

Mid-South Model United Nations XXXIX

UN Women



United Nations Entity for Gender Equality
and the Empowerment of Women

Chair: Olivia Waterton, watol-21@rhodes.edu
Co-Chair: Meagan Pittman, pitmn-22@rhodes.edu

Letter to the Delegates

Delegates,

Welcome to the Mid-South Model United Nations conference (MSMUN) and the United Nations Entity for Gender Equality and Empowerment of Women (UN Women). My name is Olivia Waterton and I will be your chair for the 39th iteration of MSMUN. I am a junior triple majoring in Economics and International Studies and German. Meagan Pittman, a sophomore International Studies and Spanish major, will serve as your Co-Chair. We are both excited to be chairing UN Women this year and look forward to lively discussion.

2020 is expected to be a pivotal year for women around the world, as we work towards expanding the presence of women in politics and face down the repercussions of so called 'Me-Too' movements around the globe. As much as women rise in our modern world, we must remember that it is our responsibility to speak for those who are unable to rise themselves and provide assistance. In facing the reality of these uneven circumstances, we have selected this year's topics in order to highlight women and societal issues that may otherwise be ignored or minimized at best.

When researching and discussing these topics you must remember to approach them from the position of your country with utmost care. In many, if not *all* cases, there will be no way for you to move forward without considering the perspectives and concerns of those around you, and we encourage you to face these problems and clashes with dignity, diplomacy and the desire to improve our global circumstances.

Please, do not hesitate to contact me with any questions you may have about the topics, your papers, MSMUN, or even Rhodes College.

Best,

Olivia Waterton

watol-21@rhodes.edu

Introduction to the Committee

The United Nations Entity for Gender Equality and the Empowerment of Women was [created](#) in July 2010 when the General Assembly voted to address its past shortcomings in gender equality concerns around the globe. It came as a part of the [reform agenda](#) of the UN, which actively seeks to combine resources with effective mandates to more effectively create change.

UN Women has four key policy objectives that seek to ensure that every woman has an equal chance in life, to be fulfilled by supporting UN member states as they create global standards for gender equality. This is complimented by our efforts in working with governments and civil society to enact laws, policies and norms that further the cause of gender equality. We seek a society in which:

- Women [lead, participate in and benefit equally](#) from governmental systems
- Women have [economic freedoms](#) derived from income security and decent work
- Women and girls everywhere live lives free from [violence of all kinds](#)
- Women and girls contribute to and have a greater influence on the [building of sustainable peace](#) and are equal beneficiaries of natural disaster and violence prevention, as well as [humanitarian aid](#)

UN Women works to accelerate the United Nations' efforts to address gender equality and empowerment of women as a champion for women and girls worldwide.

Considering the Impacts of Violence against Migrant and Refugee Women

Abstract

Over the past several years we have seen crises that have displaced some of our most vulnerable citizens, resulting in a total 59.5 million refugees worldwide, excluding the many migrants who come from places of strife. Of these refugees and migrants, many are girls and women who face increasing levels of violence and degradation, even as they flee their homes in the hope of finding a better life. The 1979 [Convention on the Elimination of All Forms of Discrimination Against Women](#) does not explicitly define violence against women, however the 1993 World Conference on Human rights further defines violence against women as a violation of human rights. Examining the conditions that migrant and refugee women and girls face, there have been documented instances of gender based and sexual violence, including child and forced marriages, transactional sex, domestic violence, sexual harassment and rape before and during their journeys. Action addressing these human rights violations is *critical*, as refugee and migrant women often face societal invisibility that lead to the dismissal of these life and death concerns.

Guide

The UNHCR estimates that there are 70.8 million forcibly displaced persons worldwide, and cites 11 critical emergency situations, stretching from Burundi to Venezuela. The UN defines a refugee as “someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group”. In addition, a migrant is defined as “any person who is moving or has moved across an

international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is". Many migrants and refugees are women and young children, with an estimated 124.8 million female migrants worldwide.

One of the most widely cited statistics today states that an estimated 1 in 3 women around the world has experienced some form of physical or sexual violence. While this is a significant statistic, it is important to remember that it varies significantly between countries, regions, and communities. One of the confounding factors in attempting to work to protect migrant and refugee women is the distinct lack of actual data, however we do know that in any humanitarian or emergency situation social networks that at one point protected women are broken, or no longer exist, leading to a dramatic increase of violence against women and girls. One of the most significant concerns at this point is that we only have a murky view of what these women and girls may be experiencing both as they struggle through these humanitarian disasters and during their journey to seek asylum. In addition, this general lack of data perplexes the issue by pushing the perspective that gendered violence against refugee and migrant women may not be a significant concern.

UN Women has worked to curb violence against these women by working with local governments to create more outreach posts, ranging from greater reproductive health services in Mexico that serve both Mexican and Central American women alike, to building safe houses in Ethiopia to help Somali refugees. Much of this work is done in partnership with governments at the state level, in order to more precisely address the local and regional concerns of these women. UN Women and the UNHCR further stress the importance of creating outreach projects directed towards migrant and refugee women because of their

particularly vulnerable status and lack of resources. The plight of female migrants and refugees is particularly challenging due to the general lack of information and typical breakdown of societal safety nets around these women, which makes humanitarian efforts considerably more challenging. While UN Women has begun to see progress in tackling the problem of gendered violence against vulnerable women, there is still a considerable way to go as in many of these cases, these women are left with no one to rely upon.

Questions to Note

1. The crises that displace women and girls worldwide vary significantly. What are the most pressing concerns for your country and/or region, and what are the root causes?
2. Are there any resources or programs in your country that already attempt to combat violence against displaced women?
3. Does your country currently collect statistics that measure gender-based violence against its own citizens and displaced people?

Works Cited

“Migration” *United Nations*, UN Migration Agency, <https://www.un.org/en/sections/issues-depth/migration/index.html>

Pescinski, Janina. “Ending Violence Against Migrant Women” *United Nations University*, Institute on Globalization, Culture and Mobility, 25 Nov. 2015, <https://gcm.unu.edu/publications/articles/ending-violence-against-migrant-women.html>

“Thematic Focus: Gender Based Violence” *European Union*, Agency for Fundamental Rights, 2016, <https://fra.europa.eu/en/theme/asylum-migration-borders/overviews/focus-gender-based-violence>

UNHCR Statistical Yearbook 2016, United Nations High Commissioner for Refugees, Feb. 2018, <https://www.unhcr.org/en-us/statistics/country/5a8ee0387/unhcr-statistical-yearbook-2016-16th-edition.html>

UN Women. “Ending Violence Against Women and Girls” *United Nations*, United Nations Entity for Gender Equality and the Empowerment of Women, Dec. 2013, http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2013/12/un%20women%20evaw-thembrief_us-web-rev9%20pdf.pdf?la=en

Additional Materials to Consider:

1. *The Call to Action on Protection from Gender-based Violence in Emergencies*, Women’s Refugee Commission, 24 May, 2018.
2. *Woman: With Gloria Steinem*, Viceland, May, 2016.

On the Circumstances of Incarcerated Women and Mothers

Abstract

It is estimated that globally nearly 750,000 women and girls are incarcerated, with an analysis done by the Institute of Criminal Policy Research showing an increase in the female prison population since 2000 has dramatically outpaced that of the male population. There are unique challenges and circumstances that women face in prison and if not handled carefully, the global community will fail to protect their most vulnerable prison population. One particularly vulnerable group of inmates are those women who are pregnant or are mothers who have needs and concerns that may not be adequately met without particular care and attention. In many cases women face additional challenges accessing justice on the same level that men do, women in prison experience disproportionately high levels of sexual assault and abuse before and during their time in prison, not to mention concerns about gender-specific healthcare and wellness needs.

Guide:

In 2010, the United Nations issued the *Handbook on Women and Imprisonment*, also known as the Bangkok Rules, which provides guidelines for the incarceration and further treatment of female prisoners in a way that accounts for the particular needs that female prisoners often have. It provides guidelines for both policymakers and policy-enforcers as to the treatment of particularly vulnerable groups, such as minority and/or indigenous women and young girls. In response to the rising female prison population, it also provides suggestions on how to reform criminal codes in an attempt to reduce that population. It also notes that of the women in prison currently, many of them may not need to be incarcerated as many were booked on minor and nonviolent offences and don't pose a particular danger to the

public. The United Nations and UN Women are particularly concerned with the general failure of member states to address the underlying problems that may lead women to break the law.

The UN has highlighted particular areas in which incarcerated women are most vulnerable and provides some policy solutions. Globally, we see that the unique healthcare needs that women have are generally unmet, leading to potentially dangerous situations. In the United States, many pregnant inmates are left shackled during childbirth and in the Russian Federation, South Africa, and the Maldives to name a few, women are exposed to and contract HIV and other sexually transmitted diseases at higher rates than male prisoners, most likely due to persistently under-staffed, under-funded healthcare services for female inmates.

Female prisoners are also acutely vulnerable to sexual abuse, and are often routinely abused and humiliated by law enforcement officers. These abuses often include verbal abuse, improper touching, unnecessary pat downs, spying on inmates' living areas and showers, and rape in extreme circumstances. Inmates that fall on the LGBTQ+ spectrum have been shown to be especially vulnerable to abuse of a sexual nature. Recognizing this, United Nations Standard Minimum Rules for the Treatment of Prisoners prohibits the involvement of male staff in the supervision of women's prisons, however this rule has not been particularly-well followed.

Another concern that specifically effects female prisoners is the accommodation of family contact and caring needs. In many countries, women are the primary caretakers of both children and elderly relatives, and becoming imprisoned can often put family life in flux to the detriment of both the mother and children. Due to the smaller overall number of female inmates women's prisons are often few and far-between, meaning many women are imprisoned far from their families, necessitating large amounts of time and money to visit, which the family may not have. The disruption of family life has been shown to have quite

damaging impacts on women, aggravating physical and mental health concerns and potentially increasing recidivism rates.

Overall, women face huge numbers of issues when they enter prisons and beyond, and as much of our efforts heretofore have been focused on male inmates, criminal justice policies and reforms often fall short of addressing the specific needs that women have. In addition, due to the gender-imbalance, we face a critical lack of research and data not only on women in prison, but on the overall trends and effects of prison on women. Women face radically different circumstances depending on where they've been incarcerated, leading to a litany of concerns about ensuring equitable global standards of gender-sensitive treatment.

Questions to Note

1. Has your country taken any steps beyond voting on the Bangkok Rules?
2. Are there any concerns that are specific to your state or region?
3. What can we do to address the root causes of the problems these women have that cause them to break the law?

Works Cited

- Bandelet, Monifa. "Here's How Prisons and Jail Systems Brutalize Women, Especially Mothers" American Civil Liberties Union, 23 Oct. 2017, <https://www.aclu.org/blog/womens-rights/women-and-criminal-justice/heres-how-prison-and-jail-systems-brutalize-women>
- Kajstura, Alexis. "States of Women's Incarceration: the Global Context 2018" , Prison Policy Initiative, Jun. 2018, <https://www.prisonpolicy.org/global/women/2018.html>
- Handbook on Women and Imprisonment*, Second ed. *United Nations*, United Nations Office on Drugs and Crime, 2014, https://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf
- UN Bangkok Rules on women offenders and prisoners – Short Guide*, Penal Reform International, 2013, <https://cdn.penalreform.org/wp-content/uploads/2013/07/PRI-Short-Guide-Bangkok-Rules-2013-Web-Final.pdf>
- Walmsley, Roy. "World Female Imprisonment List, Fourth Edition", Institute for Criminal Policy Research, 9 Nov. 2017, <http://www.prisonstudies.org/news/world-female-imprisonment-list-fourth-edition>

Concerns about Ante- and Postnatal Healthcare and Maternal Mortality

Abstract

In 2015, nearly 303,000 women died from pregnancy related causes, nearly 830 women every day. Most of these deaths occur in low resource settings and were entirely preventable and presently, maternal deaths have stayed at an unacceptable level. While this does not paint a particularly pretty picture, it must be noted that in sub-saharan Africa, where maternal mortality rates remain particularly high, many countries have managed to halve their levels of maternal mortality rates since 1990, and in Asia and North Africa, even greater changes have been made. The WHO reports that one of the keys to protecting vulnerable mothers is access to healthcare, before, during, and after pregnancy, however only 3 in 5 women receive the minimum recommended number of antenatal checkups. This lack of healthcare not only endangers the women, but also puts the babies at increased risk of stillbirth or mortality within the first several months of life.

Guide

Looking carefully at the risks that mothers face, the WHO has partnered with countries around the world to create sustainable development goals specifically aimed at protecting and serving women, in order to decrease maternal mortality rates to a target of less than 70 per 100,000 births. Still, maternal mortality rates reflect the inequitable access to ante- and postnatal healthcare that women from impoverished countries face. Over half of all maternal deaths occur in fragile and/or humanitarian settings, highlighting the need for accessible healthcare. Many young women face maternal complications if they become pregnant under the age of 15, and are at a higher risk of death at that age as well. In addition, it has been shown that women in developing countries become pregnant much more than women in developed countries and also face greater issues relating to healthcare access and security.

Lack of access is only one part of the problem facing many women as they face pregnancy and childbirth. UN Women and the United Nations Population Fund (UNFPA) found that in many cases, women are not in control of their bodies and do not have the right to make their own decisions about healthcare, further impacting access to maternal healthcare. The UNFPA report published data on three key areas of women's healthcare: sexual intercourse with their partner, contraception use, and healthcare and they found that of the 51 countries where data was available only 57% of women were empowered to make their own choices over these three areas. The lowest number seen came from Niger, Mali and Senegal where *only 7%* of women were able to make decisions over those issues, which is concerning because in 1968, global leaders affirmed the individual's right to determine the number and spacing of their children.

UN Women also affirms the fact that sexual and reproductive health rights and healthcare are a central component of gender equality, and that you cannot have one without the other. There are several issues that impact the lack of access to ante- and postnatal healthcare including poverty, distance from providers, a lack of information, inadequate services and cultural practices that may stigmatize or bar women from receiving healthcare. During the 2015 General Assembly, then UN Secretary-General Ban Ki-moon adopted the Global Strategy for Women's, Children's, and Adolescent's Health 2016-2030 which seeks to address these issues to end all preventable deaths of women, children and adolescents and to create a society that enables and empowers them to thrive.

In addition, the WHO has created several guidelines for the care of pregnant women, which include addressing inequalities in access and quality of reproductive, maternal, and newborn healthcare, ensuring coverage for comprehensive maternal care, addressing the underlying causes of maternal deaths, and strengthening healthcare infrastructure and data

collection. Other, more specific recommendations for maternal care include a minimum of 8 antenatal visits, counselling about healthy eating and keeping active, additional ultrasound scans, and consistent questioning about substance use.

As this is a multi-faceted issue, many UN agencies have been involved addressing the problems faced by women today, each with their own approach and core issues. Action has been taken by the UN General Assembly, the WHO, UNFPA, UNICEF, and UN Women, with coordination and planning between agencies a central part of any program or initiative addressing healthcare for women.

Questions to Note

1. What has UN Women done in the past, and has your state been involved?
2. What individual steps has your state taken thus far?
3. Are there any agencies or organizations that would be particularly beneficial to partner with?

Works Cited

- “Aiming to curb pregnancy risks and improve experience, UN launches new prenatal care model”, *United Nations*, 8 Nov. 2016, <https://news.un.org/en/story/2016/11/544812-aiming-curb-pregnancy-risks-and-improve-experience-un-launches-new-prenatal>
- Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A, et al. “Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group.” *Lancet*, 2016, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00838-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00838-7/fulltext)
- “Maternal Mortality”, *United Nations*, World Health Organization, 16 Feb. 2018, <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
- “Pregnant women must be able to access the right care at the right time, says WHO”, *United Nations*, World Health Organization, 7 Nov. 2016, <https://www.who.int/news-room/detail/07-11-2016-pregnant-women-must-be-able-to-access-the-right-care-at-the-right-time-says-who>
- State of World Population Report 2019*, *United Nations*, United Nations Population Fund, 2019, https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf