



Economic and Social Council

Distr.: General
11 December 2017

Original: English

Commission on the Status of Women

Sixty-second session

12–23 March 2018

**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 IPAS, 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

We welcome the discussion on the next year's priority theme: Challenges and Opportunities in Achieving Gender Equality and the Empowerment of Rural Women and Girls. The 2018 session of the Commission on the Status of Women provides a critical opportunity to accelerate progress in fulfilling the Beijing Declaration and Platform for Action and the Sustainable Development Goals.

In accordance with the Beijing Platform for Action, the International Conference on Population and Development, and the new global goals focused on health and gender equality and the targets calling for universal access to reproductive health and rights, countries must give priority to advancing women's and girls' access to comprehensive sexuality education, contraception, and safe abortion.

Over the past two decades, some progress has been made to improve women's and girls' access to sexual and reproductive health services, education, and information. But women and girls in much of the world, especially in rural areas, still face discriminatory laws and policies and live without autonomy to make decisions about their reproductive lives and future. Improving accessibility and quality of health services and providers in rural areas is essential to positive health outcomes, especially to reduce maternal mortality and morbidity.

According to the World Health Organization, approximately half of the global population lives in rural areas. However rural areas are served by only 38 per cent of the total nursing workforce, and by less than a quarter of the total physician workforce. This constitutes "the primary root causes of health inequity and is disproportionately experienced by people living in remote and rural communities" (WHO).

Rural women and girls also continue to face social, economic, legal and health-system barriers when seeking contraception and safe abortion services. Limited or unreliable supplies of contraception, together with low levels of education among women, scarce financial resources, long distances, lack of transportation, poor infrastructure, and partner's opposition to family planning, contribute to a low contraceptive prevalence among rural women and high rates of unintended pregnancies.

Evidence has shown that even in countries where abortion is legal, women's and girls' access to safe services may be restricted. For example, adolescents may require third party consent or authorization, there's a high cost of services, and a lack of adequate health facilities and skilled professionals. These barriers are especially onerous in rural areas, where there is also a high burden of unsafe abortion and related mortality. Women who cannot access safe abortion services resort to clandestine, risky procedures, and then avoid seeking treatment for resulting health complications due to stigma and fear.

In this context, we urge governments to do the following:

- Accelerate actions to repeal laws that criminalize women and girls who seek abortion. In most countries, legalizing abortion is a precursor to planning for and delivering high-quality safe abortion services. Women's access to safe and legal abortion is as relevant to gender equality as women's equal access to education, employment, adequate food and housing. It puts women's and girls' lives, health and human rights at the core of human development.
- Provide universal access to non-judgmental sexual and reproductive health services, including contraception and safe abortion care. Services must respect the rights to confidentiality, privacy and informed consent.

- Strengthen health system capacity to deliver medical abortion in rural areas. Specifically, decentralizing medical abortion services will facilitate access to more women through multiple cadres of primary and community health-care providers. The availability of medical abortion or abortion with pills make abortions safer, particularly in low-resource settings. Unlike surgical procedures, medical abortion does not require health care facilities, special medical equipment, or specially trained healthcare providers.
 - Increase efforts to prevent and provide care to those affected by sexual violence, including access to emergency contraception and safe abortion. Young women and victims of violence are also more likely to need second trimester abortion services. This make even more important to ensure that rural services would have trained providers that are willing to provide second trimester abortion.
 - Mandate comprehensive sexuality education programs that include non-biased information on contraception and safe abortion, and that are linked to sexual and reproductive health services. Reaching rural youth, particularly adolescent girls and young women — both in and out of school — with comprehensive sexuality education is key to preventing unwanted pregnancy, HIV and other STIs, and to meet the global goals focused on health and gender equality.
 - Promote consistent, community-level health education with evidence-based messages that debunk myths and misconceptions associated with family planning.
-