



Economic and Social Council

Distr.: General
7 December 2012

Original: English

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 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.



Statement

Introduction

International Planned Parenthood Federation welcomes the priority theme of the fifty-seventh session of the Commission on the Status of Women.

The Federation is a global service provider and a leading advocate of sexual and reproductive health and rights, and works through 152 member associations in over 170 countries to empower the most vulnerable women, men and young people to access life-saving services and programmes and to live with dignity. It has had general consultative status with the Economic and Social Council since 1973.

Elimination and prevention of all forms of violence against women and girls

Described as one of the most pervasive human rights violations in the world by former Secretary-General, Kofi Annan, violence against women and girls is both endemic and epidemic. It limits self-esteem, life chances, economic opportunity and development. In 2012, the World Bank identified three key dimensions of gender equality: the accumulation of endowments (such as education, health and physical assets), the use of those endowments to take up economic opportunities and the application of those endowments to take action or agency. Gender-based violence reinforces women's inequality by reducing their ability to increase their endowments and restricts their agency. We hope that the discussions around the theme of violence against women and girls at the fifty-seventh session of the Commission on the Status of Women will inform the development of any subsequent development framework in a post-2015 landscape and that the agreed conclusions from the session will be taken forward by Governments and other stakeholders.

Global consensus on violence against women and girls

We welcome the renewed commitment of the international community to address violence against women and girls. The Beijing Platform for Action, adopted at the Fourth World Conference on Women in 1995, identified violence against women and girls as one of the 12 areas for action and recognized that addressing violence against women and girls is central to achieving equality, development and peace. The Declaration on the Elimination of Violence against Women emphasizes that the rights and principles enshrined therein are based on existing international human rights law, including the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights.

Violence against women and girls as a structural determinant of health

Gender-based violence is a violation of women's human rights and a barrier to the realization of other fundamental rights, including the right to health. Women and girls who experience violence (including those who are HIV positive, are affected by conflict and emergency situations, experience traditional harmful practices such as female genital mutilation and early and forced marriage or are lesbians) suffer negative health outcomes and have their agency severely restricted. The denial of abortion is also a form of violence against women that further restricts women's empowerment and agency. Ensuring the fulfilment of girls' and women's sexual rights can minimize the violence they face and give them the choices, voice and

empowerment to change their lives. This, then, has an impact on their ability to participate meaningfully in the development of their communities.

Women who experience violence have worse physical and mental health than women who have never experienced violence. The health impacts of violence may remain even after the violence has ceased, and recent experiences of ill-health have been associated with lifetime experiences of violence, suggesting that cumulative violence has a lasting impact. Women who experience violence can also be affected by mental health problems, emotional distress and suicidal behaviour (World Health Organization, *WHO Multi-country Study on Women's Health and Domestic Violence against Women*, 2005).

They also have an increased risk of contracting sexually transmitted infections, including HIV. A survey of 1,366 South African women published in the *American Journal of Epidemiology* showed that women who were abused by their partners were 48 per cent more likely to be infected with HIV than those who were not. Research by International Planned Parenthood Federation has similarly shown that women with HIV face violence and stigmatization as a result of their HIV status. Women in Bangladesh, the Dominican Republic and Ethiopia reported traumatic experiences of being thrown out of their homes, denied property or inheritance rights, or being treated as outcasts (International Planned Parenthood Federation, *Piecing it together for women and girls: The gender dimensions of HIV-related stigma*, March 2011). This relationship is cyclical: women experiencing violence are more vulnerable to HIV, and women with HIV become more vulnerable to violence. However, if women's sexual rights are respected, they may be more empowered to negotiate the terms of their sexual relationships, better protect themselves and live more positively with HIV.

Women and girls in conflict zones and emergency situations are more vulnerable to sexual and physical violence and the lack of infrastructure owing to the insecure situation, which exacerbates the levels of risk they are exposed to. Approximately 500,000 women suffered violence during the genocide in Rwanda and many more were victimized during the aftermath of the 2010 flooding in Pakistan (International Planned Parenthood Federation, *SPRINTing towards change: sex and pregnancy in emergencies*, 2011). This increased risk of sexual violence, coupled with the lack of access to sexual health services can lead to life-threatening consequences, including sexually transmitted infections, HIV, unplanned pregnancy, unsafe abortion and complicated deliveries. It is imperative that action be taken to reduce the vulnerability of women in emergency situations to sexual violence and that they be given access to sexual-health services to ensure that they are as safe and free from harm as possible.

Female genital mutilation violates fundamental human-rights principles, including non-discrimination on the basis of sex, the right to bodily integrity, the right to life, and the right to the highest attainable standard of physical and mental health. Female genital mutilation serves to reinforce male dominance and undermines the role of women. The impacts for the estimated 100 to 10 million girls affected are devastating (International Planned Parenthood Federation, *Briefing paper: Female genital mutilation*, 2008). Complications of the procedure can range from bleeding, severe pain, shock, infection and death, and trauma during pregnancy and birth. According to an article published in the *American Journal of Psychiatry*, they may experience psychological harm, including depression, symptoms of

impaired cognition and panic attacks. The procedure may also result in absenteeism from school, poor concentration and low academic performance (International Planned Parenthood Federation, Briefing paper: Female genital mutilation, 2008). The impact is stark: it has a radical effect on a girl's ability to realize her rights; it reinforces her inequality within the gender structures of the community, and as a result of ongoing physical and psychological trauma, severely limits her empowerment and agency.

Early and forced marriage reduces girls' and young women's agency and empowerment. They may become vulnerable to sexual abuse and exploitation, early pregnancy with high risk of maternal mortality and morbidity, and transmission of sexually transmitted infections and HIV. Teen pregnancy is the number one cause of mortality for girls between the ages of 15 and 19 (United Nations Children's Fund, *Progress for Children: A report card for adolescents*, No. 10, April 2012), and nearly 10 per cent of all adolescent girls in low- and middle-income countries are mothers before they are 16 (United Kingdom Department for International Development, *Girls decide: Tackling child marriage and early pregnancy in Bangladesh*, March 2011). Taking action against early and forced marriage will ensure that more young women and girls are able to continue their education, act with agency and make independent decisions about their futures.

Violence against lesbians, transgender and bisexual women is compounded by an additional layer of discrimination based on sexual orientation. According to a former Special Rapporteur on violence against women, its causes and consequences, lesbian women face an increased risk of becoming victims of violence, especially rape, because of widely held prejudices and myths, including for instance, that lesbian women will change their sexual orientation if they are raped by a man (see A/HRC/4/34/Add.1). Prejudice against lesbians and myths about the "cause" of their sexual orientation is a key trigger for physical violations of their human rights because it reduces respect for their dignity as people and legitimizes assaults against them as a targeted group.

Laws that restrict access to and criminalize abortion are both a denial of sexual rights and an act of violence against women. Under the Beijing Platform for Action, violence against women is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women. The Guttmacher Institute has stated that forcing a woman to terminate a pregnancy or forcing her to continue a pregnancy that she does not want both violate the same human rights: the right to decide freely whether and when to bear a child and the right to have that decision respected by the government (Guttmacher Institute, *Guttmacher Policy Review*, Fall 2012, vol. 15, No. 4). The act of coercing a woman to continue a pregnancy against her will infringes her dignity and autonomy by severely restricting decision-making in respect of her sexual and reproductive health. This pattern of coercive control over women's right to health and autonomy can result in physical and psychological harm, and can amount to a State-sanctioned pattern of gender-based violence.

Ending violence against women and girls has regained global momentum in the past few years thanks to advocacy by global women's rights and sexual rights movements, the publication of the landmark Report of the Secretary-General: In-depth study on violence against women (A/61/122/Add.1), the launch of two high-profile United Nations global campaigns to end violence against women and

several resolutions, including General Assembly resolutions, calling upon Governments to intensify their efforts to eliminate all forms of violence against women and girls. However, the lack of rigorous evidence to guide programming remains a challenge. It is imperative that the global community act with one voice to prevent gender-based violence, provide access to sexual and reproductive health and rights and enable women to participate in the development of their communities and countries. International Planned Parenthood Federation believes that States must:

(a) Recognize that any new development framework must address violence against women and girls and integrate sexual and reproductive health and rights as a central tool to tackle women's inequality, promote life chances and achieve sustainable development;

(b) Amend old or adopt new legislation to address sexual and domestic violence that is in line with international best-practice standards and commitments to comply with human rights treaties;

(c) Develop and make accessible health-care, protective and legal services for survivors of gender-based violence using a coordinated, comprehensive multisectoral approach that strengthens collaboration among law enforcement, legal aid and health-care organizations, educational institutions, economic development organizations and women's groups to prevent violence and ensure an integrated response to survivors;

(d) Remove and refrain from implementing laws that restrict young people's access to sexual and reproductive health-care services, including parental or spousal consent laws;

(e) Ensure all victims of violence have access to comprehensive sexual-health services, especially those in rural areas and most vulnerable women, including sex workers, migrants and lesbians;

(f) Support the development and implementation of statistical tools to measure violence against women and girls, including sexual violence.
