Commission on the Status of Women
Fifty-sixth session
27 February - 9 March 2012
Item 3 (a) of the provisional agenda*
Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”: Implementation of strategic objectives and action in critical areas of concern, and further actions and initiatives

Longer version of a statement submitted by the American Psychological Association and the Society for the Psychological Study of Social Issues and co-sponsored by: the International Association of Applied Psychology, the International Council of Psychologists, and the International Union of Psychological Science, members of the Psychology Coalition at the United Nations, and non-governmental organizations in consultative status with the Economic and Social Council

* E/CN.6/2012/1.
PSYCHOLOGICAL PERSPECTIVES ON THE EMPOWERMENT OF RURAL WOMEN AND GIRLS AS A STRATEGY FOR ERADICATING POVERTY

Over the past 25 years, governments have made commitments to the empowerment of women and girls, including rural women and girls with disabilities, as a crucial factor in the eradication of poverty (the 1979 Convention on the Elimination of All Forms of Discrimination Against Women, CEDAW; the 1985 Nairobi Forward Looking Strategies for the Advancement of Women; the 1989 Convention on the Rights of the Child; the 1995 Beijing Declaration and Platform for Action; the 2006 Convention on the Rights of Persons with Disabilities; and the General Assembly Resolution, 2010).

Although these and other declarations and follow-up mechanisms within the UN system have increased awareness of gender inequalities and discrimination in the lives of women and girls, they have not been enough to focus the development priorities, resources and programs of governments on empowering rural women and girls as an effective and sustainable approach to the eradication of poverty. Meanwhile, the Secretary-General’s reports to the General Assembly and other UN reports on the situation of rural women (UN Interagency, “Gender Dimensions of Agricultural and Rural Employment: Differentiated Pathways out of Poverty,” 2011; UN Women, “In focus: Rural Women”, 2011) indicate that rural women face increasing inequality and call for policies and programs that can enable rural women to drive economic growth and poverty reduction. However, the perspectives, which Member States and UN
agencies use in their efforts to eradicate poverty, focus on economic indicators and exclude psychological factors in empowering women and girls. This statement highlights important contributions of psychological perspectives on empowerment to poverty reduction.

Seventy percent of the 1.3 billion persons living in poverty worldwide are women. Rural women and girls, including those with disabilities, face unique and urgent challenges that demand attention by the UN Commission on the Status of Women and other United Nations bodies. This statement offers recommendations concerning the importance of psychosocial empowerment and mental health as factors, which can contribute to the reduction of poverty in this group. Psychosocial empowerment and mental health will enhance the contributions rural women and girls now make and also allow them to make even greater contributions to the eradication of poverty.

**Psychological Perspectives on Empowering Poor Rural Women and Girls**

It is generally recognized and supported by psychological and other social science research that empowerment is essential to progress and stability in development, including the critical area of the eradication of poverty. In community psychology, the term has come to mean “an intentional, ongoing process, centered in the local community, involving mutual respect, critical reflection (evaluation), caring, (and) group participation, through which people lacking an equal share of resources gain greater access to and control over those resources” (Zimmerman, 2000). Empowerment is both a multidimensional social process and a multidimensional social outcome that involves individuals and groups gaining control over events in their lives (WHO, 2010) and improving their life circumstances.
Psychosocial empowerment approaches to eradicating poverty among rural women and girls should be based on affirmation of their human rights and the fundamental reality that, although the literature deals with them as a homogeneous population, they are very heterogeneous. Most of what we know about the world’s rural women comes from studies of selected groups and therefore are not generalizable to “rural women” as a whole (see Krook and True, 2010; ECOSOC, 2004). There is an extensive range of communities, cultures, and environments of which these women and girls are a part, and there are both similar and unique influences, including disability status, that impact their lives in different geographic areas and social groups (Nuket, 1991). Rural women with disabilities, who are often ignored in policy planning, face discrimination, poverty and related societal risks and are probably the most disempowered of all women. Therefore, research projects or intervention programs that target rural women and girls have to be culturally and demographically relevant to the communities they serve in order for them to be effective (Hafner and Pollack, 2002; Krook and True, 2010; World Bank Research Report, 2001).

For the purposes of this statement, we propose that the psychosocial empowerment of rural women and girls, including rural women and girls with disabilities, involves program development and implementation in three steps (for a review, see Zimmerman, 2000). The first step requires the development of a corps of community change agents, e.g. peer counsellors or community leaders, to reduce their psychological distress and to encourage their participation in economic and social activities. The activities of this step should result in rural women and girls gaining a sense of self-determination and personal efficacy or competence. The second step consists of building community networks among rural women and girls, which reduce
their isolation and provide opportunities for them to build upon and expand their sense of belonging. These community networks also provide opportunities for rural women and girls to share skills and resources and to resolve their concerns, such as the burden of unpaid work.

The third step involves supporting the engagement of rural women and girls in social and economic decision-making at all levels, as a means for them to take social action to build their communities (Zimmerman, 1990 & 2000). It is important to recognize that without rural women and girls having ownership and representation in economic planning at all levels, empowerment interventions may end up being disempowering in that rural women may come to see them as being too externally controlling (Spreitzer, 2005; Hur, 2006).

A psychosocial approach to empowerment promotes rural women’s and girls’ human rights, recognizes their strengths, develops their skills, and provides resources. Rural women---even while living in extreme poverty and suffering gender disparities and traditional role restrictions---play a critical role in family, food security, and survival. They also contribute to enhancing agricultural and rural development. (Resolution of the General Assembly, 18 February 2010; Razavi & Miller, 1995; Mulder, & Shellenberger, 1999). According to the Report of the Secretary-General (2011) rural women “should be regarded as active economic agents with untapped potential …to mitigating the effects of … rural poverty…” Therefore, their vitality and resilience are protective factors to be nurtured as buffers, which enable them to withstand and bounce back from threats to their lives (Spreitzer, 2005). These resilience and protective factors can serve as the basis for planning effective programs of prevention and intervention (Edward, 2005; American Psychiatric Association Issue Paper, 2009; Mulder & Shellenberger, 1999; Smalley, et al., 2010).
Mental Health and Psychosocial Wellbeing

The international community is coming slowly to the realization “that mental health is one of the most neglected yet essential development issues in achieving the Millennium Development Goals” (WHO, 2010). Poor mental health is both a cause and a consequence of poverty. Research provided by WHO indicates that the majority of persons with mental and psychosocial disabilities, especially in low-income countries, are not able to access essential income-generating opportunities, education, health, mental health and other social services.

Psychological research has shown that there is a strong relation between poverty and depression (Simmons et al., 2008) and that women in rural areas are more likely to suffer from high levels of psychological distress and depressive symptoms (Hays & Zouari, 1995) and less likely to receive psychological treatment than urban women. They are affected by poverty, isolation, lack of education and economic opportunities, and inadequate access to health and mental health care (American Psychiatric Association Issue Paper, 2009; Mulder & Shellenberger, 1999; Smalley, et al., 2010; NAC Rural Health and Human Services Report, 2006). Migration of their husbands to find work is associated with higher levels of depression in rural women (Bojorquez, Salgado, & Casique, 2009). Rural women and girls are subjected to violence, rape, early marriage, high fertility rates, and chronic illness. When these women work, they are poorly paid in low-level jobs. In addition, they are burdened at home with unpaid care work. These multiple stressors interact to cause anxiety and depression, which have a deleterious impact on women’s ability to cope, resulting in the persistence of poverty in
their lives and in their communities (Mazure, et al., 2002; Smalley, et al., 2010; Beeson et al., 1998; Beck, et al., 1996; Mulder & Shellenberger, 1999).

Lack of education and business experience further inhibit rural women’s motivation to engage in entrepreneurial development, which could move them out of poverty, reduce their social isolation, and increase their self-efficacy. Rural life presents significant barriers for women seeking psychosocial services. Rural women’s social isolation, poor education, fear of stigma, lack of transportation, and lack of health insurance make gaining access to psychosocial care difficult (Mazure, et al., 2002; Beeson et al., 1998; Beck, et al., 1996; NAC Rural Health and Human Services Report, 2006). There are few and, in many areas, no trained psychologists, social workers or other health care providers to work with these women.

RECOMMENDATIONS

Governments should invest funding for rural women and girls --- including women and girls with disabilities --- to:

1. **Promote their psychosocial empowerment and gender equality using these strategies:**
   
   a. Educate them about their human rights, personal strengths, skills, and resources to foster their vitality and resilience as personal protective factors that offset poverty.
   
   b. Engage rural women and girls as active partners in planning and operating programs at all decision-making levels.
   
   c. Encourage development of ownership, optimism, and confidence in their ability to be effective by providing opportunities for participating in entrepreneurial, social and other development activities.
d. Encourage and provide opportunities for expanding and strengthening capacity building community networks through which information and entrepreneurial skills are shared.

e. Provide and strengthen existing primary, secondary, and higher education and training of rural women and girls.

f. Provide equal access to economic opportunities and resources like micro-credit loans.

2. **Provide human resources and facilities to promote mental health and psychosocial wellbeing that:**

   a. Train local women peer coaches as mental health resources for the community using available technology such as online communication and instruction. Psychologists, social workers and other mental health professionals can serve the community by training peer coaches to recognize mental health problems and provide services or referrals.

   b. Develop and evaluate a program that deploys trained psychologists working with peer coaches to provide services and training.

   c. Build rurally accessible multidisciplinary integrated service centers and mobile vans to provide one-stop services. Embed psychosocial and mental health practitioners in primary health care. Also provide family and social services, literacy and continuing education, and also business and entrepreneurial skill training here.

   d. Improve roads and provide buses so that a multidisciplinary service center is easily accessible to all women and girls.

   e. Offer low cost insurance or government grants to provide health and mental health
services in rural areas.

f. Train health/mental healthcare providers to deliver accessible, informed, and nondiscriminatory services and education, addressing the unique health/mental health needs of girls and women with disabilities.

3. **Ensure that interventions and aid programs that target rural women and girls are relevant to the demographic diversity among them.**
   
a. Ensure that all intervention and research/evaluation projects are implemented according to ethical principles, with respect for the human rights and dignity of all rural women and girls, and with relevance to their demographic diversity.

4. **Reduce the burden of paid and unpaid work by:**
   
a. Providing access to simple tools and technologies such as solar ovens, pump-wells, electricity, indoor plumbing, cell phones, and the Internet.

b. Reducing gender stereotyping of work by educating boys and men that caring for children, the elderly and the sick is family work to be shared by all.

c. Develop community support services for child and elder care through local government agencies, service organizations, and local and international organizations.

5. **Develop a research and program evaluation database, using a multicultural, lifespan perspective, so that the population needs and effectiveness of poverty eradication programs---for women and girls of different ages, racial/ethnic origins, regions, and disability status---can be determined.**
REFERENCES


Statement