



# The United Nations Children Fund

Women or Children First?

*By Douglas A. Sylva, Ph.D.*

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INTERNATIONAL  
ORGANIZATIONS  
RESEARCH GROUP

*A Program of Catholic Family & Human Rights Institute*



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# TABLE OF CONTENTS

<b>Introduction</b> .....	1
<b>Part I: UNICEF and the Rise of Concern</b> .....	3
• 1995 to the Present — The Carol Bellamy Era.....	7
• UNICEF, the Vatican, and an Initial Recognition of Trouble .....	9
• The Appointment of Carol Bellamy — More Signs of Trouble .....	12
<b>Part II: UNICEF and Abortion</b> .....	15
<b>Part III: UNICEF and Contraception</b> .....	27
• The 1970s — UNICEF in the Age of Explicit Population Control ....	29
• The 1980s — Population Control, Continued .....	34
• The 1990s to the Present .....	35
<b>Part IV: UNICEF, AIDS and Adolescents</b> .....	47
<b>Part V: UNICEF and the Problem of Integration</b> .....	59
<b>Part VI: UNICEF’s Feminist Revolution</b> .....	63
• UNICEF and the Invention of the “Girl Child” .....	67
• Teaching the Girl Child — “Why Just Girls?” .....	x
• UNICEF, Feminism and Families .....	x
• UNICEF’s Solution to the Dilemma .....	x
• UNICEF, A Privileged Place for Girls and Women .....	x
<b>Conclusion — The Future of UNICEF</b> .....	48
<b>Recommendations</b> .....	48
<b>List of Acronyms</b> .....	48
<b>Biography</b> .....	49
<b>Photo Credits</b> .....	50



# Introduction

For decades, the United Nations Children’s Fund (UNICEF<sup>1</sup>) has enjoyed perhaps the finest reputation of any large international organization. UNICEF earned this reputation through an earnest, unwavering commitment to improve the health and lives of as many children as possible. Unfortunately, this reputation is increasingly at risk, and it is at risk because powerful forces both within the organization and within the larger international community have demanded that UNICEF change, that it alter its traditional child survival programs and that it add new and ever-more controversial programs, that it consciously and consistently embrace a newly dominant ideology in all that it does — the ideology of radical feminism. Radical feminism<sup>2</sup> has come to define the current UNICEF, even to the possible detriment of UNICEF’s original mandate to help children. The story of UNICEF is a cautionary tale, a tale of how difficult it is for international organizations to retain autonomy, to retain control over their own policies, to remain free from the influence of this powerful ideology. UNICEF still saves many children’s lives, but a reformation of UNICEF programming will be necessary for UNICEF to perform as much good as possible. A reformation in programming — and perhaps personnel — will be necessary for UNICEF to regain its reputation as the world’s pre-eminent child-care organization.

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1 At its inception in 1946, UNICEF was called the United Nations International Children’s Emergency Fund. The name was shortened to the UN Children’s Fund in 1953, but the original acronym – UNICEF – was retained.

2 The term “radical feminist” is used to distinguish this viewpoint from other varieties of feminism. Radical feminism is intimately linked with such issues as the promotion of abortion on demand as a human right and the understanding of gender as a social construct.



I Love  
The World



# Part I: UNICEF and The Rise of Concern

Any investigation of UNICEF must begin with a simply declarative statement: over the course of its existence, UNICEF has achieved a great deal of good for children, all over the world. UNICEF was created in 1946 to provide emergency food and medicine to the children of war-ravaged Europe. As a UNICEF historian puts it, “When UNICEF came into existence, there was one central idea in its institutional mind: to provide extra rations — mostly milk, but some vitamins and cod-liver oil — for feeding hungry children in countries torn apart by war.”<sup>3</sup>

Partly because of the success of this effort, starvation was avoided in Europe. In 1950, the General Assembly of the United Nations (UN) extended UNICEF’s mission to the care of children throughout the developing world.<sup>4</sup> In 1953, the General Assembly acted again, this time making UNICEF a permanent UN agency. In the 1950s, UNICEF concentrated its efforts on combating epidemics and diseases like malaria, leprosy and tuberculosis. UNICEF established field offices in regions all over the world, and began distributing “material assistance” in the form of vaccines, penicillin — even automobiles — in its efforts to reach as many children as possible.<sup>5</sup> In the 1950s, UNICEF

*In the 1950s, UNICEF also began to assist women in childbirth: “To embrace maternity within the concept of public health was one of the early UNICEF’s central tenets. Some of its most important postwar assistance...was for the training and equipping of midwives...”*

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3 Maggie Black, *Children First, The Story of UNICEF, Past and Present* (Oxford: Oxford University Press and UNICEF, 1996), page 63.

4 “Although the impulse that brought UNICEF into existence was the desire to help countries mend the lives of children damaged by war, the organization stayed in existence to help improve the lives of children damaged by poverty.” Ibid, page 8.

5 Ibid, pages 8-9.

also began to assist women in childbirth: “To embrace maternity within the concept of public health was one of the early UNICEF’s central tenets. Some of its most important postwar assistance in Europe and later in the developing world was for the training and equipping of midwives...”<sup>6</sup>

In the 1960s, UNICEF expanded its mission beyond child health and nutrition, embracing efforts to assist the “whole” child, including the child’s educational needs. By 1965, UNICEF was spending 43% of its budget on education.<sup>7</sup> UNICEF continued this work throughout the 1970s, extending its program even further to develop such essential infrastructure as clean water supplies.

The most dynamic period of UNICEF existence began in the early 1980s, when James P. Grant was named Executive Director of UNICEF. In 1983, Grant initiated what has since been labeled the “Child Survival and Development Revolution,” a revolution first in thought, then in programming, that took much of the international public policy community by surprise. Grant’s goal was breathtaking in its ambition: to cut worldwide child mortality rates in half by the end of the twentieth century. According to UNICEF staff member Peter Adamson, writing in a tribute to Grant,

The audacity of this proposition is almost impossible now to recapture. At that time, UNICEF projects — anybody’s projects — in the developing world were reaching out to a few hundred, very occasionally thousands, of children in villages here and neighbourhoods there. Now Jim Grant was talking about reaching out to four or five hundred million children in the developing world, and to the 100 million that were being born into it each year....These were simply staggering proposals. And it is impossible now, all these years later, to recapture the full sense of how extraordinary they seemed at the time. I couldn’t tell you how many times I heard the phrase ‘he’s mad’ in the days and weeks that followed.<sup>8</sup>

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6 Ibid, page 183. The 1950s saw the beginning of UNICEF’s long relationship with personalities from the world of arts and entertainment, who act as “good will ambassadors” for UNICEF in order to foster support for its programs within the public at large. In 1954, the American movie star Danny Kaye became UNICEF’s first “ambassador at large.” Kaye appeared in a film depicting UNICEF’s programs that, according to UNICEF, has been seen by more than 100 million people. Kaye would later be joined by many other “good will” actors and actresses, including Audrey Hepburn, Peter Ustinov and Harry Belafonte.

7 Ibid, pages 8-9.

8 Peter Adamson, “The mad American,” in *Jim Grant, UNICEF Visionary*, edited by Richard Jolly, (Florence, Italy: UNICEF), pages 22-23.

Grant adopted this goal for a simple reason: he was convinced that many of these millions of deaths need not occur, or, as Adamson writes, “that more than half of all the death and disease among the children of the developing world was simply unnecessary — because it was now relatively easily and cheaply preventable.”<sup>9</sup>

Grant’s recommendations for achieving this goal were equally innovative: he would radically narrow the focus of UNICEF programming, reallocating massive amounts of UNICEF resources for a few targeted, life-and-death interventions for children. Grant sought out programs that were simple, effective, inexpensive and uncontroversial; the catchword at UNICEF became “doable.”<sup>10</sup> According to UNICEF historian Maggie Black,

In September 1982, a meeting of leading international health and nutrition experts took place at UNICEF headquarters. Grant challenged the group to come up with a short list of interventions that were suitable for widespread promotion at a time of severe recession. They had to be low-cost, practicable and important for child survival and well-being, and their spread had currently to be inhibited only by lack of consumer knowledge and political inertia. The group produced four, which swiftly became known by the acronym ‘GOBI’: child growth monitoring to indicate tell-tale signs of under nutrition in the very small child; oral rehydration to treat childhood diarrhoea, the largest cause of childhood death; breastfeeding, a practice currently on decline in the developing world; and immunization against six vaccine-preventable diseases: tuberculosis, poliomyelitis, diphtheria, tetanus, whooping cough and measles.<sup>11</sup>

The GOBI program — growth monitoring, oral rehydration, breastfeeding and immunization/vaccination — would define UNICEF priorities for the next dozen years, and with it, UNICEF was able to generate enormous amounts of support from both governments and civil society organizations, including the Catholic Church. For example, in Colombia, “Three days...in mid-1984 were declared national vaccination days....A mass mobilization was organized of 120,000 volunteer helpers from the Catholic Church, the Red Cross, the police, the labour unions, the Boy Scouts and the entire school network.”<sup>12</sup> In Colombia, the Church was

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9 Ibid, page 21.

10 Black, page 36.

11 Ibid, page 154.

12 Ibid, page 44.

so enamored with this new direction of UNICEF that “it linked GOBI to the catechism, to make learning about child health part of the preparations for bringing up a child in the ways of God.”<sup>13</sup> The Catholic Church assisted UNICEF in El Salvador as well, this time in dramatic fashion: “The year 1985

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also witnessed the first occasion on which a war temporarily ceased in order to allow children to be vaccinated on ‘days of tranquility.’ In El Salvador, three perilous daylong pauses in the country’s bitter civil war allowed 250,000 children to attend vaccination posts set up on both sides of the fighting. The truce, which was fragile but held, was negotiated with the help of prelates in the Roman Catholic Church.”<sup>14</sup>

The nature of the GOBI campaign — clear goals, proven treatments, tangible outcomes — motivated large segments of civil society to participate, and resulted in unprecedented levels of successes. Adamson provides a “scorecard” of the Child Survival Revolution:

Almost all nations — one hundred and twenty nine in all — have by now reached, and sustained, immunization levels of 80 percent or more. Compared with the toll in 1980, more than three million child deaths from measles, tetanus, and whooping cough are being prevented every year. And the normal growth of many millions more is being at least partially protected. Meanwhile, the number of children being crippled by polio has fallen from 400,000 a year in 1980 to under 100,000 a year in 1995...There are at least 3 million children in the developing world who are walking and running and playing normally who would be crippled for life by polio were it not for this extraordinary effort....ORT [Oral Rehydration Therapy] is being used in some form by about two thirds of all the

13 Richard Jolly, “Jim Grant: the man behind the vision,” in *Jim Grant, UNICEF Visionary*, edited by Richard Jolly, (Florence, Italy: UNICEF), page 51.

14 Black, page 46.

families in the developing world — saving at least a million young lives a year. Iodine deficiency, and the mass mental retardation it causes, is close to defeat....These are only the highlights of what was achieved in those incredible years.<sup>15</sup>

Another former colleague of Grant's puts it more succinctly: "...it was estimated that, because of his [Grant's] influence, at least 25 million children were alive who would otherwise have died in early life."<sup>16</sup> In light of such tangible results, donor nations vastly increased their contributions to the agency, with UNICEF's income rising from \$313 million in 1980 to over one billion dollars in 1994.<sup>17</sup>

## 1995 to the Present – The Carol Bellamy Era

Jim Grant died in 1995, and was replaced as UNICEF Executive Director by Carol Bellamy. Bellamy was recommended for this post by US President William Clinton. In 2000, Bellamy was granted a second, five-year term as Executive Director. According to UNICEF, the organization currently "... maintains programmes in 162 countries and territories. Some 85 percent of the organization's 6,000 posts are located in the field. There are eight regional offices and 125 country offices worldwide, as well as a research centre in Florence, a supply operation in Copenhagen and offices in Tokyo and Brussels. UNICEF headquarters are in New York."<sup>18</sup> UNICEF possesses an Executive Board of 36 nations which, according to UNICEF, "establishes policies, reviews programs and approves the budgets."<sup>19</sup>

In 2001, the last year for which statistics are available, UNICEF's total income was \$1.218 billion.<sup>20</sup> The three largest national donors were the United States (giving a total of \$216 million), Japan (\$98 million) and the United Kingdom (\$74 million).<sup>21</sup> Almost two-thirds of UNICEF income comes from government donations, while the remaining one-third is raised by the sale of items such as greeting cards and through fundraising

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15 Adamson, page 33.

16 Jolly, page 45.

17 Black, page 99. One other significant event occurred during the tenure of Jim Grant, the drafting and adoption of the Convention on the Rights of the Child (CRC), which took place in 1989. It is now the most widely accepted human rights treaty in history.

18 2002 UNICEF Annual Report, [http://www.unicef.org/publications/index\\_3684.html](http://www.unicef.org/publications/index_3684.html).

19 <http://www.unicef.org/uvw>.

20 2002 UNICEF Annual Report.

21 2002 UNICEF Annual Report.

drives carried out by the many national committees for UNICEF.<sup>22</sup>

Current UNICEF spending reflects the five program priorities of the organization: (1) Girls' education; (2) Integrated ECD [Early Childhood Development]; (3) Immunization "plus;" (4) Fighting HIV/AIDS; and (5) Improved protection of children from violence, exploitation, abuse and discrimination.<sup>23</sup> Fifteen percent of UNICEF spending is for girl's education; 36 percent for Early Childhood Development; 24 percent for immunization; 7 percent for fighting AIDS; and 14 percent for child protection.<sup>24</sup>

From such budget information, it is already clear that UNICEF's priorities have changed since the tenure of Jim Grant ended in 1995, with UNICEF appearing to embrace programs that do not possess the characteristics of the GOBI formulation: clear goals, inexpensive interventions, tangible results. Also, we see the emergence of potentially controversial programs, programs that Grant would have attempted to avoid for fear of dampening enthusiasm for the Child Survival and Development Revolution. For instance, what does it imply about UNICEF programming that UNICEF's very first priority is education for girls, not education for impoverished children, both female and male? Also, how does UNICEF fight against HIV/AIDS? What does it tell children about sexuality and family life? What health services does it provide to them in order to avoid HIV/AIDS? Finally, what, exactly, is meant by discrimination? Who is being discriminated against, and how does UNICEF address this discrimination? From all of this, it is clear that UNICEF has moved beyond such simple, and universally acceptable, programs like the provision of iodized salt and immunizations. Are these new issues worthy of UNICEF? Are the methods used to address these issues effective on their own terms, as well as morally acceptable to broad numbers of parents? Do they complement the basic health care mission of UNICEF, best exemplified in the GOBI campaign, or do they siphon money from these more basic, life-and-death interventions? These are the questions that will be addressed throughout the rest of this investigation.

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22 <http://www.unicef.org/faq/>.

23 Medium-term Strategic Plan for the Period (MTSP) 2002-2005, E/ICEF/2001/13, November 7, 2001.

24 <http://www.unicefusa.org/about/faq.html#7>.

## UNICEF, the Vatican, and an Initial Recognition of Trouble

Throughout the early 1990s, the Holy See Mission to the United Nations (the Vatican’s Mission) grew increasingly uncomfortable as UNICEF appeared to embrace feminism, reproductive rights (which, according to UN radicals, includes the panoply of “rights” from contraceptives to abortion) and even the direct provision of contraceptive and abortifacient medical supplies. In some ways, the Holy See Mission can be seen as a bellwether for opposition to the changes underway at UNICEF. From its position as a permanent observer state at the United Nations, and more specifically as a UNICEF Executive Board member, the Vatican witnessed firsthand the transformation at UNICEF, and vigorously criticized this transformation. In fact, in 1996, the Vatican suspended its financial support — and symbolic approval — for UNICEF, a move that still rankles senior UNICEF officials and remains a public relations problem for the agency.

A chronological record of the Holy See representative’s statements at UNICEF Executive Board meetings during the period captures the Vatican’s growing concern. In 1991, the representative stated that “My delegation cannot help but notice several requests for UNICEF to involve itself further and further in family planning activities.”<sup>25</sup> In 1993, the delegate noted that nations on the Executive Board were increasing their demands that UNICEF

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integrate the provision of family planning services into its programming: “To our delegation, Mr. Chairman, the document’s call for UNICEF to extend ‘reproductive health information and services to women and young people’ sounds strikingly operational in approach...”<sup>26</sup> This concern was reiterated

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25 Statement by Holy See delegate John Klink to the regular session of the UNICEF Executive Board, April 24, 1991, as cited in <http://www.catholicsforchoice.org/new/KlinkFactSheet.htm>. This quotation, and the quotations that follow, have been compiled by a pro-abortion dissident “Catholic” group that seeks to have the Holy See’s status as a permanent nonmember state at the United Nations revoked.

26 Statement by Holy See delegate John Klink to the session of the UNICEF executive board on the “Progress Report on UNICEF Programme Activities in the Prevention of HIV and



in 1995, when the representative stated, “It is imperative that UNICEF not get sidetracked into highly controversial actions — especially regarding adolescent sexuality.... [T]he inclusion of encouragement to UNICEF... to provide not only family planning information, but also family planning services — is unacceptable to our delegation.”<sup>27</sup>

By 1996, the Holy See was sounding an alarm that UNICEF was actively responding to these requests, and that, in doing so, the agency was in the process of jeopardizing its own legitimacy: “The second effect of this singular emphasis on adolescents’ health, Mr. President, is to swerve the vaunted UNICEF health vehicle from its stated path of basic health for children to a further narrowing of UNICEF’s health concerns for adolescents to reproductive health alone.”<sup>28</sup> In fact, because of UNICEF’s involvement in the production of a manual on the reproductive rights of refugees, a manual which calls for the distribution of “post coital” emergency contraceptives, the Vatican was forced to call attention to UNICEF’s dangerous incursion into the controversial realm of abortion: “For the record, it should be clearly noted that ‘post coital contraception’ is widely regarded as an abortifacient.”<sup>29</sup>

By the end of 1996, the Vatican had seen enough, and in November of that year it suspended further monetary donations to the agency.<sup>30</sup> In a November 4 press release, the Holy See made it clear that current trends at UNICEF forced the Vatican to take action:

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Reducing the Impact of AIDS on Families and Communities,” May 3, 1993, as cited in <http://www.catholicsforchoice.org/new/KlinkFactSheet.htm>.

27 Statement by Holy See delegate John Klink to the 3rd Regular Session of the UNICEF executive board on UNICEF follow-up to the ICPD, Sept. 20, 1995, as cited in <http://www.catholics-forchoice.org/new/KlinkFactSheet.htm>.

28 Statement by Holy See delegate John Klink to the UNICEF Executive Board on UNICEF follow-up to the Fourth World Conference on Women, January 25, 1996, as cited in <http://www.catholicsforchoice.org/new/KlinkFactSheet.htm>.

29 Statement by Holy See delegate John Klink to the UNICEF Executive Board, January 23, 1996, on UNICEF Emergency Operations Manual, as cited in <http://www.catholicsforchoice.org/new/KlinkFactSheet.htm>.

30 “The Permanent Observer Mission of the Holy See to the United Nations announced today... that it “cannot offer any symbolic contribution to UNICEF” this year. It indicated that the annual contribution of the Holy See to that organization is a symbolic offering representing the Catholic Church’s desire to work with those entities such as UNICEF which share its general concern for children, while symbolically responding to UNICEF’s desire to collaborate with the Church’s child-focused projects throughout the world. At the same time, this donation was seen as recognition that the work and policies of UNICEF were not contradictory to the moral and social teachings of the Catholic Church.” Holy See Press Release, “The Holy See Suspends its Annual Symbolic Contribution to UNICEF,” November 4, 1996, <http://www.holyseemission.org/4nov96i.html>.



The decision to suspend the practice of making a symbolic contribution was the result of the Holy See's increasing preoccupation with the changes in UNICEF's activities...In particular, the Holy See is concerned about:

- 1) The failure of UNICEF to provide accountability for funds which donors have "earmarked" for specific and morally unobjectionable child-related projects despite numerous requests by the Holy See for such assurances;
- 2) The participation of UNICEF in the publication of a United Nations Manual advocating the distribution of abortifacient "post-coital contraceptives" to refugee women in emergency situations;
- 3) Evidence of UNICEF involvement in advocacy to alter national legislation regarding abortion, and;
- 4) Credible reports that UNICEF workers in various countries were distributing contraceptives and counseling their use.<sup>31</sup>

The Holy See voiced great reluctance in taking this step, but argued that it had attempted to work with UNICEF to resolve these differences, but UNICEF had been untruthful with it.<sup>32</sup> The Holy See has not restored its symbolic contribution, a fact that signals that, seven years later, the Vatican still considers these issues unresolved. Are these concerns valid? Have they been addressed, or has UNICEF engaged in even more controversial behavior? This work will provide answers to these questions. As we shall see, controversial aspects of UNICEF programming occurred long before the Vatican's initial statements of concern, are more widespread than the Vatican seems to suspect, and remain in place, have even increased, in the current UNICEF programs.

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31 Ibid.

32 "The Holy See Mission has had an on-going dialogue with UNICEF for a number of years regarding its concerns. During that time, UNICEF has assured the Holy See that, while UNICEF does advocate child spacing, it does not promote any particular family planning method. Further, the Holy See has been assured that UNICEF would never be involved in abortion or abortion-related activities. However, in spite of such statements, the new involvement of UNICEF in the areas of concern outlined above, has forced the Holy See to take this visible step." Ibid.

## The Appointment of Carol Bellamy — More Signs of Trouble

If Jim Grant sought to avoid controversy, to avoid anything that might puncture the goodwill necessary for the successful implementation of his Child Survival and Development Revolution, this central strategy was breached in the very process of selecting his successor, Carol Bellamy. Bellamy, a corporate lawyer, served as a member of the New York State Senate from 1973 to 1977, and was President of the New York City Council from 1978 to 1985. She was the Director of the United States Peace Corps when she was selected for UNICEF's top post in 1995.

Bellamy's political history is replete with the advocacy of radical feminist causes. If UNICEF was indeed at a crossroads, if the institution was debating between programs for women or programs for women *as* mothers, if the institution was debating whether to integrate feminist thought within its programs — and to alter its child advocacy according to this feminist thought — selecting an avowed and active radical feminist politician certainly signaled that a decision had been made, that a fork in the road had been taken, or at least that UNICEF's pace along that road would now accelerate.

For some observers, the most troubling aspect of Bellamy's political history was her voting record on abortion during her time as a New York State Senator. In the early 1970s, as legislation regarding the provision of abortion was introduced into the New York State legal code, Bellamy consistently voted for the widest possible legal access to abortion. From Bellamy's voting record, it can be inferred that Bellamy sought the establishment of abortion on demand, for both women and girls. She voted against a bill that sought to give women seeking abortions “information regarding alternatives to abortion, including pre-natal care for full term pregnancy.”<sup>33</sup> She voted against a bill that would have provided hospitals and medical professionals with a “conscience clause,” the right to refuse to perform abortions if they did not believe in the morality of the procedure.<sup>34</sup> This bill was considered an essential legal defense for the large network of Catholic hospitals operating in New York State; Bellamy voted against it. She voted against a bill that would have required girls under the age of 18 to receive their parents' consent for an abortion.<sup>35</sup>

There are two other votes worth noting. In 1974, Bellamy voted against what was called a “born-alive” protection act, an act stipulating that if a baby

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33 New York State Legislative Record and Index, 1975.

34 *Ibid.*

35 *Ibid.*

somehow survived an abortion, that baby would be granted legal status as a human being and given the medical attention that all other babies would receive.<sup>36</sup> Bellamy did not believe that such babies deserved medical treatment or legal protection, a view shared by only twelve other senators.<sup>37</sup> In 1977, the issue came up again, and a bill was brought before the senate stating that “The opportunity to obtain medical treatment of an infant prematurely born alive in the course of an abortion shall be the same as the rights of an infant born spontaneously.”<sup>38</sup> Bellamy voted against this again. This time, her opinion was even more isolated — 44 senators voted in favor of giving “born-alive” babies legal rights, while only 5 senators voted against it.<sup>39</sup>

What does all of this mean for UNICEF in the year 2003? It can be stated that UNICEF is presently run by a fervent abortion proponent, fervent even for a pioneering “pro-choice” state such as New York. Because of her history, controversy has followed Carol Bellamy throughout her tenure as Executive Director, leading to the kind of divisiveness and distrust that Jim Grant had sought to avoid at all costs.

*Controversy has followed Carol Bellamy throughout her tenure as Executive Director, leading to the kind of divisiveness and distrust that Jim Grant had sought to avoid at all costs.*

What can we conclude from this brief history of the UN Children’s Fund? UNICEF has been a wonderful agency, but there are reasons for concern. The Holy See has publicly questioned UNICEF involvement in the provision of contraceptives and abortifacients. Also, the personal political convictions of UNICEF’s current Executive Director, especially her long-standing embrace of abortion-rights, has led some to wonder whether UNICEF is now being guided towards ever-more controversial programs, including towards a recognition of abortion rights for adolescent girls. These are the sources of widespread suspicion about UNICEF and its current programming, suspicions that will be investigated and evaluated in the pages ahead.

36 The text of the bill states, in part, that “When an abortion is to be performed after the twentieth week of pregnancy, a physician other than the physician performing the abortion shall be in attendance to take control of and to provide immediate medical care for any live birth that is the result of the abortion. . . . Such child shall be accorded immediate legal protection under the laws of the state of New York.” Laws of New York, 1974, Chapter 991.

37 This position was overwhelmingly defeated; 44 senators voted to provide protection to such babies. 1974 New York State Senate Voting Record, for A10743C.

38 Laws of New York, 1977, Chapter 765.

39 Senate Journal, 1977, page 219.



# Part II: UNICEF and Abortion

UNICEF denies all involvement with abortion, and does so vociferously. In an official policy statement, UNICEF asserts that it “...has never provided support for abortion and it continues to be the long-standing UNICEF policy not to support abortion as a method of family planning.”<sup>40</sup> This point is repeated regularly. For instance, Executive Director of UNICEF Ireland, Maura Quinn has said, “Here are the facts: UNICEF does not finance abortion or abortion-related activities, nor has it ever done so....UNICEF as an organization does not advocate abortion...the Executive Board as a governing body has never passed any policy that even remotely supports abortion.”<sup>41</sup> Or, as Carol Bellamy told a newspaper in India in 2001, “Abortion isn’t anything that UNICEF has been involved in. We don’t recommend it. We don’t engage in it. We don’t offer it. We don’t tell people they should have it.”<sup>42</sup>

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However, UNICEF’s record on abortion is much more ambiguous, and much more problematic. For instance, UNICEF has endorsed documents, and has participated in the drafting of documents, that call for the legalization of abortion. One such document is the “The United Nations International Guidelines on HIV/AIDS and Human Rights.” The document was drafted by the UN High Commissioner for Human Rights and UNAIDS. According to the document’s annex, a representative of each UN agency comprising UNAIDS — World Health Organization (WHO), UN Department of Political Affairs (UNDPA), UN Population Fund (UNFPA), UN Educational, Scientific, and Cultural Organization

40 <http://www.unicef.org/pon95/fami0010.html>.

41 Maura Quinn, Executive Director, UNICEF Ireland, 22nd November, 2001, in a written reply to a letter from John Scanlan.

42 Sridhar Krishnaswami, “US Participation in UN Meets Uncertainty,” *The Hindu*, September 11, 2001.

(UNESCO), World Bank, and UNICEF — was present at the drafting of the document.<sup>43</sup> Thus, it can be concluded that UNICEF approves of this document; its name is even on the title page.

The Guidelines document openly asserts that women should have a right to abortion: “Laws should also be enacted to ensure women’s reproductive and sexual rights, including the right of independent access to reproductive and STD health information and services and means of contraception, including safe and legal abortion...”<sup>44</sup> It is even suggested that girls should have the right to abortion: “States should ensure that all women and girls of child-bearing age have...access to the available resources to...proceed with childbirth, *if they so choose*.”<sup>45</sup>

Some of UNICEF’s most explicit advocacy for abortion rights has come through its involvement in worldwide maternal health campaigns. In 1987, UNICEF joined the Safe Motherhood Initiative (SMI), which was launched at a conference in Nairobi, Kenya. According to its website, the “Safe Motherhood Initiative is a worldwide effort that aims to reduce the number of deaths and illnesses associated with pregnancy and childbirth.”<sup>46</sup> However, it became clear from its earliest moments that participants would not shy away from controversy, including controversy surrounding abortion. And perhaps this should come as no surprise, since participants include the International Planned Parenthood Federation (IPPF), as well as a number of other abortion-providers and abortion-promoters, such as the Population Council (which holds a patent on the abortion drug RU-486). UNFPA is also prominent in the Safe Motherhood Initiative.

One of the ten “Priorities for Safe Motherhood” is labeled “Prevent Unwanted Pregnancy and Address Unsafe Abortion.” According to the Safe Motherhood Initiative, this “priority” is based upon the fact that “Unsafe abortion is the most neglected — and most easily preventable — cause of maternal death.”<sup>47</sup> To address women’s deaths through unsafe abortions, “safe motherhood programmes [should] include client-centered family planning services to prevent unwanted pregnancy, contraceptive counseling for women who have had an induced abortion, the use of appropriate

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43 UN International Guidelines on HIV/AIDS and Human Rights, OHCHR and UNAIDS, 1998.

44 Ibid, para. 30f.

45 Ibid, para. 38f. Emphasis added. The Guidelines also calls for the legalization of prostitution, the legalization of homosexual marriage, complete sexual autonomy for children and for the establishment of criminal sanction for people who criticize homosexuality.

46 <http://www.safemotherhood.org/about/index.html>.

47 “Safe Motherhood, Priorities for Safe Motherhood,” <http://www.safemotherhood.org/smpriorities/index.html>.

technologies for women who experience abortion complications, and, *where not against the law, safe services for pregnancy termination*.”<sup>48</sup> An SMI “fact sheet” on unsafe abortion goes one step further than this, calling for the legalization of abortion: “What can be done? Reform laws and policies to support women’s reproductive health and improve access to family planning, health and abortion-related services.”<sup>49</sup> Not only did UNICEF approve of this priority, and of this fact sheet, it seems to have participated in writing it. The fact sheet, itself, states that it was “Prepared by Family Care International (FCI) and the Safe Motherhood Inter-Agency Group (IAG). The IAG includes: the United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNF PA), World Bank, World Health Organization (WHO), International Planned Parenthood Federation (IPPF), and the Population Council.”<sup>50</sup> Thus, according to UNICEF, nations should legalize abortion; they should “reform laws...to...improve access to...abortion-related services.”

UNICEF’s pro-abortion advocacy in the name of maternal health has continued unabated since then. In 1999, UNICEF helped to draft another document, entitled “Reduction of Maternal Mortality,” a Joint WHO/UNFPA/UNICEF/World Bank Statement. In many ways, this document represents UNICEF’s full integration into this maternal health-abortion issue. The text of the statement makes it plain that its sponsors are in total agreement regarding its contents: “This joint statement represents a consensus between WHO, UNFPA, UNICEF, and the World Bank and is an example of the common purpose and complementarity of programmes supported by the four agencies.”<sup>51</sup> The Joint Statement reaches the same conclusion that the Inter-Agency Group of the Safe Motherhood Initiative reached: if unsafe abortions result in maternal deaths, then any effort to combat maternal mortality must address unsafe abortions, at least in countries where abortion is legal: “Complications of unsafe abortion are responsible for a substantial proportion (13%) of maternal deaths. In some parts of the world, one-third or more of all maternal deaths are associated with unsafe abortions. These deaths can be prevented if women

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48 Ibid., Emphasis added.

49 “Safe Motherhood Fact Sheet: Unsafe Abortion,” [http://www.safemother.org/facts\\_and\\_figures/unsafe\\_abortion\\_fact.htm](http://www.safemother.org/facts_and_figures/unsafe_abortion_fact.htm).

50 Ibid.

51 “Reduction of maternal mortality,” a Joint WHO/UNFPA/UNICEF/World Bank Statement, 1999, page 2.



have access to family planning information and services, care for abortion-related complications, and, where abortion is not prohibited by law, safe abortion care.”<sup>52</sup>

But the Joint Statement goes even further than this. According to the Joint Statement, access to legal abortion should be expanded: “Availability of services for management of abortion complications and post-abortion care should be ensured by appropriate legislation. Where abortion is not prohibited by law, facilities for the safe termination of pregnancy should be made available.”<sup>53</sup> Who would make these facilities available, and who would fund the creation of these facilities, is not discussed. But another threshold for UNICEF has now been crossed: in the name of maternal health, abortion facilities should somehow “be made available.”

Finally, there is a document produced in 2000 by an NGO called Family Care International. According to Family Care International, the document was written “in consultation” with UNICEF.<sup>54</sup> The document, which includes a quotation from UNICEF Executive Director Carol Bellamy, maps out a strategy for repealing restrictions on abortion. It states that an “Area for Action” is “Changing laws, policies and attitudes that continue to inhibit the full exercise of reproductive and sexual rights.” And what is included in this conception of reproductive and sexual health? “Safe abortion services.”<sup>55</sup>

Thus, in the name of maternal health, UNICEF has made repeated calls for the expansion of abortion services and the recognition of a legal right to abortion. It should also be noted that this approach to maternal health represents a fundamental break from the successful programs of former Executive Director Jim Grant. For instance, it is a controversial approach, an approach that cannot garner widespread, universal acceptance. What is more, it does not focus on the immediate, on the “doable.” If the goal is to save as many women as possible, then UNICEF should focus all of its resources on providing trained birth attendants and emergency obstetric care, and not waste any effort on an indirect, rights-based approach. The Joint Statement, itself, notes that “Only 53% of pregnant women in developing countries deliver with the help of a skilled attendant.... Providing skilled attendants able to prevent, detect, and manage the major obstetric complications, together with the equipment, drugs, and other supplies essential for their effective management, is the single most

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52 Ibid, page 14.

53 Ibid, page 24.

54 [http://www.familycareintl.org/briefing\\_cards\\_2000/rights.htm](http://www.familycareintl.org/briefing_cards_2000/rights.htm).

55 Ibid.



important factor in preventing maternal deaths.”<sup>56</sup> Perhaps the first step in any maternal health crusade should be to ensure that the other 47 percent of women have trained birth attendants, and to worry about rights and discrimination and social barriers only after this goal has been achieved.

But perhaps even more importantly, by involvement with this maternal health crusade, UNICEF has taken on both the means and ends of groups whose ultimate goal is the right to abortion-on-demand in every country on earth. Through this safe motherhood crusade, UNICEF’s integration with UNFPA and IPPF, and other groups like them, grows ever more complete.

As we have seen, one of the reasons cited by the Vatican when it decided to defund UNICEF in November, 1996, was “The participation of UNICEF in the publication of a United Nations Manual advocating the distribution of abortifacient ‘post-coital contraceptives’ to refugee women in emergency situations.”<sup>57</sup> The Vatican was referring to a document entitled “Reproductive Health in Refugee Situations: an Inter-Agency Field Manual.” Indeed, this is a deeply controversial document, on many issues. And, indeed, the Manual constitutes another example of the dangers of UNICEF involvement with other UN agencies such as the UN Population Fund.

The very acknowledgements would appear to pose a public-relations problem for UNICEF for, there, UNICEF is joined by Family Health International, Ipas, IPPF, Marie Stopes International (MSI), Population Council and UNFPA in endorsing the manual.<sup>58</sup> Family Health International (FHI), initially called the International Fertility Research Program (IFRP), has been involved in devising and testing sterilization techniques and numerous contraceptives and abortifacients, including the Intrauterine Device (IUD), Norplant and the female condom.<sup>59</sup> Ipas manufactures the manual vacuum aspirator (MVA), a suction device that can be used for a number of purposes, including, according to Ipas, early abortions in refugee-like emergency situations.<sup>60</sup> The International Planned Parenthood Federation (IPPF) is the world’s largest abortion-

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56 “Reduction of maternal mortality, a Joint WHO/UNFPA/UNICEF/World Bank Statement, 1999, pages 15-16.

57 Holy See Press Release, November 4, 1996.

58 Reproductive Health in Refugee Situations: an Inter-agency Field Manual, United Nations High Commissioner for Refugees, 1999.

59 <http://www.fhi.org/en/gen/corpreport/cr25yrs.html>.

60 <http://www.ipas.org/english/products/>. UNFPA has distributed MVAs in emergency reproductive health kits in refugee situations.

provider. Marie Stopes International is another major abortion-provider, operating clinics in many developing countries. The Population Council was established to lower worldwide fertility. It advocates for abortion, and, as we have seen, holds the patent for the abortion drug RU-486. It is these groups with which UNICEF associated in the writing of this manual, all of them seminal organizations in the population control movement, and the movement for recognition of abortion as an international human right, as well as organizations that might profit by establishing new markets for their contraceptive and abortifacient products: refugee camps.

What, exactly, does the Refugee Manual say? First, the document suggests a right to abortion: “Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law...”<sup>61</sup> In the parlance of United Nations radicals, “fertility regulation” includes abortion.

The Manual also establishes that relief organizations should distribute “emergency contraceptives” to refugees. The Manual states that: “Key actions to be taken during the emergency to reduce the risk of sexual violence and respond to survivors are...provide a medical response to survivors of sexual violence, including emergency contraception.”<sup>62</sup> It also states that: “Copper-bearing IUDs can be used as a method of emergency contraception. This may be appropriate for some women who wish to retain the IUD for long-term contraception....When adopted within five days, an IUD is an effective method of emergency contraception.”<sup>63</sup>

It is a scientific fact, a fact now acknowledged by both the UN Population Fund and the World Health Organization, that emergency contraceptives often operate by blocking already-conceived human embryos from implanting in the uterus.<sup>64</sup> Emergency contraceptives kill human embryos, and are, thus, according to traditional obstetric definitions, abortifacient in nature.<sup>65</sup>

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61 Reproductive Health in Refugee Situations: an Inter-agency Field Manual, chapter one.

62 Ibid, chapter two.

63 Ibid, chapter four. FHI was deeply involved in the initial development of copper-bearing IUDs: “1985. Clinical trials began to compare Copper T with other IUDs in 23 countries, eventually involving 10,000 women and becoming the world’s most complete IUD data sets. The studies were instrumental in introducing Copper T IUDs in these countries. <http://www.fhi.org/en/gen/corpreport/cr25yrs.html>.

64 Reproductive Health in Refugee Situations: an Inter-agency Field Manual, chapter four.

65 Chris Kahlenborn, M.D., Joseph B. Stanford, M.D., MSPH, and Walter L. Larimore, M.D., “Postfertilization Effect of Hormonal Emergency Contraception,” *The Annals of Pharmacology*

From all of this, it can be concluded that UNICEF is an opportunistic advocate of abortion rights. UNICEF has used the issue of HIV/AIDS to promote abortion. UNICEF has used the issue of maternal mortality to promote abortion. UNICEF has used the issue of refugee crises to promote abortion. And it now appears that UNICEF has accepted the most explicitly pro-abortion element of the United Nations — the Committee on the Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW) — as a fundamental guide for its own policies and programming.<sup>66</sup> One UNICEF document claims that “the application of CRC [Center for Reproductive Rights] and CEDAW principles [are] now the driving forces behind UNICEF’s work for children and women...”<sup>67</sup> The document goes on to say that UNICEF depends upon the pronouncements of the Committee, even gives these pronouncements pride-of-place in its own programming. According to UNICEF,

In assessing the country situations of children and women, UNICEF offices are guided by the suggestions and general recommendations of the Committees for CRC and CEDAW. The concerns and specific problems identified by these Committees may point to the need for further study or actions by UNICEF on issues within its mandate. These suggestions and recommendations may also highlight issues and concerns which in the view of the Committees require attention and may warrant a UNICEF programmatic response.<sup>68</sup>

What does the Committee tell nations? The Committee has informed a number of countries that they must legalize abortion or risk falling out of compliance with the Convention. For instance, in 1999, the Committee told Chile that it “...urges the Government to consider a review and amendment of the laws relating to abortion, in particular to provide safe abortion and to permit termination of the pregnancy for therapeutic reasons or because of health, including mental health, of the woman.”<sup>69</sup>

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*therapy*, March 2002.

66 The CEDAW Committee exists to monitor nations’ compliance to the CEDAW convention.

67 “Human Rights for Children and Women: How UNICEF Helps Make Them a Reality,” UNICEF, 1999.

68 “Human rights for children and women: how UNICEF helps make them a reality,” UNICEF, 1999, page 22.

69 “Report of the Committee on the Elimination of Discrimination Against Women,” Twentieth Session, 19 January – 5 February, 1999, A/54/38/Rev. 1, Committee recommendations for Chile, para. 229.

The Committee also stated that it "...is concerned that, with very limited exceptions, abortion remains illegal in Ireland. Women who wish to terminate their pregnancies need to travel abroad....The Committee urges the Government to facilitate a national dialogue on women's reproductive rights, including on the restrictive abortion laws."<sup>70</sup> The Committee told Colombia that it "...noted with great concern that abortion, which is the second cause of maternal deaths in Colombia, is punishable as an illegal act."<sup>71</sup>

So it is now established that UNICEF talks, often and repeatedly, about abortion. It accepts the policy guidance of abortion advocates. These are important developments in their own right. But what does UNICEF do? What actions does UNICEF take in support of these positions? UNICEF has participated in a number of dubious family planning programs. For instance, on its webpage, the Population Council describes a program in Sierra Leone whereby UNICEF transfers money from UNFPA to national affiliates of Marie Stopes International (MSI) and the International Planned Parenthood Federation: "UNICEF is now executing the National Family Planning/Maternal Child Health (MCH) Project, funded by United Nations Population Fund (UNFPA). This program operates through government health centers and posts and also assists NGOs like Marie Stopes Sierra Leone (MSSL) and the Planned Parenthood Association of Sierra Leone (PPASL). Both MSSL and PPASL receive some assistance, including contraceptive supplies, from this project."<sup>72</sup> Thus, UNICEF is involved in ensuring that Marie Stopes and International Planned Parenthood are provided with contraceptives. What is additionally troubling about this project is that MSI and IPPF are both abortion providers, two of the world's largest and most prominent abortion providers. "Both MSSL and PPASL receive

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70 "Report of the Committee on the Elimination of Discrimination Against Women," Twentieth Session, 19 January–5 February, 1999, A/54/38/Rev. 1, Committee recommendations for Ireland, paras. 185 and 186. The Committee has also taken special aim at Ireland, because of the strong Roman Catholic influence there. The Committee has claimed that CEDAW obligated Ireland to take active measures to eradicate the influence of Catholicism, since Catholicism is not consistent with the Committee's interpretation of rights under CEDAW: "the Committee notes that although Ireland is a secular State, the influence of the Church is strongly felt not only in attitudes and stereotypes but also in official State Policy. In particular, women's rights to health, including reproductive health, is compromised by this influence." "Report of the Committee on the Elimination of Discrimination Against Women," Twentieth Session, 19 January–5 February, 1999, A/54/38/Rev. 1, Committee recommendations for Ireland, para. 180.

71 "Report of the Committee on the Elimination of Discrimination Against Women," Twentieth Session, 4 May, 1999, A/54/38 (Part I), Committee recommendations for Colombia, para. 393.

72 [http://www.popcouncil.org/publications/qcqc/qcqc07\\_7.html](http://www.popcouncil.org/publications/qcqc/qcqc07_7.html).

some assistance, including contraceptive supplies, from this project.” This assistance includes, and therefore is not restricted to, contraceptive supplies. Is it possible that UNICEF helps to transfer money from UNFPA to MSI and IPPF in order to perform abortions? Unless there are specific guidelines in place — and there do not appear to be any — we have no way of knowing.

In the UN Population Fund’s 1996 Inventory of Population Projects in Developing Countries Around the World, UNICEF is named as a financial contributor to a “global” program on reproductive health run by the Population Council.<sup>73</sup> According to the Inventory:

This project focuses on four priorities: improving the quality of care in family planning and reproductive health services; managing unwanted pregnancy and preventing the consequences of unsafe abortion; devising new approaches to postpartum care to meet the health and contraceptive needs of the mother and the health of her child; and designing programs that address sexually transmitted diseases, including AIDS. Funded by Ford, SID, MacArthur, Rockefeller, USAID, AusAID, UNICEF, UNFPA, the Government of the Netherlands, and the Population Council. Project duration: 1987- open. Project budget 1996: \$1,109,000.<sup>74</sup>

There are a number of areas of concern with this program. In UN parlance, “reproductive health services” has often included abortion. What is more, “managing unwanted pregnancies” is also routinely used by pro-abortion non-governmental organizations as a euphemism for abortion — the proper manner in which to manage an unwanted pregnancy being to terminate it. Could UNICEF actually be funding abortions through this project?

UNICEF also funds a South African organization called loveLife<sup>75</sup> that purportedly exists to fight the spread of HIV/AIDS. LoveLife appears to be held in high regard throughout the United Nations community, including by UNICEF. In a press release, loveLife itself reports that, in 2000, “loveLife — South Africa’s high-powered national HIV-prevention effort [was] selected by the United Nations and its affiliated international development

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73 UNFPPA, *Inventory of Population Projects in Developing Countries Around the World*, 1996, page 596.

74 *Ibid*, page 596.

75 This capitalization is accurate.

agencies — UNICEF, UNAIDS and UNDP — as the only organization to be profiled at the official UN World AIDS events at the UN Headquarters in New York.<sup>76</sup> On its website, loveLife also claims that UNICEF is a prominent financial sponsor of its programs: “Major funding for loveLife is provided by the Henry J. Kaiser Family Foundation, the Bill and Melinda Gates Foundation, the South African Government and UNICEF.”<sup>77</sup>

As of January, 2003, loveLife provided children with the telephone number for the Marie Stopes International abortion clinics: “Abortion is free at some government clinics and hospitals. Private clinics charge for it. You can get an abortion done at Marie Stopes Clinics, 0800 11 7785 if you are happy to pay for the service.”<sup>78</sup> LoveLife tells children: “You’re pregnant, or you’ve just heard that your girlfriend is. You didn’t plan it, you don’t want it...Remember, it is your right to get counseling. It is your right to get an abortion. If people are unhelpful, don’t get discouraged. Keep trying. You don’t need permission from anybody to have an abortion.”<sup>79</sup> Lovelife also mentions that a girl can have an abortion - a procedure it describes as “a gentle suction”<sup>80</sup> — without telling her parents. Instead, a girl should “Talk to someone — a health worker, a counselor, or someone you can trust.”<sup>81</sup> After his girlfriend’s abortion, loveLife recommends that a boyfriend should “Help her feel special — even a cup of tea can help! Celebrate together if you want. Wait before you suggest sex and take it easily and gently. Use contraception.”<sup>82</sup> Finally, loveLife informs girls what they can expect after their abortion: “You will feel a sense of relief. Some people like to do a ritual to end the process — light a candle, plant a flower, write a poem or go for a long walk. If you get depressed, talk to a counsellor or health worker.”<sup>83</sup>

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76 loveLife press release, 2000.

77 <http://www.lovelife.org.za/llwebsite/simple.asp?PageID=330>. All citations to the loveLife website are current as of January, 2003.

78 <http://www.lovelife.org.za/llwebsite/simple.asp?PageID=180>. On January 11, 2002, the Catholic Family and Human Rights Institute published a *Friday Fax* on loveLife and UNICEF (Volume 5, Number 3). Shortly after publication, loveLife removed the telephone number, and it also altered many of the quotations that follow.

79 Ibid.

80 Ibid. Since the *Friday Fax*, this description has been removed.

81 Ibid. Since the *Friday Fax*, “parents” have been added to the list.

82 Ibid. Since the *Friday Fax*, “celebration” and reference to gentle sexual relations have been removed.

83 Ibid. Since the *Friday Fax*, the mention of “relief” has been removed, as has the talk of a post-abortion “ritual.”

Finally, there is some indication that UNICEF has provided an early abortion device to international aid organizations through its catalogue of goods. According to Ipas, the manual vacuum aspirator it produces has been distributed by UNICEF: Ipas claims that “MVA instruments are also available through the UNICEF Warehouse Catalogue.”<sup>84</sup> The MVA is a multi-purpose device, useful “for treatment of incomplete abortion, induced abortion through 12 weeks LMP, and endometrial biopsy.”<sup>85</sup> Ipas emphasizes just how useful MVAs are for abortion: “Ipas is working to ensure that where medical abortion is offered, MVA is available as an alternative and/or backup method because of the safety and efficacy of the vacuum aspiration technology.”<sup>86</sup> (It should be noted that this website was altered after the Catholic Family and Human Rights Institute reported on this issue. The mention of UNICEF was removed. Also, no manual vacuum aspirator is currently listed in the UNICEF Warehouse Catalogue.)

What should be concluded about UNICEF and abortion? On multiple occasions, UNICEF has endorsed statements calling for the legalization of abortion and for an increase in access to abortion. UNICEF employs the pro-abortion CEDAW Committee as its policy guide. UNICEF has funded a number of programs that may involve abortion.

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84 <http://www.ipas.org>

85 <http://www.ipas.org/mva/index.html>.

86 *Ibid.*





# Part III: UNICEF and Contraception

To fully assess UNICEF's current role and activities, it is necessary to establish UNICEF's policy regarding family planning and contraceptives. UNICEF has a very carefully worded policy on family planning which states, in part:

UNICEF has long viewed the responsible planning of family size, especially birth spacing, as an essential part of maternal and child health (MCH) services. While containing rapid population growth is generally the central concern of most family planning advocates, UNICEF sees the primary objective of child spacing as bringing about an improvement in the survival, well-being and quality of life of the child, the mother and the family.

As a matter of policy, approved by its Executive Board, UNICEF does not advocate any particular method of family planning, believing this to be a matter best decided by people themselves in accordance with their needs, values and preferences. As a matter of practice, UNICEF does not provide contraceptive supplies. UNICEF has never provided support for abortion and it continues to be the long-standing UNICEF policy not to support abortion as a method of family planning.

However, as part of its mandate for improving the wellbeing of children and women, UNICEF is actively involved in advocacy and practical action for the reduction of under-five mortality and maternal mortality, for the support of breastfeeding, for the education of girls and raising the age of marriage, and for supporting women in their multiple roles. All of these make a major and direct contribution towards the integrated approach to family planning and population issues.

In particular, UNICEF continues to advocate the well-informed timing and spacing of births, and to draw attention to the well-documented disadvantages for both mother and child of births

that are ‘too close or too many’ and to mothers who are ‘too young or too old.’<sup>87</sup>

These statements appear straightforward, and are repeated frequently in UNICEF literature. For instance, when asked about UNICEF’s reputed involvement in the distribution of contraceptive supplies, the Executive Director of UNICEF Ireland, Maura Quinn, denied these allegations, stating that “UNICEF does not promote any specific method of family

*With these statements, UNICEF hopes to allay any fears that it is engaging in controversial activities.*

planning at all, with one exception: breastfeeding.... The family planning activities that UNICEF supports revolve principally around breastfeeding, as well as the provision of quality prenatal health care. UNICEF does

not provide contraceptives, nor has it ever done so.”<sup>88</sup> In a public statement made in 1999, Carol Bellamy declared that “UNICEF would like to emphasize that its position on family planning has not changed for a number of years, and that, as a matter of policy approved by its Executive Board, UNICEF does not advocate any particular method of family planning.... Thus UNICEF does not make available its resources for... any method of contraception in any country.”<sup>89</sup>

With these statements, UNICEF hopes to allay any fears that it is engaging in controversial activities. Bellamy even pledges that all of UNICEF’s far-flung endeavors adhere to this policy: “UNICEF’s cooperation in all countries is consistent with this policy and is closely monitored by UNICEF field offices and Headquarters.”<sup>90</sup>

UNICEF has also been careful to distance itself from two of the most controversial aspects of the worldwide population-control movement: the sterilization of women in the developing world and China’s One Child Policy, a policy that has resulted in tens of millions of forced abortion and sterilizations.<sup>91</sup> With regard to sterilization, UNICEF flatly states that

87 <http://www.unicef.org/pon95/fami0010.html>.

88 Maura Quinn, Executive Director, UNICEF Ireland, 22nd November, 2001, in a written reply to a letter from John Scanlan.

89 Carol Bellamy, UNICEF Canada, <http://www.unicef.ca>, family planning section.

90 Carol Bellamy, UNICEF Canada, <http://www.unicef.ca>.

91 For a more complete account of the One Child Policy, and UN complicity in this policy, see Douglas A. Sylva, *The United Nations Population Fund: Assault on the World’s Peoples*, In-

“UNICEF does not advocate, fund or support sterilization in any way.”<sup>92</sup> With regard to the One Child Policy, UNICEF produces a more careful statement:

UNICEF has never supported China’s one child policy nor provided any funding or support to abortion or sterilization. UNICEF did increase its health program funding in China, especially for increased immunization and for the elimination of Iodine Deficiency Disease, the largest cause of preventable mental retardation and often death of children. UNICEF has always argued that the most effective means to reduce population growth is to ensure child survival. Our child survival efforts have been recognized as a contributor to lower population growth and are therefore included by country governments in their reports on population-related activities. China includes UNICEF’s child health/survival programmes in its listing of population related activities.<sup>93</sup>

UNICEF would like to establish that, although China itself claims that UNICEF participates in its population-control program, this is only because UNICEF’s success in child survival discourages women from having more children.

In light of all of these emphatic statements concerning UNICEF policy, observers should expect to find little in the way of controversy, few programs that need explanation, few programs that should raise alarm. However, reality is far from this unambiguous.

## The 1970s — UNICEF in the Age of Explicit Population Control

The first incontrovertible evidence of UNICEF involvement in population control comes from the 1970s. This evidence is essential for an assessment of current UNICEF activities for two main reasons: first, it proves that UNICEF has engaged in such activities in the past. As we have seen, UNICEF officials claim that they do not do these things now, *and have never done them*; since we know the latter statement is untrue,

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International Organizations Research Group, White Paper Series, Number Two, 2002, available at [http://www.c-fam.org/docLib/20080624\\_UNPF.pdf](http://www.c-fam.org/docLib/20080624_UNPF.pdf).

92 <http://ww.unicef.ca>.

93 Ibid.

there may be good reason to suspect the credibility of the former, as well. Second, the 1970s were a more explicit age, an age when the need for population control was widely accepted, and when agencies like UNICEF were therefore willing to admit their involvement in population control. Thus, through studying what UNICEF did in the 1970s, we can possibly gain some insight into what it does today, the UNICEF programs and policies that have since become shrouded in euphemisms.

The greatest source of information regarding UNICEF's involvement in population control and family planning comes from periodicals called the "Population Reports," which were published by the George Washington University Medical Center and the Johns Hopkins University Population Information Program.<sup>94</sup> These reports were written by full collaborators in the population control movement, and were intended to chronicle and advance the burgeoning field of reproductive health services; there is no reason, therefore, to believe that their matter-of-fact pronouncements concerning UNICEF involvement would be anything but accurate.

One such report from 1977, entitled "A Guide to Sources of Family Planning Supplies and Services," includes a chart of "Sources of Family Planning Assistance (Direct Support and Technical Aid)." Under the heading of UNICEF, the Guide lists a number of activities:

UNICEF (UNICEF assistance for family planning services and related activities are funded only when they are integral parts of health and other social services.)

- Operational Research
- Administrative Staffing
- Medical Staffing
- Paramedical Staffing
- Training Fellowships
- Training – Instructional Materials
- Training – Program Support Funds
- Training – Travel Funds
- Contraceptive Supplies and Services – Condoms (only when financed by UNFPA)

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94 First reference to these reports has made by Winifred Prestwich in "UNICEF: Guilty as Charged," (Toronto: Life Ethics Information Centre, 1993). The reports are now published by Johns Hopkins University, alone.

- Contraceptive Supplies and Services – Diaphragms (only when financed by UNFPA)
- Contraceptive Supplies and Services – Injectables (only when financed by UNFPA)
- Contraceptive Supplies and Services – IUDs (only when financed by UNFPA)
- Contraceptive Supplies and Services – Oral Contraceptives
- Contraceptive Supplies and Services – Spermicidal (Suppositories, Cream, Tablets, Foam, Jelly)
- Contraceptive Supplies and Services – Sterilization Supplies/Equipment (Female)
- IEC – Communications (Mass Media Program/Funds)
- Equipment – Audiovisual
- Equipment – Medical
- Equipment – Office
- Building – Construction Funds
- Vehicles – Provision of Vehicles
- Vehicles – Maintenance and Spare Parts<sup>95</sup>

Here, we see that UNICEF involvement in family planning was thorough and complete, from research to training to contraceptive supplies to general equipment. The chart allows us to make a number of observations. First, the header states that “UNICEF assistance for family planning services and related activities are funded only when they are integral parts of health and other social services.” This inclusion of family planning services within more general health programmes makes it extremely difficult to learn about the family planning services, to disentangle them from a broad array of health and social services. In short, they can be hidden. Second, it is clear that UNICEF provided some sort of purchasing service for UNFPA. The UN Population Fund gave UNICEF money, and UNICEF used that money to buy condoms, diaphragms, injectable contraceptives and IUDs. This purchasing service signals the beginning of thirty years of ever-closer collaboration and integration between the two agencies. Third, according to this “Population Report,” UNICEF was a direct source of oral contraceptives, spermicidal and female sterilization supplies and services. In other words, UNICEF purchased these supplies — even sterilization

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95 “A Guide to Sources of Family Planning Programs Assistance,” *Population Reports*, Series J, Number 15, March 1977, Department of Medical and Public Affairs, The George Washington University Medical Center. Table 3 – Sources of Family Planning Assistance (Direct Support and Technical Aid), pages J-274-276.

supplies — with its own money and distributed these supplies itself.

There is another table in this “Population Report” that tells its readers what organizations to contact for “sources of funding for selected family planning supplies and services” — that informs its readers who will pay for supplies and services. “If assistance is needed for oral contraceptives, contact UNICEF; if assistance is needed for IUDs, contact UNICEF; if assistance is needed for condoms, contact UNICEF; if assistance is needed for diaphragms, contact UNICEF; if assistance is needed for injectables, contact UNICEF; if assistance is needed for spermicides, contact UNICEF.”<sup>96</sup> According to this chart, UNICEF operated as a “source of funding” for all of these services.

This general information is expanded upon in other “Population Reports.” Most importantly, these other publications confirm the direct involvement of UNICEF in the supply and distribution of oral contraceptives and sterilization equipment. In the case of oral contraceptives, it is evident that UNICEF, along with the US Agency for International Development (USAID) and the Swedish International Development Authority (SIDA), was one of the world’s most important international suppliers for oral contraceptives in the 1970s. For instance, “During 1972, AID, SIDA, and UNICEF shipments equaled about 10 percent of the commercial oral contraceptive sales in the major world markets.”<sup>97</sup> The report goes on to say that “In 1973...the United States supplied 39 million cycles; Sweden, 10 million. The United Nations Children’s Fund (UNICEF) also supplied tablets and raw materials equivalent to more than five million cycles.”<sup>98</sup> In particular,

UNICEF, the United Nations Children’s Fund, has provided either pills or raw materials for more than 12 million cycles, of which over five million were purchased in 1973. The pill shipments have gone to Mauritius, Pakistan, Singapore, Bangladesh, and Chile. UNICEF has supplied mainly Eugynon (manufactured by Schering AG), Ovulen (manufactured by G.D. Searle and

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96 Ibid, page J-270. Chart condensed.

97 “Oral Contraceptives,” *Population Reports*, Series A, Number 1, April 1974, Department of Medical and Public Affairs, The George Washington University Medical Center, page A-17. It should be noted that the Report contends that its information was provided directly by UNICEF, itself: “Information on government and international distribution programs was provided by the US Agency for International Development (AID), the Swedish International Development Authority (SIDA), the UN Children’s Fund (UNICEF) and the International Planned Parenthood Federation (IPPF).” Page A-1.

98 Ibid. page A-1.

Co.), and Primovlar (manufactured by Schering). UNICEF has also supplied the United Arab Republic with raw materials and packaging to produce nine million cycles of orals locally for the government program.<sup>99</sup>

The 1977 “Population Report” on sterilization establishes essential UNICEF involvement in the provision of this reproductive service. In fact, the “Guide to Equipment Selection for M/F Sterilization Procedures” even asserts that UNICEF designed a sterilization device: “This instrument kit for sterilization by colpotomy was developed by UNICEF in cooperation with UNFPA and WHO.”<sup>100</sup> UNICEF was also involved in distributing sterilization equipment: “United Nations (UN) agencies — the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) — can be a source of equipment assistance directly to governments or government-sponsored programs.”<sup>101</sup>

It should be noted that sterilization has been one of the most controversial aspects of population control programs in the developing world, largely because of the obvious finality of the procedure, the risks of complications, and the charge

*Not only was UNICEF willing to distribute sterilization equipment, it was also willing to design this equipment.*

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that this procedure has often been performed on poor and uneducated women without their full knowledge or consent.<sup>102</sup> Not only was UNICEF willing to distribute sterilization equipment, it was also willing to design this equipment.

During the 1970s, population control agencies such as USAID and UNFPA also embraced the use of intrauterine devices (IUDs) as long-term contraceptives. A “Population Report” from 1979 focusing on IUDs explains the assistance UNICEF provided to UNFPA in order for UNFPA to supply massive numbers of IUDs to women in the developing world:

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99 Ibid, page A-17.

100 “Guide to Equipment Selection for M/F Sterilization Procedures,” *Population Reports*, Special Topic Monographs, Number 1, September 1977, Department of Medical and Public Affairs, The George Washington University Medical Center, page M-24.

101 Ibid, page M-3.

102 See, for instance, Cecilia Van Hollen, “Moving Targets: Routine IUD Insertion in Maternity Wards in Tamil Nadu, India,” *Reproductive Health Matters*, Vol. 6, No. 11, May 1998, pages. 98-105.

“In developing countries IUDs are manufactured locally, sometimes on license from larger manufacturers, or in many cases provided by donor agencies, both public and private, such as the US Agency for International Development (USAID), the UN Fund for Population Activities (UNFPA) through the UN Children’s Fund (UNICEF)...”<sup>103</sup> Specifically, “UNFPA is also funding the purchase of an increasing number of IUDs for developing country programs, with the actual procurement undertaken by UNICEF (about 97 percent) and WHO (about 3 percent). Between 1974 and 1978, UNFPA has funded purchases (or shipments from the stockpile) of nearly 5 million IUDs for UNICEF and WHO, of which about 1.8 million were in 1978. These were primarily Lippes Loops and Tcu200s.”<sup>104</sup>

According to the “Population Report,” in 1975, 1,000,000 IUDs that UNICEF purchased for UNFPA were distributed in India.<sup>105</sup> At the time, the Indian government was imposing a coercive population control program on its people; there were widespread reports that IUDs were being inserted in women shortly after delivering babies, without their knowledge or consent.<sup>106</sup>

The “Population Reports” from the 1970s should prove disturbing, even for an assessment of the current activities of UNICEF. For instance, it is now apparent that much of the policy debate about family planning that occurred in the 1980s and 1990s was a debate over semantics; UNICEF was already doing many of the things being debated, and doing them before any official policy had been released to the public. In light of this fact, can we expect UNICEF to proceed with caution, to proceed only according to explicit policy, on other controversial issues? Also, UNICEF currently asserts that it does not do many of these things, such as supply contraceptives or participate in the provision of sterilization, and has never done so in the past. If one half of this assertion is false, demonstrably false, how seriously should we consider the remaining half?

## The 1980s – Population Control, Continued

UNICEF’s involvement in these types of programs continued in the 1980s. Another reliable source of information on UNICEF comes from UNFPA’s yearly *Inventory of Population Projects in Developing Countries around the World*. Just like with the “Population Reports,” UNFPA’s

103 “IUDs – Update on Safety, Effectiveness, and Research,” *Population Reports*, Series B, Number 3, May 1979, Population Information Program, Johns Hopkins University, page B-53.

104 *Ibid*, page B-53.

105 *Ibid*, page B-91.

106 Van Hollen, pages. 98-105.



*Inventories* were written by ideological allies of UNICEF — collaborators and colleagues — rather than foes. What becomes clear through an investigation of these *Inventories* is that UNICEF remained active in the promotion of sterilization, at least until 1990. For instance, an *Inventory* describes a World Bank project in Kenya, stating that “In order to increase the project’s impact on fertility the project was amended in November 1985 to include the establishment of surgical contraceptive facilities in 13 district hospitals and five family planning clinics in urban areas.”<sup>107</sup> According to the *Inventory*, UNICEF contributed \$700,000 to this project.<sup>108</sup> An *Inventory* also reported that UNICEF, WHO and UNFPA collaborated on a two-year project (1987-1988) in Nepal “to organize, extend and improve the quality of sterilization in mobile units country-wide and in regular health institutions in non-integrated districts.”<sup>109</sup> UNICEF’s 1988 budget for this project was listed as \$795,569.<sup>110</sup> Finally, UNICEF spent \$1.3 million in a 1990 program in Malawi “to assist the development of surgical contraceptive services.”<sup>111</sup> From all of this, we can conclude that the expansion of sterilization services was not a simple relic of the 1970s UNICEF, but remained a priority at UNICEF for at least another decade.<sup>112</sup>

## The 1990s to the Present

Compiled, below, is the best available evidence concerning current UNICEF involvement in family planning, concerning the Carol Bellamy era. As we shall see, this is a thorough, multi-faceted approach: UNICEF promotes the use of contraceptives, UNICEF performs research on fertility and contraceptive use, and, most importantly, UNICEF actively funds the distribution of contraceptives.

To begin this section, it is necessary to mention that UNICEF now admits that condom-distribution to adolescents is a part of its mandate — even one of its “key priorities.” In a document released in 2002,

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107 UNFPA, *Inventory of Population Projects in Developing Countries Around the World*, 1988, Kenya.

108 Ibid.

109 UNFPA, *Inventory of Population Projects in Developing Countries Around the World*, 1988, Nepal.

110 Ibid.

111 UNFPA, *Inventory of Population Projects in Developing Countries Around the World*, 1990, Malawi.

112 These activities contradict Jim Grant’s (UNICEF’s Executive Director at the time) stated opposition to involving UNICEF in family planning programs, but it does appear that UNICEF involvement in such programs declined in the 1980s.

UNICEF states that “As a key priority in its Medium-Term Strategic Plan for 2002-2005, UNICEF is expanding its efforts [to]...Promote and expand access to youth-friendly health services, including access to HIV counselling and testing, *condoms* and the treatment of sexually transmitted diseases.”<sup>113</sup> The Medium-Term Strategic Plan, itself, repeats this new priority: “UNICEF supports actions to: Promote and expand access to youth-friendly, gender-sensitive health services to enable young people’s access to confidential HIV testing and counselling, to information, education and counselling, and to sexual and reproductive health services, *including access to condoms* and the treatment of sexually transmitted diseases...”<sup>114</sup> The Medium-Term Strategic Plan (MTSP) is UNICEF’s chief blueprint for the next few years; this is a formal UNICEF commitment to “young people’s” access to condoms.

These quotations raise a number of important points. First, this is the actual provision of condoms (along with other “sexual and reproductive health services”), and UNICEF openly admits that this provision will “expand.” Also, UNICEF claims that at least some of the components of this new endeavor will be available to children in a “confidential” setting. Confidentiality from whom? When it comes to adolescent sexual services and counselling, confidentiality means confidentiality from parents, the provision of reproductive services without parental knowledge or consent. Next, these statements show the influence of HIV/AIDS on UNICEF programming, that the AIDS epidemic has constituted a justification for a more radical turn at UNICEF. Finally, it is difficult to understand how these quotations can be reconciled with UNICEF’s official policy on family planning, which states, in part, that “As a matter of practice UNICEF does not provide contraceptive supplies...UNICEF does not make available its resources for...any method of contraception in any country.” From these statements, it is not entirely clear how UNICEF plans to implement this new priority, how it will work to increase children’s access to condoms. But this admission — an explicit acknowledgement of intent to do so — is essential nonetheless.

One possibility is that UNICEF will fund other groups, mostly non-governmental organizations, to do this work for it. One example of this type of UNICEF involvement in condom distribution comes from a report published in conjunction with an Australian and Pacific Parliamentarians Study Tour of the island of Vanuata held in July, 1999.

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113 “Young People and HIV/AIDS, a UNICEF Fact Sheet,” February, 2002. Emphasis added.

114 Medium-term strategic plan for the period 2002-2005, MTSP, E/ICEF/2001/13, November 7, 2001.

According to the report:

The KPH (Kam Pusum Hed) Center was opened on the 5<sup>th</sup> February 1999. It is a joint initiative between UNICEF, AusAID, SCFA, Wan Smol Bag Theatre and the Department of Health. It functions as a drop in center for adolescents/youths, individuals and couples and provides the following services: Counseling on family planning (FP) and reproductive health (RH); Health education and promotion on parenting, FP, RH and nutrition; Contraceptives including free distribution of condoms; Community education through drama workshops conducted by the KPH staff and volunteers; and Antenatal and postnatal care and screening for breast cancer....It was adequately provided with audio visual aid equipment, teaching and training materials including flip charts, FP/RH models for practical training and contraceptives. The services were provided free of charge including contraceptives....Clients were mostly youths including students. The center had also observed an increase in the number of clients who went there to pick up their supplies of condoms. This was due to the practice adopted by the KPH where condoms were placed in a basket close to the entrance door for easy access and visibility. A client can just walk in, collect condom supplies and leave without having to ask the health workers for them. This is an excellent example of making condoms easily accessible without any hassle for the clients.<sup>115</sup>

There is no mention of how much money UNICEF invested in this clinic. But it is telling to note that this report, clearly written by proponents of reproductive health services for adolescents, would praise any UNICEF project for its free distribution of condoms – condoms left in a basket by the door. This is certainly one way to “increase access” to condoms, as UNICEF now seeks to do.

Another example of such UNICEF-funded NGO activities comes from a program report of Population Services International (PSI), a group that develops and markets contraceptives in the developing world. In the report, PSI claims that UNICEF is one of its “current donors” for a project in Pakistan. The “program focus” of the project is “family planning,

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115 “Report on Australian and Pacific Parliamentarians Study Tour on Population and RH,” 15-20 July 1999, Port Vila, Vanuatu, page 5.

reproductive health, micronutrient fortification and supplementation.”<sup>116</sup> The “target population” for the program is “sexually active adults, low income women.”<sup>117</sup> The “products” supplied by the program are described as follows: “PSI sells two brands of condoms in Pakistan, Sathi and Touch, with combined cumulative sales to date of 689 million. In late 1995, PSI introduced the Multiload IUD. To date, over 259 thousand IUDs have been sold. PSI launched Nova oral contraceptives and Novaject injectable contraceptives in December 1996. To date, 2.7 million cycles and 802 thousand units have been sold, respectively. PSI has also helped to distribute iodized salt since December 1996.”<sup>118</sup> The only uncontroversial aspect of this program, and what appears to be a minor component of the program, even an afterthought, is the distribution of iodized salt. Besides the salt, UNICEF appears to have assisted PSI in selling truly vast amounts of contraceptives, such as 689 million condoms.

UNICEF has been involved with Marie Stopes International, even within the People’s Republic of China, where a coercive population control policy has been enforced through massive numbers of forced contraception, forced sterilization and forced abortion.<sup>119</sup> In China, UNICEF has funded an MSI project that “increased young people’s access to...condoms.” A website that posts international population control programs describes the UNICEF/MSI initiative as follows:

Initiated in 1998 as a pilot project by Marie Stopes China (MSC) under the United Nations Population Fund (UNFPA) Reproductive Health (RH) Programme, the purpose of this project was to provide unmarried individuals with access to information and services, as well as to develop comprehensive Adolescent Sexual Health (ASH) interventions....Specific components of the project included: Reaching Urban Youth — a Creative Approach to HIV/AIDS Awareness, a UNICEF-funded project that targeted vulnerable youth through interventions in popular bars and clubs in Beijing, Shanghai, and Guangdong. This programme provided information through youth-friendly materials and

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116 [http://www.psi.org/where\\_we\\_work/pakistan.html](http://www.psi.org/where_we_work/pakistan.html).

117 Ibid.

118 Ibid.

119 As is now widely known, in 1979, China instituted a “One Child Policy,” thereby making it illegal for Chinese women to have more than one child. After having a child, Chinese women are required by law to be sterilized or to have intrauterine devices inserted. If they still become pregnant, they are required by law to have abortions.

events. It also increased young people's access to affordable high-quality condoms by installing condom machines at entertainment establishments.<sup>120</sup>

So along with the baskets of condoms in Vanuata, it appears as if UNICEF sponsors the installation of condom vending machines in China, as well.

The 1995 edition of the *Inventory of Population Projects in Developing Countries Around the World* raises additional concerns about UNICEF's involvement in China. In the 1995 *Inventory*, UNFPA lists two extremely dubious programs in which UNICEF participated:

#### China-United Nations Population Fund

- Maternal and Child Health/Family Planning Advisor. The project sponsors a consultant to address the technical aspects of joint UNICEF/UNFPA Project to strengthen MCH/FP at the grassroots level. Project Duration: 1990 – 1995. UNFPA Budget through 1995: \$508,000.<sup>121</sup>
- Support to grassroots Maternal and Child Health/Family Planning Services. The Project aims to improve the quality of MCH/FP care and increase coverage in the 300 poorest countries. Executing Agencies: UNICEF/WHO/PIACT [Program for the Introduction and Adaptation of Contraceptive Technology]. Project Duration: 1990 – 1995. UNFPA Budget through 1995: \$9,895,000.<sup>122</sup>

These programs raise a host of concerns. First, we must wonder just what services are included in the categories of MCH/FP [Maternal and Child Health/Family Planning], and which of these services UNICEF happens to be funding. In the larger of the two projects, the project in which UNFPA spent almost \$10 million, UNICEF partnered with the World Health Organization and a group called PIACT, which is an acronym for “Program for the Introduction and Adaptation of Contraceptive Technology.” Again,

120 The Communications Initiative, <http://www.comminit.com/pdskdv62002/sld4928.html>. The website directs those interested in more information about this program to the MSI country representative in Beijing.

121 UNFPA, *Inventory of Population Projects in Developing Countries Around the World*, 1995, page 106.

122 *Ibid*, page 106.

it is not clear just what this project was for, because MCH/FP include so many different elements, some quite legitimate elements. But since this program is included in an inventory of population control programs, that it involves an organization that has the word “contraceptive” in its very name, that at least part of the goal of the program is “family planning,” and that the program uses UNFPA money, it is not outrageous to infer that this is yet another example of UNICEF involvement in the distribution of contraceptives in China.

Working with UNFPA in China, spending UNFPA funds in China, should also raise alarms. UNFPA has been a central and consistent promoter and defender of the Chinese One Child Policy for over twenty years. In fact, in 2002, the United States government completely defunded UNFPA after a government investigation found that UNFPA still provided material support for forced abortion in China.<sup>123</sup> Thus, any collaboration between UNICEF and UNFPA in China, collaboration, moreover, that involves “family planning,” should be a cause of grave concern.

For obvious reasons, UNICEF adamantly denies any involvement in the Chinese “One Child Policy.” As we have seen, UNICEF asserts that it is mentioned in “reports on population-related activities” only because its successful child survival programs convince couples to have fewer children. This is not true, or at least not the whole truth. UNICEF programs are mentioned in the UNFPA *Inventories* because UNICEF seems to have been directly involved in “family planning” in China. UNICEF’s funding of condom vending machines in Beijing, Shanghai and Guangdong would seem to have little, if anything, to do with child survival programs.

The 1995 and 1996 UNFPA *Inventories* include seemingly incontrovertible evidence of UNICEF involvement in contraceptives distribution in other countries, as well. For instance, the 1995 Inventory lists this World Bank project in Mauritania:

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123 According to Secretary of State Colin Powell, “UNFPA is helping improve the administration of the local family planning offices that are administering the very social compensation fees and other penalties that are effectively coercing women to have abortions. . . . Not only has UNFPA failed to ensure that its support does not facilitate these practices; it has also failed to deploy the resources necessary to even monitor this issue. In the context of the PRC [People’s Republic of China], supplying equipment to the very agencies that employ coercive practices amounts to support or participation in the management of the program.” For these reasons, Powell concluded that UNFPA “supports or participates in the management of a program of coercive abortion.” Letter from US Secretary of State Colin Powell to Senator Patrick Leahy, July 21, 2002.

Health and Population Project. The project aims to:

1. improve the quality and accessibility of basic health and family planning services following a strategy of decentralization of service delivery;
2. assist the Government in articulating a national population policy and defining a corresponding programme of action; and
3. enhance women's ability to participate in and contribute to the country's social and economic development. The project will finance investments to develop the regional health service system; define a national population policy and its action plan and assist in its implementation; and promote the status of women. Project duration: June 1992–August 1998. Total project cost: \$24.4 million. (Bank financing: IDA credit \$15.7 million. Other financing: Government of Mauritania – \$0.7 million; local communities – \$0.3 million; UNICEF – \$2.4 million; UNFPA – \$3 million; Government of Germany – \$2.3 million.)<sup>124</sup>

Here, we have the combination of three goals, none of which appears to correspond to the original mandate of UNICEF. Should UNICEF spend its funds to “improve the quality and accessibility” of family planning services? Should UNICEF spend its funds to develop a “population policy,” which, in UN parlance, means a government strategy to reduce fertility and population growth? Should UNICEF spend its funds to “promote the status of women”? UNICEF spent almost as much money on this project (\$2.4 million) as UNFPA (\$3 million).

In Ethiopia, UNICEF contributed to a World Bank “Family Health Project.” According to the 1996 UNFPA *Inventory*,

The project increases the quality, coverage and cost-effectiveness of MCH services, increases the availability and use of family planning services, and strengthens the institutional capacity of the Ministry of Health. The project includes: 1) upgrading the MCH/FP services in the Shewa regions; 2) manpower development; 3) institutional development; 4) health education; 5) pharmaceuticals development, rationalizing local manufacturing operation and training technicians; and 6) studies of the hospital sub-sector and

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124 UNFPA, *Inventory of Population Projects in Developing Countries Around the World*, 1995, page 331.

health financing. Project duration: March 1989 – December 1997. Total Project Cost: \$43.9 million. (Bank financing: IDA credit – \$33 million. Other financing: Government of Ethiopia – \$10.4 million; UNICEF – \$0.5 million.)<sup>125</sup>

Here, UNICEF spent \$500,000 of its own money to an effort to “increase the availability and use of family planning services.”

In Burundi, UNICEF contributed \$1.8 million to a World Bank “Population and Health Project.” According to the *Inventory*:

The objectives of this program are to: improve maternal and child health status by strengthening nationwide MCH services, including family planning and nutritional activities; increase contraceptive prevalence to 14% by 1992; assist in controlling the AIDS epidemic; strengthen the institutional capacity of the Ministry of Health; improve the financing and efficiency of health services; and improve the demographic database for population policy development and socio-economic planning.<sup>126</sup>

This entry suggests a great deal. First, UNICEF is contributing to another agency’s program, here, the World Bank. This is not a UNICEF program, which makes it difficult to track UNICEF involvement and difficult to hold UNICEF responsible for the more controversial aspects of the program. What portions of the project is UNICEF funding? Nutrition or increased contraceptive prevalence? It is impossible to tell. And what does “strengthening...MCH services, including family planning” actually mean? Does it mean the direct provision of contraceptives? Sterilizations? How will the project “increase contraceptive prevalence?” Through advocacy on behalf of contraceptives? UNICEF spent \$1.8 million on this project, a project that sought, in part, “to increase contraceptive prevalence.”

As we have seen, the *Inventories* make it clear that UNICEF works with both non-governmental organizations and UN agencies — especially UNFPA and the World Bank — that are deeply involved in family planning and reproductive health services. In fact, there are a number of instances in which organizations have integrated these services within UNICEF programs, themselves. In Ethiopia, UNFPA developed a project for

125 UNFPA, *Inventory of Population Projects in Developing Countries Around the World*, 1996, page 154.

126 UNFPA, *Inventory of Population Projects in Developing Countries Around the World*, 1995, page 79.



“integrating family planning services into MCH activities in 23 awrajas (counties) where UNICEF is presently supporting an accelerated child health programme. Executing agencies: Government/UNFPA. Project duration: 1988-1995. UNFPA budget through 1995: \$2,771,000.”<sup>127</sup> Guinea, Population Services International (already mentioned with regard to Pakistan) carried out a program that:

In addition to social marketing of contraceptives through the private sector...integrates family planning products and service delivery as well as STD/AIDS prevention and control services in collaboration with its partner, AGBEF (the local affiliate of IPPF) into the UNICEF-sponsored, government-run primary health care centers. The project also includes a broad range of family planning and AIDS prevention IEC activities using both generic and brand-specific promotion and advertising in all forms of media including billboards, radio, press and television.<sup>128</sup>

Finally, UNFPA was engaged in a project in the Philippines to expand “Family planning in Selected Urban Poor Areas. The project provides FP [Family Planning] and safe motherhood activities in the 25 areas participating in the UNICEF-assisted Urban Basic Services Programme. Executing agency: Government. Project duration: 1991-1995. UNFPA budget through 1995: \$399,000.”<sup>129</sup> These examples illustrate that UNICEF allows family planning services to be integrated within the health care centers it funds and even operates, itself. In all of these cases, UNICEF’s responsibility for these programs remains an open question. Certainly, UNICEF did not successfully resist the expansion of its own programs to include UNFPA family planning services, or the contraceptive distribution programs of PSI or IPPF.

There are many conclusions one can draw from all of this evidence, evidence about the current activities of UNICEF. First, UNICEF has been involved in a number of questionable programs in China. Second, UNICEF works with and funds non-governmental organizations active in the provision of contraceptives and abortion, NGOs such as MSI, PSI and IPPF. Third, it appears that UNICEF has been directly involved in funding the distribution of contraceptives, in China and a number of other countries. Fourth, UNICEF *maternal and child health programs* could

127 Ibid, page 179.

128 Ibid, page 215.

129 Ibid, page 432.

include family planning. Fifth, UNICEF *primary health care programs* could include family planning. Both of these points mean that it is difficult to assess how UNICEF money is spent in the field. Sixth, UNICEF has allowed the World Bank and UNFPA to integrate their own reproductive services into UNICEF programming. Seventh, much of this seems to contradict UNICEF's stated policy on family planning, a policy that, according to UNICEF, "has not changed for many years." Eighth, the large number of problematic programs, the variety of countries in which these programs exist and UNICEF's partnerships with the world's leading family planning organizations to carry out these programs, all lead to the conclusion that UNICEF's involvement in contraceptives and family planning is widespread and routine.

UNICEF also promotes contraception in less direct ways. For example, UNICEF produces studies that celebrate contraception and claim that ever-greater investments in contraception are necessary. In one document, UNICEF writes "Progress to date: Worldwide, contraceptive use by married women increased by nearly a fifth over the decade, from 57% in 1990 to 67% in 2000....Progress was greatest in the least developed countries, where contraceptive use came close to doubling during the 1990s."<sup>130</sup> The document further celebrates the "progress" of fertility decline: "Turning to total fertility, the worldwide rate is estimated to have fallen from 3.2 births per woman in 1990 to 2.7 births in 2000."<sup>131</sup>

UNICEF also argues that girls around the world have an "unmet need" for contraceptives. UNICEF defines "unmet need" as the "percent of women aged 15-19 who are sexually active, do not want a child soon and are not using any method of contraception."<sup>132</sup> UNICEF contends that "The highest rates are found in sub-Saharan Africa, where 20% or more of adolescent girls use no means of contraception in 10 of the 21 countries surveyed....This is also the case in the United States...where 9% of unmarried girls aged 15 to 19 have an unmet need for family planning."<sup>133</sup> Obviously, the conclusion that we are meant to draw is that the international community should increase its efforts to meet this unmet need, to fill what UNICEF calls "the family planning gap."

Finally, UNICEF engages in advocacy, seeking to convince people in the developing world to use contraception. UNICEF distributes a book

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130 UNICEF, "Women: Progress and Disparity," *The Progress of Nations*, 1998. <http://www.childinfo.org/eddb/fertility/index.htm>.

131 Ibid.

132 Ibid.

133 Ibid.

called *Facts for Life* to people in the developing world. Through 2002, UNICEF claims to have handed out over 15 million copies of the book, in 215 different languages. On the very first page of *Facts for Life*, UNICEF raises the specter of “unmet needs,” stating that “Family planning is one of the most powerful ways of improving the health of women and children. Over 100 million women in developing countries who are married or living with men report that their needs for contraception remain unmet. Access to family planning services for everyone, including adolescents... would help prevent many maternal and child deaths and disabilities.”<sup>134</sup> UNICEF goes on to inform the people of the developing world that “Family planning is the responsibility of both men and women; everyone needs to know about the health benefits,” and “Health clinics should offer advice to help people choose a family planning method that is acceptable, safe, convenient, effective and affordable. Of the various contraceptive methods, only condoms protect against both pregnancy and sexually transmitted infections, including HIV/AIDS.”<sup>135</sup>

What we can conclude from the information in this chapter? UNICEF’s family planning policy statement in no way corresponds to the organization’s long-standing and multi-faceted promotion of contraception. The policy statement is inaccurate, to the point of being deceptive.

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134 UNICEF, *Facts for Life*, 2002, page 1.

135 *Ibid*, pages 3, 6.



# Part IV: UNICEF, AIDS and Adolescents

UNICEF's response to the AIDS epidemic has resulted in a further movement away from the UNICEF of Jim Grant, an embrace of evermore controversial programs and a dilution of the Child Survival and Development Revolution. Worst of all, UNICEF has not been effective on its own terms; unfortunately, UNICEF has adopted an approach that has failed to stem the spread of AIDS in the developing world, especially in Africa, and it has adopted this approach, yet again, because of its integration with other UN agencies, most notably with the World Health Organization and UNFPA in a new inter-agency organization called UNAIDS.<sup>136</sup> UNAIDS decided that teaching children about "safe-sex," or sex with condoms, and distributing condoms to those children, constituted the most effective strategy for reducing HIV/AIDS infection rates.<sup>137</sup> And so the United Nations system has provided billions of condoms to the developing world, especially to Africa.

At first reluctantly, but with ever-increasing enthusiasm, UNICEF has come to endorse this strategy as its own. The following quotation from Maggie Black illustrates the incremental acceptance of condoms at UNICEF:

Its support for AIDS prevention confronted UNICEF anew with its reticent attitudes towards contraceptive devices — in this case prophylactics, which could block the transmission of HIV.... Condoms in particular were seen as an important means of physically preventing the spread of the AIDS virus. But UNICEF was focusing its attention almost exclusively on trying to encourage behavioural change — abstinence or mono-partnership....

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136 UNAIDS includes UNDP, UNESCO, UNFPA, UNICEF, WHO and the World Bank. Official UNAIDS statement on UNICEF activities: "UNICEF brings to UNAIDS its operational field capacity in over 160 countries. It brings demonstrated effectiveness in communication and advocacy and a network of national committees. UNICEF's priority programme areas include youth health, school AIDS education, programme communication, children and families affected by AIDS, and mother-to-child HIV transmission. UNICEF's particular strength in meeting the needs of especially vulnerable families and children will assume greater importance in the coming years." <http://www.unaids.org/cosponsors/index.html>.

137 See <http://www.unaids.org/about/what.asp>.

UNICEF did not want to devote the energies of its procurement system to becoming a leading world supplier of low-cost condoms (as it had for vaccines)...But as the 1980s drew to an end, both the AIDS epidemic and growing activism over reproductive rights within the international women's movement were gradually forcing UNICEF towards adopting a public position on family planning.<sup>138</sup>

UNICEF's initial reluctance is long-forgotten; UNICEF Executive Director Carol Bellamy now fully endorses the very basis of the "safe sex" strategy. According to Bellamy, "We have two dovetailing trends here that are, in large part, driving the HIV/AIDS crisis. One is that young people have sex, something the world must acknowledge as a pre-condition to mounting effective prevention programmes. The other is that young people actually don't have the proper knowledge to protect themselves. The tragic consequence is that they are disproportionately falling prey to HIV."<sup>139</sup> The obvious implications from this statement are, first, that adolescents are having sex, and there is nothing adults can do about it (so much for behavior change, abstinence and fidelity), and, second, that the international community must therefore help them to have sex as safely as possible (i.e., with condoms).

Bellamy is not the only high-ranking UNICEF official to make such statements. Urban Jonsson, UNICEF Eastern and Southern African Regional Director, told a June, 2003 Executive Board meeting that all discourse on the relative effectiveness of condoms should cease: "Let us stop the almost metaphysical debate on the pros and cons of the use of condoms...Let us follow the decision of the government of Botswana to make condoms available and accessible for everybody, everywhere and at all times. The use of condoms is not the full or the final solution, but it has been a part of all known successes to reduce HIV infections. Abstinence is simply not a realistic option for most young people in the world today."<sup>140</sup> Jonsson even called upon UNICEF to take actions to legalize prostitution: "de-criminalise sex-work and facilitate the organisation of sex-workers. Experience from Europe and Thailand has shown that when sex-workers are organized they are in a stronger position to negotiate safer sex with

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138 Black, 1996, pages 209 – 210.

139 UNICEF,UNAIDS,WHO Joint Press Release, July 2, 2002.

140 Urban Jonsson, ESARO Regional Director's Presentation, UNICEF Executive Board Meeting, June, 2003.

their clients.”<sup>141</sup> According to Jonsson, it is necessary for UNICEF to pursue such “controversial ideas in the near future if we are to win the war against HIV/AIDS.”<sup>142</sup>

And so it should come as no surprise that UNICEF now clearly calls for the distribution of condoms. In the State of the World’s Children 2000, UNICEF declares that “Other vital measures, including testing, counselling, drug treatments and condom distribution, are needed...”<sup>143</sup> In fact, one recent UNICEF document identifies expanding adolescents’ access to condoms “a key priority” of the organization.<sup>144</sup> As we have seen, the most recent Medium-Term Strategic Plan, UNICEF’s blue-print for 2002–2005, states that “UNICEF supports actions to: Promote and expand

*Even more disturbing, however, is a growing body of data suggesting that the “safe sex” strategy has failed, and that UNICEF’s initial, now-abandoned response — training in abstinence and fidelity — may have been the correct one all along.*

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access to youth-friendly, gender-sensitive health services to enable young people’s access to confidential HIV testing and counselling, to information, education and counselling, and to sexual and reproductive health services, including access to condoms and the treatment of sexually transmitted diseases...”<sup>145</sup> Although the exact meaning of words such as “supporting,” “promoting” and “expanding access” remains obscure — does supporting mean financing? — such language signals a significant development for UNICEF programming, from endorsement of condoms to some form of active role in condom distribution.<sup>146</sup>

It is unclear how these statements can be reconciled with the UNICEF policy on family planning. Even more disturbing, however, is a growing body of data suggesting that the “safe sex” strategy has failed, and that

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141 Ibid.

142 Ibid.

143 UNICEF, State of the World’s Children 2000. Emphasis added.

144 “Young People and HIV/AIDS, a UNICEF Fact Sheet,” February, 2002.

145 Medium-term strategic plan for the period 2002-2005, MTSP, E/ICEF/2001/13, November 7, 2001. Emphasis added.

146 It should not be forgotten, however, that UNICEF continues to address many other serious issues related to AIDS, including efforts to prevent parent-to-child transmission of the HIV virus, to care for children and families living with AIDS, and to care for children orphaned by AIDS.



UNICEF's initial, now-abandoned response — training in abstinence and fidelity — may have been the correct one all along. According to a United Nations report released on June 23, 2002, UNAIDS' massive effort to supply the world with condoms is failing in its bid to stem the spread of the disease. After exhaustive analysis of survey data from developing countries around the world, the Population Division of the UN's Department of Economic and Social Affairs has concluded that the ready availability of condoms has not significantly altered individuals' sexual behavior.<sup>147</sup>

What is more, the report contends that the only significant behavioral change has been towards more monogamous relationships, even without a major United Nations effort to promote monogamy. The report states that, "Among those respondents, whether male or female, who did change their behaviour, the most frequently cited change had entailed confining sexual activity to one partner."<sup>148</sup> The study also concludes that "In several countries, a significant number of men...reported that they had discontinued sexual contacts with prostitutes to avoid getting infected."<sup>149</sup>

It is not overly dramatic to claim that lives depend upon the approach taken by the international community in the fight against AIDS. This section has chronicled UNICEF's gradual embrace of one philosophy in this fight — the "safe sex" message. Perhaps most tragically, it now appears as if this philosophy may have been the wrong one, and that an alternate philosophy, one that emphasizes traditional sexual morality, may be the correct one. And yet there is no signal that the United Nations, in general, or UNICEF, in particular, will alter its programming to reflect this data.

Instead, UNICEF employs the fight against AIDS to justify ever-more radical programming. For instance, UNICEF cites its AIDS-prevention activities to explain UNICEF's financial support for the South African organization called loveLife. But even a cursory glance at its website suggests

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147 In "HIV/AIDS, Awareness and Behaviour," the Population Division bluntly asserts that "Much effort has been spent on promoting the prophylactic use of condoms as part of AIDS prevention. However, over the years, the condom has not become more popular..."The report goes on to claim that, despite widespread knowledge of AIDS and easy access to condoms, "Only a small percentage of respondents began using condoms to prevent HIV transmission. Fewer than 8 percent of women in all countries surveyed reported that they had changed their behaviour by using condoms." "HIV/AIDS, Awareness and Behaviour," Population Division of the UN's Department of Economic and Social Affairs, June, 2002.

148 Ibid.

149 Ibid. This conclusion has been reinforced by a report produced by the US Agency for International Development (USAID) on the successful abstinence program in Uganda. United States Agency for International Development, "What Happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response," September, 2002.



a different reason for loveLife's existence, a reason much more sweeping than AIDS prevention: the promotion of complete sexual autonomy for adolescents. To achieve this autonomy, loveLife recommends that children experiment with sexual promiscuity, homosexuality and bisexuality. When such experimentation results in unwanted pregnancies, loveLife encourages girls to procure abortions, even providing them with the toll free telephone number of a Marie Stopes International (MSI) abortion clinic.

The inclusion of direct quotations from the loveLife website, however distasteful they may be, is necessary to comprehend the true nature of this organization. It must be emphasized that this information is intended for children and teenagers; it is meant to guide them in their choices. Here is what loveLife says about heterosexuality, homosexuality and bisexuality: "Heterosexual. Brothers and Sisters getting it on. Just like in the fairy tales, many people are attracted to those of the opposite sex — and it's great! Just don't go getting any ideas that this is the only way it should be. All cultures and species have those that prefer to do it differently and this is what makes life rich and exciting. Sexual relationships between males and females are called heterosexual. This is the sexual preference that is most common in the media, movies and marriage."<sup>150</sup> According to this quotation, it is actually the existence of alternatives to heterosexuality that "makes life rich and exciting." One of these "exciting" alternatives is homosexuality: "Homosexuality. It's a personal choice. Love is love, and for some people this means loving someone of the same sex. There are a lot of silly stories and fears, based on ignorance....Most people fall in love with someone of the same sex at least once in their lives, often during the teenage years."<sup>151</sup> Another "exciting" choice advocated by loveLife is bisexuality: "Bisexual. Swinging both ways. Some people prefer not to limit their horny feelings to only half of the population. They'll fall in love with whoever feels right — male or female. Why let body parts limit the power of love?"<sup>152</sup>

However adolescents choose to express themselves sexually, loveLife wants them to be good at it. LoveLife, therefore, advocates that adolescents practice sexuality, both privately and with others. LoveLife tells children: "With all these raging sex feelings, it's no surprise to know that most people masturbate! It's a great way to explore your body and have some fun. Yes, of course! Girls do it and so do adults! Whatever you do, it's personal — do it

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150 <http://www.lovelife.org.za/llwebsite/simple.asp?PageID=117>. Note, also, the mention of "different species." All citations to the loveLife website are current as of January, 2003.

151 Ibid.

152 Ibid.

somewhere pleasant and private and enjoy!....You can make yourself come by touching yourself — masturbating is natural and fun and safe (and a great way to cope with stress).”<sup>153</sup> LoveLife also tells children this: “When women masturbate they rub their clitoris until they have an orgasm. Most women can’t have an orgasm if their clitoris isn’t stimulated, so all you would-be-super-lovers out there, start practising!”<sup>154</sup> And here is the direct advocacy of sexual promiscuity: “Wanna be a great lover? If you wanna be a great lover, learn good foreplay! Licking, touching, whispering, rubbing, playing. Necks, ears, breasts, lower back, inner thighs, vagina, penis, balls, toes, fingers, lips, tongues, underarms. Go on — experiment, make your partner melt. Take your time — only amateurs rush such pleasure.”<sup>155</sup> All of this practicing, all of this experimentation is meant to lead to one thing: “Orgasm: ...an orgasm is a big rush of juicy satisfaction! You explode with pleasure and it’s yum yum yum. You can come again and again, though men usually need a short break to get over the last one!....Your body melts, your heart pumps and the world feels like the perfect place to be.”<sup>156</sup>

Once this titillation is complete, loveLife hopes to send adolescents off with a strong belief in the efficacy of condoms, a belief that condoms can protect them from both unwanted pregnancies and sexually transmitted diseases. According to loveLife, “CD’s [condoms] are the best thing for sex! No side-effects and no worries about babies, HIV/AIDS or disgusting sores on our private parts! Condoms take getting used to, but they’re worth the effort. Practice on your own until you feel confident about using one and when you’re ready for sex, you’re safe in the knowledge that you’re cool AND protected.”<sup>157</sup> Here, there is no mention that condoms are not 100 percent effective in preventing pregnancies and AIDS infection, even if used properly. There is also no mention that condoms are largely ineffective in preventing a number of serious sexually transmitted diseases, including herpes, syphilis and chlamydia.<sup>158</sup> Nor is there mention that condoms do not protect women (or girls) from the human papillomavirus (HPV), which results in over 90 percent of all cases of cervical cancer.<sup>159</sup> Every year, more than 200,000 women around the world die of cervical cancer,<sup>159</sup> most of

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153 Ibid.

154 Ibid.

155 Ibid.

156 Ibid.

157 Ibid.

158 “Workshop Summary” on condom effectiveness, US Department of Health and Human Services (HHS), June, 2000.

159 Ibid, page 26. “There was no evidence that condom use reduced the risk of HPV infection.”

them in the developing world.<sup>160</sup> But instead of learning about these facts, adolescents who search the loveLife on-line glossary under “condom” learn only that, once they have practiced with condoms and become confident in their use, they will be protected — “cool AND protected.”

And, most egregiously, as we have seen, when this protection fails, and girls become pregnant, loveLife advocates abortion. These are the facts about loveLife, what it advocates, the information it omits and the tenor with which it speaks to adolescents. Direct quotations have been included, reluctantly, because it is essential to know what UNICEF funds, and the groups with which UNICEF works. On January 11, 2002, the Catholic Family and Human Rights Institute (C-FAM) published an article about loveLife and UNICEF. Concerned by these allegations, a member of the US Department of State sent a letter to UNICEF, requesting an explanation of UNICEF’s involvement with the organization.

In his response, Alejandro Palacios, UNICEF Senior Advisor, defended UNICEF’s association with the group. Palacios claims that loveLife is essential in the fight against AIDS: “LoveLife is devoted to reducing the spread of HIV among the young.”<sup>161</sup> “LoveLife’s mission is clear: ...[to] help break transmission of a disease that is ravaging their nation and continent. It is that mission which all of us must support, and UNICEF proudly does.”<sup>162</sup> Palacios argues that loveLife is effective in this goal of AIDS-prevention because it teaches adolescents how to make responsible choices. According to Palacios, “It does this primarily through media campaigns that attract young audiences and educate young people about HIV and sexual responsibility...”<sup>163</sup> Palacios also claims that loveLife is “...empowering young people to make responsible choices...”<sup>164</sup> However, can anyone who has read the loveLife quotations listed above, quotations that are only a sampling of the explicit material on the loveLife website, honestly believe that the goal of the loveLife campaign is the inculcation of responsible sexual behavior among adolescents?<sup>165</sup>

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160 Dr. Richard Klausner, testimony before the US House of Representatives Committee on Commerce, January 12, 1999.

161 Letter from Alejandro Palacios, Senior Advisor, UNICEF to Sura Johnson, UNICEF Desk Officer, International Organizations Affairs Bureau, US Department of State, January 24, 2002.

162 Ibid.

163 Ibid.

164 Ibid.

165 In June, 2002, Deutsche Presse-Agentur reported that loveLife CEO David Harrison was advocating a new method to prevent AIDS-infection, an alternative that he claimed could save the lives of thousands of young people: oral sex. According to Deutsche Presse-Agentur, loveLife is now encouraging adolescents to engage in “sucking, licking and kissing a person’s genitals”

Palacios argues that loveLife's campaign is working: "The program is based on the latest research on effective strategies to prevent HIV transmission....UNICEF believes loveLife is making a positive impact. A recent national survey found that two-thirds of the young people in South Africa who are aware of loveLife have abstained from sex or limited their number of sexual partners as a result of the program, and are much more aware of the risks of unprotected sex."<sup>166</sup> Palacios does not mention the report by name. However, it appears counterintuitive to argue that a program that teaches adolescents things such as "orgasm is a big rush of juicy satisfaction..." would encourage adolescents to refrain from sexual activity.

Palacios also seeks to distance UNICEF from loveLife's abortion-advocacy: "UNICEF is aware of a recent charge that loveLife promotes abortion via its web site. It is important to make clear that UNICEF's support to loveLife has not included any activity related to this web site."<sup>167</sup> However, should UNICEF be involved with a group that, in any medium, tells girls that "It is your right to get an abortion. If people are unhelpful, don't get discouraged. Keep trying," a group that tells girlfriend and boyfriend to "celebrate together," and perform a "ritual" after an abortion? Aren't there some messages so irresponsible, so controversial, that the groups that make those statements disqualify themselves from UNICEF support, regardless of the medium? Also, would an organization that is so reckless in one medium be more responsible in other media, especially media less easily traceable than a website?

Finally, Palacios denies that UNICEF works with Marie Stopes International, the abortion-provider cited on the loveLife website: "I also note that UNICEF has no relationship with the Marie Stopes organization which you have referred to in connection with this matter."<sup>168</sup> We now know this last statement is untrue; among other projects with MSI, UNICEF has even funded an MSI condom-distribution program in China, of all places.

This association with loveLife, and UNICEF's response to criticisms of this association, is instructive for broader reasons. For instance, it should be noted that, in face of these serious and credible allegations, UNICEF

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instead of vaginal intercourse, even though loveLife, itself, acknowledges that oral sex still poses a risk of AIDS-transmission. As cited in <http://www.traditionalvalues.org/print.php?sid=325>.

166 Letter from Alejandro Palacios, Senior Advisor, UNICEF to Sura Johnson, UNICEF Desk Officer, International Organizations Affairs Bureau, US Department of State, January 24, 2002.

167 Letter from Alejandro Palacios, Senior Advisor, UNICEF to Sura Johnson, UNICEF Desk Officer, International Organizations Affairs Bureau, US Department of State, January 24, 2002.

168 Ibid.

promised no investigation. It merely defended loveLife, and defended itself. Most importantly, it illustrates how the AIDS crisis can be used to justify radical sexual education, and the provision of reproductive services.

In fact, this has become a common tactic at UNICEF; UNICEF's involvement with graphic sexual material in the name of AIDS-prevention is not confined to loveLife. According to a series of articles in the *Washington Times*, much of this material has been distributed in the Catholic countries of Latin America. On May 10, 2002, the *Washington Times* reported that:

A UNICEF-funded book...encourages children to engage in sexual activities with other minors and with homosexuals and animals....” Reproductive health includes the following components: Counseling on sexuality, pregnancy, methods of contraception, abortion, infertility, infections and disease,” says the Spanish-language book...An accompanying workshop book produced by the UN Children’s Fund (UNICEF) tells Latin American mothers and teens: “Situation in which you can obtain sexual pleasure: 1. Masturbation. 2. Sexual relations with a partner – whether heterosexual, homosexual, or bisexual. 3. A sexual response that is directed toward inanimate objects, animals, minors, non-consenting persons.” The book, which was distributed by the Mexican government with UN funding, suggests lesbian sex as an acceptable alternative for girls. “Sexual relations with a partner: Here we should insist there is no ideal or perfect relations between two or several people,” the book says. “The one that gives us the most satisfaction and that which is adopted to our way of being and the style of life we have chosen. This is why we encounter many differences among women. Some women like to have relations with men. And others with another woman.”<sup>169</sup>

Mexico is not the only Latin American country in which a controversial UNICEF sexual education manual has been released, thereby raising the possibility that this message is either encouraged and promoted by UNICEF or that UNICEF does not adequately monitor the materials — the all-important materials — it funds and distributes in order to teach children about human sexuality and family life. In 2000, UNICEF came under

169 George Archibald, “Child sex book given out at UN summit,” *The Washington Times*, May 10, 2002. There are conflicting reports concerning the present status of these manuals, whether they have been partly or completely withdrawn after criticism from pro-life and pro-family organizations in Mexico.

intense criticism from the Catholic Church and parent's organizations for distributing a sexual education manual in El Salvador that is similar to the one in Mexico, a manual that also discusses issues such as masturbation, homosexuality, contraception and abortion. Archbishop Fernando Saenz Lacalle of San Salvador denounced the manual, designed by UNICEF and El Salvador's Ministries of Health and Education, stating that "The dignity of people, institutions such as marriage and the rights of the family are all practically demolished with this document." The archbishop also described some of the illustrations in the manual as "insinuating and grotesque."<sup>170</sup>

Taken as a whole, it is possible to glean an overarching philosophy behind UNICEF's involvement in the sexual education of children. UNICEF's emphasis, from its collaboration in UNAIDS, to its continued funding of loveLife, to its collaboration in the production of instructional manuals in Latin America, appears to be to inculcate a neutral, value-free view of sexuality, sexuality separate from procreation and the establishment of married families.

In 2001, as the UNICEF Executive Board met to review UNICEF's plans for the next few years of activity, the United States representative criticized the fact that, in these plans, "There is also a complete absence of any reference to the benefits of abstinence as a proven method of preventing unwanted pregnancies and sexually transmitted diseases."<sup>171</sup> There is no reference to abstinence because UNICEF simply does not believe in it.

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170 Catholic News Service, 2000.

171 Statement by US Deputy Assistant Secretary of State Jackie Sanders on the UNICEF Medium Term Strategic Plan, UNICEF Executive Board, Second Regular Session 2001, December 10, 2001.







# Part V: UNICEF and the Problem of Integration

One of the most troubling aspects of the evolution of UNICEF programming has been UNICEF's ever-closer collaboration with the United Nations Population Fund. UNICEF continues to integrate its activities with UNFPA, which operates as the UN's primary population-control agency. Why is this troubling? The United Nations Population Fund distributes contraceptives and abortifacients (such as IUDs and emergency contraceptives) globally, and has been implicated in coercive population control programs in a number of Asian and Latin American countries, such as China, Vietnam, Peru and Mexico. In fact, the US government has determined that UNFPA is currently providing material support for forced abortions in the People's Republic of China.<sup>172</sup>

*What is now clear is that UNFPA's reproductive services, with all the controversy that accompanies them, are now considered to be a legitimate element of UNICEF's primary health care programs.*

Over the past ten years, the relationship between UNICEF and UNFPA has been strengthened and formalized through a number of specific documents.<sup>173</sup> Most importantly, in 1997, UNICEF joined UNFPA

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172 All of this information, with citations, is available in "The United Nations Population Fund: Assault on the World's Peoples," available at [http://www.c-fam.org/docLib/20080624\\_UNPF.pdf](http://www.c-fam.org/docLib/20080624_UNPF.pdf).

173 In 1992, the UNICEF Executive Board said that it "Urges the Executive Director to enhance UNICEF cooperation with all involved agencies and organizations, particularly UNFPA and the World Health Organization, each within its own mandate, as well as non-governmental organizations, at the field level, establishing and monitoring indicators of collaboration in order to support family planning in the context of sustainable national health care systems." In essence, the UNICEF Executive Board was ordering UNICEF to integrate UNFPA family planning programs within its own health care programs. In 1993, UNICEF claimed that this formal integration was steadily proceeding: "...UNICEF plays a significant role in MCH/family planning in close collaboration with other partners, most notably WHO [World

and WHO in what is called the “Coordinating Committee on Health.” This Coordinating Committee, which focuses on “reproductive health services,” exists to ensure that UNICEF, UNFPA and WHO will operate in the field as if they were one entity. With this official mixing of mandates, it becomes all the more difficult to assess UNICEF activities. What is now clear is that UNFPA’s reproductive services, with all the controversy that accompanies them, are now considered to be a legitimate element of UNICEF’s primary health care programs; the Coordinating Committee seems to have been established to ensure that this is the case.

In fact, UNICEF’s collaboration with UNFPA renders it nearly impossible to know what UNICEF is doing in the field, and whether its public claims concerning family planning and contraceptives are accurate. For example, a UNFPA document from 1996 describes a \$4.5 million program it had designed for Cuba. According to UNFPA, “Actions in the field of reproductive health will be coordinated with other United Nations agencies, mainly UNAIDS, UNICEF and the Pan-American Health Organization (PAHO).”<sup>174</sup> And what are these “actions in the field of reproductive health”? UNFPA describes them in the following manner: “By the end of the proposed programme, UNFPA will have provided at least 90 percent of all instruments and materials needed for vasectomies and for female sterilizations, 40 percent of IUDs and 15 percent of condoms as well as 7 percent of the national demand for injectable contraceptives.”<sup>175</sup> What did UNICEF actually do in Cuba? What role did it play in a reproductive health program that involved male and female sterilizations, the distribution of IUDs, condoms and injectable contraceptives? How was it coordinated into this program? We cannot tell. At the very least, we know that UNICEF was to be involved in some capacity in this program.

Studying the list of UNFPA proposals for country programs for Africa is particularly instructive; from Angola to Zambia, UNFPA mentions its integration with UNICEF. In document after document, UNFPA states that, for instance, “The proposed programme is harmonized with the programme cycle of UNICEF. Programme implementation would be coordinated with the World Bank and other United Nations agencies, including...UNICEF.”<sup>176</sup> What does this harmonization entail? In Burkina

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Health Organization] and UNFPA.” UNICEF Policy on Family Planning, 24 February 1993, E/ICEF/1993/L.5, page 21.

174 United Nations Population Fund Proposed Projects and Programmes, December 30, 1996, DP/FPA/CP/188.

175 Ibid.

176 United Nations Population Fund Proposed Projects and Programmes, Recommendation by

Faso, UNFPA writes that “The first output of the reproductive health subprogramme would be increased availability and accessibility of integrated reproductive health services in the focus regions....UNFPA would pursue collaboration with WHO, UNICEF, the World Bank and other donors...”<sup>177</sup> In Chad, UNFPA reports that “In June 1999, UNFPA, UNDP, WHO, WFP and UNICEF agreed to develop and implement a joint programme emphasizing adolescent reproductive health...”<sup>178</sup> For the Ivory Coast, UNFPA seeks to accomplish two things, to lower maternal mortality and “to increase the contraceptive prevalence rate....The fundamental strategy towards meeting these objectives will consist of expanding the network providing integrated reproductive health services in ten health districts and in the nine health districts supported by UNICEF.”<sup>179</sup> In the Congo, UNFPA states that it “...would work to coordinate and harmonize its activities with...UNICEF...in the areas of reproductive health, HIV/AIDS and empowerment of women.”<sup>180</sup>

What does this brief survey of a handful of UNFPA country proposals suggest? UNFPA has taken this formal integration and coordination to heart, and has begun the process of co-opting UNICEF health programs to include UNFPA reproductive health services. In essence, it has now become impossible to know what UNICEF is involved with; we have no reason to believe that a UNICEF clinic established for vaccinations does not also provide UNFPA sterilizations or UNFPA IUDs.

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the Executive Director Assistance to the Government of Benin, DP/FPA/BEN/5, January 27, 1999.  
 177 United Nations Population Fund Proposed Projects and Programmes, Recommendation by the Executive Director Assistance to the Government of Burkina Faso, DP/FPA/BFA/5, November 20, 2000.

178 United Nations Population Fund Proposed Projects and Programmes, Recommendation by the Executive Director Assistance to the Government of Chad, DP/FPA/TCD/4, November 21, 2000.

179 United Nations Population Fund Proposed Projects and Programmes, Recommendation by the Executive Director Assistance to the Government of Ivory Coast, DP/FPA/CP/169, November 6, 1996.

180 United Nations Population Fund Proposed Projects and Programmes, Recommendation by the Executive Director Assistance to the Government of the Democratic Republic of the Congo, DP/FPA/COD/2, November 26, 2001.



## Part VI: UNICEF's Feminist Revolution

Why did UNICEF change in these many ways? The intellectual and philosophical underpinning for this transformation was radical feminism. For the greatest part of UNICEF's history, the agency has been deeply traditional with regard to family life and family organization, and it has been deeply traditional for a very simple reason: if one's aim is to help children, perhaps the most effective way to help them is to assist the unit — the family — that nurtures them and cares for them. And the most effective way to assist the family in this essential task is to assist the member of the family whose primary responsibility is child-rearing; and, traditionally, that family member has been the mother.

So UNICEF's mandate to assist children could not help but run headlong into the feminist revolution of the 1960 and 1970s. To the extent that UNICEF aided women, it was usually as mothers and nurturers, teaching them such things as child-care techniques, home economics, and encouraging them to breastfeed;<sup>181</sup> however, by the beginning of the 1970s, some elite women no longer wanted to be thought of as mothers, or defined primarily as mothers. Like in many other organizations, such as the Girls Scouts and the Young Women's Christian Association (YWCA), it was perhaps inevitable that the ethos of the age would creep into UNICEF. Thus, some women decided that they no longer wanted UNICEF to promote maternity and maternal skills.

Instead, these radical feminists wanted UNICEF to create programs for women as women, programs that would encourage female autonomy, independence and empowerment. They sought UNICEF's assistance in a movement of liberation for women, liberation from economic dependence, social, cultural and political inequalities, and perhaps most importantly, liberation from traditional domestic roles and responsibilities, including the child-rearing responsibilities UNICEF had always considered so essential.<sup>182</sup>

The mutually exclusive nature of the new feminist goals with traditional UNICEF programming is apparent in the very aspirations

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181 Black, 1996, page 183.

182 Ibid, page 185.

of feminism. According to UNICEF's Senior Policy Adviser on Family and Child Welfare from 1979 – 1983, Mary Racelis, "These pro-women activist groups" thought that UNICEF needed "to focus on a woman's own priorities...rather than decide for her that her children must come first. A woman had a right to be the person she wanted to be, and not be forced into carrying out male-defined stereotypes of who she was or ought to be."<sup>183</sup> In the view of feminists, a

*And so the terms of a new debate were written, the sides in a new conflict were formed: "traditional" UNICEF, which included aid to children (with aid to mothers) versus a "feminist" UNICEF, including aid to children (with aid to mothers downplayed or redefined) plus newly formulated aid programs for women as autonomous individuals.*

mother who subsumed her own interests to the interests of her children, a person always elevated by UNICEF as an archetype, a person to be celebrated and assisted, was now considered to be guilty of perpetuating "male-defined stereotypes." And so the terms of a new debate were written, the sides in a new conflict were formed: "traditional" UNICEF, which included aid to children (with aid to mothers) versus a "feminist" UNICEF, including aid to children (with aid to mothers downplayed or redefined) plus newly

formulated aid programs for women as autonomous individuals. Or, in other words, the battle raged over whether "children must come first" at the UN Children's Fund.

This struggle over UNICEF's priorities is chronicled in UNICEF publications, which openly admit that UNICEF and its chief personnel were skeptical about the feminist movement. UNICEF historian Maggie Black writes that feminists were initially "disappointed" in their quest to enlist UNICEF to their cause: "Not surprisingly, given the radical climate surrounding 'women's liberation'...there was deep resistance within UNICEF — male-dominated, as were all bureaucracies at the time — to the idea that an organization created in the name of children should be concerned with women in capacities other than child-bearing and —

183 Mary Racelis, "Controversy and continuity: programming for women in Jim Grant's UNICEF," in *Jim Grant, UNICEF Visionary*, edited by Richard Jolly, (Florence, Italy: UNICEF), pages 112-113.

rearing.”<sup>184</sup> Why was there such resistance (other than male dominance, and the implied male chauvinism)? UNICEF leaders believed that if women were to be liberated from their traditional domestic roles, this would, of necessity, include liberation from the children who relied upon them for care. Why would UNICEF seek to promote removing care-givers from children? Black writes that, “Some in positions of responsibility at UNICEF believed that opening up women’s horizons and granting them access to the workplace would distract them from their domestic roles and thereby lead to child neglect...this attitude has often since seemed teflon-coated....Some senior policy and programme staff still believed in their heart of hearts that there was a dichotomy between the interests of women and the interests of children, and that direct support for the former would siphon away resources from the latter.”<sup>185</sup>

This “gender” struggle has been the most important philosophical conflict within UNICEF over the past thirty years. The feminist revolution was resisted for many years, including by Jim Grant, himself. Indeed, during his tenure, radical feminists continued to view UNICEF as a powerful and influential enemy of their agenda. According to Racelis, “Jim Grant’s leadership of UNICEF provoked many a controversy over UNICEF programme priorities but none more consistently contentious than that of women.”<sup>186</sup> UNICEF Historian Maggie Black even implies that Grant tried to deflect criticism from traditional UNICEF programming, and Grant’s beloved Child Survival and Development initiative, by adopting the lexicon of feminism as a cover for the continuation of his programs. Black writes that:

...there had been a retreat to a position in which women were perceived as important because of their role in infant and young child nurture. When Jim Grant talked about ‘empowering’ women, he cited — with his extraordinary capacity for single-mindedness — the need to provide mothers with the necessary knowledge and motivation to monitor their children’s growth, use ORT to treat diarrhoeal illness, breastfeed and take their infants to be immunized. The presentation of GOBI as a formula for women’s empowerment caused some anguish among senior women in UNICEF.<sup>187</sup>

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184 Black, 1996, page 185.

185 Ibid, pages 185, 193.

186 Racelis, page 112.

187 Black, 1996, page 191.

In essence, Grant was arguing that women were “empowered” by performing their traditional domestic role successfully, by doing everything possible to ensure the survival and well-being of their children.

But such sentiments would not survive unchallenged: “given the growing international influence of the women’s cause, and the increasing presence of women in senior UNICEF positions, the pressures — from the Executive Board, from some UNICEF country offices and from UN and other partners — began inexorably to mount.”<sup>188</sup> Feminists even attacked one of the central pillars of Grant’s Child Survival revolution, the “B” of “GOBI” — breastfeeding — because breastfeeding inhibited women’s quest for economic development and independence. In fact, feminists, both within and without UNICEF, openly revolted. One UNICEF official stated that, “Given the ongoing mother versus women struggle, the emphasis on breastfeeding appeared yet again to compartmentalize women around their maternal roles. Denunciations were rife: were women always to be portrayed in terms of their breasts and as the human equivalent of milking cows?...The outcry peaked when UNICEF printed thousands of copies of a calendar featuring women of different nationalities breastfeeding a baby, one emotion-generating picture per month.”<sup>189</sup> According to these feminists, UNICEF’s campaign for breastfeeding, a campaign motivated by sincere concern for the well-being of children, was akin to treating women as “milking cows.”

The Executive Board, comprised of the nations that oversee UNICEF priorities and programming, also continued to exert pressure. Black writes that, as of the mid-1980s, “...the Executive Board remained far from convinced that there was a real organization wide attempt to give efforts on behalf of women what had been internationally established as their due. Instead of leading the field for women, the UN’s organization for children now appeared to be dawdling in the rear, still regarding ‘women in development’ as some kind of extra, not as central to everything UNICEF was about...”<sup>190</sup> Thus, in 1987, the Executive Board demanded changes. According to Black, the Executive Board established that “...within each programme and sector, women’s roles needed to be analysed, and the inequalities stemming from gender had to be made a target of affirmative action. From then on, every UNICEF situation analysis and country programme must fully incorporate the gender dimension, and programme staff should be gender-trained and gender-oriented systematically so as to

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188 Ibid, page 193.

189 Racelis, page 124. Emphasis added.

190 Black, 1996, page 196.



help this come about.”<sup>191</sup> Thus, Jim Grant was forced to alter UNICEF’s programs to reflect this feminist worldview: “By 1991, in line with global trends, the term ‘gender’ was firmly entrenched in UNICEF discourse, emphasizing the importance of power relations between women and men. Moreover, the issue was no longer whether to programme for and with women. It was now a matter of how to do it...”<sup>192</sup>

But Grant still attempted to keep UNICEF focused on children. According to Racelis, “child survival and development claimed almost 85 percent of the total budget in 1992, leaving little for other programme concerns including women.”<sup>193</sup> In a final effort to insulate UNICEF programming from feminism, Grant adopted a strategy of allowing UNICEF to assist other UN agencies with women’s issues, instead of having UNICEF take those issues on as its own. Racelis argues that “...he resisted the prospect of placing UNICEF at the forefront of the effort of women’s enhancement in the UN system. Fearing that would derail UNICEF’s mandate for children, he opted for the partner role within the UN family and among NGOs. The dichotomy of women versus mothers still loomed large in his mind....[I]t was...clear that his first commitment was always to improving the lives of children... when all was said and done, UNICEF was about children.”<sup>194</sup>

## UNICEF and the Invention of the “Girl Child”

But Grant and his allies were fighting against an ever-rising tide of radical feminist thought; UNICEF would not escape the changes being felt throughout the rest of the UN community. As we have seen, the Executive Board wanted UNICEF to embrace feminist thought. A growing number of UNICEF personnel wanted UNICEF to embrace feminist thought. A host of non-governmental organizations wanted UNICEF to embrace feminist thought. All that was needed was a conceptual breakthrough, a way to surmount this seemingly intractable conflict between feminism and programs for children, a way to inexorably link feminism to UNICEF. This breakthrough was the invention of the “girl child.”

According to Black, in the early 1990s, there “...was a sense in many

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191 Ibid, page 196.

192 Racelis, pages 130-131.

193 Ibid, pages 130-131.

194 Ibid, page 119.

parts of the organization that the forward-looking [feminist] policy was barely connected with its actual realization. However, it was not so much the nagging of the Board as the arrival into view of a hitherto unnoticed person that finally propelled the genderization of UNICEF forward. This was the 'girl child.'<sup>195</sup>

But what, exactly, is a "girl child"? Are not all girls children? Why this redundancy? The girl child is the gendered-child, the child looked at through the prism of gender theory and radical feminist thought. Racelis argues that "...transforming 'young girls' into 'the girl child' represented a significant intellectual and programmatic shift. The new orientation emphasized that girls had a right to compete successfully with boys for society's attention and to gain access to their fair share of resources, skills and knowledge."<sup>196</sup> Programming for girls would now become programming for the girl child, programming based upon explicitly feminist thought: "With the focus on the girl child, UNICEF's concerns for children appeared at last to have achieved an integration with the broader concerns for gender equity over the whole life cycle and indeed for future generations....UNICEF was acknowledging that gender discrimination could be eradicated only if action was sustained over the entire lifecycle, beginning with the girl fetus in the womb, the baby, the toddler, the young child, the older child, the adolescent — right through adulthood and old age."<sup>197</sup>

This shift satisfied the radical feminists. According to Black, "In industrialized countries, where that part of the women's movement concerned with such issues had begun to regard UNICEF as a reactionary force, its pioneering role in adopting the cause of girls did much to re-establish its credentials as an organization concerned about gender inequality. The genderization of childhood coupled women and children together in a new kind of way."<sup>198</sup> Racelis agrees, arguing that "In [Grant's] last years as Executive Director, the debate became somewhat muted when the girl child took centre stage. Feminists approved of its intellectual underpinnings and female focus."<sup>199</sup>

But not only were the feminists pleased; because of the "girlchild," the feminists were inspired to re-dedicate themselves to the work of aiding children, work that some of them had come to ignore because of children's association with motherhood and traditional female roles. Black argues

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195 Black, 1996, page 197.

196 Racelis, page 113.

197 Racelis, pages 112, 113.

198 Black, 1996, page 199.

199 Racelis, page 113.

that, “In its turn, UNICEF’s advocacy did much to persuade the women’s movement that they should engage with children’s concerns from this much neglected direction: so concerned had some women’s activists been to avoid typecasting in maternal roles that they had over distanced themselves from the children’s cause.”<sup>200</sup> Feminists were happy to be involved in this programming, as long as they could be assured that they were furthering a feminist agenda at the same time: “Accordingly, feminists were willing to suspend for the time being their insistence on women’s empowerment and choices as the central programme focus in favour of promoting an equitable start in life for girls....[There was a] converging enthusiasm of feminists and women and children advocates around the girl child...”<sup>201</sup>

In fact, emphasis on the girl child brought another potent justification for feminist programming; once females are viewed through a “life-cycle” perspective, UNICEF believes that women’s rights and girls’ rights become mutually reinforcing, and that UNICEF has legitimate grounds to advance the empowerment of women: “The Lifecycle approach provides a key conceptual framework for considering these linkages, particularly as they relate to the rights of women and girls....The rights of the girl child are determined by the rights that women possess. Support to women’s efforts to achieve and exercise their rights is therefore essential both for women themselves and for the girl child.”<sup>202</sup>

Because the “girl child” brought some welcomed tranquility back to UNICEF programming, because a balance, a compromise had been achieved with the advocates of feminism, Racelis believes that “Jim Grant could not have been happier.”<sup>203</sup> But the creation of the girl child, and the insertion of the girl child into UNICEF consciousness and UNICEF programming, would have profound effects, effects that perhaps even Jim Grant could not predict. As the 1990s progressed, and as Carol Bellamy came to shape UNICEF’s program emphasis, the girl child became the privileged child.

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200 Black, 1996, page 199.

201 Racelis, pages 113,134.

202 “Towards a New Global Agenda for Children in the 21st Century: Gender Equality and the Rights of Women and Girls,” UNICEF Programme Division, Tarrytown Working Paper Series Number 1, 2000, UNICEF/PD/00-003, para. 6.4.2. A disclaimer at the beginning of the document states that “Staff working papers are working documents. They present new ideas, innovative approaches, case studies, bibliographies and research results, prepared either by UNICEF staff or by consultants or others supported by UNICEF. Their purpose is to facilitate the rapid exchange of knowledge and perspectives among field officers and to stimulate discussions. The contents of this working paper do not necessarily reflect the policies or views of UNICEF.”

203 Racelis, page 113.

In a world in which children, both boys and girls, suffer on a massive scale, as we shall see, the suffering of girls now seems to take precedence at UNICEF. Thus, it can be argued that the “girl child” was a first, essential step away from the UNICEF that Jim Grant loved and fostered during his long tenure as Executive Director, a UNICEF that addressed the suffering of all children, as free from ideology, and potentially divisive ideology, as possible.

## Teaching the Girl Child — “Why Just Girls”

“It is our commitment that no girl will be left behind as her country attempts to move forward, and that every girl will be educated to assume her rightful place as an agent in her country’s development.” Carol Bellamy, December 3, 2002<sup>204</sup>

One example of this triumph of feminism lies in UNICEF’s emphasis on educating the girl child. A long-term United Nations commitment to encourage “Education for All,” a commitment to raise the worldwide enrollment rates of both boys and girls, has now been transformed at UNICEF; UNICEF currently places a special “priority” on boosting enrollment of girls. In fact, in its latest Medium Term Strategic Plan, UNICEF’s operating blue-print, UNICEF describes this “priority” to mean that it will focus *solely* on girls: “UNICEF medium-term targets for the period 2002-2005: By 2005, all countries with a girls’ net enrolment of less than 85 percent in 2000 will have in place and implemented policies, procedures and practices that have reduced the number of out-of-school girls by at least 30 percent.”<sup>205</sup> No corresponding strategy exists for boys.

Perhaps sensing that this might strike some observers as unfair (Education for Some painted as Education for All), UNICEF has offered a host of reasons for its emphasis on the girl child. The most convincing argument is that a disparity exists between rates of enrolment for boys and girls; and, in many countries, this is certainly true. As UNICEF points out, “In 25 countries the proportion of boys enrolling in secondary school is higher than girls by 10% or more, and in five — India, Nepal, Togo, Turkey and Yemen — the gap exceeds 20%. . . . The worst disparity is found in South Asia, where 52% of boys but only 33% of girls enroll — a gap of 19%. Secondary

204 UNICEF press release, “UNICEF to pick up pace on Girl’s Education,” December 3, 2002.

205 Medium-term strategic plan for the period 2002-2005, MTSP, E/ICEF/2001/13, November 3, 2001.

enrolment is low for both boys and girls in sub-Saharan Africa, with rates of just 27% and 22%, respectively, but nonetheless, girls trail behind.”<sup>206</sup>

However, some observers do not believe that such information leads inexorably to the conclusion that girls should be favored in international programming (and that boys should be entirely excluded). During a recent UNICEF Executive Board meeting, the United States representative questioned UNICEF on this topic:

Where UNICEF chooses to limit its focus, as in its proposed organizational priority of education for girls, but not boys, we need to have a clear understanding, supported by data, as to why a selective focus is proposed....In the areas of girls' education, we recognize that in many countries the gender gap in education remains, and we understand the need for a special effort targeting girls. But in light of the international communities' repeated identification of education for all as a top priority, UNICEF needs a clearer, more detailed, and data-based answer to the question 'why just girls?'<sup>207</sup>

In fact, further analysis of UNICEF information on worldwide enrolment raises serious concerns. For instance, as we have seen, “Secondary enrolment is low for both boys and girls in sub-Saharan Africa, with rates of just 27% and 22%, respectively, but nonetheless, girls trail behind.” If only 27 percent of boys are in school, can it be said that they are enjoying a distinct advantage over girls? In light of such abysmal enrolment rates for both boys and girls, should not both rates be targeted, not just the rates for girls? UNICEF appears more interested in a gap between boys and girls, however slight, than low levels for both sexes.

But even more problematic for UNICEF's “priority” is that boys' enrolment lags behind girls' enrolment in a number of countries. UNICEF admits that “...13 countries have higher enrolment rates for girls than boys by 10% or more. Girls generally lead boys in Latin America and the Caribbean, with 56% of girls and 52% of boys enrolled in secondary school.”<sup>208</sup> Girls outnumber boys in school in such diverse nations as Columbia, Namibia, Spain, Lesotho, Venezuela, Dominican Republic,

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206 “Women: Progress and Disparity,” *The Progress of Nations*, UNICEF, 1998.

207 Statement by US Deputy Assistant Secretary of State Jackie Sanders on the UNICEF Medium Term Strategic Plan, UNICEF Executive Board, Second Regular Session 2001.

208 “Women: Progress and Disparity,” *The Progress of Nations*, UNICEF, 1998.

Trinidad and Tobago, South Africa, Uruguay, Finland, Guyana, Mongolia and the United Kingdom.<sup>209</sup> In Uruguay, 15 percent more girls than boys attend school; in Mongolia, the difference lies at 18 percent. UNICEF has no program in any one of these countries to address this inequality. And if “girls generally lead boys...” in entire regions of the world, in Latin America and the Caribbean, are not those region-wide disparities important, and should they not be targeted just as aggressively as the region-wide disparities that UNICEF uses to justify its focus on the education of the girl child? When boys are disadvantaged, for whatever reason, it simply seems that this disadvantage does not matter.

The more one investigates the education of the “girl child,” the more it appears that this endeavor reflects, and is intended to advance, the current feminist ideology prominent at UNICEF. UNICEF explains its justification for this program in the following manner:

Priority 1: Girls’ education. Quality education for girls equals quality education for boys. Education for girls helps them and their future children. Girls and women are enabled to fulfill their potential. Fewer women will die in pregnancy and childbirth unnecessarily. Fewer infants will die. More children will be better nourished and healthier all around. Families will have additional income. More women will marry later and more will have fewer children. More women will serve in leadership roles. More women will be involved in financial decision-making. More women will contribute to social policy. More girls and more women will enjoy the full range of their rights.

What needs to be done: Get all girls into school. Help all girls stay in school. Ensure that all girls learn what they need to succeed.<sup>210</sup>

A number of these reasons for placing a priority on girls’ education — from women in leadership positions to women having fewer children — illustrate long-term feminist goals for this program. One major UNICEF document, entitled the “Progress of Nations,” states that “Education is not a magic pill. But it can boost a young woman’s confidence and teach her ‘life skills,’ equipping her to make her own judgments. It may enable her to assert her right to choose whom and when she marries and to shift the skewed distribution of power between herself

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209 Ibid.

210 “UNICEF’s Priorities for Children 2002-2005,” UNICEF, 2002.

and her husband. Education can also provide vocational skills, potentially increasing her economic power, thus freeing her from dependence on her husband, father or brother.”<sup>211</sup> UNICEF has moved beyond reading, writing and arithmetic, now intending education to address such issues as “skewed power distributions.”

The feminist agenda involved in this program is even more evident when the second component of the program becomes clear. Not only does UNICEF seek to increase girls' enrolment, it also seeks to transform schools to become more “gender-sensitive.” Part of UNICEF's current Medium Term Strategic Plan promises that “policies, procedures and mechanisms to promote effective quality learning in child-friendly, gender-sensitive schools will be in place and implemented in at least 50 countries...”<sup>212</sup> And why do schools need to be reformed? According to UNICEF, they are, almost universally, repositories of misogyny: “More than 130 million children in the world, the majority of them girls, are not enrolled in school. The girls who are enrolled must struggle to learn against a pernicious gender bias so institutionalized and entrenched it pervades policies and practices, curricula and textbooks, and interactions among teachers and students.”<sup>213</sup>

UNICEF plans sweeping actions to address this institutionalized bias:

Depending on the local situation, UNICEF can: In cooperation with its counterparts, review the gender dimensions in education to identify key gender issues and the extent and nature of discrimination; Provide support to make education systems more gender sensitive at all levels, giving special attention to the nature of the school environments, teaching and learning processes and educational content....UNICEF-sponsored interventions may include the following: Developing and supporting reforms that improve the learning and achievement of girls, with particular attention to the gender dimensions of quality education; and Increasing programmatic attention to the education of adolescent girls, including through addressing gender disparity in the transition from primary to the next stage of education, and from

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211 “Women: Commentary,” *The Progress of Nations*, UNICEF, 1998.

212 Medium-term strategic plan for the period 2002-2005, MTSP, E/ICEF/2001/13, November 7, 2001.

213 “Education for All, No Excuses,” UNICEF, March 2000, page 6.

school to work.<sup>214</sup>

UNICEF is also willing to “Promote ‘girl-friendly’ schools by removing gender bias and discrimination from textbooks, teaching methods, classroom interactions and curricula, at all levels of education; and by recruiting and training teachers, principals, supervisors and other administrators to be sensitive to gender and human rights.”<sup>215</sup>

Thus, the education of the “girl child” teaches a great deal about the present situation at UNICEF. In the current Medium Term Strategic Plan, the blueprint in which UNICEF announces the education of the girl child as “Priority 1,” not a word is said about any direct intervention to increase the enrolment of boys, even though 73 percent of boys in sub-Saharan Africa do not attend school (using UNICEF’s own statistics).<sup>216</sup> In the Medium Term Strategic Plan, not a word is said about improving the educational environment generally, in a manner which would profit both boys and girls, even though many schools must lack any books, not just “gender-sensitive” books. What is more, resources that are now being spent on the training of school officials and teachers “to be sensitive to gender” could have been spent on the provision of basic education for boys (as well as for girls). Hence, this UNICEF program exhibits a further shift away from the philosophy of Jim Grant — to focus on the immediate, the most pressing problems, things that could be addressed effectively and economically, practical goals, measurable goals. While UNICEF is now engaged in addressing such issues as the “gender disparity...in the transition from school to work,” 73 percent of boys in sub-Saharan Africa still do not make it to school in the first place, and in Latin America and the Caribbean, girls actually outnumber boys in school.

## UNICEF, Feminism and Families

Many strains of feminist thought regard the traditional family with great suspicion. In fact, the traditional family is widely considered the foundation, the very building block of a male-dominated society. And that is because, in this view, the traditional family is an intergenerational instrument of women’s oppression: not only do current wives and mothers lose their autonomy, but the family operates to perpetuate this oppression

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214 Medium-term strategic plan for the period 2002-2005, MTSP, E/ICEF/2001/13, November 7, 2001.

215 “Equality, Development and Peace,” UNICEF, Prepared for Beijing +5, 2000.

216 “Women: Progress and Disparity”, *The Progress of Nations*, UNICEF, 1998.



through the socialization of the next generation of girls and boys, teaching boys to rule and girls to acquiesce. Thus, the family has been targeted for reformulation in accordance with feminist ideology.

As UNICEF has embraced feminism ever-more tightly over the past fifteen years, it, too, has developed a deep-seated ambivalence towards family. And so this agency devoted to children now often appears more interested in transforming family life so that it abides by feminist dictates than in assisting families in the rearing of their children. For, instance, UNICEF claims that women who are the primary care-givers for their children are being discriminated against. According to UNICEF, "Parents normally have the first line of responsibility to provide for a child's basic needs...Often, this primary responsibility for the care and protection of children falls disproportionately on the shoulders of women:

*According to UNICEF, if a husband and a wife arrange their lives so that the husband works outside the home and the wife works within the home, caring for children, the husband actually violates his wife's human rights.*

mothers, sisters, aunts and grandmothers..."<sup>217</sup> UNICEF also states that "Discriminatory gender patterns continue into adulthood. Women bear an overwhelming share of child-care and domestic responsibilities..."<sup>218</sup> Calling this "discrimination" is not simply a matter of feminist semantics. UNICEF is now speaking the very serious language of human rights, and the violation of human rights; discrimination is a violation of a person's human rights. According to UNICEF, if a husband and wife arrange their lives so that the husband works outside the home and the wife works within the home, caring for the children, the husband actually violates his wife's human rights. The husband, therefore, must be re-educated. According to UNICEF, one of its current initiatives "...emphasizes gender-role socialization. It encourages boys and girls to break away from stereotyped behaviours and, at the same time, reaches parents with similar messages for the sharing of child-care responsibilities."<sup>219</sup> In its current Medium Term Strategic Plan, UNICEF also states that "Promoting the expanded and responsible role of men in childcare will be a key strategy in many cases, as will the promotion of the

217 "Human rights for children and women: how UNICEF helps make them a reality," UNICEF, 1999, page 23.

218 "Equality, development and peace," UNICEF, prepared for Beijing +5, 2000.

219 Ibid.

equal participation of women in household decision-making.”<sup>220</sup>

If families are indeed inter-generational instruments of women's oppression, then this cycle of oppression should be resisted. Thus, UNICEF works to ensure that girls can escape the oppression faced by their mothers. One step in this process is to teach parents how to change these traditional patterns of organization. UNICEF calls on the international community to “Promote parent and caregiver education programmes that incorporate components of behaviour change and development, in order to develop attitudes and practices that demonstrate and promote gender equality and respect for the rights of women and girls.”<sup>221</sup> UNICEF also implies that it will act to address the perpetuation of biased attitudes within the family if the parents fail to do so themselves, stating that it will “Intervene early to stem the negative consequences of discrimination against girls, stereotyping of male and female roles and models of behaviour, and the belief that male domination and violence against women and girls are natural, all of which start very early in the family...”<sup>222</sup>

These ideological shifts — seismic shifts for an agency once interested in teaching mothers home economics as a practical method of promoting the welfare of children — have not gone unnoticed. During the Executive Board debate over the most recent Medium Term Strategic Plan, the US representative, US Deputy Assistant Secretary of State Jackie Sanders said the United States “believe[s] that the realization of rights is accomplished through the support to families and communities, by promoting policies that help strengthen the institution of marriage and help parents rear their children in positive and healthy environments....The Plan and UNICEF programs would be enhanced by a better-defined promotion of involved and responsible fatherhood, stronger families and healthy marriages, with committed and loving parents who provide children a sound foundation for success.”<sup>223</sup> The United States seemed to notice that the notion of family, itself, has become an ideological battleground at UNICEF, that UNICEF no longer simply seeks to help families as families, but to transform them.

The United States also seemed to notice that fatherhood holds very little interest for UNICEF. As we have seen, fathers are mentioned as perpetrators

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220 Medium-term strategic plan for the period 2002–2005, MTSP, E/ICEF/2001/13, November 7, 2001.

221 “Equality, development and peace,” UNICEF, prepared for Beijing +5, 2000.

222 Ibid.

223 Statement by US Deputy Assistant Secretary of State Jackie Sanders, Medium Term Strategic Plan, UNICEF Executive Board, Second Regular Session 2001.

of gender bias and discrimination, and therefore in need of re-education or re-socialization. They are not mentioned as positive role-models, as integral to the upbringing of healthy and well-adjusted children. In the Medium Term Strategic Plan, a document replete with the current rights-based language, replete with references to the rights of women and children (most especially girls), there is no hint that men's rights, or father's rights, have anything at all to do with a child's well-being. Instead, the focus is quite explicitly, and quite proudly, restricted to women and girls:

UNICEF will expose and help rectify disparities and all forms of discrimination against children and women. It will identify key issues of exclusion and disparity as central concerns for advocacy and policy dialogues. Using the rights-based approach to programming will involve the deployment of recently developed analysis tools included in the most recent Programme Policy and Procedure Manual.... Gender concerns will be mainstreamed throughout the country programmes with a focus on activities to empower girls and women. In addition, UNICEF will advocate for legal reforms and adoption of policies and programmes that will raise the status of girls and women both in the family and in society.<sup>224</sup>

It appears that, according to UNICEF, there is not one current infringement of fathers' rights, or the rights of men, that is worthy of being addressed by the agency.

A few more quotations taken from various UNICEF documents may help to highlight how common the elaboration of a radical feminist viewpoint has become. According to UNICEF, "Discrimination against girls and women is so profoundly entrenched in the home and workplace, in classrooms and courtrooms, at worship and at play, that its elimination will require the transformation of the societal structures that tolerate it."<sup>225</sup> UNICEF also believes that, "For the rights of girls and women to be fulfilled, boys and men must be educated — in schools, health clinics, youth clubs, religious institutions, businesses, the military and police — to 'unlearn' negative patterns of behaviour and learn positive new behaviours based on tolerance and equality."<sup>226</sup> In both quotations, it should be noted that religion, and the need to reform religion according to feminist dictates, is mentioned.

224 Medium-term strategic plan for the period 2002-2005, MTSP, E/ICEF/2001/13, November 7, 2001.

225 "Equality, development and peace," UNICEF, prepared for Beijing +5, 2000.

226 Ibid.

## UNICEF's Solution to the Dilemma

At the beginning of this chapter, Jim Grant's fear that the promotion of women's liberation would come at the expense of children was mentioned. The basic dilemma was this: liberating women from domestic responsibilities would mean, in at least some instances, liberating them from the responsibility of caring for their children. Who, if anyone, would take these newly liberated women's place within the home, especially in the developing world, where day-care would not be sufficient?

As we have seen, UNICEF has fully embraced women's liberation and feminism, even calling for fundamental societal reorganization, including reorganization of the family, in the name of women's liberation. UNICEF has conspicuously moved beyond thinking of women as mothers, and programming for women as mothers.<sup>227</sup> So how has UNICEF resolved this dilemma? How has it managed to promote women's liberation and the rights of women without undermining its own reason-for-being, the advancement of the well-being of children? Is this a dilemma that has a solution?

In many instances, UNICEF denies the dilemma, even claiming that the promotion of women's rights furthers the well-being of children (especially girls). In one document, UNICEF states that "Since the mid-1960s...it has become increasingly evident that raising the status of women is necessary for social development. This awareness has led UNICEF to adopt an expanded definition of the mother's role, one that supports not only women's nurturing/reproductive functions but also their needs and responsibilities as economic providers, food producers and community leaders, emphasizing combined actions that offer synergistic benefits for women's and children's well-being."<sup>228</sup> In the current Medium Term Strategic Plan, UNICEF announces that it "...recognizes that the rights, equality and empowerment of women are particularly important in the creation of healthy families.... A child-focused, rights-based approach, with gender at the core, recognizes that the status of women and the extent to which they are able to exercise their rights is a fundamental element of the guarantee of human rights and is essential to the achievement of the rights of children in general, and of the girl child in particular."<sup>229</sup>

However, in all of these instances, the kind of empowerment UNICEF

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227 "UNICEF Response to Women's Concerns," UNICEF, E/ICEF/1985/L.1, February 7, 1985.

228 Ibid.

229 Medium-term strategic plan for the period 2002-2005, MTSP, E/ICEF/2001/13, November 7, 2001.

is endorsing is economic empowerment, the economic independence, even power, that comes with a successful career.<sup>230</sup> This is what programming for women as women means, rather than programming for women as mothers.<sup>231</sup> So it would appear quite possible that the dilemma between career and child-care would still exist. In fact, UNICEF has admitted as much: “Where there is potential conflict between the rights of women and children, all efforts should be made to define strategies which ensure protection of the rights of both.”<sup>232</sup> While this statement might seem benign, by making it, UNICEF has crossed an important threshold. Throughout the history of UNICEF, this agency has attempted to further the best interests of children, without compromise. In fact, UNICEF has often struggled to keep its focus solely on children, to avoid the dilution of its own programming, even though there innumerable worthy causes crowded onto the world stage. Now, the interests of two different parties — the interests of women and the interests of children — must be balanced one against another.

What is more, in at least one instance, UNICEF has gone so far as to imply that, where these interests conflict, the interests of women should trump the interests of children: “Develop early childhood care programmes that are child-centred, family-focused, community based and gender sensitive. They should be based on the principle of equal sharing of family responsibilities and *be consistent with the policies for promoting women’s employment....*”<sup>233</sup> According to UNICEF, it is early childhood care programs that need to be consistent with women’s employment, and not vice versa. This sentiment represents a veritable revolution in UNICEF ideology.

## UNICEF, A Privileged Place for Girls and Women

This embrace of feminist ideology is apparent wherever one looks. It is reflected in the overwhelming emphasis UNICEF places upon the problems facing girls and women. In fact, as of May 1, 2003, a search on the UNICEF website found that girls were mentioned 3164 times, while

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230 See “Women: Commentary,” *The Progress of Nations*, UNICEF, 1998.

231 See “UNICEF Response to Women’s Concerns,” E/ICEF/1985/L.1, February 7, 1985.

232 “Towards a New Global Agenda for Children in the 21st Century: Gender Equality and the Rights of Women and Girls,” UNICEF Programme Division, Tarrytown Working Paper Series Number 1, 2000, UNICEF/PD/00-003, section 6.4.3.

233 “Equality, development and peace,” UNICEF, prepared for Beijing +5, 2000. Emphasis added.

boys were only mentioned 1682 times; women were mentioned 5917, while men were only mentioned 1030 times.<sup>234</sup> Can it be said that girls, and issues and concerns relating to girls, warrant twice as much discussion, twice as much attention, as boys? Since Carol Bellamy became Executive Director of UNICEF, women (as a category distinct from motherhood) and girls are central to UNICEF programming, while men and boys are rarely mentioned. It is now becoming more apparent that, after the long struggles with Jim Grant, not only did feminism find a place at UNICEF, it triumphed, becoming UNICEF's very guiding principle.

This chapter has chronicled the gradual victory of feminist thought at UNICEF. This feminism raises a series of important questions: to the extent that women's empowerment has now entered into UNICEF programming, has it come at the expense of children's programming, most especially UNICEF's basic child survival mission? Does the invention of the girl child, and the embrace of the girl child, lead to a disregard for the problems faced by boys? Indeed, the ideological groundwork is now in place for more fundamental program changes in the future. In a document entitled "Towards a New Global Agenda for Children in the 21<sup>st</sup> Century: Gender Equality and the Rights of Women and Girls," a document intended to help map the future course of UNICEF, there appears to be actual antagonism towards women's traditional child-rearing responsibilities, and a repudiation of all past UNICEF programming for child survival that has relied upon, and in turn promoted, this child-rearing: "Most UNICEF programmes for child survival and development at community level have reached women with little participation and involvement by men. They have depended primarily on the mobilisation of women's voluntary labour and have put a disproportionate burden on women in the performance of family and community responsibilities."<sup>235</sup> It is not unreasonable to conclude that the future of UNICEF appears to be a UNICEF in which girls and their rights are privileged over boys, fathers must be re-socialized to accept "behavioural changes in the family,"<sup>236</sup> and women must be liberated from the burdens of motherhood and child-care, whether or not such liberation comes at the expense of children.

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234 [www.unicef.org](http://www.unicef.org). This disparity is even more pronounced when it is realized that many of the entries on men and boys focus on the need to reform them according to feminist guidelines.

235 "Towards a New Global Agenda for Children in the 21st Century: Gender Equality and the Rights of Women and Girls," UNICEF Programme Division, Tarrytown Working Paper Series Number 1, 2000, UNICEF/PD/00-003, section 6.3.1.

236 *Ibid*, Section 7.14.4.







# Conclusion — The Future of UNICEF

It has now become clear that UNICEF does not operate in a vacuum; it is not free from the influence of other UN organizations, its donor nations and, most especially, its Executive Board. And, since many of the nations on the Executive Board, especially the European nations, have embraced the notion that adolescents should possess complete sexual autonomy, as well as the reproductive services necessary to exercise that autonomy, we should expect UNICEF to reflect these views in its programming. In fact, at the same meeting in which the US representative declared that UNICEF was silent about the role of fathers and the promotion of abstinence, a meeting held in 2001, the representative from Denmark called for UNICEF to place even more emphasis on adolescents' reproductive and sexual rights. The representative from Sweden called for UNICEF to accelerate its integration with UNFPA, stating that one of the greatest needs of the world's children is universal access to reproductive and sexual health care services.<sup>237</sup>

It is obvious that children — how they should be reared, the role of parents, the education and services children should receive — will remain a battleground on the international scene. It is also obvious that, because of this ideological strife, Jim Grant's vision of UNICEF, an agency able to spark the imagination of the entire world, may continue to recede into memory.

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237 Notes taken from UNICEF Executive Board, Second Regular Session 2001, December 10, 2001.



# Recommendations

To avoid this future, it will be necessary for donors, both individuals and nations, to demand changes at UNICEF. Donor nations, most especially the United States, must take a closer look at how their money is being spent by UNICEF. These donor nations must demand greater transparency in UNICEF spending, especially in controversial matters regarding reproductive health care services and sexual education programs. Donor nations should also initiate full investigations of the various, serious charges raised in this study. In the United States, an investigation should take the form of congressional hearings. Donor nations should also work to ensure that the next generation of UNICEF's top leadership reflects the principles and priorities of former Executive Director Jim Grant. Finally, parents whose children are called upon to raise funds for UNICEF, should tell their children to desist until these fundamental changes have been achieved.

Specifically:

- UNICEF should seek a balance between programming for girls and programming for boys; problems faced specifically by boys should garner as much attention at UNICEF as problems faced by girls.
- UNICEF should not spend resources on controversial efforts to re-educate boys and men according to feminist gender theory.
- UNICEF should abandon the “life-cycle” approach to programming, which has been used as a justification for UNICEF to create feminist programs for women. Many international agencies address women’s issues; instead of adding to this effort, UNICEF should focus on its original mandate, the care of children.
- UNICEF should renounce the CEDAW Compliance Committee as a source of policy guidance because of its insistent advocacy for abortion rights and for other radical feminist causes.
- UNICEF should publicly account for the activities of all UNICEF health services, especially the funding or distribution of contraceptives to adolescents.
- UNICEF should disassociate itself with any organizations that perform or promote abortion, such as International Planned

- Parenthood Federation and Marie Stopes International.
- UNICEF should renounce any documents previously endorsed by UNICEF which call for abortion services or the legalization of abortion.

These changes are necessary if UNICEF is truly to be an organization that puts children — all children — first.



# LIST OF ACRONYMS

<b>AGBEF</b>	Guinea Association for Family Welfare
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ASH</b>	Adolescent Sexual Health
<b>AusAID</b>	Australian government's overseas aid program
<b>CEDAW</b>	Convention on the Elimination of Discrimination Against Women
<b>CRC</b>	United Nations Convention on the Rights of the Child
<b>ECD</b>	Early Childhood Development
<b>FCI</b>	Family Care International
<b>FHI</b>	Family Health International
<b>FP</b>	Family Planning
<b>GOBI</b>	Growth monitoring, oral hydration, breastfeeding and immunization/vaccination
<b>HPV</b>	Human papillomavirus
<b>HIV</b>	Human immunodeficiency virus
<b>IAG</b>	Safe Motherhood Inter-Agency Group
<b>IEC</b>	Information, education and communication
<b>IFRP</b>	International Fertility Research Program
<b>IPPF</b>	International Planned Parenthood Federation
<b>IUD</b>	Intrauterine Device
<b>KPH</b>	Kam Pusum Hed
<b>MCH</b>	Maternal Child Health
<b>MSC</b>	Marie Stopes China
<b>MSI</b>	Marie Stopes International
<b>MSSL</b>	Marie Stopes Sierra Leone
<b>MTSP</b>	Medium-Term Strategic Plan
<b>MVA</b>	Manual Vacuum Aspirator
<b>NGO</b>	Non-governmental organization
<b>ORT</b>	Oral Rehydration Therapy
<b>PAHO</b>	Pan-American Health Organization
<b>PIACT</b>	Program for the Introduction and Adaptation of Contraceptive Technology
<b>PPASL</b>	Planned Parenthood Association of Sierra Leone
<b>PSI</b>	Population Services International
<b>RH</b>	Reproductive Health
<b>SCFA</b>	Save the Children Fund Australia
<b>SID</b>	Society for International Development
<b>SIDA</b>	Swedish International Development Authority
<b>SMI</b>	Safe Motherhood Initiative
<b>STD</b>	Sexually-transmitted disease
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Joint Program on HIV/AIDS
<b>UNDP</b>	United Nations Development Program

<b>UNDPA</b> .....	United Nations Department of Political Affairs
<b>UNESCO</b> .....	United Nations Education, Scientific and Cultural Organization
<b>UNFPA</b> .....	United Nations Population Fund
<b>UNICEF</b> .....	United Nations Children’s Fund
<b>USAID</b> .....	United States Agency for International Development
<b>WFP</b> .....	World Food Program
<b>WHO</b> .....	World Health Organization
<b>YWCA</b> .....	Young Women’s Christian Association

## BIOGRAPHY

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