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Statement submitted by Advocates for Youth, Allied Rainbow Communities International, Armenian International Women’s Association, Comisión para la Investigación de Malos Tratos a las Mujeres, Deutsche Stiftung Weltbevölkerung — German Foundation for World Population, Equidad de Género: Ciudadanía, Trabajo y Familia, .C. Equilibres & populations, Feminist League, Humanist Institute for Co-operation with Developing Countries, IPAS, Fundación para Estudio Investigación de la Mujer, International Federation of Medical Students’ Associations, International Women’s Health Coalition, Italian Association for Women in Development, Rutgers, SWASTI, Stichting Simavi, Swedish Federation of Lesbian, Gay, Bisexual and Transgender Rights — RFSL, Women’s Global Network for Reproductive Rights, Youth Coalition for Sexual and Reproductive Rights (YCSRR), stichting dance4life, non-governmental organizations 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

Taking an intersectional and human rights-based approach to achieving gender equality and the empowerment of rural women and girls

The challenges to gender equality and the empowerment of women and girls differ according to a variety of characteristics, of which the rural/urban divide can be particularly stark. There is a human rights imperative to address this geographical inequality, even though it can be harder to reach rural populations.

We note that within rural populations, discrimination based on other characteristics also affects the achievement of human rights, limiting opportunity for marginalised groups and suppressing gender equality. These include discrimination based on gender, sexual orientation, race, indigeneity, socioeconomics and physical ability. These intersecting factors must also be taken into account.

This statement focuses on the sexual and reproductive health and rights of young people in rural areas, in particular girls, young women and lesbian, gay, bisexual, transgender, queer, intersex and asexual youth (referred to in this statement by the term 'queer').

Sexual and reproductive health and rights are key to gender equality and the empowerment of rural women and girls, as recognised in United Nations documents like the Sustainable Development Goals and Beijing Platform for Action.

Challenges

Access to health services

There are multiple constraints faced by young people, especially young women in rural areas, in accessing affordable and quality sexual and reproductive health care, resulting in worsened health outcomes, including higher rates of unplanned teenage pregnancy and unsafe abortion, directly contributing to higher maternal mortality rates.

Health services in rural areas often do not include the full range of services, which should include contraception, screening for HIV and other sexually transmissible infections, gender affirming procedures (surgery and hormones), safe abortion care and services and support for survivors of gender-based violence.

Barriers to accessing these services include the: need to travel long distances in difficult conditions; stigma against young people who access sexual and reproductive health services; lack of confidentiality in small communities (young people usually prefer to remain anonymous due to fear of being judged and/or punished); and lack of cash income.

Safe abortion and post-abortion care are essential services; unsafe abortion is a major cause of maternal mortality and morbidity in the world, accounting for close to 13 per cent of maternal deaths worldwide. Restrictions on abortion, including criminalisation and other punitive measures, and restricting service delivery sites and medical staff, particularly impact rural populations that already face restricted access to services.

Access to and quality of education, especially comprehensive sexuality education

Access to quality education, including comprehensive sexuality education, is key to achieving gender equality and empowering women and girls in any setting and is a particular issue in rural areas.

Travelling long distances between their community and school can be dangerous for girls, young women and queer youth. Every year 246 million children are subject to some form of gender-based violence on the way to or at school. Rural girls may be kept home from school for their safety or because schools may lack adequate facilities for them to manage their menstrual health, creating a significant barrier to their education.

Gender bias towards boys and gendered expectations of greater roles and responsibilities for girls can cause families to keep girls home from school, particularly if cost factors such as transport or boarding fees mean families need to prioritise which children are educated.

Limited funding and resources assigned for education in rural areas impact its quality and ability to attract and retain teachers, which in turn affects adolescent and youth access to comprehensive sexuality education. This education is vital; it instills concepts of gender equality (including safe and healthy relationships) in young people and equips them to keep themselves safe from sexually transmissible infections and HIV, negotiate safe sexual practices and prevent unintended pregnancies and unsafe abortion.

Conservative institutions often have a stronger influence in rural areas. The result may be a lack of access to education, comprehensive sexuality education and sexual and reproductive health care, since some of these concepts are not allowed by religious beliefs. Cultural and religious fundamentalism can result in harmful practices such as early, forced and child marriage, female genital cutting and isolating girls during menstruation.

Climate change and environmental degradation

The impacts of human-induced climate change are increased intensity and frequency of weather events, associated effects on food security and livelihoods and displacement of populations. Of the 60 million displaced people around the world, 26 million are estimated to have been displaced due to climate-related issues.

People in rural areas, usually reliant on crops, are more vulnerable to the impacts of climate change. Women and girls carry more of the burden as they take on an unequal workload, such as needing to go further to find food, fuel and water. They are more vulnerable to gender-based and sexual violence in times of disaster.

Environmental degradation caused by industrial mining or logging is a significant threat to gender equality and the empowerment of rural women and girls as it causes similar gendered impacts as climate change through the mass displacement of populations, as well as adverse health impacts.

In humanitarian settings, whether environmental- or conflict-induced, the sexual and reproductive health needs of rural young women, girls and queer people can often be overlooked by limited primary health care. Reproductive health care should be an integral part of primary health care in all settings.

Challenges for rural queer youth

Young queer people in rural areas face heightened discrimination, victimisation and social isolation. They have fewer supportive resources because of limited mobility, access to education and social support and financial resources. They have reduced access to providers who are comfortable with, or have accurate non-judgemental knowledge about, the treatment and services they need. This can expose them to harmful discrimination and potential abuse, putting their health at risk.

Opportunities

Providing a comprehensive range of sexual and reproductive health services, and the information to make educated decisions on their use and on safe and healthy relationships, provides an opportunity for young people to make their own reproductive decisions and relationships, allowing them to pursue their own life goals, regardless of their sexual orientation or gender identity.

The increasing reach of information and communications technology allows new media channels to make service information available for young people in rural areas; for example, educational apps and telemedicine programmes, including for safe abortion. Using information and communications technology can mitigate challenges of transport and preserve privacy and confidentiality for young people.

As young people are agents of change, focusing educational and behaviour change efforts on them can positively impact their peers and the wider community. Given young people are good at mobilising for change, peer-to-peer programmes delivering education and awareness programmes can be very effective.

Recommendations

We demand that governments:

Ensure universal access to sexual and reproductive health and rights for all young people, including providing equitable access to the full range of sexual and reproductive health and rights services in rural areas, including contraception, safe abortion and post-abortion care.

Provide equitable access to relevant, gender responsive, evidence-based, inclusive and equitable quality education, including comprehensive sexuality education.

Engage young people in meaningful participation on policies and programmes.

Support peer-to-peer programmes in the delivery of education and awareness programmes and give young people training and adequate resources to implement these.

Address the underlying contributing factors to climate change and environmental degradation and provide funding for mitigation and adaptation.

Implement the Minimal Integrated Services Package for Reproductive Health in Humanitarian Settings, paying special attention to the needs of adolescents and youth.

Remove all discriminatory laws and implement country-wide programmes to address stigma against queer people.

Taking these actions will significantly contribute to the achievement of gender equality and the empowerment of rural women and girls.
