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Statement submitted by International Planned Parenthood Federation, 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

About IPPF

The International Planned Parenthood Federation (IPPF) welcomes the priority theme of the 62nd Session of the Commission on the Status of Women.

As a leading advocate of sexual and reproductive health and rights (SRHR) and a global service provider, IPPF works through 152 Member Associations and Collaborating Partners in 172 countries to empower the most vulnerable women, men and young people to access life-saving services and programmes, and to live with dignity. We have had general consultative status with the Economic and Social Council since 1973 (E/2010/INF/4).

Introduction

Rural women are key agents of change for sustainable development, yet face particular barriers in accessing comprehensive sexual and reproductive health care and in realizing their sexual and reproductive rights. Rural women are often among the poorest and most marginalized women and girls, and levels of unmet need for contraception are generally higher among women in rural areas than in urban areas. If we are to achieve gender equality and universal access to sexual and reproductive health and reproductive rights, as outlined in Sustainable Development Goals 3 and 5, the poorest and most marginalized women and girls cannot be left behind.

For rural women, existing gender inequalities and barriers in accessing sexual and reproductive health and rights are compounded by living in rural and remote areas. These barriers include but are not limited to: scarce availability of comprehensive, high quality sexual and reproductive health information, education, services and supplies; significant distances to travel to access health care services, education and other social services; vulnerability to sexual and gender based violence and harmful traditional practices; and a disproportionate impact by the gendered impacts of climate change and humanitarian disasters. Situations of crisis exacerbate pre-existing gender inequalities.

It is especially important to consider the needs of rural girls. In addition to the above-mentioned barriers that rural women face, rural girls face increased vulnerabilities due to their age and economic dependence. Access to education, including comprehensive sexuality education, is critical for girls' personal development, empowerment, and the ability make their own choices about their future and family, all essential for strong communities and sustainable development. Furthermore, across all regions rural girls are more likely to be child brides than urban girls, demonstrating a consistent violation of the rights of rural girls.

Ensuring comprehensive access to the full range of sexual and reproductive health and rights for rural women

Rural women and girls face particular barriers in relation to realizing their sexual and reproductive health and rights. There is often a lack of comprehensive services and supplies available in rural and remote areas, and women and girls may have to travel significant distances to access any services at all. Example, only one-third of rural women receive prenatal care compared to 50per cent in developing regions as a whole. Where service are available, delivery points may not have more than one method of contraception available. Women who are unable to travel to a clinic and/or who lack funds to purchase alternative methods tend to accept 'what is

available on the day', yet evidence points to the fact that women use contraception for longer when they have chosen a preferred method for themselves, from the widest range possible. A 'skewed method mix' is where a single method of contraception accounts for 50per cent or more of what is available in any given country. It affects poor women and those living in rural areas disproportionately, because they depend on subsidized and cost-free methods. In a study, skewed method mix was found to be the case in one-third of countries analysed. Women and girls are more likely to use contraception when they have greater choice over the method so ensuring that rural women have a full range of contraceptive choices is necessary to ensure their rights are being realized in terms of ensuring contraceptive choice and meeting unmet need.

All too often women and girls in rural areas face shortages of contraceptives at a service delivery point. Unreliable supply chains and poor distribution in many countries mean clinics and community health workers routinely run out of contraceptive stock. Ensuring commodity security and providing family planning services through community-based distribution stands to revolutionize contraceptive outcomes. In rural and hard-to-reach areas, community health workers bring services, supplies and information directly to where women and girls live and or work. Community-based provision must be integrated as a critical component of national care systems, and focus on shifting tasks related to contraceptive services to lower cadre health workers.

Rural women and girls are also vulnerable to sexual and gender based violence. The World Health Organization's multi-country study shows that more rural women experience domestic violence, and yet few seek services. In Peru, less than 5per cent of the total amount of rural domestic violence survivors (60per cent) sought help, compared to approximately 16per cent of urban women (out of 49per cent). Rural women and girls face a compounding vulnerability as the impact of climate change sets in. Women and girls are often tasked with household care burdens, including water collection. In the events of drought and diminishing supplies of clean water, women and girls are forced to walk even further to collect water, making them more vulnerable to sexual and gender-based violence. For example, one in three women experience gender-based violence at some point in their lives under normal circumstances, a reality which is exacerbated during conflict and disasters. GBV has significant and long-lasting impacts on the psychological, social, and economic well-being of survivors and their families, and is perpetrated against women and girls across socio-economic status and in all countries and regions globally. However, women who are on the intersections of marginality, such as those living in rural areas, are more likely to be affected. In the aftermath of disasters, women and girls face a heightened risk of violence with absence of social protection schemes. It is crucial that we address inequitable gender power relations and persistent norms and beliefs that maintain gender-based violence female genital mutilation (FGM), early marriage, wife inheritance within rural communities. Studies also reveal that rural women and girls are particularly affected by HIV/AIDs. Studies show that rural women understand less about how HIV spreads compared to urban women; WHO figures from 25 countries indicate the margins of understanding between the two to be between 20 and 50per cent. The burden of care for relatives living with HIV falls disproportionately on rural women; women and girls account for 66 to 90per cent of all HIV care givers and conditions are most difficult for women and girls in rural areas, and this can increase their own vulnerability to infection.

The sexual and reproductive health and rights of rural girls

Rural girls face specific barriers in accessing education, including comprehensive sexuality education. According to global statistics, just 39per cent of rural girls attend secondary school. This is far fewer than rural boys (45per cent), urban girls (59 per cent) and urban boys (60 per cent). Every additional year of primary school increases girls' eventual wages by 10-20 per cent. It also encourages them to marry later and have fewer children, and leaves them less vulnerable to violence.

While progress has been made in reducing the gender gap in urban primary school enrolment, data from 42 countries shows that rural girls are twice as likely as urban girls to be out of school. In Pakistan a half-kilometre increase in the distance to school will decrease girls' enrolment by 20 per cent. Post-primary education has far stronger positive effects on empowerment outcomes than primary education. This means that enabling adolescent girls to continue to secondary school is particularly important. Girls with only primary education are twice as likely to marry before the age of 18 as those with secondary or higher education. Ensuring that rural girls can access secondary education is critical in securing their future opportunities across social and economic life and therefore addressing regressive gender norms that influence early and forced marriage and early childbearing among rural girls must be a priority for governments.

Comprehensive sexuality education is also a promising strategy by which to shift norms and attitudes, and empower young people to negotiate safe and consensual sex. A review of 87 studies of comprehensive sexuality education programmes around the world showed that it increased knowledge, and two-thirds of programmes led to a positive impact on behaviour, including increased condom or contraceptive use, or reduced sexual risk-taking. However, despite the promising and documented outcomes of comprehensive sexuality education, such programmes are not available in most countries, particularly not in rural contexts.

Recommendations

- Governments must ensure access to the full range of comprehensive sexual and reproductive health services, supplies, information and education for rural women and girls. This must include investment in mobile clinics and community based distribution of contraceptives and service provision within rural communities. This must be included in disaster risk management and emergency response plans and frameworks.
- Governments and multilateral institutions, including UN agencies, must collect sex genre sensitive, age and ability disaggregated data including the sexual and reproductive health and rights of rural women and girls, and base programming decisions on analysis of such data, in line with national monitoring of the SDG, including for girls ages 10-14.
- Governments must ensure policies and programmes that promote women’s leadership to address existing and new risk factors for gender-based violence against women — including sexual gender-based violence within the context of disaster risk reduction and climate resilience planning in rural areas.
- Governments must invest in the education, particularly post-primary education, of rural girls. This must include comprehensive sexuality education as part of a

holistic strategy to improve the sexual and reproductive health and rights of the most marginalised girls, including rural girls.

- Governments must ensure that disaster risk management plans and policies, developed for rural areas, include minimum initial service package (MISP) and incorporate needs of especially marginalized groups, including women and girls, in all their diversity.
- Governments must ensure that domestic laws support the sexual and reproductive health and rights of rural women and girls and meet international obligations under human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women. At national level, governments must enforce legislation that eliminates discrimination against rural women and girls and tackles harmful gender norms. This should include laws that protect women and girls from violence, including early and forced marriage and female genital mutilation, and that promote a girl's right to education.