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Statement submitted by International Women’s Health Coalition, 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 same structural drivers of gender inequality in urban areas, impact rural women and girls, too, along with the added pressures of distance from services and isolation from opportunities. Despite these barriers, rural women and girls are critical agents of change for gender equality and sustainable development. In order to play this role, governments must create and enact policies that respect, protect and fulfil women's and girls' human rights and enhance their autonomy.

Policies that guarantee the rights of rural women and girls include ensuring equal access to education; creating gender-sensitive infrastructure for transportation, water, and sanitation; and guaranteeing equal access to land rights, inheritance, and economic resources, among other. Moreover, central to all women's and girls' equality and agency are sexual and reproductive rights that enable them to make decisions over their own bodies and futures.

However, rural women and girls face particular challenges to realizing their sexual and reproductive rights. These include:

- **Geographic location:** Fewer health centres combined with limited transportation make accessing services harder for rural women and girls, requiring that they go through additional travel before accessing care, including when in labour. In Mozambique and Peru, for example, more than two-thirds of rural women cited distance as a major barrier to accessing sexual and reproductive health care in recent Demographic and Health Surveys.
- **Information and education:** Many rural women do not have adequate information about healthcare in general, including about HIV/AIDS, sexually transmitted infections, or information about where they can access services. In Bolivia as many as 46.4 per cent of rural women stated they had “big problems in knowing where to go for treatment for themselves when they are sick”, while the rate for urban women was 34.8 per cent.
- **Decision-making power:** Unequal power dynamics and restricted gender roles limit the decision-making power of rural women and girls, which is often more limited than their urban counterparts. Stereotypes and biases keep rural women and girls from making life-altering decisions for themselves, preventing women from controlling their own finances, land, health, and bodies. In Morocco, for example, around 40 per cent of rural women, compared to 18.8 per cent of urban women, reported they had “big problems in getting permission to go for treatment when they are sick.”
- **Discrimination:** Discriminatory attitudes towards women from rural areas can limit their access to services, especially for indigenous women, who often suffer compounded discrimination due to their ethnicity, their sex and their geographic location. According to the Pan-American Health Organization, indigenous women in the Americas frequently report not being understood or being poorly treated by health personnel. Indigenous women face not only language barriers, but also discrimination and indifference, stating they are perceived as “passive receivers of instructions and information rather than active participants in their own health”. Moreover, indigenous people can be especially vulnerable to coercive sterilization.
- **Gender-based violence:** Rural women and girls experience gender-based violence at similar rates as women in urban settings. However, survivors of

physical or sexual violence who live in rural areas have more difficulty accessing health and social services, and more limited access to justice, due to longer distances to courts, lack of transportation, and lack of information on legal rights.

- Other: Gaps in education of rural women and girls, for example, can make it harder for them to access health information and services. Infrastructure related to water, sanitation, and hygiene is often neglected by governments in rural areas, which increases the burden on women, as it not only impacts their health but also increases the time spent doing unpaid domestic work.

As a direct consequence of these barriers, in most countries, rural women and girls have more limited access to contraception, abortion, antenatal and postnatal care, skilled attendance at birth, and services for the prevention and treatment of HIV, than urban women and girls. The result is higher rates of unintended pregnancy, unsafe abortion, and maternal mortality and morbidity.

In most rural areas, adolescent girls and young women face greater challenges accessing comprehensive sexuality education. In addition, stigma about adolescent sexuality, discrimination by health care providers, and violations of adolescents' rights to privacy and confidentiality, act as formidable barriers to sexual and reproductive health services for rural girls and young women. Girls and young women in rural areas are more vulnerable to harmful practices such as child, early, and forced marriage and female genital mutilation. According to UNFPA, rates of child, early and forced marriage for girls living in rural areas of the developing world reaching twice the rate for those in correspondent urban regions, 44 per cent and 22 per cent, respectively. Child, early and forced marriage has lifelong consequences, leading to limited educational and employment opportunities, as well as higher vulnerability to sexually transmitted infections and higher rates of early pregnancy.

Global Policy Framework

The 2030 Agenda for Sustainable Development recognizes that sustainable development is only possible if all women and girls have control over and make decisions about all aspects of their lives. In order to do this, countries committed to specific targets to realize women's human rights and achieve gender equality. These targets build on commitments to sexual and reproductive health and rights agreed in the Beijing Declaration and Platform for Action, the Programme of Action of the International Conference on Population and Development, and the outcomes of their review conferences, as well as well-established human rights obligations.

Key recommendations:

- Promote the agency and decision-making authority of women and girls in rural areas, including by investing in organizations led by rural women and girls and ensuring meaningful participation in policy and decision making.
- Respect, protect and fulfil the sexual and reproductive rights of rural women and girls to enable them to make their own decisions about sexuality and reproduction free from coercion, discrimination and violence.
- Invest in quality health systems, including in particular primary health care facilities, commodities and personnel, to reach women and girls in rural areas.

- Develop specific programs to ensure that all rural women and girls have universal access to quality and comprehensive sexual and reproductive health care services and information, including contraception, safe abortion, antenatal and postnatal care, maternal health, HIV/AIDS services, and services to respond to gender-based violence.
- Improve the training of health personnel to eliminate discrimination, disrespect and abuse in health care settings and to deliver appropriate, human rights-based health care, taking into consideration the special needs of rural and indigenous women and girls.
- Design all health policies and programs taking into account multiple and intersecting forms of discrimination, including gender, age, location, race and ethnicity, indigeneity, sexual orientation, and gender identity and expression in order to improve access to health services, including sexual and reproductive health care.
- Address the legal and policy barriers that limit all access to sexual and reproductive health services, such as laws that criminalize or restrict access to contraception and abortion.
- Provide comprehensive sexuality education to all girls and young women, in and out of school, in order to improve the sexual and reproductive knowledge of girls and young women, equip them with the skills to navigate healthy relationships, make decisions about their bodies, futures, sexual and reproductive lives.
- Invest in safe space programs that enable adolescent girls in rural areas to understand their rights, develop life and financial management skills, develop social networks, and resist harmful practices.
- Guarantee access to water and sanitation and incorporate a gender perspective in these programs, taking into account the specific needs of women and in rural areas.
- Invest in rural transportation systems, including roads, public and emergency transport, making traveling to health facilities easier, faster, and safer for those in rural settings, as well as improving their access to schools and markets.
- Work to close the data gap on rural women and girls, working independently, jointly, or with intergovernmental agencies to produce and publish data disaggregated by gender, age and residence, and other key factors, and aggregated by region on different topics.