United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN)

Agenda: “Reproductive, Sexual, and Maternal Health”

Word from the Executive Board

Welcome to the United Nations Entity for Gender Equality and the Empowerment of Women, where we shall be discussing the agenda "**Reproductive, Sexual, and Maternal Health**."

The success of the United Nations Entity for Gender Equality and the Empowerment of Women as a committee depends upon each delegate. A council is defined by its delegates more than by its executive board. It is you, the participating delegates, who shape the outcome. You must therefore be prepared to participate in an enriching experience.

Once the research process is initiated, it needs to be coupled with proactive attempts to understand. The application of the information acquired through research always requires understanding. There is no particular point at which research concludes and analysis thereof begins, these are two intermittent processes that may continue till the last moment of the simulation.

The background guide is a preliminary research brief-up pertaining to the committee and the agenda. It is meant to provide participants with a comprehensive overview of an agenda. The primary purpose of a background guide is to ensure that all participants are on a level playing field, thus it ensures that every participant possesses a modicum of information from which further information can be drawn. It serves as a base upon which the research is built. It is necessary for delegates to dig deeper from where the background guide leaves them. Research may commence well before the background guide is released, delegates are free to read up on the agenda which has been made public and formulate a structure of research. It is not important for your structure to match the one that the background guide presents as long as you have a solid understanding of what you are going to be discussing in the committee.

That being said, we wish you the best of preparations and hope that this simulation shall mutually benefit all those involved in it. We hope we can learn from you and impart our knowledge to you in the process. For any doubts that you may have, you may contact any member of the executive board.

Looking forward to seeing you all.
Regards

Introduction to the Committee

For many years, the United Nations faced serious challenges in its efforts to promote gender equality globally, including inadequate funding and no single recognized driver to direct UN activities on gender equality issues. In July,2010, the United Nations General Assembly created UN Women, the United Nations Entity for Gender Equality and the Empowerment of Women, to address such challenges. In doing so, UN Member States took an historic step in accelerating the Organization's goals on gender equality and the empowerment of women. The creation of UN Women came about as part of the UN reform agenda, bringing together resources and mandates for greater impact. It merges and builds on the important work of four previously distinct parts of the UN system, which focused exclusively on gender equality and women's empowerment:

- Division for the Advancement of Women (DAW)
- International Research and Training Institute for the Advancement of Women (INSTRAW)
- Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI)
- United Nations Development Fund for Women (UNIFEM)

UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with

governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women’s equal participation in all aspects of life, focusing on four strategic priorities:

- Women lead, participate in and benefit equally from governance systems
- Women have income security, decent work and economic autonomy.
- All women and girls live a life free from all forms of violence
- Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action.

UN Women also coordinates and promotes the UN system’s work in advancing gender equality, and in all deliberations and agreements linked to the 2030 Agenda. The entity works to position gender equality as fundamental to the Sustainable Development Goals, and a more inclusive world.

Mandate/Working of the Committee

Within its universal coverage, UN Women's mandate (GA resolution 64/289) is to lead, coordinate and promote accountability of the UN system to deliver on gender equality and the empowerment of women with the primary objective to enhance country-level coherence, ensure coordinated interventions and secure positive impacts on the lives of women and girls, including those living in rural areas. UN Women is also mandated to strengthen coherence between the global and regional intergovernmental processes and operational activities in the field. UN Women's work is grounded in a rights-based approach and a long-standing relationship with the women's movement,

gender-equality advocates, women's groups and organizations as well as national women's machineries. As the convener on gender equality within the UN system, UN-Women brings together partners to address a wide range of dimensions of rural development in a holistic, coherent and coordinated manner. UN-Women will draw on its own expertise in the areas of economic empowerment (including women's access to productive resources, such as land and finance and to employment); women's political participation; gender-responsive governance systems, institutions and budgets, and aid effectiveness; human rights, women in the context of post-conflict settings, HIV/AIDS, violence against women.

Introduction to Agenda

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain one’s sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when

they decide to have children, women must have access to skilled health care providers and services that can help them have a fit pregnancy, safe birth and healthy baby. Every individual has the right to make their own choices about their sexual and reproductive health.

Women’s sexual and reproductive health is related to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination. The Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination against Women (CEDAW) have both clearly indicated that women’s right to health includes their sexual and reproductive health.

This means that States have obligations to respect, protect and fulfil rights related to women’s sexual and reproductive health. The Special Rapporteur on the right to health maintains that women are entitled to reproductive health care services, and goods and facilities that are:

- available in adequate numbers;
- accessible physically and economically;
- accessible without discrimination; and
- of good quality

  Member states needs to comply with:-

- CEDAW (article 16) guarantees women equal rights in deciding "freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights."
- CEDAW (article 10) also specifies that women’s right to education includes "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning."
- The Beijing Platform for Action states that "the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."

- The CEDAW Committee’s General Recommendation 24 recommends that States prioritise the "prevention of unwanted pregnancy through family planning and sex education."
- The CESCR General Comment 14 has explained that the provision of maternal health services is comparable to a core obligation which cannot be derogated from under any circumstances, and the States have to the immediate obligation to take deliberate, concrete, and targeted steps towards fulfilling the right to health in the context of pregnancy and childbirth.
- The CESCR General Comment 22 recommends States "to repeal or eliminate laws, policies and practices that criminalize, obstruct or undermine access by individuals or a particular group to sexual and reproductive health facilities, services, goods and information."

But still after all these provisions, sexual and reproductive health problems are a leading cause of ill health and death for women and girls of childbearing age. Impoverished women suffer disproportionately from unintended pregnancies, unsafe abortion, maternal death and disability, sexually transmitted infections (STIs), gender-based violence, and other problems related to pregnancy and childbirth. Every day in 2017, about 808 women died due to complications of pregnancy and child birth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented. The primary causes of death are haemorrhage, hypertension, infections, and indirect causes, mostly due to interaction between pre-existing medical conditions and pregnancy. The risk of a woman in a low-income country dying from a maternal-related cause during her lifetime is about 130 times higher compared to a woman living in a high-income country. Maternal mortality is a health indicator that shows very wide gaps between rich and poor and between countries. Young people are also extremely vulnerable, often facing barriers to sexual and reproductive health information and care. Young people are disproportionately affected by HIV, for example, and every year millions of girls face unintended pregnancies, exposing them to risks during childbirth or unsafe abortions and interfering with their ability to go to school. More than a million people acquire

an STI every single day. Without diagnosis and treatment, some STIs, such as HIV or syphilis, can be fatal. STIs can also cause pregnancy-related complications, including stillbirth, congenital infections, sepsis and neonatal death. STIs like human papillomavirus (HPV) can lead to pelvic inflammatory disease, infertility and cervical cancer, a major killer of women.

Case study- Adolescent Pregnancy

Adolescent pregnancies are a global problem occurring in high-, middle-, and low-income countries. Around the world, however, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities.

Several factors contribute to adolescent pregnancies and births. In many societies, girls are under pressure to marry and bear children early. In least developed countries, at least 39% of girls marry before they are 18 years of age and 12% before the age of 15. In many places girls choose to become pregnant because they have limited educational and employment prospects. Often, in such societies, motherhood is valued and marriage or union and childbearing may be the best of the limited options available.

Adolescents who may want to avoid pregnancies may not be able to do so due to knowledge gaps and misconceptions on where to obtain contraceptive methods and how to use them. Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. Additionally, adolescents may lack the agency or autonomy to ensure the correct and consistent use of a contraceptive method. At least 10 million unintended pregnancies occur each year among adolescent girls aged 15-19 years in developing regions.

An additional cause of unintended pregnancy is sexual violence, which is widespread with more than a third of girls in some countries reporting that their first sexual encounter was coerced.

Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth. At least 777,000 births occur to adolescent girls younger than 15 years in developing countries. The estimated global adolescent-specific fertility rate has declined by 11.6% over the past 20 years. There are, however, big differences in rates across the regions. The adolescent fertility rate in East Asia, for example, is 7.1 whereas the corresponding rate in Central Africa is 129.5.

There are also enormous variations within regions. In 2018, the overall adolescent fertility rate in South-East Asia was 33. Rates, however, ranged from 0.3 in Democratic People's Republic of Korea to 83 in Bangladesh. And even within countries there are enormous variations. In Ethiopia, for example the total fertility rate ranges from 1.8 in Addis Ababa to 7.2 in the Somali region with the percentage of women aged 15-19 who have begun childbearing ranging from 3% in Addis Ababa to 23% in the Affar region. While the estimated global adolescent fertility rate has declined, the actual number of child births to adolescents has not, due to the large – and in some parts of the world, growing – population of young women in the 15–19 age group. The largest number of births occur in Eastern Asia (95,153) and Western Africa (70,423).

Health consequences

Early pregnancies among adolescents have major health consequences for adolescent mothers and their babies. Pregnancy and childbirth complications are the leading cause of death among girls aged 15–19 years globally, with low- and middle-income countries accounting for 99% of global maternal deaths of women aged 15–49 years. Adolescent mothers aged 10–19 years face higher risks of eclampsia, puerperal

endometritis and systemic infections than women aged 20–24 years. Additionally, some 3.9 million unsafe abortions among girls aged 15–19 years occur each year, contributing to maternal mortality, morbidity and lasting health problems.

Early childbearing can increase risks for new borns as well as young mothers. Babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions. In some settings, rapid repeat pregnancy is a concern for young mothers, as it presents further health risks for both the mother and the child.

Social and economic consequences

Social consequences for unmarried pregnant adolescents may include stigma, rejection or violence by partners, parents and peers. Girls who become pregnant before the age of 18 years are more likely to experience violence within a marriage or partnership. Adolescent pregnancy and childbearing often lead girls to drop out of school, although efforts are underway is some place to enable them to return to school after child birth, this may well jeopardize girls' future education and employment opportunities.

Questions that need to be addressed in the committee

● What are the key perpetrators for bad status of Reproductive, Sexual and Maternal Health of women and how to identify them?

● Where does your country stand in global indices relevant to these issues of women health and what policies/programmes does your government incorporate to raise the standards and lessen the struggle of women?

● What global entities does your country partner with in pursuit of increasing health facilities for women?

● **What are the solutions to have a better environment for Reproductive, Sexual and Maternal Health?**

Research apart from Background Guide too. Don’t just mention facts and figures instead analyse their causes and effects and make the committee a success. All the Best!

Links to Refer

● Universal Declaration of Human Rights
https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf

● Convention on the Elimination of all forms of Discrimination Against Women
https://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf

● International Covenant on Civil and Political Rights
https://www.ohchr.org/Documents/ProfessionalInterest/ccpr.pdf

● Convention on Rights of Child
https://www2.ohchr.org/english/bodies/crc/docs/gc/crc_c_gc_14_eng.pdf

https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

https://www.ohchr.org/en/node/3447/sexual-and-reproductive-health-and-rights

https://www.unfpa.org/sexual-reproductive-health

https://www.un.org/womenwatch/daw/csw/shalev.htm

https://www.who.int/data/gho/data/themes/maternal-and-reproductive-health