

BACKGROUND GUIDE

REDEFINING THE NARRATIVE:
VOICING THE SILENCED

UNITED NATIONS WOMEN

IGNITE • UNITE • EMPOWER

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LETTER FROM THE EXECUTIVE BOARD

Greetings Delegates!

With great honor and utmost pleasure, we welcome you all as distinguished members of the United Nations Women (UNW) Committee at The Shriram Millennium School Model United Nations, 2024. This year, the committee aims to contest and evaluate your skills of persuasion, efficacy, and presenting compelling arguments.

Given the circumstances in the contemporary conditions of today, we deemed it relevant to select “Deliberation upon access to reproductive healthcare facilities and sanitation for women in underdeveloped and developing nations.”

We expect you to prepare thoroughly researched arguments that are accurate and relevant to the committee. Please note that the key to a successful debate is comprehensive research and preparation. Moreover, you must have excellent diplomatic conduct in terms of diplomatic courtesy and lobbying as being part of MUN requires an appropriate demeanor.

While the background guide will provide an outline of the agenda, it is essential for each of you to conduct thorough research to tackle these issues effectively and propose concrete solutions.

We understand that many of you may be attending the MUN for the first time, so please do feel free to contact us regarding any questions or queries and we would be more than happy to help!

We look forward to having a successful and insightful conference! All the best!

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UNITED NATIONS **WOMEN**

UNW, the United Nations agency devoted to gender equality and women's empowerment, is an advocate for the rights and advancement of women globally. UN Women assists UN Member States in setting international benchmarks for achieving gender equality. It collaborates with governments and civil society to develop laws, policies, programs, and services necessary to ensure the effective implementation of these standards and improve the quality of life for women globally.

The UNW has been working relentlessly on the Sustainable Development Goals and bringing them to life for women, and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities:

- Women lead, participate in, and benefit equally from governance systems.
- Women have income and job security, and economic autonomy
- Terminating violence against women.
- Women, peace and security, humanitarian action, and disaster risk reduction.

In July 2010, the United Nations General Assembly created the UNW, as well as the United Nations Entity for Gender Equality, and the Empowerment of Women. In this process, UN Member States achieved a significant milestone in advancing the organization's objectives on gender equality and women's empowerment. The establishment of UN Women was a result of the UN reform agenda, consolidating resources and mandates to achieve more profound influence.

It merges and builds on the important work of four previously distinct parts of the UN system, 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)
- United Nations Development Fund for Women (UNIFEM)

INTRODUCTION

In 1994, delegates from more than 180 nations gathered at the International Conference on Population and Development (ICPD), and passed a Programme of Action which is meant to improve the reproductive health of women. The U.S. Agency for International Development requested the Committee on Population of the National Research Council to conduct a panel on reproductive health, including sanitation, in developing countries for three major reasons:

- Assessing the extent and amount of reproductive health problems in developing countries
- Conduct an analysis that compares the costs and effectiveness of interventionist programs.
- Recommend and decide what the nations should prioritise in terms of programs and research.

The panel began with three goals in mind which were:

- Every sex act should be free of coercion and infection
- Every pregnancy should be intended
- Every birth should be healthy

However, no nation has yet been able to achieve these goals due to individual problems that they face which range from lack of sexual education to less provision of safe contraceptives.

SANITATION

The issue of access to reproductive healthcare and sanitation for women in underdeveloped and developing nations is a multifaceted and pressing concern. Ensuring that women in these regions have access to essential healthcare services and sanitation facilities is crucial for promoting gender equality, improving health outcomes, and fostering sustainable development. The United Nations Commission on the Status of Women (UNCSW) plays a vital role in addressing these challenges by advocating for policy changes, mobilizing resources, and monitoring progress.

LEGAL & POLICY FRAMEWORKS

Several international legal frameworks and agreements support the agenda of improving access to reproductive healthcare and sanitation for women. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) obligates signatory states to ensure access to healthcare services, including family planning. The International Conference on Population and Development (ICPD) Programme of Action emphasizes reproductive rights and access to reproductive health services as essential to sustainable development. The Sustainable Development Goals (SDGs) also play a crucial role, with Goal 3 aiming to ensure healthy lives and promote well-being for all, including targets for maternal health and universal access to reproductive healthcare, and Goal 6 focusing on ensuring availability and sustainable management of water and sanitation for all.

STRATEGIC ACTIONS

To address the barriers to reproductive healthcare and sanitation, the UNCSW advocates for several strategic actions. Increasing investment in healthcare and sanitation infrastructure is essential. Governments should allocate more resources to these areas, and international aid should provide financial and technical support to countries lacking resources. Education and awareness programs are also crucial. Implementing comprehensive education programs about reproductive health and sanitation can empower women to make informed decisions and demand better services. Policy and legislative reforms are necessary to ensure that women's rights to reproductive healthcare and sanitation are protected. Enacting and enforcing laws that guarantee these rights, in line with international human rights standards, is essential. Community engagement is another important aspect; involving local communities, especially women, in planning and implementing projects ensures that solutions are culturally appropriate and meet the actual needs of women. Supporting grassroots movements advocating for improved services can also drive change. Technological innovations, such as mobile health services and low-cost sanitation solutions, can help bridge gaps in access.

DETAILED CHALLENGES

→ **ECONOMIC BARRIERS**

- **Cost of Services:** One of the most significant barriers to accessing reproductive healthcare and sanitation services is the high cost. Many women in underdeveloped and developing nations live in poverty and cannot afford healthcare services. This includes the cost of consultations, medical procedures, medications, and hygiene products. Without subsidies or insurance, these services remain out of reach for a large portion of the population.
- **Lack of Insurance:** Comprehensive health insurance is often unavailable or inadequate in these regions. Public health systems may be underfunded and overburdened, and private insurance options can be too expensive. Without insurance, women must pay out-of-pocket for healthcare, which is often unaffordable.

→ **CULTURAL AND SOCIAL BARRIERS**

- **Stigma and Discrimination:** Cultural stigmas surrounding reproductive health issues, such as contraception use, STIs, and abortion, can deter women from seeking necessary care. Social norms and taboos may label these topics as inappropriate for discussion, leading to misinformation and fear. Women may face judgment or ostracism from their communities if they access reproductive health services.
- **Patriarchal Norms:** In many societies, patriarchal norms dictate that men control decision-making within households, including decisions related to women's health. This can result in women being unable to seek care without the permission of their husbands or male family members. Such norms also deprioritize women's health needs in favor of other family expenditures.
- **Menstrual Taboos:** Menstruation is often surrounded by taboos and misconceptions, which can affect women's access to sanitation facilities. In some cultures, menstruating women are considered impure and are restricted from participating in daily activities, including using shared sanitation facilities. This stigma can prevent women from maintaining proper menstrual hygiene.

→ **INFRASTRUCTURAL BARRIERS**

- **Lack of Facilities**: Rural and remote areas often lack adequate healthcare and sanitation facilities. Clinics, hospitals, and sanitation infrastructure may be concentrated in urban centers, leaving rural populations underserved. Women in these areas may have to travel long distances to access services, which is not always feasible.
- **Poor Quality of Services**: Even when facilities are available, they may be poorly equipped, understaffed, and inadequately maintained. This can lead to long wait times, insufficient care, and a lack of essential supplies and medications. Poor-quality services discourage women from seeking care.
- **Unsafe Sanitation Facilities**: Existing sanitation facilities often lack privacy, security, and basic amenities, making them unsafe for women. Poorly designed or maintained facilities can pose risks, such as harassment or assault, especially in schools and public places. The lack of secure, private toilets forces many women to resort to open defecation, which poses health risks.

→ **EDUCATIONAL BARRIERS**

- **Lack of Information**: Many women lack basic information about reproductive health and hygiene. Educational systems may not provide comprehensive sex education, leaving women without the knowledge they need to make informed health decisions. This lack of information can lead to the spread of myths and misconceptions.
- **Misinformation**: Cultural myths and misinformation about reproductive health are widespread. Women may receive incorrect information from non-medical sources, leading to fear and reluctance to seek care. For example, myths about the side effects of contraception can discourage its use.

→ **LEGAL & POLICY BARRIERS**

- **Restrictive Laws**: In some countries, laws restrict access to essential reproductive health services, such as contraception and abortion. These legal barriers can force women to seek unsafe, illegal alternatives or forgo care altogether. Restrictive laws also contribute to stigma and discrimination against women seeking these services.
- **Inadequate Policy Implementation**: Even where supportive policies exist, implementation can be weak. Governments may lack the resources or political will to enforce laws and policies that protect women's health rights. Corruption and bureaucratic inefficiencies can further hinder effective policy implementation.



ACCESS TO REPRODUCTIVE HEALTHCARE FACILITIES AND SANITATION FOR WOMEN IN UNDERDEVELOPED AND DEVELOPING NATIONS DIFFERENTIATION

→ DEVELOPING NATIONS

Developing Nations

Aspect	Pros	Cons
Economic	- Growing economies may have more resources to invest in healthcare and sanitation.	- Economic inequalities can still limit access for lower-income populations.
	- Private sector involvement can lead to better service provision.	- Healthcare services can be expensive without adequate insurance coverage.
Cultural and Social	- Increasing urbanization can lead to more progressive attitudes towards women's health.	- Persistent cultural stigmas and social norms still restrict access to services.
	- Media and technology can be leveraged for widespread health education.	- Rural areas often retain traditional practices and norms.
Infrastructural	- Better existing infrastructure compared to underdeveloped nations.	- Urban-rural divide in infrastructure quality and availability.
	- Potential for integrating advanced technologies in healthcare and sanitation.	- Overcrowded urban areas can strain existing facilities.
Educational	- Higher literacy rates and better access to education compared to underdeveloped nations.	- Educational disparities exist between urban and rural regions.
	- Greater availability of educational resources and programs.	- Misinformation can still be prevalent despite higher education levels.
Policy and Legal	- Stronger governance structures to enforce health and sanitation policies.	- Bureaucratic inefficiencies and corruption can impede policy implementation.
	- Better alignment with international health standards and frameworks.	- Existing policies may not be effectively enforced or adequately funded.

→ UNDERDEVELOPED NATIONS

Underdeveloped Nations

Aspect	Pros	Cons
Economic	- Lower cost of implementing basic infrastructure due to lower labor costs.	- Limited financial resources for building and maintaining facilities.
	- Potential for international aid and investment focused on healthcare and sanitation.	- High levels of poverty restricting individual access to paid services.
Cultural and Social	- Opportunity to shape new cultural norms around reproductive health and sanitation.	- Strong cultural stigmas and patriarchal norms limiting women's access to services.
	- Grassroots movements and NGOs can play a significant role in awareness and education.	- High levels of misinformation and traditional practices that conflict with modern healthcare.
Infrastructural	- Potential to design and implement modern, scalable infrastructure from scratch.	- Severe lack of existing infrastructure, especially in rural areas.
	- International organizations often provide support for infrastructure projects.	- Poor quality and maintenance of existing facilities.
Educational	- Opportunity to introduce comprehensive sex education and hygiene practices.	- High levels of illiteracy and lack of access to quality education.
	- NGOs and international bodies are active in providing educational programs.	- Limited public awareness and deep-rooted myths about reproductive health.
Policy and Legal	- International pressure and aid can incentivize policy reforms.	- Weak governance and corruption can hinder effective policy implementation.
	- New policies can be aligned with international standards from the outset.	- Restrictive laws and inadequate policy frameworks currently in place.

When discussing the agenda of improving access to reproductive healthcare facilities and sanitation for women in underdeveloped and developing nations, there are several key questions that may arise. These questions can help to clarify the challenges, potential solutions, and the roles of various stakeholders in addressing these critical issues.

KEY QUESTIONS REGARDING THE AGENDA ON ACCESS TO REPRODUCTIVE HEALTHCARE FACILITIES AND SANITATION FOR WOMEN IN UNDERDEVELOPED AND DEVELOPING NATIONS

- 1. What are the main barriers preventing women from accessing reproductive healthcare and sanitation in underdeveloped and developing nations?**
- 2. How do economic constraints impact women's access to reproductive healthcare and sanitation services?**
- 3. What role do cultural and social factors play in limiting access to these services?**
- 4. How can policy and legislative reforms improve access to reproductive healthcare and sanitation?**
- 5. What are the international legal frameworks and agreements that support this agenda?**
- 6. How can increased investment in healthcare and sanitation infrastructure help?**
- 7. What role does education play in improving access to these services?**
- 8. How can community engagement and grassroots movements contribute to this agenda?**
- 9. What are some innovative solutions or technologies that can help improve access to reproductive healthcare and sanitation?**
- 10. How can the international community support efforts to improve access to reproductive healthcare and sanitation in underdeveloped and developing nations?**

CREDIBLE SOURCES

→ **NEWS SOURCES:**

- **Reuters:** Any Reuters' article which mentions the fact stated or is in contradiction of the fact being stated by another delegate in the council can be used to substantiate arguments in the committee.

<https://www.reuters.com/>

- **State Operated News Agencies:** These reports can be used in support of or against the State that owns the News Agency. These reports, if credible or substantial enough, can be used in support of or against any country. Some examples are:

- PTI (India) <https://www.ptinews.com/>
- RIA Novosti (Russia) <http://en.rian.ru>
- Xinhua News Agency (PR China) <http://www.xinhuanet.com/english/china/>
- Al Jazeera(Qatar) <http://www.aljazeera.com>

→ **GOVERNMENT REPORTS:**

These reports can be used in a similar way as the State Operated News Agencies report and can, in all circumstances, be denied by another country. However, a nuance is that a report that is being denied by a certain country can still be accepted by the Executive Board as credible information. Some examples are:

- **State Department of the United States of America**
<http://www.state.gov/>
- **Ministry of Defence of the Russian Federation**
<http://www.eng.mil.ru/en/index.htm>
- **Ministry of Foreign Affairs of various nations like India**
<http://www.mea.gov.in/>
- **People's Republic of China**
<http://www.fmprc.gov.cn/eng/>
- **Permanent Representatives to the United Nations Reports**
<http://www.un.org/en/members/>

CREDIBLE SOURCES

→ **MULTILATERAL ORGANISATIONS**

- NATO <http://www.nato.int/cps/en/natolive/index.htm>
- ASEAN <http://www.aseansec.org/>
- OPEC https://www.opec.org/opec_web/en/

→ **UNITED NATIONS REPORTS:**

All UN Reports are considered credible information or evidence for the Executive Board of the UNHRC such as:

- UN Bodies like the UNSC/UNHRC/UNW <http://www.un.org/Docs/sc/> or UNGA <http://www.un.org/en/ga>
- UN Affiliated Bodies like the International Atomic Energy Agency <http://www.iaea.org/>
- World Bank <http://www.worldbank.org/>
- International Monetary Fund <http://www.imf.org/external/index.htm>
- International Committee of the Red Cross <http://www.icrc.org/eng/index.jsp>

→ **TREATY BASED BODIES:**

- Antarctic Treaty System <http://www.ats.aq/e/ats.htm>
- International Criminal Court <http://www.icccpi.int/Menu/ICC>

→ **OTHER ONLINE RESOURCES:**

- The United Nations Website <http://www.un.org>
- The UN Development Programme <http://www.undp.org/>
- The UN Economic and Social Committee <http://www.un.org/docs/ecosoc/>
- The UN Environment Programme <http://www.unep.org/>
- The UN General Assembly <http://www.un.org/ga/59/>
- The UN International Court of Justice <http://www.icj-cij.org/>
- The UN International Law <http://www.un.org/law/>
- The UN Refugee Agency <http://www.unhcr.ch/cgi-bin/taxis/vtx/home>
- The UN Security Council <http://www.un.org/Docs/sc/>
- UNICEF - <http://www.unicef.org/>

IMPORTANT NOTE

Sources or Newspapers like the following are not typically accepted as proof/evidence:

- Wikipedia
- Amnesty International
- Human Rights Watch
- The Guardian
- Times of India

However, they can be used for a better understanding of any issue or on rare occasions, be brought up in debate if the information given in such sources is in line with the beliefs of a Government. Further, the information submitted as evidence citing reportage from sources such as specified in this note may be at best, treated as having significance in terms of persuasive value – for example: to cement one's assertions, but never as binding, indisputable facts.