



## A World Fit for Children

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### United Nations Preparatory Session on Children

From June 11<sup>th</sup> to 15<sup>th</sup>, 2001, the third meeting of the Preparatory Committee for the Special Session on Children was held in New York. The draft document that will be presented in the Session, which will take place from September 19<sup>th</sup> to 21<sup>st</sup>, 2001 in New York, was discussed in this meeting. The Session will follow-up on the World Summit for Children, which was also held in New York in 1990.

The negotiation process in the Preparatory Session was slow and controversial, especially in terms of sexual and reproductive health topics, some of which will be negotiated in the informal sessions at the end of August. It is important to highlight the participation of the Río Group (which represents 19 countries from Latin America), and of the delegates Loreto Layton and Alejandra Ayuso, First Secretary of the Chilean Mission to the UN and First Secretary of the Argentinean Mission to the UN, respectively. Both delegates pointed out that the final document did not focus sufficiently on adolescents and ignored the language that was agreed to in the international conferences in Cairo (1994) and Beijing (1995).

Based on the progress achieved in the Summit in 1990, new commitments will be established, which will be reflected in a document to be approved in the Special Session in September.

The General Assembly has recognized that the participation of children and youth in the Special Session and in the preparatory process is essential. Demonstrating its support for this initiative, the IAPG participated in various activities organized by UNICEF through its youth representative, 17-year-old Dalia Nazryan.

The Río Group was created in December 1986 and is the only regional mechanism for political dialogue, consultation and coordination. The group's membership has expanded twice, and currently the members are Argentina, Bolivia, Brazil, Colombia, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Uruguay, Venezuela and a representative from CARI-COM.

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**Integral Development during Childhood: A Pending Debt**

by Heli Molina and Raúl Mercer

**What is integral development during childhood?**

The concept of integral development refers to the capacity to exercise children's rights in the process of creating citizenship to achieve the highest possible quality of life and fulfilling complete human potential during this stage of life until adulthood.

Child development is a complex process that includes physical, intellectual, emotional and social dimensions. Integral development implies that these different elements are interrelated and should be considered in their totality. The development process is a continuum that starts before birth. Therefore, both from the temporal and conceptual points of view, child development should be addressed from the human development perspective. In terms of the health sector, this implies promoting initiatives that support growth and development, and shifting from the current models based on risk and disease to strategies focused on the promotion of health. Furthermore, it involves adopting a multidisciplinary approach to create a health culture that considers health to be a positive value in itself and part of an evolutionary and participatory process.

**What does the current scenario provide for children in the region?**

In Latin America and the Caribbean, the last decade brought important cultural, economic and political transformations that affected the emergence of health prob-

lems associated to changes in lifestyles, the environment or asymmetrical development patterns.

Despite the diversity in the region, there are common circumstances in the countries that characterize these social changes. Some of the countries represent the other face of globalization, considering the marked increase in the countries' external debts, which limits their possibilities for autonomy and development, and is linked to the increasing gap between the rich and the poor in terms of income, education and health. As a result, the levels of social exclusion and inequality in the region are among the highest in the world. Therefore, it is not possible to address health issues without considering the inequality in the region.

The family, which is understood as the functional group that provides basic economic, emotional, social and physical support (although in many cases these functions are carried out by individuals outside the nuclear family), is the arena for the social and emotional development of children and adolescents.

However, many families face pressure from the socio-economic changes that have taken place during the last decade and have had repercussions in various social conditions, including increases in teen pregnancies, consensual unions, marital breakups, single-parent homes, the incorporation of women in the workforce, (which according to gender stereotypes implies reduced possibilities for taking care of children) the transformation of the roles within the family, econom-

ic insecurity and its impact in terms of satisfying basic needs.

In sanitary terms, the region is part of a turbulent environment where globalization implies new risks related to the displacement of peoples, the exchange of potentially damaging substances, variation in the patterns of environmental security and employment and the indiscriminate dissemination of medical technology. Migratory phenomenon produced modifications in cultural patterns, which translated into health problems related to uprooting, lack of social networks, changes in family models, modifications in lifestyles and environmental deterioration.

**Why invest in the integral development of children?**

It is an ethical imperative to ensure children's rights, which include the right to live and to reach full potential, a right that is established in the Convention on Rights of the Child adopted by the United Nations in 1984 and ratified by all of the countries in the region except the United States.

Programs that invest in child development promote social and gender equity. The gaps in early development and education perpetuate or magnify the economic and social inequalities.

Creating equal conditions for children can reduce the existing gaps and improve opportunities for development. Generally, the best educated children have the best opportunities for work and income. The support that the programs ⇒

for integral development during childhood provide for mothers expand their opportunities for economic development.

The investment in child development can have a crucial role in overcoming the cycle of poverty. Children from poor homes tend to perform deficiently in school and consequently, not acquiring the skills to live in a demanding and competitive society, perpetuate the intergenerational cycle of poverty.

Investing in development can result in great economic benefits, by avoiding future problems that require solutions at higher costs.

The need for child-care and development programs is progressively increasing as a result of the incorporation of women in the workforce and changes in family models.

Increasingly, scientific evidence demonstrates the importance of the first years of life for the development of physical, mental and social capacities. These years also have a significant impact on the future quality of life.

Studies indicate that child development programs benefit the children, but also the family (primarily the mothers) and the community.

### **What is happening in the region?**

In the Americas, children's health issues represent an important challenge, not only as a result of the magnitude of the problem, but also because promoting the integral development of this population group is a key element in attaining equity and development in the region. Although it is necessary to

continue fighting against diseases through prevention and treatment, it is also imperative to incorporate strategies that promote health and early development during childhood. The World Summit for Children, which was held in 1990 in New York, was a milestone in the efforts to improve the health and living conditions of the world's children. The commitments established in the Summit relate to health, nutrition, education as well as the environment.

In the region, these commitments have been reiterated and expanded in the development of a Regional Action Plan and in the interministerial follow-up meetings held in Mexico (Tlatelolco Declaration, 1992), Colombia (Nariño Commitment, 1994), Chile (Santiago Agreement, 1996), Peru (Lima Agreement, 1998) and Jamaica (Kingston Declaration, 2000). The countries in the region have ratified the International Convention on the Rights of the Child, which constitutes a judicial framework for formulating public policies and encourages the elimination of all forms of discrimination against women. Furthermore, the declarations on the promotion of health (Ottawa, 1986; Yakarta, 1997) established clear and viable guidelines to face the complexities of the process.

In September 2001, the United Nations Special Session on Children will be held and it will analyze the achievements since the Summit in 1990 as well as define new goals for the next decade. This presents an opportunity for the participating countries to reaffirm their commitment, so that integral development during childhood will become one of the principal issues

addressed in the governments' policies.

### **What can we do to promote integral development during childhood?**

At the personal level, this implies the integration of the bio-psychosocial aspects and the joint programming for the promotion, prevention and access to services. In addition, it also implies health education centered on people, which means recognizing that people also learn independently of what they are taught and try to satisfy their learning needs to acquire the capacities for taking care of themselves. Learning in terms of personal empowerment, developing life skills, establishing relationships and social participation is of particular relevance as well.

For the family, this means recognizing the importance of a risk-free environment that is favorable for healthy development and recognizing the different types of "family," as well as expanding the number of immediate reference groups as the child grows. The family represents the most powerful group for the social and emotional development of the child. Many studies have highlighted that the relation between children and their parents or the people who take care of them during their first years of life has a decisive impact on their development as human beings, as well as their capacity to learn, to regulate and control their emotions, and their behaviors and risks of contracting diseases.

Currently, many families face the stress that results from inequalities, greater competition, individual- →

lism, migration from the countryside to the cities, single-parent homes, inadequate social support systems and a lack of social cohesion. An essential component in promoting the development of children is carrying out activities that strengthen the family.

The community plays an important role in placing a high value on health and ensuring integral development. In the promotion of integral development, it is a critical task for the communities to develop networks with all sectors and support groups. These systems are intertwined and are determining factors for children's integral development and health throughout their lives.

### What can be done to promote integral development in terms of formulating policies?

- Developing public policies that favor the conditions for children, families and communities for the optimal bio-psycho-social development during childhood. Strengthening the judicial and regulatory frameworks.

- Supporting civil society with the goal of encouraging real social participation and acquiring the competence to participate proactively in the proposal, implementation and evaluation of policies, plans and programs that promote the health of children and families.

- Orienting health services toward a model that focuses on the promotion of health and development as well as the provision of preventive and curative services.

- Creating institutional and intersectoral networks to develop integrated

programs that optimize resources and increase their impact on health and child development.

- Mobilizing resources for and from the community to ensure a good beginning for childhood, starting from the prenatal period, through networks for social support to families for the proper upbringing of its children.

- Providing support for sexual education in schools for making informed decisions about pregnancy and protection against STIs and HIV/AIDS.

- Providing support and education for parents in different styles of raising children, and how to protect the family and children.

- Promoting child health and women's education through the media.

- Developing social programs that incorporate male involvement into the processes associated with pregnancy, birth, and raising children. ♣

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He worked as Coordinator of the same program in the province of Buenos Aires and was a Consultant for several international agencies. He is an active member of the Argentinean Association of Pediatricians and the American Public Health Association.

Additionally, he works as a teacher in the Public University of La Plata and the University of Entre Ríos, both in Argentina.

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### Resources:

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## Special Session on HIV/AIDS at the United Nations

From June 25 to 27, 2001, the Special Session on HIV/AIDS was held in the United Nations, with the objective of intensifying international efforts and mobilizing the necessary resources to combat the epidemic. The formal program consisted of a plenary session, various roundtable discussions about Prevention and Treatment, HIV and Human Rights, the Socio-Economic Impact of HIV/AIDS, International Cooperation and Funding and the adoption of a formal Commitment Declaration.

During the plenary session, delegates from various countries recognized the lack of effective responses to the problem of HIV and the need for comprehensive and multisectoral strategies that emphasize both the prevention and treatment of the disease. They also highlighted the need for a global fund, considering that it was estimated that a basic program to combat HIV/AIDS in developing countries would cost 9.2 billion dollars per year, approximately six times more than the amount that is currently designated for this purpose.

The following are points that were mentioned in the discussion about the Commitment Declaration:

- Political commitment and strong leadership in the highest decision-making levels are key in the fight against the epidemic.
- Prevention is a priority in order to offer an effective response to the problem.
- Empowering women and respecting human rights and fundamental liberties are essential to reducing the vulnerability to HIV/AIDS.
- The challenge that HIV/AIDS poses cannot be overcome if new and additional funds and sustainable resources are not established.
- It is essential to maintain the momentum and to monitor the progress achieved.

Due to its consultative status, the IAPG actively participated, along with other NGOs from the region, in contacting the different delegations from the countries and developing advocacy and dissemination activities.

Taking advantage of the fact that many legislators from the region were present, the IAPG organized a meeting in the UNFPA headquarters, parallel to the Special Session, with the objective of creating awareness about parliamentarians' role in the fight against AIDS.

The event was moderated by Stirling Scruggs, the Director of

the UNFPA Information, Board of Directors, and Resource Mobilization Division, Carla Rivera Avni, Director of Programs of the IAPG, and the participants included Hernán Sanhueza, the Executive Coordinator of the IAPG, the Representative María Eugenia Galván, President of Mexico's Health Commission, the Representatives Fanny Pollarolo (Chile), Bárbara Espinola and Marita Colombo (Argentina), among others.

The participants representing the Fund were Oscar Sikes, Jaime Nadal, Tania Patriota and Jairo Palacio from the Latin American and Caribbean Division. Mabel Bianco, Director of the Argentinean Health Ministry's Executive Coordinating Unit on HIV/AIDS, also participated in the meeting.

For more information about the Special Session on HIV/AIDS, visit:

[www.unaids.org/ungass/index.html](http://www.unaids.org/ungass/index.html)

### Joint Declaration from the Regional Parliamentary Networks on HIV/AIDS

During the Special Session on HIV/AIDS, a joint declaration by the parliamentary networks from the different regions was adopted: the IAPG (the Americas), AFPPD (Asia), FAAPPD (Africa), IEPFPD (Europe) and UK APPG (Great Britain). The declaration emphasized the key role that parliamentarians can have in the fight against the HIV/AIDS epidemic, and mentioned that they can have an instrumental role at the national, regional and global levels, considering that they can contribute to the fight against the epidemic by:

- Revising and promulgating legislation that ensures that the human rights of people infected with HIV/AIDS are respected.
- Voting to increase the annual national budgets for programs and policies on the topic.
- Following-up on and monitoring the progress in the fight against HIV/AIDS in their countries.
- Mobilizing the necessary resources and working on advocacy and education in collaboration with civil society to sensitize and obtain support from the public about HIV/AIDS.

To obtain the Declaration's text, please write to:

[gcarino@ipfwhr.org](mailto:gcarino@ipfwhr.org)

## Costa Rica's Responsible Parenthood Law

Costa Rica's Responsible Parenthood Law became effective on March 27, 2001. This initiative is a response to a concrete necessity, and its principal objective is to strengthen protection for children and to encourage fathers to assume the responsibility for taking care of children along with the mothers.

This legal initiative originates as a response to the following facts: in Costa Rica, the number of births (without declared fathers, without an established paternity) increased from 21% of total births in 1990, to 27% in 1996 and 30.3% in 1999.

The project was designed by an Interinstitutional Commission with the participation of representatives from governmental institutions and independent professionals. The National Women's Institute initiated and coordinated the Law Project's development and follow-up processes, in collaboration with professionals from (the Legislative Assembly, the Judiciary, the Judicial Investigation Office, the Civil Registry and the University of Costa Rica.

The principal reform that the law introduces is that the mother of a child who is born out of wedlock and is not recognized by the father voluntarily can declare the name of the alleged father. The mother must make this declaration to a Civil Registry official, in the hospital or in the offices of the National Women's Institute (Instituto Nacional de las Mujeres (INAMU). The child is temporarily registered with the mother's last name.

- The Civil Registry notifies the alleged father about the declaration. After receiving the notification, the father is given ten working days to decide whether he agrees with the declaration or not.
- If the alleged father accepts paternity, the child is registered with the last names of both the father and the mother.
- On the other hand, if the alleged father does not accept paternity, the Civil Registry requests a DNA test to determine whether he is the father or not. If the test results are positive, the Civil Registry registers the child with the last

names of both the father and the mother. If the results are negative, the child cannot be registered with the father's last name.

- For the DNA test, a sample of saliva or blood is taken from the mother, from the alleged father and from the child. When the exam is carried out in the laboratories of the Costa Rican Social Security Office (Caja Costarricense de Seguro Social o el OIJ), the test is free of cost. When a judge orders the DNA test as part of a judicial process, it can also be carried out in private, properly accredited laboratories, and in this case the person must pay the costs.

An important element that this law introduces is that if the alleged father refuses to have a DNA test, his conduct will be considered malicious and it will be assumed that the mother's declaration is true, and therefore the child will be registered with both last names and will have to right to receive child support.

From the moment that the child is registered with the Civil Registry, the father is responsible for providing child support. In addition, the father will have to pay the mother for part of the costs associated with pregnancy and maternity, and the child's nourishment during the 12 months after birth.

No more than six months should elapse between the time when the mother declares the father's name and the time when the results from the DNA test are obtained and therefore paternity is determined.

It is important to highlight that as a result of this law, the man does not have automatic parental authority when paternity has been determined against his will; in this case, the father is still responsible for the economic obligations to the minor, considering that these are a fundamental right that should not be affected by the progenitor's negative behavior. The authority with jurisdiction must authorize the recovery of parental authority. ♣

If you wish to receive the full text, you may request a copy to: [gcarino@ippfwhr.org](mailto:gcarino@ippfwhr.org)

## Parliamentary Dialogue on the Web

The Parliamentary Dialogue will soon be a part of the IPPF/WHR website. Visit [www.ippfwhr.org/resources/index.html](http://www.ippfwhr.org/resources/index.html) And you will find our magazine and publications.

### Legislative Commitments in Bolivia

On July 18<sup>th</sup>, 2001, the publication "*Legislative Commitments to Sexual and Reproductive Health and Rights. A Revision of the 5 Years from the Cairo and Beijing Conferences*" was released. The event, organized in collaboration with the UNFPA and the CIES, Center for Research, Education and Services, was carried out in the National Parliament.

The participants included the UNFPA representative in Bolivia, Pedro Pablo Villanueva, the CIES representative, Iván Prudencio Pol, the President of the Parliament's Social Commission, (Dip.- Representative) Elisa Zuñiga and the Sen. Mario Paz Zamora, the Senate's Second President and the IAPG representative in Bolivia.

Parliamentarians, political leaders, NGO representatives who work in the Reproductive Health and Bilateral and Multilateral Cooperation area, as well as authorities from the health and education sectors were invited to the event. The participants included representatives from PROCOSI, CISTAC, USAID and UNICEF, among others.

### The Latin American Parliament meets in Cuba

Representatives from more than a dozen Latin American and Caribbean countries met on June 4 and 5, 2001 in Havana, Cuba to attend the commissions meeting organ-

ized by the Parlantino. The IAPG was represented by its Executive Coordinator, Hernán Sanhueza and by Sen. Piedad Córdoba, who made a presentation about the IAPG/UNFPA publication on legislative commitments. Alfonso Farnós, the UNFPA representative in Cuba, also participated in the presentation.

During these two days, Parlantino's Women's Commission held the first of its quarterly meetings, to which more than 20 legislators from the region were invited. The President of the Commission, the Panamanian Representative Olgalina de Quijada, made a presentation about Panama's recent experience ratifying CEDAW's Facultative Protocol, after Alda Facio explained, during a training module organized by the IAPG and hosted by UNIFEM, the importance that this international instrument and the strategies developed for its ratification have for women.

### World Population Day

In celebration of World Population Day, the publication "*Legislative Commitments*" was presented in Caracas, Venezuela on July 10, 2001. Carla Rivera Avni, the Director of Programs for the IAPG, presented the publication in a ceremony led by Carolyn Benbow, the Country Director of the United Nations Population Fund.

## IAPG Events Calendar

### Caribbean Parliamentarians' Meeting in Barbados

The IAPG is organizing a meeting of Caribbean parliamentarians to be held from September 16 to 17, 2001 in the Almond Resort Village Hotel in Barbados, with the objective of identifying new alternatives to collaboration among civil society, the IPPF affiliates and the government.

The participants in the meeting will include the Vice Prime Minister of Barbados, the President of the IAPG, Billie Miller, and parliamentarians and minister from the Caribbean. The impact of the AIDS epidemic in the Caribbean, especially

among adolescents, will be discussed and concrete initiatives and strategies for collaboration to combat the epidemic will be defined.

### Parlatino's Women's Commission Meeting in Sao Paulo in November

On November 28 and 29, 2001, the second quarterly meeting of the Women's Commission will be held in Parlantino's headquarters in San Pablo, Brazil. The topic of gender-based violence will be discussed in the meeting, thanks to UNIFEM's support.

### Latest News about EC in Chile and Colombia

The Appeals Court in Santiago rejected the appeal presented by three NGOs with the objective of preventing the commercialization of EC. Despite this ruling, the order that temporarily suspended the permission to distribute and sell the pill will continue to be in effect until the appeal goes to the Supreme Court, which will be responsible for making a decision about this matter. In terms of the Colombian case, the INVIMA still has not made a decision about the appeal filed by the Catholic church. PROFAMILIA continues distributing the product Postinor 2, whose sales have increased



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*Due to the tragic events occurred in New York and Washington DC on September 11th, 2001, the UNGASS Special Session on Children has been postponed until further notice.  
There is no way to express our deep sorrow for the devastation and loss that so many have suffered. Our thoughts and prayers are with the victims, their families and friends.*

## Additional Sources on Children

[www.crin.org](http://www.crin.org)

[www.unicef.org/specialsession/](http://www.unicef.org/specialsession/)

[www.unicef.org/spanish/specialsession/](http://www.unicef.org/spanish/specialsession/)

[www.gmfc.org](http://www.gmfc.org)

[www.cenews.org](http://www.cenews.org)

[www.ngosatunicef.org](http://www.ngosatunicef.org)

<http://www.unicef.org/voy/misc/chforum.html>

<http://www.unicef.org/voy/es/misc/chforum.html>

<http://www.iin.org.uy>

<http://www.paho.org/Spanish/HCP/HCT/IMCI/meta2002-about.html>

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