

Advocates for Women, Advocates for Peace
Delivered by Adrienne Germain
President, International Women's Health Coalition
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Good afternoon, and thank you to the International Committee for the Peace Council, Sister Joan Kirby, and the Temple of Understanding for inviting me to speak today on women's health and rights. I so look forward to sharing ideas with you over the course of the afternoon.

As all of you know, the world's governments recognized the human rights of women in 1993, and reaffirmed them explicitly in Cairo and Beijing. They also acknowledged how far we are from securing human rights for all girls and women, and they agreed to action plans to achieve gender equality.

At the dawn of the Millennium, five years ago, the world's governments defined eight Millennium Development Goals—or MDGs—to inspire action and monitor progress on eliminating global poverty by 2015. They also acknowledged—again—the need to promote gender equality and ensure human rights for all. Two weeks ago, during a World Summit at the United Nations, the world's governments—once again—reaffirmed these goals.

The Millennium Declaration and the MDGs represent a vision for collaboration among all people committed to moral—as well as material—global progress. They commit us all to achieving the following in the next 10 years:

1. Eradication of extreme poverty and hunger
2. Universal primary education
3. Gender equality and empowerment of women
4. Reduction of child mortality
5. Improvement of maternal health
6. An end to HIV/AIDS, malaria, and other diseases
7. Environmental sustainability; and
8. A global partnership for development

The MDGs are not just a list of numerical targets. They are grounded in enduring values—compassion, justice, fairness and peace—because much of the anti-poverty community, including many in the women's movement, are people of faith and spirituality, and we helped lay the ground for the MDGs. Faith thus helped frame the MDGs, and it can help transform them into reality—just as faith framed your Chiang Mai Declaration, and will ultimately make its vision into reality.

It is clear that work to achieve the MDGs and to secure human rights will not succeed unless religious leaders at all levels of society and around the world, from local activists to internationally renowned figures like yourselves, support it. The Chiang Mai Declaration is a key tool for this, because it recognizes that women's health and rights, and the mobilization of women's groups, are essential for social and economic justice—i.e., the MDGs—and also for human rights and peace.

The Chiang Mai Declaration, like the 2005 Summit agreement, also recognizes that, in order for women to achieve education, employment, and financial independence, to contribute to political processes in their countries, and to enjoy fully their human rights—the principles embodied in MDG 3, gender equality and empowerment of women—women must be able to decide whether, when, and with whom they have sex and bear children. They must have access to the necessary health services. And they must be able to live free of sexual violence, coercion, and discrimination. In other words, they must be able to fully realize their sexual and reproductive rights and health.

Sadly, we are a long way from this goal.

Let us look, for example, at Goal 6, combating HIV/AIDS. The world seems to have forgotten that HIV/AIDS is fundamentally an issue of sexual and reproductive health and rights. Current, narrowly designed HIV/AIDS programs have failed utterly to protect women and girls. HIV infection rates in girls and women are rising in every region of the world. Four-fifths—80 percent—of all women living with HIV/AIDS worldwide were infected by their husbands or primary partners, not by their own behaviors.

We know what to do—invest in sexual and reproductive health services and education for all women and girls, protect sexual rights, and help boys and men to be responsible in their own sexual behavior, and to respect the human rights of girls and women. Only in this way will all people have the skills, and the social support, to protect themselves and each other.

In 2002, Secretary-General Kofi Annan created the Millennium Project to develop concrete recommendations for achieving the MDGs. The Project report, published earlier this year, issues a call to bold action on women's health and rights, emphasizing sexual and reproductive health.

What does the commitment to sexual and reproductive health promise women and girls? Access to the basic health information and services that most of us may take for granted: care before, during, and after pregnancy and childbirth; access to contraceptive options and safe abortion services; and testing and care for sexually transmitted infections, including HIV and AIDS. These services are relatively simple, and inexpensive. They do not require new technologies or scientific breakthroughs. They do require political will—and it is the moral obligation of all of us to generate that will.

As important—possibly even more important than health services and education—is protection of reproductive and sexual rights. Too many girls and women in the world in fact do not have the right to use health services, or the right to decide when or whom to marry, or whether and when to have children. Their right to be free of violence and coercion is not honored.

The Chiang Mai Declaration makes it evident that you agree that it is inexcusable that more than half a million women die unnecessarily from preventable complications of pregnancy and childbirth every year—all but 1 percent of them in developing countries—and that 20 million women each year suffer harm, because we have not invested in the simple, low-cost reproductive health services that save women's lives, and enable them to protect their families. You agree that violence against women and sexual coercion are intolerable. You no doubt would agree that it is also inexcusable that, in sub-

Saharan Africa, 76 percent of young people ages 15-24 living with HIV/AIDS are female—76 percent. We will see more of this pattern in Nigeria, India, China—even countries such as Brazil and Thailand that have relatively controlled epidemics—unless we work together to achieve universal access to sexual and reproductive health services, and to protect the sexual rights of women and young people.

IWHC recommits itself each day to the principle that women's and young people's leadership in their own communities is essential for building a healthier and more just world. It is also our firm conviction—and theirs—that assertive, progressive religious leadership is equally essential, now more than ever before, because the larger global context poses such severe challenges. For the most part, religion and religions leaders are NOT the obstacle. Our most obdurate opponents are a small number of people who claim religion or faith to justify their own selfish desire for power or material gain. Such people exploit the faith and well-intentioned compassion of their followers, to advance their personal ideologies and interests, including through practices and policies which endanger the lives of young people and women everywhere.

I am sure you have witnessed and might even have experienced the effects of ideologues who promote hatred and violence, rather than values of tolerance, justice and respect for human rights. Your voices countering religious intolerance help immensely and give us courage. We are so grateful for your efforts.

Lately, the United States government, I am sad to say, my own government, is an all too prominent example of the imposition of a particular moral ideology on others. The U.S. President's \$15 billion Emergency Plan for AIDS Relief, for example, includes ideologically and politically driven provisions that restrict, rather than enhance, young people's access to information, education, and condoms for protection against HIV/AIDS. They insist on abstinence-only-until-marriage.

Whatever our personal background or beliefs, we all support abstinence for young people until they have full information and feel ready for relationships based on mutual respect. Unfortunately, too many of the world's young people—especially girls—don't have the choice, or the chance, to abstain.

The abstinence-only-until-marriage approach assumes, for example, that the majority of sexually active young people are not married. In the next ten years, more than 100 million girls living in the developing world will be married as children, usually to older men. In Mozambique, for instance—a PEPFAR country—57% of girls are married by age 18. And in a survey of 31 developing countries, 80% of unprotected sexual encounters in adolescent girls occurred in marriage. For these young brides, these children, abstinence was not an option.

Further, the abstinence-only approach assumes that young people can choose whether to have sex. In South Africa, 30% of girls say their first intercourse was forced, and 71% have experienced sex against their will. Adolescent boys and young men in many places also report that they were forced—physically, or by social or cultural pressures—to have sex before they were ready.

We cannot just tell such young people to say no to sex. We must not disregard and deny the circumstances they face. We must invest in programs that empower them with accurate knowledge and with skills to practice mutual respect—with the short-term goal

of protecting them from HIV and unwanted pregnancy, and the longer-term goal of eradicating gender inequalities, including sexual violence and child marriage. This is not a radical agenda—it is something we can all support. Otherwise, we are sentencing these children to death, and the world to a long festering, possibly overwhelming, epidemic.

As champions of women and girls, and as people of faith, we can make clear to young people—wherever we work—that positive, informed, and mutually respectful sexuality is consistent with religious faith. After all, sexuality is a vital dimension of human development and fulfillment.

Further, in contexts where rates of HIV infection, unintended pregnancy, and child marriage are high—including communities right here in the United States—adolescents' ability to make informed decisions about their sexual lives, based on accurate information, with family and community support, is today truly a life and death matter.

I know that such an approach is possible, and I know that it's effective. Let me share with you just one of many examples—the story of our groundbreaking colleague, Ngozi Iwere, in Nigeria.

The Community Life Project—CLP for short—was started in 1992 by Ngozi, a deeply spiritual person and a feminist living in an area of Lagos, where most people are active believers—they are Roman Catholic, Protestant, evangelical, Muslim, or animist. At a time when issues of religion, sexuality, and human rights are increasingly politicized, CLP seeks to engage the entire community in promoting individual and family health, as well as respect for human rights, within religious groups and across the community as a whole. CLP's remarkable program works effectively both with community leaders including religious leaders, and with couples, on normally taboo issues, including “patriarchy,” sexual pleasure, infertility, and interpersonal communication. By partnering with churches, mosques, trade associations, schools, hospitals, and families, CLP builds a sense of inclusion and ownership for their work to end sexual coercion and violence against women; to promote safe, respectful sexual behaviors; to prevent HIV/AIDS; to change norms about divisions of responsibility in family life; and to engender hope.

For instance, CLP has worked with Roman Catholic priests to modify their pre-marriage classes. Now, instead of teaching women that they must always acquiesce to their husband's desire for sex, priests discuss ways for couples to talk to each other about their sexual relationship, and to help each other experience pleasure in the healthiest possible ways when they are both ready. Instead of teaching couples that “natural” family planning is their only contraceptive option, the courses educate couples about all modern contraceptive methods. They include extensive information on Church teachings—and encourage couples to make the best decisions for their health and their relationships. As Ngozi says of CLP, “That's why people in the community, regardless of their beliefs, come to us when they have a crisis or a problem and ask for our help and our support. We operate based on the principle that freedom of conscience and belief is everybody's basic right.”

Having carefully considered the Chiang Mai Declaration, I would like to share with you three ideas you might consider to deepen dialogue and understanding, foster partnerships with women's rights groups, and translate the Chiang Mai principles into political will and concrete action.

First, I urge religious leaders and others of faith to find and reach out to the Ngozi's—the women's health and rights leaders—in your communities. Learn their stories and their strategies. Then share them with at least ten of your own colleagues. Encourage and support these ten colleagues to do likewise! In this way, we can together build our own community-based, progressive networks of the faithful who are committed to women's rights.

Second, I want to emphasize the urgency of our moral obligation to create the political will which will ensure that every girl and woman lives a life free of sexual violence and coercion, and experiences a safe and satisfying sexual and reproductive life. In today's world, far more than when I began this work 35 years ago, we need leaders—especially leaders of every religion—to help policymakers understand that reproductive health services, comprehensive sexuality education, and programs to eradicate sexual coercion and violence, are life-affirming and life-saving.

Finally, my third suggestion is to consider an initiative by the Peace Council as a critical mass. On International Women's Day, March 8, 2006, convene a high-profile dialogue on the intersections of faith and sexual and reproductive health and rights. Focus on an issue of paramount concern to women, young people, and communities of faith: preventing the spread of HIV/AIDS in women and girls. Use your connections to invite leaders who you know will draw attention, as well as community-based activists. Issue a call to action for the development of female-controlled HIV prevention methods such as microbicides; zero tolerance for violence against women; and prioritization of women's health services and sexuality education in national and global HIV/AIDS budgets.

All three of these suggestions—community networks, political alliances, global advocacy—would help policymakers, advocates, the media, and the larger public understand that respect for women's rights and faith do go hand in hand, and that together, we can secure a world of peace and social justice for all.

Thank you.