PRESIDIUM MODEL UN CONFERENCE 2017

"Addressing Systematic Gender Inequalities with special emphasis on A) Gender Sensitive Infrastructure and Right to Property B)Right to Decent Work and Economic Growth C) Right to Reproductive Health"

UNITED NATIONS WOMEN

"Addressing Systematic Gender Inequalities with special emphasis on A) Gender Sensitive Infrastructure and Right to Property B)Right to Decent Work and Economic Growth C) Right to Reproductive Health"

INTRODUCTION

WHAT ARE SEXUAL AND REPRODUCTIVE RIGHTS?

Sexual and reproductive health rights—including access to sexual and reproductive health care and information, as well as autonomy in sexual and reproductive decision-making—are human rights; they are universal, indivisible, and undeniable. Such rights are grounded in other essential human rights, including the right to health, the right to be free from discrimination, the right to privacy, the right not to be subjected to torture or ill-treatment, the right to determine the number and spacing of one's children, and the right to be free from sexual violence.

Sexual and reproductive rights (SRR) are most clearly defined in the 1994 International Conference on Population and Development (ICPD) Programme of Action, which took place in Cairo, Egypt. Among the elements of comprehensive SRR outlined in the Programme of Action are:

- Voluntary, informed, and affordable family planning services;
- Pre-natal care, safe motherhood services, assisted childbirth from a trained attendant (e.g., a physician or midwife), and comprehensive infant health care;
- Prevention and treatment of sexually transmitted infections (STIs), including HIV and AIDS and cervical cancer;
- Prevention and treatment of violence against women and girls, including torture;
- Safe and accessible post-abortion care and, where legal, access to safe abortion services; and
- Sexual health information, education, and counselling, to enhance personal relationships and quality of life.

SRR assumes that all people have the right to a healthy, safe, consensual and enjoyable sex life; to control their bodies and have sufficient accurate information to use in making decisions and seeking healthy behaviours; and to have affordable, accessible services that keep them healthy, not only when pregnant but before and after—and even if they choose never to get pregnant.

WHAT DOES IT TAKE TO MEET THE RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH?

In addition to identifying critical components of SRH, the ICPD Programme of Action makes recommendations for ensuring these rights are met, including:

- Freedom from discrimination;
- Universal access to education;

"Addressing Systematic Gender Inequalities with special emphasis on A) Gender Sensitive Infrastructure and Right to Property B)Right to Decent Work and Economic Growth C) Right to Reproductive Health"

- Control of one's fertility, including the choice of whether and when to marry or have children, and protection from forced sterilization;
- Protection of the family structure, with the understanding that there is a great diversity of family structures that are equally deserving of respect and safeguarding;
- Recognition in policy and practice of the links between sexual and reproductive health, development, and the environment;
- Prevention of early or forced marriage and inclusion of adolescents in planning and implementation of services and programs;
- Engagement of men and boys;
- Respect of the sexual orientation and gender identity of all individuals; and
- Full funding at the national and global levels to ensure universal access to basic health care, including SRH.

SOURCE: http://www.amnestyusa.org/pdfs/SexualReproductiveRightsFactSheet.pdf

NOTE: By now, you must have realised that this section can encompass many issues. We shall be mentioning some of these issues in the background guide. Feel free to explore any other issue besides these.

"Addressing Systematic Gender Inequalities with special emphasis on A) Gender Sensitive Infrastructure and Right to Property B)Right to Decent Work and Economic Growth C) Right to Reproductive Health"

ISSUES:

ABORTION

The abortion debate deals with the rights and wrongs of deliberately ending a pregnancy before normal childbirth, killing the foetus in the process.[1] One can abort a child in the following ways:

- **Non-surgical abortion methods**

- **The abortion pill**

This is a method of terminating early pregnancy using medications taken by mouth or by injection which produce a miscarriage. It was developed in France in the 1980s. It was launched in the UK in 1991 and the USA in 2000.

Medical abortion works in two stages: First the women is given the drug mifepristone, which blocks a hormone needed to make fertilised eggs stick to the womb lining.

After 48 hours, the woman is given a different drug, which triggers contractions and bleeding and causes the foetus to be expelled from her body.

Medical abortion can be used in the first 7 weeks of a pregnancy, while surgical abortion is usually delayed until 6 weeks or later. The earlier an abortion is performed, the safer it is for the woman.

- **The morning-after pill**

The morning-after pill consists of a high dose of female hormones - the same hormones found in the normal contraceptive pill.

It needs to be taken within 72 hours of sex, and the earlier it is taken the more effective it is.

Morning-after pills can operate as a contraceptive or by producing an abortion, but it's almost impossible to know in which way they are going to work.

It operates as a contraceptive by preventing or delaying ovulation.

The possibility that it may produce an abortion arises from the morning-after pill's second method of operation.

In this method it acts on the lining of the womb so as to prevent a fertilised egg from implanting (sticking to the lining of the womb). Since the fertilised egg can't stick, it is expelled from the womb.

[1] http://www.bbc.co.uk/ethics/abortion/legal/introduction_1.shtml

- **Intra-uterine device**

There is also a mechanical morning-after method in which an intra-uterine device (IUD) is fitted up to 5 days after unprotected sex.

➢ **Surgical abortion methods**

- **Vacuum aspiration abortion**

In a vacuum aspiration abortion a tube is gently inserted into the womb through the cervix. The contents of the womb are sucked out through this tube.

- **Dilatation and evacuation, dilatation and curettage**

In this method the woman's cervical canal is enlarged with tools called dilators. When the canal is sufficiently enlarged the womb is emptied by suction, or by having its contents scraped out with a tool called a curette.

- **Partial birth abortion**

This is also called 'intact dilation and extraction'.

The procedure involves the extraction of the body of the foetus into the vagina before the contents of the skull are sucked out, killing the unborn, after which the intact foetus is removed from the woman's body.

Many women who opt for "partial-birth" abortions do so because their foetuses have severe or fatal anomalies or because the pregnancy endangers their lives or health.[2]

Questions to consider:

- Is abortion ethically wrong? If no, which method of abortion should be adopted and why?
- When the embryo or foetus is considered a person?
- Universal human rights: Is aborting a zygote, embryo, or foetus a violation of human rights? What about foetuses with genetic disabilities? On the other hand, is not allowing a woman to terminate her unwanted pregnancy a violation of the woman's human rights?
- Circumstances of conception: How important are the circumstances of conception to the ultimate fate of the embryo or foetus? Does pregnancy induced by rape or incest, or by poor or non-existent birth control use change the permissibility of abortion?

[2] http://www.bbc.co.uk/ethics/abortion/medical/methods_1.shtml

- Alternatives to abortion: Is adoption a viable and fair alternative to abortion? Are there resources available to aid mothers who are unprepared for parenthood, but who may wish to keep their child?
- Limit of government authority: Are laws controlling abortion violations of privacy and/or other personal liberty rights?
- Does a women require to seek permission for an abortion from her family?

SEXUAL VIOLENCE

Sexual violence is defined as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Coercion can cover a whole spectrum of degrees of force. Apart from physical force, it may involve psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation.

Sexual violence includes rape, defined as physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.

Sexual violence can include other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus.

Forms and Contexts of Sexual Violence

A wide range of sexually violent acts can take place in different circumstances and settings. These include, for example:

- rape within marriage or dating relationships;
- rape by strangers;
- systematic rape during armed conflict;
- unwanted sexual advances or sexual harassment, including demanding sex in return for favours;
- sexual abuse of mentally or physically disabled people; — sexual abuse of children;

- forced marriage or cohabitation, including the marriage of children;
- denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases; — forced abortion;
- violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity;
- forced prostitution and trafficking of people for the purpose of sexual exploitation.

There is no universally accepted definition of trafficking for sexual exploitation. The term encompasses the organized movement of people, usually women, between countries and within countries for sex work. Such trafficking also includes coercing a migrant into a sexual act as a condition of allowing or arranging the migration.

Sexual trafficking uses physical coercion, deception and bondage incurred through forced debt. Trafficked women and children, for instance, are often promised work in the domestic or service industry, but instead are usually taken to brothels where their passports and other identification papers are confiscated. They may be beaten or locked up and promised their freedom only after earning – through prostitution – their purchase price, as well as their travel and visa costs.

FEMALE GENITAL MUTILATION (FGM)

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized[3]. WHO strongly urges health professionals not to perform such procedures.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

[3] https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

Procedures

Female genital mutilation is classified into 4 major types.

- **Type 1:** Often referred to as **clitoridectomy**, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Type 2:** Often referred to as **excision**, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Often referred to as **infibulation**, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks increase with increasing severity of the procedure.

Immediate complications can include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

Long-term consequences can include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.).

Who is at risk?

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than 3 million girls are estimated to be at risk for FGM annually.

More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated [1].

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.

Cultural and social factors for performing FGM

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.

- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.
- Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.[4]

CONTRACEPTION

Birth control is a regimen of one or more actions, devices, or medications which prevent women from becoming pregnant or giving birth. Such methods are the most important tools to freedom of choice concerning parenthood and family planning. The most common contraception methods include barrier methods, hormonal methods, intrauterine methods, emergency contraception and sterilization.

Birth control is considered as a really controversial cultural, ethical and political issue which has provoked numerous debates worldwide.

[4] http://www.who.int/mediacentre/factsheets/fs241/en/

"Addressing Systematic Gender Inequalities with special emphasis on A) Gender Sensitive Infrastructure and Right to Property B)Right to Decent Work and Economic Growth C) Right to Reproductive Health"

OCCUPATION: SEX WORKERS AND SURROGATE MOTHER

Quite a lot of countries have criminalised the below mentioned occupations. Because of this, the rights of women who wish to occupy these occupations are at stake.

Sex worker

Sex workers are defined as female, male and transgender adults aged over 18 years who sell consensual sexual services in return for cash or payment in kind, and who may sell sex formally or informally, regularly or occasionally.[5]

Sex workers all over the world face a constant risk of abuse. No one would be surprised to learn that they face discrimination, beatings, rape and harassment – sometimes on a daily basis – or that they are often denied access to basic health or housing services.[6]

The sex industry is not limited to prostitution but includes a wide range of activities such as pornography, Internet sex, phone sex, strip clubs, and other related sexual services. However, pornography and prostitution are considered the most profitable businesses within the market.[7]

NOTE: In this committee, we shall limit ourselves to only women as sex workers.

Surrogate Motherhood

Surrogate motherhood is a form of collaborative or assisted reproduction that typically involves three persons: a married infertile couple (the intended parents) and a surrogate mother. There are two basic types of surrogacy: traditional surrogacy and gestational surrogacy.

In traditional surrogacy, the surrogate mother is artificially inseminated with the sperm of the couple. Because the surrogate mother is the child's genetic as well as gestational mother, at some point after birth she much legally terminate her parental rights, and the intended mother must adopt the child. In this case, the intended father and not the intended mother has a genetic connection to the child.

In gestational surrogacy, both the intended father and the intended mother have a genetic connection to the child. The surrogate mother simply gestates the couple's embryo produced through the process of *in vitro* fertilisation. In a speculative variation on gestational surrogacy, the intended parents would ask a surrogate mother to gestate an embryo that they have adopted. In such a case, neither the intended parents nor the surrogate mother would have a genetic connection to the child.

An intended mother who herself gestates an embryo that she and her husband have adopted, or who herself gestates an embryo that is the product of her husband's sperm and a donor's egg is not classified as a surrogate mother. The fact that an intended

[5] www.unaids.org/sites/default/.../20110909_Technical_Guidance_**Sex_Workers**_en.pdf
[6] https://www.amnesty.org/en/latest/news/2015/08/sex-workers-rights-are-human-rights/
[7] http://www.europarl.europa.eu/RegData/etudes/etudes/join/2014/493040/IPOL-FEMM_ET(2014)493040_EN.pdf

(female) parent becomes pregnant with the intention of keeping the baby distinguishes her from a surrogate mother who becomes pregnant with the intention of relinquishing the baby to those who commissioned her reproductive services.[8]

FORCED MARRIAGES OF WOMEN

Forced and child marriages entrap women and young girls in relationships that deprive them of their basic human rights. Forced marriage constitutes a human rights violation in and of itself. Article One of the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages states that "No marriage shall be legally entered into without the full and free consent of both parties, such consent to be expressed by them in person after due publicity and in the presence of the authority competent to solemnize the marriage and of witnesses, as prescribed by law."

The Marriage Convention addresses the issue of age. According to Article 2 of the Convention, "States Parties to the present Convention shall take legislative action to specify a minimum age for marriage. No marriage shall be legally entered into by any person under this age, except where a competent authority has granted a dispensation as to age, for serious reasons, in the interest of the intending spouses." Under General Assembly Resolution 2018 (XX) of 1 November 1965, "Recommendation on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages," Principle II states that the minimum age to marry be set no lower than fifteen years. However, this is only a recommendation and it still allows room for a competent authority to grant "dispensation as to age for serious reasons." Leaving the minimum age of consent to the discretion of each country and allowing an authority to make exceptions to the minimum age of marriage aggravates the potential for early and forced marriages.

Forced marriages differ from arranged marriages. In forced marriages, one or both of the partners cannot give free or valid consent to the marriage. Forced marriages involve varying degrees of force, coercion or deception, ranging from emotional pressure by family or community members to abduction and imprisonment. Emotional pressure from a victim's family includes repeatedly telling the victim that the family's social standing and reputation are at stake, as well as isolating the victim or refusing to speak to her. In more severe cases, the victim can be subject to physical or sexual abuse, including rape.

In arranged marriages, the parents and families play a leading role in arranging the marriage, but the individuals getting married can nonetheless chose whether to marry or not. Many regard arranged marriage as a well-established cultural tradition that flourishes in many communities, so a clear distinction should be drawn between forced and arranged marriages. However, in some cases the difference between a forced marriage and an

[8] **A Companion to Applied Ethics edited by R. G. Frey, Christopher Heath Wellman**

arranged marriage may be purely semantic. In her January 2007 report, "Report of the Special Rapporteur on the Human Rights Aspects of the Victims of Trafficking in Persons, Especially Women and Children," Sigma Huda states that, "[a] marriage imposed on a woman not by explicit force, but by subjecting her to relentless pressure and/or manipulation, often by telling her that her refusal of a suitor will harm her family's standing in the community, can also be understood as forced."[9]

HOMOSEXUALITY – LESBIANS

Sexual orientation refers to a person's physical, romantic and/or emotional attraction towards other people. Everyone has a sexual orientation, which is integral to a person's identity. Lesbian women are attracted to individuals of the same sex.

Lesbians of all ages and in all regions of the world suffer from violations of their human rights. They are physically attacked, kidnapped, raped and murdered. In more than a third of the world's countries, people may be arrested and jailed (and in at least five countries executed) for engaging in private, consensual, same-sex relationships. States often fail to adequately protect lesbians from discriminatory treatment in the private sphere, including in the workplace, housing and healthcare. Lesbians are usually forced into psychiatric institutions or forced to marry. [10]

[9] http://www.stopvaw.org/forced_and_child_marriage
[10] https://www.unfe.org/system/unfe-7-UN_Fact_Sheets_v6_-_FAQ.pdf