Letter from the Dais

Honorable delegates,

My name is Marie-Anne Barrón, and I will be your Chair for BUSUN XXIII! I’m a Sophomore at Brown University double-concentrating in Cognitive Neuroscience and Education Studies. I’ve been a Model UN delegate all four years of high school and President for two years, and was a Director for BUSUN XI. I am so excited to be your Chair, and look forward to meeting all of you!

The United Nations Entity for Gender Equality and the Empowerment of Women, also known as UN Women, was established in January 2011 for the global empowerment of women. It brings UN member states together to build systems and design laws that promote gender equality and women’s holistic wellbeing. Our first topic, reproductive rights in armed conflict, asks our committee to define reproductive rights and what actions nations can take to ensure that all women have the ability to make informed and consenting decisions about their bodies. What can we do to give vulnerable women, such as those in targeted ethnic groups, unaccompanied women, and those with disabilities, access to contraceptives and other medical necessities? How does gender-based violence play a role in this accessibility? Our second topic takes us to Latin America and Southeast Asia to discuss political leadership and engagement. Why are women not more involved, and how can we increase their representation? How do we empower them so they can have voices in their communities? They are often the majority of the unpaid labor system, but silenced in their governments. Our third topic takes us to Sub-Saharan Africa to discuss maternal health and family planning for women affected by HIV. What is maternal health, and how does it intersect with welfare and gender-based power dynamics? Is family planning financially feasible? How do we prevent the spread of HIV without restricting women’s abilities to reproduce? These are all important topics that ask us to consider accessible solutions to problems affecting women worldwide.

Once again, I am so excited about BUSUN XXIII and seeing what everyone brings to the table. Please let me know if you have any questions, and I’ll see you at the conference!

Best,

Marie-Anne Barrón
Class of 2022

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Rules and Procedure

Position Papers

Position papers are mandatory for this committee and only delegates who submit position papers on time will be eligible for awards.

If delegates would like to receive feedback on their position papers, the due date for submission is 11:59PM on November 1st. Position papers will be returned with feedback at least 3 days prior to the start of the conference. Delegates will still be eligible for awards if they submit their paper before the first committee session; however, they will not be guaranteed feedback. Please email position papers to the committee email listed on the conference website in either .pdf, .docx, or .doc form. Google Docs is acceptable as well.

Please write your name, your school, and the name of your position in the subject line of your email.

These submission guidelines are also outlined in the Preparation & Procedure section of the Conference Resources tab on the conference website. Any questions, concerns, or individual requests for extensions may be sent to the chair at the committee email address included at the bottom of the chair letter in this guide. Requests for delegation extensions should be sent to info@busun.org.

Parliamentary Procedure

This committee will follow standard BUSUN parliamentary procedure. Details can be found on the conference website.
Topic 1: Reproductive Rights in Regions of Armed Conflict

Background

Reproductive rights have been threatened in almost every part of the world at some point in time, but their status is even more vulnerable in areas of armed conflict, burdening women and families. During times of armed conflict reproductive rights are often placed on the back burner, seen as a less pressing issue, and some countries don’t recognize sexual and reproductive violence outside of the purview of rape.¹ How can UN Women ensure women have access to contraceptives, abortions, STI testing, and other resources amid these varying beliefs of what constitutes violence? How can countries finance a widespread effort to make health resources more accessible? In areas torn apart by armed conflict, reproductive rights are less assured and maternal mortality rates are significantly higher.² Who is limiting women's access to reproductive rights, and what power dynamics are affecting this access? Delegates should use the experiences of women from all around the world to seek solutions and innovative ideas to ensure women’s reproductive rights.

Current Situation

There are many driving factors behind the predominant lack of reproductive rights in many regions of the world. Some of these factors include a lack of economic independence, lack of political representation in government, and traditional societal expectations that might hinder some women from pursuing greater overall and reproductive independence.³ For example, a lack of financial independence puts women at the mercy of those who are independent, such that many women cannot afford to make their own reproductive decisions. A crackdown on reproductive rights have also been in accordance with threats to women’s education and other healthcare services. Employment and migration trends, due to political and economic turbulence, have also created situations that exacerbate STI risks, the need for emergency abortions, and strain on already scarce family planning services. In Syria, before the war, women were not protected under law from rape or sexual assault, as men could marry them to avoid punishment since marital rape was not illegal. Now, due to the statewide violence, medical professionals are fleeing and leaving the few available reproductive health providers short on staff, as well as resources, supplies, and training for those remaining. There is a high number of C-sections performed due to lack of basic equipment and limited transport due to heavy bombing, even in areas with clinics and hospitals. Early marriage is prevalent across the region, causing younger and younger children to become pregnant and have

³ “Sexual and Reproductive Health Rights,” Global Fund for Women
their lives put at risk to bring babies to term. Although the situation can often seem really dismal, it is important to note that improvements have been made. For instance, according to the UN’s 2017 Report on Reproductive Health Policies, “three out of four Governments (76 per cent) have adopted one or more policy measures in the past five years to reduce the number of newborn or maternal deaths,” with the greatest rise in these reproductive policies in Africa, followed by Latin America, the Caribbean, and Asia. For instance, the UN report states that “fewer than one in five Governments have a policy restricting access to contraceptive services,” such that out of 186 countries, 19% of governments place restrictions on contraception. Regardless of these statistics, it is imperative that this committee work together to effectively analyze global reproductive rights to ensure that women have access to vital resources needed for their health.

Past Action

The Committee on the Elimination of Discrimination against Women has stated that women’s right to health includes sexual and reproductive health, and guarantees them equal rights to freely and responsibly decide matters related to their sexuality and equal access to quality education to ensure their wellbeing and that of their families. Furthermore, reproductive health is a central component to the UN’s Sustainable Development Goals, which are a list of humanitarian measures to be achieved by 2030. The following excerpt describes these targets of the SDGs that relate to reproductive rights:

Target 3.7 calls for ensuring universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030. Likewise, target 5.6 calls for ensuring universal access to sexual and reproductive health and reproductive rights. Other targets in the 2030 Agenda related to reproductive health include reducing the global maternal mortality ratio to less than 70 per 100,000 live births (target 3.1); ending preventable deaths of newborns and children under 5 years of age (target 3.2); and eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation (target 5.3).

Furthermore, the UN has also taken measures to affirm women’s right to reproductive health and services, specifically through CEDAW, or the Convention on the Elimination of all Forms of Discrimination Against Women. Article 16 of CEDAW guarantees women the right to decide “freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights,” and article 10 states that women should have “access to specific educational information to help ensure the health and well-being of families, including information and advice on family planning.” As can be seen from

5 Ibid.
these UN actions, many discussions have affirmed the reproductive rights of women, but it is up to you, delegates, to determine how to enforce these rights, especially for women in situations of armed conflict, who face even greater vulnerabilities and challenges.

**Questions to Consider**

1. What can the UN do to create a greater consensus around the definitions of sexual and reproductive violence?
2. What can the UN do to ensure the reproductive rights of women around the world? How does state sovereignty affect the limits of what the UN can do in these cases?
3. Whose responsibility is it to educate women about their reproductive rights?
4. What role can the UN play in changing gender-based norms and beliefs about women’s autonomy and reproductive rights?

**Further Reading**

- [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30990-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30990-0/fulltext)
Topic 2: Political Leadership and Engagement

Background

Despite efforts to increase female participation, there is still a severe underrepresentation of women in governmental offices and positions of leadership on both the local and national scales. Factors, such as traditional societal expectations and gender roles, further complicate the entry of women into governmental roles. Women are half of the global population, but across both regions only make up over 50% of the government representatives in two countries. How can women’s rights be protected if they do not have political power, and what can countries – and the UN – do to prioritize gender equality?

Current Situation

Although there are many factors that contribute to the lack of women in government, a look back at history sheds much light on contemporary gender norms and social structures. For example, Western colonialism has played a large role in creating a gendered social hierarchy— the remnants of which still exist today. Before colonial power structures came into play, women had very different social roles. Many were often considered equal to men, and many societies were often matriarchal in nature. In Europe, governments systematically benefitted men over women in many aspects, and this followed with European control in Latin America, creating a lasting gender divide that may be partially responsible for the current exclusion of women from political positions across the region. In Asia, only 19.8% of politicians in office are female; in Latin America, only about 30% of women hold political office across 12 countries. The shared history and cultural influences of colonialism and religion—which was often imposed by colonizers—are factors in the current lack of women in the political sphere. There are other factors as well that have impacted the low numbers of women in government. An NPR article, which researched some of these factors, collected evidence to claim that women often avoid running for office because they perceive the political field as too competitive, view their qualifications as inadequate, or are constrained by their existing maternal and familial roles as the primary caretaker of child care and the household. However, female involvement is also lacking in not just office, but in everyday forms of political engagement as well. Women are less likely to vote and attend political rallies in both regions. Although women’s representation in the political field may seem slightly grim, it is important to note that there has been a steady rise in female participation in

9 “Facts and Figures: Leadership and Political Participation,” UN Women
government. According to The World Bank, the proportion of seats held by women in national parliaments has increased from 11.6% in 1997 to about 24% in 2018.\(^{11}\)

**Past Action**

In recent decades there has been a steady rise in female politicians, as several countries have implemented quotas for women in government, such as Bolivia, Mexico, and Argentina.\(^ {12}\) The UN enacted the Beijing Platform for Action during the World Conference on Women to set a target for balanced gender political involvement but much work remains. The issue of gender inequality and equal representation is also incorporated into the UN’s Sustainable Development Goals, specifically through goal number 5: Gender Equality. Furthermore, in an effort to track global progress, the UN has also created a “Women in Politics” map to motivate and depict the changing political atmosphere in favor of a more diverse and representative one.\(^ {13}\) Despite these initiatives, greater efforts across the board to address this issue. Delegates are encouraged to think of interdisciplinary ways to increase female political participation in government by analyzing diverse factors including from education, economic development, and societal expectations.

**Questions to Consider**

1. What is the current ratio of men to women in office? Is this equal to the ratio in the population?

2. What is the societal norm for women in your country? How has this changed over time?

3. How many women show up to vote or to political rallies? Does this statistic change depend on race? What about household income?

4. How do certain forms of government influence opportunities for political participation?

5. Does your country have any laws currently enforced protecting women who show up and vote?

6. What protections exist in your country regarding political endeavors and how are these protections beneficial? What do they lack? Who is not protected by these laws?

**Further Reading**

- [https://www.pewresearch.org/fact-tank/2017/03/08/women-leaders-around-the-world/](https://www.pewresearch.org/fact-tank/2017/03/08/women-leaders-around-the-world/)

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\(^ {11}\) “Proportion of seats held by women in national parliaments (%),” The World Bank (2018)

\(^ {12}\) “Improving Women’s Representation,” J-PAL (2018)

\(^ {13}\) “Sustainable Development Goals,” United Nations (2017)
Topic 3: Maternal Health and Family Planning for Women Affected by HIV

Background

Maternal health, as defined by the World Health Organization, is “the health of women during pregnancy, childbirth and the postpartum period.” Sub-Saharan Africa, has, by far, the largest rate of maternal mortality across the globe. How can countries expand medical resources and make them accessible to all women, even those in rural areas in which the nearest hospital is an hour away, in an economically feasible manner? Some estimates have concluded that every minute, another woman is infected with HIV in this region. How do countries provide adequate family planning services to prevent the spread of HIV while allowing individual women to maintain their bodily autonomy and make informed decisions? What actions should be taken in different areas, and to what extent can the UN intervene in women’s health decisions regarding taking medicine or choosing to expand their families? These are all important questions that you, delegates, should ponder critically and work to find solutions for through debate.

Current Situation

Women, especially young women, are one of the demographics most affected by HIV due to social norms and lack of access to preventative measures, and it has been estimated that “women account for more than half the number of people living with HIV worldwide.” Sub-Saharan Africa is one of the regions most affected globally by the HIV crisis, and estimates say fifty teen girls die daily from AIDS-related illnesses. Efforts to prevent the spread of HIV among women have not been entirely successful, with efforts stymied as gender-based violence, gender inequalities, and local superstitions or traditions augment women’s vulnerabilities. In 29 countries, women require consent of spouses and partners for access to sexual and reproductive health facilities and exams, which means less women (especially younger ones) have accessible medical services, such as contraception, PrEP, exams, other treatment, and family planning. Misinformation, often due to a lack of qualified healthcare employees and limited access to medical providers, is rampant and has the potential to cause more women to be distrustful of existing medical services and deny care if they are able to access it.

Factors such as low education and high poverty also put women at risk. Research has shown that every year of schooling a girl receives will reduce her risk of contracting HIV by 11.6%, although that education often might not include adequate information on safe sex or HIV. Furthermore,
poverty increases the likelihood of trafficking and risky behaviors that potentially threaten women's wellbeing in terms of health. And in the instances when women can access medical care, it often comes at a relatively high cost. Existing services may be unaffordable, especially for women from rural areas or those from poverty or from situations of financial dependence. Despite these challenges, adequate maternal health is of even greater importance for women suffering from HIV, as greater precautions should be taken to ensure that the HIV doesn’t spread to the child during birth. Education of the possible risks of transmitting HIV during birth, effective pre- and post-natal care, and family planning support are imperative to protect the viral status of the baby.

Family planning is also an essential component to alleviating the burden of HIV for mothers, as adequate family planning can reduce the risk of having an HIV-positive child. The United Nations Population Division claims that in 2017 about 63% of women were using some type of contraceptive, and that 84 percent of Governments provide direct support for family planning, meaning that family planning services are provided through government-run facilities or outlets.19 Although it is a positive trend to see the rise of family planning and government support of it, more needs to be done to integrate family planning with HIV care.

It is also important to consider the need for antiretroviral therapy for mothers with HIV in order to keep their viral loads low. What can the UN do to ensure that these medications are accessible and affordable for HIV-positive mothers around the world? Further, how does societal stigma impact a mother’s decision and opportunity to get a screening, treatment, and follow-up care?

**Past Action**

In 2012, the UN Women committee sponsored UNAIDS as a step to mediate the gender inequalities at play in the fight against HIV. Additionally, there was a draft resolution passed by the General Assembly in 2016 called the *Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030*, which asks countries globally to escalate existing measures to end AIDS and eliminate HIV stigma and discrimination.20 The United Nations Population Fund also addresses maternal health and HIV; however, it does so through separate means. This brings up a really important point in global health: addressing two issues separately is not equivalent to addressing a combined issue. For instance, creating initiatives to improve maternal health and other initiatives to increase HIV screening are vital, but if these services and goals are not integrated into finding maternal health solutions for women with HIV, then a significant portion of the population will continue to be neglected and subject to enormous vulnerabilities. Delegates, I encourage you to use this framework as an invitation to find integrated

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and dynamic solutions to seek to address the complex problems that surround our world.

Questions to Consider

1. What is considered “family planning”, and are these services accessible across the nation to women of all income levels? If there is a form of welfare in your country, does it cover family planning services or anti–HIV medication and treatment?

2. Does family planning involve only women? How do other factors like financial dependence affect the services that are available to them?

3. How do social and cultural norms influence power dynamics in your country?

4. How does this affect the way family planning is seen across the country?

5. Can we force a woman to take medication to prevent spreading HIV if she does not want to, due to personal choice, religious prohibition, or something else?

6. How does gender based violence affect the ways women access healthcare?

7. What efforts are being made to protect women from trafficking and other risky behaviors that may increase their chances of contracting HIV and affect their reproductive wellbeing?

8. What sex and health education, if any, are offered in your nation? How do they inform women of topics like consent and safe sex across the nation? If these services are offered in schools, do women have access to these schools?

Further Reading

- https://www.who.int/pmnch/media/press_materials/fs/fs_hivaids_mnch/en/
Works Cited


