

Statement Delivered to the Commission on Population and Development on its 41st Session on behalf of the International Planned Parenthood Federation, Population Action International, and the Feminist Majority Foundation.

Chairperson and distinguished representatives, thank you for the opportunity to address this important 41st session of the Commission on Population and Development. I am speaking on behalf of the International Planned Parenthood Federation, Population Action International, and the Feminist Majority Foundation.

Population distribution, urbanization, internal migration and development are all areas that impact upon the sexual and reproductive health and rights of urban and rural populations.

While many migrants move to cities from rural areas each year, most urban growth results from natural increase. This occurs even though fertility and desired family size are nearly always lower in urban than rural areas. In addition, fertility rates are higher among poor urban women than wealthier women. It is therefore vital to ensure gender equality through women's empowerment and their ability to choose and plan their pregnancies through access to quality sexual and reproductive health care and services including family planning.

Fulfilling sexual and reproductive rights entail addressing the many reasons for poor access to sexual and reproductive health care and services.

These include: a lack of sexual and reproductive health supplies, exacerbated by inadequate distribution systems in-country. The rising demand for sexual and reproductive health supplies is not being met. Currently 200 million women who wish to plan the number and spacing of their children don't have access to contraception.

Under-resourced health and education systems; inadequate funding; a lack of access to adequate information and comprehensive sexuality education, and a lack of prioritisation by governments, donors and the international community are other factors that hinder people to fulfil their sexual and reproductive rights. In addition, policymakers must also address how to change oppressive legal and social norms linked to gender and sexuality, which foster discrimination based on sex and sexual orientation

Mr. Chairperson,

Poverty in urban areas, with associated unmet sexual and reproductive health needs, calls for an innovation in service delivery. Services must be sensitive to local needs, well-planned, have continuity of different high-quality supplies, incorporate monitoring and evaluation, and be sufficiently funded. Service providers also need to ensure that stigma and discrimination are fully addressed and acted upon.

Governments must commit to poverty reduction and sustainability initiatives or face an increase in the number and density of unplanned 'informal settlements'. It is in these areas where all persons, particularly women and young people, face increased risks to their health and are subject to situations of violence, abuse, and maternal morbidity and mortality.

The prevalence of HIV has been reported to be higher in urban than rural areas with young women and girls most susceptible to HIV infection Poverty exacerbates this

situation which disproportionately impacts women and girls. Likewise women and girls and PLWHAs that also live in poverty are less likely to have to access voluntary counseling and testing, and are therefore unable to access necessary prevention, treatment care and support required to fully address the impact of the pandemic.

Education on sexual and reproductive health and rights and HIV and AIDS should be prioritized. Education plays a key role in the reduction of violence against women and girls. Too frequently girls in heavily populated urban areas are at risk, both at school and travelling to and from their homes. Furthermore, safe places, such as youth centres need to be provided for young people.

The total number of urban slum dwellers – nearly one billion – is projected to double to two billion by 2025. Half of these will be under the age of 25. Supporting a healthy, educated and self-confident young generation is the best investment a government can make. This highlights the need for investing in comprehensive sexuality education, as well as youth friendly sexual and reproductive health services – including sexual and reproductive health care services. Without adequate funding, the spiral of poverty and ill-health will continue.

Mr Chairperson,

we would also like to highlight the positive impact urban migration may have on the individual's freedom. Many people move to cities because they seek opportunities to live their lives more freely in regards to choice of partners, families and lifestyles. The opportunity a city can provide in terms of creating new meeting places, new democratic and social movement should not be underestimated. These are important factors for a person's full enjoyment of his or her sexual and reproductive rights.

Mr Chairperson, in conclusion we urge national and local governments, donors and the international community to fulfil sexual and reproductive rights, through incorporating these necessary services into urban planning. No one group will be able to achieve poverty reduction and respond to the challenges of urbanization on its own – the involvement of civil society and the meaningful participation of those affected is essential. The international community must also ensure long-term investment in sexual and reproductive health, family planning and the empowerment of women and girls in order to take full advantage of the opportunities of urbanization. It is therefore imperative to ensure that gender equality and human rights - through the provision and access to sexual and reproductive health and services - are prioritized in the debate on population distribution, urbanization, internal migration and development.