



Economic and Social Council

Distr.: General
9 November 2015

Original: English

Commission on the Status of Women

Sixtieth session

14-24 March 2016

**Follow-up to the Fourth World Conference on Women and
to the twenty-third special session of the General Assembly
entitled “Women 2000: gender equality, development and
peace for the twenty-first century”**

Statement submitted by Medical Women’s International Association, 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.

* The present statement is issued without formal editing.



Statement

The Medical Women's International Association wishes to make a statement on both empowerment of women and violence against women.

The Medical Women's International Association is an international non-governmental organization. Women physicians in more than seventy countries make up the membership. The association was founded in 1919. Embodied in its mission is the objective to raise the health status of the communities in which the members work, especially the health of women and children in those communities. The Medical Women's International Association has category II status with the Economic and Social Council of the United Nations and is in official relations with the World Health Organization.

The Medical Women's International Association current President is Professor Kyung Ah Park from Korea. The Medical Women's International Association has eight regions around the world with a Vice President representing each region. Every three years the Medical Women's International Association holds an international meeting, the next will be in Vienna, Austria, in July, 2016. Between triennial meetings, each region holds a regional congress.

In 2002, the Medical Women's International Association led the way by writing a Training Manual on Gender Mainstreaming in Health for physicians and other health care professionals. The concepts covered in that training manual, namely sex, gender, sexuality, gender roles and gender equity are all relevant when we speak of Women's Empowerment and its link to sustainable development as well as Violence Against Women.

Gender equity is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a "level playing field." Equity leads to equality. Gender equity also means that health needs, which are specific to each gender, receive appropriate resources (e.g. reproductive health needs) and also special needs relating to women's greater vulnerability to gender-based violence.

Only women can empower themselves to make choices and speak on their own behalf but institutions can support processes that increase women's self-confidence, develop their self-reliance, and help them set their own agendas. Past Director General of WHO, Dr. Gro Harlem Brundtland, stated that only through firm political commitment, better information, legislation and the redirection of resources can women gain control over their own lives. Only then will women achieve a life of respect, quality and equality. Empowerment will come through leadership that shows passion and commitment, creates opportunities, aligns allies, takes risks and makes good choices.

Women physicians are often the first point of contact for women suffering gender based violence. We need to be part of a multidisciplinary team that consists of law enforcement, the courts, transition houses, social welfare and re-education that allows these women safety and a chance to move their lives forward. Victimization shapes women's lives and if society is going to help these women a trauma informed and grassroots approach must be taken. This work is in keeping with Sustainable Development Goal 3 and 5.

Violence against women takes many forms. Commonly recognized are domestic and intimate partner violence, human trafficking, violence in conflict, emotional abuse and sexual assault including rape but less well known are dating violence, stalking, violence against immigrant and refugee women, honour based violence, violence against women at work and violence against women with disabilities.

Cultural traditions allow abuse against women in the name of the way things are always done. Female genital mutilation, the treatment of widows in many cultures and having sex with a virgin to cure HIV are prime examples. A modern day form of violence is the new trend toward cosmetic genital surgery which can vary from labial reduction to hymenal reconstruction to G point amplification to mention but a few procedures.

HIV is a form of gender based violence. When compared to men, women do not have the access to prevention, counselling, testing and treatment. They cannot negotiate safe sex in many instances and so fall prey to HIV and other sexually transmitted infections.

As medical women, we understand the connection between sexual violence and ill-health as well as the healing power of a good doctor-patient relationship. At the Medical Women's International Association international congress in Munster in 2010 the following resolutions were adopted:

In recognition that sexual violence to adults and children has far-reaching medical, psychological and community consequences for survivors and their communities the Medical Women's International Association:

- Supports the elimination of all forms of sexual violence
- Supports the education of communities to raise awareness and change attitudes towards sexual violence
- Supports the education of health professionals to recognise, respond to and effectively support survivors of sexual violence and
- Calls for the provision of long-term integrated counselling and health services to better support the survivors of sexual violence across a lifetime.

Following the success of the Medical Women's International Association Gender Mainstreaming Manual, and with so much frontline experience with patients suffering from the effects of Violence Against Women, the Medical Women's International Association is completing a training manual based on case studies. With the studies coming from all over the world, it will be possible to show the similarities and differences among women. There will be learning points and the development of themes. It will be a living document with the ability for members to add cases over time.

Dr. M. I. Oseji from the Public Health Research Centre in Nigeria wrote and conducted an online program for the medical women with the goals of building capacity of medical women in organization development and management; strengthening the leadership skills of medical women in managing programmes funded by donor agencies in their countries; equipping medical women with appropriate skills for proposal writing, fund raising, project management and documentation; establishing a mechanism for community mobilization for program

sustainability and continuity; and introducing distance learning as a strategy for mainstreaming training at minimal financial cost.

From a humanitarian point of view, the Medical Women's International Association collected money that was personally delivered to the Prime Minister of Nepal by the Medical Women's International Association President Professor Park, following the earthquake. The money was earmarked to rebuild a school for girls that had been destroyed in the earthquake.

The Medical Women's International Association has partnered with ZONTA International to provide clean birthing kits to a variety of areas of need. Through the Safe Motherhood Project, the kits have gone to Malawi and Nepal and through other connections to the displaced persons camps in Kabul, Afghanistan, Cameroon, Grenada, Ecuador, and to the Mission Hospital in Calcutta, run by the Association of Medical Women in India.

At the 60th Commission on the Status of Women, the Medical Women's International Association advocates strongly for the empowerment of women. Only women can empower themselves but having the United Nations lead political commitment and the redirection of resources will go a long way in seeing this dream become reality. With regards to Violence Against Women, the Medical Women's International Association advocates strongly for the recognition of the important role of the healthcare system as part of an essential component of a holistic response to Violence Against Women and ensure that health professionals are trained and supported to recognize and respond sensitively to gender-based violence and its severe physical and psychological effects over a lifetime.
