



## Economic and Social Council

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### Commission on the Status of Women

#### Fifty-sixth session

27 February-9 March 2012

Item 3 (a) of the provisional agenda\*

**Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”: implementation of strategic objectives and action in critical areas of concern, and further actions and initiatives; priority theme: “The empowerment of rural women and their role in poverty and hunger eradication, development and current challenges”**

#### **Statement submitted by Family Care International, a non-governmental organization in consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* E/CN.6/2012/1.



## Statement

Family Care International (FCI) welcomes the theme of the fifty-sixth session of the Commission on the Status of Women: “Empowerment of rural women and their role in poverty and hunger eradication, development and current challenges”, and the review theme on “Financing for gender equality and the empowerment of women”, and recognizes their relationship to the issue of reproductive, maternal, newborn and child health. In our work to make pregnancy and childbirth safer in the developing world, we have found that rural women often face greater challenges in accessing the health care they need compared with their urban counterparts.

FCI was the first international organization dedicated to maternal health, having been founded out of a determination to remedy the neglect of women’s health and eliminate the barriers to access to care that lead to maternal mortality and morbidity. In rural villages, we work with local partners and communities to raise awareness, create innovative solutions and tools, and implement effective programmes and services that improve maternal and reproductive health outcomes in the communities where women are still dying every day. Our work is designed to empower individuals and strengthen and support civil society.

Each year, more than 350,000 women die from pregnancy-related causes, and an estimated 210 million more suffer injuries or develop lifelong disabilities, including obstetric fistula. Maternal mortality and morbidity are unacceptable reminders of the enormous inequities existing between rich and poor women within countries. Rates of death and disability are higher in rural areas and among poorer and less-educated communities. The reasons why women do not receive the care they need before, during and after childbirth are manifold. If there are services nearby, they are often too expensive or of low quality or insensitive to women’s needs. Much of the time, services are not available in rural areas and the ability to access them is limited by cost, poor infrastructure and gender-based barriers to making care-seeking decisions. Maternity care must be improved where the need is greatest — in the rural health centres and dispensaries closest to women — with a focus on crucial components for effective and lifesaving care: strengthening infrastructure, addressing equipment and supply gaps, improving provider skills, strengthening referral systems and strengthening supervision and health service management. These components are necessary to ensure that rural women do not continue to die owing to preventable pregnancy-related factors.

Many rural women are even further discriminated against based on ethnicity, lack of education and cultural bias. Efforts must be intensified to address the needs of these underserved and marginalized women. In Latin America, indigenous women are at higher risk of pregnancy-related suffering. For instance, in Guatemala, where 42 per cent of the population is indigenous, maternal mortality is three times higher among indigenous women than among non-indigenous women; and when services are available, they are often insensitive to the cultural needs and traditions of indigenous women.

Work is needed to ensure the provision of more culturally appropriate and acceptable care, which can in turn increase rural and indigenous women’s desire to access skilled care at birth. In poor and remote rural districts in Africa, community-based engagement is key in acquiring services and improving the quality of health care. To respond to local needs, educational tools should be created not just in



English, French and Spanish, but also in the languages of streets and villages — for instance, in Kichwa (an indigenous language of the Andes), Haitian Creole, Swahili (East Africa), Bambara and Fulani (West Africa); or they should be produced using images instead of words, for use in low-literacy communities.

In working with youth, the focus must be on reaching young women who are out of school and desperately need access to information and services. Complications of pregnancy and childbirth are the leading cause of death among adolescent girls in most developing countries. In fact, rural girls are the most disadvantaged group in the developing world: they are much more likely than rural boys and their urban sisters to lack education, access to health services and the means for economic self-sufficiency and have very little decision-making power in their daily lives. As rural environments are often characterized by resistance to change, rural girls also face greater pressures than their urban sisters to adhere to traditional practices and customs, many of which reinforce their subordination, including early marriage (and childbearing) and female genital cutting. Education, means of livelihood and reproductive health have been identified as the three main areas where intervention is essential for the advancement of rural girls' development.

For the goals set at the International Conference on Population and Development and the Fourth World Conference on Women, and the Millennium Development Goals, to be achieved, empowerment of rural women through provision of and access to comprehensive reproductive, maternal, newborn and child health care is key. Such care is a crucial factor in empowering rural women and girls so that they can be healthy and safe and play an active role in their communities and in implementing the larger development agenda.

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