



# THE WATCHDOG

The Youth Coalition's Quarterly Newsletter

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## ANOTHER GREAT YEAR!

Pamela Pizarro, Canada - Editor

As 2005 draws to a close, Youth Coalition members are reflecting on their achievements of the past year. 2005 was the ten year review of the Beijing Platform of Action which cumulated with the 49th Session on the Status of Women (CSW), held last February in New York. At the CSW youth coalition members organized a youth caucus before the event to ensure stronger youth participation during the meeting. The youth attending this caucus were subsequently better able to lobby their government delegations in reaffirming the Beijing Platform of Action. Along with participating in many of the regional meetings for Beijing +10 the members of the Youth Coalition attended many conferences, and held the first ever Youth Coalition Youth Forum "The Sexual Evolution of Development" which brought together 60 youth from different parts of the world to work together in discussing the Millennium Development Goals and Sexual and Reproductive Rights.

The Youth Coalition released the 2004 Annual Report in September. To download a copy please visit our website [www.youthcoalition.org](http://www.youthcoalition.org), where along with the Annual Report you will find reports for many of our activities of the past year.



youth coalition

Working Internationally for Sexual and Reproductive Rights

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## MEMBER'S PROFILES

### ENE CHRISTABEL UNOBE, NIGERIA



Ene Christabel Unobe, 22, is a law student at the University of Benin, Nigeria. She is a peer educator for, and a graduate of Girls' Power Initiative (GPI). Christabel completed a 3-year comprehensive sexuality education and leadership development curriculum, and subsequently served as an intern with GPI. Upon completion of her internship, she was retained as a part time youth facilitator for GPI and since then has been involved in development initiatives and the drawing and implementation of sexuality education curriculum for young people from a gender perspective. Christabel is a strong advocate of young women's reproductive rights and her work with GPI gives her the opportunity to work with young women aged 10-18 yrs where they are given safe a space to share their aspirations, pains and joys. Christabel as well co-founded Focal View a young women's group working for the reduction of the high incidence of sexual violence on the University of Benin campus and the promotion of young women's reproductive rights.



## Miles to Go... (An overview of the Indian response to Reproductive Health)

Prateek Suman, India

### 1. Legal and Political Background

The Constitution of India establishes itself as a 'sovereign, socialist, secular democratic republic' that upholds and aims to secure 'justice, liberty, equality and fraternity' to its citizens. The concept of fundamental rights is a part of the basic structure of nation's legal and political framework and has been vigilantly defended by the country's activist judiciary. Such a framework can provide a sound basis for the fulfillment of women's human rights, including their reproductive rights, and such a system committed to democracy and the rule of law is critical to establishing an environment for advancing these rights. This article outlines the current legal status with regard to reproductive health in India, highlights innovative practices used by the government to achieve these rights, and points out lacunae that still remain in their fulfillment.

### 2. Reproductive Health in India

The improvement of public health is a directive principle of state policy and a primary responsibility of the state. The latest National Health Policy adopted in 2002 sets forth several time bound objectives, some coinciding with those of the Millennium Declaration, including significantly: reduction of maternal mortality and infant mortality to specified levels and zero level of growth of HIV/AIDS. The policy document recognizes that women and other under-privileged groups disproportionately experience poor access to health services and it aims to facilitate such groups' access to basic health-care services. Under the policy, the Central Government is to give top funding priority to programmes targeting women's health.

The Reproductive and Child Health Programme includes prevention and management of unwanted pregnancies, safe motherhood, child survival and prevention and treatment of reproductive and sexually transmitted infections as its major objectives. It marked an important change of focus from achieving demographic targets to providing client-centered quality services. Though contraceptive devices are easily available, their manufacture, advertisement, sale and standards are monitored by the state. Emergency contraceptive pills are available by prescription and harmful drugs like quinacrine and Depo-Provera are banned. Despite the above, female sterilization remains the most commonly used form of contraception, and such sterilization is regulated by standards issued by the Government, which infuses safeguards to prevent involuntary sterilizations.

Abortions are legal and can be performed on certain specific grounds, including: risk to woman's life, grave injury to woman's physical or mental health, risk of fetal impairment, pregnancy due to failure of contraceptives, pregnancy due to rape, etc. In determining whether an abortion is legal, the emphasis is on the woman's health, both physical and mental, and nothing else. The pregnant woman's consent is required, but that of her husband isn't. Finally, regulations and safeguards have been issued to safeguard the woman's confidentiality.

With regard to Sexually Transmitted Infections (STIs), no specific national legislation exists, but there are a number of judicial decisions and regulations that apply to people living with STIs. Negligently or malignantly committing an act likely to spread an infection is punishable under penal law, while a spouse's infection with a communicable disease is a valid ground for divorce. Court decisions have upheld the right of persons living with STIs to receive treatment, the right against discrimination in employment and the right to privacy and confidentiality. Despite such efforts, India has the world's second largest population of HIV-infected people and studies indicate that a growing number of women attending pre-natal clinics are testing HIV-positive.

Keeping in mind the legal framework and the challenges that exist in achieving good-quality public health, as planned under national policy and required by international commitments, including those under the 1993 Vienna Convention and Program for Action, the 1994 International Conference on Population and Development, the Beijing Declaration



(Miles to Go... Continued on page 4)



## Sex and Politics in the Netherlands

*Nadia van der Linde, The Netherlands*

On October 8<sup>th</sup> 2005 I participated in a forum called *Sex in Politics*, organised by CHOICE, IFMSA-NL and WPF in the Netherlands. An extremely enticing title, making you wonder about the latest gossip of our completely a-sexual Harry Potter look-alike Dutch prime minister Balkenende's latest love affairs... But no, it was actually a very strategically organised meeting to introduce young Dutch parliamentarians, politically active or interested youths and political youth parties to the *ins and outs* of sexual and reproductive rights in national and international politics.

Although the number of participants deserved to be much higher, it was an interesting day with a combination of presentations, films, workshops and discussion to inform and mobilize. I participated in a very informative workshop session on trafficking in the Netherlands – an issue that definitely needs more attention from the sexual and reproductive rights movement internationally. In the closing session the progressive and passionate Dutch European Union (EU) parliamentarian, Kathalijne Buitenweg, expressed her concern for the lack of funding made available for the implementation of the Cairo agenda and offered some very practical lobby suggestions for the young people present to increase this funding. There was a lively discussion on the pro's and cons of the USA-propagated ABC-method (Abstinence until marriage, Be faithful to one partner, use a Condom). What else could I respond than to highlight some of the suggestions made at the global Youth Forum *"The Sexual Evolution of Development"* in May this year: "We don't want ABC, we want the whole damn alphabet!"

Politics - seemingly around the world - are currently focused on preventing terrorism by measures that restrict rights, instead of ensuring the human rights of all. The Cairo agenda is not unrealistic, but the political will is hard to find. A small gain seems to have been made in the Netherlands, where the right-wing conservative government at the very beginning of its term announced that the Dutch abor-

tion-law would be reviewed. The Christian Democrats were actually hoping this would lead to restricting of the law, as there had been some small incidents in the press in the past years about assumed 'misuse' of abortions in the Netherlands. Abortion is legal (and free of charge) in the Netherlands, but according to the law there needs to be an 'emergency situation' for an abortion to be justified.



Members of Choice working together during the meeting

This 'emergency situation' is not further defined or clarified, and is by most service providers left up to the women to determine for themselves (they can get counselling if they wish).

Religious conservatives in the Netherlands were wishing for this law review to address the 'problem' of this ambiguity to grab the chance to ensure a very restricted definition. The researchers that reviewed the implementation of the abortion law actually stressed that the law is generally well-implemented and did not see any reason to further define the 'emergency situation' needed for women to have access to a safe abortion. Their main recommendation focuses on the current obliged 5-day waiting period that women have to take into account before being able to have an abortion. The researchers recommend this waiting period to be abandoned or made more flexible, as it causes unnecessary extra emotional stress for some women. A good excuse for the women's movement in the Netherlands to wake up again and smell the coffee: it is time for action!

*For more information on the congress "Sex in Politics" please contact CHOICE at [info@choiceforyouth.org](mailto:info@choiceforyouth.org)*



(Miles to Go... Continued from page 2)

and Platform for Action, CEDAW and the 2000 Millennium Declaration, there are several practices and strategies that the Government has evolved to meet the required objectives.

### **3. Strategy of Localized Intervention**

It was pointed out in a report on 'India and the MDGs' by the World Bank in 2004, that several states like Kerala, which has a life-expectancy rate higher than that of the United States, have seen remarkable development, but most of the disparity is localized in certain regions. Four out of twenty-nine states account for more than half of all child deaths and these states are also marked by some of the deepest gender inequalities in India. Hence a strategy of identifying such regions and focusing interventions has been adopted and is likely to accelerate human development indices for the entire country.

### **4. Strategy of Insurance Cover**

India has a massive public health infrastructure, supported by 0.9% of the GDP, which delivers accessible reproductive health facilities like emergency maternity services, interventions for neo-natal care, contraception services and abortion facilities. These services are delivered through a large network of health-care facilities, including urban health posts, urban family welfare centers, primary care centers and community health centers. However, more than 93% of all hospitals are privately owned, of which almost 10% are run by voluntary not-for-profit agencies, often in partnership with the government. Furthermore, 79% of outpatient care for those below the poverty line is provided by the private sector. Hence, a strategy of providing insurance cover has been evolved to take into account this reality and to expand health-care coverage.

Some of the major initiatives by the government in this regard include Central Government Health Schemes, which give insurance cover to all government employees and their families in 19 major cities, the 1948 Employees' State Insurance Act, which introduced a national health insurance programme for industrial employees, the *Janashree Bima Yojana*, a group insurance scheme which covers all families below the poverty line in urban and rural areas, and the Health Ministers Discretionary Grant, which helps cover the cost of hospitalization for low-income families.

The Government-owned Life Insurance Corporation has also launched *Jeevan Bharati*, an insurance plan exclusively for women aged 18-50 for critical illnesses such as cancers of the breast, ovary and fallopian tubes and for congenital defects of newborn babies.

### **5. Strategy of Partnerships**

Various international organizations and United Nations agencies, including the World Health Organization (WHO), the World Bank, the European Commission, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) contribute to the Reproductive and Child Health Care Programme. The WHO activities include funding, technical assistance, supply of medicines, health-education and providing information with regard to communicable diseases.

### **6. Strategy of Regulation and Prohibition**

India has established statutory regulatory councils to monitor the standards of medical education, promote medical training and research activities, and oversee the qualification, registration and professional conduct of doctors and medical practitioners. Legislative guidelines exist for artificial insemination techniques, biomedical research and assisted reproductive technology. In response to the widespread proliferation and misuse of prenatal diagnostic centers for sex-selection leading to female abortions, the national legislature enacted the Pre-Conception and Pre-Natal Diagnostic Techniques Act in 1994, which prohibits medical providers from disclosing the fetus' sex to the pregnant woman or her relatives.

### **7. Further Steps**

Although many of these responses have met with measurable success, the improvement of the quality and status of health facilities has been slow and incommensurate with the country's economic progress. The United Nations Human Development Report 2005 released on September 7 this year outlines some of causes for concern: one in every eleven children dies before the age of five, only 42% of all births are attended by health professionals and girls aged 1-5 are 50% more likely to die than boys of the same age group. In an interview in April 2005, the Prime Minister Dr. Manmohan Singh candidly admitted that inadequate attention has been paid to public health.

(Miles to Go... Continued on page 5)



*(Miles to Go... Continued from page 4)*

India has been widely heralded as a success story in globalization and has moved into the premier league of economic growth in the world, but the benefits of this economic growth must also manifest themselves in improvement of public health in general and reproductive health in specific. Improvements in child and infant mortality will have to pick up if India is to get back on track with its MDG targets.

It is said that the first Prime Minister of India, Jawaharlal Nehru, kept on his desk a poem by Robert Frost, the last few lines of which are apt here:

*“the woods are lovely, dark and deep,  
but I have promises to keep,  
and miles to go before I sleep,  
and miles to go before I sleep...”*

(Acknowledgment: Data and Statistics from ‘Women of the World’, a publication by the Center for Reproductive Rights, [http://www.crlp.org/pub\\_bo\\_wowsa.html](http://www.crlp.org/pub_bo_wowsa.html))

### MUJERES EN SITUACIÓN: MUJERES EN RESISTENCIA

Nadia Ribadeneira, Ecuador

Hay muchas maneras para ejercer poder sobre los y las otras/os y hay muchos grados de poder que se tiene sobre el resto, eso poco a poco va determinando cómo se controla la vida, las acciones y hasta el pensamiento y establece, de acuerdo con nuestras circunstancias y posibilidades, si nos volvemos opresores/as u oprimidos/as. Por lo que no es extraño ni casual que la gente con menos acceso a la educación, a la salud, a los servicios básicos, etc, sea la que ocupe siempre el lugar del oprimido/a.

Transitamos en un estado permanente de esclavitud en el que desde antes de nacer te condicionan a vivir, ser, pensar, actuar de una manera determinada, por el simple hecho de ser negr@, indígena, latinoamerican@, GLBT, mujer, campesin@, obrer@, ama de casa, adolescente, pobre, ric@, hombre, blanco, heterosexual, etc, porque al parecer, nuestra raza, nuestra etnia, nuestro sexo, nuestra preferencia sexual, nuestra edad, nuestro origen, marcan si debemos ser opresores/as u oprimidos/as. Y es allí, en diferentes grados e infinitas formas donde l@s opresores/as y oprimidos/as conviven y juegan a representar sus papeles al pie de la letra, sin pensar si quiera que existe la posibilidad de intercambiar los roles previamente establecidos (impuestos) desde su nacimiento; sin pensar si quiera que esta especie de tragico-media, que es la vida misma, se puede transmutar, moldear y adaptar a los intereses y necesidades de la mayoría de sus actores. Y digo mayoría porque en el mundo l@s oprimidos/as, todos y todas aquellas/os que no correspondemos al modelo de hombres blancos, heterosexuales, fuertes, con

dinero y poder, somos más del 90% de la humanidad.

Una de las formas más brutales de control que existe para vigilarnos y dominarnos es el control del cuerpo. En el momento en el que alguien controla, total o parcialmente nuestro cuerpo, ya no nos queda casi nada, pues nos volvemos objetos, seres manipulables y moldeables que se adaptan a las intereses de su amo.

Esta forma sutiles de dominación han sido constantes: la esclavitud, el tráfico sexual, la tortura, la cárcel, el abuso físico, el castigo corporal, el control sobre la sexualidad, etc.

Y dentro de los mal llamados grupos “minoritarios” nos han encasillado a las mujeres, las que de alguna u otra forma, en grados mayores o menores, hemos tenido que soportar que el resto de gente utilice nuestro cuerpo y decidan por nosotras qué es lo que nos conviene o no. ¡Cómo si nosotras mismas no pudiéramos decidir sobre nosotras!, ¡Cómo si nosotras no fuéramos las únicas que sabemos exactamente lo que queremos o lo que necesitamos! ¡Cómo si no nos correspondería a las mujeres decidir cuántos hijos tener, con quién y cuando los voy a tener, etc.!

Y así empieza una larga y amaga historia de injusticias para las mujeres, quienes nos hemos visto sometidas a un dominante extremadamente nefasto. Pero así empieza también la lucha y la resistencia, desde las primeras mujeres revolucionarias como Juana de Arco o Sor Inés de la Cruz, hasta las feministas ilustradas de Europa, pasando por las líderes campesinas e indígenas en Latinoamérica, la lucha de las muertres negras en el África y de las mujeres Asiáticas.

Todas, de alguna u otra manera han dicho BASTA; y a través de grandes o pequeñas batallas que se vienen librando día a día, se ha ido transformando la historia, pues estas mujeres y muchas otras han ido modificando los papeles para crear nuevos roles en donde nadie tenga que representar a l@s dominad@s y a l@s dominantes.

Así las mujeres, desde cada rincón, desde sus diversidades y semejanzas nos han demostrado que sí es posible cambiar el futuro.

Y nosotras, las herederas de estos cambios, pensamientos y acciones, debemos contribuir, desde nuestros diferentes discurso y campos de acción a estos espacios de resistencia que ofrecen posibilidades creativas de transformación, simplemente por el hecho de ser mujeres y estar día a día resistiendo.





## Marginalized Adolescents in Urban Areas: The other face of the Sexual and Reproductive Rights\*

Laura Patricia Villa Torres, Mexico

Sexual and Reproductive Rights (SRR) has really flourished in the last 10 years, since Cairo and Beijing conferences. Different movements such as the women's, LGTB's, and youth have worked, from their own interests, in many areas related to SRR. Their goals have been to improve access to health services and try to overcome the challenges that prevent both rights and access to services from being universal. However it seems that many people has been excluded from the SRR discussion. Those that are excluded from the discussions are always the most marginalized, from an economic and cultural point of view.



What is the situation of adolescents' sexual and reproductive rights who live in urban areas, with highly marginalized conditions? Well, it is very complicated to talk about the right to reproductive freedom and autonomy, or the right to intimacy (only to mention a couple of rights) when an individual's economic situation is very bad and the struggle of daily survival is their main target. Poor living conditions, (sometimes only a bedroom for the whole family), a low level of education, a low level of income (even when almost all members of the family work outside of the home), and very stereotyped gender based roles (and domestic violence due to this), do not allow young people to even think about enjoying their sexuality, or to be able to take care of their own sexual and reproductive health and visit health centers, use condoms or other types of contraception, and / or decide whether or not to have kids.

Adolescents living in this situation face many challenges to overcome their situations. What often happens is that they are unable to overcome the obstacles in their lives because they do not have the social networks and support that they need when trying to exercise their rights. Without any chances or even expectations of a different and better life due to their extreme poverty, adolescents, both female and male, very often make the decision to start a family. Here, their decision to become pregnant and start a family is not a choice made out of free will. A unique alternative it is at times the only way out. The only way to be recognized by their society (parents, family, friends) and sometimes though it may sound romantic, the only reason of been alive.



How can we prevent these early pregnancies? How can the human rights approach be used here? How can we, as a society bring hope to these adolescents living in marginalized situation? What I can say is that human rights, as we all know, are interdependent and indivisible, but in order to guarantee universal access to sexual and reproductive rights, the situation of misery, poverty and marginalization needs to be improved, and we need to redistribute the resources in order to reduce the gap between the poorest and the richest.

\* This article is based on a research in progress, held by Ipas México. To learn more about Ipas' work please visit [www.ipas.org](http://www.ipas.org)



## Homophobia on the Internet in Sweden

Victor Bernhardt, Sweden

A month ago the Swedish LGBT Federation and the Swedish EXPO Foundation gave me the task to analyse Swedish Nazi and racist organisation's homophobic propaganda on the Internet. Not surprisingly, appalling material was to be found but I had not expected it to be as violent as it is and as much of it as it is.

The Internet has in the later years become the main medium used by these groups to spread propa-



ganda. Some of the larger websites can have as many as 50 000 unique hits per months, which must be considered to be quite a lot. At the same time, homophobia has become a more popular ideology within the propaganda produced by these

groups. Furthermore, Nazi and racist homophobia appear in many different variations.

Firstly, one must understand the importance of *the conspiracy* in the propaganda. In short, according to the propaganda, this conspiracy involves all key institutions in society, from government to media, and behind it holding the threads are the Jews. The conspiracy systematically oppresses all "real" opinions residing within the people, and all "true nationalists" (or "Swedes") who fight for these opinions. These groups claim that they channel opinions which in reality a vast majority of the population agrees with.

Such an opinion is that homosexuality is abnormal, equal to paedophilia and the weapon used by the conspiracy to destroy the True Family. The family should be understood as a core pillar in the White Arian society and one group goes as far as calling LGBT people "the battering ram swerved by the conspiracy against the heterosexual family". Another popular theme within the homophobia is describing

LGBT people as mentally disordered, disgusting and as paedophiles or people raping animals.

Homophobia is not new to us, we've seen and heard these messages before. What is interesting here is that the homophobia is put within an ideological framework, hence it becomes explicit politics rather than prejudice. This is important, because it leads to a justification of illegal actions against LGBT people. While conducting the research, I found clear evidence of hate crimes such as attacks on restaurants and meeting places, queer bashings and even murder glorified in the propaganda. This should be seen again in the context of Nazi and racist groups under the impression that they fight a conspiracy: Attacking LGBT people becomes a heroic deed, worthy of praise, in the war against the anti-Swedish conspiracy. These groups see themselves fighting a war, a war against you and me.

Questions are raised by the report. Most importantly to me is the question *what do we want the Internet to be?* In the Youth Coalition we can easily identify the practical and democratic benefits for us, just try to imagine the YC without email and online chat. Generally, the Internet is seen as having huge democratic possibilities, a tool with large potential even for global development. While this is true, it also applies to anti-democratic groups. At the same time there seems to be this notion that the right to say whatever you want however you want is sacred in an Internet context.

For me this is a dangerous notion, because the 13 year old boy who hit his 15 year old peer over the head with a shovel 20 times (and so killing him) in Sweden in January this year got his homophobic ideas from somewhere. This somewhere was largely the Internet, and he is not alone. We must dare to raise discussions on how we can and should face things on the Internet such as homophobia, instead of just saying "Oh well, it's on the web so we can't control it and furthermore it's an issue of freedom of speech". We need to start saying "Stop!" as we do when Nazi and racist groups try to march in our streets, instead of ignoring the websites we don't have to look at. Because it is first and foremost an issue of rights, in the long run the right to life and love.



## WOMEN RESISTING

Nadia Ribadeneira, Ecuador

There are many ways to exercise power over others, and there are also many different types of power that one can hold over others. This power can influence other people's thoughts, actions, and even lives. This power establishes together with our circumstances and abilities, if we turn out to be the oppressors or oppressed. Therefore it is not by accident that those who have the least access to education, health, basic health care services, etc. are the ones that always end up oppressed.

We exist in a state of permanent slavery. Even before we are born we are conditioned into a way of living, being, thinking and acting for the simple fact of being Black, Indigeounes, Latino, GBLT, female, farmer, housewife, adolescent, poor, rich, male, White, heterosexual, etc., because it seems that our race, ethnicity, gender, age and origin mark us to be the oppressors or the oppressed. There are different degrees and infinite ways in which the oppressors and the oppressed live together and act out their roles, without even thinking that the possibility exists of changing the pre-ordained or imposed roles. They don't think that this comedic tragedy, their lives, could be changed, moulded, and adapted, to the interests and needs of the majority of their performers. I mean the majority because in the world, the oppressed are those who do not belong to the prototype of white, heterosexual, wealthy, strong, powerful, male.

One of the most brutal means of control that oppressors exert to dominate and watch over us is through trying control what do, and do not do, to our bodies. The moment in which someone else exerts total or partial control over our bodies, we are left with nothing. We are but objects to be manipulated and moulded into the interests of the controller. These subtle forms of domination have been constant: slavery, sexual trafficking, torture, imprisonment, physical abuse, corporal punishment, control over one's own sexuality, etc. Women have been typecasted and pigeonholed into a minority group and have had to bare others abusing our bodies and deciding what is best for us, as if we could not decide for ourselves! As if we were not capable of knowing what we want or what we need! As if we cannot decide for ourselves how many children to have, and with whom or when we'll have them! And so begins a long and sad story of injustice against women who have seen themselves maliciously dominated and subdued.

However it also begins the fight and resistance of women, beginning with the first revolutionaries such as Joan of Arc or Sor Inés de la Cruz, to the enlightened feminists of Europe, passing to the female indigeounes leaders of Latin America, and to the fight against death by women in Africa and Asia. All of them in one way or another have said ENOUGH! and through battles small and large, have been able to change history as these women and many others have changed the role of women to ones where they can fight and represent themselves. There these women, from different walks of life, with their diversity and similarities have shown us that it is possible to change the future.

And us, the inheritors of these changes, schools of thoughts, and actions, should contribute from our different discussions and camps to the resistance that offer so many possibilities for creative change, simply by the fact that we are women and are resisting day to day.



*Articles in The Watchdog express the views of the individual authors and not of the Youth Coalition.*