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Statement submitted by World Youth Alliance, 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.



Statement

The World Youth Alliance recognizes the necessity of educating and empowering women and girls in order to achieve the Millennium Development Goals. As human rights are based on human beings' intrinsic dignity, every human rights violation is an obstacle to the full achievement of the Millennium Development Goals by 2015. In particular, women's and girls' lack of access to health care, shelter, education, participation and protection still hampers progress towards the Millennium Development Goals.

Access of women and girls to education

Both goal 1 and goal 3 address the reality that women and girls do not have universal and equal access to primary, secondary and tertiary education. Goal 2, to achieve universal primary education, acknowledges that education is a primary factor in overall human development. Achieving this is especially important for girls, as education helps to reduce the risks of vulnerability to trafficking, cycles of poverty through generations, rape and sexual exploitation. Many of the challenges in achieving goal 2 affect the achievement of goal 3.

Poverty, undernourishment and unemployment are the main factors that prevent girls from finishing primary and secondary school. The lack of stability in developing countries' households forces girls and women to either work or marry early. By improving the situation of girls living in poverty, deprived of nutrition, water and sanitation facilities, with no access to basic health care services, shelter, education, participation and protection, the dropout rates will be reduced. And by eliminating school abandonment, girls will be empowered.

Early and forced marriage, as well as early sexual debut, hamper girls' access to education. Early pregnancy and childbearing are often impediments to improvements in the educational, economic and social status of women in all parts of the world. Early pregnancy and early motherhood can entail complications during pregnancy and childbirth. In developed and developing countries, the trend towards early sexual experience undermines efforts to fight HIV and other sexually transmitted infections. Forced marriage also has adverse physical and psychological effects on girls when it includes threatening behaviour, abduction, imprisonment, physical and sexual violence, rape, and even murder.

Poverty eradication is not the only factor that will lower dropout rates for girls and empower women to participate in the education system through the secondary or tertiary level. That will be unachievable without first educating both boys and girls about equality and intrinsic dignity. Respect for women's and girls' right to education starts at the earliest stages of life. Population policies that seek to control fertility inevitably lead to discrimination against girls through prenatal sex selection, sex-selective abortion and infanticide. Education to understand the intrinsic value of both women and men and to promote equal sharing of responsibilities should be encouraged. This education should focus on the inherent value of caregiving and other responsibilities that have typically been undertaken by women and girls, and that promote human flourishing, interconnectedness, and the basis for building strong families at the heart of society.

A society that values women and girls is a society in which girls and women complete schooling and in which more women have secure jobs and influence policy and law-making.

Improving maternal and reproductive health

Sadly, the Millennium Development Goal demonstrating the least progress in its achievement is goal 5, with its two components: target 5.A, to reduce by three quarters the maternal mortality ratio and target 5.B, to achieve universal access to reproductive health. The death of a mother devastates her family and the broader community. Mothers, as caretakers, educators and providers, are often at the centre of their communities. A mother dying in childbirth puts the baby at risk of morbidity and mortality. Motherless children are at much greater risk of death than those with living parents, owing to loss of income and care. Motherless children are also much less likely to receive complete schooling and adequate nutrition. Losing a mother is more likely to result in these negative outcomes than losing a father. When a mother dies, children are more likely to enter the workforce at a young age, leading to health and social problems. Maternal death also has an immediate, direct economic impact on families.

The world has seen a drop in maternal deaths, from 358,000 in 2008 to 287,000 in 2010. The maternal mortality rate in developing countries is however still too high, at 240 per 100,000 live births, compared to 16 in developed regions.

There are success stories, from the reporting of zero maternal deaths in rural villages in the United Republic of Tanzania to Chile's achievement of the lowest maternal mortality ratio in Latin America, thanks to a combination of economic growth, compulsory education laws, free maternal and child health care, and improvements in sanitation and nutrition.

The direct interventions needed to help every woman and baby safely through pregnancy and childbirth are clear, and are not out of reach for developing countries:

- (a) At least four prenatal care visits, as recommended by the World Health Organization (WHO), which prepare a woman and her family for pregnancy and childbirth;
- (b) Access to skilled birth attendants who, in combination with back-up emergency obstetric care, can reduce the maternal mortality rate by 75 per cent, according to the United Nations Population Fund (UNFPA), because they are trained to monitor pregnancy and childbirth, recognize and manage problems, and refer to higher levels of care when necessary;
- (c) Minimally equipped birthing facilities that contain the essential medicines and equipment to treat and deal with the major complications of pregnancy;
- (d) Health-care delivery system infrastructure, including education, which empowers women to make appropriate health decisions, and transportation, which enables women to reach birthing facilities in time.

However, as the global health community increases its focus on promoting contraception and legal abortion as "necessary" measures in combating maternal mortality, the emphasis on these four achievable and effective interventions has

declined. Funding and policy efforts have switched to contraception and abortion, which fail to address the situation of pregnant women who want to have safe and healthy pregnancies and deliveries. To achieve goal 5, even beyond its expiration in 2015, the focus must remain on the proven interventions outlined above.

The second component of goal 5, to achieve universal access to reproductive health, has also not been reached. Demographic and health surveys conducted in developing countries reveal that women are not able to determine when they are fertile; this ability is critical for avoiding unintended pregnancies and planning desired pregnancies. The surveys also indicate that women who use contraceptives or have been sterilized are not informed about potential side effects, what to do if they experience side effects, or about other methods of contraception. Women cannot exercise the informed choice required in family planning if they do not have this information. Further, the focus of unmet needs for family planning — that women lack access to contraceptives and thus more funding is needed in this area — ignores the reasons why many women do not want to use contraceptives, including health concerns, side effects, and personal, religious or ethical beliefs.

To enjoy reproductive health and realize their right to freely and responsibly determine the number and spacing of their children, women need education that equips them with the tools to know their bodies. By understanding her cycle and how to observe and understand her own biomarkers, a woman is able to achieve optimum health and plan her family. She can become an active participant in her health care and can work with her care provider to achieve long-term health outcomes.

Role of the family in education and health

The World Youth Alliance reaffirms, during the twentieth anniversary of the International Year of the Family, that the fundamental group unit of society is a family where women and men learn to live in genuine freedom and solidarity. Although the State has a duty to provide access to education, no institution can assume the role of the family as primary educator because the biological and sociological ties between family members cannot be replicated. It is within the family that children first learn that they have intrinsic value, that responsibilities should be shared, and that human beings, no matter what their situation or condition, should be respected. The family prepares the individual to enter society and is the place where individuals are equipped to fulfil their social obligations.

A challenge to the achievement of the Millennium Development Goals, particularly in the areas of education and health, is the increasing focus on complete autonomy for children. Under the Convention on the Rights of the Child, States must respect parents' responsibilities, rights and duties in providing direction and guidance to their children in the exercise of their rights. Parents' concern for the good of their children is universal. Yet the emphasis has shifted towards bypassing parental involvement in reproductive health, family planning and sexual education, which means that children may face challenges alone, without the support of family. The political community at the local, national, and international levels is obliged to protect parents' right to be involved in their children's education and health-care decisions.