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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR YOUNG RURAL WOMEN AND GIRLS

Young women and girls living in rural areas, diverse in their identities and situations, are united in many of the issues they face. Around the world young rural women and girls remain particularly vulnerable to violence, stigma and discrimination. Right Here Right Now spent two months conducting online and in-person consultations with young rural women and girls in eight countries,¹ capturing the realities of four regions,² as respondents expressed their thoughts on and personal experiences of attaining their sexual and reproductive health and rights (SRHR).

Young rural women and girls face significant barriers in accessing the essential sexual and reproductive health services and commodities they need. Barriers are formed by various factors, such as: long distance from the health facilities, lack of preferred and high costs of service, poorly trained medical staff, confidentiality issues, long waiting hours, work and family obligations and the constant fear of stigmatization and discrimination. These barriers are strongest for young rural women and girls when obtaining safe abortion services, even in areas where legislative barriers are absent. Due to access issues and a strong fear of stigmatisation, many women resort to seeking unsafe abortion services despite being knowledgeable of the risk affiliated with this action, which can contribute to maternal mortality. Many young rural women and girls have no awareness of their fundamental SRHR. This is caused by lack of access to evidence- and human rights-based comprehensive sexuality information, even as it relates to good menstrual hygiene. Absent is often also the availability of full range of contraceptives and the ability to choose their preferred choice of contraceptive method and counseling, as a result they are unable to make informed choices and decisions about their sexual and reproductive health.

¹ Bolivia, Honduras, Jamaica, Kenya, Nepal, the Netherlands, St Lucia, Trinidad

² Asia-Pacific, Latin America and the Caribbean, Africa, Europe

The results are devastating; young rural women who cannot access comprehensive information and inclusive services, experience higher rates of unplanned and unwanted pregnancies, early and forced marriage, and maternal mortality from complications during childbirth or from unsafe abortions.

Youth SRHR priorities at CSW62

We call on governments to prioritise sexual and reproductive health and rights of all young rural women and girls, and take the following four steps to ensure that their rights are protected and upheld:

1. Eliminate Inequalities

Take concrete and lasting measures to eliminate inequalities and all forms of discrimination based on, age, class, disability, caste, religion, indigenous or rural status, socio-economic status, sexual orientation, gender identity, and gender expression.

2. Youth-friendly Services

Provide youth-friendly, confidential, affordable, inclusive and universally accessible sexual and reproductive health services, including diverse methods of contraception, and quality safe abortion services.

3. Comprehensive Sexuality Education

Ensure the provision of sexuality education that is truly comprehensive, and includes important topics such as menstrual hygiene, sexual and reproductive health and rights, gender equality, diverse sexual orientations and gender identities and expressions.

4. Meaningful youth participation

For the above recommendations to be effective/impactful, young rural women and girls must be formally included at the decision making table; as their meaningful engagement is key to ensuring that policies and programs captures the true issues and are effective.

The Netherlands

Although the Netherlands has made large strides in ensuring the SRHR of its youngest citizens are realized, there is inequality between the quality and accessibility of SRH services and CSE between young women living in rural areas and in urban centres. As a result, young women living in rural areas reported that they did not utilise SRH services as frequently as they would like. The government facilities that offer free services are located not in close proximity, and the services provided by their General Practitioner (GP) are not consistently youth-friendly and carry prohibitively high costs. Another barrier to accessing SRH services is that it is harder to ensure these are truly confidential in smaller communities, where GPs may be family friends. Furthermore, young women from rural areas report that they are not fully informed about the contraceptive options available to them, while others are denied access to their preferred method of contraception by their GP. Finally, young rural women and girls reported that the sexuality education they were provided was not truly comprehensive, often only focusing on human biology and (heterosexual) reproduction, with no focus on important topics such as sexual and gender diversity, consent, and sexual pleasure.

Nepal

Nepal has made some progress in enrolling girls in school, but retention and success are still big issues. Many girls from rural schools either drop out or fall behind on their studies when they reach high school. Causes are very limited information about body change and menstruation hygiene and management as there is no comprehensive sexuality education; absence of private and clean facilities in school; heavy workload at home; early marriage; and parents' ignorance about the value of education for their girls. Safe abortion practices are still rare in rural areas. Fifteen years has passed since the legalisation of abortion, however major barriers impeded rural young women's access to these services. Rural young women have to travel at least 2 hours on foot to access the nearest service delivery points, only to face the social challenge of being shamed and breaching of their confidentiality, or the economic challenge of not being able to afford the services, as well as improper behavior and limited capacity of the service provider and poor infrastructures. Many pregnant young girls and women turn to unsafe abortion even if the risk to their lives is high.

Bolivia

Young women from indigenous, rural communities in Bolivia are demanding their autonomy and participation as indigenous youth within their communities. Public policies have promoted political and peer empowerment within their communities, but young women have been left behind. Care roles have a significant impact on the country's economy. The sexual division of labor continues to widen the inequality gap and falls mainly on rural girls and women and limits the political exercise of indigenous women, limiting even more the young women. Indigenous women and girls who live in urban contexts suffer violations of many of their rights - social, economic, cultural, indigenous. Specifically they face: Legal uncertainty about land and territory; Unemployment and/or violation of, in some cases non existing, labour rights; Discrimination in access to education and sexual and reproductive health services; Different forms of violence to which young women and girls are exposed; Cooptation of women from an early age to gangs and drug use.

Caribbean

Young rural women and girls in the Caribbean face multiple forms of deprivation and discrimination, leaving them disproportionately underrepresented, especially among the rural poor. The lack of access to comprehensive sexuality education and reproductive health services is a major challenge facing rural women and girls. The health status of rural women and girls has a bigger dependency on the economic status of men, who are many times the ones that decide on and distribute economic resources. Rural women and girls face enormous challenges finding employment due to the underdevelopment of rural communities. Rural women still find it more difficult to get access basic education and vocational (secondary) education provision; as girls are expected to reinforce femininity by carrying out domestic chores such as fetching and carrying fuel and water. The economic survival of rural women is directly linked to their access to certifiable educational opportunities which is a big challenge in the Caribbean. Therefore, Caribbean policy makers must develop: Policies and programs which provide quality, affordable,

universally accessible health care and education, including sexual and reproductive health and rights; Policies and programs which lead to the elimination of all forms of violence and discrimination, ensuring that the implementation of all requirements of CEDAW are achieved; Policies and programs which provide rural women and girls with financial, employment, and land security, as well as securing a place in decision-making forums, encouraging more female leadership in organizations pertaining to food and agriculture through mentoring opportunities and training; as well as, Policies and programs to ensure access to affordable, appropriate technologies and vocational training for its usage.

Honduras

In the midst of a socially and politically oppressive context, violence is a constant issue of human rights in the country. While consulting young Garifuna and Lenca women we found that they suffer discrimination because of their race, their origin-culture and because they are women. This reality hits rural populations, since there are no functional state policies that guarantee their territory, access to job opportunities and services with a differential approach. They seek to achieve a sustainable economy that allows them to become independent to achieve their goals, such as: autonomy, dignified housing and sustainable jobs. As in Bolivia, rural women and girls demand state policies capable of providing possibilities and capacities for their empowerment within their communities and in society in general. Regarding comprehensive sexuality education, they have limited access to information, services and care (including abortion because it's completely criminalized and penalized), due to this conservative context, they also face Honduras' prohibition for Emergency Contraception, which puts girls at a greater risk of carrying unwanted pregnancies due to sexual violence, since this right has also been removed from the "protocol of attention to victims of sexual violence" and also a limited comprehensive sexual education policy that relies exclusively on religious values. Sexual violence against girls and young women is a situation of state impunity and abandonment. In 2017, on average, 1 in 4 adolescents under the age of 18 have been pregnant at least once in their lives. During that same year out of all pregnant women, 25% were girls under the age of 18, this is 26,394 girls in pregnancy. It is estimated that 50% of pregnancy in girls is the product of rape.³

³ Regional Balance Report. CLADEM Honduras. 2017.

What is Sexual and Reproductive Health and Rights (SRHR)?

Sexual and Reproductive Health and Rights (SRHR) encompass all of the rights and issues surrounding a person's sexual and reproductive life. SRHR is closely linked with many internationally recognized human rights, such as the right to privacy, the right to education and information, the right to bodily integrity, the right to equality, freedom from violence and all forms of discrimination, and the right to the highest attainable standard of health.

Why is advocating for young people's SRHR important?

1. We as young people have a fundamental right to decide on issues that concern us directly, as is guaranteed under Articles 12 and 13 of the Convention on the Rights of the Child. Therefore, it is imperative that we are meaningfully involved in the design, implementation, and monitoring and evaluation of policies and programs that affect us.
2. We currently have the world's largest population of young people. 5 Girls and young women ages 15-24 are also the group most vulnerable to HIV infection.
3. The SRHR of young people are more important than ever, and the health and wellbeing of young people has immense implications for our future.



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Red de Salud de las
Mujeres Latinoamericanas
y del Caribe, RSMILAC

⁴ CHOICE for Youth and Sexuality, SRHR Language. Available on: <https://choiceforyouth.org/srhr/?letter=s>

⁵ UNFPA, State of world population 2014, The Power of Adolescents, Youth and the Transformation of the Future. Published 2014, available on http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf

⁶ UNAIDS, Women, girls, gender equality, and HIV. Available on: http://files.unaids.org/en/media/unaids/contentassets/documents/factsheet/2012/20120217_FS_WomenGirls_en.pdf