



# Economic and Social Council

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## Commission on the Status of Women

Sixty-fourth session

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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 Asian-Pacific Resource and Research Centre for Women (ARROW), 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

We welcome the theme of the sixty fourth session of the Commission on the Status of Women focused on the review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcomes of the twenty third special session of the General Assembly. Turning twenty-five this year, the Beijing Declaration and Platform for Action made several important advances possible for women and young girls in Asia and the Pacific region. However, progress has been uneven and the region is still far from achieving gender equality. Appearing to be a call for an urgent response, the governments in the region are faced with a decisive moment this year to accelerate response to their commitments taking to scale the two and a half decades long response particularly those around gender equality and sexual and reproductive health and rights. The Asian-Pacific Resource and Research Centre for Women (ARROW) works extensively on gender equality with a focus on upholding women and young girls sexual and reproductive rights in 17 countries in the Asia Pacific, further ensuring a world with greater equality and opportunities for all women and girls in the region. Gender equality is only achievable when women and girls have bodily autonomy, as well as reproductive rights and choices. Lack of access to sexual and reproductive health services also mean that women and girls are unable to exercise control over their reproductive health and their general health.

About 60 per cent of the world's population resides in this region and at least half of this figure are women and girls, the populations of great concern to us. The region is also home to six of the most populous states in the world, with approximately 50 per cent of the population living in rural areas. While gender equality is referenced in many of the human rights instruments and development agenda at the international, regional and national levels, many of the recognised barriers are still in existence even after 25 years into the implementation of the Beijing Declaration and Platform for Action, maintaining gender equality a distant goal for many countries in the region. Some progress can be seen in the advancement of the rights of young women and girls in the Asia-Pacific region. For example, India increased the median number of years of schooling for females from 1.9 years in 2005–06 to 4.4 years in 2015–16. Also, Vietnam has reduced its maternal mortality from 139/100,000 births in 1990 to 54/100,000 live births in 2015 further contributing to improved universal health coverage of 73 per cent in the country. Despite advances, substantive gender equality still remains a dream for many. The dream is most distant for women and girls who are poor, lesser educated, live in rural and hard-to-reach areas, with disability, of lower caste, indigenous, do not subscribe to traditional gender or sexual norms, stateless, undocumented migrants, and belong to marginalized groups. For example, in Fiji, for women and young people living in rural, remote and outer islands, sexual and reproductive health services remain inaccessible. In addition, most of the countries in the Pacific have only draft forms of sexual and reproductive health policy. In the Philippines, adolescent birth rate remained high and stagnated in the last 24 years.

Globally, in the area of health, the region faces the highest rate of maternal mortality after Sub-Saharan Africa. In 2017 alone, the region observed 58,000 maternal deaths in Southern Asia due to high fertility rates resulting from unmet need of contraception; teenage pregnancies in the absence or lack of access to comprehensive sexuality education and contraception; early and forced marriages; and unsafe abortion, signaling deep-seated inequalities further fueling barriers to quality and affordable access to health services for all.

The region is also far from achieving universal health coverage, the key solution for health and well-being for all through universal access to health services including sexual and reproductive health care services. A comprehensive range of sexual and

reproductive health care services is still not included in the essential services package where in such circumstances, women are forced to pay out-of-pocket and this deters them from accessing the much needed health services, further contributing to inequalities in utilisation of health care services particularly among the most marginalised.

Globally, 6000 new HIV cases are observed among adolescent girls and young women every week. In this region, at least one quarter of the new cases are among young people aged between 15–24 and this proportion is higher in countries such as Indonesia, Myanmar, Thailand and the Philippines. Gender equality and violence against women and girls are the main contributors to this narrative.

Women in Asia experience high levels of unintended pregnancy and abortion remains the only means to exercise the right to decide on whether or not women want children, and number and spacing of children. In the region it is estimated that about 35.5 million abortions occur, the major part of the number of worldwide abortions (55.9 million), largely due to the sheer size of the population of the region. Unsafe abortion places undue burden on women's health and wellbeing leading to preventable death and disabilities. To add to their burden, sexual and reproductive health services, especially abortion services are among the most privatised services for women.

In the Asia Pacific, prevalence of child, early and forced marriages is still rampant. Adolescents and girls are further marginalised through poverty, geographic reach, minority (ethnic, religious) status, migrant status, and sexuality status including sexual orientation and gender identity.

### **Recommendations**

We call on the states to:

- Uphold their commitments to fully implement the sustainable development goals, underscoring the need for full realisation of Goals 3 and 5 on health and gender equality. We strongly feel that the principles and objectives of the International Conference on Population and Development (Cairo International Conference on Population & Development, 1994), the Beijing Declaration and Platform for Action and Agenda 2030 for Sustainable Development in addition to other human rights treaties are critical to attaining the sustainable development goals and ensuring accountability.
- Ensure that health is a human right provided to all and carry out constitutional obligations to adequately resource and provide universal access to sexual and reproductive health and rights that are acceptable, accessible, affordable, and of quality for all women and girls.
- States should ensure a continuum of quality care across a woman's lifecycle and in ensuring their rights – from preconception and pregnancy, to postpartum/post-abortion and menopause, and across various locations, e.g., home, community, and health facilities – is important to reduce adolescent, maternal, new born, and child mortality and morbidity and improve women's reproductive health.
- Address unmet need for all sexual and reproductive health information and services including contraception for marginalised women, including rural women, poor women, young and unmarried women and girls, and women living with disabilities by providing comprehensive sexuality education and quality sexual and reproductive health services including youth-friendly health services, modern contraception, access to safe abortion services, irrespective of their marital status and reach out especially to women in rural areas.

- Recognise all women and girl's right to safe abortion as a human right by all parties. Where illegal, decriminalise abortion, and where legal, remove conditionality and restrictions in abortion law in the region and ensure that legal uncertainty and bureaucracy is addressed in instances where legalisation has been achieved.
  - States must provide adequate financial, human and infrastructural resources towards implementing health policies, which ensures highest attainable standard of physical and mental health for all including their sexual and reproductive health and rights.
  - Regulate the private health sector to provide acceptable, affordable, accessible, quality health services and ensure dignity and respect, privacy and confidentiality.
  - Lastly, improve public investment in health and develop social protection systems and health strategies to provide comprehensive sexual and reproductive rights for all women, especially the marginalized and vulnerable groups. The investment should also be made on disaggregated data for monitoring and strengthening policies and programmes.
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