UNITED NATIONS COMMISSION ON

THE STATUS OF WOMEN

(UNCSW)

BACKGROUND GUIDE

AGENDA- Protecting Women in Migration from Human Trafficking, Sexual Slavery

And Sexual Exploitation.



**Welcome Letter**

Distinguished delegates,

On behalf of The GLENGAZE Model United Nations, we would like to welcome you the United Nations Commission on the Status of Women. Participating as a delegate especially in the UNCSW, will be a challenging, yet extremely rewarding experience for you. This one day conference will push you to consider innovative solutions and to have a good level of debate.

Through this background guide we hope to provide you with the necessary information needed with respect to the Agenda. As chairs, we expect the delegates of the UNCSW to give their best effort while respecting the rules of procedure and their fellow delegates. The challenging debates with proper research work will make the committee fruitful. Ultimately, we hope that GLENGAZE MUN will be an amazing experience for all of you.

Your Executive Board Members

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**(CHAIRPERSON)**

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1. Protecting Women in Migration

The promotion and protection of women migrant workers’ rights is critical to the advancement of the human rights agenda. UN Women is committed to promoting women migrant worker’s rights and protecting them against exclusion and exploitation at all stages of migration, and is working on gender-sensitive, human-rights based solutions to improve the status of all migrant women and to ensure that migration enables equitable and inclusive growth and human development for all.

1.1Terms and Definitions

Sexual Slavery: The sexual slavery of individuals through the use or threat of force, often occurring in times of armed conflict or belligerent occupation.

Sexual Exploitation: Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual Abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Human Trafficking: On the basis of the definition given in the Trafficking in Persons Protocol, it is evident that trafficking in persons has three constituent elements-

**The Act** (What is done)

Recruitment, transportation, transfer, harboring or receipt of persons

**The Means** (How it is done)

Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments or benefits to a person in control of the victim

**The Purpose** (Why it is done)

For the purpose of exploitation, this includes exploiting the prostitution of others, sexual exploitation, forced labour, slavery or similar practices and the removal of organs.

To ascertain whether a particular circumstance constitutes trafficking in persons, consider the definition of trafficking in the Trafficking in Persons Protocol and the constituent elements of the offense, as defined by relevant domestic legislation.

**2. International Framework and the Role of United Nations**

The Beijing Platform Declaration’ and Platform for Action is the principal international framework addressing’ women's health. The declaration’ outlines five strategic objectives pertaining to women's health: Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services ; Strengthen preventive programmes that promote women's health ; Undertake gender sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues ; Promote research and disseminate information on women's health ; and Increase resources and monitor follow-up for women's health.

Furthermore, the Sustainable Development Goals (SDG) has addressed women’s health through Goals three and five. Goal 3 of the SDGs is to ensure healthy lives and promoted well-being for all ages 60, with maternal and child health being at the forefront of this goal. In fact, Goal 3 targets, which must be achieved by 2030, include, amongst others, the following: [reducing] the global maternal mortality ratio to less than 70 per 100,000 live births; [ending] preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births; [ending] the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable; and [ensuring] universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.

Goal 5 specifically targets gender equality and the’ empowerment of women and girls. Many of the specific targets of this goal address women's health such as: [Eliminating] all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation;[Eliminating] all harmful practices, such as child, early and forced marriage and female genital mutilation; [Ensuring] universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences. Both the SDGs and’ the Beijing Platform for Action have been at the’ forefront of the discussion of women's health both putting specific emphasis on women's reproductive and sexual health which is essential to the achievement of gender equality.

UN Women has launched’ various projects and initiatives in order to’ raise awareness about the importance of women's health, and address violations of women's right to health. UN Women has worked across the globe in order to remediate to the problematic. The World Food Program launched initiatives which trained rural women as nutritionists, which tackled the issue of malnutrition in their communities. The United Nations Development Program, in partnership with various other UN organizations, developed a program which taught primary health care workers the skills needed to address the results of the environmental disaster on young women and girls. The United Nations Population Fund created a programme helping women which family planning which reduces unintended pregnancies, unsafe abortions, and complications from pregnancy and childbirth. The World Health Organization has worked in developing areas raising awareness about the human papillomavirus, which can cause cervical cancer. They led vaccination campaigns in order to protect women from this disease, as well as teaching young women and girls about the importance of the vaccine.

Women living with HIV/AIDS were empowered by a UN Women led initiative which gave them home-based care, skills, and training which permitted them to start their own business using a fund provided by the Gender Equality Program. Sexual assault centers were set up by UN Women in order to address the needs of sexual assault victims.

The centers provide medical care, as well as psychological care and legal counseling. The Ebola crisis has also been addressed by UN Women, which has worked hand-in-hand with local organizations by facilitating mobilization and information efforts targeting women, who have been disproportionately affected by this disease. UN Women has also worked in partnership with various other UN bodies such as UNICEF and the WHO, to improve the reproductive health of women and children by raising awareness in developing nations in order to reduce child and maternal mortality rates. UN Women has also supported the creation of hotlines to report abuse in developing countries, which would’ provide assistance to women experiencing violence. They have also set up mobile unit s support children, women, and elderly individuals who confront problems such as human trafficking, gender’ based violence, child labor, and teenage pregnancy . Through its partnership with NGO s, UN Women has also established gender-based units in hospitals in order to combat the stigma that victims of sexual assault may suffer, and to provide psychological support, while also creating a forum where girls and women can discuss their experiences with each other and mutually support each other.

**TIMELINE OF THE EVENTS**

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| **DATE** | **EVENT** |
| April 1929 | First International Conference of Rural Women, London 46 women from 24 countries attended four-day conference. A committee was set up to organize a second conference of rural women's organizations in Vienna. |
| 1930 | A conference was held in Vienna by the International Council of Women in order to form a 'Liaison Committee' of rural women's organizations. This committee became known as the 'Liaison Committee of Rural Women's Organizations' which later became the 'Associated Country Women of the World'. This organization aims to promote the rights of women in rural areas and have done much to do so. |
| June 1945 | Established Commission on Status of Women: The Commission on the Status of Women (CSW) was established by the UN in 1946 and is dedicated to promoting gender equality and the empowerment of women. It is held annually and has done much to promote the empowerment of women in rural areas in the last 60 years. |
| 1985 | Founding of the International Women's Rights Action Watch (IWRAW): The Women’s Right Action Watch has done much ameliorate the situation of women in rural areas by successfully raising awareness on the issue. It provides a substantial amount of information on resources on the obstacles which rural women face. |
| **1995** | Fourth World Conference on Women hosted by the United Nations, Beijing: This conference marked a turning point in achieving gender equality. The Beijing Declaration and the Platform for Action, adopted by 189 nations, is an agenda for empowering women which has successfully helped women in rural areas through clauses on women’s rights in education, measures to eradicate poverty as well as their role in decision making. |
| **2000** | UN Commission on Human Rights adopts the Resolution on Land Ownership: Rural women have faced many difficulties in gaining their rights in land ownership and for the first time, the resolution on land ownership was adopted within an agenda of the UN Commission on Human Rights and marked a turning point for women’s rights as land holders. |
| **2003** | Adopted UN General Assembly’s Resolution 58/146 on aspects of advancement of rural women: This resolution aimed to raise awareness on advancing women in rural areas and looked at a wide range of aspects in their empowerment, including an impact of macroeconomic policy on their conditions |
| **2005** | 10 -year review and appraisal of the Beijing Platform for Action conducted at the 49th session of the Commission on the Status of Women |
| **2007** | World food prices increase dramatically: The increase of food prices was the genesis of a global food crisis and had alarming repercussions on women in poorer rural regions. The increase led to large percentages of women’s livelihoods being lost and much of their assets had to be sold in order for them to provide for their families. |
| **18 December 2007** | Innovation of ‘the International Day of Rural Women’: Established by the General Assembly in its resolution 62/136 of 18 December 2007, this day recognizes “the critical role and contribution of rural women, including indigenous women, in enhancing agricultural and rural development, improving food security and eradicating rural poverty.” |
| **15 December 2008** | The first International Day of Rural Women held: A critical moment in the history of rural women for raising awareness and irrevocably promoting their rights |
| **27 Feberuary-9 March 2012** | Fifty-sixth session of the Commission on the Status of Women: The 56th session had a priority theme which is key to this issue: The empowerment of rural women and their role in poverty and hunger eradication, development and current challenges |
| **September 2012** | UN launches new programme to empower rural women and girls: Accelerating Progress Toward the Economic Empowerment of Rural Women |
| **June 2015** | SDG Fund Programme on Rural Women’s Economic Empowerment established: This program aims to accelerate economic empowerment of rural women and has been developed as a separate and differentiated component on Gender Equality and Women Empowerment which was implemented by Un Agencies and coordinated by UN Women. |

3. Areas of Concern

3.1 Violence against Women

The United Nations has defined violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Violence against women at different stages:

1. Pre-birth: Sex-selective abortion

2. Infancy: Female infanticide, Neglect the girl child (health care, nutrition, etc.)

 3. Childhood: Child abuse, Malnutrition, Female genital mutilation

 4. Adolescence: Forced prostitution, trafficking, forced early marriage, rape

 5. Reproductive age: Honor killings, Intimate partner violence, sexual abuse, trafficking, sexual harassment

6. Elderly: Elder/widow abuse

Women’s reproductive and sexual health clearly is affected by gender-based violence. A study found out that women who experienced intimate partner abuse were three times more likely to have a gynecological problem than were non-abused women. These problems include chronic pelvic pain, vaginal bleeding or discharge, vaginal infection, painful menstruation, sexual dysfunction, fibroids, pelvic inflammatory disease, painful intercourse, urinary tract infection, and infertility. Sexual abuse, especially forced sex, can cause physical and mental trauma. In addition to damage to the urethra, vagina, and anus, abuse can result in sexually transmitted infections (STIs), including HIV/AIDS. Women who disclose that they are infected with HIV also may be subjected to violence.

3.2 Women Trafficking

Between 700,000 and 2,000,000 people, most of them women and children, are trafficked across international borders every year for forced labor, including sex work. Most of these victims of trafficking originate in Asia, but substantial numbers come from countries in the former Soviet Union (100,000), Eastern Europe (75,000), Latin America and the Caribbean (100,000), and Africa (50,000). Sex’ trafficking is a crime prohibited by international law. Traffickers’ not only violate victims’ rights to liberty and security of persons; they also violate victims reproductive rights with potentially devastating consequences for their health and reproductive capabilities.

Individuals trafficked into any form of labor are at high risk of sexual assault, sexually transmitted infection (STI) transmission, HIV transmission, and sometimes irreparable damage to their reproductive health. Trafficked women are also in danger for unwanted pregnancy. Survivors of trafficking into the sex industry, servile marriage, and domestic work are particularly vulnerable. Many traffickers use rape and sexual abuse to break the spirit, instill fear, and ensure compliance of their victims–. Some traffickers also derive financial benefit from putting their victims at sexual risk they force them to engage in prostitution under dangerous circumstances where they cannot use condoms or other protection, and where they are susceptible to sexual violence. Traffickers also control the reproductive choices of their victims in order to ensure maximum profit by engaging in any of the following tactics: forcing them to have abortions so that they can keep working, restricting or forbidding medical care for STIs or injuries, or compelling them to carry pregnancies to term in order to control their children.

3.3 Sexual Health

Safe sex (also called safer sex or protected sex) is a set of practices that are designed to reduce the risk of infection during sexual intercourse to avoid developing sexually transmitted infections (STIs). Conversely, unsafe sex refers to engaging in sexual intercourse without the use of any barrier contraception or other preventive measures against STIs. Safe sex practices became prominent in the late 1980s as a result of the AIDS epidemic, leading to more emphasis on reproductive health issues beyond reducing fertility. From the viewpoint of society, safer sex can be regarded as a harm reduction strategy. Safe sex is about risk reduction, not complete risk elimination. Although safe sex practices can be used as a form of family planning, the term refers to efforts made to prevent infection rather than conception. Many effective forms of contraception do not offer protection against STIs. To address sexual health, we need to appreciate sexuality and gender roles at first point. Understanding sexuality and its impact on practices, partners, reproduction and pleasure presents a number of challenges as well as opportunities for improving sexual and reproductive health care services and interventions. Research on sexuality should surpass social, cultural and economic factors. Therefore, we need to go beyond reproductive health by looking at sexual health holistically and comprehensively by adding any knowledge gained from the field of STI/HIV prevention and care, gender studies, and family planning, among others.

4. Other Important Aspects

Right to Health

The importance of that right has been mentioned in many international treaties and conventions including the International Covenant on Economic, Social and Cultural Rights (ICESR)/1966, the Convention to Eliminate all forms of Discrimination Against Women (CEDAW)/1979, the Convention on the Rights of the Child (CRC)/1989,’ the European Social Charter, 1961, and the African Charter on Human and People’s Rights, 1981. The right to health involves the idea that national governments should ensure and guarantee that everyone is as healthy as possible. This can be achieved through a variety of parameters such as the availability of health services, the healthy and safe working conditions, the spreading of health- related education and relevant information on STIs, the allotment of nutritious food, potable water and housing. The parameters involved, then, are summarized into Availability, Accessibility, Acceptability, and Quality (AAAQ). A health care system should be economically affordable, accessible as well as nondiscriminatory and open to all cultures, religions 8 and traditions. Respect to ethics and cultural provisions and gender requirements should be paid under the context of public health and health care facilities. Last but not least, the system of health must be scientifically and medically appropriate to achieve protection and fulfillment of needs. Aiming at the promotion of the motto Health for all, the WHO is offering technical, intellectual and political assistance to government, organizations and institutions in order to move towards international development and a common approach to health.

 Maternal Death and Morbidity

The issue of maternal mortality and morbidity must also be understood’ as a matter of human rights. International human rights treaties have clarified States obligations’ in relation to maternal mortality and morbidity and recognized violations of women's rights to life, to the highest attainable standard of health, and to equality and non-discrimination in this regard.

A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. The main causes of maternal death include severe bleeding, infection, unsafe abortion, high blood pressure, and prolonged or obstructed labor. Most maternal deaths and disabilities can be prevented through effective interventions and care during pregnancy and delivery.

Abortion

 Abortion is a subject that has caused controversy in various countries due to legal, sanitary and social issues. Nowadays, abortion happens commonly all around the world. However, it happens mostly dangerously, clandestinely and under the law. Basically, there is a constant struggle between the impositions of religion and the reproductive health of women. In a country where abortion is illegal, women are turning to cheaper ulcer medication techniques to end unwanted pregnancies. The medication, registered for use to prevent gastric ulcers, is easily available in the UAE. According to the legal system in Dubai, unless done for medical reasons on a married woman, abortion is illegal. A number of female immigrants that are in desperate need of abortion need to adopt illegal methods of terminating their pregnancies. In severe cases, these illegal methods result in damaging the reproductive make up of women. Unfortunately, women cannot sue the doctors responsible for the abortion as it is illegal in the first place. Abortion wasn't much of a problem until the late 1300's, back then that was the time many countries followed the equal status policy of both men and women, but following the post 1500 era, Abortion became a problem since this was the time the notion of importance of life was brought into account, this was the time when some sects started thinking the importance of women being lesser than men, that was the time the abortion rates boosted.

Now how to negate this propaganda that has been established for over 400 years, that's the question, we as executive board would be looking and expecting from you all.

Additionally, some countries, even with liberal laws, restrict advertising on abortion. This affects information on the legal status of abortion, on where abortion services are provided and on abortion methods. Restrictions on advertising deprive women, and men, of much- needed information, and decrease access to services.

Contraception and Family Planning

The right to reproductive choice means that women have a right to choose whether or not to reproduce, including the right to decide whether to carry or terminate an unwanted pregnancy and the right to choose their preferred method of family planning and contraception. Millions of women continue to lack access to modern contraceptives. According to the United Nations Population Fund, recent statistics show that of 867 million women of childbearing age in developing countries who are in need of modern contraceptives, 222 million do not have access to them. Similarly, in developed countries, millions of women are confronted with economic, social and cultural barriers to access contraceptives and family planning services and lack information or education about them.

The right to family planning’ education, information and services is key to reproductive choice, and central to women's sexual and reproductive health, especially given the risk of maternal mortality and the illegality of abortion in many countries. Marginalized Groups: Persons with disabilities face particular risks of being denied their human rights in relation to contraception and family planning. Article 23 of the Convention on the Rights of Persons with Disabilities protects the right of persons with disabilities to found and maintain a family and to retain their fertility on an equal basis with others. The Committee on the Rights of Persons with Disabilities has expressed concerns about discrimination in the provision of sexual and reproductive health services against persons with disabilities and has asked States to provide these services.

Sexual Health and Rights

According to the WHO, sexual health is defined as follows: a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. Sexual health involves being able to enjoy the positive aspects of sexual and reproductive behavior and to make informed choices that fit with your personal values and be offered the freedom of choice as far as bodily interaction is concerned. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. Sexual health can only be achieved through respect for and protection of the sexual rights. Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements.

They include the right of all persons, free of coercion, discrimination and violence, to:

 1. The highest attainable standard of sexual health, including access to sexual and reproductive health care services

2. Seek, receive and impart information related to sexuality

 3. Sexuality education and information

4. Respect for bodily integrity

5. be safe from degrading treatment, torture and coercion

6. Choose their partner

 7. Decide to be sexually active or not

8. Consensual sexual relations

9. Consensual marriage

 10. Found a family and enter into marriage with the consent of the intending spouses, and to attain equality in and at the dissolution of marriage

11. Have privacy

12. Decide whether or not, and when, to have children

13. Pursue a satisfying, safe and pleasurable sexual life

Bear in mind that sexual rights do not only refer to women, but to men too. Definition of reproductive health The ICPD documents defined reproductive health as a state of complete, physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes . People should be able to have an enjoyable and safe sex life, have the capability to reproduce and the freedom of choice when and how often to do so, have the right to decide upon their sexuality and be offered services connected to safe pregnancy and childbirth.

Reproductive Rights

Reproductive rights are associated with women's self-determination over their bodies and sexual lives, and are critical to gender equality and to the formation of democratic and just societies in a global scale. These rights include and are not limited to the following:

 1. The right to a full range of safe and affordable contraception

2. The right to safe, accessible and legal abortion

3. The right to safe and healthy pregnancies

4. The right to liberty and security of person

 5. The right of women to have control over and decide freely and responsibly on matters related to their sexuality

6. The right to comprehensive reproductive health care services provided free of discrimination, coercion and violence

7. The right to equal access to reproductive health care for women facing social and economic barriers

 8. The right to be free from violence, and practices that harm women and girls (such as female genital mutilation)

9. The right to a private and confidential doctor-patient relationship

 10. The right to freedom from discrimination (on the basis of sex, gender, marital status, age, race and ethnicity, health status)

 In all parts of the world, women suffer discrimination and abuse because of their reproductive capacity leading to restrictions on sexual autonomy and reproductive freedom. Some of these abuses are even mandated by law even if internationally recognized’ human rights are seriously violated. For example, such violations include women's rights to life, health, non-discrimination, bodily integrity, privacy, liberty, religious freedom, and freedom from torture. Worldwide, women suffer from the consequences of unintended pregnancies because family planning services and safe abortion facilities are thought as illegal or are inaccessible and unaffordable.

Therefore, it is true that every year, twenty million women undergo an abortion in illegal and mostly unsafe circumstances, resulting in as many as 78,000 deaths, the vast majority of which are preventable. Across the world, family and community members pressure women to undergo mutilating, physically inhibiting, and often painful bodily alterations such as female circumcision or female genital mutilation. Human Rights Watch has documented the dire consequences of other harmful traditional practices, such as dry sex in Zambia, and ritual cleansing or widow inheritance in Kenya. Examples: Discrimination based on women's reproductive capacity and choices takes many forms. Human Rights Watch has documented how private companies in Mexico, Guatemala, and the Dominican Republic routinely discriminate against women on the basis of their reproductive capacity by obliging female job applicants to undergo pregnancy exams as a condition of work and by denying work to pregnant women. When Indonesian women migrate to Malaysia to seek jobs as domestic workers, they are routinely tested for pregnancy and sent back to Indonesia or denied travel if they test positive. India observes a very high maternal death rate. From Niger to Afghanistan, from Bangladesh to Tajikistan, girls continue to be forced to marry against their will. In Africa, more than 200 million women want but lack access to effective and safe contraception. In Colombia, female members of the FARC rebel group are forced to have abortions in case they get pregnant. In Jordan no sex education is included in the school curricula. The aforementioned are thought as a clear violation of reproductive rights and a devastating form of violence. An estimated’ 20 million unsafe abortions occur around the globe every year with victimized subject s women and adolescent girls. Maternal mortality remains high and HIV causes the death of women at their reproductive ages. Finally, around 40% of pregnancies worldwide are unintended since women lack access to contraceptive services. Discrimination based on women’s reproductive capacity often intersects with other forms of discrimination, such as for example discrimination based on ethnicity or race. In South Africa, for example, farm owners deny black women farm workers maternity benefits and other legal rights.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) often referred to as female circumcision or flogging , comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non- therapeutic reasons. There are different types of female genital mutilation known to be practiced today.

Type I - excision of the prepuce, with or without excision of part or all of the clitoris

Type II - excision of the clitoris with partial or total excision of the labia minora

Type III - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulations). This type of FGM is very common in Eritrea, Djibouti, Ethiopia, Somalia, Sudan and it is an ethnic marker aiming at the control of female sexuality, without taking into account gender inequality

 Type IV - pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it; and any other procedure that falls under the definition given above.

The most common type of female genital mutilation is excision of the clitoris and the labia minora, accounting for up to 80% of all cases; the most extreme form is infibulations, which constitutes about 15% of all procedures. Where is FGM practiced? FGM is practiced in at least 26 of 43 African countries; the prevalence varies from 98 percent in Somalia to 5 percent in DR Congo. A review of country-specific Demographic and Health Surveys (DHS) shows FGM prevalence rates of 97 percent in Egypt, 94.5 percent in Eritrea, 93.7 percent in Mali, 89.2 percent in Sudan, and 43.4 percent in the Central African Republic. FGM is also found among some ethnic groups in 27 countries including Oman, the United Arab Emirates, and Yemen, as well as in parts of India, Indonesia, and Malaysia. FGM has become an important issue in Australia, Canada, England, France, and the United States due to the continuation of the practice by immigrants from countries where FGM is common. Who performs FGM, at what age and for what reasons? In cultures where it is an accepted norm, it is practiced by followers of all religious beliefs, animists and nonbelievers. The practitioner of flogging is not a doctor, but a traditional individual who uses primitive instruments (e.g. sharp knives) and no anesthetic. The age at which female genital mutilation is performed depends on the region. It is performed on young babies, girls who are weeks after puberty, adolescents and, occasionally, on mature women. The reasons are psychosexual in order to reduce the sensitive tissue of the outer genitalia and, thus, maintain female chastity and virginity prior to marriage by controlling sexual desire and guaranteeing fidelity. Sociological reasons are associated with the cultural heritage and the social inclusion; hygiene reasons are based on the myth that external female genitalia are dirty and unsightly and by removing fertility is promoted. Finally, religious reasons have to do with some beliefs that FGM is demanded by the Islamic faith. However, this tradition is not mentioned in Quran and has no basis under Islamic law.

When the Universal Declaration of Human Rights (UDHR) was adopted by the United Nations in 1948, human sexuality has not been put into discussions and little was known about sexual orientation. The campaigns for equal rights on behalf of gays and lesbians began decades later. Article 2 of the UDHR begins with: "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status." In our days, sexual orientation is thought as the personal quality that inclines people to feel romantic and/or sexual attraction to other individuals taking the forms of heterosexuality, homosexuality, bisexuality, and asexuality. A draft resolution, presented by Brazil in 2003 and co-sponsored by at least 20 countries, expresses "deep concern at the occurrence of violations of human rights all over the world against persons on grounds of their sexual orientation" and calls on relevant UN human rights bodies to "give due attention" to these violations. It calls on States to promote and protect the human rights of all people, stressing that the enjoyment of universal rights and freedoms "should not be hindered in any way" on grounds of sexual orientation. "Greater attention by the UN to this issue could make a real difference to real lives," Amnesty International said. "Millions of people across the globe face imprisonment, torture, violence and discrimination because of their sexual orientation or gender identity," the organization added, reminding of the sentencing of 21 men to three years in prison in Egypt, following a series of arrests and prosecutions of people thought to be gay. In the words of Amnesty International Everyone has a sexual orientation and a gender identity.

When someone s sexual orientation or gender identity does not conform to the majority, they are often seen as a legitimate target for discrimination or abuse. Brazil's resolution also reflected a worldwide trend towards greater protection of the rights of lesbian, gay, bisexual and transgender people. Many governments have introduced protections against sexual orientation discrimination in domestic law. In the case of South Africa, Ecuador and several Brazilian states, this protection is enshrined in the Constitution. Unfortunately, many governments at the UN have vigorously contested any attempt to address the human rights of lesbian, gay, bisexual and transgender people. Though relationship between religion and homosexuality varies greatly across time and some groups not influenced by the Abrahamic religions (such as Judaism, Islam, and Christianity) regard homosexuality as sacred, while a negative view of homosexuality has been common in the Abrahamic religions. In the wake of colonialism and imperialism undertaken by countries of the Abrahamic faiths some cultures have adopted new attitudes antagonistic towards homosexuality.

For some homosexuality is considered as sinful, whereas for others only sodomy is seen as a sin. Also, for some religious faith and spiritual salvation are the pharmakon to overcome homosexual orientation. On the other hand, voices exist within each of these religions that view homosexuality more positively, and many religious denominations may even bless same -sex marriages. Sexuality can no longer be treated as a marginal and taboo issue at the UN. Sexual orientation and gender identity are fundamental elements of what makes us human. The right to freely determine and express these without fear or coercion is therefore human rights in the fullest sense.

5. Questions to Consider

**1) In what ways is freedom of movement a particularly important or problematic issue for women?**

**2) How and what judicial means could be used by Nations to deter violence against women?**

**3) What measures can be implemented at a regional and national spectrum to ensure the progression and empowerment of women?**

**4) How can this committee put a stop to abuses perpetrated by recruitment agencies?**

**5) What other options could be made available to women who are forced to migrate to become domestic workers; how can they be educated about these options?**

**6) How Males can help to safeguard the interest of Women?**

**6. Conclusion**

Even though human trafficking is a crime that affects both men and women, yet it particularly affects girls and women in migration. Today’s world is facing an unprecedented migration flow due to the multiple and diverse conflicts taking place in almost all regions. Human trafficking has increased parallel to migratory trends and more girls and women are being recruited or abducted by criminal organizations. This reality demands a more effective action from international organizations, governments, and other relevant actors in order for them to widen the effective implementation of the of the measures set by the UN TIP Protocol and other mechanisms for the prevention of trafficking of migrant girls and women; the protection of identified and rescued victims; and the prosecution and conviction of traffickers, sexual enslavers and exploiters. 5 In addition, cooperation and coordination can lead to a strong response and victim protection to the increasing rates of trafficking, sexual slavery and sexual exploitation of migrant girls and women.

**7. Bibliography**

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