



INTERNATIONAL CAMPAIGN NEWSLETTER Face to Face

FEDERACIÓN DE PLANIFICACIÓN FAMILIAR DE ESPAÑA

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Member of the International Planned Parenthood Federation



Countdown to 2015

Sexual and reproductive health and rights for everybody... will you join us?

The International Conference on Population and Development organised by the United Nations in Cairo in 1994 was an important landmark on the way to establishing sexual and reproductive health as an essential tool for promoting human development. At the end of said Conference, 179 countries had adopted a specific Action Programme with specific objectives and measures for, among other things, providing access for all people to reproductive health services by 2015.

On the 10th anniversary of the approval of this Action Programme, the international community is focused on a process of review and assessment which it is hoped will identify the achievements in these last ten years of work and the objectives as yet unfulfilled. **THE SIGHT IS SET ON 2015 BUT WE MUST ACT NOW AND WE NEED YOU TO JOIN US!**

What did the Cairo Consensus undertake to implement?

The International Conference on Population and Development approved a set of interdependent objectives on population and development issues within the framework of sustainable development and gender equality. The countries were requested to include these population factors in all their development strategies, and to take measures to eliminate gender violence and negative traditional practices, including female genital mutilation.

The Conference also approved a number of quantitative measures, some of which became part of the MILLENNIUM OBJECTIVES:

- Reducing infant and under-5 mortality rates in one-third by 2000, with the long-term aim of 50 infant deaths per 100.000 births, and 60 deaths of children under five by 2005.
- Guaranteeing access of teenagers to information and services to help them understand their sexuality and protect themselves from unwanted pregnancies, STDs and associated infertility risks.

- Universal access to a full set of safe and reliable family planning methods and to reproductive and sexual health services.
- Nearing 2015, 80% of primary health care and family planning services should offer the broadest possible range of safe and reliable family planning methods.
- Reducing maternal mortality to half the 1990 levels by 2000 and to half that amount by 2015.
- Nearing 2015, elimination of gender disparity in primary and secondary education and full access to primary school or its equivalent for boys and girls.
- Nearing 2015, halving the 1990 illiteracy rates of women and children.
- Close to 2015, 60% of all births in countries with the highest maternal mortality rates and 90% in all the world must be attended by trained personnel.

Why support the Cairo Action Programme?

- Because the rights to health and to choose when to have children are human rights of all people.
- Because enjoying adequate health products and services for risk-free sexuality is an essential guarantee for people to work, study, educate and develop themselves as individuals.
- Because it contributes to eradicate MATERNAL MORTALITY, INFANT MORTALITY, HIV/AIDS, DTS, LACK OF ACCESS TO HEALTH SERVICES, GENDER VIOLENCE, FEMALE GENITAL MUTILATION, UNWANTED PREGNANCIES, and so on and so forth...

Did you know that ...

- Each year almost 500,000 women die for reasons related to pregnancy and labour.
- In the developing countries one out of 48 pregnant woman dies, whereas in Europe only one out of every 1,400 dies.
- A woman under 19 has three times the risk of dying during pregnancy or labour than a woman over 20.

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- The probability of dying of a baby born out of a pregnancy which began under 18 months since the previous pregnancy increases 60-70%.
- Between 120 and 150 million women want to distribute their pregnancy but don't have access to contraceptive methods.
- Every year 70.000 women dying after carrying out unsafe abortions.
- Half of new infections by HIV/AIDS take place in young people between 15 and 24.
- A health care programme during pregnancy and labour does not require many resources and it yields high benefits because it improves the health of women and it invests in the welfare of the family and the unborn child.
- Access to health services during pregnancy and labour can save many lives.
- Contraceptive methods reduce maternal mortality because they prevent unwanted pregnancies and prevent unsafe abortions.
- 84% of the population of Africa, East Asia and the Pacific does not use any contraceptive method.
- Globally, the use of contraceptives jumped from 57% in 1990 to 67% in 2000 and that the biggest increase was in developed countries, where the number of users doubled.
- When people planned their family they can dedicate more resources to their children, have more time to

train, have more autonomy for working, enjoy better health or dedicate more time to themselves.

In order to make all these objectives possible, developed countries undertook to provide one-third of required resources, which involved on the one hand dedicating 0.7% of their GDP for development co-operation and 4% thereof to sexual and reproductive health programmes.

What does the Cairo review process consist of?

The United Nations has decided to reduce the number of international conferences and therefore they will not hold this year a formal review conference for the Population and Development Action Programme.

In summary, the process will consist of:

- Holding meetings at the regional level to analyse the results obtained and unfulfilled objectives.
- A high-level meeting to be held in London in early September to make a global assessment of the ten years of the Cairo ICPD.
- A special session of the United Nations General Assembly to be held October 14 to commemorate the ICPD.

So what do we ask your help for?

1. **To get the national government to reaffirm its political commitment with the Cairo's Program-**

ICPD at 10 Calendar of Events

Jan. 12-14	ECE/UNFPA European Population Forum hosted by the Swiss Government. Geneva.	April	IEPPFD - Annual Meeting . Ankara, Turkey.
Jan. 29-30	Economic Commission for Latin America and the Caribbean. Encuentro sub-regional del Caribe . Port-of-Spain/Trinidad.	May 13-24	World Health Organisation Assembly . Geneva.
February 5-6	Economic Commission for Latin America and the Caribbean. Central America Sub-regional Meeting . Tegucigalpa/Honduras.	May 13-16	Global Forum on Population 2004 . Washington DC.
Feb. 23-24	AIDS in Europe and Central Asia Conference (under the Irish Presidency of the EU). Dublin.	June	Arab Regional Meeting on Cairo+10 . Cairo (provisional).
March 1-12	UN/ Commission on Population and Development . New York.	June	Countdown 2015 . African Regional Meeting. Nairobi.
March 8	International Women's Day : launching of a document on Women and AIDS, edited by UNIFEM, UNFPA y UNAIDS. New York.	June 7-8	HIV/AIDS and Reproductive Health in the new millenium . (UNFPA for Cairo+10). New York.
March 10-11	Economic Commission for Latin America and the Caribbean, Ad Hoc Committee on Population and Development . Santiago, Chile.	June 14-25	UNFPA – Executive Committee Annual Session . Geneva.
March 22-26	UN/ Commission on Population and Development – review of Cairo's PoA . New York.	July 11	World Population Day .
March 25-26	Economic Commission for Latin America and the Caribbean – South Region Subregional Meeting . Brasilia/Brazil.	July 11-16	XV International Conference on AIDS "Access for all" . Bangkok.
April 1-2	IEPPFD - Annual Council , (Cairo+10). Turkey.	August 30	Countdown 2015 . Youth Day. London.
April 2	Countdown 2015 . Conference under the Irish Presidency of the EU. Dublin.	August 31 -	Countdown 2015 . IPPF/PAI/FCI –
April 17-19	Countdown 2015 . Arab Conference on Cairo+10. Tunis.	September 2	IPPF/PAI/FCI – International Roundtable on Cairo+10 . London.
April 25	Global March for Women's Live . Washington DC.	September 15	UNFPA – Population World Report . London.
April 25-27	Countdown 2015 . Arab Conference on Cairo +10 . Yemen	September	ESCWA – Meeting on Beijing+10 .
		Sept. 20-24	UNFPA Executive Committee . New York.
		October 14	UN General Assembly on ICPD at 10 . New York.
		October 18-19	International Parliamentary Conference on Cairo PoA . Strasburg.



Estimado Sr. SECIPI:

Ante la ausencia de cumplimiento del Programa de Acción adoptado en la Conferencia sobre Población y Desarrollo de Naciones Unidas, celebrada en El Cairo en 1994, debo recordarle que España se comprometió, junto a otros 177 países, a garantizar la salud sexual y reproductiva de todas las personas para el año 2015 y a realizar una aportación de recursos para conseguir dicho objetivo.

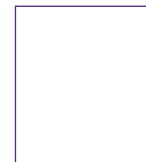
Por ello, le ruego que respete estos compromisos y:

- adopte y desarrolle, en colaboración con las ONG y organismos internacionales que trabajan en el ámbito de la salud sexual y reproductiva una política más activa y comprometida con el cumplimiento del Programa de Acción de El Cairo.
- destine el **0,7% del PNB a cooperación al desarrollo** y el **4% de esa ayuda a financiar programas de salud sexual y reproductiva**.

Esperando que tenga a bien considerar esta petición, reciba un saludo muy cordial.

Nombre:

DNI:



SR.

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me of Action and promote its implementation at the international level.

2. To get the national government as well as regional and local governments to increase their contributions to development cooperation to reach at least 0.7% of their overall budgets.
3. To get the Spanish government to commit to dedicate 4% of Spanish cooperation for development to sexual and reproductive health programmes and projects.

What can YOU do?

- **Subscribe to the Bulletin:** In the course of the year we will keep you informed of the different activities and

conclusions arising from the review process (request subscription to info@fpfe.org)

- **Promote the "Women of the World Face-to-Face" exposition:**

You can see it on our website www.fpfe.org/caraacara and/or if you want to take it to your neighbourhood or city, contact us at info@fpfe.org

- **Sign our solidarity postcard: YOUR PARTICIPATION IS VERY IMPORTANT AND IT'LL ONLY TAKE YOU THREE MINUTES!** You will find it on our website www.fpfe.org/caraacara

- **Collaborate with us in some of the activities of this campaign:** Contact us at info@fpfe.org



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ON RECORDS AND SMOKE SCREENS

Everybody must have heard about the debate generated by the recent statements of the Public Health Manager of the City Council of Madrid, about the implementation of a plan for computerising the clinical records of Local Health Centres patients, in order to *"detect who is making a faulty use of the day-after pill in order to provide them with the right information to enable them to choose the most adequate contraceptive method"*.

Regardless of the convenience of computerising the clinical records of health centre patients (provided that lawful confidentiality is respected), the issue appears to be in the core idea of said initiative, **"the faulty use of the day after pill"**.

The day after pill is an emergency contraceptive method which, ingested up to 72 hours after unprotected sex (i.e., unprotected sexual intercourse with vaginal penetration), prevents a pregnancy from occurring. On the basis of this scientific definition, we can only wonder **what the Public Health Manager meant when he talked about a "faulty use" of the pill by some young women. Could be that they use it to get over a cold instead of preventing a pregnancy? Or that they take it 120 hours instead of 72 hours after intercourse, even knowing it won't have any effect? Could be they take it just because they had an intense kissing session without intercourse? Could it be they have to assume the punishment of pregnancy for their immoral behaviour?**



No, it's not a joke, it just a way to underscore what is obvious: **a woman who takes the day after pill to prevent a pregnancy within 72 hours after unprotected intercourse is making proper use of the pill.** In fact, the problem is somewhere else even though this smoke curtains tries to conceal it. That "somewhere else" is the political pretence of reducing teenage pregnancy rates as well as the abortion rates (for which the day after pill has proved very efficient) and at the same time not assuming the right of young people to experience their sexuality and refusing to take the necessary measures so that they can use contraceptive methods "adequately" and in a standard manner (which, by the way, has nothing to do with "proper" or "faulty").

So please **stop blaming young people, stop questioning their intelligence and maturity and start doing your job, which is not precisely computerising records but:**

- Taking measures to ensure young people's access to free and/or subsidised contraceptive methods;
- Taking measures to guarantee sexual education in schools and in the Student Parents Associations, and
- Taking measures to make available to young people one sexual health centre or service for every 100.000 inhabitants as recommended by the World Health Organisation (WHO).

Violence against women, the main subject of the third cooperation for development training cycle

During the last two weeks of February and with the support of the Spanish Interest Group on Population and Development, the FPFE held a new edition of the Cooperation for Development Training Cycle On Sexual and Reproductive Health and Rights. As in previous editions, the presentations were very well received and followed with great interest, to the extent that the workshop on working methodology for empowerment had to be limited to a maximum of 30 people to facilitate a practical and participational approach.

Just like last year, papers were presented by experts from Spain and beyond our borders, setting the grounds for a rich and open debate on an issue which joins women from the North and South in a single purpose: the eradication of sexist violence.

All the presentations made in the workshops will be collected and published. **Below is a preview of the presentation of Claudia Hermannsdorfer, coordinator of the Gender Violence Prevention Programme at the Women's Rights Centre of Tegucigalpa, Honduras.**

HONDURAS, FACE-TO-FACE WITH GENDER VIOLENCE

The health situation of women in Honduras

The population of Honduras is young, 41% are under 15 and the life expectation of the population in 2002 was of 65.7 years for women and 63.2 for men.¹ In a country exposed to natural disasters, in the course of 1998 and as a result of the Mitch hurricane, life expectancy went down to 62 years, and the previous number was recovered only in 2002.

LIFE EXPECTANCY CHART (2002)

Women	Men
65.7	63.2

Source: United Nations Development Programme, 2002.

Honduras is one of the countries which assigns the lowest budget for health, approximately US\$12.00 per person. In 2002, only 63 percent of the population was covered by the public health system.²

In 1990, the maternal mortality rate per 100,000 live births was 182, and in 1997 that figure went down to 108.³ The percentage of women who gave birth at health centres increased from 45.6% in 1991 to 61.7% in 2001.⁴

CHART: BIRTHS AT SPECIALISED HEALTH CARE CENTRES

1991	2001
45.6%	61.7%

¹ Human Development Index - United Nations - 2002.

² Experiences on collective empowerment of women in Honduras. Ana de Mendoza Barberá.

³ Report on the Millennium Objectives 2002. United Nations.

⁴ Idem.



Even though maternity related mortality was reduced in the last decade, it continues to be the main cause of death of women in reproductive age. According to the Health Department, all maternal deaths occurred in 2002 are directly related to pregnancy, labour and postpartum. It is estimated that 56 percent of these deaths occur in hospitals because the majority of women do not receive proper attention during pregnancy and seek help in hospitals when it is too late.⁵

There are other indirect factors which contribute to the problem of maternal deaths, including:⁶

- Institutional factors: there isn't an adequate reference system, and access to quality services for prenatal control and the like is difficult.
- Cultural factors: attention is provided by traditional birth attendants who utilise inadequate methods.
- Legal factors: termination of pregnancies with methods that are inadequate because the practice is illegal.
- Economic factors: inability to access attention services.

The overall fertility rate in Honduras has gone down slowly but steadily: from 5.2 children in 1991/92 to 4.9 children in 1996 and 4.4 in 2001. There is a meaningful difference between fertility in rural areas (5.6 children) and urban areas (3.3). However, even considering this reduction, the overall fertility rate of the country is well above average in Latin America and the Caribbean, which is 2.7 and in Central America the Honduras rate is in second place after Guatemala.⁷

In reproductive health there has been an increase in the use of modern contraceptives such as pills, condoms, IUDs, sterilisation and injectables with a meaningful decrease in the use of traditional methods (billings, withdrawal and rhythm). In 1990/1991, of the 46.7% of married women between 15 and 44 who used family planning methods, 25% used traditional methods; but in 2001, of the 61.8% of women who used some type of contraceptive, only 5.5% did so with traditional methods.⁸

CHART: USE OF CONTRACEPTIVES

	1990/1991	2001
Total of married women (15-44)	46.7%	61.8%
Use of traditional methods	25%	5.5%

⁵ Idem.

⁶ Idem.

⁷ Idem.

⁸ Idem.



In Honduras there are significant health problems such as child malnutrition (in 1998, 52% of children under five had some degree of malnutrition), a high rate of mental illness in women, a resurgence of old diseases such as tuberculosis and the appearance of new ones such as AIDS.⁹

Honduras has the highest number of reported AIDS cases in Central America and it holds the fifth place of this dubious ranking in the continent. Since the epidemic started spreading in 1985 up to late 2002, The Health Department reported 18,117 cases of people living with HIV/AIDS.

Even though the population of Honduras represents only 17 percent of the Central American population and there are between 30 and 50% of nonreported cases, Honduras accounts for 43% of HIV/AIDS cases in the region. Since 1997, AIDS represents the second cause (after violence) of hospitalisation and death in the general population and the first cause of death of women in reproductive age (together with maternal mortality) according to the Health Department (2003).¹⁰

According to Claudia Hermansdorfer, these high figures are due mainly to three reasons. On the one hand, *“the majority of infections occur in the city of San Pedro Sula, which concentrates the biggest industrial activity and presence of maquilas (cheap labour manufacturing plants) of the country and has received a large influx of population in search of work. On the other hand, Honduras continues to be a country where talking about sexual education is simply taboo. In fact, The Education Department explicitly forbade last year the circulation of a sexual education manual among schools on the grounds that it was against the moral principles of the administration. This has a clear impact in the number and characteristics of infections, mainly teenagers who will become infected at an early age. According to Claudia, all this proves that young people are allowed to continue having sexual relationships without adequate information or protection against HIV/AIDS as well as against unwanted pregnancies, which are also very high in this age group. Finally, we must take into account that at the social level there is still a low degree of awareness and a high degree of myth around the AIDS issue. For the Church, for example, AIDS equals death and so the only solution is sexual abstinence; for the public institutions, sexual education is simply noxious, and for the majority of the population HIV/AIDS continues to be a homosexual disease, even though the highest rate of contagion is among heterosexuals”*.

Gender violence against women, the second cause of death of women in reproductive age

According to the coordinator of the Gender Violence Prevention Programme, the facts prove that the problems of violence against women continue to be considered by the general population as a minor problem within the private sphere, even though it is the second cause of death of women, according to Health Department statistics. Honduras has signed all international agreements on women's human rights and has been a promoter of the global declarations and most meaningful action platforms. This legal framework, together with the actions of the Honduras women's movement, was the groundwork for passing basic legislation which should make it feasible to implement women's rights. However and considering what has been done, it is clear that there is no political will or sustainability in the state institutions which may point towards a genuine commitment.

In spite of this context and with the essential support of international co-operation, many efforts have been developed in the country as regards training, financial and logistical measures to improve the gender violence problem. Some of the most recent steps include:

- The creation of a basic national legal framework: Act against Domestic Violence; criminalisation of actions of discrimination and violence against women and the family; creation of a Special Public Attorney Office for Women; establishment of the National Women's Institutes; approval of the Equal Opportunities for Women Act;
- The judiciary has undertaken efforts to train judges in the laws against domestic violence and raise gender awareness;
- The Family Courts of Francisco Morazán (Tegucigalpa) have assigned a specific office for receiving reports on domestic violence;
- Since last year an important training and awareness raising programme is being developed for Security Department personnel, in addition to introducing the gender topic in the study programme of the National Police and creating the Gender Unit in that institution;
- Gender violence against women has been included in the national women's policy and a draft proposal is being prepared to amend the Domestic Violence Act with the commitment of including contributions by the civil society and women users before presenting it to the national Parliament for approval;
- The impeachment and imprisonment of David Romero Ellner, a member of Parliament and journalist, for raping his daughter. This unprecedented procedure involved removal of parliamentary immunity, plus the fact that for the first time in Honduras history an MP is imprisoned. In addition, the criminal proceedings invokes the concept of rape as a violation of the will of the victim against the traditional concept which requires the use of physical force and evident opposition of the victim.

“ Honduras reports 43% of HIV/AIDS infections in Central America and HIV/AIDS represents the first cause of death in women on reproductive age” .

⁹ Experiences on collective empowerment of women in Honduras. Ana de Mendoza Barberá. 2003.

¹⁰ Idem.



A model of attention for women survivors of gender violence

Twelve years ago, the Centre for Women's Rights implemented a programme for a comprehensive approach against gender violence. As commented by Claudia Hermansdorfer, the programme coordinator, *"for the first five years the objective was to provide women with basic knowledge about their rights and the legal tools they could use to exercise them. At a given point of its institutional development, the organisation decided to focus on the issue of violence against women and, at least in what concerns litigations in process, relegating a little the alimony issue. On the other hand, we learned by what the women were telling us that legal action by itself does not necessarily entail a personal and emotional change, and this detracts from the comprehensive approach we were looking for. Accordingly, it was decided to approach the emotional processes of women through gender workshops or structured support groups. However, the initiative fell through because women did not attend the workshops. Then we decided to change the methodology and focused on open, flexible and somewhat unstructured collective self-help workshops, where women are able to suggest lines of work. These workshops are for women in general, regardless of whether they have reported violence against them or not"*.

Each year, the Centre for Women's Rights provides over 500 women with legal counsel and emotional support, and takes charge of about 120 cases of violence reports to prosecute them in court. In the words of Claudia, *only in Tegucigalpa we had 10,000 cases of domestic violence against women who went to different institutions in search of solutions. This is pushing us to increase our programme along two lines, firstly to extend a model of attention to other institutions and secondly to increase the dissemination of the comprehensive approach of the programme in order to increase the number of women who may benefit from it"*.

When we asked Claudia to describe the women who participated in the programme, she said that *"they are usually between 15 and 69, with an average age of 32 and have two or three children, although we also have women who come to report domestic violence accompanied by their grandchildren. For society, these are just women, generally housewives without any professional or cultural activity, at the most they have some religious activity outside the home. Most of them don't have resources not even to go to the centre of the city, which makes their situation even more difficult. Therefore and even though we have women from all social sectors and attend to all of them alike, we prioritise support for those with less resources. Unfortunately and regardless of their resources, the fact remains that women have a high degree of dependency on their spouses at the economic level as*



well as other levels, because even though many enjoy the properties of their husband, if they divorce they will no longer have them. These women have the desire to do many things but their condition does not allow them access to opportunities to fulfil themselves as human beings."

"These women have the desire to do many things but their condition does not allow them access to opportunities to fulfil themselves as human beings".

Any woman who goes to the Women's Rights Centre receives legal counsel by a lawyer and is informed about the legal options available to put an end to the domestic or sexual violence. These women, as well as others who come to the Centre for different reasons, are invited to join in the **Mini-Workshop on Violence**, an experiential and participational meeting where they can talk about what domestic violence is and what types there are, which are its causes and the facts and myths around it. After this meeting, some women may decide to report, others may give up the idea and others may simply reaffirm their decision.

In cases of crisis or when a woman requests it, the Centre for Women

Rights provide **individual emotional support**. These women can have up to three appointments with a psychologist, after which and/or after participating in the mini workshop on violence, they may choose to participate in the **self-help groups**. Here, a group of women survivors of domestic violence meet for a period of time to share their experiences, support each other and grow. The self-help groups are a vital space for women to increase their self-esteem, rescue their internal power and think out key decisions for their lives. These groups are open to all kinds of women because they are also considered as a way to raise awareness and prevent violence.

March



For women's lives

To express the overwhelming support for the right of all women to plan their pregnancies as well as the right to safe and legal abortions, next April 25 a march will be held in Washington which expects to summon hundreds of thousands of women from all over the United States as well as neighbouring and far-off countries. This global march has been organised by seven of the most relevant women's rights defence organisations of the United States, including the Family Planning Federation of America, and is supported by associations from the world over.



The international media has reported the Republican administration's clear and open opposition to the right of abortion, taking measures aimed at restricting a freedom that was recognised for American women after many years of struggle. These measures are the continuation of a policy which showed its ugly face once again when G. Bush announced the reinstatement of the Global Gag Rule which, in short, refused funding for any organisation which dared mention the word "abortion".

In the course of this year a number of activities are being held (concerts, plays, discussion groups, etc...) which will culminate on the 25th with the massive women's march.

More information at: www.marchforwomen.org

In Spain and specifically in Vigo, The Women's World March, a global feminist network, is organising a march under the title "European Mobilisation of Women against Violence and Poverty", which will take place on May 23 and will also include concerts and discussion groups the previous day.

More information at: www.feminismo.org

"Women of the World Face-to-Face" has been exhibited in Almansa



Continuing with the travels of the photographic exhibition "Women of the World Face to Face", after visiting the European Parliament, Nicaragua, New York and over 30 Spanish and European cities, it has arrived at Almansa. With the co-operation of the City Hall

of this city we have been able to take the exhibition for the first time to the region of La Mancha. The exhibition was on show in the Teatro Principal from March 11 to March 21, 2004.



Supported by:

