



# Economic and Social Council

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## 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 International Federation of Medical Students’ Associations, 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](#).

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\* The present statement is issued without formal editing.



## Statement

The International Federation of Medical Students' Associations welcomes and affirms the theme of "Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls" at the sixty-second session of the Commission on the Status of Women.

As a youth-led and highly diverse organisation we uphold gender equality as one of our primary pillars, committing a significant portion of our focus to supporting equal opportunities for all people, regardless of their gender. As future health professionals, we feel the need to highlight how the rural/urban divide, especially in the context of access to rural and remote health care poses a challenge in tackling gender disparities and negatively affects the equal empowerment of all genders, especially women and girls.

In order to reverse this situation, the fundamentals of a quality health system need to be adapted to rural areas and the impact of gender as a social determinant of health needs to be acknowledged. Furthermore, there are key issues that must be addressed; these include increasing training to rural healthcare workers; access to telemedicine, health promotion and prevention programs; as well as access to treatment, rehabilitation and palliative care services.

While it's true that within the framework of the Sustainable Development Goals, access to healthcare services has improved in certain countries, young women and girls are still widely underserved and lack access to the most basic care necessity. Oftentimes they are also provided services by untrained and unskilled workforce who do not use safe and hygienic techniques as well as the right drugs and equipment that is necessary for proper care. Lack of access to proper sexual and reproductive health services is the main cause of mortality and morbidity among young women and girls. For instance, each year between 10 and 15 million women suffer long-term disability due to complications during pregnancy or childbirth and an estimated one quarter to one half of all young women in low and middle-income countries give birth before they turn 18. All these problems are magnified in rural areas where there's a low investment on health-related resources, a high level of societal stigma, poor and dangerous public transportation, as well as poor infrastructure and a lack of access to emergency and social services.

The obstacles that women and girls in rural areas face, clearly feed from the patriarchal social systems adopted in those communities which perpetuates a cycle of inequity and submissiveness, leading to poverty and oppression. Inherent gender norms often lead to girls being kept from attending school, and even for those who make it, a significant amount of obstacles awaits. Long distances between communities and education centres, sexual violence and the abuse they may experience on their way to the schools and a lack of adequate facilities adapted to the menstrual hygiene needs of girls can often cut short the education they are receiving. The very education that often includes essential knowledge to acquire health literacy, protect themselves from sexually transmitted infections, avoid unintended pregnancies or even something more basic: the knowledge to be able to understand their own rights and to take well informed decisions about their personal and professional future. Only by ensuring access to this education, we can achieve the full empowerment of women and girls.

Having outlined everything above, as representatives of the future health workforce and as a youth-led organisation committed towards ending gender inequalities, we call on the commission and other relevant stakeholders to:

- Acknowledge that multidisciplinary, collaborative health services that focus on providing rural healthcare need to be implemented to advance the Sustainable Development Goal number 3 and achieve universal health coverage. To that end, it's essential that we ensure young women and girls have access to these quality services in a safe, effective, and affordable manner while transversally tackling the underlying causes that hinder the equal empowerment of all genders.
- Act against the consequences of these aforementioned inherent inequalities. Strong strategies to address violence against women and girls at all levels, especially in rural healthcare settings, together with policies that recognise and prevent sexual abuse, sexual harassment, sexist or inappropriately gendered language against women and girls need to be created and implemented.
- Advance universal access to sexual and reproductive healthcare services for young women and girls including comprehensive abortion care services and access to contraception. To support these services, governments and other relevant stakeholders must promote and facilitate the implementation of policies that support youth-friendly rural healthcare settings and infrastructure.

Acknowledge inequalities, act against violence and advance universal access to sexual and reproductive healthcare services! These three pillars are essential to achieve the empowerment and break gender inequalities for young women and girls in rural areas.

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