



## Economic and Social Council

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### Commission on the Status of Women

#### Fifty-seventh session

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**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**

**Statement submitted by American Association of University Women, Company of the Daughters of Charity of St. Vincent de Paul, Congregation of Our Lady of Charity of the Good Shepherd, Defence for Children International, Girls Learn International, International Council of Jewish Women, International Federation for Home Economics, International Federation of Business and Professional Women, International Presentation Association of the Sisters of the Presentation of the Blessed Virgin Mary, Istituto Internazionale Maria Ausiliatrice delle Salesiane di Don Bosco, Maryknoll Sisters of St. Dominic, National Council of Women of the United States, Pan Pacific and South-East Asia Women's Association, Salesian Missions, Salvation Army, School Sisters of Notre Dame, Sisters of Mercy of the Americas, Sisters of Notre Dame de Namur, Society for the Psychological Study of Social Issues, Society of Catholic Medical Missionaries, Soroptimist International, UNANIMA International, VIVAT International and World Federation of Methodist and Uniting Church Women, non-governmental organizations 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.



## Statement

The working group on girls has prepared this joint statement, noting the many commitments that have been made to eliminate and prevent all forms of violence against girls. The Beijing Platform for Action, section L, for example, pledges to eliminate all forms of discrimination against girls, specifically addressing violence, education, economic exploitation and harmful cultural attitudes and practices. It highlights the need to overcome prevailing gender stereotypes and to create enabling environments whereby girls can develop their full potential. It promises to strengthen families and to promote girls' participation in their own lives and in their societies. Finally, it recognizes that the advancement of women is not sustainable without attention to the rights of girls.

Other commitments have also been made. They include conventions, protocols, reports and outcome documents. Nonetheless, girls are denied their political, economic, social and cultural rights and subjected to behaviours that hinder their physical, psychological, spiritual, social and emotional development. We highlight research on victims of violence in the forms of harmful and traditional practices, and trafficking of girls for commercial sexual exploitation.

Girls who are missing because of son preference (female foeticide, infanticide, malnutrition and neglect): in 2011, the World Health Organization (WHO) reported that although a sex ratio at birth of 102:106 is typical, rates of 130 males to 100 females are documented.

Girls who have been harmed by female genital mutilation: in 2010, WHO reported that approximately 100-140 million females have experienced genital mutilation.

Girls who were forced into early marriage: in 2011, the Population Research Bureau indicated that over 60 million girls are married before the age of 18.

Girls murdered in the name of honour: the United Nations Population Fund (UNFPA) estimates that 5,000 females are murdered annually by family members in the name of honour. Women's groups in the Middle East and South-West Asia have estimated that the number is closer to 20,000.

Girls who have been trafficked for commercial sexual exploitation: available data are inherently unreliable due to methodological problems and the lack of a standard definition of trafficking. In 2012, the International Labour Organization (ILO) indicated that 98 per cent of those who are victims of forced sexual exploitation are female, with children under age 18 accounting for 21 per cent of the total.

As the fifty-seventh session of the Commission on the Status of Women meets, in the shadow of the first International Day of the Girl Child, we call upon Member States, United Nations agencies and our civil society partners to keep these outrageous practices in the forefront of discussions. The session offers a unique opportunity for Member States to recall the commitments that have been made, to review progress, and to create meaningful partnerships to ensure freedom from discrimination and violence. We highlight research findings documenting how the harmful practices described above impact girls' physical, reproductive and mental health. Complete details, including references, are presented in a forthcoming article by Yvonne Rafferty in the *Journal of International Women's Studies*.

### **Higher rates of childhood mortality/severe physical health complications**

**Son preference:** in addition to female infanticide, adverse health outcomes for girls occur through privileged access to nutrition for boys (e.g., girls are more likely to be underweight and anaemic, while boys have diets higher in essential nutrients).

**Female genital mutilation:** in addition to obstetric complications, such as postpartum haemorrhage and death (due to excess bleeding and infection, including septic shock), girls with mutilated genitals have higher levels of chronic infections, severe pain, ulceration and longer-term outcomes, including infections of the urinary and reproductive tracts and infertility.

**Early and forced marriage:** it is in the context of reproductive and sexual health that child brides face the greatest risk. Pregnancy-related deaths are the leading cause of mortality in 15- to 19-year-old girls; those under 15 years of age are five times more likely to die than those over 20 years of age. An estimated 70,000 adolescent mothers die annually because they have children before they are physically ready for motherhood. According to UNFPA, for every young woman who dies in childbirth some 15-30 survive but suffer chronic disabilities, the most devastating being obstetric fistula. Furthermore, children born to adolescent mothers are 50 per cent more likely to die than children born to women in their 20s. They are also more likely to be premature, have low birth weight and be malnourished.

**Commercial sexual exploitation:** the harsh conditions, persistent and extreme abuse and trauma can result in direct physical injury (e.g., broken bones, bruises, contusions, cuts and burns), indirect physical injury (e.g., chronic headaches, dizziness), insomnia and disrupted sleep patterns or, in extreme cases, homicide or suicide. Drug and alcohol abuse are also problematic and can result in overdose or addiction. Research on the sexual violence associated with commercial sexual exploitation has identified higher rates of pelvic inflammatory disease, infertility, vaginal fistula, complications from unwanted pregnancies, unsafe abortions and poor reproductive health.

### **Higher rates of HIV/AIDS**

Adverse health consequences associated with being a girl include increased risk of HIV/AIDS. Data collected by the United Nations Children's Fund (UNICEF) in 2011 on girls and boys indicate that in sub-Saharan countries young women from 5 to 24 years of age are two to four times more likely to be infected with HIV than young men. Risk factors include limited access to information and unprotected sexual activity.

**Early and forced marriage:** girls who start their sexual activity within marriage as child brides are more vulnerable to HIV/AIDS. Reasons include limited access to, and use of, contraception and reproductive health services and information, and inability to negotiate their use due to fear of violence from their spouses. In Zambia, for example, 25 per cent of young women aged 15-24 are HIV-positive. The corresponding rate for Mozambique is 19 per cent (both countries have a high incidence of child marriage).

**Female genital mutilation:** the risk of HIV infection exists when the same instrument is used to cut several girls at the same time. In some cases, traditional doctors do not have health training, no anaesthesia is used and instruments are not sterilized.

Commercial sexual exploitation: higher rates of HIV/AIDS (30-61 per cent) have been identified among girls and women who had been trafficked for commercial sexual exploitation in Nepal. In Cambodia, 74 per cent of trafficked girls had a sexually transmitted infection.

### **Poorer mental health outcomes**

There is a vast research base documenting the link between gender-based physical and sexual violence on girls' mental health (e.g., the Institute of Medicine 2011 report on violence against women and children). Studies attest to the excessive physical and sexual violence associated with early and forced marriage, honour crimes and commercial sexual exploitation, including the impact of these practices on girls' mental health.

Female genital mutilation: in Senegal, rates of post-traumatic stress disorder were significantly higher among girls who had been mutilated than among peers who were not (30 per cent as against 0 per cent). Girls who had undergone genital mutilation were also more likely than their peers to experience other psychiatric disorders (48 per cent as against 4 per cent). Overall, 90 per cent of mutilated girls described feelings of helplessness, horror, intense fear and severe pain.

Commercial sexual exploitation: the psychological symptoms demonstrated by children who have experienced trafficking-related abuses can be compared to the psychological reactions identified in torture victims. In Nepal, for example, trafficked girls and women had higher levels of anxiety (98 per cent), depression (100 per cent) and post-traumatic stress disorder (30 per cent). In Israel, 17 per cent scored above the diagnostic cut-off for post-traumatic stress disorder, 47 per cent had considered suicide and 19 per cent had attempted suicide. In Europe, trafficked girls and women reported symptoms of depression (98 per cent), anxiety (97 per cent) and hostility (95 per cent), compared to a sample of girls and women who had not been trafficked. Furthermore, 39 per cent reported recent suicidal thoughts and 57 per cent met the criteria for post-traumatic stress disorder. A final study explored the association between girls' and women's experiences and symptoms of common mental disorders in Belgium, the Czech Republic, Italy and the United Kingdom. Overall, 77 per cent had possible post-traumatic stress disorder; others reported higher levels of depression (55 per cent) or anxiety (48 per cent).

### **Recommendations**

Criminalize offences and close gaps in law enforcement: Member States that have not established harmful traditional or cultural practices and all other acts of violence against girls (including trafficking for commercial sexual exploitation) as criminal offences should immediately adopt such laws and ensure enforcement.

Provide resources and funding for gender equality and girls' empowerment: States must develop gender-responsive budgeting that allocates funding for: (a) girls' physical and mental health programmes, including adolescent- and HIV/AIDS-related matters; (b) education at the primary, secondary and tertiary levels; and (c) programmes to end all forms of violence against the girl child, including harmful traditional practices and sexual violence.

Promote the participation, visibility and empowerment of girls: strategies must be developed to empower girls to deal with violence, raise their voices, increase

their self-esteem, advocate for their human rights and embrace their culture. Active engagement with girls and respect for their views in all aspects of prevention, response and monitoring of sexual violence against them is vital, taking into account article 12 of the Convention on the Rights of the Child.

Raise awareness and promote community involvement: improved efforts are needed to confront the deeply rooted discrimination against girls that lies at the heart of violence against girls. Research has identified information and media campaigns as effective strategies to create greater awareness, challenge discrimination, engage men and boys and eliminate the victimization of girls.

Collect, analyse and disseminate data on girls: institutionalizing the gathering of data (disaggregated by sex, age, socioeconomic status, race and ethnicity) in critical areas, inter alia, health, education, employment and protection, will facilitate a gender-inclusive perspective for the planning, implementation and monitoring of Government programmes and for benchmarking across nations and communities.

Identify and share best practices: States should identify, share and promote effective policies and practices where gender-sensitive and human rights-based approaches are used to challenge gender-based violence and harmful practices. Identified strategies include enhanced economic opportunities; incentives to share property with wives, daughters and sisters; education; enforceable legislation; human rights education; and effective networks of grass-roots organizations.

Ensure access to education and schooling as a human rights imperative: effective approaches to achieve gender equality must promote the competence and resilience of girls and include their social, political and economic empowerment through education programmes and job training to prepare them for their critical roles within their families and communities. Educated girls are better informed about health risks, such as HIV/AIDS. Higher levels of education have also been linked to lower levels of child marriage and greater opposition to female genital mutilation.

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