's lives were not always treated with dignity and respect in population policies; women were often considered only in terms of their reproductive capacity, and their aspirations and needs were made secondary to demographic outcomes.

While the church has a strong record of speaking in support of human dignity and objecting to human rights abuses, its record on women's human rights is ambiguous. It is not that church teachings do not support gender equity or the dignity of women, but that the Vatican has shown itself to hold a limited understanding of women's human rights, and in particular, the ability of women to control their own fertility.

The Holy See is careful never to assert women's equality with men without a qualifier, usually the notion of "women's special dignity." In the Vatican's worldview, men are the normative human beings and women are understood primarily in terms of their reproductive and mothering capacities. What seems to be a laudable principle – women's dignity -- actually circumscribes women's options and equality. No such assumption is ever made with regard to men, whose dignity is presumed simply to stem from their humanity.[iii]

When the Vatican addresses rights for women, they are more often rights to be protected through the agency of others. They are not political, social, or economic rights through which women themselves exercise power as autonomous moral agents. And while the Vatican does support the universality of human rights, a division exists between the Vatican and women's human rights advocates over the question of what a human right is. In the case of human rights dealing with reproductive health, sexuality, and women's empowerment, the Vatican holds that Western feminists, among others, are attempting to establish "new" rights. In reality, Cairo sought not so much an expansion of human rights but an expansion of what the global community means when it says human rights.

Catholic support for women's rights comes from the biblical tradition of gender equality. Theologians, men and women, working within the Catholic tradition have rediscovered the role of women in Scripture and early tradition and have found it to be more open, creative, and decisive than current Vatican policy. Scripture begins, in the first chapter of Genesis, with the grand theme of gender equality in the creation account. Not only is there no subordination of women, there is indeed a radical gender equality. The Christian Scriptures present to us the startling ease that Jesus has in bringing women into a discipleship of equals. The greatest of all messages about Christ, the Easter experience, is borne by a woman who becomes the apostle to the apostles and, indeed, their teacher. Paul readily speaks of the prominent role women play in the creation of the early church: Women are appointed as deacons, coworkers, and even apostles (Romans 16).

This discrepancy between the statements of the Holy See delegation at Cairo and church teachings is illuminated by the delegation's criticism of two areas of the Programme of Action: empowerment of women and reproductive rights.

EMPOWERMENT Of Women

Cairo's focus on the empowerment of women is a culmination of decades of progress in the field of population and development, accelerated as women entered the international dialogue and research showed that women's status was a factor in family size and efficacy of development programs. The Programme of Action was the first United Nations document on population that explicitly recognized the importance of women's rights as a crucial factor in development and indeed, as a worthy goal in itself. Cairo declared that development policies should not center on controlling women's fertility, but on empowering women to make decisions about their own reproduction. This empowerment could be advanced by ensuring access to information and resources and providing social, political, and economic conditions that favor autonomous decision making.

The Vatican and even Pope John Paul II himself have spoken of women's empowerment and call for the support of women in their dual roles as mother and part of the labor force. But this very positive view of women in the public sphere is presented with an emphasis on the woman's role as mother: "The true advancement of women requires

that labour should be structured in such a way that women do not have to pay for their advancement by abandoning what is specific to them and at the expense of the family, in which women as mothers have an irreplaceable role."[iv]

Vatican support of the economic empowerment of women demurs when this empowerment leads women to a sense of their sexual and reproductive options. As the Catholic tradition developed, men were made the norm for human experience, and women far too readily were defined in church teachings in terms of their reproductive and maternal capacities. In this scenario, little accrues to women simply because they are human. More often, women are praised when they are submissive, when they are mothers, and when they serve the needs of men or their children. Within this framework, the Vatican sees the exercise of women's human rights as threatening the traditional family unit.

And although the church has spoken of the contributions women can make in the public forum, this belief does not extend to the role of women in the church. Actions speak more clearly than words. No woman is ordained in the Catholic church. The governing structure of the Holy See includes no women in decision- or policy-making roles and no women in the church's pivotal electoral body, the College of Cardinals. There is no requirement that women be consulted regarding the development or content of Vatican documents and no indication that such consultation occurs voluntarily except in very limited and rare examples. Official church policies prohibiting important forms of women's participation in the church make it difficult for people to believe that the church is committed to gender equality. The fact that these policies of exclusion are difficult, if not impossible, to derive from Scripture or tradition further weakens the Vatican's position.

We cannot expect an all-too-human church to be centuries ahead of the cultural development of gender equality. It is unpardonable, however, when the church seems to be behind, or worse, when it resists such development.

Reproductive Rights

The Vatican has recently been supportive of rights of women in society, but it continues to try to deny women reproductive rights. Cairo went beyond defining reproductive health to affirm reproductive rights as an integral aspect of human rights. According to the Programme of Action, reproductive rights are grounded in previously recognized human rights, such as the right to bodily integrity and nondiscrimination, and specifically the right to decide freely the number and spacing of children and reproductive autonomy – a right first recognized in 1968 at the International Conference on Human Rights in Teheran, Iran.[v]

The Vatican objected at Cairo to the Programme of Action's treatment of reproductive rights, choosing this moment to invoke the preservation of culture and tradition and proclaiming the danger of establishing "new fundamental human rights."[vi] However, Catholic teachings supply many elements that support reproductive rights, primarily the church tradition advocating for the universality of human rights. The Vatican recognizes that human dignity is tied to the ability to exercise free will and individual conscience. In the contemporary world, religions gain credibility and become persuasive when they recognize the importance of free will, allow alternatives, and then guide or persuade people by appealing to their highest motives.

There is something demeaning and morally offensive about putting burdens on women without allowing them a voice and a vote about their own lives and the consequences they may be asked to endure. Women at large must be trusted to be concerned about life issues and to make responsible decisions. Political participation, equality in the workplace, protection from violence – all rights supported by the Vatican -- cannot be addressed without first affirming women's moral capacity and integrity. Women cannot be expected to make decisions freely outside the home if society or the church preempts their personal decision making concerning the reproductive activity of their bodies.

Church teachings on the common good and justice show us that we cannot achieve moral order if individuals are coerced or repressed. Because women in the church have been excluded from defining elements of the common good, reproductive rights have not been adequately addressed in the Catholic church. Women, indeed all people, do best in dialogue, not when they are asked only to take dictation.

It is telling that the Vatican chose this moment in the Cairo negotiations to argue for cultural preservation. It argued, for example, that access to

contraception and legal abortion are staunchly opposed in other cultures and that democracy does not suit the culture of the Vatican. This may be true, but it raises the question of who defines this culture. Such "sensitivity" to culture is not evident when the culture of women, for example, is at issue or when cultures that strongly support contraception and legal abortion are denied these options because they do not adhere to the Vatican view of acceptable public policy.

There is a tendency to criticize Western culture as too feminist and to favor more traditional alternatives. However, when African and Asian bishops ask for different attitudes on the position of the Vatican, as they did in recent synods at Rome, they are not heard. When women of the South and East spoke to delegates on the importance of reproductive rights and health, their positions were dismissed. Culture has been invoked to silence the voices of women in the dialogue on reproductive rights. Surely those who have most at stake in every pregnancy should be allowed a decisive voice and choice on their own behalf.

PRINCIPLE 8: RIGHT TO HEALTH

The church's support of the right to health has biblical grounding in the healing tradition of Christ. A "right to medical care" is established in the 1963 encyclical *Pacem in Terris*, and the *Catechism of the Catholic Church* places the burden of respecting health on all of society. Pope John Paul II often calls upon nations to provide health care to all citizens as a basic economic right necessary for human dignity. By acknowledging the universality of the right to health care, the Catholic church is acknowledging the need for health care to be independent of geography, language, ethnicity, gender, or religion.

While the church asserts the right to health as a fundamental right, absolutely necessary for human dignity, the Vatican does not support health when applied to reproduction and sexuality, as clearly demonstrated in the Holy See's objections to the sections on reproductive health, safe motherhood, abortion, sexual health, and sexuality education for adolescents as agreed to at Cairo. At issue was how to specify and define health.

REPRODUCTIVE HEALTH

Cairo's Programme of Action was the first United Nations document to explicitly define reproductive health. Much of the language included in the recommended actions for obtaining reproductive and sexual health is noncontroversial, such as prenatal, postnatal, and maternal health care and treatment for those affected with HIV. However, even this section of the Programme of Action provoked numerous objections on the part of the Vatican.

In addition to the church's strong support of health as a fundamental human right, Catholic health care is guided by the tradition of treating the whole person, recognizing that separating the body from the soul or treating only one aspect is not the best method of promoting overall health. Yet church leadership over and again singles out reproductive health and attempts to limit services and information available for this aspect of health. For women, reproductive health is central to overall health. At some point, women are placed in bondage to reproduction and biology if only periodic abstinence ("natural family planning") is tolerated.

To tell the world that "natural family planning" is the only means by which pregnancies may be avoided -- as the Vatican does – is to speak with an ineffective voice. The world knows that such teaching is rejected by a virtual unanimity of Catholic couples and by the vast majority of Catholic theologians. The historical record shows that all the cardinalatial and episcopal committees formed by the popes to deal with this issue recommended a change in church teaching and the acceptance of artificial contraception as a moral option. The prohibition of artificial contraception is not so much church teaching as it is papal teaching.

Furthermore, Catholic teaching on responsible parenthood strongly rejects coercion by any group or individual attempting to restrain couples from making responsible decisions about procreation. Denying access to information about certain options was perceived by many in the global community as morally and practically coercive, especially when access and information are denied to those who are not Catholic or those whose consciences tell them that contraception is a moral choice. In any case, even according to church teachings, without options one cannot act morally. The Vatican remains free to address and influence the consciences of people by moral suasion. The world community objects, however, to efforts to eliminate access to artificial contraception, sterilization, and abortion completely with legal force and punishment.

SAFE MOTHERHOOD

The Vatican bracketed the term "safe motherhood" in the Draft Programme of Action and objected to its use at the Cairo Conference. Its opposition to the term, the Vatican delegation said, was based on a fear that inclusion of the term would open the door for abortion. [vii] But "safe motherhood," by definition, covers many services and programs that the church unequivocally supports, including efforts to improve women's health in pregnancy through prenatal care and nutrition.

All women face risks in pregnancy and childbearing. Poor women face especially high risks. For example, Bolivia, the poorest country in South America, has a maternal mortality rate of 600 per 100,000 live births,[viii] compared with 12 per 100,000 in the United States.[ix]

The Vatican delegation's decision to reject the term "safe motherhood" outright, without any attempt to make a distinction between its acceptance of the components it supports and its resistance to abortion without exception, led to an inconsistent position on motherhood. All women's lives are defensible, and it is disingenuous for the church to claim to defend life while simultaneously opposing measures necessary to save women's lives. The Vatican's refusal to support safe motherhood at Cairo gave the impression that a woman's health is secondary to her reproductive functions.

ABORTION

Despite much talk about the issue, the Programme of Action principally deals with abortion in one paragraph, which makes four major statements:

- abortion should not be promoted as a method of family planning;
- incidence of abortion should be reduced through access to family planning services;
- abortion should be safe where legal; and
- where illegal, the consequences of illegal/unsafe abortions should be addressed.

During Cairo, the Vatican objected to all but the first.

Abortion is a complex moral and social issue – potential mothers know this best. However, the Vatican's position on abortion is compromised by its unwillingness to accept contraceptive services and devices even though they reduce abortions by diminishing the number of unwanted pregnancies. For example, according to the Alan Guttmacher Institute, data from Hungary show that as contraceptives became more available over a thirty-year period, abortion rates fell from over 60 per 1,000 women aged 15 to 44 in the 1950s to under 40 per 1,000 in the 1980s.[x] One of the best ways to reduce recourse to abortion is through access to a range of effective contraceptive options.

Even taking into account Vatican opposition to abortion, we remain puzzled about why the Vatican objects to abortion being safe where legal. "There is no such thing as a 'safe' abortion: Whether legal or not, abortion is lethal for the child and destructive of the mother and society," declared the US cardinals before the Cairo Conference.[xi] This dismissal of safe abortion by the hierarchy is insensitive to the realities women face and to the number of women who die from unsafe abortions every day.

Because women everywhere resort to abortion, the alternative to safe abortion, of course, is unsafe abortion. Again, it is the hierarchy's preoccupation with eliminating abortion from the world that prevents the real issues of justice and health for women from being addressed. Such an absolutist position fails to acknowledge the ambiguity and doubt regarding fetal life and ignores the moral complexities surrounding each situation.

While the legal status of abortion appears to have relatively little connection to its overall pervasiveness in a country, it does influence the safety of conditions under which the procedure must be performed. Illegal abortion is associated with a high incidence of maternal death and disability. For example, while Mexico and United States have similar abortion rates, maternal deaths per 100,000 live births are almost ten times higher in Mexico, where abortion is illegal.[xii]

In countries where abortion is illegal, it is the poor who are left to face abortions under the worst types of conditions. And in countries where abortion is legal, but safe abortions are costly, it is again poor women who shoulder the burden. The church tradition of a preferential option for the poor has been interpreted by many Catholics to support the safety of abortion and to oppose unsafe abortions when safe options are available. It is possible to be opposed to abortion without supporting unsafe procedures; concern for public safety is not the same as moral endorsement.

Despite Vatican disapproval, the Cairo Conference was right to address the catastrophic

health consequences for women of unsafe abortion. Mercy requires that we eliminate pain whenever possible; justice demands that we do not abandon poor women or women in need of help.

SEXUAL HEALTH

Cairo acknowledged the link between sexuality and gender relations, affirming that relationships between partners have profound consequences for sexual health and behavior. The Vatican, in response, accused the Programme of Action of "promoting a self-centered and casual view of human sexuality, an approach so destructive of family life and the moral fiber of society."[xiii] In Catholicism, a long tradition of aversion to sexuality is the root of current Vatican conservatism on reproduction and women. Despite recent attempts to expunge this historical antipathy, church teachings often continue to reflect its influence.

Until Vatican II, pleasure was rarely, if ever, linked to sex in a positive way by the church. Sex was often presented as a necessary evil and is termed such by church teachers such as St. Augustine. The purpose of sex was procreation, not pleasure or even relationship. For more than a thousand years, the church taught the superiority of sexless marriages and urged all married priests to reject sex with their wives and to refuse to conceive children.

Today, the Vatican's suspicion of sexuality persists. Part of this mistrust is based on amnesia concerning biblical references to sexual pleasure as a value in its own right. A preeminent example of this tradition is the Song of Songs. In this most frank and erotic of all biblical books, sexual pleasure between lovers and spouses is celebrated. In addition, one of the overriding images of God's love for the human family in both testaments is the relationship between the bridegroom and bride. Jesus has been misinterpreted by some as hostile to pleasure. In reality, Jesus says little about sex but is deeply troubled by power and authoritarianism. The church's suspicions of sexual pleasure and its negative judgment about it do not derive from the Bible. They emerge from second- and third-century Greco-Roman ideas about pleasure and pain, ideas that the mind needs to control the body and that pleasure or emotions are less human or less acceptable than cognitive life.

Female sexuality, in particular, was and is often viewed negatively by the church. Women are blamed for men's sexual desires and presented as temptresses. Celibacy is protected, admired, and rewarded by special privileges in the church. Holiness is equated with abstinence. In the Council of Trent (1545-1563), the church at its highest level of authority condemned and censured anyone who dared to say celibacy is not superior to marriage.

The Vatican's views on sexuality translate into an isolation in church policy of sexual health from other forms of mental and physical health, which has real impact on human lives. This impact is most conspicuous in the Vatican's treatment of HIV/AIDS. Forbidding the use of condoms when one partner is already infected is an irresponsible application of church teachings on contraception.

Realizing the impracticality of the Vatican's position on condoms, the French bishops in 1996 presented a 235-page document on AIDS acknowledging the usefulness of condoms in preventing the spread of HIV. The use of a condom, the bishops said, "can be understood in the case of people for whom sexual activity is an ingrained part of their lifestyle and for whom [that activity] represents a serious risk."[xiv]

An escalating chorus of voices from recent official church teachings, theologians, and laity supports positive views of human sexuality. Spirituality and sexuality are seen today as linked. The celebration of our bodies and sexuality brings us spiritual awareness and even love itself. Human sexuality is seen as committing each person to concern for the other or else it forfeits its human and virtuous content. Sexuality, like love, should be sensitive, considerate, generous, compassionate, and concerned. Christianity insists that we love our neighbors as ourselves. This principle is expected to govern our sexual relationships.

Furthermore, in the sometimes less-than-ideal lives people must live, differing levels of tolerance, compassion, and resiliency matter. By denying the sexual or reproductive realities and needs of people, the church cannot effectively heal lives.

ADOLESCENTS AND SEXUALITY EDUCATION

During the Cairo Conference, the Vatican accused the Programme of Action of accepting "almost as an unrestricted right, that each individual including adolescents from an early age, may be 'sexually active.'"[xv] In reality, the Programme of Action balances the needs of adolescents for access to services and information on sexuality and

reproduction with the rights and duties of parents and other adults to provide needed guidance and direction to maturing young people, calling on societies to promote mutually respectful and equitable gender relations and to provide education and services in order to deal with sexuality positively and responsibly.

Instruction in sexuality must, of course, fit with the age and condition of the person to be instructed. The intent should not be information only but formation of a responsible conscience and sensitivity to the lives of others.

Paralleling the Vatican's difficulty in affirming women as moral agents, there is only limited support of adolescent sexuality in Catholic teaching. When it is mentioned, the duty of educating adolescents on the issue of sexuality rests with the parents.

The Vatican is concerned that too much knowledge too soon, sexual information offered with no value orientation, and contraceptives made too readily available will be seen as tacit endorsement for irresponsible sexual behavior. These points could be made without discouraging the benefits of sexuality education. Adolescents deal with issues of sexuality every day. The church's policy of abstinence before marriage does not address the realities of adolescent lives or respect their capacity to make meaningful decisions about their sexuality. Abstinence should be encouraged, but not without information about alternatives, even if they are less than ideal.

While Cairo was concerned with the possible and the practical, the Vatican insisted on abstract moral imperatives, which led it once again to become an obstacle to the global community's consensus.

PRINCIPLE 9: DEFINING FAMILY

During the Cairo drafting process, John Paul II told pilgrims in Vatican City that the United Nations was attempting to destroy families: "I am going back to the Vatican to combat a project prepared by the United Nations, which want to destroy the family."[xvi] Despite the pope's early characterization of the Cairo Conference, the Programme of Action clearly supports families in significant ways.

Principle 9 names the family as the basic unit of society and calls for its protection on these grounds. The *Catechism of the Catholic Church* refers to the family as a "domestic church," a "privileged community," and "the original cell of social life."[xvii] Indeed, society is always most stable when families are secure and when governments invest resources in them. But while both the Vatican and the Programme of Action concur that family is important, their definitions of what constitutes a family differ.

Cairo acknowledged a wide spectrum of families, reflecting the global reality of diverse family structures. In contrast, the Vatican objected to the diverse characterization of families in the Programme of Action out of fear that this diversity would threaten the patriarchal system that the church has supported and encouraged throughout the twentieth century. By using "families" instead of "family," the Holy See delegation believed Cairo would establish "a formula which would recognize all free unions, homosexual couples, etc. as equiparated with the family."[xviii] Envisioning a "real family"[xix] as only a husband, a wife, and children, the Vatican lobbied to include language giving special protection to this configuration of a family and in the end officially entered a reservation to the use of "couples and individuals."

In reality, family diversity has existed throughout human and biblical history. In biblical times, there were several perspectives on the family, none of which readily corresponds to the modern nuclear family. In the Hebrew Scriptures, patriarchy prevailed as well as polygamy, men were allowed concubines, and wives could be dismissed for even trivial reasons. In Matthew 19, Jesus objects strongly to this patriarchal model, especially when it allows a man to divorce a woman because she is property and forbids a woman to divorce a man on the same grounds.

Family structure is not set by nature but reflects the culture and economy in which it is embedded. A male-dominated nuclear family, consisting of a working husband, a wife who works in the home, and several completely dependent children, is a relatively recent development in history. Cairo, in suggesting that diversity reflects current realities and aspirations, is making a statement that has always been true. Out of fear that the Programme of Action would be interpreted as endorsing same-sex marriage, the Vatican failed to acknowledge that Catholic tradition supports and affirms diverse family forms such as extended families, multigenerational families, families without children,

and other constructs of family that embody love and acceptance.

There are some who observe that the Holy See has not always matched its performance on family life with its rhetoric. Marriages were dissolved in the past so that one partner might enter formal religious life. Annulments are granted today to one spouse or parent over the staunch objections of the other. And although the Holy See speaks beautifully of marriage, it continues to insist that celibacy is a superior state of life. It punishes priests who marry with exclusion from ministry; it does not, as a matter of course, allow married people to be ordained.

REFLECTION: CONSCIENCE AND CONSENSUS

Catholicism, despite appearances to the contrary, has a profound sense that rules are not rigid. Some of this sense comes from the New Testament resistance to law; some comes from the dynamics of canon law, which readily builds exceptions into the system; and some comes from a strong investment in forgiveness and reconciliation. All this protects church teaching and practice from many of the rigidities of fundamentalism and biblical literalism.

One of the hallmarks of Catholic moral teaching has been its capacity for nuance. Catholic tradition speaks with vigor about principles in the public forum but encourages latitude in pastoral practice. To appreciate the full range of Catholic teaching one must take into account not only the articulation of the principle but also the way the principle is lived out in practice.

For Catholics, conscience is always the court of last appeal in moral decisions. According to the *Catechism of the Catholic Church*, "a human being must always obey the certain judgement of his conscience."[xx] Even though the official church seeks to qualify conscience with such words as "informed" or "right," it nonetheless allows that an objectively wrong action is a virtue if those who perform it are convinced in conscience they are doing good. One of the most influential church thinkers, St. Thomas Aquinas, said that it would be better to be excommunicated than to act in a way that contradicted conscience.[xxi]

Given this tradition, why does the official church so often become rigid and ideological? More specifically, why were resiliency and consensus so difficult for the Vatican during Cairo?

We are amazed at how impressive church rhetoric is and how often it resonates with the global consensus. There is no reason not to conclude that the rhetoric is genuine and that it springs from a profound belief in what is being said.

Nonetheless, the consequences and practice that the world community expect to flow from such rhetoric do not follow in the Catholic church. The strong statements on the equality of women are difficult to reconcile with the marginalization of women in decision-making structures in the Catholic church and their absence from key Vatican offices and, of course, from the priesthood. The ringing words about parents rather than the state determining the number of their children and the appeal that parents should follow their consciences in doing so do not fit in easily with the rejection by the official church of the overwhelming number of Catholic parents who believe in conscience that artificial contraception can be a moral choice in structuring their families. The statements about the sacredness and sacramental character of sexual love are inconsistent with the denial of sexual love to church leaders.

This inconsistency happens, we believe, because the Vatican has been unwilling to admit that it sometimes makes mistakes, that it has sometimes misled, and that substantive change is possible in the system. The Vatican and the Catholic church have impressive power and resources. An admission of errors made in good faith in the past cannot destabilize the credibility of such an institution. A willingness to state, furthermore, that the world has impressive moral wisdom of its own in no way makes the Catholic church a less welcome participant in the global dialogue.

Morality can at times become the tool of a political program rather than a principle of rights and truth. Sexual norms are sometimes formulated not to illuminate the ethical content of the choices people make but to legitimate the denial or restriction of personhood for those who defy a convention. To sanction torture in the rooting out of heresy is to establish the overriding claims of orthodoxy. To forbid all sexual activity to homosexuals is to promote the exclusive claims and value of heterosexuality. To deny all contraception is to insist that pleasure and relationship must always be subordinate to reproduction. All these have been taught by the Vatican.

The Vatican declares that access to abortion, contraception, or the use of condoms is never

permissible. These positions are rigidly held and admit no exceptions. Thus abortion is not permitted even in cases of incest, rape, a seriously deformed fetus, or risk to the life of the mother. Contraception is prohibited even for women who have had so many births that another would imperil their health or lives. Condom use is condemned even to save one's partner from AIDS. Assisted reproduction is rejected even if done to correct a biological defect. At Cairo, such positions dominated the Vatican's diplomacy and eclipsed all other manner of church teaching and discourse.

The Catholic community at large and indeed the pastoral and theological communities take different positions on all these issues. One finds substantial latitude in the behavior and beliefs of Catholics, in the pastoral practice of priests, and in the teachings and analysis of Catholic theologians.

The Vatican position at Cairo reflected papal rather than necessarily Catholic thinking and tradition. Its position was narrowly focused rather than comprehensive, diplomatic rather than magisterial, political rather than morally conscientious. The Holy See delegation sought to bring the Cairo document as close as possible to the pope's thinking without expecting full concurrence from the world community, and yet the Vatican was at the same time convinced that it would withhold endorsement of the document if it did not receive complete concurrence. This stance did not reflect the flexibility that exists in the Catholic tradition.

The Vatican repeatedly expressed its concern at Cairo that the rest of the world does not affirm an impressive ethic on life, reproduction, sexuality, and family. The global community is aware that it faces life and death decisions regarding abortion, contraception, HIV/AIDS, and sexuality education. The Vatican, despite being a sovereign state, is immune from these concerns because of the character of its population and the purpose of its existence. Aware of this dilemma, the Vatican might have been resilient and flexible at Cairo on how its moral principles are applied to the world's governments as they confront concrete realities and diverse belief and ethical systems.

Yet there is reason for hope. History contains examples of church flexibility and growth, as well as Catholic teachings informed by global values. Substantive changes have occurred.

For example, the Universal Declaration of Human Rights declared, in 1948, that adult men and women had a right to marry and to found a family and, indeed, that they had equal rights in entering and dissolving a marriage. There was tension between the world community and the Catholic church on the question of divorce. Yet then, as now, there was a basis for dialogue. Article 16 of the Declaration goes on to use language echoing Catholic documents that the "family is the natural and fundamental" basis of society and that it is "entitled to protection by society and the State."

In the past fifty years, Catholics and sometimes the official church as well have moved closer to the United Nations' position. In 1948, for example, the church taught that celibacy was superior to marriage and asked many of its members to give up their right to marry and found a family. In 1948, Catholics responded favorably; now, they do not. Fifty years ago, virtually no Catholic marriages were officially dissolved; now, annulments are frequent, and many Catholics divorce and remarry without annulments.

An openness to sexual and reproductive ethics and rights is gaining ground in the Catholic church. Despite the vehement opposition of the Vatican, Catholics in many countries favor access to legal abortion and contraception and civil rights for homosexuals -- unthinkable even fifty years ago. Catholics support legal options even when they are not convinced that people have the moral authority to exercise them well.

At Cairo, it is relevant to note that, although the Vatican was a fully active and engaged participant, its sexual and reproductive agenda did not prevail. This fact was instructive for the both Vatican and the world. In the grand human dialogue, the church sometimes teaches the world (as the Vatican has done brilliantly on the evils of coercion and self-indulgence and on the sacred character of sexual experience and marital commitments), and sometimes the world teaches the church (as Cairo and the United Nations may be doing on human rights, women's human rights, and reproductive and sexual rights)

The church is always less than the truth it proclaims. It does not control this truth but serves it and searches for it. The church sometimes advances because of a reflection on its own traditions; very often it grows, however, because it hears and learns from the world. The Reformation and the

Enlightenment not only benefited the global community, they also enriched the church.

One of the more encouraging results of Cairo is an awareness of how the United Nations heard the church and respected its voice. It is now time for the church to hear the world community as it speaks with responsibility and consensus. When the church possesses truth, it is always a truth the world possesses in some way. The Creator does not love and enlighten only a few and leave all the others to their own devices. And so humility is always in order and hope is always justified.

NOTES

[i] Msgr. Diarmuid Martin, *Statement at the Beginning of the III Session of the PrepCom*, April 4, 1994: para. 7.
[ii] The President's Council on Sustainable Development, *Population and Consumption Task Force Report*, US GPO, Washington, DC: 1996: p. 33.
[iii] Women-Church Convergence, *Equal is as Equal Does: Challenging Vatican Views on Women*, Washington, DC: Women-Church Convergence, 1995: p. 2–3.
[iv] Pope John Paul II, *Laborem Exercens*, 1981: para. 19.
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[vii] Dennis Poust, "No Consensus," *Catholic New York*, April 28, 1994.
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[ix] Alan Guttmacher Institute, "The Role of Contraception in Reducing Abortion," *Issues in Brief*, 1997: p. 4.
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[xi] US Cardinals Conference, *Concerns Expressed to Clinton on Cairo Conference*, May 29, 1994.
[xii] "The Role of Contraception in Reducing Abortion": p. 4.
[xiii] US Cardinals Conference, *Concerns Expressed to Clinton on Cairo Conference*, May 29, 1994.
[xiv] French Bishops Council, *AIDS: Society in Question*, February 12, 1996.
[xv] *Statement at the Beginning of the III Session of the PrepCom*: para. 7.
[xvi] Philip William, *UPI*, April 17, 1994.
[xvii] *Catechism of the Catholic Church:* 2204–2207.
[xviii] *Notes on the Draft Final Document of the ICPD*: p. 2.
[xix] *Gravissimum Educationis Momentum*: para. 3.
[xx] *Catechism of the Catholic Church*: 1800.
[xxi] As quoted in T. O'Connell, *Principles for a Catholic Morality*, Crossroad, 1978/1990, chapter 8.

The Rome Declaration On the International Conference On Population and Development

January 5, 1999

Religion Counts

Religion Counts *representatives met in Rome in January 1999 to draft and issue this statement, articulating religious support for ethical approaches to population and development, and specifically demonstrating solidarity with groundbreaking agreements made at the 1994 International Conference on Population and Development.*

THE ROME DECLARATION ON THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

January 5, 1999

RELIGION COUNTS

Religion counts. Religious values and thought have helped to build the foundation for human well-being and they continue to inspire and guide billions of the world's people. Religions have maintained a sense of the sacred and sustained humanity in times of trial. They have nurtured spiritual growth, spurred intellectual inquiry, and provided moral guidance.

The world's faiths have developed in different cultures and historical contexts. They nonetheless share common moral sensibilities. The different traditions highlight complimentary values. In many indigenous faiths there is a comprehensive understanding of the relationship of human beings to the earth; in Hinduism a great appreciation of diversity and tolerance; in Buddhism a deep understanding of suffering and compassion; in Confucianism a powerful awareness of reciprocity and duty in human relationships; in Taoism an enduring emphasis on harmony and balance; in Judaism a profound regard for the sanctity of life; in Christianity a rich understanding of charity and mercy; in Islam a boundless devotion to equality and justice. These attributions have not been exclusive but are embraced across religious boundaries. They are religion's shared gifts to the world community.

These values are splendidly expressed in the *Programme of Action* adopted in Cairo in 1994 at the International Conference on Population and Development (ICPD). The conference articulated a new approach to population and development issues in which development policies focus on people rather than markets and population policies treat women not as receptors of family planning but as directors of their own reproductive decisions. The *Programme's* positioning of health and education as central components of human development replace a prior concentration on fertility regulation and population control. Finally, the ICPD acknowledged over-consumption in the developed world as both socially unjust and ecologically damaging. These developments represent a fundamental transformation in the way the world community and its policy makers address concerns related to population and development.

The ICPD's PRINCIPLES

The ICPD grounded these advances in a set of principles put forth in the second chapter of its *Programme of Action.* These principles are consistent with four moral norms that reflect core affirmations of the world's religions:

> Equality, evidenced in the ICPD's assertions that women and men, whatever their difference, are equal in dignity and rights, and that education and comprehensive physical and mental health services are prerequisites for full participation in human societies.
>
> Justice, which the ICPD states is violated in poverty and great disparities of wealth, and which is at the foundation of its assertion that families, in their diverse expression and as a basic unit of society, deserve defense and support.
>
> Freedom, embodied in the ICPD's rejection of coercion in reproductive decision-making and its recognition that all women and men are meant to be free moral agents.
>
> Respect, embodied in its call for public policies that are sensitive to cultural identities, and its insistence that nations not marginalize migrants and refugees.

RELIGIOUS INSIGHTS INTO THE *PROGRAMME OF ACTION*

People of faith readily recognize many of the values and principles in the concepts and commitments in the *Programme of Action* because they resonate with moral convictions that are deeply rooted in the heart of religious traditions. These principles provide the foundation in the document for addressing the interrelated issues of population and development, including those that require fundamental social transformation.

The *Programme of Action* establishes the elimination of poverty as a crucial means for achieving full human rights and for meeting the objectives of humane population policies and sustainable development. The recommendations challenge economic systems that cause and perpetuate poverty, exacerbate disparities in wealth among people and nations, and recklessly degrade the environment. These recommendations reflect historic teachings of the world's religions, giving a clear mandate to people of faith to advance the *Programme of Action.*

At the heart of the document is a challenge to patriarchal societies. Male dominance bears significant responsibility for women's illiteracy, sexual and physical violence to women, and women's lack of educational and economic opportunity and inadequate access to health care. Religions through history and even today are complicit in sustaining male domination in the societies of which they are part. In recent decades, religious traditions have begun to recognize that their integrity compels them to advance towards full gender equality, including within the religious communities themselves. Both traditional sources and findings of modern religious scholarship are fully in keeping with the ICPD recommendations on women's rights and political participation, education, reproductive health and rights, and socio-economic opportunity in the public and private spheres. Eradication of male dominance is imperative for the sanctity of all creation.

Reciprocity and mutuality in relationships is the appropriate moral and ethical foundation for policies related to sexuality. Prompted by the personal articulation of people's experiences, a reexamination of traditional teaching on sexuality is taking place within most religious communities.

Sexual and reproductive health are of significant religious concern as integral components of human well-being. Both women and men must exercise responsibility in their sexual behavior. Most faith communities accept modern forms of contraception and family planning, and even where there is official religious condemnation the evidence suggests that a great many adherents make use of artificial contraception without a sense of being unfaithful to their traditions. Sexual and reproductive health care, including education and access to comprehensive health services, should be available to all women and men.

The challenge is to provide reproductive and sexual health services to those women and men for whom it is still inaccessible. Religious communities should be advocates for the recommendations for the *Programme of Action* in these areas.

People with HIV/AIDS have human dignity that must be respected. There is no justification for stigmatizing them. Religious leaders and teachers have a particular duty to dispel the myth that AIDS is a punishment from God. In many countries, this devastating disease is killing millions of people, leaving children orphans, partners bereft, and communities crippled. Those who value life should support access to services that prevent the transmission of HIV. The world's religions are compelled to assert their most fundamental teachings on the sanctity of life by advancing comprehensive sexuality education, assertive positions on the use of condoms, confidential HIV/AIDS testing, and support for those affected by the disease.

Abortion continues to be a divisive and complex issue. The *Programme of Action* addresses the question of abortion in a very limited way. It notes that abortion should not be a method of family planning; that abortion can and should be reduced through access to family planning services; it should be safe wherever it is legal, and, where illegal, the consequences of unsafe abortion should be addressed as a public health issue.

Certain realities should be made clear. Where there is a full range of family planning services, the incidence of abortion decreases. In the absence of provisions for safe abortions, even when legal, the rate of maternal death is increased. When abortion is illegal it is poor women who suffer the greatest consequences in the loss of life and health. Children who are the result of unwanted pregnancy can suffer abuse or abandonment. Those who oppose even the modest provisions of the ICPD language on abortion need to be accountable for these realities.

Reflection on these hard truths has caused many people of faith, even those personally opposed to abortion, to conclude that provisions for legal, safe, and accessible abortions are defensible on religious and moral grounds. While the religious traditions differ on the issue of abortion, the *Programme of Action*'s limited statements on abortion do not violate the teachings of any of our traditions. Therefore religious leaders and communities can and should support the ICPD on this issue.

CALL FOR ACTION

As **Religion Counts** joins with others in the five-year review of the *Programme of Action*, the following considerations demand our commitment:

1. **Principles count.** The principles articulated in chapter two of the *Programme of Action* must serve as the benchmark against which implementation of specific actions laid out at the ICPD are evaluated. For example, a comprehensive review of family planning programs must not only address their efficacy, but also the extent to which they embody the ICPD's principles.

2. **Partnerships count.** Governments and non-governmental organizations have the opportunity to enlist the support and participation of religions as large and powerful allies for the implementation of the *Programme of Action*. It would be tragic for both religious communities and advocates of the ICPD consensus if this opportunity for collaboration and cooperation were not realized.

3. **Commitments count.** As a matter of moral integrity, nations must keep their financial and programmatic commitments as signatories to the *Programme of Action*. Religious communities and other non-governmental organizations must insist that their governments meet these obligations.

4. **Religions count.** Religions must commit themselves to the realization of the ICPD's goals and assume an active role in the implementation of the *Programme of Action*, including empowering women, eliminating poverty, making provisions for comprehensive health care, and promoting a sustainable environment.

Religion Counts affirms the powerful message of the *Programme of Action*. All nations, all peoples, and all religions share this world in relationships of interdependence. The immense challenges taken on in Cairo five years ago by the countries of the United Nations can only be addressed in an environment of mutual respect.

Religion counts. This is a moment to make it count for the common good of all humanity and the whole of creation.

RELIGION COUNTS

Religion Counts is an inter-religious group of religious scholars, experts, and leaders from around the world. An initiative of the Park Ridge Center for Health, Faith, and Ethics and Catholics for a Free Choice, Religion Counts provides a positive, ethically sensitive religious contribution to discourse on issues surrounding population, reproductive health, and development policies.

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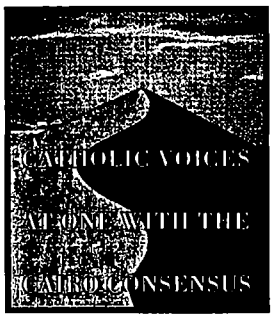


Catholic Voices: Reflections from the Paseo de la Reforma Mexico City, December, 1998

INTRODUCTION

Over the past decade, the United Nations has, through a series of international conferences and plans of action, addressed a number of serious problems facing the world and its people: human rights, the environment, population and development, social development, housing, and women's rights. Few areas have been more contentious or difficult than the question of population and development, which embody differing deeply embedded political and religious views of women's rights, gender, sexuality, and reproduction.

At the UN International Conference on Population and Development, held in Cairo in 1994, these different perspectives collided. The Vatican and its Holy See delegation occupied substantial public space, serving as an obstacle to a growing international consensus on population. This consensus resulted in a remarkable, socially transformative document called the Programme of Action, which was adopted by the world's governments. The past five years have marked the beginning of realizing the world view represented in that document and implementing its outlined actions. These matters were the basis for discussion of Catholic Voices, a forum of Catholic leaders, theologians, activists, and scholars who came together in Mexico City in December 1998.

With Catholic Voices' work for women's rights, human development, and church reform, it was fitting that the meeting took place on Mexico City's *Paseo de la Reforma*, the Reform Promenade. This wide, grand boulevard with its stirring name became a symbol of our hopes for the human community's progress toward justice and the common good.

The gathering on the Paseo de la Reforma came just two months before the first of a series of formal meetings sponsored by the United Nations, The Hague Forum in February, 1999. The Hague Forum will evaluate the progress in implementation of agreements made at the International Conference on Population and Development held in the Cairo Programme of Action since its completion in September 1994. One of the remarkable aspects of the Cairo conference was the partnership forged between governments and civil society in the crafting of international policies. In the spirit of that partnership and with an eye toward the five-year review, the United Nations invited non-governmental organizations to share their perspectives with the UN on the themes and actions outlined in the Cairo Programme of Action. Catholic Voices has taken up this invitation with enthusiasm, and thus we gathered in Mexico to reflect upon the issues of population and development.

We are not experts in service delivery or program evaluators. Rather, we review the Programme of Action from the perspective of values and principles enlightened by the Catholic social justice tradition. The agreements reached at the Cairo conference represented what has been called by many a "paradigm shift" in the world's approach to population and development. In this shift, an emphasis on demographic targets gives way to an emphasis on human needs and the common good. In the new paradigm, we see hope, a reverence for life, health, and well being, and an impulse toward respect for human dignity, social justice, and equality among all people. Especially evident in the Programme of Action is a new-found respect for the moral agency of women.

Particularly because the views of many Catholics were not represented by the Holy See at the Cairo Conference, we present this report of our reflections on issues related to population and development.

Reflection: Eradicating Poverty

We are rooted in the principle of the preferential option for the poor and economic justice for all in insisting that special priority be given to the least developed nations of the world and to the poorest individuals everywhere. Profound concern for the poor is a refrain throughout the Hebrew Scriptures, where the community is urged time and again to care for the widow, the orphan, and the stranger. In the Christian Scriptures, neglect of the poor leads to exclusion from the Reign of God (Mt. 25), which embraces not just life after death, but also the here and now, indeed, the totality of human experience.

Poverty imposes imperatives on the affluent. Neglect of the poor is neglect of God. We support ways of helping the poor such as charity, but we also call for the transformation of domestic and world structures that create and maintain poverty. On the deepest level, it must be recognized that the poor and the affluent are equal in dignity and rights. Furthermore, the privileged must acknowledge and reform their habits of over consumption. The world's resources belong to all of us, rich and poor alike.

As population and development policies are created and implemented, it is important to note that poverty cannot be blamed on population growth. Poverty arises from injustice, and slowing fertility rates is not a single or simple solution to poverty. We applaud Cairo's call for nations to cooperate to eradicate poverty "in order to decrease the disparities in standards of living and better meet the needs of the majority of the people of the world."

Reflection: People-Centered Development

People's lives, not markets or production, should be the central concern of development policies. The true measure of development is whether it meets people's human needs and aspirations and whether it does this in accord with their human dignity. In the past, the Catholic church as a whole has seriously criticized development policies for focusing solely on economic rather than human development. Ethical population and development policies must be focused on people, not numbers; on rights, not demographics; on serving human needs, not denying human desires.

Every person has the right to development. The cost of the world community's failure to support development is incalculable and unconscionable. Development policies should enable people to "seek to do more, know more and have more in order to be more," as Pope Paul VI's 1967 encyclical *Populorum Progressio* (On the Development of Peoples) put it.

As part of development, Cairo specifically emphasized the right to education and noted that investment in education is critical to the empowerment of women and the achievement of their human rights. Cairo also underscored everyone's right to "the enjoyment of the highest attainable standard of physical and mental health." Cairo recognized development as an integral part of fundamental human rights and said it must be fulfilled so as to equitably meet the needs of present and future generations.

Reflection: Human Rights and the Poor and the Marginalized

Our Catholic tradition calls us to stand with the poor and the marginalized. Marginalization of the "other" leads to corruptions such as racism and nationalism. Common human dignity argues for the free exercise of rights by those who are marginalized, including the impoverished, migrants, threatened indigenous populations, the disabled, the elderly, the persecuted, homosexuals, and other disempowered groups. World history reveals an often repeated record of maltreatment of these groups. It also shows us that women and children are the world's poorest and most marginalized.

Cairo calls on countries to do better. For example, the Programme of Action acknowledges that migrants often have the least access to resources provided in development plans. It entreats countries to guarantee fundamental human rights to all migrants. It also explicitly calls on nations to grant protection for refugees escaping persecution and to recognize and support the identity, culture and interests of indigenous peoples, and to enable them to participate fully in the nation's life.

Reflection: Women's Human Rights

To put it concisely: women's rights *are* human rights. Women and men are entitled to the same rights and privileges; both also share the same responsibilities and duties. Universal acceptance of women's human rights remain unsettled. However, throughout the last several decades, women's rights have been increasingly recognized in the world, in both the secular and religious fields. Unfortunately, the Vatican's actions at Cairo did not reflect the richness

of the Catholic tradition in support of women's human rights.

Cairo's Programme of Action was the first United Nations document on population that explicitly recognized the importance of women's rights as a worthy goal in itself and as a crucial factor in development. Prior to Cairo, women's lives were not always treated with dignity and respect in population policies; women were often considered only in terms of their reproductive capacity, and their aspirations and needs were made secondary to demographic outcomes. Cairo noted the exceptional importance of the "empowerment and autonomy of women and the improvement of their political, social, economic and health status."

We stand with Cairo's groundbreaking calls for gender equality, the empowerment of women, and the recognition of women's moral agency. We endorse its outlined actions aimed at advancing women's status, including promoting education for women, eliminating economic and other discrimination against women, enhancing women's employment opportunities, and ending violence against women.

Reflection: Adolescents' Human Rights

Adolescence is a passage in the human journey toward maturity. It is an age in which people appropriately begin to explore and discover experiences related to adult life, including social, spiritual, and personal growth. Given this search, adolescents must have adequate reliable information to light their way. Adolescents must also be recognized as more than recipients of adult knowledge and advice. They have much to draw from and to offer as a result of their own insights and experience.

The intent of sexuality education for adolescents should not be information only; it should rather be aimed toward the formation of a responsible conscience and sensitivity to the lives of others. The responsibility for these kinds of messages are shared by many, including parents, schools, the media, and other social institutions. Sexuality education must respond to the expressed and unexpressed needs of young persons themselves.

One of Cairo's achievements was its recognition that the reproductive health needs of adolescents as a group have been largely ignored by existing reproductive health services. Cairo called for adolescents to have information and services "to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility." Cairo also correctly called on governments to safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent. It said countries should remove legal, regulatory and social barriers to reproductive health information and care for adolescents. The Programme of Action also acknowledged that adolescents must be fully involved in the planning and implementation of these educational programmes.

Reflection: Sexuality

Sexuality is a gift of God and is integral to our humanity. The celebration of our bodies through sexuality brings us spiritual awareness. Human sexuality commits each person to concern for the other or else it forfeits its human and virtuous content. Sexuality, like love, should be sensitive, considerate, generous, compassionate, and concerned. The same standards apply to men and women equally. The principle that insists that we love our neighbors as ourselves is expected to govern our sexual relationships. Ethical expressions of sexuality based on equality, mutual respect, and concern are found in many kinds of relationships and unions.

These perspectives reflect a broader understanding of sexuality than the ones put forth by the Vatican at Cairo. Indeed, a persistent tradition of aversion to sexuality within Catholicism is the root of current Vatican conservatism on reproduction and women. Sex has often been presented as a necessary evil by churchmen, reflecting a kind of amnesia concerning biblical references to sexual pleasure as a value in its own right.

Sexual expression is multi-facted and serves many good purposes. It is a way of communicating intimately with another, of giving and receiving pleasure, and of creating new life. It is morally separable from its reproductive function. To its credit, Cairo addressed "sexual health" in the context of "enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases." The Cairo agenda should be informed by agreements made by nations at the 1995 Fourth World Conference on Women, which declared that "the

human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality ... free of coercion, discrimination and violence."

Reflection: Reproductive Health and Rights

Reproduction is one of the most important and profound aspects of human life and relationships. Through reproduction, we express our hope in the future of the human family. Reproduction is both private and public. It has undeniable consequences for the community and society at large. It is also a matter of public health, religious teachings, and government policy. It is an area in which women are the central protagonists, for it is women who bear the risks and consequences of childbearing and the greater responsibility for child rearing. In the just world we work toward, these risks and responsibilities will be equally shared by men and better supported by society.

An ethically based approach to reproductive health and rights has several underlying principles. First, it must be voluntary rather than coercive. Imposition of external limits on family size are unacceptable. Couples must have the right to decide when, whether, and how to bring new life into the world. Second, it must be comprehensive rather than focused on family planning alone. Women's reproductive health cannot be extricated from their health, and programs must provide a wide range of services. Third, it must be seen as an integral aspect of human rights. Reproductive rights are grounded in previously recognized human rights. This right was first recognized in 1968 at the International Conference on Human Rights in Teheran, Iran. Fourth, it must be tied irrevocably to respect for the rights of conscience and free will. Couples consider a range of concerns in making the decision whether to have a child. The community, family, religious teachings, social conventions will play a role in reproductive decisions, but in each decision, the individual conscience has the ultimate say.

Cairo's approach to reproductive health and rights is grounded in these principles. Its rejection of coercion and its support of comprehensive safe motherhood programs are to be commended.

Reflection: Contraception

Catholics around the world have come to believe that contraception is a moral option. Bringing children into the world is a sacred responsibility. Safe and effective contraception not only makes responsible procreation more possible, it also allows for a satisfying, pleasurable sexual life with diminished fear of unintended pregnancy. Furthermore, the control over fertility that contraception offers has allowed women to develop aspects of their lives beyond motherhood.

The Vatican supports, in fact encourages, the practice of family planning, for it recognizes the moral imperative of responsible parenthood. However, only "natural family planning," a set of methods that involve periodic abstinence, is allowed. Making only one method available - and one that does nothing to protect against sexually transmitted diseases - cruelly ignores the reality of people's lives. Women and men must freely decide not only whether they wish to use contraception, but which method is best for them.

Couples worldwide have indicated that they need and want to use contraception. We endorse Cairo's commitment to voluntary family planning programs that include a full range of safe, effective, and affordable contraceptive choices.

Reflection: HIV/AIDS

Society's and individuals' responses to AIDS must be rooted in compassion, responsibility, and a commitment to life. These principles require that efforts to prevent the spread of HIV must include condoms and condom instruction. Couples should be encouraged to use them to prevent transmission of HIV. We reject the Vatican's opposition to condom use, and we stand with Cairo's approach to treating and preventing this tragic disease.

Reflection: Safe Abortion

Abortion is a complex moral and social issue - potential mothers know this best. The Vatican's position on abortion is compromised by its unwillingness to accept contraceptive services and devices even though they reduce the need for abortion. Even taking into account Vatican opposition to abortion, we remain puzzled by Vatican objections to abortion being safe where legal. This dismissal of safe abortion by the church hierarchy is insensitive to the realities women face and to the number of women who die from unsafe abortions every day. Because women everywhere resort to abortion, the alternative to safe abortion is, of course, unsafe abortion. Again, it is the hierarchy's preoccupation with eliminating abortion from the world that prevents the real issues of justice and health for women being addressed. Such an

absolutist position fails to acknowledge the ambiguity and doubt regarding fetal life and ignores the range of moral complexities surrounding each situation.

Despite charges that it did, Cairo did not call for universal legal abortion. In fact, it based a large measure of its support for comprehensive family planning programs on the imperative to reduce the need for abortion. It did call for abortions to be safe where legal and for the public health issues of unsafe abortion to be addressed. The Holy See opposed even these points.

In countries where abortion is illegal, it is the poor who are left to face abortions under the worst types of conditions. And in countries where abortion is legal, but safe abortions are costly, it is again poor women who shoulder the burden. The church tradition of a preferential option for the poor has been interpreted by many Catholics to support the safety of abortion and to oppose unsafe abortions. Within the Cairo context, concern for public safety is not the same as moral endorsement.

Despite Vatican disapproval, Cairo was right to address the catastrophic health consequences for women of unsafe abortion. Justice demands that we do not abandon poor women or women in need of help.

Reflection: Families

A broad, fluid vision of families is reflected by Jesus himself in the Gospel of Mark. As his mother and brothers one day approached Jesus and a group encircled around him, Jesus asked, "Who is my mother, or my brothers?" He gestured toward the circle and said, "Here are my mother and my brothers!" (Mk. 3:31-35)

We do not agree with the parsimonious view of family espoused by the Vatican.

In the fragile world in which we live, it seems to us that we do better as a human community to embrace extended and varied definitions of families. Why decry people's bonds of solidarity and willingness to take responsibility for another?

However, whatever structure the family has taken, it has often been the site of violence against women and children. As we look to a more generous vision of families, violence has no place.

Cairo honored families in the Programme of Action, saying, "The family is the basic unit of society and as such should be strengthened." And it recognized diversity. "In different cultural, political and social systems, various forms of the family exist."

Reflection: The Role of Religion

Religious thought has an important role to play within the civil society and its cultures. The values and principles at the core of all the major religious traditions – respect for human dignity, care for the poor and marginalized, a striving for the common good – are important touchstones for civil society. Where religion is rooted in community and experience, religious stories and traditions serve as important teaching tools. Religious insights often form the framework for the most fundamental and profound human inquiries.

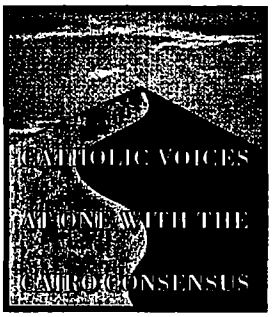
Many of the issues at the heart of population and development concerns— not least among them issues of sexuality and reproduction, women's rights, gender roles and responsibilities— call for massive social change. They center on transforming relationships, between men and women, between government and citizens, and between and among family members. This kind of social reform and reorganization will be difficult and will take a long time. Participation by religious institutions, organizations, and individuals can promote, enhance, and accelerate this transformation.

However, there is not one religious model that applies to the whole world. There must be constant dialogue among religious and spiritual movements so that we can become more aware of how to accommodate difference as well as reach shared values. As Catholics, we are called by the Second Vatican Council to "recognize the legitimacy of differing points of view," and show respect for our fellow citizens. (*Gaudium et Spes*, 75). Moreover, while religions have a place at the policy table, it is not a privileged place. Rather, they are equal voices among many.

EPILOGUE

As Catholics who support the ethical approach to population and development articulated in the Cairo Programme of Action, we call on nations to strengthen their commitment to the principles and actions outlined therein. We further call on people who gather themselves in religious communities to

dedicate themselves to addressing the challenges and problems related to these issues. We look forward with hope to a future in which poverty and its roots are eliminated, men and women enjoy equal rights, children have what they need to grow and develop, and the rights of conscience are protected.



Acting Against the Grain

A Chronology of Church Action to Block Cairo's Implementation

At the September 1994 International Conference on Population and Development held in Cairo, Egypt, the overwhelming majority of nations agreed to a Programme of Action — a set of actions and policies intended to address "the critical challenges and interrelationships between population and sustained economic growth in the context of sustainable development." The Holy See joined the consensus on all of the principles articulated in the conference Programme of Action, while expressing reservations on most of the document's other chapters, including those dealing with sexual and reproductive health and rights.

The Vatican's opposition to agreements reached in these areas did not end with the conference's conclusion. In the ensuing four and a half years, church officials, from the Vatican to bishops' conferences and beyond, have conducted a campaign of obstruction to implementation of these parts of the Cairo agenda. Many of these instances have taken the form of direct incursions into the formation of public policy; some are more oblique efforts to vilify those implementing the Cairo agreement, as when the pope maintained that international institutions providing voluntary contraceptives to couples who want them are involved in a "conspiracy against life." All of their efforts, however, affect not only Catholics, but citizens of all faiths and no faith all across the world.

The Cairo Programme of Action stresses the "right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so," and it called for expanded access to primary and reproductive health care. Cairo called for family planning programs to "ensure that women and men have information and access to the widest possible range of safe and effective family planning methods in order to enable them to exercise free and informed choice. In fact, the agreement says that governments should remove "unnecessary legal, medical, clinical and regulatory barriers to information and to access to family-planning services and methods." But church officials around the globe have acted as barriers themselves, taking steps to restrict access to any method of family planning officially banned by the church. (Official teaching forbids the use of any method except periodic abstinence.)

Since Cairo, church officials have obstructed efforts to implement many other Cairo agreements, including efforts to broaden sexuality education programs, to improve and expand prevention programs on HIV/AIDS and other sexually transmitted diseases, and even to end discrimination of disabled persons with regard to reproductive rights and family formation.

The following chronology enumerates incidents in this campaign of obstruction. It is by no means comprehensive, and in fact presents only a portion of what is likely a high number of such actions. The entries in this chronology have been gleaned principally from church documents that have been made public and from news reports of public actions by church officials. There is no way to identify or quantify nonpublic efforts of the Roman Catholic church as an institution in the crafting of public policy and the shaping of individual behavior. Appearing at the end of each chronology entry is a citation of the relevant section from the Cairo Programme of Action.

In chapter 11 of the Programme of Action, delegations at Cairo agreed that those in "influential positions," including religious leaders, should "mobilize public opinion in support of the actions proposed" (11.17). Sadly, officials of the Roman Catholic church have tried to do just the opposite.

Chapter 11 was among those on which the Holy See did not join the consensus, and indeed, church representatives have worked, often in the public policy arena, to make it harder for the Cairo vision to be realized.

December 1994

The US bishops approve updates and revisions to the *Ethical and Religious Directives for Catholic Health Care Services*. The *Directives* bar Catholic health care facilities from providing or condoning contraceptive practices, from providing condoms or condom counseling, even for disease protection, and from performing voluntary sterilizations for men and women.[1] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.17

December 1994

US Archbishop Francis Schulte of New Orleans, Louisiana, issues a pastoral letter entitled "Pastoral Action for Families," in which he denounces the use of contraceptives. "To many," he writes, "the ability to control conception seems to be accompanied by the right to separate the procreative and unitive functions of marriage."[2] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.17

March 1995

Pope John Paul II issues his encyclical letter, *Evangelium Vitae* (The Gospel of Life), in which he condemns, among other things, contraception and treatment of infertility. The pope claims that international institutions are involved in a "conspiracy against life" because they are engaged in campaigns to make contraception available.[3] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.17

June 1995

The Catholic church in Kenya vows to fight a new program of Family Life Education in schools. The new program would give young people access to information to equip them with the ability to say "no" to sex and to help them avoid unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS.[4] PROGRAMME OF ACTION 7.46, 8.31, 8.35, 11.9

June 1995

Fifteen bishops from the Middle East and Asia meet at the Vatican to discuss goals in the pastoral care of families. In their statement, "Serving the Needs of the Family," the bishops call upon all men and women to reject "safe sex" programs, saying, "We insist that the only reliable remedy to the spread of AIDS is fidelity within marriage and chastity outside marriage." In their statement, the bishops also insist that periodic abstinence is the only acceptable method of family planning. [5] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.31, 8.35

August 1995

The Peruvian bishops' conference issues a news release upholding the pope's new encyclical, *Evangelium Vitae*, which condemns contraception and criticizes family planning programs. The bishops assert that the church's ban on contraception is not just an opinion, but is a truth, taught by the church, "in the name of God."-Moreover, they assert, this church doctrine is not only directed at Catholics, but is directed to all people of good will.[6] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.31, 8.35

September 1995

Brazilian Roman Catholic officials publicly criticize the government's new AIDS prevention campaign. The campaign advocates the use of condoms to prevent the spread of HIV and AIDS. Bishop Dadeus Grings states that "a sickness isn't fought by degrading morals and hurling people to hell. The church preaches chastity and is opposed to the use of prophylactics . . . The church is highly concerned about preserving human dignity and can't agree with the methods adopted to fight AIDS."[7] PROGRAMME OF ACTION 7.23(b), 8.31, 8.35

September 1995

In its reservations and statements of interpretation of the UN World Conference on Women in Beijing, the Vatican says, "The Holy See in no way endorses contraception or the use of condoms, either as a family planning measure or in HIV/AIDS prevention programs."[8] The Vatican also criticizes the platform of the Conference for the document's focus on sexual and reproductive health, and wants that all references to sexuality in the document be interpreted to mean sex within marriage. Joined by Latin American, Islamic countries, and conservative nongovernmental organizations (NGOs), the Vatican opposes language that it claims denigrates the two-parent (mother and father) family, belittles motherhood and diminishes the rights of parents to decide if their children should receive sex education and reproductive health care, including contraceptive services.[9] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 7.37, 7.46, 8.31, 8.35, 11.9

September 1995

Catholic groups oppose Ireland's move to institute sex education programs in schools, accusing the Stay Safe program of "confusing moral judgments and personal feeling." Although there persists a debate among Catholics in Ireland over the sex education program, Stay Safe continues — but it is closely monitored by the church. [10] PROGRAMME OF ACTION 7.23(b), 7.37, 7.46, 8.31, 8.35, 11.9

January 1996

Church leaders and Catholic conservatives fight against a New York City AIDS education curriculum that includes condom distribution and textbooks that teach respect and tolerance for diverse sexual orientations. Consequently, the Board of Education adopts a revised curriculum on AIDS education that no longer includes classroom demonstrations of condom use.[11] PROGRAMME OF ACTION 7.23(b), 7.37, 7.46, 8.31, 8.35, 11.9

February 1996

The Vatican advises parents to "reject the promotion of 'safe sex' or 'safer sex,' a dangerous and immoral policy based on the deluded theory that the condom can provide adequate protection against AIDS."[12] PROGRAMME OF ACTION 7.3, 7.23(b), 7.37, 7.46, 8.31, 8.35, 11.9

February 1996

The Peruvian bishops' conference releases a letter, "Building a Culture of Life," that criticizes the government's promotion of a sex education program geared toward adolescents. They claim the program is devoid of moral values and social responsibility. They assert that the program is limited to education on prophylactics and condoms, and thus encourages recreational sex that does not take into account responsibility for consequences.[13] PROGRAMME OF ACTION 7.23(b), 7.37, 7.46, 8.31, 8.35, 11.9

March 1996

The Vatican orders Scottish Archbishop Keith O'Brien to remove his imprimatur (official permission to print) from an AIDS education package that includes information and advice on using condoms. The most important inadequacy of the package, according to one churchman involved, is the attitude towards condoms, "that if you have got HIV and you are having pre-marital sex, or sex in any situation, you should use a condom."[14] PROGRAMME OF ACTION 7.23(b), 7.37, 7.46, 8.31, 8.35, 11.9

March 1996

A Brazilian Roman Catholic bishop rejects the marriage application of a Brazilian couple because the man is "paraplegic and therefore impotent," according to the bishops' letter to the couple. The man had applied to the Catholic church to marry a widow who had two children from a previous marriage. A couple "needs to be in perfect physical condition to be married," the bishop says.[15] PROGRAMME OF ACTION 6.30

August 1996

As 250 people watch, Kenya's top Catholic bishop, Cardinal Maurice Otunga, ceremoniously burns several boxes of condoms and one hundred copies of pamphlets promoting safe sex. According to the World Health Organization, one million of Kenya's twenty-six million people are infected with the virus that causes AIDS.[16] PROGRAMME OF ACTION 7.6, 7.23, 7.37, 8.31, 8.35

August 1996

Experiencing pressure from Catholic and other religious groups, Kenya's President Daniel Arap Moi rules out sex education in primary schools. Moi states that, "Our religions are against such immorality [sex education] and my government will reject calls for it to be debated in parliament." The Catholic church has persistently opposed the teaching of sex education because the proposed curriculum included information about contraception.[17] PROGRAMME OF ACTION 7.23(b), 7.46, 8.31, 8.35, 11.9

August 1996

The Catholic bishops of Nicaragua release a statement saying the country is suffering under a campaign of "antireproductive colonialism." The bishops call for Catholics to not be confused by those who speak of "reproductive rights," "reproductive health," and "safe sex," arguing that these terms disguise "abortionists, promiscuity, and the arbitrary use of sex."[18] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.23, 8.25

November 1996

The Holy See announces at the Pledging Conference for Development Activities, held at the United Nations in New York, that it will not offer its usual symbolic contribution to United Nations Children's Fund (UNICEF) for 1997 and calls on others, especially Catholic institutions and individuals, to reconsider their support for the agency. The attack is based on charges—unequivocally denied by

UNICEF — that the agency is engaged in distributing contraception and promoting abortion, and on UNICEF's endorsement of a UN manual dealing with women's needs in emergency situations and in refugee camps. Produced at the height of the Bosnian conflict, the manual states that women — including the victims of rape as an instrument of war — "have the same rights as others to have access, on the basis of free and voluntary choice, to comprehensive information and services for reproductive health," including emergency post-coital contraception for raped women.[19] PROGRAMME OF ACTION 4.17, 4.18, 4.19, 7.46, 11.8, 11.9

November 1996

The Roman Catholic church in Honduras uses its influence to prevent the distribution of condoms at polling stations during primary elections. The Honduran Ministry of Health had planned to distribute more than one million condoms at polling places where voters from the country's two major parties were choosing candidates for the presidency and other offices. Government officials say they cancelled the plans largely because of church objections.[20] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.31, 8.35

December 1996

Addressing participants in a course to prepare teachers of natural family planning, the pope reiterates that natural family planning is the only method permitted by the church for married couples to use to space pregnancies. A month prior to his statement, the pope urged doctors to adhere to the church's sanctioned method of family planning, and he condemned contraceptives as a form of "hedonism."[21] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.35

January 1997

In a letter to the US Congress, Cardinal Bernard Law of Boston, Massachusetts urges members of Congress to vote against the US Administration's proposal to spend an additional $123 million for international family planning assistance.[22] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.17, 8.25, 8.31

February 1997

In an address to members of the Philippine bishops' conference during their *ad limina* visit to Rome, Pope John Paul II instructs the bishops to defend the family by publicly opposing sterilization and contraception. The pope asks that the bishops "support the teaching of natural methods of regulating fertility."[23] PROGRAMME OF ACTION 7.6, 7.15, 7.23(b), 8.31, 8.35

February 1997

The US National Conference of Catholic Bishops decries the congressional approval of a bill providing additional international family planning assistance. The bishops claim that the money would support abortion activities, even though US law prohibits the use of US funds for any abortion-related activities overseas.[24] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.17, 8.25, 8.31

March 1997

The Pontifical Council for the Family issues a reference document entitled, "*Vade Mecum* for Confessors Concerning Some Aspects of Morality of Conjugal Life," in which contraception is referred to as an "evil." The document states, "The church has always taught the intrinsic evil of contraception, that is, of every marital act intentionally rendered unfruitful. This teaching is to be held definitive and irreformable. Contraception is gravely opposed to marital chastity; it is contrary to the good of transmission of life . . . ; it harms true love . . . ."[25] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.35

April 1997

The Catholic bishops of the United States urge the US Congress to vote against aid for family planning programs overseas.[26] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 8.17, 8.25, 8.31

June 1997

In a letter to US Bishop John McCarthy of Austin, Texas, the Vatican's Congregation for the Doctrine of the Faith instructs the bishop to terminate all access to contraception and sterilization at Brackenridge Hospital. The letter is part of a series of correspondence regarding the leasing arrangement between Seton (a Catholic health care system) and Brackenridge Hospital (a public medical facility) in Austin, Texas. "This Congregation," the letter reads, "directs Your Excellency to ensure that direct sterilizations, as well as any other contraceptive programs, immediately and permanently cease at Brackenridge Hospital."[27] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23

July 1997

L'Osservatore Romano, the Vatican newspaper, gives its support to a report which calls on people with mental and physical disabilities to abstain from sex. Dr. Maria Cristina Baldacci, a surgeon and consultant in bioethics, wrote an article for *Medical Morality* ,saying the disabled should "collaborate with God to avoid creating further pain and sorrow" by expressing their sexual urges as "friendship or something more transcendental."[28] PROGRAMME OF ACTION 6.30

July 1997

Catholic and Muslim groups form Citizens for a Healthier Kenya to campaign against the government's sex education programs and distribution of contraceptives. The group seeks to gain support for "traditional family life" and in its literature states that the planned sex education will be dangerous "killing all sense of morality, opening the way to free sex, to contraception and abortion."[29] PROGRAMME OF ACTION 5.9, 5.13, 7.15, 7.23, 8.31, 8.25, 8.35, 11.9

August 1997

The archbishop of Mexico, Norberto Rivera Carrera, demands that all condoms distributed through Mexico's AIDS prevention program carry warning labels that state, "Use of this product is harmful to health." In his homily in Mexico City's cathedral, the archbishop praises the Mexican government officials for placing warning labels on alcoholic beverages that say, "this product is harmful to your health," and laments how the government does not do the same for contraceptives.[30] PROGRAMME OF ACTION 7.6, 7.15, 7.23, 8.31, 8.35

September 1997

With the support of PROVIDA, a conservative prolife group in Mexico, Mexico's Archbishop Norberto Rivera Carrera rejects the use of contraceptives in marriage. In his homily, Rivera Carrera instructs parishioners not to use intrauterine devices and condoms, arguing that they are methods that destroy the sexual unity between spouses.[31] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 715, 7.23, 8.17

October 1997

Fr. Jacque Suaudeau, a medical doctor who is a member of the Vatican Council for the Family claims that using condoms during sexual intercourse will not protect against transmission of the HIV virus.[32] PROGRAMME OF ACTION 7.23(b), 8.31, 8.35

November 1997

The Vatican nuncio to the United Nations protests medical aid in refugee camps, saying it is "sometimes almost exclusively in the form of reproductive health measures."[33] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 10.25

January 1998

The German bishops' conference concedes to Pope John Paul II's "urgent request" that Catholic church-sponsored counseling centers stop issuing counseling certificates to pregnant women who need abortions. The bishops agree to withhold counseling certificates that are key in Germany's legal procedures for abortion.[34] PROGRAMME OF ACTION 7.6, 7.24, 8.19, 8.25

January 1998

The local Catholic church in Zambia opposes a proposed regulation that would allow unmarried pregnant girls to continue in school, claiming the regulation sanctions immorality. The church says that only students with potential should have the opportunity to continue their education, and argues that pregnant unmarried girls do not have potential.[35] PROGRAMME OF ACTION 4.17, 4.18, 4.19, 11.8

February 1998

On the thirtieth anniversary of *Humanae Vitae* — the 1968 encyclical letter issued by Paul VI that reiterates the church ban on the use of artificial contraception — Pope John Paul II tells Catholics that the church's ban on contraception is the law. In his letter addressed to Anna Cappella, director of the Center for Research and Study on the Natural Regulation of Fertility at Rome's Catholic University of the Sacred Heart, Pope John Paul states that "in the act that expresses their love, spouses are called to make a reciprocal gift to themselves to each other in the totality of their person. . . . This is the reason for the intrinsic unlawfulness of contraception: It introduces a substantial limitation into this reciprocal giving . . . ."[36] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23, 7.24

April 1998

The New York State Catholic Conference and the Connecticut Catholic Conference lobby against US legislation that would require health insurance policies to provide prescription drug coverage for contraceptive drugs and devices. Women of low-

incomes would especially benefit from the legislation.[37] PROGRAMME OF ACTION 7.2, 7.3, 7.15, 7.23, 7.24

April 1998

The archbishop of Lima, Peru, Cardinal Augusto Vargas Alzamora, protests sex education for eleven- and twelve-year-olds in secondary school, calling it a sacrilege and a crime. He criticizes the program for teaching students to prevent pregnancies by using artificial contraception. The minister of education, Domingo Palermo, explains the program addresses the country's problem of teen pregnancy and the aim is to bring information not only to the students, but also to parents and teachers.[38] PROGRAMME OF ACTION 7.23(b), 7.37, 7.46, 8.31, 8.35, 11.9

May 1998

Cardinal Augusto Vargas Alzamora of Lima, Peru, calls upon parishioners to boycott artificial methods of contraception. The archbishop states that, "the church condemns these methods because they compromise and affect health, dignity and the economy of families."[39] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 715, 7.23, 8.17

June 1998

In the process of instituting the International Criminal Court, the Vatican opposes the inclusion of "forced" or "enforced" pregnancy among the court's list of war crimes, in fear of women being able to use the ICC to obtain abortions in countries where abortions are illegal.[40] PROGRAMME OF ACTION 7.35, 7.39

July 1998

US residents of Enid, Oklahoma, face the loss of tubal ligation services. The city's two hospitals, one Catholic and the other Baptist, plan to build a Medical Plaza for Women and Infants. The new facility will not offer the choice of tubal ligations at delivery for women because it will operate under the *Ethical and Religious Directives for Catholic Health Care Services*, the Catholic church's national guidelines barring most reproductive services.[41] PROGRAMME OF ACTION 7.2, 7.3, 7.6, 7.15, 7.23

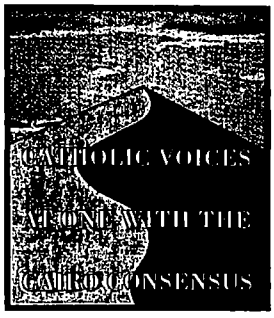
August 1998

The US Catholic bishops lobby against the US Congress bill that would require federal employees' health insurance to cover prescription contraceptives. The bill passes, but the bishops succeed in securing exemptions for Catholic-sponsored insurance plans.[42] PROGRAMME OF ACTION 7.2, 7.3, 7.15, 7.23, 7.24

NOTES

[1] US Bishops, "Ethical and Religious Directives for Catholic Health Care Services," *Origins* 24:27 (December 15, 1994), 450-460.
[2] Archbishop Francis Schulte, "Pastoral Action for Families," *Origins* 24:30 (January 12, 1995), 506.
[3] Pope John Paul II, The Gospel of Life *Evangelium Vitae* (New York: Random House, 1995), 23-30.
[4] *Open File*, June 1995.
[5] Asian, Middle Eastern Bishops, "Serving the Needs of the Family," *Origins* 25:6 (June 22, 1995), 100.
[6] "Al Servicio del *Evangelio de la Vida*," comunicado de los Obispos de Perú, 4 de agosto de 1995.
[7] UPI wire service, September 19, 1995.
[8] Mary Ann Glendon, "Vatican Stance: Women's Conference Final Document," *Origins* 25:15 (September 28, 1995), 235.
[9] "Vatican Criticizes Women's Platform," UPI, September 15, 1995.
[10] *The Catholic World Report*, August-September 1995.
[11] "Best for Kids," *Catholic New York*, January 4, 1996.
[12] Pontifical Council for the Family, "The Truth and Meaning of Human Sexuality," *Origins* 25:32 (February 1, 1996).
[13] Carta de los Obispos de Perú a los fieles creyentes, "Construyamos una Cultura de Fe," 2 de febrero de 1996; *The Catholic World Report*, March 1996.
[14] *The Catholic World Report*, March 1996; PA News wire service, November 11, 1995.
[15] "Brazil Bishop Bans Marriage Because of Impotence," Reuter wire service, March 26, 1996.
[16] AP wire service, August 31, 1996.
[17] *The Catholic World Report*, August-September 1996.
[18] "Obispos Católicos condenan 'Colonialismo anticonceptivo'," *La Tribuna*, August 15, 1996.
[19] "Vatican Shelves UNICEF Support," AP wire service, November 5, 1996; "The Holy See Suspends Its Annual Symbolic Contribution to UNICEF," Holy See press release, November 4, 1996.
[20] "Honduran Church Blasted For Halting Condom Giveaway," Reuter wire service, November 28, 1996.
[21] "Pope—Birth Control," AP wire service, December 7, 1996.
[22] Cardinal Law, letter to Members of Congress, January 30, 1997. See www.nccbuscc.org.
[23] "Filipino Families Are Seeking Sound Doctrine, Grace and Human Empathy," *L'Osservatore Romano*, February 19, 1997.
[24] "Official Expresses Dismay on Vote for Funds for Abortion Groups," National Conference of Catholic Bishops news release, February 13, 1997.
[25] Pontifical Council for the Family, "*Vade Mecum* for Confessors Concerning Some Aspects of Conjugal Life," *Origins* 26:38 (March 13, 1997), 621.
[26] Most Reverend Theodore E. McCarrick and Most Reverend John Ricard, letter to Senator/Representative, April 22, 1997.
[27] Congregation of the Doctrine of Faith, letter to the Most Reverend John McCarthy, June 9, 1997.
[28] "Disabled Protest to Vatican on 'Avoid Sex' Call," *Irish Times*, July 2, 1997.
[29] *The Wanderer*, July 17, 1997.
[30] "El condón no es totalmente seguro, dice el arzobispo Rivera Carrera," *Crónica*, 25 de agosto de 1997.

[31] "Rivera Carrera rechaza los métodos anticonceptivos dentro del matrimonio," *Crónica*, 1 de septiembre de 1997.
[32] *The Tablet*, October 18, 1997.
[33] *Catholic New York*, November 13, 1997.
[34] "Obeying Pope, German Bishops End Role in Abortion System," *New York Times*, January 28, 1998; "German Catholics to end abortion certificates," Reuter wire service, January 27, 1998.
[35] Von Zarina Geloo, "Zambia's Young Mothers Should be Allowed to go to School Again," DPA wire service, January 12, 1998.
[36] Pope John Paul II, "Why Natural Family Planning Differs from Contraception," *Origins* 27:40 (March 26, 1998), 680-681; "Pope Reminds Catholics Contraception Not Allowed," Reuter wire service, March 2, 1998.
[37] New York State Catholic Conference, letter to New York State Assembly, 3 April 1998; Connecticut Catholic Conference, letter to state legislators, 30 April 1998.
[38] "Cardenal Vargas Alzamora critica contenido de educación sexual," *El Comercio*, 10 de abril de 1998; "Ministerio de Educación no imparte planificación familiar a adolescentes," *El Comercio*, 15 de abril de 1998.
[39] "Cardenal pide a los feligreses boicotear métodos artificiales para control natal," *Expreso*, 12 de mayo de 1998.
[40] "New Struggle for Life," *The Catholic World Report*, August-September 1998; "The Holy See's Statement on Criminal Court," *L'Osservatore Romano*, July 22, 1998; "Semantics Stalls Pact Labeling Rape a War Crime," *New York Times*, July 9, 1998.
[41] "Religion, Medicine, Collide on Birth Care," *Chicago Tribune*, July 7, 1998.
[42] "Political and health issues dominate 'pill bill' debate," *Our Sunday Visitor*, August 30, 1998; "Women's Groups Eye Insurance Bill," AP wire service, August 31, 1998; "Federal Coverage for Birth Control Gives Pro-Abortion Forces a Boost," *National Catholic Register*, August 16-22, 1998.



The Holy See and Cairo

The 1994 International Conference on Population and Development gave rise to unprecedented attention by the Vatican to a United Nations meeting. "No issue has affected John Paul II in a more profound way throughout his fifteen-year papacy than the Cairo conference," observed Raymond Flynn, then US ambassador to the Vatican. Five months before the ICPD convened, Reuters reported that the pope had "pulled out all the stops in an attempt to influence the conference."

Throughout the year leading up to the conference, Pope John Paul II and other top Roman Catholic church officials campaigned with a vengeance against the consensus taking shape around the UN conference. John Paul met in March 1994 with Nafis Sadik, executive director of the United Nations Population fund and secretary general of the ICPD. Face to face, he upbraided Sadik and criticized the draft Programme of Action as formulating "population issues in terms of individual and 'sexual and reproductive rights,' or even in terms of 'women's rights'."

Then came his letter to every head of state, claiming that the document promotes a "lifestyle" that is "totally individualistic, to such an extent that marriage now appears as something outmoded." This lifestyle, the pope wrote, is "typical of certain fringes within developed societies, societies which are materially rich and secularized."

In late March, John Paul summoned all ambassadors assigned to the Vatican for a papal lesson on population. A month later, he spoke by telephone and in person with President Clinton on the matter.

Through the spring and summer, the pope took every opportunity in general audiences and other public appearances to attack the conference with fiery rhetoric. The conference aims to "destroy the family," John Paul said. It is the "snare of the devil," promulgates a "culture of death," and represents a "serious setback for humanity." On one visit to a neighborhood church in Rome, the pope told parishioners, "I am going back to the Vatican to combat a project prepared by the United Nations, which want to destroy the family. I say simply no, no. Think again. Convert your hearts. If you are the United Nations, you must not destroy."

Other senior church officials joined in. Cardinal Alfonso Lopez Trujillo, president of the Pontifical Council for the Family, said the ICPD could cause "the most disastrous massacre in history." Trujillo accused the United States and other Western countries of "biological colonialism" for advocating family planning methods the Vatican opposes—that is, any methods other than those relying on periodic abstinence, or "natural family planning."

A gathering of 114 of the church's 139 cardinals in June endorsed the Vatican's fight with a statement charging that the Cairo document would legitimize "abortion on demand, sexual promiscuity and distorted notions of the family."

At the final preparatory meeting in April in New York, Holy See Delegate Diarmuid Martin infuriated participants when he accused conference leaders of flouting the "cultural, ethical, spiritual, and religious values" of people in developing nations and of indulging in "reticence towards a coherent moral vision." NGO representatives jeered his remarks, and in a curt response, the chairman of the session, Fred Sai of Ghana, turned the charge of ethical shortcomings back against the Holy See.

Unbowed, the Vatican attempted to secure allies for its crusade, but months of diplomatic efforts netted few recruits. After one staunch soldier, President Carlos Menem of Argentina, failed

to rally Latin American heads of state to adopt a joint "right to life" platform for the Cairo conference, it seemed that the pope began turning over stones to find comrades. In August the Vatican reached out to Islamic fundamentalists, paying calls on repressive regimes such as Libya. A Libyan news agency reported that, in return for Libya's support in condemning the Cairo conference, Vatican diplomats were supporting Libyan efforts to resolve differences with Western governments around the 1988 bombing of a Pan Am jet over Lockerbie, Scotland.

During their campaign against the conference, Roman Catholic church leaders were especially critical of the US government and its positions on issues related to the Cairo conference. The US bishops issued a statement calling on the US government to "reverse its efforts" on the conference.

Higher up the hierarchy, the US cardinals wrote a letter to President Clinton that distorted the emerging Programme of Action in order to attack it. They claimed, for example, that the document advocated increased use of sterilization, even though neither the draft document nor its final articulation promoted particular methods of regulating fertility and never used the words "sterilization," "ligation," "vasectomy," or "surgical contraception."

Meanwhile, the US administration, in the person of Vice President Al Gore, made extraordinary efforts not to offend the Vatican while defending the conference agenda. For Gore's trouble, a top Vatican official, papal spokesman Joaquin Navarro-Valls, publicly insulted him by name, suggesting that the Vice President was lying about US intentions.

The Vatican also courted US opinion with an op-ed article written by Navarro-Valls and published by the *Wall Street Journal* a few days before the ICPD opened. The conference, Navarro-Valls wrote, would be "a crucial challenge to Christianity's most fundamental doctrine on the sanctity of life as it has to come to be and exist in the family. The Holy Father is not merely defending a sort of odd Catholic view about life and family. He is in fact pointing to the key issue on which future humanity must make a choice. This issue of human life and population undergirds all others. A false step here leads to a general disorder of civilization itself."

Indeed, the Vatican's vision of civilization did seem to be at stake. The conference became a debate "between modernity and tradition, between dogma and reason," the Italian daily *La Repubblica* observed. What the Vatican decried, others acclaimed. The overwhelming majority of world governments, religious leaders, and a broad array of public interest organizations with historically diverse views on population issues had come to a consensus on humane population policies and sustainable development; the Vatican dug in its heels, crying that the new views of sexuality, reproduction, and families meant the end of civilization.

With the preponderance of governments in strong support of the plan—a sign that it was no manifesto of radical liberalism—the Vatican made efforts to cloak its disapproval in acceptable terms. But, crowded with straw men, Vatican criticisms often had a ring of absurdity: "The conference's themes," Navarro-Valls asserted in his op-ed, "include coerced family planning, abortion, homosexuality and versions of women's rights that are harmful to women." Readers would have to do their own research to learn that the document clearly and repeatedly condemned coercive measures, did not mention homosexuality, and enjoyed the support of women's advocates the world over.

When the conference began on September 5, Vatican diplomats were undeterred by their lack of success to date. As soon as delegates set to work on the document, of which 10 percent had been marked for continued debate at Cairo, the Holy See seized upon the paragraph on abortion and, for five days, would not let go. To some extent, the Holy See held the conference hostage to the high value the UN placed on achieving consensus. The Vatican also took advantage of its own vestigial aura of authority in international circles; with as little support as the Vatican had mustered, few countries would have been able to win such a long hearing for their particular agendas.

Even after delegates had reworded sections to appease the Holy See, the pope's envoys forced delay. So exasperated were delegates that at one session they booed a Holy See representative.

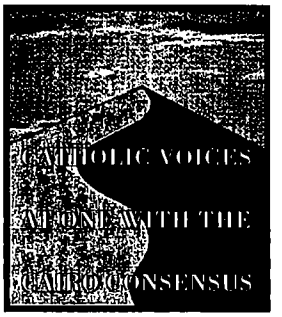
"Does the Vatican rule the world?" asked Egyptian population minister Maher Mahran. "If they are not going to negotiate, why did they come?"

Delegates and NGO representatives grumbled about the Holy See's obstructionist behavior, and at least two petitions circulated calling for a change in the Vatican's status at the United Nations. While the movement to repeal the Holy See's status was limited, frustration with the delegation ran deep. It was exacerbated by the widespread understanding that the Pope's positions on reproductive matters do not reflect the attitudes and practices of Catholics around the world. "The bottom line is the credibility of the papacy," one government delegate told Reuters. "If no one follows him, for whom does he speak?"

The Holy See had refused to endorse the two previous UN population conference documents, in 1974 and 1984, and no one expected anything different in Cairo. But in the end, the Holy See surprised most observers by joining the consensus on about half the Programme of Action.

From news reports of the ICPD, many might have been led to believe that the single issue of abortion accounted for the conflict between the Holy See and the majority of the delegations in Cairo. But in reality, Cairo's statements about abortion account for only a tiny portion of its remarkable 20-year plan for the world's future. To be sure, Cairo explicitly addressed the public health problem of unsafe abortion for the first time in a UN document. But the document also says "in no case should abortion be promoted as a method of family planning."

As evidenced by the Vatican's statements decrying the broad themes of the conference, the Holy See's conflicts centered not only on abortion, but on the notion that couples and individuals should have access to a range of contraception, including but not limited to natural family planning, on the prominence of women's rights and women's equality, and on the recognition of the centrality of reproductive and sexual health in ethical population policies. The Vatican's differences with the world consensus on these issues has not changed, and can be expected to arise again during the five-year review of the implementation of the ICPD.



The Church at the United Nations

Through an entity called the Holy See, the Roman Catholic church enjoys unique governmental status at the United Nations, where the Holy See is a Non-Member State Permanent Observer. While there are numerous UN observers (intergovernmental organizations, liberation movements, and specialized agencies of the UN system), the Holy See and Switzerland are the only two currently holding that status as "states."

THE HOLY SEE, VATICAN CITY, THE ROMAN CATHOLIC CHURCH—ARE THERE DIFFERENCES AMONG THEM?

The Roman Catholic church is a religious society without a political identity under the law. Vatican City is an independent city-state within Rome that serves as the site of the church's government and is itself governed by the head of the church, the pope. The Holy See is "the supreme organ [of government] of both the Catholic church and the Vatican City State," according to the authoritative work on the Holy See's international relations, written by Archbishop Hyginus Eugene Cardinale, who was a Vatican diplomat.[1] Vatican City is temporal and territorial; the Holy See, a more nebulous construct, is religious.

The term Holy See has multiple meanings. In one sense it is simply the pope's "see," or diocese (the authority and jurisdiction of a bishop), including not just Vatican City but also Rome. In another sense, as the "central government" of the church, it refers to the pope, the Roman Curia, and the College of Cardinals together.[2] Also called the Apostolic See, the Holy See refers to the pope's "authority, jurisdiction, and sovereignty" in both the "spiritual and temporal governance and guidance" of the church, including Vatican City.[3]

Although the Holy See is not the same thing as the Roman Catholic church—which encompasses the adherents as well—"it exists and operates within the international community as the juridical personification of the Church."[4]

Legally, the Holy See and Vatican City are distinct entities with a relationship unique in international law. The Vatican city-state exists to administer the properties belonging to the Holy See and to insure the ecclesial independence of the Holy See. The Holy See holds sovereign authority over Vatican City and carries out international relations on the city-state's behalf as well as on behalf of the Roman Catholic church.[5] While Vatican City does not enter into diplomatic relations, the Holy See is active in the United Nations and maintains full diplomatic relations with 157 countries.[6]

IS THE HOLY SEE CONSIDERED A STATE?

No, despite its designation as a non-member "state" permanent observer, "the Holy See is not a state," according to Cardinale.[7] It is a religious entity without defined temporal territory.[8] Diplomatically, however, many countries treat the Holy See "as being on the same footing as a state" because of the influence of the pope, as leader of Catholics worldwide.[9] According to its Permanent Observer Mission, the Holy See can enter into treaties as the "juridical equal of a state."[10]

In international law, statehood traditionally rests on four criteria: a permanent population; a defined territory; a government; and the capacity to enter into relations with other states.[11] The United Nations Charter, while requiring statehood for membership, does not define a "state."

Unlike the Holy See, Vatican City is considered a state. At less than half a square kilometer and with fewer than 1000 residents—only about half of those being citizens—it is the smallest entity in the world

claiming statehood.[12] In order to administer and safeguard the property of the Holy See, the State of Vatican City was established by the 1929 Lateran Treaty, between the papacy and Italy, which had seized the Papal States during the Italian unification.

WHY IS THE HOLY SEE, A RELIGIOUS NON-STATE—AND NOT VATICAN CITY—ACTIVE IN THE UNITED NATIONS?

There was confusion over Vatican/Holy See terminology at the United Nations during the 1950s. Official UN documents referred to UN relations with the "State of the Vatican City," but in an exchange of letters with the UN secretary-general in 1957, the church sought and secured the agreement that it was the Holy See that maintained relations with the United Nations."[13]

The decision, according to Cardinale, was based on the church's desire to stress the pope's spiritual leadership rather than his temporal sovereignty.[14] "This opportune classification immensely broadened the perimeter of the papacy's interest" in the United Nations' many activities.

At the same time, the Permanent Observer Mission sees to the interests of Vatican City as well as those of the Holy See. "It is up to the Holy See to decide . . . whether, in actual fact, the representatives it sends to international Organisations and meetings are to act in its own name, or in that of the State of the Vatican City, or even in both at once, according to the subject matter. In any event the sending authority is the Holy See and not the Vatican City State."[15]

WHAT DOES PERMANENT OBSERVER STATUS MEAN?

Permanent Observer status is a matter of custom; there is no provision for it in the United Nations Charter. The custom originated in 1946, when Switzerland named a "permanent observer" to the United Nations and the UN secretary-general accepted the designation.[16] To become a Permanent Observer, a state must be a member of at least one specialized agency of the UN system (such as the International Atomic Energy Agency), must be "generally recognized" by UN member states, and must apply to the UN secretary general for the status.[17]

Permanent Observers cannot vote in the General Assembly, but as a matter of custom they have full access to meetings and documents. Permanent Observers may address the General Assembly and participate in its debates.[18] (The Vatican's observer status in the World Health Organization is similar—a voice but no vote.)

Observers can take part in UN conferences, such as the Fourth World Conference on Women. The UN agency organizing each meeting decides what level of participation to allow observers, and non-member states typically are granted the full status enjoyed by UN member states, including a vote on any question that is put to a vote. The United Nations works hard, especially in conferences, to avoid relying upon votes, preferring to operate by consensus in adopting documents such as the programs of action by which UN conferences address global issues. The practice of operating by consensus gives states with minority views—even lone dissenters—a stronger voice in proceedings than they would have otherwise.

Additionally, recent General Assembly resolutions have called for all "states" participating in conferences to be accorded "full voting rights."[19]

Taken together, these factors have enabled the Holy See to exercise a presence equal to that of any UN member state—including some power to block consensus—at recent conferences such as the 1992 Conference on the Environment and Development, in Rio de Janeiro; the 1994 International Conference on Population and Development, in Cairo; and the 1995 World Summit for Social Development, in Copenhagen. The same will be the case at the 1995 Fourth World Conference on Women, in Beijing.

HOW DID THE VATICAN GET INVOLVED IN THE UNITED NATIONS?

The Holy See owes its participation in the United Nations to the membership of Vatican City in the Universal Postal Union (UPU) and the International Telecommunication Union (ITU), which the city-state joined because of its operation of postal and radio services. The United Nations, soon after its

formation, invited these organizations and their members to attend UN sessions on an ad hoc basis.[20] The Holy See began attending the General Assembly, the World Health Organization, and the UN Educational, Scientific, and Cultural Organization in 1951 as an ad hoc observer.[21] In 1956, the Holy See was elected a member of the UN Economic and Social Council and also became a full member of the International Atomic Energy Agency.[22]

HOW DID THE VATICAN BECOME A NON-MEMBER STATE PERMANENT OBSERVER?

While the Holy See was an ad hoc observer, the pope's representative at UN meetings was an auxiliary bishop of New York, who also carried out other duties in the archdiocese. The relationship between the Vatican and the United Nations was one of "mutual experimentation," a Catholic periodical said at the time.[23] Pope John XXIII moved toward closer relations in 1963 when he endorsed the United Nations in his encyclical *Pacem in Terris* (Peace on Earth) and, as he was dying, sent Cardinal Leon-Joseph Suenens to summarize the encyclical in an address to the General Assembly.

In 1964, Pope Paul VI named a permanent observer, following Switzerland's precedent. UN Secretary-General U Thant accepted the designation and announced it within three weeks.[24]

Paul VI did not pursue full membership. Under the UN Charter, membership entails a state's acceptance that it may be required to commit military power in collective measures to suppress acts of aggression "or other breaches of the peace."[25] By Lateran Treaty and by choice, the Holy See and Vatican City are committed to neutrality.[26]

FOR WHOM DOES THE VATICAN SPEAK AT THE UNITED NATIONS?

Church officials describe their role in the United Nations as being unique:

> *As a full member of the international community, the Holy See finds itself in a very particular situation, because it is spiritual in nature. Its authority—which is religious and not political—extends over one billion persons scattered throughout the world and belonging to the most diverse ethnic groups and geographic regions. Its strength . . . consists in the respect that its words, its teaching, and its policies enjoy in the conscience of the Catholic world—a respect that is widely shared by many people who do not belong to the Church. The real and only realm of the Holy See is the realm of* conscience.[27]

When Pope Paul VI arrived in New York in 1965 to address the United Nations, he told the crowd at Kennedy Airport that he offered "to your terrestrial city of peace the greetings and good wishes of our spiritual city of peace." Addressing the General Assembly, he presented the church as an "expert in humanity," and in asking nations to work together as equals, he referred to himself "as a representative of a religion that believes salvation is achieved through the humility of its divine Founder."[28]

In a papal address to the General Assembly in 1979, John Paul II also claimed a special role. "The nature and aims of the spiritual mission of the Apostolic See and the church make their participation" in UN activities "very different from that of the states, which are communities in the political and temporal sense," he said.[29]

Monsignor Diarmuid Martin, a leader of the Vatican delegations to Cairo and Copenhagen, referred to "the social teaching of the church" as "the principal inspiration of the positions taken by the Holy See at the conferences."[30]

Archbishop Renato R. Martino, the Vatican's "Permanent Observer" to the United Nations—as the ambassador for a Permanent Observer state is called—also speaks of a religious mission. Asked about the Vatican role in the United Nations, when there is no "voice" for Protestant religion, Islam, or Judaism, Martino quoted a Moslem supporter: "'The Vatican has a right to be present'" partly because, 'if you would ask the Moslem to come forward and speak, we would not know who would be the one to speak,'" whereas there is "one voice" for the Catholic church. Martino added that the Catholic church's "one voice is a message of salvation, found in the Scriptures and lived in the tradition of the Church over the centuries. It is an objective truth

that remains changeless. . . . During the month preceding the Cairo Conference, Pope John Paul II and the world episcopate have applied these eternal truths to the topics addressed by the conference."[31]

What place does a religious body—claiming to possess the universal "objective truth" and to speak infallibly on moral matters—have in an intergovernmental institution like the United Nations?

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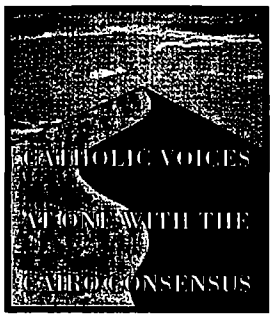

Catholics and Contraception: A Struggle for Control

"If anyone says that it is not better and more godly to live in virginity or in the unmarried state than to marry, let him be anathema." (From a declaration of the church, Council of Trent, 1545–1563)

Sincere people worldwide are baffled by the Roman Catholic prohibition of all contraceptives from condoms to pills. The hierarchy's vehement and absolute opposition to abortion would seemingly lead it to champion contraception to reduce the need for abortion. The church also accepts that population pressures exacerbate poverty and contribute to human suffering; contraceptives could help alleviate those pressures as well. Instead, some church leaders, especially Pope John Paul II, have intensified the opposition to contraception.

The above quote exalting chastity points to the reason: in a church in which all officials are male and celibate, power and control is maintained when the sexual and reproductive functions are resisted. Throughout church history, fear of women and sexuality runs deep. Sexual intercourse, Catholics are told, is not a good if engaged in for pleasure or love alone—it must carry an openness to pregnancy and childbearing. These "goals" redeem sexuality from time honored notions of evil. More importantly, these limits serve to keep distance between the priestly elite and the ordinary Catholic. They serve as a form of control over the lives of all, but most tragically of women, who bear the brunt of avoidable mortality and morbidity.

St. Augustine (354–430): Sexual Pleasure = Sin

A zealous convert after a lustful youth, Augustine dominated moral theology for more than a millennium and has recently re-emerged as a principal influence on ultraconservative theology. Augustine linked original sin, lust, and sex: he asserted that sexual pleasure was the path by which original sin was transmitted from generation to generation. Sexual intercourse, inherently tainted, needed always to be salvaged by the pure motive of procreation; contraception was implicitly evil. Augustine strongly opposed periodic abstinence, the method today's Vatican extols.

Medieval Years: Monks Put Their Stamp On Sexuality

From Augustine's death to the twelfth century, writings on sexuality were codified by monks and monk-bishops. They gave the prohibition of contraception more of a "corporate stamp. . . ."[1] Popes and bishops, in turn, promoted monasticism and clerical celibacy to prevent the clergy from having heirs with claims to church property.

1140: First Code Says Contraception a Sin

Gratian, a monk, compiled the first collection of canon law that was accepted as authoritative within the church. It declared contraception a sin, but not a grave one.

1230–34: A Pope Calls Contraception Murder

The first papal injunction against birth control came when Pope Gregory IX, the creator of the Inquisition, compiled existing authoritative decrees into the universally binding *Decretals*. The *Decretals* condemned contraception as murder.

1588: Pope Sixtus V Adopts a Population Policy

Pope Sixtus V issued the bull *Effraenatam* (Without Restraint), which used the rhetoric of birth control as murder; the bull applied to contraception the penalties designated for homicide. The bull was directed partly against the sexual activity of the clergy and served Sixtus's crusade to eradicate adultery and prostitution in Rome. Rome had also endured the plague in 1581 and famine in 1578 and 1583, providing additional reason for Sixtus's

condemnation of behavior that would restrain population growth.

Renaissance and the Counter-Reformation: Fresh Thinking

The Renaissance and Counter-Reformation brought fresh thinking and new influences to bear on Catholic ideas about marriage and sexuality. The theology of Thomas Aquinas was dominant. He had asserted that contraception violates nature's order because sex is clearly nature's way of propagating species. But he set the stage for moderate reform by saying that marital intercourse is good and therefore so is the pleasure in it. Theologians defended sex as legitimate when one used sex to pay the "marriage debt"—that is, to meet the sexual demands of one's partner.

Council of Trent (1545-1563): Religious Rivalry Rules the Day

Catholic-Protestant rivalry fueled competition for strength in numbers and, therefore, support for the prohibition of contraception. Similarly, in reaction against the Protestant rejection of clerical celibacy, Catholicism insisted that celibacy is better than sexual marriage. The bishops declared at the Council of Trent: "If anyone says that it is not better and more godly to live in virginity or in the unmarried state than to marry, let him be anathema."

Yet the church's posture toward contraception eased in two ways during the Counter-Reformation. Confessors were told to respect penitents' good faith and not interrogate them so vigorously as to "disturb" those who were ignorant of the "natural law" and unlikely to mend their ways. Also, it was deemed lawful for a wife to go along with a husband who practiced coitus interruptus.

Seventeenth Century: Reasons to Limit Births

In 1679, Innocent XI renewed the condemnation of sex for pleasure, but the condemnation was not severe. Restricting intercourse to avoid having too many children won theological approval. Poverty and the need to provide for the education of existing children were accepted as grounds to limit sexual activity, marking new approval for the idea that "economic and educational reasons were valid moral reasons for not wanting more children."[2]

Nineteenth Century: The Birth Control Movement

1853: The human ovum had been discovered, and with it, scientific support of the belief that women must be infertile on some days during their menstrual cycles. In this year, the Roman Penitentiary said couples who had sex only on days they believed the wife was infertile did not need to be disturbed by confessors, if the couple had sound reasons for abstaining from sex.

The birth control movement grew through the early twentieth century. The idea that overpopulation causes famine and war gained currency. But declining birthrates threatened to weaken the church, as well as individual nations, and nationalism became an instrument of propaganda in the churches fight against the birth control movement.

Bastille Day, 1872: Contraception and War

Catholic moralists blamed France's military defeat by Prussia on waning fertility and predicted the decline and fall of an underpopulated France. In a Bastille Day speech in 1872, a Swiss cardinal told a French audience. "You have rejected God, and God has struck you. You have, by hideous calculation, made tombs instead of filling cradles with children; therefore you have wanted for soldiers."[3] World War I aggravated population related fears, and an alliance of churchmen and politicians enacted laws against contraception in many countries.

Late 1800s through 1940s: Feminism First Seen as a Threat

The birth control movement was seen as part of a broader threat to the church: feminism. Many Catholic bishops and priests tried to exert influence against women's suffrage. In 1944, the chairman of the US bishops' conference lamented "a new wave of perverted feminism that is obviously bent on turning women still more away from the home and towards extradomestic occupation." Contraception was integral to the problem; the conference considered planned parenthood a threat to the "integrity" of the home.[4]

1930: Pope Attacks "Wicked Childless Parents"

Pope Pius XI's 1930 encyclical *Casti Connubii* denounced "those wicked parents, who seek to remain childless"[5] or who avoid childbearing "not through virtuous continence. . . but by frustrating the marriage act."[6] "Since. . . the conjugal act is destined primarily by nature for the begetting of children, those who in exercising it deliberately

frustrate its natural power and purpose sin against nature and commit a deed which is shameful and intrinsically vicious," the document said.[7]

1951: The Church Gets Rhythm

In 1951, Pope Pius XII declared the rhythm method was available to all couples who for serious motives — including economic and social ones— wish to avoid procreation "for a long time, perhaps even for the duration of the marriage." The overriding restriction on which Pius insisted (as does John Paul II) was that rhythm not be used "habitually" for less than "grave" reasons; in fact, if a woman's health demands that she not become pregnant, she must abstain, not simply use rhythm. Abstinence is possible, Pius XII said; otherwise God would not require it.

Earlier fears of inadequate population had been translated into directives against contraception; now population pressure seems to have contributed to a reserved acceptance of a contraceptive practice that St. Augustine had damned.

1953: The Appearance of the Pill

It fell to Pius XII to respond to "the pill," which emerged in 1953. In 1958, he forbade the use of the pill if the aim is contraception. But he confirmed that the pill can be used for therapeutic, noncontraceptive purposes— despite its contraceptive side-effect— under the principle of double effect. The pill was licit to clear up menstrual pain, but not prevent a pregnancy expected to kill the mother: to cure illness, but not to save lives.

1963-1966: The Papal Birth Control Commission

In 1963, Pope John XXIII convened a commission on population and birth control, handing the question to a panel that ultimately included bishops, theologians, physicians, demographers, and married couples.

July 29, 1968: Pope Paul VI Reaffirms Prohibition, Inspires Dissent

In 1966, the birth control commission created by John XXIII and continued by his successor, Paul VI, issued a majority report in favor of permitting the use of contraception. A minority dissented, arguing that to change the teaching— admitting error— would undermine the authority and credibility of the Vatican. After two years of pondering, Paul categorically reaffirmed the prohibition of contraception in his encyclical *Humanae Vitae* (Of Human Life), while glorifying the exception made for rhythm (or periodic abstinence).

Dissent loudly greeted the encyclical and continues more quietly to this day. Theologians note that the principle of probabilism gives Catholics the right to dissent from doctrine on a moral matter if there is a "solid probability" in favor of the dissenting opinion. "If . . . after appropriate study, reflection, and prayer, a person is convinced that his or her conscience is correct, in spite of a conflict with the moral teachings of the Church, the person not only may but *must* follow the dictates of conscience rather than the teachings of the Church," theologian Richard McBrien explains.[8]

1970s: Elements of Dissent

Scholars criticize *Humanae Vitae* because it reduces sexuality to biological or physical facts. Theologians point out that *Humanae Vitae* fails to see individual sexual acts in the context of the marriage as a whole and assesses marriage "exclusively in physical terms"— the production of children— without regard to its other results or products.[9] Theologians criticize as hypocritical the assertion that one can enjoy sex during the infertile period, while fully intending to avoid conception by remaining abstinent on fertile days.

1980s: Eruptions and Reaffirmations

In large part, Catholics in the pews went their own way while priests looked the other way. In 1980, a synod of bishops spoke urgently of the prohibition's non-reception among the laity and called for new exploration of the issue. Bishop Patrick Iteka of Mahenge, Tanzania, said that for socioeconomic reasons, African families had to be planned. Indonesian bishop Sudartanto Hadisumatra said the church should help couples reduce the number of children they bore. Archbishop Angelo Fernandes of New Delhi asked for a pastoral statement on contraception that would respond to his people's situation.[10]

But the synod's closing statement reaffirmed *Humanae Vitae*, saying that "the transmission of life is inseparable from the conjugal union."[11] John Paul's closing sermon was even more severe. He said immediate compliance is expected.[12]

Ever since the 1960s: The Challenge of Modern Feminism

Feminism has presented an enormous challenge for the church in the areas of sexual and marital ethics

and the exclusively male priesthood. Throughout this century, the church has linked contraception and feminism as intertwined evils. Members of the hierarchy continue to make statements that indicate that one root of the contraception prohibition is a restrictive view of women.

"I want to remind young women that motherhood is the vocation of women. . . . It is women's eternal vocation," Pope John Paul II said in his weekly general audience in January 1979.

"However, a radical feminism which seeks the rights of women by attacking and denying fundamental, clear and constant moral teaching does not reflect or promote the full reality and true dignity of women," the pope explained in a 1989 letter to US bishops.

1988: Motherhood First and Foremost

In his apostolic letter *Mulieris Dignitatem (On the Dignity and Vocation of Women)*, John Paul again focused on maternity and virginity. Because men neither bear nor nurse children, "parenthood . . . is realized much more fully in the woman," the pope wrote. "In many ways [a man] has to learn his own 'fatherhood' from the mother."

The 1990s: Recent Dissent

A few brave souls continue to question and even disagree with *Humanae Vitae*. At a meeting of the US National Conference of Catholic Bishops, Bishop Kenneth Untener of Saginaw, Michigan, told the assembly that the logic of the birth control position is "not compelling" to Catholics, even priests and some bishops. If the church's positions were put to a blind vote, he speculated in a 1991 interview, most US bishops would opt to change it.

A statement on AIDS by France's bishops in 1989 suggested that using a condom may be better than death. "The whole population and especially the young should be informed of the risks," they said. "Prophylactic measures exist." And Cardinal Jean-Marie Lustiger, Archbishop of Paris, told a television audience, "Chastity is possible," but if AIDS-virus carriers fail to abstain from sex, they "should use all known means" to protect others from the disease.[13]

That contraception is an issue of power can be seen in *Humanae Vitae*. Historian Francis X. Murphy, C.SS.R., writes, "Actually, what the document amounts to is an assertion by the Pope that, as the supreme interpreter of natural law, his fiat is final in expressing the Church's moral viewpoint.[14]

Journalist Robert Kaiser, who wrote the authoritative chronicle of the birth control commission and the aftermath of *Humanae Vitae*, makes the point compellingly that the issue is power. Referring to Jesuit John Ford, one of the four theologians behind the minority report of the birth control commission, Kaiser wrote this:

> Unwittingly, Father Ford gave the game away when he said the encyclical reaffirmed "the power of the magisterium to bind consciences." For Ford, the point was not truth. It was power. The point was not to teach, but to rule.[15]

NOTES

1. John T. Noonan, Jr., *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists*, enlarged edition (Cambridge, MA: Belknap Press/Harvard University Press, 1986; original edition, 1965), pp. 145 and 143.
2. Noonan, p. 336.
3. Noonan, p. 414, quoting Cardinal Gaspar Mermillod, via B. Deppe, "Théologie pastorale," *Nouvelle revue théologique 31* (1899), 455- 456.
4. Quoted in Earl Boyea, *The National Catholic Welfare Conference: An Experience in Episcopal Leadership, 1935*-1945, doctoral dissertation, Catholic University of America, 1987 pp. 359-65.
5. *Casti Connubii*, 65.
6. *Casti Connubii*, 53.
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8. Richard P. McBrien, *Catholicism*, Study Edition (Minneapolis, MN: Winston Press, 1981), p. 1004.
9. Thomas Shannon, "Ethical Dilemmas in Population Policy," *Conscience*, vol. VII, no. 2 (March/April 1986): 1-6, p. 4.
10. Francis X. Murphy, "Of Sex and the Catholic Church," *Atlantic Monthly*, Feb. 1981, p. 44 ff.
11. *Origins* 10:323.
12. Francis X. Murphy, "Catholic Perspectives on Population Issues II," *Population Bulletin*, Population Reference Bureau, Vol. 35, No. 6 (Feb. 1981).
13. Peter Hebblethwaite, "What the French are not saying about condoms," *National Catholic Reporter*, Feb. 3, 1989, and *Origins* 18:446.
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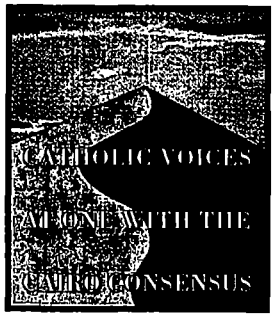


Abortion and Catholic Thought Through History

Most people believe that the Catholic church's position on abortion has remained unchanged for 2000 years. Not true. Church teaching on abortion has varied continually over the course of its history. There has been no *unanimous* opinion on abortion at any one time. While there has been constant and general agreement that abortion is almost always evil and sinful, the church has had difficulty in defining the nature of that evil. Church hierarchy has consistently opposed abortion as evidence of sexual sin, but they have not always seen early abortion as an act of homicide. Though not commonly known, the "right to life" argument is a relatively recent development in church teachings. The debate continues today.

Also contrary to popular belief, the prohibition of abortion is not governed by claims of papal infallibility. This fact leaves much more room for discussion on abortion than is usually thought, with opinion among theologians and the laity differing widely. In any case, Catholics may follow their own conscience on moral matters even when it is in conflict with hierarchical views. The current pope's attempt to make his position on abortion the defining one at the ICPD in Cairo is only one stop on a long journey of shifting majority and minority views within the Catholic church.

In 400 AD, St. Augustine expressed the mainstream view that early abortion required penance only for the sexual aspect of the sin. Eight hundred years later, St. Thomas Aquinas agreed, saying abortion was not homicide unless the fetus was "ensouled," which he was sure took place well after conception. Church teaching that abortion is a serious sin and grounds for excommunication only became established 150 years ago.

The following brief chronology cannot do full justice to the twists and turns of theological thinking over the centuries. However, it can put the debate on abortion within the Catholic church in a historical perspective and show the importance of continued debate and open hearts and minds.

THE FIRST SIX CHRISTIAN CENTURIES: BEFORE 600 AD

Early Christianity: Moving Away from Paganism

Pagan religions had a calm acceptance of contraception and abortion, including the use of barrier methods, coitus interruptus, and various medicines that prevented conception or caused abortion.

Early Christian leaders, to distinguish Christianity from Pagan beliefs, developed ideas about contraception and abortion, marriage for procreation and the unity of body and soul. They taught that even sex for reproduction was bad and sex for pleasure was heinous. Chastity became a virtue in its own right.

100 AD: The Debate Begins

One of the earliest church documents, the *Didache*, condemns abortion, but asks two key questions: 1) Is abortion being used to conceal the sins of fornication and adultery? and 2) Does the fetus have a rational soul from the moment of conception or does it become an "ensouled human" at a later point? This idea of "hominization"—the point at which a developing embryo becomes a human being—would become one of the cornerstones of the debate about abortion and remains unsolved even today.

Early 400s: St. Augustine Says Abortion is Not Homicide

St. Augustine (354–430) condemns abortion because it breaks the connection between the conjugal act and procreation. However, in the *Enchiridion* he says, "But who is not rather disposed to think that

unformed fetuses perish like seeds which have not fructified," clearly seeing actual human life beginning at some point after the fetus has begun to grow. He held that abortion was not an act of homicide. Most theologians of his era agreed with him.[1]

The general legislative agreement at this time said abortion was a sin requiring penance if it was intended to conceal fornication and adultery.

THE MIDDLE PERIOD: 600–1500

ca. 675: Illicit Intercourse is the Greater Sin

The *Irish Canons* place the penance for "destruction of the embryo of a child in the mother's womb [at] three and one half years" while the "penance of one who has intercourse with a woman, seven years on bread and water."[2]

ca. 8th Century: Recognizing Women's Circumstances

In the *Penitential Ascribed by Albers to Bede*, the ideal of delayed hominization is again supported, as well as acknowledgment of women's circumstances: "A mother who kills her child before the fortieth day shall do penance for one year. If it is after the child has become alive, [she shall do penance] as a murderess. But it makes a great difference whether a poor woman does it on account of the difficulty of supporting [the child] or a harlot for the sake of concealing her wickedness."[3]

1140: Gratian Code Holds Abortion Not Homicide when Fetus Unformed

In 1140, Gratian compiled the first collection of canon law—the Gratian code—that was accepted as authoritative within the church. In the canon *Aliquando*, Gratian concluded that, "abortion was homicide only when the fetus was formed.[4] If the fetus was not yet a formed human being, abortion was not homicide.

1312: Council of Vienne Confirms Aquinas On "Delayed Hominization"

The position of this council, still very influential in Catholic hierarchical teaching, confirmed the conception of man put forth by St. Thomas Aquinas. He said that the fetus is first endowed with a vegetative soul, then an animal soul, and then when the body is developed, a rational soul. This theory of "delayed hominization" is the most consistent thread throughout church history on abortion.

While St. Thomas Aquinas opposed abortion as a form of contraception and a sin against marriage, he maintained that abortion was not a sin of homicide unless the fetus is ensouled, and thus, a human being.[5]

PRE-MODERN PERIOD: 1500–1750

1588: Making the Penalty for Abortion Excommunication

Concerned about prostitution in Rome, Pope Sixtus V issued the bull *Effraenatum* (Without Restraint) and applied to contraception and abortion, at any stage of pregnancy, the penalties designated for a homicide. The prescribed penance was now excommunication. There were no exceptions for therapeutic abortion.[6]

1591: Quickly Relaxing the Rules

Only three years after Pope Sixtus V issued his *Effraenatum*, he died and Gregory XIV succeeded him. Gregory felt Sixtus's stand was too harsh and in conflict with penitential practices and theological views on ensoulment. He issued *Sedes apostolica* recommending that, "where no homicide or no animated fetus is involved, not to punish more strictly than the sacred canons or civil legislation does." This papal pronouncement lasted until 1869.[7]

1679: Denying Abortion to Pregnant Girls Facing Murder by Their Families

Abortion had consistently been considered wrong if used to conceal sexual sins. Pope Innocent XI attempted to define the "outer limits of permissible teaching" when he rejected the idea that abortion is permissible even in situations in which the parents of a girl would murder her for becoming pregnant. The church was still teaching delayed hominization, but said hominization occurred some time before the moment of birth.

THE MODERN ERA: 1750–PRESENT

1869: Requiring Excommunication for All Abortions

Pope Pius IX's *Apostolicae sedis* completely ignores the question of hominization and requires excommunication for abortion at any stage of pregnancy.[9] He said all abortion was homicide. His statement was the first implicit endorsement of immediate hominization by the church.

1917: Excommunicating Doctors and Nurses Performing Abortions

In the *Code of Canon Law*, the first new edition of canon law since Gratian's in 1140, excommunication was required for both the woman and any others, such as doctors and nurses, who take part in an abortion.[10]

1930: Condemning Therapeutic Abortions

Pope Pius XI issued the encyclical *Casti Connubii* (Of Chaste Spouses), condemning abortion in general, and specifically in three instances: in the case of therapeutic abortion, which it is killing an innocent; in marriage to prevent offspring; and on social and eugenic grounds as practiced by some governments.[11] Pius's stance on abortion continues as the hierarchical view. This document did not purport to be infallible teaching, but as an address by the pope to the bishops it carried great moral authority.

1965: Protecting the Embryo From the Moment of Conception

Vatican II, *Gaudium et Spes*, section 51 declared: "Life must be protected with the utmost care from the moment of conception; abortion and infanticide are abominable crimes." Here, abortion is now condemned on the basis of protecting life, not as a concealment of sexual sin.

1974: Arguing for the "Right to Life"

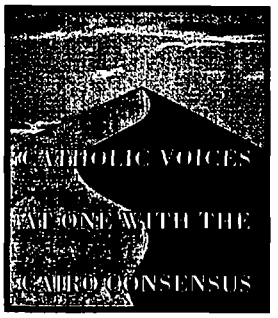
The Sacred Congregation for the Doctrine of Faith issued the "Declaration on Abortion," which argues against abortion on the grounds that "one can never claim freedom of opinion as a pretext for attacking the rights of others, most especially the right to life." The key to this position is that the fetus is human *life* from the moment of conception, if not necessarily a full human being. The church has now fully changed the terms of argument.

Today: Abortion Ban is Absolute

The Catholic church hierarchy of today does not permit abortion in any instance, not even in the case of rape or to save the life of a pregnant woman.

NOTES

1. St. Augustine, *De nuptiis et concupiscentia*, 15. 17. (CSEL 42.229-230).
2. John T. McNeill and Helena M. Garner, *Medieval Handbooks of Penance* (New York: Octagon books, 1974), pp. 119-120.
3. McNeil and Garner, *Medieval Handbooks of Penance*, p. 225.
4. John Noonan, ed., *The Morality of Abortion: Legal and Historical Perspectives*, (Cambridge, Mass.: Harvard University Press, 1970), p. 20.
5. Joseph F. Donceel, S.J. "Immediate Animation and Delayed Hominization," *Theological Studies*, Vols. 1 and 2, (New York and London: Columbia University Press, 1970), p. 86.
6. *Codicis iuris fontes*, ed. P. Gasparri, vol. 1, (Rome, 1927), p. 308.
7. *Codicis iuris fontes*, ed. P. Gasparri, pp. 330-331.
8. *Actae Sanctae Sedis*, 5. 298.
9. *Codex iuris canonici*, c. 2350.
10. (AAS 22.539-92).



Catholics For A Free Choice
An Organizational Summary

Catholics for a Free Choice is the voice of Catholics worldwide who hold progressive views on women, reproduction and sexuality. CFFC's work deals with some of today's most debated cultural and moral issues in some of the most significant forums, including the United Nations conferences on women, the environment, and population and development. With a skillful and accomplished staff of researchers, writers, and analysts, CFFC has become an important source of information and analysis worldwide on a range of subjects, including reproductive health and ethics, religious fundamentalism, population policy, and Catholic church reform. CFFC carries out its work through policy analysis, outreach and advocacy, and education and communications. CFFC was established in 1973 and has headquarters in Washington, DC, four partner organizations in Latin America, and a US staff of twenty.

CFFC articulates sound ethical arguments – based on Catholic teachings – that support the right to follow an informed conscience in making moral decisions about sexual and reproductive matters. CFFC counters the efforts of the Roman Catholic hierarchy to see that public policies reflect Vatican positions. In one recent campaign, Catholics for Contraception, CFFC organized a leadership committee of more than 1,000 Catholics in the United States to voice support for international family planning assistance.

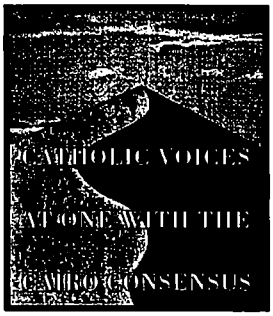
CFFC creates room in the dialogue on reproductive rights for progressive religious voices to present their views on an equal footing with religious institutions. A CFFC initiative, Catholic Voices, is aimed at lifting up Catholic support for the plan of action adopted by the International Conference on Population and Development. In partnership with the Park Ridge Center for Health, Faith and Ethics, CFFC is also co-sponsor of Religion Counts, an inter-religious group of scholars, experts, and leaders providing a positive, ethically sensitive religious contribution to discourse on issues surrounding population, reproductive health, and development policies. Its Women, Religion, and Public Policy project is an effort to extend outreach across faith lines and across national borders to examine religion's influence on public policies related to women.

The organization has ECOSOC status at the United Nations, and was a prominent NGO participant in the activities surrounding the 1994 ICPD and the 1995 Fourth World Conference on Women.

CFFC's positions and activities are backed by original, accurate research and study of myriad resources, including church documents and references. Publications feature a quarterly magazine, *Conscience, A Newsjournal of Prochoice Catholic Opinion*, and a number of titles including *Catholics and Reproduction: A World View*, an unprecedented collection of opinion and behavior surveys from around the world; *When Catholic and Non-Catholic Hospitals Merge: Reproductive Health Care Compromised*, a groundbreaking study of the loss of reproductive health services in the United States as a result of consolidations in the health care industry; *Evolution of an Earthly Code*, a history of the changing church position on family planning and population; and *Catholic Options in the Abortion Debate: Reforming Irish Law*, a submission to the Irish government's Interdepartmental Working Group.

CFFC works nationally in the United States and internationally, particularly in Latin America and Europe, to provide materials to Catholics, policy makers, and the media. We work in close collaboration with four partner organizations in Latin America: Católicas por el Derecho a Decidir (Catholics for the Right to Decide) in Mexico, Argentina, and Bolivia, and Católicas pelo Direito de Decidir (Catholics for the Right to Decide) in Brazil. CFFC is a respected member of the international reform and renewal movement in the Catholic church.

CFFC has been led since 1982 by Frances Kissling, a leader in both the church reform and the women's rights and health movements internationally. CFFC's board of directors includes theologians, public health experts, and women's' rights leaders. The organization's funding comes from some of the world's most respected philanthropic foundations, such as the Ford Foundation and the MacArthur Foundation, as well as from individual Catholics.



Catholic Voices

Catholic Voices, an initiative of Catholics for a Free Choice, is an international forum on issues of population and development. The forum provides a space for progressive Catholic leaders to reflect, research, and participate in national and international discourse on women's human rights, sexuality, and reproductive health. With special attention to the values and ethics of the Catholic tradition, Catholic Voices supports public policies and agreements on these issues that promote social justice, respect human dignity, and honor the rights of individual conscience.

Begun in 1998, Catholics Voices is in formation. Membership is in the initial stages; to date, seventeen Catholic leaders, theologians, and activists from twelve countries have formed a leadership circle. In December, 1998, Catholic Voices issued its first declaration, "Catholic Voices: Reflections from the Paseo de la Reforma," from Mexico City. The declaration examines the Programme of Action of the International Conference on Population and Development through a Catholic lens.

Following are brief biographies of the leadership members of Catholic Voices. Each can be contacted through Catholics for a Free Choice in Washington, DC, at (country code 01) 202/986-6093, or email, cffc@igc.apc.org.

Sheila Briggs
United States
Sheila Briggs is Associate Professor in the School of Religion at the University of Southern California. Her feminist theology research interests are early Christianity, nineteenth and twentieth century theology, and modern liberation movements. She has been a consultant to the Lily Foundation project "What's Left" on the Roman Catholic left in America. Prof. Briggs is a member of the steering committee of the Feminist Theology and Theory Group of the American Academy of Religion.

Dina Cormick
South Africa
Born in Nkana, Zambia, Dina Cormick is an artist, feminist, and political activist. She earned a Masters degree in Feminist Theological Ethics from the University of South Africa in 1993. An active participant in the reform movement in the Catholic church, Ms. Cormick is a member of the international steering committee of Women's Ordination Worldwide, a co-founder of Women's Ordination South Africa, and a member of the Circle of Concerned African Women Theologians.

Elfriede Harth
France
Elfriede Harth is a leader in the Roman Catholic church reform movement. She is spokesperson for the International Movement We Are Church, member of the steering committee of Women's Ordination Worldwide, and member of Maria von Magdala, an association working for women's equal rights in the Catholic church. Ms. Harth is currently working on her doctoral dissertation on women, Catholicism, and fertility from the Ecoles des Hautes Etudes en Sciences Sociales in Paris.

Teresia Hinga
Kenya

Teresia Mbari Hinga is Assistant Professor in the Department of Religious Studies at DePaul University in Chicago, Illinois. She has written extensively on issues surrounding women and religion in Africa. Book chapters have included "Christianity and Female Puberty Rites in Africa: The Agikuyu Case," "Between Colonization and Inculturation: Feminist Theologies in Africa," and "Gikuyu Theology of Land and Environmental Justice." Under a research grant from the Rockefeller Foundation, Dr. Hinga produced a research report, *The Role of Religious Networks in the Provision of Education to Women in Africa.*

Joanna Manning
Canada

Joanna Manning is an acclaimed teacher and writer; in the 1990s she won the Canadian Church Press award for theological reflection. Her book, *Is the Pope Catholic?* will be published by Malcolm Lester Books in March 1999. An activist for justice, peace, and women's equality, Ms. Manning started the Rigoberta Menchu Centre for Justice, Peace, and Creation, and founded the Coalition of Concerned Canadian Catholics. She has a Masters in Theology from Regis College, University of Toronto.

Philomena Mwaura
Kenya

Philomena N. Mwaura is a lecturer in the Department of Religious Studies at Kenyatta University in Nairobi, Kenya. She has a Masters degree in Religious Studies from the University of Nairobi and is currently a Ph.D. candidate. She has taught courses on the church in Africa, women in religion and culture, and development of Christian doctrine.

Mrs. Mwaura is deeply involved in the ongoing constitutional review process through the Kenya Women Political Caucus. She has organized and facilitated workshops and conferences for the Ecumenical Association of Third World Theologians and the Circle of Concerned African Women Theologians.

Anthony Padovano
United States

A well known theologian, author, activist, and commentator on Catholic church issues, Anthony Padovano holds an S.T.D. from the Gregorian University in Rome and a Ph.D. from Fordham University. He was president of CORPUS, National Association for Married Priesthood from 1988 to 1998. He is vice-president of the International Federation of Married Catholic Priests, which has members in thirty countries. Dr. Padovano is Professor of American Literature and Religious Studies at Ramapo College of New Jersey. He has been a summer visiting professor at twenty-four American universities and has lectured throughout the Americas and in Asia, Europe, Australia, and New Zealand.

Rosemary Radford Ruether
United States

One of the world's leading Catholic feminist theologians, Rosemary Radford Ruether teaches courses on the relationship of Christian theology and social justice issues at Garrett Theological Seminary and Northwestern University. The author or editor of twenty-five books, among them, *Contemporary Catholicism: Crises and Challenges* (1987) and *Gaia and God: An Ecofeminist Theology of Earth Healing*, she has also contributed to eighty-five book symposia. She writes regularly for the *National Catholic Reporter*, *Christianity and Crisis*, and the Religion News Service. Dr. Ruether is a frequent lecturer at conferences and universities; she has lectured throughout the Americas and Europe, as well as Israel, Egypt, Japan, Korea, India, the Philippines and South Africa.

Valerie Stroud
United Kingdom

Valerie Stroud has served as a catechist and has been employed in parish administration and pastoral care. She served for several years as Secretary to the Deanery Pastoral Council, a worker for the Diocesan Liturgy Commission and is currently a member of the Diocesan Christian Unity

Commission. Mrs. Stroud represented her diocese at the 1996 Council of Churches of Britain and Ireland Assembly. A commissioned Eucharistic Minister, Mrs. Stroud now works full time in the reform/renewal movement in the Catholic church. She is the UK liaison for the International Movement We Are Church.

Isaac Wüst
The Netherlands
Isaac Wüst works full time in the renewal/reform movement in the Catholic church. He became a priest in 1956 in Amsterdam, where he was born. He studied Latin American political and social sciences at the Catholic University of Louvain, and subsequently lived and worked in Latin America for many years. Mr. Wüst was executive secretary of the education department of CELAM, the Latin American bishops' conference, for five years before leaving the priesthood. In the mid-1970s, he worked as an advisor to a UN project that introduced new methods for health education, mother and child care, and family planning in remote areas. During the next decade, he was involved in many development and education projects throughout Colombia. Since returning to The Netherlands in 1986, Mr. Wüst has worked at the service of parishes in Amstelveen and Amsterdam.

REPRESENTATIVES OF CATHOLICS FOR A FREE CHOICE AND CATHOLICS FOR THE RIGHT TO DECIDE IN THE LEADERSHIP CIRCLE OF CATHOLIC VOICES:

Marta Alanís
Argentina
Marta Alanís is coordinator of *Católicas por el Derecho a Decidir* (Catholics for the Right to Decide) in Córdoba, Argentina. Since 1989, Ms. Alanís has worked as a teacher in the Archdiocesan Charities of Córdoba. She has worked in human rights communities in Bolivia, France, and Nicaragua, focusing particularly on indigenous women's literacy. Committed to both liberation and feminist theologies, Ms. Alanís has studied with liberation theologian Leonardo Boff and feminist theologian Ivone Gebara.

Paloma Alfonso
Spain
Angeles Paloma Alfonso Aguirre earned her degree in philosophy and letters from the Universidad Central de Barcelona. She has been involved for several years in a collective, *Mujeres y Teología* (Women and Theology), and in 1997 joined with four other women to form the group *Católicas por el Derecho a Decidir* (Catholics for the Right to Decide) in Spain. Both groups collaborate on projects with *Somos Iglesia de España* (We Are Church in Spain). For the past two decades, Ms. Alfonso has taught children and adults, and currently works in a literacy program with women *gitanas* (gypsies) in Madrid.

Frances Kissling
United States
Writer, advocate, and policy analyst, Frances Kissling has been President of Catholics for a Free Choice since 1982. An internationally recognized non-governmental organization, CFFC works to advance reproductive health, women's rights and the strengthening of civil society through research, education, and policy analysis. Ms. Kissling is a highly regarded speaker and thinker on issues of religion, reproductive health, women's rights, and population policy. Ms. Kissling's views on reproductive health issues combine a deep respect for the spiritual aspect of life-giving with a passionate commitment to the moral agency of women. Ms. Kissling has briefed parliamentarians and development professionals in a number of countries, including Brazil, the United Kingdom, Mexico, the Philippines, Germany, Ireland, Poland, and throughout the United States. A leading voice promoting international public policy that advances women's health and rights, Ms. Kissling was a prominent participant in the United Nations conferences on Population and Development (Cairo, 1994) and on Women (Beijing, 1995).

Teresa Lanza Monje
Bolivia
Teresa Lanza is coordinator of *Católicas por el Derecho a Decidir* (Catholics for the Right to Decide) in Brazil. A lawyer, Ms. Lanza graduated from the Universidad Mayor de San Andres in La Paz, where she conducted research for her thesis on sexual and reproductive rights and the problem of abortion in Bolivia. She is a founder

of *Género Y Teología* (Gender and Theology), an ecumenical collective of pastors and theologians. She has written several opinion columns on women's rights for major daily newspapers. Currently, Ms. Lanza is involved in providing information to legislators, opinion leaders, health providers, and the news media on the positions of CDD.

María Consuelo Mejía
Mexico

An anthropologist, feminist, and Catholic activist, María Consuelo Mejía directs *Católicas por el Derecho a Decidir* (Catholics for the Right to Decide) in Mexico. Ms. Mejía was named to Mexico's country delegation to the International Conference on Population and Development in 1994 and participated in the 1995 Fourth World Conference on Women. Born in Bogotá, Colombia, she became a naturalized Mexican citizen in 1984. She received her Masters degree in Latin American Studies from the National Autonomous University of Mexico (UNAM) in 1986. Since 1990, she has worked as a researcher in the Interdisciplinary Humanities Research Center and as a consultant for the University Program on Gender Studies at UNAM.

Marysa Navarro-Aranguren
United States

Marysa Navarro is Charles Collis Professor of History and Chair of the Latin American, Latino and Caribbean Studies Program of Dartmouth College, where she has taught for thirty years. She is an academic and also an activist. She has been a member of the board of directors of the Ms. Foundation for Women, the Global Fund for Women and Catholics for a Free Choice, which she presently chairs.

Maria José Rosado Nunes
Brazil

Maria José Nunes is coordinator of Católicas pelo Direito de Decidir (Catholics for the Right to Decide) in Brazil. She is a graduate Professor in Religious Studies at the Pontifical Catholic University in São Paulo and at the Methodist University of São Paulo. Ms. Nunes is a director and past vice-president of the Institute for Religious Studies in Rio de Janeiro. With a grant from the MacArthur Foundation, she managed a research project on the Catholic position on abortion. Ms. Nunes is an award winning author and frequent contributor to national and international magazines.