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Commission on the Status of Women

Fifty-seventh session

4-15 March 2013

**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 Marie Stopes International, 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

Providing access to reproductive health services and family planning reduces poverty, promotes gender equality, and is one of the simplest and cheapest ways to save lives. Marie Stopes International is one of the world's largest family planning organizations.

General recommendations for the fifty-seventh session of the Commission on the Status of Women

The Commission on the Status of Women should facilitate and convene Governments, donors and stakeholders to reaffirm their commitment to tackling violence against women, recognizing the fundamental importance of upholding their international, regional and national commitments to securing reproductive health and rights for all.

The public health and human rights rationale for preventing unsafe abortion is clear and unambiguous, and Marie Stopes International encourages UN-Women to be more vocal in its response to this critical issue.

The Commission should recommend the adoption of a new international treaty to tackle violence against women.

The Commission should work with United Nations agencies and others to ensure that any post-2015 framework includes a stand-alone target on women's rights, including indicators that track progress in eliminating violence against women and securing universal reproductive health and rights.

The Commission should develop practical mechanisms to support the inclusion of civil society representation in the official delegations of national commissions on the status of women.

The role of sexual and reproductive health and rights in eliminating and preventing violence and in supporting women and girls who have experienced violence

At least one in three women has been beaten, coerced into sex or abused in some other way, usually by an intimate partner or a family member. Violence profoundly affects matters relating to woman's reproductive health, including:

- Unwanted pregnancies and restricted access to family planning information and contraceptives;
- Unsafe abortions or injuries sustained during a legal abortion after an unwanted pregnancy;
- Complications from frequent, high-risk pregnancies and lack of follow-up care;
- Sexually transmitted infections, including HIV;
- Persistent gynaecological problems;
- Psychological problems.

A recent study at the University of California-Davis in the United States of America found that about 20 per cent of young women had suffered “reproductive coercion”. Reproductive coercion is behaviour that interferes with a person’s ability to control her/his reproductive life, such as intentionally exposing a partner to a sexually transmitted infection, intentionally interfering with the use of birth control, or threatening violence if a partner does not comply with the other’s wishes regarding contraception or the decision to terminate or continue a pregnancy.

Key messages and recommendations

Provision of services

Women who have experienced rape or sexual abuse need comprehensive, affordable and non-discriminatory support services. Medical interventions include emergency contraception, prevention and treatment of sexually transmitted infections, including HIV, and treatment of injuries. Women who choose to prevent a pregnancy that has resulted from rape should be able to access safe, legal abortion services quickly and confidentially and post-abortion care services should be provided. Psychosocial support should be provided, as well as legal and economic support.

The majority of girls lack the information and resources they need to control their reproductive health and to make informed choices about sex and contraceptives. This puts them at risk of violence. Girls face specific barriers to accessing reproductive health, including discrimination and social stigma, lack of confidentiality and policy restrictions.

The health sector is uniquely placed to tackle violence against women, particularly through reproductive health services, which most women will access at some point in their lives. Many health providers see and treat, knowingly or not, millions of women living in violent relationships. Reproductive health services can be entry points for identifying and supporting vulnerable women and for delivering referral or support services. However, more needs to be done to ensure that health providers have the awareness and the training to identify violence as the underlying cause of women’s health problems, particularly where other services for protection are not available. Family planning services involving male partners provide an important opportunity to add an anti-violence component as an avenue for attempting to influence relationships positively, change attitudes and prevent violence.

It is vital to integrate responses to violence against women in existing programmes for the prevention and treatment of HIV/AIDS and in programmes for the promotion of adolescent health.

Linkages between violence and sexual and reproductive health

Violence limits women’s ability to manage and control their sexual and reproductive health and exposes them to unwanted pregnancies, unsafe abortion and sexually transmitted infections, including HIV. Reproductive rights are crucial to tackling gender- based violence, and vice versa. Lack of access to sexual and reproductive services undermines women’s educational and economic equality, and perpetuates violence and discrimination.

Personal reproductive control encapsulates women's ability to define their childbearing intentions and subsequently use safe and effective contraception and, in cases of an unwanted pregnancy, to have access to safe abortion services. Family planning initiatives based on informed choice empower women and transform their position in their family and society, enabling them to challenge violence. Today, there are an estimated 215 million women with an unmet need for family planning; the majority are poor or from marginalized and excluded communities. At current rates of service expansion, it will take another 500 years for women in parts of West and Central Africa to access the contraception they want.

Women are disproportionately affected by gender-based violence in conflict settings and humanitarian crises. Reproductive health services are often forgotten or seen as irrelevant in humanitarian emergencies, leaving refugees, internally displaced people and other affected groups without access. Conflict-affected countries have some of the poorest reproductive health indicators and highest maternal mortality rates in the world. For example, over 50 per cent of the 536,000 maternal deaths that occur each year are in fragile States where the average health expenditure is just \$9 per person per year. Fragile States have less than one health worker for every 1,000 people, and one in four pregnant women delivers alone or with a family member. Official development aid does not prioritize the poorest or most fragile nations, despite such countries having the greatest number of maternal deaths.

The disruption to health services caused by conflict and crisis, along with poor nutrition and extreme poverty, contributes to low utilization of health services and high levels of fertility. Contraceptive use and awareness of family planning methods are generally lower in refugee settings, and the limited availability of long-term and permanent methods of contraception is compounded by the general weakness of referral systems. The need to control one's own fertility does not diminish in emergencies; indeed, maternal and neonatal mortality and levels of sexual violence are often higher in fragile States and emergency settings. From the onset of an emergency, the Minimum Initial Service Package for Reproductive Health in Crisis Situations should be implemented and as soon as the situation allows, comprehensive reproductive health services should be provided.

Preventable death and unsafe abortion

Every year millions of women die as a result of unsafe abortion and from complications during pregnancy. More than 350,000 women die annually from complications during pregnancy or childbirth; 99 per cent of these deaths are in low-income countries. The majority of these deaths are preventable, as simple and low cost solutions do exist.

An estimated 22 million women each year have an unsafe abortion and approximately 47,000 die from resulting complications. Again, these deaths are nearly always preventable through the provision of simple clinical interventions. Five million women are estimated to suffer disability due to the complications following an unsafe abortion. Worldwide, the vast majority of women are likely to have at least one abortion by the time they are 45 years old, but the risks they face vary greatly depending on the safety of the procedure. Whether abortion is legally restricted or available on request, the likelihood of a woman having an unintended pregnancy and seeking an abortion is about the same. It is vital to ensure that

concerns regarding sex-selective abortions do not undermine wider access to safe abortion.

Provision of post-abortion care to women who have experienced complications from unsafe abortion

Post-abortion care saves lives and money, and in all countries providing post-abortion care it is legal. However, there are often regulatory, policy, cultural and programmatic barriers that hinder access to post-abortion care services. An enabling environment is needed to ensure that every woman has access to post-abortion care and to meet the particular needs of poor women, young women, rape survivors and women living with HIV. Regulatory, policy and programmatic barriers that hinder access to, and timely provision of, post-abortion care should be removed. Because rates of morbidity and mortality from unsafe abortion are disproportionately high among poor and rural women, equitable access to family planning services and safe and legal abortion should be emphasized in all health policies and programmes.
