United Nations E/cn.6/2018/NGO/42



Economic and Social Council

Distr.: General 7 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 Women's Global Network for Reproductive Rights, 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 Women's Global Network for Reproductive Rights (WGNRR), representing over one thousand organizations and individuals worldwide working towards the realization of sexual and reproductive health and rights (SRHR) for all, welcomes the focus of the Commission of the Status of Women on gender equality and the empowerment of rural women and girls. In particular, we would like to draw the Commission's attention to fulfilling the sexual and reproductive health and rights of rural women and girls, as a crucial component of realizing their rights, and in turn their empowerment and wellbeing.

Rural women and girls comprise 43% of the world's agricultural labour force. The critical role they play in achieving food and nutrition security for their family and community is undeniable. Yet rural women and girls, particularly farmers, agricultural workers, indigenous women, Dalit women, nomads, tribals, fisherwomen, informal women workers, and herders, are often made vulnerable via multiple forms of discrimination and violence. They have limited access and control to land and productive resources due to existing gender inequalities and restrictive gender roles. They do backbreaking work in food production and reproduction, yet they are also expected to do most of the household care — work that remains unpaid and unrecognized. In addition, they face numerous challenges with regards to their sexual and reproductive health and rights.

Rural women and girls tend to the wellbeing of their families and communities but their bodily autonomy is severely limited and their personal health remains at risk. As noted by the Guttmacher Institute, the unmet need for contraception and comprehensive sexuality education is highest among women and girls who are living in impoverished, rural areas. Women in rural areas also face barriers in accessing contraception due to cultural and religious norms — tied to gender stereotypes — along with stigma and misinformation on contraceptive use. This misconception often leads to strong oppositions to contraception from many husbands in rural communities and more unintended pregnancies for rural women, thereby compromising their human right to decide if, when, and how many children they want to have.

Distance, costs, availability, familial obligations, lack of information, among many other issues, hinder rural women and girls from accessing sexual and reproductive health services. In rural and remote villages, seldom are there trained healthcare providers who can provide the full range of sexual and reproductive health information and services, including safe abortion services. This issue of inaccessibility is crosscutting and impacts women even in countries in the Global North, such as the United States, where extensive healthcare rollbacks are forcing rural women to spend significant amounts of time and money to travel for the services they need. When health services are unreachable, rates of unsafe abortion, maternal mortality and morbidity substantially increase, impacting rural women and girls the most. The World Health Organization finds that 99 percent of maternal deaths occur in developing countries and are highly concentrated in rural areas. It is also known that most of these fatalities are preventable and owing to inadequate and/or inaccessible sexual and reproductive health information, services and education. This fact is especially pertinent in Sub-Saharan Africa where fertility rates in rural areas are owrage 25% higher compared to urban settings.

Gender-based violence and harmful practices also threaten the health and wellbeing of rural women and girls. Early and forced marriages for young girls remain

2/4 17-21512

pervasive especially in South Asia and Sub-Saharan Africa. Every year, about 15 million girls are married before the age of 18. Girls who are in poor and rural areas, and have limited access to education, are most at risk of early marriages. If the present trend continues, it is estimated that in South Asia alone, 130 million girls will be married between 2010 and 2030. In turn, deaths among girls due to complications in pregnancy and childbirth are also expected to rise. Child brides are less likely to receive medical care during pregnancy and are not in the position to negotiate for safer sex, placing them at higher risk of sexually transmitted infections, unintended pregnancies, and unsafe abortions.

Female genital mutilation/cutting is still present in developing countries and is practiced more commonly in rural communities, affecting an estimated 100 million to 140 million women and girls. Female genital mutilation/cutting is often accompanied by traditions of forced intoxication and public sexual assault by community members.

The violence experienced by rural women and girls is exacerbated by various contexts such as displacement, land grabbing, armed conflict, militarization, religious fundamentalisms, and climate change. Humanitarian crises are on the rise, placing rural women at higher risk of experiencing violence in their everyday lives. The daily activities such as going to fetch water or working in the fields increases their vulnerability in conflict zones and provide unfortunate settings for kidnappings and sexual assault such as with extremist groups Boko Haram in Nigeria. Multiple accounts of sexual assault and rape have been already recounted by Rohingya Muslim women living in Burma whilst attempting to flee their rural villages. Internally displaced women and girls such as in Marawi in Southern Philippines live in crowded evacuation centers where they typically lack privacy, leaving them vulnerable to attack or abuse. Reproductive health care such as antenatal services or menstrual hygiene supplies is easily overlooked in a crisis situation. The atrocities committed against rural women and girls have countless implications for their sexual and reproductive health, emotional wellbeing and physical safety and further contributes to overall gender inequality.

It has already been recognized that empowering women and girls is central to achieving the 2030 Agenda's Sustainable Development Goals, yet as the above realities illustrate, rural women and girls remain monumentally underserved, particularly with regards to their sexual and reproductive health and rights. Central to attaining gender equality and the empowerment of all women and girls, including rural women and girls, is the universal and full realization of sexual and reproductive health and rights. In this sense, and in the light of Member States' human rights commitments, WGNRR calls upon governments to take this opportunity of the 62nd session of the Commission of the Status of Women to:

- Recognize that rural women and girls represent one of the most underserved populations across the globe and that special efforts must be made for them to fully enjoy their human rights, particularly their sexual and reproductive rights.
- Reaffirm sexual and reproductive health and rights as human rights, integral to gender equality, women's empowerment and sustainable development; and particularly reaffirm the right of all women and girls to have control over their own bodies and sexuality, free from coercion, discrimination and violence.
- Reaffirm that sexual and reproductive health and rights are essential to achieving women's empowerment and a universally relevant sustainable development agenda across its social, economic, and environmental dimensions.

17-21512 **3/4**

- Address human rights violations and uphold their commitments, by ensuring a comprehensive and rights-based approach to women's health, and accounting for the full spectrum of women and girls' sexual and reproductive health issues, needs, and rights.
- Eradicate all forms of violence and discrimination, including institutional violence towards women based on age, sex, sexual orientation and gender identity, occupation, class, ethnicity, religion, disability, migrant or HIV status, among other grounds.
- Take all necessary measures to ensure that national laws and policies are consistent with international human rights agreements, and do not perpetuate any form of violence against women.

4/4 17-21512