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# **VOICES OF WOMEN UNSILENCED — BEIJING 1995 FOCUS ON WOMEN'S HEALTH & ISSUES OF CONCERN FOR MUSLIM WOMEN**

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## **I. INTRODUCTION**

The United Nation's Fourth World Conference on Women convened in Beijing, China from September 4 to 15, 1995. The theme of the Conference was action for equality, development, and peace. The primary task of this Conference, which was attended by delegates from over 180 countries, was to achieve consensus and thereby produce a document entitled the Draft Platform for Action (the Platform). The Platform addresses twelve critical areas of concern: (1) poverty; (2) education; (3) health care; (4) violence against women; (5) effects of armed conflict; (6) participation in the definition of economic structures and policies; (7) power sharing; (8) promoting the advancement of women; (9) human rights of women; (10) the media; (11) the environment; (12) persistent discrimination and violation of the rights of the girl child. The Platform discusses the origins of these issues and problems associated with them. Additionally, and more significantly, the Platform outlines strategic objectives to be carried out by governments and nongovernmental organizations (NGOs) to alleviate and eradicate the obstacles, violations, and harms associated with these ideas.

Although the Conference on Women has come and gone, it really isn't over. The concerns and aspirations articulated there have made the voices of women all over the world louder. Women have moved that much closer to achieving the Conference's goal: removal of obstacles to the full and equal participation of

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women in society. This event showed that women can be and are masters of their own destiny — the very agents to bring about change, albeit against very formidable odds, to better the lives of themselves, their families, and future generations.

I felt privileged to participate at the Conference and NGO Forum and to witness the tremendous activism and enthusiasm of so many participants. Like all those who attended, I had to painfully narrow my choices and focus on particular issues since I couldn't be everywhere at once. As a gynecologist, I am extremely concerned about women's health and so attended workshops and talks related to that topic. As president of the Muslim Women's League, I concentrated on presenting to others the experience of Muslim women in the United States. I also hoped to find and network with activist progressive Muslim women from other countries.

My opportunity to participate came in July of this year when I was asked by the Clinton Administration to join the forty-five member United States delegation. Other significant participants included Hillary Rodham Clinton, Honorary Chair of the U.S. Delegation; Madeleine Albright, Chair and Head, U.S. Ambassador to the United Nations; Donna Shalala, Co-Chair, Secretary of Health and Human Services; Timothy Wirth, Alternate Chair, Undersecretary of State for Global Affairs; Geraldine Ferraro, U.S. Ambassador to the U.N. Human Rights Commission; Thomas Kean, former Governor of New Jersey; Judy Heumann, Assistant Secretary of Special Education in the U.S. Department of Education; and Bonnie Campbell, Director, Violence Against Women, Department of Justice. The delegates came from all walks of life, not only from government but also from grassroots movements and groups as well. My role involved advising the delegation on issues regarding women's health and issues of concern to Muslim Women.

## II. WOMEN'S HEALTH ISSUES

The subject of women's health was prominent on the agendas of both the NGO Forum and the official government Conference. The focus was on addressing some of the discriminatory practices that negatively impact women's health, beginning before birth and extending through old age. Such practices include lack of access to nutrition and basic health care, female genital mutilation, and restrictions on female sexuality.

The Platform takes a comprehensive, life-span approach to women's health care rather than a restricted focus on reproductive health alone. In fact, many of the participants representing NGOs from developing countries expressed concern that too often the focus on women's health has been solely on reproduction, particularly fertility control. This Conference acknowledged the importance of considering the health of women at all phases of life.

A. *Recognized Areas of Disadvantage for Women*

At conception, the female fetus is already at a disadvantage. The concept of son preference leads some couples to selectively terminate a pregnancy based only on the sex if it is known to be female. In infancy and childhood, access to nutrition, health care, and education is diverted to sons when the family is faced with limited resources. The survival and health of these sons ultimately impacts the survival of the parents who depend on their male offspring to care for them through old age. Another discriminatory practice that occurs during childhood is female genital mutilation (FGM), euphemistically known as female circumcision, which occurs primarily in some parts of Africa. This practice involves the removal of portions of the external female genitalia (ranging from clitoridectomy to the removal of the labia minora and majora) and has been carried out from generation to generation over centuries. Some of the long-term ramifications of FGM include sexual dysfunction, psychological and physical trauma, physical disfigurement, and complications associated with excessive blood loss during childbirth. At the NGO Forum and the Conference, women from the countries where this practice occurs expressed powerful outrage and urgently sought support for the elimination of this cultural tradition that mutilates girls.

Some health risks faced by adolescents are the same as those of childhood: access to safe drinking water and sanitation facilities and exposure to communicable diseases. With the onset of menstruation, however, young women enter their reproductive lives and face new risks. A major problem faced by adolescents is premature and unsafe sexual activity which can result in exposure to sexually transmitted diseases and pregnancy. This problem is particularly acute in the United States which has the highest teen pregnancy rate in the developed world and where women are the fastest growing group of HIV-infected individu-

als. The Platform addresses the reality that teenagers engage in sexual behavior. Teenage sexuality is associated with health risks such as pregnancy which has a higher complication rate for the teenage mother and infant and often disrupts or terminates the teenager's education. In searching for solutions to these concerns, some delegates advocated dissemination of accurate information regarding safe sex practices and contraception. Others focused more on discussing the root causes and prevention of early adolescent sexual behavior. Within this debate, the controversy over the rights of the child versus the responsibilities of the parents emerged. A final compromise was reached which balanced the two, stressing the fact that the best interests of the child must always be the priority. Other relevant issues affecting adolescent health that are of particular concern in the United States include the increasing rate of tobacco consumption and substance abuse. Drug use and smoking are significant problems that negatively impact the health and development of adolescent girls.

Regarding the reproductive health of adult women, the Platform seeks mainly to reaffirm the advances made at the United Nations-sponsored International Conference on Population and Development held in Cairo in 1994. To that end, the Platform stresses, among other issues, the rights of couples to decide the number and spacing of their children, access to adequate health care services during pregnancy and childbearing, access to safe abortions (where legal), and support for breast feeding which has a positive impact on the health of the mother and child. In addition, the Platform of the Beijing Conference includes language stating that

[t]he human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences.<sup>1</sup>

Concern for the HIV/AIDS epidemic was felt throughout the NGO Forum and Conference. As noted above, in the United States, women comprise the fastest growing group of newly in-

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1. *United Nations Draft Platform for Action*, 4th World Conf. on Women, Agenda Item 9, addendum 7, ¶ 96, U.N. Doc. A/CONF.177/L.5 (1995).

ected individuals. In other countries, women and men are equally affected. HIV transmission is facilitated by unsafe and unprotected sexual behavior, substance abuse, trafficking in women, and sexual exploitation such as forced prostitution. This topic was addressed with such a sense of urgency by all delegates that even the Catholic delegation agreed to the inclusion of language regarding the acceptability of the use of condoms for the prevention of transmission of HIV and other sexually transmitted diseases.

Violence against women, which clearly impacts women's health, was also a major topic. Violence is expressed in many ways, ranging from prenatal sex selection, female infanticide, and female genital mutilation to domestic violence, dowry-related deaths, and trafficking in women. Additionally, in the context of armed conflict, women are often singled out as targets of aggression. Rape as a weapon of war and forced pregnancy (deliberate impregnation) as has occurred in the Bosnian civil war were strongly condemned by the Conference.

Finally, consistent with the life-span approach to women's health, the Platform addresses issues such as: mental health; communicable diseases like tuberculosis; cancer of the breast, uterus, and cervix; menopause and its associated problems, included osteoporosis and cardiovascular disease; and the importance of including women in medical research and clinical trials. The Conference delegates also addressed the importance of integrating sensitivity and awareness of women's health issues into the training of health care providers.

#### B. *Areas of Controversy*

Naturally, with people of such diverse ethnic, religious, and cultural backgrounds, this Conference was not without conflict or dissent. Some of the more contentious issues related to sexuality and sexual orientation. Abortion was not specifically addressed by the Platform but was referred to since it had been discussed at the Cairo Conference on Population. The stance taken at the Cairo Conference declared that abortion should not be used as a method of family planning; that when it is legal, it should be safe; and that the focus should be on preventing unwanted pregnancy. The only reference to abortion in the Beijing document recommended revising laws that punish women who have undergone

illegal abortions.<sup>2</sup> The references to sexual orientation were dropped in the final hours of negotiations due to lack of consensus. Delegates agreed that references to sexual orientation could be removed from the Platform if language requiring that culture and religion be considered when making decisions about women's sexuality was also dropped. The United States, however, issued a statement declaring that omission of the reference to sexual orientation does not justify discrimination based on sexual orientation.

Another area of controversy included the role that religion, culture, and sovereignty should play in devising and assessing policies and objectives of the Platform. Other delegates countered with the argument that such a relativistic position can be used to justify human rights violations.

### III. ISSUES OF CONCERN FOR MUSLIM WOMEN

Within the United States delegation, I served the dual purpose of dismantling stereotypes about Islam and Muslims and alleviating misapprehensions others have about Americans. Increasing awareness of Islam and Muslims within the delegation enabled the delegates to approach others with tolerance and understanding which are critical for achieving consensus.

By participating in the Muslim Women's NGO Caucus and other events, I was exposed to the great diversity of Muslim women in terms of ideology and ethnicity. Muslim women share concerns for improving the lives of themselves and their families. They are committed to decreasing the burden of poverty, increasing access to education for girls, eliminating violence in the home and community, and calling for an end to human rights violations. While Islam guarantees rights of women within the family and society as a whole, the major challenge facing Muslim countries is in translating the ideal concepts into reality.

At this Conference, Muslim women called for mechanisms and support that would enable them to achieve those rights of justice and equality that are basic precepts in Islam. One issue addressed during this Conference was the role of Islamic law (known as *sharia*) and its impact on women's lives. In certain Muslim countries, the personal status codes which address issues such as marriage, divorce, and inheritance are based on *sharia*, which is a dynamic and complex process of jurisprudence. Many

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2. *Id.* ¶ 106(k).

Muslim women, particularly those from Northern Africa, are calling for a review of those legal interpretations that discriminate against and impede the development and achievement of the human rights of women, without abandoning their beliefs in Islam.

The process of re-evaluating legal interpretations is critical as Muslim women become more involved in shaping the policies and practices that directly impact their lives. For example, at the Conference, discussions took place among Muslims, such as the Sisters in Islam from Malaysia, who are entertaining alternative interpretations of the primary sources of Islam, namely the Holy Quran and Hadith (sayings and practices of the Prophet Muhammad). Other women from Egypt, Pakistan, and Iran organized a workshop to discuss the significance of marriage contracts and how such contracts can be written to protect women during marriage and in the event of divorce; the workshop discussed limitations on the husband taking another wife, guarantees that the wife would obtain an education, and financial security for the wife if the marriage ends in divorce. A North African group called Maghrib '95 is seeking a re-evaluation of the personal status codes in effect in North African countries. All of these groups are using the rights they have as Muslims to improve their lives. While these groups have been criticized as rejecting Islam, they are merely attempting to re-evaluate the religion's primary sources in light of twentieth century circumstances. These examples show that Muslim women in various regions are at the forefront of challenging the status quo in their struggle to achieve their rights as Muslim women.

#### IV. FUTURE ISSUES AND CHALLENGES

The greatest challenge that remains is to translate the goals and objectives of the Platform into reality. This challenge is made more difficult by the fact that the document — the Draft Platform for Action — is not legally binding on any government. Each government has only its "conscience" to answer to when choosing to follow or ignore the commitments made within each delegation. The NGOs were reminded of the vital role they play in making the governments accountable. Many delegates noted, however, that the allocation and lack of resources potentially hinder the implementation of many of the recommendations made at this Conference.



The United States delegation is very aware of the importance of its commitments to bring the issues home. Despite diminishing financial resources within the United States government, efforts must begin to "remov[e] all the obstacles to women's active participation in all spheres of public and private life through a full and equal share in economic, social, cultural and political decision-making."<sup>3</sup> Many of the developing countries, especially the least developed, suffer from problems related to a severe debt burden. Delegates from these countries expressed concern that major sources of poverty and disenfranchisement are the lending practices of world financial organizations, such as the International Monetary Fund and the World Bank, and the globalization of the market economy. Excessive debt, coupled with no new resources from donor countries, will make the implementation of effective social programs in these countries virtually impossible.

Despite the limitations related to implementation, the gains for women made at this Conference were extremely significant. We should not underestimate the power of words. Speaking about issues like domestic violence and female genital mutilation may enable women to fight against these atrocities without the fear that they are challenging taboo subjects. By putting these issues on a global agenda, they can be addressed without reservation, without the shame and humiliation that have kept women silent for many years. By acknowledging the problems, the pain, and the negative consequences, we come one step closer to their eradication.

It is clear that we are entering an era of increasing isolationism, xenophobia, and stereotyping.<sup>4</sup> Coming face to face with women representing a myriad of ethnicities and nationalities

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3. *Id.* at addendum 1, ¶ 1. Ironically, in this country we consider ourselves advanced in the area of health care because we do not face some of the severe health problems experienced by women in the developing world. However, with the Los Angeles County health care system on the brink of collapse, we will most likely witness similar health problems among members of our own population who do not have access to the "enjoyment of the highest standard of health." *Id.* ¶ 94. Such health problems will likely include the spread of communicable diseases, the resurgence of childhood diseases and other diseases, like polio, thought to have been eradicated, an increase in rates of breast and cervical cancer, and complications related to lack of prenatal care.

4. Consider as examples: the passing of Proposition 187 in California; general anti-U.N. sentiment in the U.S.; hate crimes perpetrated against American Muslims after the Oklahoma City bombing; the rise of Nazism in Europe; "ethnic cleansing"; and civil wars throughout the world.

helps to break down barriers to communication and progress. As an American Muslim women, I am all too familiar with the negative ramifications attributable to misinformation. Delegates from countries that have been labeled sponsors of terrorism reminded participants that generalizations handicap people who must unnecessarily prove to others that they too share the interest in the betterment of their society and the conditions of women in particular.

#### V. CONCLUSION

The Fourth World Conference on Women in Beijing allowed women from all backgrounds to become aware of the importance of their participation and leadership in resolving issues with enormous consequences for themselves and future generations. By overcoming prejudices and misconceptions, those who attended the Conference have emerged with a new perspective and understanding of the common goals and aspirations shared by all humankind.

The Conference was more about dialogue than about pushing agendas. The Conference provided an opportunity for serious dialogue about freedom among women, together with an appreciation of diverse cultures. It also offered a chance for dialogue between women and men about rights, responsibilities, and a commitment to justice from both sides. And finally, the Conference compelled governments to engage in dialogue in which human understanding, not stereotypes or dehumanization, is the medium for finding answers to our shared problems.

