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Empowerment through
Holistic Education and
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2024
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1 Agenda Item: "Enhancing Women's Empowerment through Holistic Education and Support Services"

General idea: Overview of the Comprehensive Women's Well-being and Empowerment Program

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Letter From The Secretary General

Most Esteemed Participants of OAALMUN'24,

It is with great excitement that I extend my warmest invitation to each one of you for the upcoming conference; OAALMUN'24.

As the Secretary General of OAALMUN'24, it is my utmost pleasure to present to you our meticulously crafted study guides, designed to enhance the delegate experience and promote meaningful discussions on critical global issues.

I am honored to welcome you to this significant gathering, where we will embark on a journey of intellectual exploration, collaboration with fellow delegates from various backgrounds and the formation of lasting connections.

Throughout the three days ahead of us, we anticipate engaging debates that will not only enhance your understanding of global affairs but also contribute to the development of critical diplomatic skills. Our dedicated academic team has spared no effort in ensuring that this event becomes a reality, working tirelessly to curate an enriching and memorable experience for all participants.

I encourage you to seize this moment, participate wholeheartedly, and embrace the chance to broaden your horizons academically and professionally. I wholeheartedly wish you all the creation of lasting memories.

 Let us all recognize our potential as catalysts for global progress, ready to transcend borders and make a handful out of the opportunities that lie ahead.

Best of regards,

Selma Süeda Çayır,

Secretary General

INTRODUCTION TO THE COMMITTEE

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

INTRODUCTION TO THE AGENDA ITEM

The agenda for the UN WOMEN committee centers on "Enhancing Women's Empowerment through Holistic Education and Support Services." Key topics to be addressed include the mental health effects of abuse, safe pregnancy policies, child support systems, abortion rights, women's leadership roles, and representation in various sectors. The committee aims to engage in comprehensive discussions and formulate strategies to advance women's empowerment across these vital domains.

KEY TERMS AND DEFINITIONS

Violence:

Behavior involving physical force intended to hurt, damage, or kill someone or something.

Abuse:

Physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person negatively. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone.

Domestic Violence:

Domestic violence, which encompasses intimate partner violence, refers to physical, sexual or psychological harm done to an individual by a current or former partner or spouse. Domestic violence is associated with a range of physical and mental health effects.

Mental health:

A person's condition with regard to their psychological and emotional well-being.

Misogyny:

Dislike of, contempt for, or ingrained prejudice against women.

Chauvinist:

A person displaying excessive or prejudiced support for their own cause or group, in particular a man prejudiced against women.

1.ABUSE AND VIOLENCE AGAINST WOMEN

One in three women worldwide experience physical or sexual violence, mostly by an intimate partner. Violence against women and girls is a human rights violation, and the immediate and long-term physical, sexual, and mental consequences for women and girls can be devastating, including death.

Violence negatively affects women's general well-being and prevents women from fully participating in society. It impacts their families, their community, and the country at large. It has tremendous costs, from greater strains on health care to legal expenses and losses in productivity.

At least 155 countries have passed laws on domestic violence, and 140 have legislation on sexual harassment in the workplace (World Bank 2020). But challenges remain in enforcing these laws, limiting women and girls' access to safety and justice. Not enough is done to prevent violence, and when it does occur, it often goes unpunished.

UNITE! INVEST TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS

VIOLENCE AGAINST WOMEN AND GIRLS REMAINS ONE OF THE MOST PREVALENT AND PERVASIVE HUMAN RIGHTS VIOLATION

Each year around the world,

245 MILLION women and girls aged 15 and older experience physical or sexual violence by an intimate partner

MORE THAN 4 IN 5 women and girls live in countries without robust legal protections against violence

THE ISSUE

ECONOMIC CRISES, CONFLICTS, AND CLIMATE CHANGE HAVE EXACERBATED VIOLENCE AGAINST WOMEN AND GIRLS, INCREASING THEIR VULNERABILITY

614 MILLION women and girls lived in conflict-affected contexts in 2022

50 PER CENT MORE than in 2017

Intimate partner violence is

2.4 TIMES HIGHER in extremely fragile versus non-fragile settings

IN 2021, 45 PER CENT OF WOMEN REPORTED THAT THEY OR A WOMAN THEY KNOW HAD EXPERIENCED A FORM OF VIOLENCE SINCE COVID-19

Following Hurricane Katrina, the rate of rape among women displaced to trailer parks rose

50.3 TIMES the baseline rate in Mississippi for that year

Source: UNITE! Invest to prevent violence against women and girls

UN WOMEN

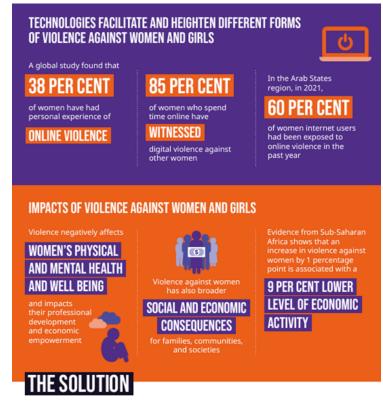### a. Technology-facilitated violence against women and girls

The lack of a common definition of technology-facilitated violence against women and girls impacts on the lack of comparable data at a global level. But available evidence collected at country and regional levels confirms high prevalence rates.

One in 10 women in the European Union has experienced cyber-harassment since the age of 15, including having received unwanted and/or offensive sexually explicit emails or SMS messages, or offensive and/or inappropriate advances on social networking sites.

In the Arab States, a regional study found that 60 per cent of women internet users in the region had been exposed to online violence in the past year.

In Uganda, in 2021, about half of women (49 per cent) reported being involved in online harassment at some point in their lifetime.

According to a 2016 survey by the Korean National Human Rights Commission, 85 per cent of women experienced hate speech online.

TECHNOLOGIES FACILITATE AND HEIGHTEN DIFFERENT FORMS OF VIOLENCE AGAINST WOMEN AND GIRLS

A global study found that

38 PER CENT of women have had personal experience of **ONLINE VIOLENCE**

85 PER CENT of women who spend time online have **WITNESSED** digital violence against other women

In the Arab States region, in 2021, **60 PER CENT** of women internet users had been exposed to online violence in the past year

IMPACTS OF VIOLENCE AGAINST WOMEN AND GIRLS

Violence negatively affects **WOMEN'S PHYSICAL AND MENTAL HEALTH AND WELL BEING** and impacts their professional development and economic empowerment

Violence against women has also broader **SOCIAL AND ECONOMIC CONSEQUENCES** for families, communities, and societies

Evidence from Sub-Saharan Africa shows that an increase in violence against women by 1 percentage point is associated with a **9 PER CENT LOWER LEVEL OF ECONOMIC ACTIVITY**

THE SOLUTION

WE KNOW WHAT WORKS: A COMPREHENSIVE ROBUST RESPONSE THAT INVESTS IN PREVENTION THROUGH STRENGTHENED LEGISLATION, IMPROVED SERVICES FOR SURVIVORS AND SOUND EVIDENCE AND DATA

Source: UNITE! Invest to prevent violence against women and girls

UN WOMEN

b. Climate change and violence against women and girls

Climate change and slow environmental degradation exacerbate the risks of violence against women and girls due to displacement, resource scarcity and food insecurity and disruption to service provision for survivors.

Following Hurricane Katrina in 2005, the rate of rape among women displaced to trailer parks rose 53.6 times the baseline rate in Mississippi, USA, for that year.

In Ethiopia there was an increase in girls sold into early marriage in exchange for livestock to help families cope with the impacts of prolonged droughts.

Nepal witnessed an increase in trafficking from an estimated 3,000–5,000 annually in 1990 to 12,000–20,000 per year after the 2015 earthquake.

c. Femicides/Feminicides

In 2022, around 48,800 women and girls worldwide were killed by their intimate partners or other family members. This means that, on average, more than five women or girls are killed every hour by someone in their own family.

While 55 per cent of all female homicides are committed by intimate partners or other family members, only 12 percent of all male homicides are perpetrated in the private sphere.

d. Prevalence of violence against women and girls

Globally, an estimated 736 million women—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life (30 per cent of women aged 15 and older). This figure does not include sexual harassment. The rates of depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections, and HIV are higher in women who have experienced violence compared to women who have not, as well as many other health problems that can last after the violence has ended.

Most violence against women is perpetrated by current or former husbands or intimate partners. More than 640 million or 26 per cent of women aged 15 and older have been subjected to intimate partner violence.

Of those who have been in a relationship, almost one in four adolescent girls aged 15–19 (24 per cent) has experienced physical and/or sexual violence from an intimate partner or husband. Sixteen per cent of young women aged 15 to 24 experienced this violence in the past 12 months.

e. Impact of COVID-19 on violence against women and girls

The COVID-19 pandemic has intensified violence against women and girls (VAWG) and has also exposed and exacerbated deep structural inequalities, reversed decades of progress on women's participation in the labour market, raised the number of women living in extreme poverty, and increased the burden of unpaid care and domestic work, all of which exacerbates the risk factors and drivers of VAWG.

In 2021, since the pandemic began, 45 per cent of women reported that they or a woman they know has experienced a form of VAWG. Seven in 10 women said they think that verbal or physical abuse by a partner has become more common. And six in 10 felt that sexual harassment in public spaces has worsened.

f. Reporting of violence against women

Less than 40 per cent of the women who experience violence seek help of any sort. In the majority of countries with available data on this issue, among women who do seek help,

most look to family and friends and very few look to formal institutions, such as police and health services. Fewer than 10 per cent of those seeking help reported to the poliçe.

g. Laws on violence against women and girls

At least 162 countries have passed laws on domestic violence, and 147 have laws on sexual harassment in the workplace. However, even when laws exist, this does not mean they are always compliant with international standards and recommendations or are implemented and enforced.

In 2022, the Republic of Congo and Côte d'Ivoire enacted legislation protecting women from various forms of domestic violence, while the Republic of Congo, Indonesia, and Jamaica enacted legislation on sexual harassment in the workplace, including criminal penalties and civil remedies.
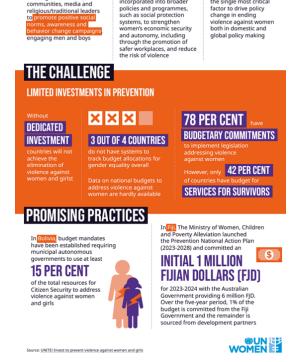
h. Risk factors of violence against women and girls

A regional analysis of Women's Health Surveys conducted from 2016 to 2019 in five CARICOM Member States—Grenada, Guyana, Jamaica, Suriname, and Trinidad and Tobago—found that ever-partnered women aged 15–64, who were in relationships with men who had attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequality, were more likely to have experienced lifetime and current intimate partner violence. Behaviours intended to control women's bodies, autonomy, and contact with others are also strongly correlated with an increased risk of intimate partner violence.

i. Economic costs of violence against women and girls

Violence against women can result in significant costs to the state, victims/survivors, and communities. Costs are both direct and indirect, and tangible and intangible. For example, the costs of the salaries of individuals working at shelters are direct tangible costs. Costs are borne by everyone, including individual victims/survivors, perpetrators, the government, and society in general.

In Viet Nam, both out-of-pocket expenditures and lost earnings represent nearly 1.41 per cent of the Gross Domestic Product (GDP). More importantly, regression results for estimating productivity loss due to violence indicate that women experiencing violence earn 35 per cent less than those who are not abused, pointing to another significant drain on the national economy.

PREVENTION IS KEY

working with schools, communities, media and religious/traditional leaders to promote positive social norms, awareness and behavior change campaigns engaging men and boys

Violence against women and girls needs to be addressed in a holistic way and incorporated into broader policies and programmes, such as social protection systems, to strengthen women's economic security and autonomy, including through the promotion of safer workplaces, and reduce the risk of violence

The presence of a strong and autonomous feminist movement is the single most critical factor to drive policy change in ending violence against women both in domestic and global policy making

THE CHALLENGE

LIMITED INVESTMENTS IN PREVENTION

Without **DEDICATED INVESTMENT** countries will not achieve the elimination of violence against women and girls

3 OUT OF 4 COUNTRIES do not have systems to track budget allocations for gender equality overall

Data on national budgets to address violence against women are hardly available

78 PER CENT have **BUDGETARY COMMITMENTS** to implement legislation addressing violence against women

However, only **42 PER CENT** of countries have budget for **SERVICES FOR SURVIVORS**

PROMISING PRACTICES

In Bolivia, budget mandates have been established requiring municipal autonomous governments to use at least **15 PER CENT** of the total resources for Citizen Security to address violence against women and girls

In Fiji The Ministry of Women, Children and Poverty Alleviation launched the Prevention National Action Plan (2023-2028) and committed an **INITIAL 1 MILLION FIJIAN DOLLARS (FJD)** for 2023-2024 with the Australian Government providing 6 million FJD. Over the five-year period, 1% of the budget is committed from the Fiji Government and the remainder is sourced from development partners

Source: UNITE! Invest to prevent violence against women and girls

UN WOMEN

In Egypt, some 500,000 working days are lost each year due to marital violence, and the health sector bears more than USD 14 million in costs to serve just one quarter (600,000) of survivors.

In Morocco, the total cost of physical and/or sexual violence against women was estimated at MAD 2.85 billion (around USD 308 million) a year.

In 2021, gender-based violence across the European Union was estimated to cost around EUR 366 billion a year. Violence against women makes up 79 per cent of this cost, amounting to EUR 289 billion.

j. Sexual violence against women and girls

Globally, 6 per cent of women report that they have been subjected to sexual violence from someone other than their husband or partner. However, the true prevalence of non-partner sexual violence is likely to be much higher, considering the stigma related to this form of violence.

Fifteen million adolescent girls worldwide, aged 15–19 years, have experienced forced sex. In the vast majority of countries, adolescent girls are most at risk of forced sex (forced sexual intercourse or other sexual acts) by a current or former husband, partner, or boyfriend. Based on data from 30 countries, only 1 percent have ever sought professional help.

k. Trafficking in women

In 2020, for every 10 victims of human trafficking detected globally, about four were adult women and about two were girls. Most of the detected victims of trafficking for sexual exploitation (91 per cent) are women. Analysis of court cases shows that female victims are subjected to physical or extreme violence at the hands of traffickers at a rate three times higher than males.

l. Violence against girls

During the past decade, the global rate of child marriage has declined, with the global proportion of young women aged 20–24 years old who were married before the age of 18 decreasing from nearly one in four in 2010 to almost one in five (19 percent) in 2022. However, the profound effects of the pandemic are threatening this progress, with up to 10 million additional girls at risk of child marriage in the next decade due to the pandemic.

School-related gender-based violence is a major obstacle to universal schooling and the right to education for girls. Globally, one in three students, aged 11–15, have been bullied by their peers at school at least once in the past month, with girls and boys equally likely to experience bullying.

While boys are more likely to experience physical bullying than girls, girls are more likely to experience psychological bullying, and they report being made fun of because of how their face or body looks more frequently than boys.

m. Female genital mutilation

At least 200 million women and girls aged 15–49 have undergone female genital mutilation in 31 countries where the practice is concentrated.

In sub-Saharan Africa, one in four women and girls has undergone female genital mutilation. But levels vary widely across countries.

There are still countries where female genital mutilation is almost universal, where at least nine in 10 girls and women, aged 15–49 years, have been cut, while it affects no more than 1 per cent of girls and women in Cameroon and Uganda.

n. Violence against women in public life

Across five regions, 82 per cent of women parliamentarians reported having experienced some form of psychological violence while serving their terms. This included remarks, gestures, and images of a sexist or humiliating sexual nature, threats, and mobbing. Women cited social media as the main channel of this type of violence, and nearly half (44 per cent) reported receiving death, rape, assault, or abduction threats towards them or their families. Sixty-five per cent had been subjected to sexist remarks, primarily by male colleagues in parliament.

A global survey showed that 73 per cent of women journalists have experienced online violence. Twenty per cent said they had been attacked or abused offline in connection with online violence they had experienced. The reporting theme most often identified in association with heightened attacks was gender (49 per cent), followed by politics and elections (44 per cent), and human rights and social policy (31 per cent).

2.PREVIOUS ACTIONS BY THE UN AND CIVIL SOCIETY AGAINST VIOLENCE AGAINST WOMEN

Violence against women has also received considerable attention from UN agencies. In 1993 the UN General Assembly adopted the Declaration on the Elimination of Violence against Women. Since 1994 there has been a UN Special Rapporteur on Violence against Women, its causes and consequences. In 1996 the United Nations Development Fund for Women established its Trust Fund to Eliminate Violence against Women, and in 2006 the UN Secretary General's In-depth study on all forms of violence against women was published. In 2010, the UN General Assembly adopted the Updated model strategies and practical measures on the elimination of violence against women in the field of crime prevention and criminal justice. On its

establishment as an organization in 2010, the UN Entity for Gender Equality and the Empowerment of Women (otherwise known as UN Women) prioritized the prevention of and response to violence against women and works closely with other agencies such as UNODC, the UN Population Fund (UNFPA), UNAIDS and WHO to empower women, prevent violence against them, and mitigate its consequences.

a. The 16 Days of Activism against Gender-Based Violence

The 16 Days of Activism against Gender-Based Violence is an annual international campaign that kicks off on 25 November, the International Day for the Elimination of Violence against Women, and runs until 10 December, Human Rights Day.

The campaign was started by activists at the inauguration of the Women's Global Leadership Institute in 1991. It is used as an organizing strategy by individuals and organizations around the world to call for the prevention and elimination of violence against women and girls.

In support of this civil society initiative, the United Nations Secretary-General launched in 2008 the campaign UNITE by 2030 to End Violence against Women, which runs parallel to the 16 Days of Activism.

b. UNITE to End Violence against Women Campaign

The UNITE to End Violence against Women initiative is a multiyear effort to prevent and eliminate violence against women and girls around the world.

The initiative, launched in 2008 under the leadership of the UN Secretary-General, was created to support the civil society led 16 Days of Activism against Gender-based Violence campaign around the world.

Managed by UN Women, UNITE calls on governments, civil society, women's organizations, young people, the private sector, media, and the UN system to join forces to address the global pandemic of violence against women and girls.

c. Say No - UNITING SINCE 2009

To support the system-wide UN campaign and build public engagement, UN Women launched Say NO–UNITE to End Violence against Women as a social mobilization platform in 2009.

During its first phase, more than 5 million people signed a global petition to make ending violence against women a top worldwide priority. Between 2009 and 2013 the campaign also led to over 5 million actions in partnership with over 900 civil society organizations globally.

Actions showcased advocacy efforts by civil society, activists, governments, and the UN system. These ranged from online petitions and social media campaigns to grassroots national awareness-raising initiatives. It included outreach in schools, engaging young people and faith-based organizations and garnering concrete national commitments from governments, and more.

d. COMMIT initiative

In 2012, ahead of the 57th Session of the Commission on the Status of Women which focused on ending violence against women. UN Women launched the COMMIT initiative, asking governments to take a stand by making new and concrete national commitments to end violence against women and girls.

By the end of 2013 the European Union as well as 63 nations had joined the initiative, announcing specific measures to address and prevent violence against women and girls. These ranged from passing or improving laws, ratifying international conventions, launching public awareness campaigns, providing safe houses or free hotline services and free legal aid to survivors, supporting education programmes that address gender stereotypes and violence. It has also led to increases in the number of women in law enforcement, peacekeeping forces and frontline services.

e.   Ending gender-based violence in the context of COVID-19

   To address the escalation of violence against women and girls in the context of the COVID-19 pandemic, in 2020 the United Nations Secretary-General urged all governments to make the prevention and redress of violence against women and girls a key part of their national pandemic response plans. The appeal was answered in a statement by 146 Member States and Observers, expressing strong support.

As a follow up the Secretary-General's Executive Committee adopted a "Political engagement strategy" for the UN system in order to mobilize commitments and action to end gender-based violence in the context of COVID-19.

All governments are called to make commitments and undertake policy actions around four key action areas: Fund, Prevent, Respond and Collect.

Today Say NO–UNiTE has transitioned into a network for social mobilization that continues to showcase advocacy, news, and actions on ending violence against women and girls by people from all walks of life.

f.   RESPECT women

   In 2019, WHO and UN Women with endorsement from 12 other UN and bilateral agencies published RESPECT women – a framework for preventing violence against women aimed at policy makers.

Each letter of RESPECT stands for one of seven strategies: Relationship skills strengthening; Empowerment of women; Services ensured; Poverty reduced; Enabling environments (schools, work places, public spaces) created; Child and adolescent abuse prevented; and Transformed attitudes, beliefs and norms.

For each of these seven strategies there are a range of interventions in low and high resource settings with varying degrees of evidence of effectiveness. Examples of promising interventions include psychosocial support and psychological interventions for survivors of intimate partner violence; combined economic and social empowerment programmes; cash transfers; working with couples to improve

communication and relationship skills; community mobilization interventions to change unequal gender norms; school programmes that enhance safety in schools and reduce/eliminate harsh punishment and include curricula that challenges gender stereotypes and promotes relationships based on equality and consent; and group-based participatory education with women and men to generate critical reflections about unequal gender power relationships.

RESPECT also highlights that successful interventions are those that prioritize safety of women; whose core elements involve challenging unequal gender power relationships; that are participatory; address multiple risk factors through combined programming and that start early in the life course.

CONSEQUENCES OF ABUSE AGAINST WOMEN

Health consequences

Intimate partner (physical, sexual and psychological) and sexual violence cause serious short- and long-term physical, mental, sexual and reproductive health problems for women. They also affect their children's health and wellbeing. This violence leads to high social and economic costs for women, their families and societies. Such violence can:

·   Have fatal outcomes like homicide or suicide.

·   Lead to injuries, with 42% of women who experience intimate partner violence reporting an injury as a consequence of this violence.

·   Lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV. WHO's 2013 study on the health burden associated with violence against women found that women who had been physically or sexually abused were 1.5 times more likely to have a sexually transmitted infection and, in some regions, HIV, compared to women who had not experienced partner violence. They are also twice as likely to have an abortion.

·   Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, preterm delivery and low birth weight babies. The same 2013 study showed that women who experienced intimate partner violence were 16% more likely to suffer a miscarriage and 41% more likely to have a preterm birth.

·   These forms of violence can lead to depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders, and suicide attempts. The 2013 analysis found that women who have experienced intimate partner violence were almost twice as likely to experience depression and problem drinking.

· Health effects can also include headaches, pain syndromes (back pain, abdominal pain, chronic pelvic pain) gastrointestinal disorders, limited mobility and poor overall health.

· Sexual violence, particularly during childhood, can lead to increased smoking, substance use, and risky sexual behaviours. It is also associated with perpetration of violence (for males) and being a victim of violence (for females).

Impact on children

· Children who grow up in families where there is violence may suffer a range of behavioral and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life.

· Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (through, for example diarrhoeal disease or malnutrition and lower immunization rates).

CALL TO ACTION

EVERYONE: Be an ally in preventing violence against women and girls- Take a stand publicly, engage in activities and events to raise awareness in your community

MEMBER STATES: Allocate national budget to prevent violence against women and girls, including through national action plans and prevention across education, health, and social protection sectors

STATES, PRIVATE SECTOR, FOUNDATIONS, OTHER DONORS: Increase ODA and investments towards prevention of violence against women and girls as well as long-term, sustainable investments to autonomous women's rights organizations working to end violence

PRIVATE AND PUBLIC SECTOR: Invest on workplace policies and measures that ensure women's economic security and safety

MEMBER STATES, DEVELOPMENT PARTNERS, PHILANTHROPIES, PRIVATE SECTOR, UNIVERSITIES AND ALL ACTORS: Increase ODA and investments towards prevention of violence against women and girls as well as long-term, sustainable investments to autonomous women's rights organizations working to end violence

#NOEXCUSE #NOEXCUSE #NOEXCUSE
#16DAYS #16DAYS #16DAYS #16DAYS
#ORANGETHEWORLD #ORANGETHEWORLD
#NOEXCUSE #NOEXCUSE #NOEXCUSE
#16DAYS #16DAYS #16DAYS #16DAYS

Source: UNITE! Invest to prevent violence against women and girls

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2. MATERNAL HEALTH AND REPRODUCTIVE RIGHTS

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period.

Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being.

Although important progress has been made in the last two decades, about 287 000 women died during and following pregnancy and childbirth in 2020. This number is unacceptably high.

The most common direct causes of maternal injury and death are excessive blood loss, infection, high blood pressure, unsafe abortion, and obstructed labour, as well as indirect causes such as anemia, malaria, and heart disease.

Most maternal deaths are preventable with timely management by a skilled health professional working in a supportive environment.

a.   Ensuring Access to Safe Pregnancy and Postpartum Care

·   About 140 million births take place every year and the proportion attended by skilled health personnel has increased: from 58% in 1990 to 81% in 2019. This is mostly due to larger numbers of births taking place at a health facility.

·   Deaths from complications during pregnancy, childbirth, and the postnatal period have declined by 38% in the last two decades, but at an average reduction of just under 3% per year, this pace of progress is far too slow.

It also hides vast inequalities within and across countries.

·   More than half of maternal deaths occur in fragile and humanitarian settings. Sub-Saharan Africa and Southern Asia share the greatest burden of maternal deaths, 86% of the global total in 2017.

·   The Sustainable Development Goals (SDGs) offers an opportunity for the international community to work together and accelerate progress to improve maternal health for all women, in all countries, under all circumstances.

SDG targets for maternal health include 3.1, aiming for an average global ratio of less than 70 deaths per 100 000 births by 2030, and 3.8, calling for the achievement of universal health coverage. These cannot be achieved without reproductive, maternal, newborn and child health coverage for all.

b.   The conditions for safe pregnancies

1. Antenatal care (ANC) are regular check-ups during pregnancy to monitor the health of both the mother and the fetus. ANC includes physical examinations, screenings, and health education
2. Having a trained and skilled healthcare professional, such as a midwife or obstetrician, present during childbirth to manage potential complications and ensure a safe delivery.
3. Guidance and access to contraceptive methods to help couples plan and space their pregnancies, promoting the health of mothers and children.
4. Immediate and effective care in case of complications during pregnancy, childbirth, or the postpartum period to prevent maternal and newborn mortality.
5. Nutritional Support: Adequate nutrition advice and support for pregnant women to ensure proper fetal development and maternal health.
6. Information on healthy lifestyle practices during pregnancy, breastfeeding, and infant care, as well as emotional and psychological support.
7. Vaccinations to protect both the pregnant woman and the newborn from certain infections and diseases.
8. Medical tests and screenings to detect and address potential health issues during pregnancy.
9. Community Support and Education: Involvement of communities in promoting maternal health, encouraging early care-seeking behavior, and fostering a supportive environment for pregnant women.

d.   The policies and services for safe pregnancies

The policies and services include things like Prenatal Care, Educational Programs, Access to Skilled Birth Attendants, Family Planning Services/policies, Postpartum Care, Nutritional Support, Support for High-Risk Pregnancies, Mental Health Support, Community Outreach Programs, Legal protections, and Rights. Here's a more detailed overview ;

National Maternal Health is the government's commitment to promoting maternal health and reducing maternal mortality. They may include strategies to improve antenatal care, skilled attendance at birth, and postnatal care.

Family Planning Policies/Services: Policies that support family planning services, education, and access to contraceptives to help couples plan and space their pregnancies. Family planning contributes to maternal and child health by preventing unintended pregnancies and promoting healthy birth spacing.
Encouraging and regulating the presence of skilled healthcare professionals, such as midwives or obstetricians, during childbirth to manage complications and ensure a safe delivery.

Emergency Obstetric Care Policies/Services: Policies/Services to ensure timely access to emergency obstetric services in case of complications during pregnancy, childbirth, or the postpartum period.

Maternity Leave and Workplace Policies/Services are legislation or policies that provide pregnant women with maternity leave, ensuring they have the necessary time and support for a healthy pregnancy and postpartum period.

Nutritional support policies/Services : The providing pregnant women with supplements, education on proper nutrition, and support for women in vulnerable populations.

e. Identifying barriers and proposing solutions for better access

The divide between rich and poor is truly alarming: in Africa, the lifetime risk of dying in pregnancy and childbirth is 1 in 22, in Asia it is 1 in 120 and in developed countries it is 1 in 7,300. Although most maternal deaths are preventable, satisfying the aim of Millennium Development Goal 5, to improve maternal health, is still proving extremely difficult. There is simply not enough being done to protect the health of mothers and infants in underserved, low- and middle-resource countries. In essence, poor women receive less care. The majority of maternal deaths stem from severe bleeding, obstructed labour and the consequences of unsafe abortion.

Almost all maternal deaths could be averted if access to professional care during pregnancy, childbirth, and for a few weeks after childbirth were readily available. Lack of access to contraception is indeed a major issue. In fact, a recent report from the Guttmacher Institute and the United Nations Population Fund has suggested that family planning can help reduce maternal deaths by 70 per cent, given appropriate global investment.Other causes that impede women's ability to experience full reproductive rights and safe motherhood include poverty, gender inequity, illiteracy, nutritional taboos, and being subjected to harmful traditional practices such as female genital mutilation and child marriage. To sum up, it is clear that the socio-cultural environments of many developing countries do affect maternal and newborn health in a serious way. Firmly entrenched legal and political frameworks can put restrictions on women's abilities

TABLE 1. MATERNAL DEATHS – MAIN CAUSES AND INTERVENTIONS

Cause of maternal death	Percentage	Proven interventions
Bleeding after delivery (postpartum haemorrhage)	25	Treat anaemia in pregnancy. Skilled attendant at birth: prevent or treat bleeding with correct drugs, replace fluid loss by intravenous drip or transfusion if severe.
Infection after delivery	15	Skilled attendant at birth: clean practices. Treat with antibiotics if infection arises.
Unsafe abortion	13	Skilled attendant: give antibiotics, empty uterus, replace fluids if needed, counsel and provide family planning.
High blood pressure (hypertension) during pregnancy: most dangerous when severe (eclampsia)	12	Detect in pregnancy; refer to doctor or hospital. Treat eclampsia with appropriate anticonvulsive ($MgSO_4$); refer unconscious woman for expert urgent delivery.
Obstructed labour	8	Detect in time, refer for operative delivery.
Other direct obstetric causes	8	Refer ectopic pregnancy for operation.

to make informed and safe choices about their reproductive health, leading to unfavourable consequences such as unsafe abortion and sexually transmitted diseases, including HIV/AIDS transmission. Timely and skilled management of pregnancy and childbirth by professionals can make the difference between life and death for the mother and her baby.

We can amplify safe motherhood by: promoting partnerships between countries in; undertaking advocacy; providing technical and policy support and increasing national capacity; establishing norms and standards, and developing tools, technologies and interventions; promoting, coordinating and disseminating research; and monitoring and evaluation

f.   Discussing postpartum care initiatives and potential improvements

Postnatal Care is follow-up care for both the mother and newborn after childbirth to address any complications, provide support for breastfeeding, and monitor the well-being of both individuals.In both developing countries and the United States, > 60% of maternal deaths occurred in the postpartum period; 45% of postpartum deaths occurred within 1 day of delivery, > 65% within 1 week, > 80% within 2 weeks. The main 2 causes of postpartum deaths are Heart disease and stroke, and cardiomyopathy (a weakened heart muscle) is the most common cause of death one week to a year after delivery.

Some initiatives are; Comprehensive postpartum check-ups: Implement regular postpartum check-ups for mothers and newborns and making them frequent and done by professionals, Mental health screening: Incorporating mental health screening into postpartum care, Education on newborn care:Offer educational programs on newborn care, Family planning counseling: Integrate family planning counseling into postpartum care, Physical recovery programs:Provide postpartum exercise and rehabilitation programs , Accessible resources: Provide easily accessible postpartum resources by Utilizing technology for online resources, telehealth services, and mobile applications to enhance accessibility, Community outreach programs: Strengthen outreach efforts to reach marginalized or underserved populations.

g. Child Support Policies and Programs:

 Child Support Orders: Courts may issue legal orders specifying the amount of financial support the noncustodial parent is obligated to pay. These orders are based on factors such as the income of both parents and the needs of the child.

Modification of Orders: Child support orders can be modified if there are changes in circumstances, such as changes in income or changes in custody arrangements.

Mediation Services: Some programs offer mediation services to help parents resolve disputes related to child support outside of court.

Access and Visitation Services: Some child support programs also address issues related to visitation and parenting time, recognizing the importance of maintaining a relationship between the noncustodial parent and the child.

Establishment of Paternity: Child support programs often help establish legal paternity to ensure that the noncustodial parent is officially recognized and responsible for providing financial support.

Income Withholding: Child support payments may be automatically deducted from the noncustodial parent's wages through income withholding, ensuring consistent and timely payments.

Enforcement Measures: Child support agencies employ various enforcement measures to ensure compliance with support orders. These may include wage garnishment, suspension of licenses, and legal penalties for non-payment.

Location Services: Child support agencies may assist in locating noncustodial parents who are difficult to find, ensuring effective enforcement of support orders.

Health Insurance Coverage: Child support orders may include provisions for the noncustodial parent to contribute to the cost of health insurance coverage for the child.

Federal and State Programs: Child support services are often provided at both the federal and state levels, with state agencies responsible for implementing and managing the programs based on federal guidelines.

h. Analyzing current child support systems

There is a Legal Framework and basically child support systems typically operate under a legal framework that outlines the rights and responsibilities of both custodial and noncustodial parents.
-These laws are federal or state regulations, depending on the country.
Other -than that, courts issue child support orders that specify the amount of financial support the noncustodial parent is required to provide. The amount is often determined based on factors such as the income of both parents, the needs of the child, and any special circumstances. The two main problems are "The current system fixates on enforcement and ignores involvement" and unfair child support payments

i. Proposing enhancements to ensure fair and effective support

Transparent guidelines help ensure consistency in determining support amounts. Guidelines should take into account the financial circumstances of both parents, the needs of the child, and other relevant factors. Regular review and adjustment help ensure that support amounts remain fair and appropriate as financial situations change. Courts or child support agencies should have mechanisms for adjusting orders based on changes in income or other relevant circumstances. Educating parents about their rights and responsibilities in child support matters can enhance compliance. Outreach programs can also inform parents about available resources and support services. And

access to legal assistance, especially for those with limited financial means, can contribute to a fair and just child support process. These are some of the solutions that might help with ensuring fair and effective support.

j. Abortion Rights and Comprehensive Reproductive Health

Abortions are the deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy.Historically, restrictions on abortion were introduced for three main reasons:

- Abortion was dangerous, and abortionists were killing a lot of women. Hence, the laws had a public health intention to protect women—who took the risk and sought abortions and risked their lives, as they still do today if they have no other choice or cannot afford a safe and legal one.
- Abortion was (and to this day in certain places is) a sin or a form of transgression of morality.
- Abortion was restricted to protect fetal life in some or all circumstances.

Since abortion methods have become safe, laws against abortion make sense only for protecting fetal life, for being a transgression of morality (in non-religious countries), and lastly, for deterrent purposes. It is restrictive abortion laws that are sometimes responsible for the deaths and millions of injuries to women who cannot afford to pay for a safe, illegal abortion. The research found that there are only six main grounds for allowing abortion in most countries: risk to life, rape or sexual abuse, serious fetal anomaly, risk to physical and sometimes mental health, and social and economic reasons. An uncounted number of women have been obtaining and using misoprostol to self-induce abortions. Some countries have put restrictions and regulations on accessing these pills.

Reproductive health is a field of research, health care, and social activism that explores the health of an individual's reproductive system and sexual well-being during all stages of their life. Rights to reproductive and sexual health include the right to life, liberty and the security of the person; the right to health care and information; and the right to non-discrimination in the allocation of resources to health services and in their availability and accessibility.

The importance of guaranteeing women's sexual and reproductive health rights cannot be overstated. 214 million women in developing countries want to avoid pregnancy but—for a variety of reasons—are not using a modern method of contraception. Providing much-needed contraception in these regions would avert an estimated 67 million unintended pregnancies annually. It would also reduce maternal deaths by an estimated 76000 each year.

By strengthening national policies, laws, strategies, and programs to increase access to evidence-based SRHR interventions, countries can significantly reduce morbidity and mortality due to unintended pregnancies, sexually transmitted infections, including HIV, and unsafe

abortion. Ensuring universal access to high-quality, age-specific SRHR services, information and commodities will improve health outcomes for women and adolescents in all situations, including fragile, conflict and humanitarian contexts, given that the achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights.

 In addition to immediate dangers to life, lack of food and water following wars, can negatively affect the process of pregnancy through minerals and vitamins deficiencies, which can lead to congenital anomalies and other pregnancy complications.

Wars also bring stress in their aftermath, which can seriously affect pregnancy. Moreover, countries involved in wars are more likely to experience economic crises and shortages of healthcare professionals and health facilities, which can make the situation worse for pregnant women. Although there is insufficient evidence about this issue as conducting studies in this situation is really difficult and may even be accompanied by bias, few reports have proved that armed conflicts can affect pregnancy negatively and lead to a number of health problems such as low birth weight, stillbirth, and prematurity like what has been witnessed in Yemen and Syria. Some of the women become pregnant after several abortions and want to have a healthy child, but they do not know how to deal with the lack of access to healthcare services, food, and water. An appropriate, systematic approach through international collaboration is needed. Women exposed to armed conflicts during pregnancy tend to receive insufficient prenatal and delivery care evident by the declines in the composite indices of Prenatal Care and Delivery Care by 6.76 and 6.83% compared to the sample averages, respectively. Given the importance of prenatal care and delivery care to the health of mothers and newborns, this calls for the need of intervention.

k. Presenting an overview of abortion rights and access

-Abortion rights in Iraq are limited, generally allowed only when the pregnant woman's life or health is at serious risk. Regulations are influenced by interpretations of Islamic law and regional policies.

- Abortion rights in Iran are quite restrictive but allowed under certain circumstances. Abortion is generally permitted only if the woman's life is in danger or if the fetus has severe abnormalities. However, laws and regulations regarding abortion can change.

-California, Michigan, Ohio, and Vermont are the only U.S. states to have explicit rights to abortion in their state constitutions. Other states have implicit rights to abortion subject to state

judicial review, such as Kansas and Montana, or simply protect it via state law such as Colorado. Due to existing Texas laws, abortion is now banned in Texas.

-Abortion is illegal in Afghanistan unless the life of the mother is at risk or the baby's life is endangered, interpreted as the baby having a severe disability or low quality of life.

-With regard to illegal abortion, no abortion is legal and abortion is punishable in the Syrian Arab Republic. There is one exception, which is if the mother's life is at risk.

-Abortion in France is legal within the first 12 weeks of pregnancy. Beyond the first trimester, abortions are permitted in cases where the pregnancy poses a risk to the woman's health or other situations.

-Abortion in Canada has been legal for five decades. Access to abortion service varies across the country, With most provinces providing publicly funded abortion services.

-China's abortion laws have been quite liberal, permitting abortion for various reasons, including socioeconomic factors and health concerns.

-Türkiye allows abortion within the first 10 weeks of pregnancy upon request and up to 20 weeks in cases of medical necessity or if the pregnancy poses a risk to the woman's health.

The Abortion Act 1967 states that an abortion is legal if it is performed by a doctor, and that it is authorized by two doctors, acting in good faith (certain acts), on one (or more) of the following grounds (both agreeing that at least one and the same ground is met), while Abortion services in Northern Ireland depend on how many weeks pregnant you are. Early abortion services for pregnancies less than 12 weeks are fully established. Medical abortion is available for pregnancies up to 24 weeks (and over 24 weeks in limited circumstances).
 In 2022, a law that banned abortion after five weeks of pregnancy and was reportedly adopted in 2015 was made public.
 Abortion in Italy is legal within the first 90 days of pregnancy.Abortion is allowed in Italy under certain conditions.
vices: Individuals and couples can access a variety of contraceptive techniques, counselling, and education to help them plan and space their pregnancies according to their choices.

 Addressing stigma and advocating for informed choice

Stigma refers to the negative attitudes, beliefs, and discrimination that lead to the social exclusion of individuals or groups. Stigma can have harmful effects on mental health, including social isolation, reluctance to seek help or treatment, and fewer opportunities

Healthcare Access: Women may be discouraged from obtaining medical care if they feel stigmatised about particular health conditions, such as mental or reproductive health.

Stigma is greatly influenced by misogyny, which aims to dictate and control women's reproductive decisions.

Women in the work: Discrimination against women in job roles and in politics limits their opportunities and upholds injustice. It includes double standards, stereotypes in the political field, and biases in the workplace.

3.WOMEN'S LEADERSHIP AND POLITICAL PARTICIPATION

From the local to the global level, women's leadership and political participation are restricted. Women are underrepresented as voters, as well as in leading positions, whether in elected office, the civil service, the private sector or academia. This occurs despite their proven abilities as leaders and agents of change, and their right to participate equally in democratic governance.

Women face several obstacles to participating in political life. Structural barriers through discriminatory laws and institutions still limit women's options to run for office. Capacity gaps mean women are less likely than men to have the education, contacts and resources needed to become effective leaders.

As the 2011 UN General Assembly resolution on women's political participation notes, "Women in every part of the world continue to be largely marginalized from the political sphere, often as a result of discriminatory laws, practices, attitudes and gender stereotypes, low levels of education, lack of access to health care and the disproportionate effect of poverty on women." Individual women have overcome these obstacles with great acclaim, and often to the benefit of society at large. But for women as a whole, the playing field needs to be level, opening opportunities for all.

1.2 Facts and Figures - Leadership and Participation Women in Parliaments:
   a. Women in executive government positions

As of 10 January 2024, there are 26 countries where 28 women serve as Heads of State and/or Government. At the current rate, gender equality in the highest positions of power will not be reached for another 130 years.

Just 15 countries have a woman Head of State, and 16 countries have a woman Head of Government.

First-time compiled data by UN Women show that women represent 22.8 percent of Cabinet members heading Ministries, leading a policy area as of 1 January 2023. There are only 13 countries in which women hold 50 per cent or more of the positions of Cabinet Ministers leading policy areas.

The five most commonly held portfolios by women Cabinet Ministers are Women and gender equality, followed by Family and children affairs, Social inclusion and development, Social protection and social security, and Indigenous and minority affairs.

b. Women in national parliaments

Only 26.5 percent of parliamentarians in single or lower houses are women, up from 11 per cent in 1995.

Only six countries have 50 per cent or more women in parliament in single or lower houses: Rwanda (61 per cent), Cuba (53 per cent), Nicaragua (52 per cent), Mexico (50 per cent), New Zealand (50 per cent), and the United Arab Emirates (50 per cent).

A further 23 countries have reached or surpassed 40 per cent, including 13 countries in Europe, six in Africa, three in Latin America and the Caribbean, and one in Asia.

Globally, there are 22 States in which women account for less than 10 percent of parliamentarians in single or lower houses, including one lower chamber with no women at all.

At the current rate of progress, gender parity in national legislative bodies will not be achieved before 2063.

Women hold 36 per cent of parliamentary seats in Latin America and the Caribbean and make up 32 percent of parliamentarians in Europe and Northern America. In sub-Saharan Africa, there are 26 per cent of women legislators, followed by Eastern and South-Eastern Asia with 22 per cent, Oceania with 20 percent, Central and Southern Asia with 19 per cent, and Northern Africa and Western Asia with 18 percent of women Members of Parliament.

c. Women in local government

Data from 141 countries show that women constitute more than 3 million (35.5 per cent) of elected members in local deliberative bodies. Only three countries have reached 50 per cent, and an additional 22 countries have more than 40 per cent women in local government.

Regional variations are also noted for women's representation in local deliberative bodies, as of January 2023: Central and Southern Asia, 41 per cent; Europe and Northern America, 37 per cent; Oceania, 32 per cent; Eastern and South-Eastern Asia, 31 per cent; Latin America and the Caribbean, 27 per cent; sub-Saharan Africa, 25 percent; Western Asia and Northern Africa, 20 percent.

d. Expanding participation

Balanced political participation and power-sharing between women and men in decision-making is the internationally agreed target set in the Beijing Declaration and Platform for Action.

While most countries in the world have not achieved gender parity, gender quotas have substantially contributed to progress over the years. In countries with legislated candidate quotas, women's representation is five percentage points and seven percentage points higher in parliaments and local government, respectively, compared to countries without such legislation.

There is established and growing evidence that women's leadership in political decision-making processes improves them. For example, research on panchayats (local councils) in India discovered that the number of drinking water projects in areas with women-led councils was 62 per cent higher than in those with men-led councils. In Norway, a direct causal relationship between the presence of women in municipal councils and childcare coverage was found.

Women demonstrate political leadership by working across party lines through parliamentary women's caucuses—even in the most politically combative environments—and by championing issues of gender equality, such as the elimination of gender-based violence, parental leave and childcare, pensions, gender-equality laws, and electoral reform.

1.3 Grassroot Efforts and Community Involvement

Civil society groups are essential partners in implementing UN Women programmes, across all areas of it's work. UNWOMEN also engages with women's movements to help them increase their effectiveness, such as by sharing knowledge on women's rights and successful advocacy practices. They provide support in building communication, leadership and other skills to influence political and governance processes, including those related to elections.

Other assistance encourages civil society groups to improve their internal operations so that they have a sound foundation for sustaining advocacy and maximizing results.

In Albania, UN Women helped mobilize grassroots women and civil society organizations to develop community-based scorecards. Nearly 2,000 people across seven regions—90 percent of whom were women—participated in rating how well their communities are doing in involving women in public decision-making, stopping gender-based violence, advancing women's economic well-being and providing social services. The scores were typically low, averaging between one and two on a scale of five, indicating just how little has been done to stop pervasive gender discrimination.

With concrete evidence in hand, women got involved in the 2011 municipal elections, announcing they would not vote unless candidates agreed to act on their concerns. In the city of Shkodra, they individually met each candidate for mayor, and the winner signed the Agreement of Women. Based on key scorecard findings, it will guide future municipal council plans and decisions, with specific commitments to expand women's employment options and improve services for domestic violence survivors, among other issues. In Elbasan, circulation of findings to the media drew an immediate reaction from political parties, whose electoral platforms subsequently reflected women's demands. The newly elected mayor similarly signed a pledge to respond to scorecard findings through local planning.

Such grassroot movements are strived for in order to have substantial outcomes of political demands through public efforts and community involvement; which essentially indicate a sensible and educated union of the peoples.

4.QUESTIONS TO BE ANSWERED

How can further measures be taken to ensure the safety of women in conflict zones?

What solutions can be beneficial in preventing gender-based violence?

What are some measures that would increase women's political power and participation?

What are some policies that diminish the presence of women in political and career settings?

What are the key factors contributing to safe pregnancies?

What policies and services are essential for promoting maternal health and reducing mortality rates and how can we make it better ?

What are the main barriers to accessing maternal healthcare, particularly in low-resource settings, and how can they be addressed?

How can postpartum care initiatives be enhanced to improve maternal and newborn health outcomes?

What are the key components of effective child support policies, and how do they contribute to the well-being of children and families?

What are the main challenges with current child support systems, and how can they be improved to ensure fairness and effectiveness?

What are the varying regulations and access to abortion rights globally, and what impact do they have on women's health and rights?

How does stigma affect access to reproductive healthcare, and what strategies can be implemented to reduce stigma?

5..FURTHER READING
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https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women
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Millennium Development Goals: https://www.un.org/millenniumgoals/
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https://data.unwomen.org/resources/behind-numbers-good-practices-promoting-gender-equality-through-legal-frameworks

"WHETHER OR NOT LEGAL FRAMEWORKS ARE IN PLACE TO PROMOTE, ENFORCE AND MONITOR EQUALITY AND NON-DISCRIMINATION ON THE BASIS OF SEX BASED ON THE DATA UNDER SDG INDICATOR 5.1.1"

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