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> 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.

^{*} The present statement is issued without formal editing.





Statement

We welcome the theme of the 65th Session of the Commission of Status of Women on women's full and effective participation and decision-making in public life, as well as the elimination of violence, for achieving gender equality and the empowerment of all women and girls.

The Asian-Pacific Research and Resource Centre for Women strongly believes in gender equality and women's empowerment in all facets and at all stages of life. This is necessary for realizing the Sustainable Development Goals and other existing commitments such as those under the International Conference on Population and Development, and Beijing Platform for Action, UNSCR 1325 on Women Peace and Security in addition to other human rights treaties

Living a life of dignity and respect, free of violence is a basic human right. However, in the Asia-Pacific region, deep rooted gender inequality and discriminatory sociocultural norms underpin structures and systems.

Demand for increasing women's decision-making role and participation in public life

Women's political participation and women's role as decision-makers is essential for bringing the issues discussed above to the fore and for achieving gender equality and a representative democracy. More inclusive and representative governance can be a step towards laws and policies that safeguard the rights of those who experience intersecting forms of discrimination. The Beijing Platform for Action and the CEDAW explicitly mention political equality and the access to equal opportunities for leadership at all levels. However, across the region, the progress towards the application of the commitments for parity in political leadership has been uneven. The percentage of ministerial roles held by women in the region has only increased from 8 per cent in 2001 to 12 per cent in 2019 and these numbers have little or no representation of women from marginalised communities including from women with disabilities, the LGBTIQ community and from minority groups such as the indigenous community (Source: ARROW SDG Monitoring Report, 2020).

In a region where women perform unpaid care work equivalent to 3.8 trillion USD to the region's total GDP (UNESCAP data) and a significant number employed in either informal sectors or having no representation in trade unions – seeing women participating fully in public life by taking on decision-making roles is still far off from being realized. Women's empowerment continues to be threatened by multi-dimensional factors arising from poverty, lack of access to food, food security and nutrition, racialization, migration, climate change, natural disasters, environmental degradation and conflict to name a few.

Situational analysis of the barriers hindering gender equality and women empowerment

Access to sexual and reproductive health and rights is being adversely affected due to intersecting inequalities and vulnerabilities and have impacted countries in the Asia-Pacific region where health systems are already weak and overburdened. For countries experiencing fragility and humanitarian crisis, the effects are worse for women, girls, the elderly, young people and persons with disabilities in particular.

The ongoing COVID19 outbreak is being felt acutely by those already marginalized including migrants, people with disabilities, refugees, indigenous people, women and girls in low income settings and LGBTIQ individuals. The pandemic crisis has exacerbated long-standing issues arising from gender inequality,

2/4 20-15293

harmful gender and disability-based stereotyping, sexual and gender-based violence and discrimination against the girl child especially on those with disabilities.

Discriminatory, harmful practices are continuing to rob girls of this region, of all ages and diversity, of their 'health, future, and their lives'. Harmful traditional and cultural practices significantly hinder the health of women and girls and further marginalizes those belonging to minority communities such as Dalit and indigenous communities and those in humanitarian crisis/disaster situations.

Criminalisation of sexuality and reproductive health decisions remains an impediment to the full realization of human rights adversely affecting women and young people in particular. These measures affect the bodily autonomy and choice and are responsible for further stigmatization, discrimination and violence against individuals and forces society to conform to a narrow version of sexual and gender norms.

Women and girls are consistently being subjected to varying forms of sexual and gender-based violence. In Asia, more women die of sexual and gender-based violence than they do of armed conflict (Source: Asia Foundation) and yet this issue remains unresolved and overlooked by governments and policymakers. Preventive laws and policies do not comprehensively address the issue. Marital rape and intimate partner violence is not recognised as an offence in most of these countries where it falls outside the purview of any legal remedy/relief.

In terms of access to health, including sexual and reproductive health, the COVID-19 pandemic has made it even harder for pregnant people, especially from the Global South, to access quality medical abortion commodity and accurate information. According to a recent report by Guttmacher, reduced access due to COVID-19 will result in additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies over the course of a year. Even before the pandemic struck, mortality rates were quite high and unsafe abortions still remain responsible for 13 per cent of all maternal deaths in South East Asia and South Asia and progress on amending laws on abortion is slow. Now, more than ever, governments should continue to prioritize the delivery of essential sexual and reproductive health information and services, especially to marginalised populations. For example, disability inclusion in medical abortion is key in saving the lives of girls and women with disabilities. Availability and accessibility of a range of safe abortion services, including medical abortion, could reduce both maternal mortality and morbidity from unsafe abortion and expand the reproductive rights of women.

It is time for action where the existing data and evidence around those left behind, especially of women and girls, and learnings from the ongoing COVID-19 crisis needs to be looked at holistically for achieving the SDGs. We also urge State to strengthen the multilateral approach to enable collective effort to address concerns affecting women and girls in the region and also take the following key actions:

Ensure a feminist, intersectional and 'whole of society' approach to strengthen the foundation of sustainable development, protect civic space and freedom of speech, support human rights defenders and feminist movements, increase women's participation in public life, increase their role as decision-makers (including national, regional and international institutions) in line with Goal 16 to enable solutions that will reduce inequalities, address systemic and structural barriers and underlying human rights concerns to ensure that no one, especially women and girls, is left behind as we move forward with the 2030 Agenda and the Beijing Platform for Action. This approach will ensure women's decision-making at all levels and enable a process that is responsive, inclusive, participatory.

20-15293

Act on existing sex-disaggregated economic and social indicators and gender-sensitive indicators and collect additional information to identify gender gaps, inequalities and impact of COVID-19. States should monitor these data and the changes, invest in generating quality disaggregated data recognising intersecting economic, social and gender-based inequalities that sheds light on the impact of Covid-19 to use these data towards evidence-based policy and programming.

Ensure sexual and reproductive health and rights for all with emphasis on access to crucial services including contraception, delivery, safe abortion and post abortion care services as part of the universal health coverage that is acceptable, affordable, accessible and of high-quality adhering to the life cycle approach (Continuum of Quality Care) among others.

Repeal discriminatory, harmful traditional and cultural practices, reform discriminatory personal laws and enact or implement laws that empower women and girls to exercise their right and protect them against sexual and gender-based violence, harmful traditional practices and beliefs leading to honour killing, son preference and taboos around menstruation, and discrimination against women and girls with disabilities.

Recognise and address all barriers that prevent gender parity in leadership and workplace to ensure women's meaningful participation and representation. Enable equal participation and involvement in all policy areas and at all levels of implementation to ensure that women and men take equal responsibility for sustainable development.

Address barriers preventing women's economic participation by ensuring social protection, wage security, freedom from violence and harassment, and right to association of all workers – in the formal and informal economy, including migrant workers, domestic workers and women farmers. Recognise, reduce and redistribute women's unpaid work through state investments in universal social protection, public services, and gender responsive infrastructure. Promote and protect women's ownership, use and control of land, water, seeds, commons, and traditional and indigenous knowledge systems, and ensure food sovereignty.

4/4 20-15293