UN WOMEN

Chair: Christina Mueller

Chair: Mye Makornwattana

USG:Victor Villalobos

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Letter From the Chair (Christina)

Dear UN Women Delegates,

My name is Christina Mueller and I am so excited to be serving as one of the Chairs of the UN Entity for Gender Equality and the Empowerment of Women (UN Women). I am a second year here at UC Berkeley majoring in Political Science with minors in Public Policy and History and am aspiring to attend law school after graduation and one day work to improve gender equity by re-tooling our country's legal frameworks.

I got involved in Model UN during my freshman year of high school and have been involved ever since. Motivated by a desire to learn more about international events and cultivate my public speaking skills, joining the program was one of the best decisions I have made. To honor my beloved MUN experiences, I strive to make the experience an educational and inviting one, while encouraging the competitive nature of an advanced double-delegate committee. UN Women is the global champion for gender equality and the empowerment of all women. Over the course of the conference, I urge you all to think critically about what it truly means to advocate for gender equality, and what it means to positively change the realities that many women around the world face every single day. The solutions to these problems are not simple and will require both compromise and creativity. As members of this committee, it is your duty to push for implementation, ensuring accountability and the involvement of women in conflict resolution. Above all, I hope all delegates walk away with positive memories of this committee and a sense of civic awareness. Please do not hesitate to reach out to Mye or myself as we are more than happy to assist you all throughout the duration of this conference.

Yours,

Christina Mueller

Letter From the Chair (Mye)

Dear Delegates,

My name is Mye Makornwattana, and I am elated to be serving as the Co-Chair of the UN Women committee at BearMUN 2023, which will debate topics I have been passionate about ever since I was a young girl: gender equality, human rights, healthcare and medicine, and female empowerment. I am initially from Thailand, and am currently a sophomore at UC Berkeley pursuing a degree in Molecular & Cell Biology on the pre-medical track. Back in highschool I, too, was a part of the Model UN team, and I have loved it ever since. MUN fostered my interest in policy, public health, and economics, and has been a driving force in my love for public speaking. Through this activity, my confidence, presence, and knowledge of global issues has grown immensely, and it is my goal to make BearMUN 2023 do the same for you. As a double delegate pair, you will harness and hone your ability to collaborate and create, and experience the fierce, thrilling edge of Model UN that can be challenging, but will be extremely fun and exciting.

As you navigate this committee, which will be discussing pressing real-world problems, I encourage you to consider your role as a delegate of your nation, lead with empathy, and stay true to your moral compass. Fighting for a cause means understanding what the issues mean to you: define what feminism means, contemplate how you can improve women's health in difficult to reach areas, and integrate this with the goal of being effective, inclusive, and considerate.

Together, I hope that this committee will leave you with a greater grasp of and passion for women's rights and healthcare, believe in your ability to effectuate change, feel inspired to speak up as a leader, and – most importantly – make the best of friends and memories.

See you all very soon, and good luck!

Mye Makornwattana

Topic : Promoting Sexual and Reproductive Health in Conflict Zones

Key Terms

a. Sexual and Reproductive Health (SRH): Having access to sexual and reproductive health consists of all matters pertaining to physical, mental, and social well-being in relation to the reproductive system. This comes with having freedom over their sex lives in regards to the capability to reproduce and if, when, and how to do so. Sexual satisfaction and safety are necessary for all women and this requires certain protective measures to be taken by their governing bodies. In the modern age, marginalized groups such as LGBTQ+ individuals, sex workers, people with disabilities, and migrants often face stigma, discrimination, and barriers to accessing sexual and reproductive healthcare services.

b. Family Planning: Having a say in family planning is a fundamental human right and crucial for women's empowerment. In developing regions, 218 million women who want to avoid pregnancy do not have access to family planning methods and resources. This ranges from having a lack of support from partners and communities or a simple lack of access to contraceptives and resources. Family planning is an important – and often overlooked aspect – of reproductive health. In order to live fulfilling lives, women must have complete control over their own bodies.

c. Sexually Transmitted Infections and Diseases (STIs and STDs): On average, a million people contract an STI or an STD every day, and without a diagnosis, those such as HIV or syphilis can be fatal. They can cause pregnancy complications, neonatal death, congenital infections, and even infertility and cervical cancer in women.

d. Adolescent reproductive health: Millions of adolescent girls around the world are vulnerable to human rights abuses that come in the form of unwanted sex and marriage, STIs such as HIV, unwanted pregnancies, and high-risk childbirth. There are far too many barriers for adolescents to reproductive health.

e. Comprehensive sexuality education: Access to quality comprehensive sexuality education provides young people with the knowledge that allows them to make knowledgeable decisions concerning their SRH. With programs based on human rights principles, sexual education can help advance gender equality and empower young women and girls. Proper sexuality education should include the importance of mutual consent, healthy relationships, and setting personal boundaries as well as information on the sexuality spectrum and sexually transmitted infections.

f. Antenatal, post-natal, and safe delivery care: 808 women die every day from very preventable childbirth. This number drastically decreases in communities in which women have access to emergency obstetric care and family planning services. It is recommended that women visit a doctor for at least four antenatal visits, in which they can develop a birth plan and check on the fetus's growth and development. For many women, this is their first exposure to the formal healthcare system, providing them with the opportunity to assess their own overall health. When birth occurs, safe delivery care is essential to protecting the mother from the major causes of maternal death: sepsis, hypertensive disorders, obstructed labor, and hemorrhage. Postnatal care tends to the mother and the newly born infant within 24 hours after she delivers, which is crucial to ensuring both of their survival post-birth.

Background

Political and international conflicts lead to population displacement, economic collapse, and severe disruptions in protective social systems that have a profound impact on the health and well-being of women and their children. Before 1994, providing sexual and reproductive health (SRH) services to populations affected by the crisis was not prominent on the international community's agenda. It was not until the Women's Refugee Commission and the International Conference on Population and Development (ICPD) brought attention to this dire need that reproductive health services started being seen as even remotely equivalent to other health services. Still, in the current age, women's health concerns are overlooked and stigmatized due to antiquated societal norms. In many countries, women's autonomy is actively under attack. Until every aspect of the female experience is regarded with the severity it deserves, women will not be able to obtain true fulfillment. It is crucial to note that women in zones of economic collapse are often the most in need of reproductive care services. Both developing and developed countries should realize their stake in reproductive healthcare as it affects the well-being of women everywhere.

Providing access to SRH for all women and girls needs to remain at the center of global development as there is a clear connection between reproductive health, sustainable development, and human rights. Without proper access in conflict zones, individuals are deprived of the basic right to make choices about their own futures and bodies, leading to a trickle-down effect on their financial welfare for generations to come. Both in and out of

conflict zones, women bear the responsibility of bearing and raising children– often against their will. Therefore, the denial of the right to sexual and reproductive health exacerbates gender inequality and poverty. A right to one's own body allows the possibility of working and earning and, therefore, self-sufficiency. Access to contraception and family planning services enables women to make choices about when and how many children they want to have. This empowers them to pursue education, careers, and other opportunities, contributing to gender equality and economic empowerment. Essentially, access to SRH is the first step on a path to female self-determination.

Focusing on women's rights – namely their healthcare – within the international community is not just a matter of justice and equality; it is a fundamental step toward creating a more inclusive, prosperous, and stable world. Women make up roughly half of the global population, and their empowerment has a ripple effect on every aspect of society. By prioritizing women's rights, we unlock the potential of millions of individuals who can contribute meaningfully to economic growth, social development, and technological advancement. Ensuring access to education, healthcare, and economic opportunities for women not only improves their quality of life but

also enhances the overall human capital of nations. Additionally, promoting gender equality fosters peace and security, as studies have shown that societies with greater gender equality tend to have lower levels of violence and conflict. By addressing gender-based discrimination and violence, the international community paves the way for a future where everyone can thrive without limitations based on their gender. In essence, championing women's rights is not just a moral imperative, but a strategic investment in a better and more sustainable world for all.

Women living in both conflict situations and camps for internationally displaced persons (IDPs) or refugees are highly vulnerable to sexual violence, poverty, and STIs such as HIV. A key factor is the disruption of access to basic sexual and reproductive health services. Losing access to these services means losing access to safe abortions, lifesaving obstetric care, and even safe delivery services. In order to properly meet the needs of women and girls of reproductive age in conflict zones, four main areas must be addressed by the international community: prenatal and postnatal care, family planning, access to safe abortions, and supporting supporters of gender-based violence. When addressing these issues, structural factors must be considered, such as a young woman’s lack of autonomy over her family planning choices. Absent the right to make choices, women are often forced to turn to unsafe abortions which can result in death or serious injury. Addressing this fact is vital in supporting women in receiving comprehensive reproductive care.

This is not simply an issue facing developing countries but developed ones as well. For example, the United States has recently witnessed the fall of *Roe v. Wade* – a Supreme Court Case that enshrined the right to abortion into law – and many states have launched other attacks on women's right to abortion and reproductive health since. Even in developed countries, there can be significant disparities in healthcare access based on socioeconomic status, race, ethnicity, and geographical location. This can lead to unequal access to reproductive health services, with marginalized communities facing barriers to quality care.

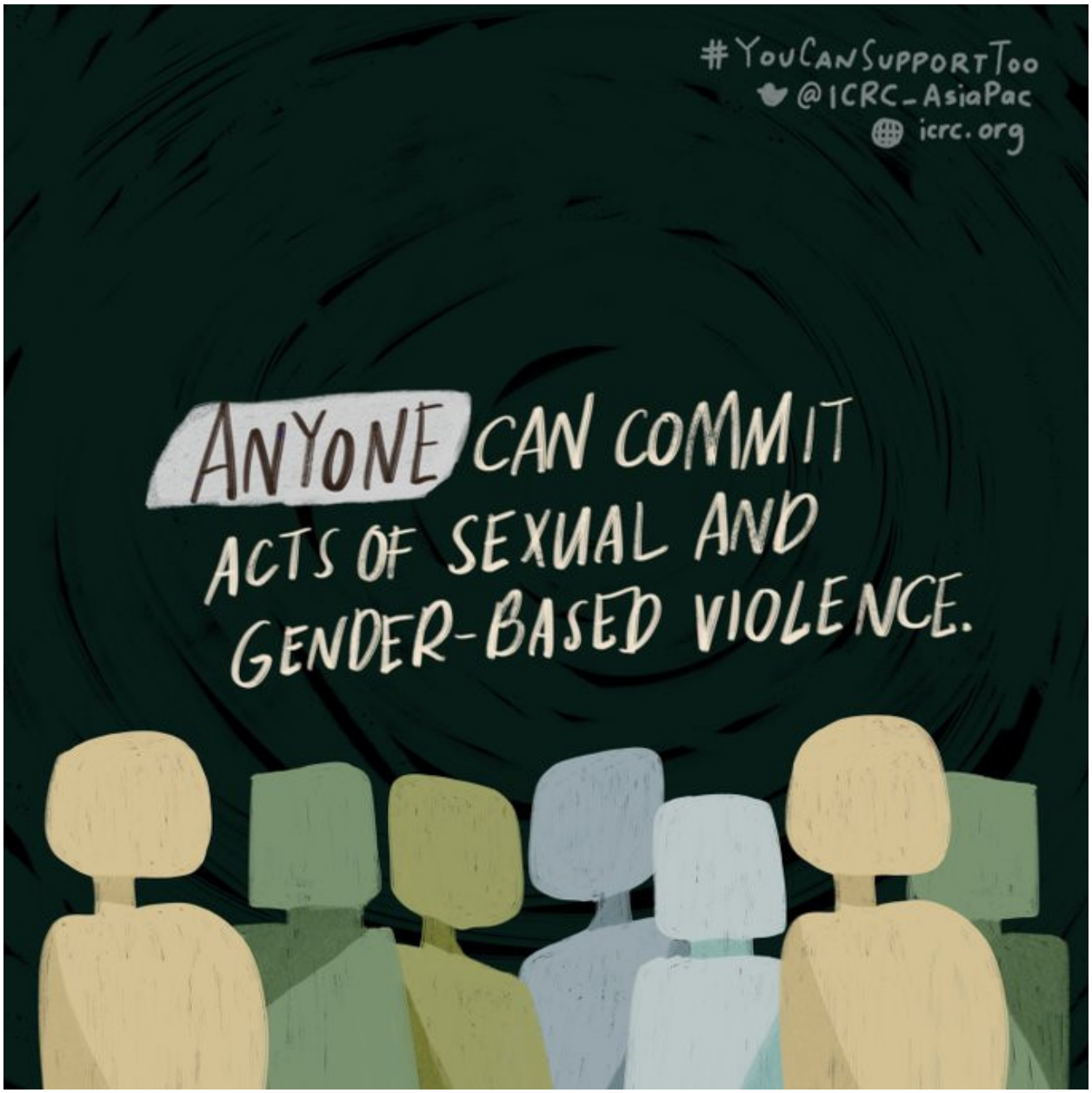
Also, the cost of reproductive health services, including fertility treatments and childbirth, can be exorbitant in developed countries with privatized healthcare systems. This can create financial barriers for individuals and couples seeking to start or expand their families. In conclusion, while developed countries often lead in terms of economic prosperity and social progress, they still grapple with complex issues related to reproductive justice. These challenges highlight the need for ongoing advocacy, policy reform, and education to ensure that everyone has the right to make informed decisions about their reproductive health, free from discrimination and barriers.

Recent Developments:

Iraq, 2007-2008

In the 2008 context of Iraqi refugees fleeing the war to Jordan, there were significant gaps in the prevention and treatment of sexual violence and survivors. In order to address the reproductive health needs of women and girls, the Women's Commission for Refugee Women and Children set on a field mission to camps in Amman, Jordan. At the time, these women and girls were victims of the fastest-growing refugee crisis in the international community, with 4.6 million people having been both internally and externally displaced in 2007. Of these people fleeing, women are commonly head of their households, having been widowed by the war; not only could not lawfully work as refugees, but they also had very limited access to reproductive health care services. Challenges met by humanitarian and UN actors included being prohibited by neighboring Jordan from providing aid in fear of refugees staying permanently.

In 2008, only one international agency, led by a Catholic nonprofit, was permitted by Jordan to provide minimal health services because it was already in the nation at the time of the conflict. Because of its religious mandates, it did not provide reproductive health services such as contraception for victims of sexual violence or care for women and girls who lacked marriage certification. The organization was protected by the World Health Organization's international guidelines that state religious organizations do not need to provide health services that break their religious mandates.



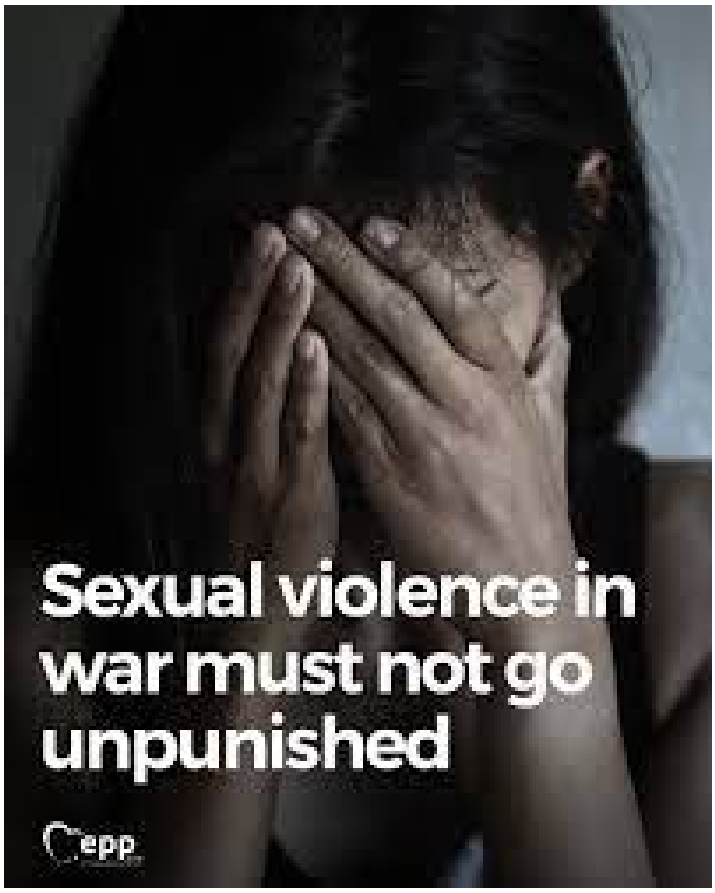
Eventually, however, the UN High Commissioner for Refugees (UNHCR), UN Population Fund (UNFPA), UNICEF, WHO, and World Food Programme launched an appeal of $84 million USD to fund all health care, including reproductive care for refugees residing in Egypt, Syria, and Jordan. In Syria, following the fall of Saddam Hussein's regime, Iraqi women faced an escalation of sexual violence in Baghdad. During the first few months of the US invasion, 400 refugee

women were raped and abducted, presumably sold into human trafficking. Because of the increased accounts of widows amongst the refugee populations, 15% were reported to have turned to sex work in exchange for financial support and protection for their families. From 2003 to 2008, 4000 women disappeared. Other women living in detention centers in Iraq faced systemic rape, murder, and other forms of sexual violence with little to no medical care for survivors. These tragic stories must be utilized by the international community to prevent other women from experiencing the same tragedies during times of conflict.

Mali, 2021

During the COVID-19 global pandemic, access to SRH services and care has significantly worsened. This could especially be seen in Mali in March 2021; 311,000 Malians were turned IDPs as the nation struggled to host 50,000 refugees from neighboring countries. 35% of the entire population was in dire need of humanitarian assistance, with 1.5 million women having faced gender-based violence and 1.8 million needing basic health care. Most individuals who have access to health care cannot afford SRH, and most healthcare facilities lack comprehensive sexual and reproductive resources. Funding for SRH care has easily been diverted towards pandemic relief by humanitarian organizations, while many reproductive health care specialists struggle to operate under pandemic travel restrictions. In Mali, the political situation is extremely fragile, making humanitarian aid for women and girls especially vulnerable. Currently, the interim government is reliant on the support of humanitarian organizations to provide healthcare services to its citizens and refugees. It is essential that UN

agencies and partners create long-term, effective funding policies that not only include SRH services but see them as equal to other kinds of health care. Civil society groups, especially those led by women, must be included in these conversations. With 85% of Malian women being victims, gender-based violence is a key issue in this region, but proper health care for its survivors is severely lacking. Treatment of female genital mutilation (FGM), domestic abuse, forced child marriage, forced child pregnancies, and rape all must be met with proper health care in order to prevent and combat lifelong damage, not high rates of stigma within their communities. Going forward, it is crucial to adopt a survivor-centered dialogue around women's health issues when it comes to sexual violence and sexual harassment. By affirming that women should not be blamed for being harassed, the international community can begin to devise progressive solutions to empower survivors and ameliorate gender-based violence. Religious leaders prevented legislation from outlawing violence against women in 2019, and with this being a major setback, survivors do not feel properly supported by the governments instilled to protect them.



Past International Involvement:

129 million people currently suffer from the need for humanitarian assistance, 25% percent of which are women and girls of reproductive age. With crisis comes the dissolution of public soft infrastructure, with sexual and reproductive health care typically being the first to go. Given the unprecedented added stressors on the international community in today's world and the sheer number of individuals who are in need of health care, it is essential that the global community not neglect to provide SRH in this global humanitarian crisis. The International Conference on Population and Development (ICPD) in 1994 and the Fourth World Conference on Women in 1995 clearly articulated for the first time the necessity of women having access to proper sexual and reproductive health services, more specifically: antenatal and prenatal care, safe abortion

where legal, treatment for sexually transmitted infections and diseases, and proper family planning services.

Additionally, international organizations and NGOs often work to influence policies and laws at the national and international levels to protect women's reproductive rights, access to contraception, and safe abortion. Non-state actors play a key role in women's health as they can conduct on-the-ground work and interact directly with those in need of better care. For example, the Global Fund for Women supports women's rights groups and initiatives around the world, including projects focused on sexual and reproductive health education, access to contraception, and advocacy for women's rights. When drafting potential policy proposals, delegates should consider how their goals can be met with the assistance of non-governmental organizations and transnational advocacy groups.

The sentiments to come out of the Fourth World Conference on Women in 1995 can best be articulated by Hillary Rodham Clinton, "*If there is one message that echoes forth from this conference, it is that human rights are women's rights - and women's rights are human rights once and for all*"

-Hillary Rodham Clinton, Forth World Conference on Women

These international agreements specified that IDP and refugee women must have these needs met as well by either their governments or international humanitarian aid. Importantly, it was also emphasized that all women have the right to be protected from all forms of coercion and violence during times of peace and times of violence, including but not limited to sexual coercion, rape, partner physical and sexual violence, and sexual exploitation. A problem facing all countries in the current age is sexual harassment. It is encouraged by the dias for delegates to collaborate on progressive solutions to bring attention to what qualifies as sexual harassment and

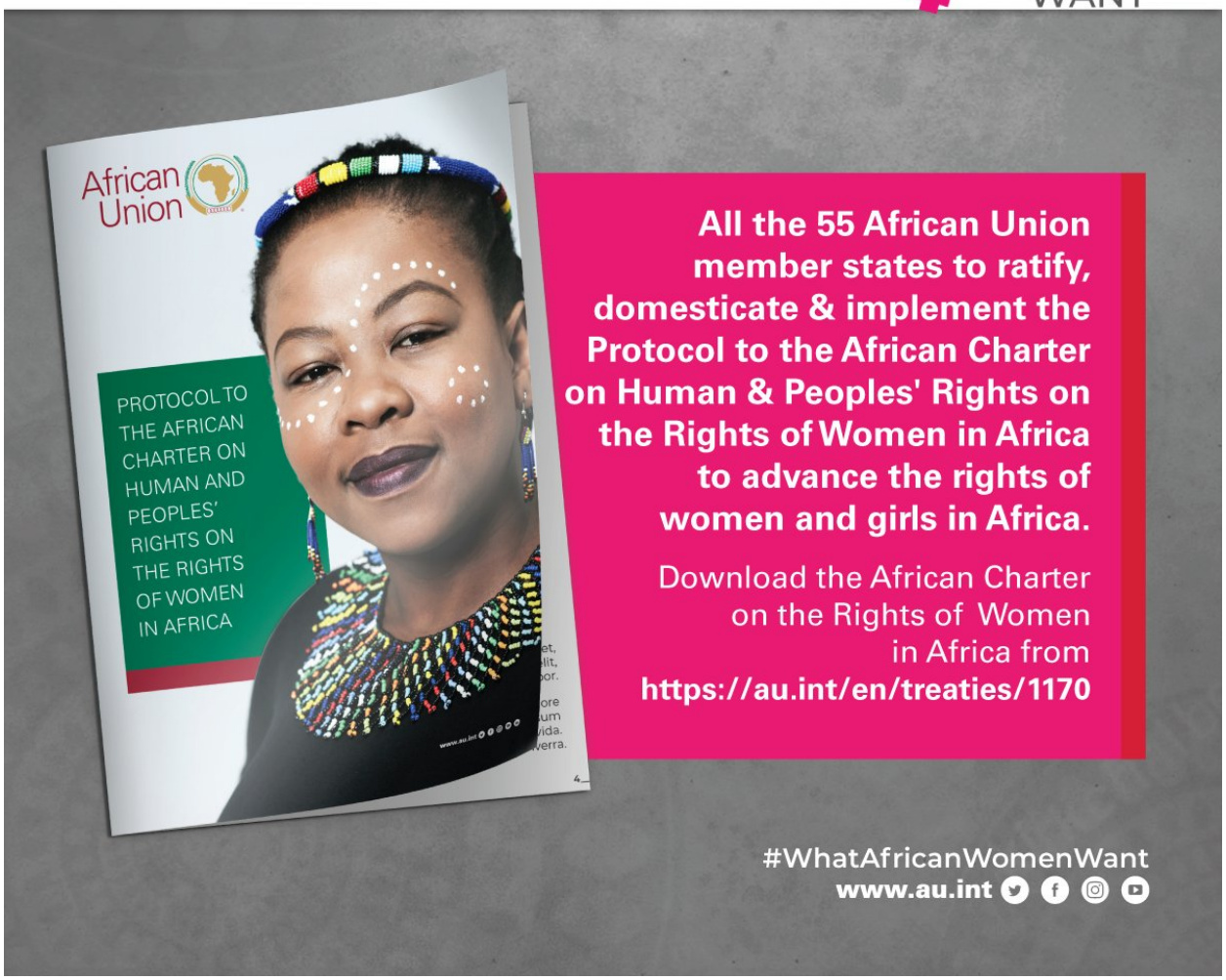
how it can be ameliorated through collective action agreements. It is no longer acceptable for antiquated social norms to dictate the status of women. Each delegate's goal going into this discussion should be centered around empowering women through actionable policy solutions. This dias urges delegates to look into the United Nations most recent international agreements, as well as protection laws passed and repealed by their own governments, in order to tailor their solutions on a local and international level. In the current age, it is crucial to find ways in which national and international agreements concerning women's sexual and reproductive health can be applied to ensure services are provided for all women. International involvement in women's reproductive health has made significant progress, but challenges persist, especially in ensuring equitable access to services, addressing cultural and social norms, and overcoming political obstacles. Ongoing collaboration, advocacy, and commitment are essential to continue advancing women's reproductive health and rights globally.

Bloc Positions

Delegates should consider how gender relations and potential solutions are influenced by religious, social, cultural, and political traditions. The experiences of women's access to SRH in conflict zones vary both within and between nations. In forming blocs and creating solutions for this topic, delegates should consider national experiences with conflict that have impacted women's access to SRH, balancing policy interests with compromise for the greater good. The blocs outlined below are intended to provide delegates with examples of how specific regions of the world address issues of SRH.

African Union:

This region has highly diverse points of view on this topic of SRH, but many of the key issues continue to be rights related to sexual orientation and gender identity and how this interacts with SRH. However, on reproductive rights, there is more of a consensus, as highlighted in depth by the Maputo Protocol, established by the AU as the Protocol to the African Charter on Human Peoples' Rights on the Rights of Women. It is the first pan-African treaty that explicitly recognizes abortion as a human right in certain circumstances such as rape and other forms of sexual violence; the protocol was passed in order to protect women's reproductive rights by ensuring access to safe, legal medical abortions.90% of African women live in nations with extremely restrictive abortion laws, so prior to 2005 when the protocol was passed, only 25% of abortions were performed safely by a medical provider. Delegates within this bloc should consider the influence of regional agreements on national policies in creating global solutions for access to SRH and women's rights.



European Union:

European Union Long championed by its progressiveness in SRH, the European Union continues to disappoint in meeting its expectations, especially in times of conflict and during the current refugee crisis. Nations such as Hungary, Poland, and Malta continue to refuse any and all policies that relate to abortion while simultaneously having progressive stances on LGBT issues

and women's rights. The reproductive aspect of women's sexual rights and healthcare continues to be a topic of political and religious debate. As a bloc, it notoriously negotiates and comes to a consensus on gender issues, but as of late it struggles to do so in the context of reproductive healthcare rights.

South and East Asia

In 2018, the UNFPA indicated that adolescent global birth rates are on the decline, but this is widely not the case in this bloc. In Cambodia, Indonesia, and the Philippines, for example, early marriages remain extremely prevalent and adolescent birth rates are on the rise in certain regions.30 This makes sexual and reproductive health especially important for the adolescent population. When young people and young girls are denied this right, they are hindered from achieving their full human potential in more ways than one. Internal displacement camps in this region, like many others, lack emergency resources to respond to the incredible numbers of gender-based violence and increasing numbers of maternal mortality.

Latin America and the Caribbean

Within the Latin American region, women living with HIV experience greater difficulties accessing SRH resources. Delegates in this bloc should consider the institutional violence that women with HIV experience in this region, facing the stigma associated with HIV while also being confronted with a lack of information. Additionally, women in Latin America and the Caribbean are sixteen times more likely to experience sexual violence when diagnosed with HIV. While conflict zones present additional barriers to SRH, delegates may consider how access to resources and educational content could improve the welfare of women both in Latin

America and around the world.

Questions to Consider:

1. What laws and accordances has your nation passed or repealed in regard to sexual and reproductive health? What is your overall stance? How can your country's stance be improved through collective action?

2. Does your nation's policy concerning this issue change during times of conflict? Has it done so in the past or does it stay relatively consistent?

3. What social structures dictate your nation's country policy and how will this affect your country's policy proposals? (religion, cultural views, etc.)

4. Where does your nation stand on abortion? Why? How does your country's stance on abortion affect your policy proposals?

5. What have women's civil society organizations accomplished in your region? How can you tailor your solutions to ensure women's needs are heard and prioritized?

6. Are there any notable transnational advocacy groups that operate in your region? How could they assist in helping your country reach its policy goals?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GENERATION EQUALITY

Concluding Remarks

In crisis-prone areas, promoting reproductive and sexual freedom is interlinked with addressing the prominence of unequal patterns of resource distribution that predicate the myth that is resource scarcity. Unwillingness is not the equivalent of resource scarcity and this is reflected in national budgets and allocations of care resources. Combatting rape culture and body autonomy during times of conflict is a foundational step that must be taken to transform patriarchal societies and orders of governance. In order to frame SRH as a matter of international urgency, it is essential to match necessity with scrutiny of where and which resources are being mobilized during times of conflict and global pandemics. Reproductive health holds paramount significance in the modern era as societies strive for comprehensive well-being and gender equality.

Beyond its intrinsic value, reproductive health profoundly impacts women‘s autonomy, socioeconomic development, and public health. Access to quality reproductive healthcare, family planning services, and sexual education empowers individuals to make informed choices about their bodies and family size. Moreover, addressing reproductive health disparities ensures equitable access to opportunities for women, enabling them to pursue education, careers, and personal aspirations. In the context of global challenges like overpopulation, maternal mortality, and the spread of sexually transmitted infections, prioritizing reproductive health becomes essential for sustainable development and the overall health of societies. By investing in reproductive health programs and policies, the international community can foster healthier communities, enhance gender equality, and pave the way for a more prosperous and inclusive future for women everywhere.

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