



CELAC

PACMUN 2016

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PACIFIC MODEL UNITED NATIONS

COMMUNITY OF LATIN AMERICAN AND CARIBBEAN STATES

Dear CELAC Delegates,

Welcome to the Community of Latin American and Caribbean States at the 2016 Pacific Model UN Conference. For the purpose of this conference our committee will go by the Spanish acronym CELAC (Comunidad de Estados Latinoamericanos y Caribeños). My name is Eric VanWinkle, and it is my privilege to be directing the CELAC committee. Entering my senior year at Bellarmine and third year of MUN, I am excited to participate in this unique conference, and hope that it will be an exciting and educative experience for the delegates as well. Joining me on staff is Chair Jenny Kane, and Assistant Director Emma Gace. Jenny Kane is a senior at Interlake High School, and has been involved in MUN for 3 years. Emma Gace is a junior at Bainbridge High School, and this will be her third year of MUN. We are looking forward to an exciting weekend of debate, and hope that this experience will also be one that pushes you both academically and socially.

This year at PACMUN 2016, CELAC is an all new committee. Delegates will participate in one of the newest committees, incorporated into any MUN conference, as CELAC itself was only founded in February of 2010. Being a relatively new committee, CELAC has yet to establish a comprehensive history or develop policy trends when compared to other, more veteran committees. However, delegates will be able to find information beyond what is sufficient for debate. We encourage delegates to research their given countries' policies before the formation of CELAC, and historical trends in Latin American and Caribbean policies.

My staff and I have taken into account CELAC's recent inauguration, and chosen issues which have been pertinent to Latin America and the Caribbean interests for the last century. The first topic we have chosen is "The Mitigation of Drug Related Crime," and the second is "Adolescent Pregnancy." With these topics we hope that delegates gain further insight into issues in Latin America and the Caribbean which have plagued the region for so long. Because these issues have become ingrained in much of the region's society, policy makers and social workers alike often overlook them. As the sociopolitical climate of the world rapidly shifts, there is no better time to begin addressing these issues again. Living in a first world country, we often are unaware of

the true severity of a situation because it does not directly affect us. It is the staff's hope that the delegates will learn more about the reality of these issues, and realize that our world is not so disconnected from the world of Latin America and the Caribbean.

We wish again to emphasize the importance of researching your given countries' policies on these particular topics, as well as issues outside the scope of these topics since this can lend valuable insight into the values and political trends of your country. On the topic of drug related crime, each country in Latin America and the Caribbean has a different experience with illegal drugs according to its demographic, climate, government involvement, and a host of other variables. Policy on adolescent pregnancy can be just a variable, with factors including education, health services, and religious values.

In many ways Latin America and the Caribbean share similar a similar culture, religion, and history, it is important not to forget that each country has a unique experience unlike any other country in the region. Dissemblance between states is nonetheless present, and therefore it is important to be well educated on these differences in order to make debate more fun and rewarding.

Sincerely,

Eric VanWinkle

Director | Community of Latin American and Caribbean States

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COMMITTEE INTRO

CLACS, commonly known as CELAC (Comunidad de Estados Latinoamericanos y Caribeños), is a committee comprised of thirty three countries in the Latin American and Caribbean region, with the purpose of promoting regional integration and sustainable development. The committee also focuses on developing relations with other countries and multinational organizations in attempts to foster collaboration between a wide range of government bodies. Originally created in February of 2010, the first summit was held in Caracas, Venezuela, in December of 2011. Subsequent summits are held yearly in different countries belonging to CELAC. The committee, created as an alternative to OAS (Organization of American States), expressly excludes the U.S. and Canada in order to express a uniquely Latino voice, free from U.S. and Canadian interests. CELAC boasts the world's third largest economy, and is the world's largest food producer.

TOPIC 1

MITIGATION OF DRUG RELATED CRIME

TOPIC INTRO

The cultivation, production, and distribution of illegal drugs, most notably cocaine, has a long standing and significant role in the Caribbean and Latin America. According to the United Nations Office on Drugs and Crime (UNODC) yearly drug report, cocaine seizures in the Caribbean and Latin America, specifically Colombia, Perú, Venezuela, Honduras, and Bolivia account for 59 percent of the global total. The production of cocaine leads to an illegal shipment to cartels who then participate in illegal trafficking to Europe, and more significantly, North America.

Aside from the evident health consequences regarding addiction, overdose, and unsanitary practices, drugs have encouraged crime in the Latin America and Caribbean region, which has the world's highest murder rate of roughly 33 per 100,000 per capita. The consequences of the drug trade reach far beyond local crime, extending to international security, the operation of large, powerful, and relatively unchecked cartels, political corruption, and human rights violations. Though serious efforts have been made to combat the problems, further exploration and implementation is necessary. Whereas drug production has decreased slightly in response to the crackdown of local enforcement, drug related violence and crime has increased in the past decade.

Discrepancies between the policies of neighboring nations is a large factor in the failure of previous efforts. While the UN has established the UN Office on Drugs and Crimes, it will take comprehensive analysis and coordinated efforts to ensure the decrease of drug production and crime in all nations of the region. As border control is

improved in one region, such as Florida of the United States, cartels located in Colombia have shifted routes through Mexico, demonstrating the need for a coherent solution.

HISTORY

Since the late 19th century, Latin America has been notorious for its involvement in drug production and trafficking. The history of drug trafficking in the region can be split into four distinct periods. The first period, between the late 19th century and 1945, the opium and marijuana trade was centralized in Mexico, with the then legal cocaine trade concentrated in Peru. The second period, between 1945 and 1960, witnessed the development of greater organization and professionalization of these crime rings. From 1960 to 1984, the third period saw Columbia evolve into the primary producer and dealer of illicit drugs. Lastly, since 1984, Mexico again became the leader in drug trafficking. Throughout this time, trends evidence that attempted suppression of drug trafficking in one region only encourages a shift in activity to other regions of Latin America.

During the 1970s, drug demand in the United States skyrocketed as the counter-cultural movement made headway across the country. Latin American communities saw the opportunity for large profits in the international drug trade, and proceeded to capitalize off of it. At first, small groups profited off the export of marijuana mainly to the United States. However, the U.S. government quickly combated the new influx of marijuana, and imports quickly diminished.

The suppression of the marijuana trade only intensified the drug economy in Latin America as drug traders shifted their focus to cocaine. Cocaine is a drug produced from the leaves of the coca plant. It is very profitable for the producer as the ingredients used in the process are cheap and readily available. Within a day, the coca leaves can be turned into street-ready cocaine worth 20 times more than the leaves from which it was produced. Cocaine also proved a more profitable drug than marijuana, since pound for pound prices are higher than those of marijuana. This gave smugglers the chance to ship smaller amounts of cargo while simultaneously increasing revenues. From here, the cocaine became a multi billion dollar business. The cartels functioned like conglomerates with subsidiary branches controlling every step of the process, from growing and harvesting the drug, to distribution to its users. Ruthless cartel leaders possessed unprecedented power within their nations' government and politics, striking fear into whoever opposed them.

By the end of the 1980s, Colombian drug cartels became such a prolific problem that, with the help of American intelligence services, the Colombian government waged a 'narco-war' which combated the major Colombian cartels, including the infamous Medellín cartel led by Pablo Escobar. Over the ensuing years, government forces fractured powerful Colombian cartels, leaving them dismembered

and with little remaining leverage to rebound. The conclusion of Colombian cartel power was marked by the death of Pablo Escobar in 1993, when he was killed in a rooftop firefight in Medellín, Colombia.

The demise of the Colombian cartels, contrary to popular belief, did not put an end to drug trafficking in Latin America. While the Colombian government waged its narco-war, Mexican drug lords sought to remedy the power vacuum that had occurred within the illicit drug market by forming progressively larger cartels of their own. Ever since this trend began in the early 1990s, Mexico has been the leader in drug trafficking in the Americas. Along with increased cartel power came a shift in trafficking routes into the U.S., the main consumer of Latin American drugs. Originally transported through the Caribbean drug highway during the Colombian cartel years, smuggling routes shifted into Mexico as the Mexican cartels grew in power and U.S. and Latin American governments simultaneously cracked down on Caribbean smuggling routes. Today, drug related violence in Mexico remains high, with a reported 17,000 homicides in 2015 alone. Powerful Mexican drug lords continue to challenge Mexican government and society, and regularly exploit marginalized populations to expand their scope of power.

PAST UN ACTION

The United Nations has taken extensive action to reduce the production, trade, and consumption of illicit drugs since its inception in 1945. In 1946, the Economic and Social Council (ECOSOC) established the Commission on Narcotic Drugs (CND) to assist in the enforcement of international drug control treaties. The next major development in the fight against illicit drugs was the creation of the United Nations Office on Drugs and Crime (UNODC) in 1997 by the means of a merger between the United Nations Drug Control Program and the Center for International Crime Prevention. Following the creation of the UNODC, the CND was granted authority to function as a governing body of UNODC and to allocate the budget of the Fund of the United Nations International Drug Control Program. This body accounts for over 90% of the resources available to UN for international drug control.

The International Narcotics Control Board was created in 1961 as an independent, quasi-judicial body intended to check the enforcement of international drug treaties. The body is composed of 13 elected members, ten general members, of which are nominated by their governments, and three health professionals nominated by the World Health Organization.

Through the the 1980s and 1990s the UNODC has passed numerous resolutions attempting to spur action within nation governing bodies to confront drug related crime. These measures were successful in the case of Colombia in the 1980s, where the Colombian government, with collaborators, significantly weakened the power of drug cartels in the country.

Ensuing the creation of the UNODC, the United Nations held the United Nations General Assembly Special Session (UNGASS). This session focused on the complete elimination of illicit drugs other than for purely medical and scientific purposes. It emphasized enforcement of existing laws and education for those at risk of drug abuse. Since then, the UN and UNODC has begun to view the war on drugs differently. The second UNGASS on drugs, held in April of 2016, sought to deviate from a more drug enforcement and combat oriented approach to an approach concentrated on health and drug safety. This means a more concerted effort to reduce drug overdose and the transmission of diseases such as HIV that results from the use of some drugs.

Between the two UNGASSs in 1998 and 2016, the UN and other international bodies have taken action to limit drug trafficking. In 2009, the UNODC coordinated a Regional Experts Meeting in Costa Rica to prioritize action that should be taken on illicit drug trafficking, particularly in Central America. In that same year, the Ministerial Conference in Nicaragua called for the UNODC to provide advisory and technical assistance in order to assist in the response against drug trafficking. These actions set the stage for the continued fight against drug trafficking in Central America, which is important due to Central America's location along the drug superhighway that extends from South America up to the Mexico and the United States.

CELAC and its associates have also taken a large role in the war on drugs after its creation in 2011. The Union of South American Nations (UNASUR) promised to create a South American drug observatory which will monitor and store data on drug trafficking in the region. CELAC, in a joint conference between itself and the EU, resolved to strengthen regional security structures in order to foster cooperation among Latin Americans in the war against drugs, and also to adopt creative policies which incorporate a balanced, multidisciplinary approach to drug trafficking. With the creation of CELAC, much more discussion is bound to occur in the international community on viable options regarding the mitigation of drug related crime.

CURRENT SITUATION

REGULATING THE COCA LEAF IN BOLIVIA

In 2009, Bolivia took an unprecedented step by ousting the United States' DEA from the country. This event reflects the growing trend across Latin America in which drug policy is shifting from a criminalization- and eradication-minded drug policy which the U.S. upholds, to policy that favors legalization and cooperative control. In Bolivia the coca plant, from which cocaine is produced, is sustenance crop that poor Bolivian farmers raise to make a living. U.S. policy pushed for the eradication of the coca crop in order to suppress the drug market in Bolivia. However, Bolivian president Evo Morales took a differing stance emphasizing that the eradication of the coca plant would come at great cost to poor rural farmers who depend on the plant for income,

as well as a large Native American population that uses the plant for medicinal purposes. The Bolivian government limits legal coca production to 77 square miles of crop. This ensures a sustainable source of income for cocoa farmers while also checking the production of cocaine. In the past four years coca production has steadily come closer to legal limits, accompanied by lower rates of violence stemming from eradication efforts, and up to a 30% decrease in poverty in some localized areas.

LEGALIZATION OF MARIJUANA IN URUGUAY

In December of 2013 Uruguay was the first country in the world to legalize the growth, sale, and use of marijuana. Masterminded by former Uruguayan President José Alberto Mujica, the new laws sought to governmentally regulate the marijuana market, thereby weakening criminal organizations involved in the marijuana trade. Amid continuing drug related violence in Latin America, Uruguayan lawmakers expressly stated that these new deregulatory actions were solely to depress criminal activity and not to encourage marijuana use. More than two years later, and with the more conservative president Tabaré Vázquez, Uruguay is proceeding slowly and methodically by writing detailed regulatory laws and testing the waters of drug policy that has yet to be explored. Following the groundbreaking law, more Latin American countries have participated in dialogue discussing the possibility of unrestricted marijuana, including Chile, Colombia, and Bolivia. As the trend towards the legalization of marijuana continues, the strength of drug cartels diminish as well. For example, in the United States, where only four states have legalized marijuana for recreational use, marijuana prices in Mexico have dropped from \$75 per kilogram before legalization to only \$35 per kilogram at the present.

BLOC POSITIONS

CARIBBEAN REGION

The most prominent side effect of the drug trade shown in the Caribbean is public health complications. The Caribbean is the second highest region affected by HIV/AIDS, behind Sub-saharan Africa. While in the majority cases HIV transmission occurs during sexual intercourse, evidence is growing that transmission can be linked to crack cocaine use. The region of the Caribbean does have drug and HIV policies, but they are enforced separately and do not assist each other in stopping the epidemic. As health issues are the biggest result of the drug trade there, the Caribbean states have focused on creating programs like the Needle and Syringe Program in hopes to decrease HIV spread and eventually, drug trade.

MEXICO AND THE CENTRAL AMERICAN REGION

The countries in this region serve as “transit countries” for drugs, such as cocaine coming from Columbia to be distributed to North America and Europe. The transit of these drugs have led to cartel activity, violence, and organized crime. As the transportation of drugs in these country is their biggest downfall from the drug trade, these countries have focused on decreasing the transportation of these drugs. While security measures have been put into place by countries, all countries in this region lack substantial security against the drug trade and lack judicial systems that are able to enforce laws regarding drug trade violence, crime, and other felonies. For example, Honduras endures the world’s highest homicide rate at 90 per 100,000 people. While statistics such as this are all too common for the region, their geological position and government style yield a deadly combination.

SOUTH AMERICAN REGION

Production of drugs, such as cocaine, has taken the South American Region by store. The Andean Countries of Colombia, Peru, and Bolivia are the leading producers of cocaine. As these countries and other South American producing countries have to have space to grow and produce the drugs, various environmental damage has been caused. Environmental damages include the use of aerial spraying. The surrounding communities have also been affected due to the funding of illegal guerrilla groups. In particular, FARC in Columbia has absorbed large profits from the growth and sale of illicit crops. Since not just people involved in the drug trade or drug use are being affected, South American countries must focus on decreasing the production of illicit drugs.

CASE STUDIES

COCA BUSH CULTIVATION IN COLOMBIA

Most of the world’s cocaine supply originates or passes through Colombia, despite the fact that Colombia is also the country that has found the most success in halting threats posed through drug production and trafficking.

The late 1980s and 1990s were defined by the growth of “cartels” which organized and controlled the drug market, resulting in increased consumption, sales, and prices. As cartels expanded in influence, members were able to achieve statuses of high political influence thus resulting in the corruption of the Colombian government. As transparency improved, the obliteration of these cartels became a pressing security issue, and, with widespread cooperation, major cartels were disbanded. Though this significantly reduced the influence that the drug trade had over political matters, smaller organizations emerged, resulting in increased cultivation.

The Colombian government improved their eradication efforts, resulting in minimized space for coca cultivation between 2000 at 163,000 and 2008 at 81,800 hectares, though yields increased due to improved farming techniques. Despite the government's impressive ability to reduce cocaine production by 38%, corruption is still a prominent concern. Security in Colombia is largely defined by the emergence of right-wing paramilitaries that serve to protect the interest of large farmers and business owners. By 1997, however, the paramilitary groups joined the Autodefensas Unidas de Colombia (AUC), which was frequently sought by various crime organizations to protect smuggling activities. As a result, the AUC emerged as a key player in cocaine trafficking, reportedly making 70% of its income from drug related activities.

Despite corruption, strong declines of coca cultivation between 2000 and 2008 resulted in improvement of security problems. In 2003, members of the AUC were demobilized through an amnesty process, resulting in a successful transition to a more stable state. Though the progress demonstrated in Colombia is impressive, efforts must be continued in order to prevent a relapse to the original state.

While Colombia has received a significant amount of international assistance, combatting efforts have addressed drug interdiction within the country itself. Thus, much more can be done in order to prevent trafficking throughout the entire international chain of efforts. While issues associated with drug production surely affect Colombia itself, problems also result in consequences for neighboring countries such as Panama, Ecuador, Venezuela, other countries of CELAC, as well as drug consuming nations in Europe and North America.

COCAINE TRAFFICKING AND TERRORISM IN THE ANDEAN REGION:

Trends between homicide rates and drug related activities in Colombia can be echoed via statistics relevant to Peru. As coca cultivation declined significantly in the 1990s, terrorist incidents (mostly associated with that of the Shining Path) declined drastically.

Not only did the security threat diminish, but Peru began to see drastic economic development. In Peru, GDP rose by 4% per year between the period of 1990-2000, resulting in more growth than the 3.3% growth of the entire CELAC region itself.

Though the achievements of Peru can be noted, terrorist groups, such as the Shining Path in Peru, are still active groups which launch sporadic attacks, notably in regions that produce cocaine.

Similarly in Colombia, armed terrorist groups were present in 79% of the towns where coca was cultivated, whereas the proportion was a mere 27% in non-coca growing areas. Additionally, government research suggests that more than 15% of

former members of the dismembered AUC have regrouped to become a full time cocaine trafficking organization that look to collaborate with other similar organizations.

GUIDED QUESTIONS

- What laws have they passed to support positions on drug trade and usage?
What do these laws intend to accomplish?
- How can judicial systems and law enforcement agencies be improved to prevent cocaine trade?
- What history does your country have with drugs and the drug trade?
- Which countries in CELAC share your positions?
- What nations outside of the CELAC region may offer help when considering a solution?
- How can CLACS and other UN bodies work together to combat illegal drug trade?

FURTHER READING

- <https://www.fas.org/sgp/crs/row/R41215.pdf>
- http://fpif.org/colombias_role_in_international_drug_industry/
- <http://origins.osu.edu/article/shifting-terrain-latin-american-drug-trafficking>

TOPIC 2

ADOLESCENT PREGNANCY

TOPIC INTRO

Each year, around 16 million girls, ages 15-19, give birth, accounting for 11% of the world wide births. Low and middle-income countries are the sources of these births, making up 95% of adolescent pregnancies, while 18% of these births occur in Latin America and the Caribbean, making the problem an apparent one. Adolescent pregnancy rates have a direct tie with a woman's level of education, yet a more multi-faceted approach is necessary in order to combat the problem.

Adolescent pregnancy, for both the mother and the child, is dangerous. According to the World Health Organization, the risk of a mother dying is four times higher for a mother under 16 than other ages. During the pregnancy itself, adolescents are more likely to suffer from negative outcomes such as malaria, HIV, anaemia, and other sexually transmitted infections, as well as depression and mental complications that contribute to the growth of widespread concerns. Additionally, as many women see themselves unfit to mother a child due to financial or extraneous circumstances, the controversial subject of abortions is necessary to address. With roughly 2.5 million adolescents having unsafe abortions every year, unsafe medical treatment could easily damage the well being of the mother. Additionally, according to the WHO, the rates of premature birth, low birth weight, and asphyxia are higher among children born to adolescent mothers who are more likely to engage in the use of alcohol and tobacco.

Aside from evident health consequences, adolescent pregnancies largely affect an entire community as women have to abandon education to support their child, therefore affecting the rights of women and their respective families and communities. Ultimately, the increased number of adolescent pregnancies have a direct tie to low-income and economic consequences as well as social struggle.

While the rates of adolescent childbearing have declined significantly over the past two to three decades, the average age of marriage is increasing, and the use of contraceptives is becoming more common on a global scale, low education levels are still widely associated with adolescent childbearing. While education is significant when approaching this topic, a more multi-faceted approach to decrease the rates of adolescent pregnancy will result in an increase of women's rights as well as increased health conditions.

HISTORY

Ever since the 1970s, the fertility rate in the Latin American and Caribbean (LAC) region has been decreasing due to changes in gender roles, social norms, and medical advancements. However, beginning in the 1980s, the rate of adolescent pregnancies started to increase. UNICEF reports on a census taken in 1990 and 2000, which shows that only 4 out of the 16 LAC countries surveyed reported a clear decrease in adolescent pregnancies.

While the rate of adolescent pregnancy is now declining, the LAC region is the second slowest region in the world, behind the East Asia and Pacific region, for the decrease in adolescent pregnancy from 1997 to 2010. Globally, the rate of adolescent pregnancy reduced by 1.6%, South Asia reduced by 2.7%, but the LAC region only reduced by 1.25%. One cause of the LAC region's problem in the slow decrease of adolescent pregnancy could be linked to the fact that almost all of the LAC countries are within the top fifty countries with the highest adolescent pregnancy rate, as reported by the World Development Indicators (WDI) in a 2010 report.

The WDI does not have information regarding this topic before 1997, but the Demographic and Health Surveys (DHS) did report on this subject as early as 1990. They surveyed 59 countries from 1990 to 2002 and discovered that Brazil, Colombia, and the Dominican Republic reported a rise in adolescent pregnancy.

The 2008 Nicaragua Poverty Assessment study reported that nearly one in four pregnant women was between the ages of 15 and 19. While most studies regarding adolescent pregnancy focus on the age group of 15-19 year old, the 2010 Census of Ecuador examined girls ages 10-14 and reported that 1% of girls in that age range bore a child. The rate of adolescent pregnancy may be decreasing with girls age 15-19, but for girls ages 10-14, the pregnancy rate has been on the rise over the past ten years.

Though adolescent pregnancy rates are decreasing in the region, this is not the case for individual countries. For instance, in Uruguay and Argentina, the adolescent birth rate (ABR) is now higher than it was in the 1960s. According to a document depicting a meeting of the United Nations Expert Group discussing Adolescents, Youth, and Development, Costa Rica has been the only country to have ABR decline at a somewhat steady pace. A suggested cause for increasing Adolescent Birth Rates could be the increase of adolescents engaging in sexual behavior at a young age. Data published by the UN indicated that the engagement in sexual behavior has increased greatly from the 1990s to the 2000s.

The United Nations Population Division has taken into account the slow decrease of adolescent pregnancies in the LAC region. They have predicted that between 2020 and 2100, the rate of adolescent pregnancy will stay steady due to no clear decrease in recent history. The LAC region is the only region to not decrease with in that time period, leaving all other nations decreasing and staying at a very low percentage (5%-30%), while the LAC region is predicted to stay around 60%-65% for

those years. While the ABR is decreasing worldwide, the LAC region has the least promising future regarding adolescent pregnancy rate, due to an unhopeful past.

PAST UN ACTION

Many organizations strive to reduce the rate of adolescent pregnancies including The United Nations Population Fund (UNFPA). UNFPA has worked with many governments, youth-led organizations, and civil societies to assist in decreasing adolescent pregnancy. UNFPA has reached out to many communities with a high adolescent pregnancy rate and assisted them with programs to help end child marriage and provide girls an opportunity to feel empowered. Other programs that the UNFPA has extended to countries in need include information regarding sexual and reproductive health and services and counseling to youth.

The Caribbean Community (CARICOM) has worked with the fund to create a method to reduce adolescent pregnancy. Along with CARICOM, the fund has developed The Action for Adolescent Girls programme. This programme spreads information regarding sexual and reproductive health, adolescent pregnancy, human rights, and child marriage to girls and communities in Guatemala and seven African countries.

Since the UNFPA cannot do their work alone, they have partnered with The World Health Organization (WHO) and developed guidance regarding *Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*. This publication was developed with research and discussion with people in this line of work, like health-workers. The guidelines contain research based steps a country can take to reducing adolescent pregnancy. With these guidelines, six main objectives are trying to be met: "reducing marriage before the age of 18, creating understanding and support to reduce pregnancy before the age of 20; increasing the use of contraception by adolescents at risk of unintended pregnancy; reducing coerced sex among adolescents; reducing unsafe abortion among adolescents; and increasing the use of skilled antenatal, childbirth and postnatal care among adolescents" (WHO Adolescent Pregnancy Fact Sheet). In addition to the objectives, the guidelines also call for more research to take place regarding adolescent pregnancy.

Along with guidelines, WHO has also set into place a resolution addressing adolescent pregnancy. The resolution was adopted in May of 2011, and urges all of the Member States to increase their actions on improving adolescent health. Distinct measures include "reviewing and revising policies to protect young people from early childbearing; providing access to contraception and reproductive health care services; and promoting access to accurate information on sexual and reproductive health" (WHO Adolescent Pregnancy Fact Sheet).

While WHO, individuality, has taken part in many efforts to reduce adolescent pregnancy, they have also worked with initiatives like the 4H+. Organizations including UNAIDS, UNFPA, UNICEF, UN Women and the World Bank assist in the 4H+ initiative which aims to complete Millennium Goal 4 and 5, reducing child mortality and improving maternal health. Along with aiming to complete the Millennium Goals, they also strive to help with gender equality, female education, and child marriage. H4+ has worked closely with national health plans and has provided some support to governments of countries in need of help with controlling their adolescent pregnancy rate.

CURRENT SITUATION

ZIKA VIRUS IN SOUTH AMERICA

In 2015, the Zika virus Latin America has some of the strictest abortion policies of the world. With the 2015 outbreak of the Zika virus in Brazil, many women reported giving birth to microcephalic babies. Many Latin American women, especially adolescent mothers, do not have the economic resources to support disabled offspring. In the midst of the outbreak, the UN has called upon Latin American countries with strict abortion laws to loosen restrictions on abortion in order to secure the safety of pregnant women. The governments of Brazil, and other conservative standing Latin American countries, state that they do not intend to loosen abortion policies. In particular, Brazil tightened restrictions, sentencing women that have sought illegal abortions to up five years in prison. For women in anti-abortion countries, an opportunity has arisen to lobby for looser abortion laws and better reproductive health services. However, citizens supporting anti-abortion policies also see the Zika outbreak as a time to assert abortion policies.

INTER-AMERICAN DEVELOPMENT BANK PREGNANCY STUDY

The Inter-American Development Bank (IDB) conducted a new study on pregnancy in Latin America. The study sought to document the exact reasons Latin American adolescents are becoming pregnant at the highest rates in the world. Quantities data was collected primarily through interviews conducted in Paraguay and Peru, of the which have some of the highest rates within Latin America. Previous studies conducted by the IDB in multiple Latin American countries show that 80% of women who have children as adolescents drop out of school, compared to only 25% who do not have children. Equipped with these statistics, IDB found that many adolescent women sought pregnancy as a way to avoid education. In the 110 women interviewed, 38 had given birth as an adolescent. Of those adolescent mothers, nearly all said they had sought pregnancy as a way to avoid schooling, since they did not believe that education was an effective means of improving their quality of life. Most women have no expectations to better their lives, or to be any different than their

parents. It was found that the women viewed pregnancy not as a hindrance to their path, but a catalyst to accelerate them to adulthood.

BLOC POSITIONS

CARIBBEAN REGION

The problem of adolescent pregnancy in the Caribbean Region greatly affects the health of the young girls giving birth. Due to the poor economic state of the Caribbean nation, public health is not ideal to begin with. An estimated 70,000 adolescents in developing countries die due to complication during childbirth or pregnancy. While the governments are concerned by the economic consequences and the population growth, the Caribbean is most concerned about the withering access to good health care for young moms. Various United Nations reports have called for adequate health care, but most developing Caribbean counties can not afford this.

MEXICO AND THE CENTRAL AMERICAN REGION

While Central America remains the poorest region the Latin America with 16.4% of the population living “extremely poorly,” the adolescent pregnancy rate has not helped to increase the economic state. UNICEF reports that early pregnancy is one of the key factors into a life of poverty or increased poverty. The Millennium Development Goals includes a goal to terminate extreme hunger and poverty, which adolescent pregnancy prevents due to it putting many young mothers into poverty. The Mexico and Central American Region have had a hard time fighting this domino effect, due to the government's own economic state.

SOUTH AMERICAN REGION

While 64% of women in the Caribbean Region have unintended pregnancies, their main worry is the health once the mother gives birth, but in South America their 62% of unplanned pregnancies are their biggest issue. The amount of unplanned pregnancies directly relates to the accessibility to sexual and reproductive education. Many governments of the South American countries do not see educating children on this is more important than math or science but South America continues to focus on spreading sexual and reproductive health education, not just the concept of abstinence in their effort to decrease adolescent pregnancy.

CASE STUDIES

COMPREHENSIVE APPROACHES

The 19688th law of Chile, enacted in 2000 and titled the Protection Act for Adolescent Mothers and Pregnant Women offers and protects the basic human rights of women that may struggle to continue education. The Act states that pregnancy and motherhood cannot restrict a woman's enrollment and participation in twelve years of school, including secondary education. According to the law, it is the duty of the State to protect school attendance by teen mothers and offer necessary academic accommodations. Additionally, the State must monitor institutions and their susceptibility to discriminate against teens in motherhood. Chile's acknowledgement of the linkage between education and teenage pregnancy is one that should be commemorated.

In Guatemala, Mayan girls are considered the most disadvantaged in the nation, often facing extreme poverty, social isolation, restricted education, and high fertility rates. Globally, the women of Guatemala marry younger than the region's average. Beginning in 2004, UNICEF, UNFPA, and UN Women looked to protect the civil rights of Mayan women by implementing a project that offered networking for Mayan girls aged 8 to 18 living in rural areas. The program, called Abriendo Oportunidades, supported community programs that initiated the developments of life and leadership skills. The program faced major successes as 100% of Mayan girls in the program finished the sixth grade, outdoing the national average by 20%. The program has seen recent expansion into local communities.

PUBLIC POLICY IN LATIN AMERICA

Governments in the region recognize how adolescent pregnancy of women under the age of 20 can largely affect the health of young women. As a result, steps have been taken to prevent teenage pregnancies for girls aged 15 to 19, though major complications are most prominent in girls under the age of 14. Despite government recognition, however, teenage pregnancies have not received adequate financial responses and recognition in the areas of health and education. While there is no clear effective solution to this problem, a variety of methods for intervention have been adopted.

In Nicaragua, 43 municipalities have formed homes for Adolescents and Youth (CAMAJ) to address issues around sexual and reproductive health. CAMAJ forms a peer education program with local support and training as well as a play-based and bio dance methodology. Youth undergo training in order to teach and work with their peers. Thus, the youth gain credibility and educational opportunities.

The Pan American Health Organization in Argentina (PAHO) and the Ministry of Health created an initiative called "Care Program for Teenage Mothers" (Proama) that

takes a multifaceted and interdisciplinary approach over a three year period to focus on the prevention of Sexually Transmitted Infections and second pregnancies.

The Duitama health center in Colombia offers health services for over 600 adolescents, including sexual and reproductive health and psychotherapy. The program focuses on the communication aspect and healthy healing. Workshops, forums, and discussions on responsible sexuality, gender-based violence, and substance abuse offer educational opportunities for adolescent women and men.

GUIDED QUESTIONS

- How can help and assistance be brought to pregnant adolescents in rural areas?
- While distributing birth control methods may be an option for some girls, what other innovative methods can be used for girls with religious or cultural conflicts?
- How can organizations help fight stereotypes regarding adolescent pregnancy, such as race and family history?
- In what ways can organizations help protect pregnant adolescents from environmental health risks, like diseases or water and food quality?
- How can the necessary doctor's visits for a pregnant adolescent be achieved with the shortage of health care providers in many LAC countries?

FURTHER READING

- https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf
- <http://www.coха.org/why-is-guatemala-s-teen-pregnancy-rate-so-high/>
- http://www.figo.org/sites/default/files/uploads/project-publications/ASRH/MDG5_and_ASRH.pdf

SOURCES

TOPIC 1

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<https://www.unodc.org/unodc/en/drug-trafficking/mexico-central-america-and-the-caribbean.html>

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<http://www.drugpolicy.org/drug-trafficking-latin-america>
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TOPIC 2

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