KINGMUN 2019

BACKGROUND GUIDE

UN WOMEN

Director: Charlotte Gunn

Chair: Maya Bar

Assistant Director: Van Monday

TABLE OF CONTENTS

UN WOMEN

KINGMUN 2019

DIRECTOR'S LETTER

Dear Delegates,

Welcome to King County Model United Nations 2019 and the United Nations Entity for Gender Equality and the Empowerment of Women! My name is Charlotte Gunn, and I will be directing this committee with the help of my wonderful dais members- Van Monday, my Chair; and Maya Bar, my Assistant Director. I am ecstatic to be directing such an important committee during this era of political turmoil and societal change.

UN Women is a critical committee that discusses issues that influence the entire world. The issues that we have chosen to discuss at KINGMUN 2019 are both extremely important to bring awareness to, and very close to my heart. Domestic violence affects almost 1 in 4 women in the United States, and absolutely needs to be dealt with and have awareness brought to it. Maternal and infant health care is very dear to my heart because I am going to become a nurse and eventually a midwife, which makes me very passionate about the topic. Everyone deserves an equal start in life, and mothers need to be supported while they deal with an incredibly difficult time in their lives.

I hope that this committee can make sound decisions, work together well, and create resolutions that will allow for lasting changes in these critical issues. I am looking forward to KINGMUN 2019, and I wish you the best of luck in your preparations.

Sincerely,
Charlotte Gunn
Director | United Nations Entity for Gender Equality and the Empowerment of Women

Committee Overview

In 2010, the United Nations General Assembly created the United Nations Entity for Gender Equality and the Empowerment of Women. Through this, United Nations member states took an historic and gigantic step in accelerating the United Nations' goals on gender equality and the empowerment of women. The creation of UN Women was part of the United Nations 2010 reform agenda. UN Women merges and builds on the critical work of four previously individual parts of the United Nations, which focused exclusively on gender equality and women's empowerment: Division for the Advancement of Women (DAW), International Research and Training Institute for the Advancement of Women (INSTRAW), Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI), and lastly, United Nations Development Fund for Women (UNIFEM).

UN Women was established to accelerate progress on meeting women's needs globally. UN Women aids member states as they promote standards to achieve gender equality and works with governments and societies to design laws, policies, programs, and services needed to ensure that equality standards are implemented effectively and benefit women and girls.

The committee stands behind women's equal participation in every aspect of life, focusing on four strategic points to help obtain equal rights. The first point is women leading, participating in, and benefitting equally from governance systems. Secondly, UN Women promotes income security, decent work, and economic autonomy for women. Third, UN Women believes all women and girls should live a life free from violence. Lastly, UN Women works towards allowing women and girls to contribute to and have influence in the support of humanitarian action and building sustainability while benefiting equally from the prevention of natural disasters and conflicts.

Delegates must submit position papers in order to be considered for an award. Those who recognize the value of position papers will not only be the most successful during debate, but will also be more able to form new and creative solutions grounded in reality. Each position paper will contain one page for each topic and should address the background of the issue while considering past UN and country actions, its relevance to the UNESCO and the global community, the significance in the delegate's assigned country, and possible solutions. Citations must be included, but the works cited does not count toward the page limit. Citations may be formatted in whatever manner delegates would like. Position Papers are due by April 21st at 11:59 p.m. Please submit them to unwomen@kingmun.org with your name, country, and "position paper" in the subject line.

Topic A: Education for Preventative Measures against Domestic Violence

Topic Introduction

Domestic violence has been a prevalent issue concerning all corners of the globe for many years. One out of every three women worldwide has experienced physical or sexual violence at least once in her lifetime. The ramifications of abuse and violence are linked to depression and multiple anxiety disorders, as well as posing risks of severe injury and death. In some regions of the world, cultural stigma prevents acknowledgement of violence, and prevents victims from accessing the medical and legal resources they need to recover. In others, governments lack the legal infrastructure to promote effective reporting, slowing the justice process and giving abusers chances to locate more victims. This topic is imperative to discuss in the era of the #MeToo movement and at a time where more women in government give allies to those in need of a voice.

History

Socially sanctioned violence against women has been persistent since ancient times, reinforced by centuries of patriarchy and gender-inequality. The first large movement to eliminate domestic violence was in the mid-1800's. Prior to this time, most legal systems viewed wife beating as a valid exercise of a husband's authority over his wife's. This movement led to changes in both popular opinion and legislation regarding domestic violence around the globe. In 1850, Tennessee became the first state in the United States to explicitly outlaw wife beating, with other states soon following. By the end of the 1870s, most courts in the United States had rejected a claimed right of husbands to physically discipline their wives. In 1878, the UK Matrimonial Causes Act made it possible for women in the UK to seek legal separation from an abusive husband.

However, these domestic violence laws were not always effectively enforced until the feminist movement of the 1960's started bringing these problems to the attention of the media. The popular opinion on domestic violence began to sway in favor of strong enforcement of domestic violence laws, with multiple international and national organizations created to target law shortcomings and helping women escape abusive relationships. In 2011, the Istanbul Convention became the first legally binding instrument in Europe dealing with domestic violence; the convention sought to put an end to the toleration, in law or in practice, of violence against women.

Over time, as gender equality became more prevalent in societal norms, more women have began speaking up and reporting cases of domestic violence to law authorities. Unfortunately, the case wasn't the same in areas heavily influenced by cultural stigma against victims. Domestic violence is poorly understood in areas such as South America, Southeast Asia, and the Middle East partly due to societal norms where the wife must submit herself to the husband. Some countries lack laws against acts of violence towards women, or require onerous burdens of proof where a case can be dismissed if women were deemed to have "aggravated" or "provoked" the abuser. Even when countries legally outlaw domestic violence, in practice the cultural stigma against those who speak out against their abusers often prevents victims from seeing legal or medical assistance. Additionally, women in rural areas and of lower incomes are disproportionately affected due to lack of access to legal representation or lack of options outside of an abusive relationship.

Modern society has come a long way from the apathy towards lack of and inadequate legal protection of women. But in many developing nations and countries with strongly entrenched cultural stigmas, these laws aren't being created or enforced. While much progress has been made, there is still wrought to be done to end domestic violence globally.

Past Action

The United Nations has marked domestic violence as an obstacle to the achievement of equality, and eradicating domestic violence is one of the United Nation's top priorities. One of the most comprehensive resolutions ratified by the United Nations has been the 1948 Universal Declaration on Human Rights, in which Article 3 identifies domestic violence as a human rights issue. However, while the Universal Declaration on Human Rights has been adopted by many member states, it is not binding and thus the United Nations cannot trust that it will be enforced.

Since then, the United Nations has issued multiple declarations pertaining to domestic violence as the issue gains more prominence in international discussion. The Declaration of Elimination of Violence Against Women was adopted by the General Assembly in 1993 and establishes a comprehensive set of standards in international law for the protection of women. But while it encourages nations to establish support networks for women, the Declaration lacks specifics on which support networks should be established and how nations (especially developing nations) should go about ensuring they are available for victims of domestic violence.

The United Nations has additionally published a series of resolutions on the "Intensification of Efforts to Eliminate All Forms of Violence Against Women", "Elimination of All Forms of Violence, Including Crimes Against Women", and an "In-Depth Study of All Forms of Violence Against Women". Furthermore, the United Nations Human Rights Council has also passed several resolutions on eliminating discrimination and violence against women.

Yet many of these resolutions have failed to make a comprehensive enough outline regarding support networks for women and education regarding domestic violence. While it has been universally acknowledged that legal pathways to justice for abusers should be implemented, and those agreements have been successful as harmful stigmas have been eradicated, preventative measures such as education are not often discussed. Additionally, once women escape domestic violence, they lack support systems to enable them to access emotional and financial support while they heal from their abuse.

Current Situation

Domestic violence is a rampant issue ever more apparent in a world controlled by fast-moving internet and social media. Women across the world are subjected to physical, sexual, and psychological violence, regardless of their income, age or education. Thanks to the growth of the victims' rights movement, as well as the lobbying of millions of advocates around the globe, we now know how common domestic violence really is. On average, nearly 20 people per minute are physically abused by an intimate partner in the United States; for one year this equates to more than 10 million women and men in the U.S. alone.

Sociologists argue that gender roles and a culture of aggression have ingrained domestic violence into modern-day society. While the sheer scale of domestic violence has made it straightforward for law enforcement and health professionals to focus on short-term responses, it is vital to tackle domestic violence at its roots of gender inequality. Today, many programs exist to educate children and adults alike about the dangers and prevention of domestic violence. These programs range from regional, national, to international programs that aim to prevent domestic violence through education and spreading awareness of the issue. However, populations in rural or underdeveloped areas often lack access to these programs, and face greater risk of domestic violence.

While many countries worldwide have enacted legislation regarding domestic violence, it is ineffective and not well enforced. In the majority of countries, less than 40% of the women who experienced violence sought help, and among those who did, most looked to family and friends as opposed to police and health services. This reflects the lack of government-funded support programs for women and the mistrust of authority that promotes women's reluctance to seek help. Additionally, more than 125 million women alive today have been subjected to female genital mutilation across countries in Africa and the Middle East, where this specific form of violence is prevalent. Often, the husbands of women view genital mutilation as a boon to a wife, or even necessary for marriage, directly condoning or sometimes even causing this violence. While recent data shows that this harmful practice is declining, it still remains commonplace in a number of countries, with overall prevalence rates of over 80% on average.

There are a growing number of domestic violence studies that observe the effectiveness of prevention and response programs. More resources are needed to strengthen the prevention of and response to intimate partner and sexual violence, including primary prevention – stopping it from happening in the first place.

In high-income countries, advocacy and counseling interventions to improve access to services for survivors are effective in reducing violence. Programs that involve home health visits also show a reduction in intimate partner violence. However, these solutions are costly and have yet to be tested in less developed nations. In poorer areas, several prevention strategies have been shown to be promising. Empowering women economically and socially through a combination of microfinance and skills training related to gender equality, promoting communication and relationship skills within couples and communities, reducing access to alcohol and the harmful use of alcohol, and lastly, changing harmful gender and social norms through community building and community-based education have been shown to decrease domestic violence by eradicating gender equality and harmful societal practices that normalize and condone domestic violence.

Bloc Positions

Bloc One: High Quality of Reporting

Countries with high levels and opportunities for the reporting of domestic violence include high income countries such as Europe, North America, and Australia. These countries have the widespread technologies and infrastructure to create and implement reliable systems for domestic violence reporting. These nations have relatively efficient legislative systems and a high sense of justice by the judicial system. These nations can focus on reducing the stigma surrounding domestic violence, and have the means to do so. Additionally, they can provide additional support for victims of domestic violence by providing greater support to victims' shelters & rehabilitation programs. These nations can be international leaders, and help to both encourage and support nations with issues that prevent them from proper systematic protocols.

Bloc Two: Lack of Infrastructure Preventing Accurate Reporting

Countries with the lack of infrastructure and funds to create accurate reporting systems include countries in Central and South America, Africa, and Asia. These nations either do not have the monetary funds needed to create a systematic approach of reporting, or do not have the judicial/governmental organization to do so. Additionally, they may have an inefficient legal system that exposes other women to abusers before they are sentenced. These countries will need to think outside of the box on solutions, and focus especially on prevention of domestic violence, targeting it with economical solutions at the root of the issue. Education and the

advancement of access to employment opportunities for women should be made priorities.

Bloc Three: Cultural Stigma Preventing Accurate Reporting

Countries with cultural and religious reasons that often prevent the reporting of domestic violence are often nations in the Middle East, Northern Africa, and Southeast Asia. These nations will face incredible difficulties when aiming to improve systematic preventions of domestic violence due to the stigma victims face when they report their abusers. These nations will have to be incredibly creative while making solutions, and especially attentive while creating educational solutions, so they will not upset the deep cultural values of their nations. Extreme precaution will need to be taken while implementing new systems of domestic violence prevention, so as not to disturb family values and cultural expectations.

Case Studies

In 2008, the Saudi prime minister ordered the expansion of “social protection units” (women’s shelters) in several Saudi cities and the drafting of a national strategy to deal with domestic violence. In 2013, Saudi Arabia launched its first major effort against domestic violence, the "No More Abuse" ad campaign. That August, the Saudi cabinet approved a law-making domestic violence a criminal offence for the first time, calling for a punishment of up to a year in prison and a fine of up to $13,000. The law criminalizes psychological, sexual, and physical abuse, and was welcomed by Saudi women's rights activists. But concerns arose that without new training for the judiciary and the elimination of male guardianship to allow for prosecution, the law could not be implemented successfully. The concept of male guardianship in Saudi Arabia is a prominent issue that the many international organizations have been working to solve. Male guardianship requires a woman to have a male guardian present to make significant decisions; this lack of autonomy not only maintains the high level of domestic violence still present in the region but is a form of domestic violence. This system of guardianship results in a fully-grown woman being treated as a minor with minimal or no power over her own life. These types of restrictions include travelling, marriage, day-to-day transactions, and exercise of legal capacity.

Guiding Questions

1. What legislation and laws does your country have in place surrounding domestic violence?
2. What sort of reporting systems are in place in your country? Are they effective?
3. What education, if any, is provided to the general public on domestic violence?

4. What sort of protections, if any, are provided in your country for survivors of domestic violence?

Additional Resources

Universal Declaration on Human Rights; Article 3 addresses domestic violence. (https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf)

1993 General Assembly "Declaration on the Elimination of Violence against Women." (http://www.unhchr.ch/huridocda/huridoca.nsf/%28Symbol%29/A.RES.48.104.En?Opendocument)

2004 General Assembly resolution on the "Elimination of Domestic Violence Against Women" (http://www.undemocracy.com/A-RES-58-147.pdf)

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Topic B: Improving Quality of Maternal and Infant Healthcare

Topic Introduction

The issues of healthcare for mothers and their children plague an unimaginable amount of women worldwide- nearly 1,000 women die every day from preventable causes related to pregnancy and childbirth. 99 percent of these deaths occur in developing countries, and that within those countries the maternal mortality rate is markedly increased for those women living in rural or poor communities. In developing and underdeveloped nations, many of these issues stem from a lack of access to quality healthcare in general, and especially healthcare during labor. Complications that are easily treatable for women in developed nations with access to prenatal care are often not recognized, as hospitals may lack the infrastructure or personnel required to provide prenatal care. In this committee, it is of the utmost importance that delegates discuss and organize to improve the healthcare of mothers and infants across the globe.

History

The issue of childbirth and maternal healthcare is, in the grand scheme of human history, the best it has ever been, as the cost barrier for proper care is being continuously lowered along with medical technology advancing. In the 15th century, many young women, upon discovering their pregnancy, would immediately write their wills. Into the 1700s, mortality rates for mothers remained around 2 percent per childbirth, meaning that a woman who became pregnant five times (which was not uncommon) would have a 10 percent risk of dying during childbirth.

In addition, infant mortality rates hovered around 20 percent before age five, and for African-American slaves it was more than doubled. The germ theory of communicable diseases had not yet been discovered, and in maternity wards, doctors would deliver multiple children without washing their hands, leading to the increased transmission of preventable diseases to the most vulnerable. Anaesthetics were developed in the late 19th century and made childbirth less painful but no less dangerous.

Currently, however, with the increased knowledge and access to safe materials, childbirth (and the periods before and after) is relatively safe, though it does suffer in areas where income and access to resources are lower. Globally, rural women and women in underdeveloped areas still have less access to appropriate medical care, and have mother and infant mortality rates much higher than developed countries.

Though rates are slowly decreasing, intergovernmental entities such as the United Nations have an important role to play in saving the lives of mothers and children globally.

Past Action

Though the issue is still highly prevalent, maternal healthcare has improved by leaps and bounds in the past century. Between 1990 and 2015, maternal deaths were reduced by nearly half their previous rate. The current rate, at 0.216%, is still unacceptably high when many of those deaths are due to preventable diseases. In fact, the Millenium Development Goals (established in 1990) called for a reduction in maternal deaths of three-fourths, a target that almost all nations failed to meet, especially developing ones.

In recent years, though, the drive towards reducing these numbers and improving the quality of care has become increasingly present across all branches of the United Nations. For example, in 2011, the Human Rights Council adopted a groundbreaking series of recommendations that were co-sponsored by over 90 nations. The recommendations allowed modifications to a country's specific infrastructure and financial situation, enabling developing nations to have more freedom in improving maternal death rates and making progress more achievable for nations needing it most.

In addition, the United Nations General Assembly proposed the 2015 Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030, which would build off of the Sustainable Development goals in order to end all maternal deaths and improve postpartum quality of life for both mother and child. A main focus of the Strategy was the strengthening of fair and equal access to affordable and safe healthcare, in conjunction with improved reporting systems in order to better understand the problems the world currently faces.

Current Situation

Around 830 women die from pregnancy or childbirth-related complications around the world every day. In 2015, an estimate of roughly 303,000 women died during and after pregnancy and childbirth, 99% of these deaths occurred in low-resource settings, and most of them were preventable.

The high number of maternal deaths in some areas of the world illustrates inequities in access to health support and services, highlighting the gap between the rich and poor. The maternal mortality ratio in developing countries in 2015 is 240 deaths per 100,000 births versus 12 per 100,000 births in developed countries; 20 times higher in developing nations. More than half of deaths related to pregnancy and childbirth happen in sub-Saharan Africa and one third occur in South Asia.

There are many factors that affect maternal mortality rates globally. There are huge mortality disparities between countries, but also within individual nations. Economically, women with high and low incomes experience vastly different rates of maternal mortality, where women with a higher income are more able to afford better maternal care services. Location also has a critical effect on maternal mortality rates, women living in rural areas are at a much higher risk than women living in urban areas. Poor women living in remote areas are the least likely to receive adequate health care, making them the most likely to die during pregnancy or childbirth.

This disparity is especially true for regions in sub-Saharan Africa and South Asia, which lack skilled health workers or proper equipment for health professionals to work with mothers and children. Internationally, in 2015, births in the richest 20% of households were more than twice as likely to be assisted by skilled health professional than those in the poorest 20% of households; 89% versus 43%. This means that millions of births are not assisted by a midwife, doctor or nurse. In high-income countries, virtually all women have at least four prenatal care visits, and are helped by a skilled health worker during childbirth and receive postpartum care. However, in 2015, only 40% of all pregnant women in low-income countries received the recommended prenatal care visits, posing an increased risk for prenatal depression and delayed fetal development.

Bloc Positions

Bloc One: Low Mortality Rates

More developed nations have lower maternal and infant mortality rates than developing countries, including many European countries, the United States, and Canada. These nations will be focused more on aiming to improve the care currently offered, along with reducing rates of caesarean sections (which carry greater risk than vaginal birth) and improving the quality of care provided. These nations can help to aid mothers struggling with postpartum depression or other health conditions found after birth. These countries should also focus on reducing the disparities between care received by low versus high income women, and rural women as opposed to urban women. Countries with low mortality rates can help to provide guidance to countries with higher maternal mortality rates, and can be seen as leaders in the global sphere.

Bloc Two: Middling Mortality Rates

Nations with a median amount of maternal and infant mortality rates include much of Central and South America, the Middle East, Russia, and Northern Asia. These nations have vastly improved their maternal healthcare in the last decades, and are seeking to further advance their quality of services provided. These nations must continue to focus on providing assistance in rural areas, especially to low-

income women. Rural areas are often the last to receive adequate medical care, and a variety of solutions should be created to bring healthcare to less inhabited areas. These nations also have higher instances of young mothers, often in their teenage years. These nations should also find solutions to lower instances of teenage motherhood to prevent complications arising from teenage pregnancy.

Bloc Three: High Mortality Rates

Countries with high maternal and infant mortality rates include much of Africa, South Asia, and Southeast Asia, along with a few South and Central American nations. These nations are at a critical level of maternal and infant deaths, and often have many causes leading to these levels. These nations have the lowest quality of healthcare, and a majority of the population is in poverty. These nations are also often plagued by malnutrition and preventable diseases, many of which impact the lives of their children. These countries would benefit greatly from funding for hospital infrastructure and trained medical professionals.

Case Studies

Liberia has one of the highest global maternal death rates, with nearly 1,072 out of 100,000 mothers dying. This is mostly due to a severe lack of infrastructure and facilities in rural Liberian counties -- in many areas, there is no clinic at all. United Nations Women marked the nation as one of their critical global points to target and established a program in order to more effectively reach the Sustainable Development Goal of reducing maternal mortality rates to 70 deaths per 100,000 live births. To do so, UN Women established the H6 Joint Programme; along with five other related organizations and the Liberian federal government, UN Women would work to improve infrastructure across Liberia's most rural areas. Overall, they installed solar lighting in 26 health centers and 5 maternal waiting rooms--before, most nurses and midwives were forced to use cell phones and flashlights to perform night deliveries. In addition, the organizations trained 115 professionals on system maintenance, so that the lighting can remain intact for up to 15 years, with minimal care.

Infrastructure was not the only piece of the chain targeted by the H6 Joint Programme. Medical supplies, including X-ray machines and ventilators, were donated. As many of the medical workers were not trained traditionally, the Programme also performed the education of nearly 1,000 workers on how to use the new supplies, as well as proper preventive and promotive aspects of reproductive, maternal, infant, child, and adolescent health. Though it is relatively new (started in 2017), this proves immense promise for the improvement of maternal healthcare using clean energy. It also proves that the correct type of education for the correct people can go immensely far when attempting to improve the maternal healthcare system.

Guiding Questions

1. In what conditions do women give birth in in your country?
2. What quality of postnatal care is provided in your country?
3. What amount of maternal leave is provided in your country?
4. Is breastfeeding prevalent in your country?
5. What sort of education is provided surrounding infant care and breastfeeding?

Additional Resources

An article analyzing the prevalence of caesarean sections with maternal mortality:
https://jamanetwork.com/journals/jama/article-abstract/2473490

Analyzing preterm births and their effects:
https://www.scielosp.org/scielo.php?pid=S0042-96862010000100012&script=sci_arttext&tlng=es

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