



The International Catholic Committee of Nurses and Medico-Social Assistants (CICIAMS)
Comité International Catholique des Infirmières et Assistantes Médico-Sociales
Oral Statement (3 minutes) Presented by Maria V. Arvonio MA, RN
52th Session of the Commission on Population and Development
United Nations New York, New York April 1-5, 2019
Theme: Review and Appraisal of the Program of Action of the International Conference on
Population and Development and Its Contribution to the Follow-up and Review of the 2030
Agenda for Sustainable Development
CICIAMS Executive Board and Representatives: M. Arvonio, M. Nowak, and P. Sayers.

Commission Chair, Distinguished Panel Members, National Representatives, and Guests:

Thank you for this opportunity to address the United Nations, 52nd Commission on Population and Development. CICIAMS's Oral Statement on the Program of Action and 2030 Agenda for Sustainable Development addresses human rights, empowering women, the aging population, and fertility health.

Human Rights: Leaving No One Behind, Healthcare, and Informed Consent

The UN Universal Declaration on Bioethics and Human Rights (2005) states that "a central purpose of governments" is to promote "the health and social development for their people" (Article 14.1). Furthermore, the "highest attainable standard of health is a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition" (Article 14.2). This right obligates nations to offer healthcare options which promote life identifying the risk and benefits, promoting autonomous and informed consent of all people (Article 4, 5, & 6).

Empowerment of Women

Limited knowledge is a barrier to empowerment. In the words of Nelson Mandela (1990) "education is the most powerful weapon you can use to change the world" (Mandela, 1990). To advance health and well-being of persons and families, from conception to natural death, at home and in society, education of women is an essential

Aging Population

Education, valued life experiences, and promotion of healthy lifestyles for the aging population will lessen dependency. Increased cognitive affluence through continued education allows people over 65 to work and to contribute to society much longer. Education needs to include prevention of health challenges and disabilities.

Lai (2016) reports fertility decline as the “driver” of the aging population. A dearth of young people contributing to society and caring for the aged is anticipated among post-dividend countries (Staley, 2017).

Fertility Health: Crossing Multi-Generational and Cultural Barriers

Fertility is an integral part of total self (Staley, 2016). Understanding the body, fertility and life cycle development from human conception to human adulthood is paramount. The primary method of fertility suppression promoted among the nations is hormonal manipulation via estrogen (a Class I carcinogenic) and progesterone (linked to blood clotting causing stroke and heart attacks in women). Depo Provera studies found a 3.3-fold risk of poor prognosis breast cancer. In addition, the use of Depo-Provera Contraceptive Injection during adolescence or early adulthood (which a critical period of bone accretion) will reduce peak bone mass and increase the risk for osteoporotic fracture in later life”(Pharmacia & Upjohn, 2004).The Creighton Method, a modern method of fertility care, is 95% effective, illness risk free, easily taught from mother to daughter, and crosses multi-generational and cultural barriers. Cost of the Creighton Method is “... considerably less than contraceptives... highly reliable and ... natural” (Pope Paul VI Institute, 2019).

In Closing

...A quote from St Mother Teresa’s to the UN at Cairo: "Each child is created in the special image and likeness of God for greater things - to love and to be loved... our children are the only hope for the future. As older people are called to God, only their children can take their places.” (September 5-13, 1994).

Thank you: The International Catholic Committee of Nurses and Medico-Social Assistants from Africa, Asia, Europe, the Americas, and Oceania.