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Statement submitted by Marie Stopes International, 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

Introduction

Marie Stopes International (MSI) is a global organisation providing personalised contraception and safe abortion services to women and girls in 37 countries. The high quality services we provide empower women to choose when they have children so that they are free to pursue their plans and dreams for themselves and their families. We focus on serving the most marginalized groups, including rural women and girls.

We would like to thank the Commission on the Status of Women for this opportunity to discuss the challenges and opportunities in achieving gender equality and the empowerment of rural women and girls.

Challenges for Rural Women and Girls

Rural women and girls face unique challenges to empowerment as a result of their status as women and as people living in rural areas. Rural populations generally have limited access to basic public services in comparison to those living in urban areas, in part due to higher costs in expanding the geographical reach of these services.

Women in these areas often have greater barriers to realising their sexual and reproductive health and rights, with less access to contraceptive and safe abortion services compared to their urban counterparts. Data shows that even in places where abortions are heavily restricted, higher-income, urban women are more likely to receive safe abortion services than poor, rural women. Lack of access to these essential services can have a detrimental effect on their health, life, and opportunities for empowerment. Currently, 56 million abortions occur each year, with 45 per cent of these unsafe. 13 per cent of maternal deaths are a result of unsafe abortions. Factors that lead to a higher likelihood of complication, such as longer delays in seeking induced abortions also disproportionately affect rural women who have greater difficulties accessing health facilities.

In terms of preventing unintended pregnancies, rural women are more likely to have an unmet need for modern contraceptives due to a lack of sexual and reproductive health knowledge, limited access, and health concerns. The particular disadvantages for rural women in their access to sexual and reproductive health services have been confirmed in the Committee on the Elimination of Discrimination against Women's (CEDAW) 34th general recommendation on the rights of rural women.

Additionally, rural areas tend to be more traditional, sometimes valuing social traditions and cultures over formal laws. Rural women are often subject to harmful gender-based social and cultural norms that can leave them vulnerable to violations of their rights — in particular, their right to sexual and reproductive health. A lack of access to vital services is compounded by early marriage and prevalence of sexual violence, which can make rural women more vulnerable to unintended pregnancies. Lack of autonomy in decisions about their own health can prevent women from accessing necessary family planning and safe abortions services. When these social factors are paired with restrictive policies and inaccessible or inappropriate service delivery, rural women are less likely to have choice and control and are more likely to resort to unsafe abortions, which have devastating consequences.

This is a violation of rural women's right to health. This right is often seen as a precursor to and interconnected with the achievement of other rights, such as the rights to water, food, adequate housing, education, privacy, freedoms expression and

association, freedom from torture, and identity and equality before the law. Women's access to quality contraceptive and safe abortion services empowers women to choose if or when to have children, and gives them the freedom to pursue other goals and realize their other rights. Until rural women and girls have their specialized health care needs met through access to quality services, there can only be limited progress in their empowerment and in reaching gender equality.

Opportunities for Rural Women and Girls

The current global focus on the Sustainable Development Goals (SDG) provides an excellent opportunity for the empowerment of rural women and girls and achieving gender equality. Agenda 2030 commits to leaving no one behind and on reaching the furthest behind first, has a goal dedicated to ensuring healthy lives (SDG 3) and another to achieving gender equality (SDG 5). Furthermore, two targets under these goals take into account women's rights to comprehensive sexual and reproductive health services and information (Targets 3.7 and 5.6). If these goals are tackled with a human rights-based approach, which seeks to understand and tackle current inequities, they could have an unprecedented positive impact on gender equality and empowerment for rural women and girls. Medical abortion, task-sharing, universal health coverage, and participation provide opportunities to empower rural women to claim their rights through enhancing their access to contraceptive and safe abortion services.

Medical abortion has revolutionized the way that women access abortion services in recent years and its availability has great potential to expand the health system into rural areas. Due to its accessibility in pharmacies, it has expanded access to safe abortion and appears to have had a positive effect in reducing complications and maternal mortality due to unsafe abortion. Enabling women to access medical abortion products on their own terms empowers them to make their own reproductive choices. For many women, it is also a preferred method as they can control where to take the product and it provides a greater sense of privacy. It is however vital that medical abortion provision is supported by quality products and continuum of care. Availability of high quality and effective medical abortion products must be ensured through regulatory controls and registering of quality products with ministries of health, while women must be able to access quality counselling and information on correct usage and when to seek assistance.

Task-sharing of contraceptive and abortion services can also expand access and help to address the unmet need in rural or low-income areas for family planning. Task-sharing is a vital strategy in overcoming the shortage of doctors, particularly in rural areas. The overmedicalisation of women's health has resulted in reduced access or affordability of necessary services and task-sharing can provide a means to increase effective availability, especially for economically disadvantaged women and girls. Task-sharing has been proven to increase health impacts and has the potential to offer significant savings to the health system, both increasing access through lower level providers and freeing up doctors to perform other procedures.

Universal health coverage (UHC) also provides an opportunity to ensure rural women's rights to sexual and reproductive health services. The details of UHC packages are vital, and it is essential that contraceptive services are included in a way that enables comprehensive choice. UHC health financing strategies must: consider the people who need to be reached most and ensure that coverage includes rural communities; provide contraceptive choice within defined UHC benefits packages; select providers based on appropriate locations to ensure coverage and at cost-effective levels of the health system; and pay providers based on requirements of delivering full choice of contraceptive methods.

Finally, ensuring that health priorities shift their focus to the poor and vulnerable — including those in rural areas — will necessitate meaningful participation by marginalized populations in developing and responding to the policies that affect them. The Special Rapporteur on health has noted the extraordinary health outcomes in the global fight to end HIV/AIDS when community empowerment initiatives were undertaken. While the benefits of participatory approaches are clear, we need to encourage the political will to implement these approaches as part of States' commitments to achieving the SDGs.

Conclusions

Women and girls in rural areas face unique challenges to empowerment: as people living in rural areas, they have fewer available services for them; while as women in rural areas, discrimination and harmful attitudes can limit their access to existing services or prevent their specialized needs from being addressed in the development of services. As a result, women and girls in rural areas are more often “left behind” and face greater challenges in achieving gender equality. Despite this reality, the global commitment to the SDGs provides an excellent opportunity to combat the disproportionate barriers faced by rural women and girls. Rural women's right to health can lead to their empowerment, and this right can be better achieved through focusing on quality medical abortion products and continuum of care, task-sharing policies, appropriate health financing strategies under UHC, and participatory approaches to programme development and implementation.
