

UTMUN



Commission on the Status of Women

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Content Disclaimer

At its core, Model United Nations (MUN) is a simulatory exercise of diplomatically embodying, presenting, hearing, dissecting, and negotiating various perspectives in debate. Such an exercise offers opportunities for delegates to meaningfully explore possibilities for conflict resolution on various issues and their complex, even controversial dimensions – which, we recognize, may be emotionally and intellectually challenging to engage with.

As UTMUN seeks to provide an enriching educational experience that facilitates understanding of the real-world implications of issues, our committees' contents may necessarily involve sensitive or controversial subject matter strictly for academic purposes. We ask for delegates to be respectful, professional, tactful, and diplomatic when engaging with all committee content, representing their assigned country's or character's position, communicating with staff and other delegates, and responding to opposing viewpoints.

The below content warning is meant to warn you of potentially sensitive or triggering topics that are present in the formal content of this background guide, as well as content that may appear in other aspects of committee (e.g., debate, crisis updates, directives), so that you can either prepare yourself before reading this background guide or opt-out of reading it entirely:

Some of the content discussed in this guide and this committee deals with sensitive subject matter. This content might include: Rape, sexual assault, sexual harm and harassment, genital mutilation, physical violence and abuse, residential schools, abortion, miscarriage, and forced sterilization.

If, because of this committee's content warning, you wish to request switching committees and you registered with UTMUN as:

- a) part of a group delegation, please contact your faculty advisor and/or head delegate with your concerns and request.
- b) an individual delegate, please email our Equity Officer at equity@utmun.org with a brief explanation of your concerns based on this committee's content warning and your request to switch. You will be contacted shortly regarding your request

UTMUN Policies

We ask for your cooperation in maintaining order, both inside and outside of committee session, so that we may provide a professional, safe, inclusive, and educational conference.

Throughout the conference, please note that delegates shall only:

1. Wear Western Business Attire (i.e., no costumes, no casual wear)
2. Embody their assigned country's/character's position, not their mannerisms (e.g., no accents, no props)
3. Use laptops or electronic devices during unmoderated caucuses to draft paperless resolutions/directives (subject to their committee director's permission)
4. Opt for diplomatic, respectful, and tactful speech and phrasing of ideas, including notes (e.g., no foul language, suggestive remarks, or obscene body language)
5. Make decisions that contribute to a professional, safe, inclusive, and educational space for debate

The rest of our conference policies can be found on our website at <https://www.utmun.org/conference-policies>. By attending all or part of a UTMUN conference, attendees agree to abide by all of our conference policies.

Furthermore, delegates' efforts to contribute to a culture of collaboration, inclusivity, and equity at our conference, both inside and outside of committee session, will be considered by the dais and Secretariat when determining conference scholarships and committee awards.

In cases of failing to adhere to any of UTMUN's policies, the Secretariat reserves the right to take any action it deems necessary, including rendering delegates ineligible for awards, taking disciplinary action, and prohibiting delegates from participating further in the conference.

Equity Concerns and Accessibility Needs

UTMUN 2020's Secretariat and Staff are committed to ensuring every attendee has an enjoyable, comfortable, and safe experience and is able to participate fully and positively at our conference.

If you have any equity concerns (e.g., concerns about barriers to participation) or accessibility needs now or during the conference, please do not hesitate to contact your committees' dais and/or our Equity Officer at equity@utmun.org.

A Letter from Your Director

Hello delegates!

A warm welcome to UTMUN 2020 (albeit in not so warm weather). My name is Sarah Baloch and I am this year's director for the Commission on the Status of Women (CSW). A little about me—I am a third-year student at the University of Toronto studying Public Policy and Economics. I came to Canada from Karachi, Pakistan and have thoroughly enjoyed my time here with the people, places, city life and definitely, food. On the side, I have participated in performance including standup comedy. I am looking forward to meeting all of you and I hope my team and I uphold your expectations as a dias.

The CSW aims to discuss and tackle pertinent issues faced by women around the globe. These topics are extremely important and soaking in as much knowledge can help you understand the concept of perspective and the process of reaching cohesive solutions. An easy way to segment your discussion of these issues is into their causes, effects, and solutions. Formal language is expected of the candidates, as well as making sure to follow rules of procedure. However, do not hesitate to ask the dias any questions! It is completely okay to not know certain processes, whether they include voting procedure or passing draft resolutions. You are here to learn and grow as debaters. As the dias, we ask that you always remain respectful and considerate to your fellow delegates, and make sure to listen and not speak over anyone during the debate. Listening is as important as speaking during Model UN.

Having been in your place as a former high school MUN debater, I understand that the pace of the debate and its hectic schedule can be overwhelming! That is why I want to remind you that rather than only competing for an award or giving the best speech, the main focus of your participation should be learning as much as possible, whether it is about the topics at hand or the whole procedure of debate. Trust me when I say this, your experiences from these conferences are what will always remain.

The way I see a background guide is that of like a "map" or "route" that delegates are expected to take in the committee. The mentioned topics and their sub-topics are issues that should act as your stepping stones for research, giving you an insight into what kind of trajectory the debate should be taking. The background guide is merely a benchmark for what is required of you all, and cannot be a replacement for your individual in-depth research about your own country's stance on the matter. Remember, the more innovative and efficient your solutions, the better the flow of debate and thus more creative resolutions.

So to summarize it all; research, innovative solutions, listening and most of all, respecting each delegate are what is needed of you!

Best of luck delegates, see you at the conference!
Sarah Baloch
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Topic A: Empowerment of Women in Rural Areas

With rural women making up a quarter of the world's population, this is a pressing global issue. The committee must focus on envisioning a broader role for women than simply within domestic terms ("securing food for the family", "caregiver") and take into account their roles as leaders, stakeholders, policy makers, and politicians. General debates can focus on breaking the disempowering words such as "domestically useful". Before anything, describing what empowerment means for rural women has proved controversial, and must be brought up in committee. Lack of funding and initiatives for rural women empowerment must be discussed, and countries should negotiate towards sustainable and viable solutions, while respecting their assets and rights.

Land Rights Of Women In Rural Areas

In low-income, agrarian nations, women represent a vital part of the workforce. Rural women contribute significantly to agriculture and undertake the majority of unpaid domestic work, but they face obstacles in the area of land rights. In these countries, land is often the most important commodity and a source of economic opportunity in the form of employment, crop sales, and access to credit. Food security and proper nutrition depend on land ownership¹. However, despite the amount of labour done by rural women, they face a severe disadvantage: in many developing countries, legal constraints prevent land ownership by women. Social barriers are another restriction to female land rights, even in the absence of unequal legislation.²

In many South American, South Asian, and African nations, women's agricultural land ownership is usually between 0% and 19%, disproportionately little for how much of the population and the workforce that women constitute. As a consequence, women are often dependent on male family members, and even when women do own land, they own significantly less land than men. Reliable statistics are lacking for many agrarian nations, and there are gaps in general understanding of how legal, household, and individual factors interact in this issue, which poses a problem in policy formation and monitoring progress². Gender inequality in labour earnings is estimated to cause a global economic loss of 160 trillion USD each year.

In rural Nigeria, 60–80% of the agricultural labour force consists of women, who produce two-thirds of the food crop and also make up the majority of the poor and illiterate population. Production and management decisions are made almost entirely by men, as women are barred from access to credit, farmers' organizations, or training. There is insufficient momentum within the government and the public to change this situation, meaning that women's potential contributions to agricultural management and national

1 Tomita, Nicole. "Realizing Land Rights to Deliver for Rural Women." Landesa, September 12, 2019. <https://www.landesa.org/realizing-land-rights-to-deliver-for-rural-women/>.

2 Kaaria, Susan, and Martha Osorio. "The Gender Gap in Land Rights." Food and Agriculture Organization of the United Nations, 2018. <http://www.fao.org/3/I8796EN/i8796en.pdf>.

development are unrealized. Economic empowerment initiatives for women in Nigeria rely on two dimensions: use of time and control over production and income³.

India's Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is a public employment program that guarantees 100 days of work per year to willing adults in over 120 million households in India. MGNREGA aims in part to encourage female engagement: the program is over 50% female, with childcare services provided for women and equal wages guaranteed for men and women. This act is an important step toward reducing agricultural gender inequality and addressing socio-cultural barriers leading to female underrepresentation in the workforce. Women make up almost three-quarters of Upper Egypt's agricultural labour force, but often have no say in decision-making. Women's cooperatives in Egypt, funded by the UN and the Egyptian government, independently raise cattle and other livestock, securing economic independence for disadvantaged women⁴.

Reducing the time women spend on unpaid domestic labour and increasing their ownership of productive assets, especially land, are essential ways to work toward closing the gender gap in land ownership and the resulting economic opportunity. The security of women's property rights is an important factor to maintain land ownership, something that has begun to be addressed by a large-scale land certification initiative by the World Bank⁵. UN Women has done work to train, equip, and fund women to take control of their finances and break into agricultural management⁶. Institutional and social limitations that restrict women's access to economic opportunities, land rights, and social mobility must be addressed, and investments must be made in girls and women for social and economic growth to succeed in developing countries⁷.

Health of Rural Women

Women face many barriers to accessing health services in developing countries, without proper infrastructure in place to address such issues as maternal health, HIV/AIDS, and cervical cancer. Reproductive health is a particular concern in rural areas, where unwanted pregnancy rates are high and services are inaccessible⁸; 800 women die each day from complications relating to pregnancy⁹. Rural maternal mortality is almost always

3 "Analysis of Women Empowerment in Rural Nigeria: A Multidimensional Approach." *Global Journal of Human-Social Science* 16, no. 6 (2016): 19–32. <https://pdfs.semanticscholar.org/9a8b/970554bde91217fa721fae8305b2f30191bf.pdf>.

4 "Women Cooperatives in Upper Egypt." UN Women, September 15, 2014. <https://www.unwomen.org/en/news/stories/2013/10/women-cooperatives-in-upper-egypt>.

5 "Promoting Land Rights to Empower Rural Women and End Poverty." The World Bank, October 14, 2016. <https://www.worldbank.org/en/news/feature/2016/10/14/promoting-land-rights-to-empower-rural-women-and-end-poverty>.

6 "Rural Women." UN Women. Accessed November 4, 2019. <https://www.unwomen.org/en/what-we-do/economic-empowerment/rural-women>.

7 Wodon, Quentin, and Bénédicte de la Brière. "Unrealized Potential: The High Cost of Gender Inequality in Earnings." World Bank Group, May 1, 2018. <http://hdl.handle.net/10986/29865>.

8 Khaleghinezhad, Khosheh, Nourossadat Kariman, Fatemeh Nahidi, Abbas Ebadi, and Malihe Nasiri. "Evaluation of Reproductive Health Status among Women Referring to Rural Healthcare Centers in Neyshabur (Iran) in 2017." *Electronic Physician* 10, no. 4 (2018): 6640–46. <https://doi.org/10.19082/6640>.

9 Kanem, Natalia. "Protecting Reproductive Rights of Rural Women." United Nations Population Fund, March 8, 2018. <https://www.unfpa.org/press/protecting-reproductive-rights-rural-women-pathway-more-equal-world>.

preventable, but lack of education about pregnancy, remote hospitals, and early conception all act as obstacles to stopping these deaths. In some countries, the legalization of abortion has reduced mortality by reducing the incidence of self-induced abortion. Additionally, menstrual health is a related problem. Many women lack access to clean materials, safe disposal facilities, and privacy while menstruating. Pain management is another concern for rural women, and stigma around menstruation leads to women neglecting proper care and materials, for fear of hurting their reputation¹⁰. Education and the creation of accessible infrastructure have been recognized as the most vital factors for helping women get through clean, safe pregnancies and menstrual cycles¹¹.

Poor or nonexistent sanitation facilities cause infection and disease universally, particularly in South Asia. Sanitation issues that affect developing communities are compounded for women, who face risks related to pregnancy and menstrual health. Female sanitation insecurity extends beyond a lack of toilets. Even when latrines are available, fear of assault and judgment, especially during menstruation, causes stress and may discourage women from using them, and facilities are often unsanitary themselves. Women also face an increased risk of violence when travelling to and from open fields in the case of unavailable toilets¹². Women have reported not eating to reduce defecation and being unable to attend to household tasks while menstruating. There are two major problems with sanitation insecurity: social stigma, which discourages women from seeking appropriate sanitation facilities; and poor or nonexistent facilities themselves, with broken doors and roofs or unclean surfaces¹³.

Mental health is also a concern for women in developing nations, considering the violence and lack of access to counselling resources that women face. In rural nations, common factors that contribute to mental illness for women include conflict with husbands, domestic abuse, poverty, and postpartum depression. The majority of rural populations lack access to mental health services, meaning that diagnosis and treatment are often unavailable. This is especially true for women: symptoms are often unrecognized, and women who suffer from domestic violence and poor family relationships are less likely to seek help. Mental health has gone largely unaddressed and overlooked in rural areas. Current initiatives focus on social inclusion, reducing violence and discrimination, and access to economic rights, and are all factors that can help mitigate the problem of mental illness among women in

10 Macrae, Elizabeth R., Thomas Clasen, Munmun Dasmohapatra, and Bethany A. Caruso. "It's like a Burden on the Head: Redefining Adequate Menstrual Hygiene Management throughout Women's Varied Life Stages in Odisha, India." *Plos One* 14, no. 8 (2019). <https://doi.org/10.1371/journal.pone.0220114>.

11 "Women's Health in the Developing World." *Work The World*. Accessed November 4, 2019. <https://www.worktheworld.co.uk/blog/womens-health-developing-world>.

12 Khanna, Tina, and Madhumita Das. "Why Gender Matters in the Solution towards Safe Sanitation? Reflections from Rural India." *Global Public Health* 11, no. 10 (2015): 1185–1201. <https://doi.org/10.1080/17441692.2015.1062905>.

13 Caruso, Bethany A, Thomas F Clasen, Craig Hadley, Kathryn M Yount, Regine Haardörfer, Manaswini Rout, Munmun Dasmohapatra, and Hannah Lf Cooper. "Understanding and Defining Sanitation Insecurity: Women's Gendered Experiences of Urination, Defecation and Menstruation in Rural Odisha, India." *BMJ Global Health* 2, no. 4 (2017). <https://doi.org/10.1136/bmjgh-2017-000414>.

developing communities¹⁴.

Education of Rural Women

The majority of the illiterate population of the world is female, and rural girls have lower education rates than rural boys and urban girls, with only 39% of rural girls attending school globally¹⁵. Education is often inaccessible in rural areas, and this is especially true for women; it is estimated that 15 million girls around the world will never attend school compared to 10 million boys¹⁶. The risks of female genital mutilation, child marriage, and family insecurity are all increased by a lack of education¹⁵. Gender stereotyping, discriminatory legislation restricting girls' educational rights, school-related costs that impede impoverished women from seeking education, and physical distance from schools all act as barriers to rural girls' education¹⁷.

Cultural norms are one of the most major education-related obstacles for rural girls. Women are socialized from a young age in many developing nations to take on domestic responsibility and neglect the possibility of professional careers or education. Girls are often unaware of their own rights to education, and even when they do attend school, they may be treated poorly or unfairly by teachers. Infrastructural barriers also exist: separate toilets, menstrual hygiene resources, and safe drinking water are often unavailable in rural schools.

In rural Kenya, the child marriage rate is 50%, and over half of girls undergo genital mutilation. Family barriers often stop girls from achieving education beyond elementary school. Kakenya's Dream, an organization that runs an all-girls primary school in one rural Kenyan community, works to fight these challenges. The program provides girls with food, shelter, and quality education, involving girls' families with their education and working to ensure that they can attend high school and pursue further education or careers. Kakenya's Dream has successfully protected participating girls from genital mutilation and child marriage and helped uplift nearby communities by producing strong, educated female leaders. However, most rural women do not have access to similar resources; funding may simply not be available for girls' education, and legislation may act as a barrier to these programs¹⁸.

In Tajikistan, groups of rural women have emerged with the goal of attaining independence and business skills. These "Self-Help Groups", or SHGs, are supported by UN

14 Kermode, Michelle, Helen Herrman, Rajanikant Arole, Joshua White, Ramaswamy Premkumar, and Vikram Patel. "Empowerment of Women and Mental Health Promotion: a Qualitative Study in Rural Maharashtra, India." *BMC Public Health* 7, no. 1 (2007). <https://doi.org/10.1186/1471-2458-7-225>.

15 "Facts & Figures." UN Women. Accessed November 4, 2019. <https://www.unwomen.org/en/news/in-focus/commission-on-the-status-of-women-2012/facts-and-figures>.

16 Their News. "Why Girls around the World Are Still Denied an Equal Chance of Education." *Theirworld*, July 26, 2017. <https://theirworld.org/news/why-girls-are-still-denied-equal-chance-of-education>.

17 "Realisation of the Equal Enjoyment of the Right to Education by Every Girl." United Nations Human Rights, 2016. <https://www.ohchr.org/Documents/Issues/Women/WRGS/ReportGirlsEqualRightEducation.pdf>.

18 "Investing in Girls' Education Transforms Rural Communities." Council on Foreign Relations, October 11, 2017. <https://www.cfr.org/blog/investing-girls-education-transforms-rural-communities>.

Women's Central Asia Regional Migration Program. Participants are trained to start their own businesses and work jointly with other women to succeed; workshops inform women about their rights, effective business planning, and budget management. SHGs often consist of women who did not complete their education due to social and personal barriers, and the program serves as an alternative way to continue practical and productive learning. Women who participate are also more likely to encourage their own daughters to become educated, creating a positive cycle of change within rural communities¹⁹.

To create change in developing countries, girls' education must be supported by community leaders, teachers, and family members. NGO and UN investment into programs like Kakenya's Dream and Tajikistan's SHGs should be prioritized as a way to increase female empowerment and reduce the divide between rural and urban communities, the latter of which tends to receive more external attention¹⁸. Finally, infrastructural and legislative changes should be made in schools to address discriminatory resources and policies¹⁷.

Violence Against Women

Women in rural areas deal with violence on a scale unlike any other demographic. Domestic violence, sexual violence, child marriage, and genital mutilation are among the many threats to safety and wellbeing that rural women face, and many of these are exacerbated by poverty. Societal norms and beliefs reinforce the idea of male dominance, perpetuating cycles of violence against women.

Domestic abuse rates are higher in rural communities than urban, but the majority of investigation is focused on urban areas. Social stigma and inadequate social services contribute to women's inability to get out of violent family situations, along with financial dependence on abusive partners, slow or unavailable police responses, physical isolation, and the prospect of either moving from the community or continuing to live in close proximity to the partner²⁰. Women are often unable to recognize abuse, particularly when it is sexual and psychological, and unaware of where to seek help. Even when police services are accessible, they are often indifferent to gender-based violence²¹. The tight-knit nature of many communities also means that even when services are available, workers are likely to know both partners²⁰. Some women are forced to turn to gangs and unsafe shelters for respite²¹. Insufficient action has been taken to address the worldwide problem of rural domestic abuse, but recommendations include increasing funding for women's shelters and social services, investing in rural economy and female empowerment, and improving education surrounding gender-based violence²⁰.

19 "In Tajikistan, Rural Women Gain Business Skills and Independence through Self-Help Groups." UN Women, April 10, 2013. <https://www.unwomen.org/en/news/stories/2013/4/in-tajikistan-rural-women-gain-business-skills-and-independence-through-self-help-groups>.

20 Lander, Dan. "Understanding Domestic Violence against Young Rural Women." Phys.org, September 23, 2019. <https://phys.org/news/2019-09-domestic-violence-young-rural-women.html>.

21 Atrayee, Sen. "Women's Vigilantism in India: A Case Study of the Pink Sari Gang." SciencesPo, December 20, 2012. <https://www.sciencespo.fr/mass-violence-war-massacre-resistance/en/document/womens-vigilantism-india-case-study-pink-sari-gang>.

Sexual violence against women is another particular point of concern in developing countries. In areas without toilets, travelling to and from fields or latrines increases women's risk of assault; marital rape and gang rape are further issues that affect rural women to a much greater extent than urban women. Little investigation has been done into sexual assault rates in most countries, but up to one quarter of rural women may be affected by sexual violence. Victims of sexual violence may face long-lasting psychological damage and reproductive health problems, and in countries where HIV is prevalent, sexual assault victims may be unknowingly infected. Social obstacles prevent women from reporting rape, especially marital rape, leading to deficiencies in international statistics and a lack of justice. Women who have been assaulted are also at higher risk for suicide and murder. Sexual assault happens most often in the home, but schools, hospitals, and refugee settings are all also relatively common environments²². Ineffective justice and support systems, male-centric social structures, poverty, and cultural stigma are the largest contributors to continued sexual violence in developing regions. Education, individual support, healthcare training, and policy reform are all vital approaches to reducing sexual violence against rural women.

Child marriage is closely linked to sexual violence. Girls are married as early as seven years old in some African countries, and child marriage is particularly prevalent in rural regions. This practice is legal in many countries. Young girls are unable to consent and often do not understand the situation they are in, resulting in forced sexual encounters in many cases²². Local attitudes toward child marriage are deep-rooted in tribal and caste systems, and child marriage perpetuates social cycles of poor education, poverty, dependence, and violence²³. The United Nations Children's Fund (UNICEF) has partnered with governments and civil groups to reduce child marriage by illegalization, education, monitoring, and working with communities to change social norms.

Female genital mutilation (FGM) is a cultural form of violence against women in many developing countries, particularly in Asia, Africa, and the Middle East. 200 million girls around the world have undergone FGM, generally from the age of 0 to 15²⁴. This practice poses a significant risk of infection, sexual and menstrual problems, and complications in childbirth. FGM, though internationally recognized as a human rights violation, is considered a cultural tradition in many areas. FGM is also linked to child marriage, believed to ensure virginity and fidelity and prepare girls for marriage. Some communities have come together to reject FGM as a cultural practice, including the Yoni Chiefdom in northern Sierra Leone²⁵. These community decisions, public policy changes, programs to support rural female leadership, and international monitoring and condemnation are the first steps to ending FGM.

22 "World Report on Violence and Health: Sexual Violence." World Health Organization, n.d. https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf.

23 "Child Marriage." UNICEF India. Accessed November 4, 2019. <https://unicef.in/Whatwedo/30/Child-Marriage>.

24 "Female Genital Mutilation." World Health Organization, January 31, 2018. <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

25 Mlambo-Ngcuka, Phumzile. "Violence against Women in Rural Communities." UN Women, December 7, 2017. <https://www.unwomen.org/en/news/stories/2017/12/op-ed-ed-phumzile-16days-day13>.

Questions to Consider

1. What are states doing to improve their conditions, and what level of regard do they give this issue?
2. What stances will they take from a grassroots level to an international level?
3. What issues arise based on each country's policies or legislation?
4. What are developing and developed nations doing to help the issue? Is it being prioritized?

Topic B: Empowerment of Indigenous Women

To understand the sensitivity of this topic we urge delegates to educate themselves on the history of indigenous people. Imagine if colonizers came to your homeland, and never left. Post-colonial populations tend to either carry certain values of their colonizers or are forced to live in a certain way. The unfortunate story regarding indigenous peoples is that their suffering is ongoing, as their land, basic needs are all being encroached upon and violated. The United Nations Declaration on the Rights of Indigenous Peoples is the most in-depth document on the rights of indigenous people. Created in 2007, it formulates a template for the way indigenous people must be treated.

Amongst this already marginalized group is an even smaller circle of people who are the indigenous women. They contribute to the strength, and maintenance of a community, and are known for playing essential roles as 'keepers of cultural identity' and 'traditional guardians' of the natural environment. Their role in communities is underestimated and their empowerment should not be a luxury, rather a necessity.

Indigenous women have been subject to injustice, violence and unfair political representation all over the world. Their basic rights have been both undermined and denied, and their space and position in communities unfairly disregarded. They are "disproportionately impacted by poverty"—33 percent of extremely poor people are in fact, indigenous.²⁶ The 2030 Agenda for Sustainable Development's speaks of the necessity to empower indigenous women and girls, and advance the rights of all indigenous people.²⁷ The committee must decide how to navigate through this important issue, and discuss solutions whilst remaining extremely sensitive to indigenous people and their plight. Remember, as much as research on their issues through reliable sources is extremely important, their voice must be taken into account; such as in UN speeches given by indigenous women, or summits where indigenous women have spoken.

Physical Violence Against Indigenous Women

Violence against women and girls is globally recognized as a form of gender-based discrimination deeply rooted in values of unequal power relations between males and females. The United Nations Declaration on the Elimination of Violence Against Women is protective of females of all ages. It defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".²⁸

26 Capobianco, L (2010). Community Safety and Indigenous Peoples: Sharing Knowledge, Insights and Action. Montreal: International Centre for the Prevention of Crime.

27 United Nations Development Programme (2014). Sustaining human progress: reducing vulnerabilities and building resistance, Human Development Report 2014, p. 3.

28 United Nations Declaration on the Elimination of Violence Against Women, A/RES/48/104.

In Bolivia, the departments of Chuquisaca, Cochabamba, La Paz, Potosí and Oruro possess the highest concentration of indigenous people, who constitute 62 per cent of the population.²⁹ Indigenous women and girls have been victims of gender-based violence in conflicts in countries such as Colombia, Guatemala, Mexico, Nicaragua and Peru.³⁰ “Stolen Sisters” is a report by Amnesty International on the violence against indigenous women in Canada, speaking about the systemic and institutional violence against indigenous women taking place, which includes psychological, physical (sexual assault, murder) and destruction of their homes and spaces. This has been backed by a report citing research findings that indigenous women were 12 times more likely to be killed or to disappear than other women in Canada.³¹

Action and change has been championed by Amnesty International, through improvement of the police force in terms of protecting them and further implementation of the laws to respect their land and homes. Notable proposals by Amnesty International include:

1. Ratify and uphold international instruments relevant to the prevention of violence against indigenous women including the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Indigenous women.
2. Creation of a national registry for statistical information on violence against indigenous women and provide funding for further research into the types of violence and location of where it is most prevalent.

Economic Empowerment of Indigenous Women

According to a report backed by economists, “a woman is economically empowered when she has both the ability to succeed and advance economically and the power to make and act on economic decisions,” and “to succeed and advance economically, women need the skills and resources to compete in markets, as well as fair and equal access to economic institution.”³² The livelihood of indigenous peoples and indigenous women in Nepal, for example, is fully dependent on their lands, territories and resources.³³ For indigenous women, there has been a lack of proper education, work-force or say in economic matters of their communities. In addition, there exists a lack of awareness of indigenous people’s history in countries. In certain countries, indigenous children were put in residential schools

29 International Labour Organization, ‘Bolivia’, <ilo.org/indigenous/Activitiesbyregion/LatinAmerica/Bolivia/lang--en/index.htm>, accessed 14 May 2013.

30 Bastick, Megan, Karin Grimm, Rahel Kunz, Sexual Violence in Armed Conflict: Global Overview and Implications for the Security Sector, Geneva Centre for Democratic Control of Armed Forces, Geneva, 2007, pp. 72-84.

31 Canada ‘complicit in race-based genocide’ of indigenous women, (BBC, 2019). Retrieved from <https://www.bbc.co.uk/news/world-us-canada-48503545>.

32 ICRW, 2011. Retrieved from <https://www.icrw.org/wp-content/uploads/2016/10/Understanding-measuring-womens-economic-empowerment.pdf>

33 “Report on Economic Empowerment of Indigenous Women in Nepal” (UNDP, 2018). Retrieved from https://www.undp.org/content/dam/nepal/docs/2018_undpnepal/UNDP_NP-Economic-empowerment-of-indigenous-women-in-nepal.pdf

to eliminate their culture, and thus, their schooling was targeted to harm their legacy rather than empower it. The contributions of indigenous women to the economy and their abilities must be discussed, as once we take them into account, it could lead to improvement in rural sectors and agrarian economies. Standards of living can be improved through education and equal economic opportunity, and delegates must discuss how those opportunities can be provided for an indigenous woman.

Political Representation of Indigenous Women

Parliamentary representation of indigenous peoples, a traditionally underrepresented and historically marginalized group, can help ensure that their rights are protected, and their unique interests are heard and translated into relevant policies.³⁴

Climate change and its repercussions are global issues that have been given importance and status as part of government agendas today. For years, indigenous people have laid importance to the land, soil and the earth, and have always denounced any forms of damage to the earth; be it through construction, deforestation, installation of pipelines to extract and distribute oil, or increases in carbon emissions through man-made structures. Autumn Peltier is a female indigenous activist who spoke at the Global Landscapes forum by the World Bank. The young activist spoke about the lack of clean water to indigenous people and their lands. "I've said it once, and I'll say it again: we can't eat money or drink oil," said the activist from Wiikwemkoong First Nation on Manitoulin Island in northern Ontario.³⁵ Their word and voice must be heard for such an important agenda, and thus, the need for their political representation is more important than ever.

Land Rights of Indigenous Women

Indigenous people have deep spiritual, cultural, social and economic connections with their lands, territories and resources, which are integral to their identity and existence itself.³⁶ Their tradition of collective rights to lands and resources—through the community, the region or the state—contrast with dominant models of individual ownership, privatization and development.³⁷

There is growing recognition that advancing indigenous peoples' collective rights to lands, territories and resources not only contributes to their well-being, but also to the greater good, by tackling problems such as climate change and the loss of biodiversity.³⁸ Indigenous lands make up around 20 per cent of the earth's territory, containing 80 per cent of the

34 Inter-Parliamentary Union, "Beyond Numbers: The participation of indigenous people in parliament". Retrieved from <http://archive.ipu.org/pdf/publications/indigenous-sur-en.pdf>

35 "Canadian Indigenous water activist Autumn Peltier addresses UN on clean water", (CBC, 2019). Retrieved from <https://www.cbc.ca/news/world/canadian-indigenous-water-activist-autumn-peltier-addresses-un-on-clean-water-1.5301559>

36 UN Department of Public Information. Retrieved from <https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/04/Indigenous-Peoples-Collective-Rights-to-Lands-Territories-Resources.pdf>

37 Ibid.

38 Ibid.

world's remaining biodiversity—a clear sign that indigenous peoples are the most effective stewards of the environment.³⁹ In a few countries, progress has been made in realizing indigenous peoples' rights to lands, territories and resources. Examples include:

- In Australia, more than 20 per cent of the land is legally owned by indigenous peoples under native title and statutory land rights schemes—most of it in remote areas.
- India's Forest Rights Act 2006 includes the rights of scheduled tribes to forest lands under individual or common occupation through village assemblies and requires the consent of the community for their resettlement.
- Indonesia's Constitutional Court in 2013 restored the rights of indigenous communities over their customary forests, which were earlier considered "State forests."
- In New Zealand, the Treaty of Waitangi in Aotearoa retains the collective and individual rights of the Maori over their lands, forests, fisheries and other properties, with a permanent Tribunal established in 1975 to consider any breach of the Treaty⁴⁰

Land rights have been neglected, and the committee must come up with cohesive means to implement them.

Health Care for Indigenous Women

Many Indigenous women suffer health problems due to the context of their lives, with significant impacts being related to dispossession, forced removals from family, racism, marginalisation and exposure to violence. We can have significant health gains for indigenous women through improved prevention, early detection and treatment to address the higher levels of risk factors and the burden of disease with earlier onset and lower survival rates.⁴¹ As stated before, delegates must read into the history of indigenous women to truly understand the difficulties they have faced with basic necessities such as health.

Guatemala's 'Maya Mothers and Children' project strived to improve maternal and newborn health for indigenous people in the Totonicapán and Quetzaltenango departments of Guatemala by increasing community participation and ownership of services.⁴² The basic aim of this project was to steer health authorities towards more efficient systems and medical care, as well as increase participation of indigenous women as community heads. In terms of the direct impact on indigenous women's maternal health, the project saw a 72% increase in newborn health check-ups over a one-year period; and in one of the largest districts, Santa Lucia la Reforma, an increase in the proportion of births taking place in Ministry of Health

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Burns J, MacRae A, Thomson N, Anomie, Catto M, Gray C, Levitan L, McLoughlin N, Potter C, Ride K, Stumpers S, Trzesinski A, Urquhart B. (2013) Summary of Indigenous women's health. Australian Indigenous HealthInfoNet.

⁴² Ibid.

facilities from 19% to 30% over two years.¹

Mental health is also extremely important to discuss. In Canada, indigenous women have undergone displacement of their homes, forced adoption, enrollment in residential schools, and have seen their families been kidnapped, murdered—all of which have not been accounted for.² For First Nations females, the suicide rate is 35 per 100,000, compared to 5 per 100,000 for non-Indigenous females.³ The mental health of indigenous women is a topic that needs to be discussed and given light when discussing the realm of their medical issues.

Questions to Consider

1. To what extent can governments collectively improve the rights of indigenous women in the world?
2. To what extent are the laws and rules for protecting indigenous women being implemented?
3. What is hindering funding and endorsement of bodies which provide basic needs to indigenous women in rural areas?
4. How does one ensure solutions are sustainable and not just short term?
5. What solutions are viable for governments that have budgets constrained by their economies?
6. To what extent do corporate organizations play a role in harming indigenous communities?

¹ Ibid.

² Health Canada, 2010, Publication. Retrieved from <https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2016008-eng.htm>

³ Ibid.

Topic C: Reproductive Health and Rights of Women

Introduction

As defined by the Programme of Action of the 1994 International Conference on Population and Development (ICPD), reproductive health relates to all issues around the welfare of reproductive systems and processes⁴³. The reproductive health and rights of women take into consideration both the physical well-being and mental welfare of half the world's population. Physical issues related to the reproductive health of women include tackling the spread of sexually transmitted infections (STIs), the availability of safe sex contraception services, the advancement and accessibility of adequate reproductive technology and facilities, as well as maternal health and implications during childbirth⁴⁴. The mental well-being and respect for the rights of women regarding reproductive health and choices should be considered on an equal level as physical reproductive problems. Issues such as consent related to reproductive health choices, denial to information services, as well as general negative stigmas surrounding the reproductive and sexual health of women should all be taken into consideration when delving further into this topic. Since the issue of reproductive health affects half the world's population, this critical problem stems out and also influences the well-being of following generations.

According to the World Health Organization (WHO), for women between the ages of 15 and 44, one third of health issues are related to sexual and reproductive health complications⁴⁵. Furthermore, within the realm of sexual health and accessibility services, over 222 million women worldwide are deprived of the basic contraception services needed to ensure sexual and reproductive health²⁸. In addition to the physical issues related to contraception services, it is also important to recognize the respect for a woman's reproductive choices and mental health, to be able to provide accessible health services, and keep the general public informed through accurate information processes. Given this reality, it is evident that the reproductive health and rights of women is a critical issue that needs the attention of the global community.

The United Nations has declared reproductive health a vital issue to mitigate in order to reach the 2030 Agenda for Sustainable Development. They have planned to tackle multiple subcategories under reproductive health²⁶. Additionally, organizations such as the World Health Organization (WHO) and the Global Fund for Women have taken action to increase awareness for the issue, providing accessible

43 "United Nations Population Division | Department of Economic and Social Affairs." Accessed November 4, 2019. <https://www.un.org/en/development/desa/population/publications/databooklet/index.asp>.

44 WHO. "WHO | World Health Organization." Accessed November 2, 2019. <http://www.who.int/reproductivehealth/en/>.

45 WHO. "WHO | Ten Top Issues for Women's Health." Accessed November 2, 2019. <http://www.who.int/life-course/news/commentaries/2015-intl-womens-day/en/>.

services for women in need and working with many nations across the globe to shed light on the importance of the reproductive health and rights of women. It is the goal of the Commission on the Status of Women (CSW) to hopefully unveil some of the most pertinent and urgent issues related to this topic in order to promote and bring awareness to the reproductive health and rights of women.

Denial of Access to Basic Services

Women all around the world are denied access to basic services pertaining to reproductive health. Services such as appropriate contraceptives, treatment for STIs, various menstrual products and other services specific to women are all essential to maintain the sexual and reproductive health of women.

In developing nations, approximately 214 million women of reproductive age do not have access to adequate contraceptives to moderate safe sex. Consequently, STI rates are high and child mortality continues to be a striking problem in regions such as sub-Saharan Africa, where proper contraceptive use is low compared to the rest of the world. According to the WHO, on the global scale, modern contraceptive use has increased slightly from 54% to 57.4%, from 1990 to 2015 respectively⁴⁶. However, in many developing regions such as Asia, Latin-America, the Caribbean as well as Africa, there has been minimal progress on promoting the use of modern contraceptives to protect the reproductive health of women. As the CSW, it is important to consider the issues as to why women in developing nations lack access to modern contraceptive services. How can the committee come together to increase the availability of these basic services to prevent the spread of harmful diseases?

The issue of accessibility to modern contraceptives is not only a problem rooted in developing nations. Some developed nations also face similar issues; instead of a lack of availability, these nations struggle with the outright denial for women to have access to basic contraceptive services. On October 6, 2017, the U.S. Department of Health and Human Services under the Trump administration announced rules that directly limit women's access to modern contraceptives⁴⁷. According to Washington Post, these rules would limit the access to information and contraceptives for low-income women by redirecting taxpayer money from access to contraceptives to "ineffective" abstinence-only program, and inhibiting health care providers from recommending women to abortion services³⁰. Essentially these policies "gag" health providers from providing medical recommendations and services for women. Evidently, women in developed nations also face the striking issue of being denied the basic services related to reproductive health. It is up to the committee to decide how to mitigate

46 Debebe, Shibihon, Miteku Andualem Limenih, and Belete Biadgo. "Modern Contraceptive Methods Utilization and Associated Factors among Reproductive Aged Women in Rural Dembia District, Northwest Ethiopia: Community Based Cross-Sectional Study." *International Journal of Reproductive Biomedicine* 15, no. 6 (June 2017): 367-74. Ethiopia: Community Based Cross-Sectional Study." *International Journal of Reproductive Biomedicine* 15, no. 6 (June 2017): 367-74.

47 Sebelius, Kathleen. "Opinion | Low-Income Women's Access to Contraception Is under Attack." Washington Post. Accessed November 2, 2019. https://www.washingtonpost.com/opinions/low-income-womens-access-to-contraception-is-under-attack/2018/10/23/f9e696f4-d2e0-11e8-a275-81c671a50422_story.html.

the issue of a lack of accessibility to modern services in developing nations and how to address the problem of denial in some developed nations.

Inadequate Quality of Services and Products

Closely related to the denial of access to basic services, this subtopic focuses heavily on the quality of basic services and products related to reproductive health. Services and products such as modern contraceptives, reproductive technology in maternal health and childbirth, aid from trained health professionals, as well as basic menstrual and feminine hygiene products are essential for all women. Yet in many nations, the quality of these services are inadequate and fail to aid the reproductive health of women.

According to the World Bank, globally, around 500 million women are deprived of basic menstrual hygiene services⁴⁸. The lack of adequate reproductive health services and products for women pose threatening health risks related to sanitation and hygiene. For example, in India, only an estimated 43 out of 355 million—rounding down to about 12 percent—of menstruating women in the country can afford hygienical products. This exposes the remaining 88 percent of menstruating women who are in need of sanitary products to combat infections and diseases related to reproductive health.

The need for sanitary and quality products in reproductive health is just one of many issues encompassing this subtopic. The lack of quality, professional aid in processes such as childbirth have led to high rates of maternal and newborn deaths. According to the WHO, in 2017, around 810 women died daily from preventable complications during pregnancy or childbirth⁴⁹. This calls attention to the lack of adequate services in aiding women with maternal and newborn health. The global community has taken action on this issue, as governments in Africa, Latin America and the Caribbean have implemented laws to reduce maternal and newborn death by encouraging higher quality services²⁶. However, these are only a few governments that have actively engaged with the problem of poor quality services in the realm of maternal and newborn health—there is still more to be done.

In more recent studies, unsafe abortion has played a large role in reducing maternal health. Each year, between 8% and 18% of all maternal deaths are related to issues with unsafe abortions²⁶. It is evident that without direct access to quality medical services, women will be forced to turn to dangerous practices such as unsafe abortions. It is the goal of the United Nations to address the issue of poor quality services and products in reproductive health to ensure that women do not resort to perilous and potentially life-threatening resources.

48 World Bank. "Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential." Text/HTML. Accessed November 2, 2019. <https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management>.

49 "Maternal Mortality." Accessed November 2, 2019. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

Consent to Reproductive Treatment and Sexual Activity

Consent to reproductive treatment and sexual activity aims to direct the committee towards the mental health in relation to reproductive care and the rights of women. A woman's consent to reproductive treatment and sexual activity is necessary to maintain the respect for her reproductive health and her rights. Processes such as forced sterilizations or virginity examinations are all violations of consent and the basic rights of women.

Cases of forced sterilization, where women are coerced into undergoing surgical procedures that terminate reproductive abilities often without prior knowledge or consent for this process, have been reported in Canada, the United States, as well as other regions like Africa, Asia and Europe. In Canada, indigenous women have commonly reported that sterilization procedures have been done without their consent. As recently as 2018, cases of forced sterilization have been reported in Saskatchewan and such cases have gone to court for further debate around consent⁵⁰. Often times, it is the discrimination and prejudice towards specific groups of women that serve as the root cause of forced sterilizations. According to the Human Rights Watch, even with human rights at the top of the priority list for many nations, women and girls with disabilities across the world are still victims of coerced sterilizations today⁵¹.

The global community has taken some action on preventing the violation of the rights of women in regards to the topic of sterilization. The Convention on the Rights of Persons with Disabilities, as well as the Committee on Economic, Social and Cultural Rights have outlined and pointed to past legislation that protect the rights of women and their consent to sterilization processes³⁷. Unfortunately, this is insufficient. The global community still has work ahead to create or enforce legislation that can effectively prevent the violation of women's rights in issues relating to consent.

Availability of Reproductive Technology

The availability of reproductive technology is a worrying issue that many nations face. Factors such as a lack of funding, minimal public health sector support and simply a failure of the advancement of technology all act as difficult barriers for certain nations to provide adequate access to reproductive technology for women.

Reproductive technology for women includes technology that aids with maternal health, childbirth, treatment for reproductive illnesses, as well as in some cases, assisted reproductive technology (ARTs). A lack of funding in reproductive care in many nations is

50 Apr 18, Avery Zingel · CBC News · Posted: and 2019 7:48 AM CT | Last Updated: April 18. "Indigenous Women Come Forward with Accounts of Forced Sterilization, Says Lawyer | CBC News." CBC, April 18, 2019. <https://www.cbc.ca/news/canada/north/forced-sterilization-lawsuit-could-expand-1.5102981>.

51 Avenue, Human Rights Watch | 350 Fifth, 34th Floor | New York, and NY 10118-3299 USA | t 1.212.290.4700. "Sterilization of Women and Girls with Disabilities." Human Rights Watch, November 10, 2011. <https://www.hrw.org/news/2011/11/10/sterilization-women-and-girls-disabilities>.

the most striking issue that deprive women of the essential technology needed to ensure reproductive health. To improve reproductive health care funding, it is generally up to a nation's government to further invest into reproductive care under the public health sector. In nations such as Brazil, multiple case studies reveal barriers in the public health sector that limit women from accessing assisted reproductive technologies⁵². In other nations like the United States, as mentioned before, implementation of "gag" rules has limited funding for reproductive health care⁵. Thus, it is up to this committee to discover methods to increase funding for reproductive technology. How can the global community incentivise governments to act in a particular manner? Are there other methods to increase funding for reproductive technology that are not limited by government actions?

Currently, there are nations, as well as organizations that have stepped to the frontline to promote the funding of reproductive care. In Canada, institutions such as the International Development Research Centre (IDRC), Global Affairs Canada and the Canadian Institutes of Health Research (CIHR), in celebration of World Health Day, have declared nine new research grants for Innovating for Maternal and Child Health in Africa⁵³. These grants have the potential to play an influential role in increasing funding for reproductive health in areas like technology, high quality products and accessibility to informational services. Other organizations like the Global Fund for Women have also established similar initiatives. It is encouraging that nations and organizations have taken action to mitigate the issue of funding for reproductive care, however, there is still a large percentage of women spread across the globe whose countries lack adequate health care systems that cover reproductive health. Thus, it is up to the CSW to determine more efficient methods to increase funding, advocate for reproductive technology and provide accessibility in the healthcare system for women in need.

The Role of Politics in Reproductive Health

Politics and the changing of policies on national and international levels play a huge role in improving the reproductive health and rights of women. As seen above, one way in which politics impacts reproductive health is through government implemented policies that perhaps limit funding towards specific programs or services. Another major possibility on how politics affects the reproductive health of women are the stigmas and non-physical barriers that politics can set up in a nation.

In policies like the one implemented under the Trump Administration, politics can play a direct role in limiting the access of reproductive services for women. Additionally, these policies can indirectly affect the stage that the United States has set up as a world power. The domestic "gag" rule demonstrates to the rest of the world that for a leading

52 Makuch, M.Y., and L. Bahamondes. "Barriers to Access to Infertility Care and Assisted Reproductive Technology within the Public Health Sector in Brazil." *Facts, Views & Vision in ObGyn* 4, no. 4 (2012): 221–26.

53 Centre, International Development Research. "Nine New Grants to Improve Access to Sexual and Reproductive Health Services in Africa." Accessed October 28, 2019. <https://www.newswire.ca/news-releases/nine-new-grants-to-improve-access-to-sexual-and-reproductive-health-services-in-africa-618518213.html>.

nation, the respect towards the reproductive health and rights of women is lacking and that aiding certain services are not the priority of the U.S.³⁰ In cases like these, politics threatens the reproductive health and rights of women, as global powers have set the stage for a lack of support and perhaps disrespect for women's rights.

Although politics can play a rather negative role in influencing the stigma around reproductive rights, the international community has taken action to turn the tables around. In the International Conference on Population and Development Summit in Nairobi and the 25th Anniversary of the Beijing Declaration and Platform for Action in 2020, the global community created a newfound opportunity for human rights activists, researchers, and others who are invested in protecting reproductive health, to focus on past policies and the impact made on sexual and reproductive health⁵⁴. This serves as a chance to reflect upon how politics has the potential to create negative stigma around reproductive health and how politics can also shed light on new ways to promote awareness and new solutions. As an international body, the CSW should collaborate to promote positive and effective policy changes and direct the role of politics towards supporting the sexual and reproductive health and rights of women.

Questions to Consider

1. Why do women in various nations around the world lack access to adequate reproductive and sexual health services? How can this committee work to increase accessibility?
2. How can nations increase the quality of reproductive health services for women? How can we prevent women from turning to unsafe practices?
3. How can this committee promote and maintain the respect for women's consent in procedures like forced sterilization?
4. Why do multiple nations around the world lack the necessary reproductive technologies to ensure maternal and newborn health? How can this committee work to generate more reliable funding for investment into these technologies? Can governments be incentivized to encourage funding for reproductive services?
5. What kind of role does politics and policy-making take in nations across the globe? How can this committee act to ensure that policy changes are beneficial for the reproductive health and rights of women? How can we reduce negative stigmas surrounding the rights and respect for a woman's reproductive health?
6. How can this committee collaborate to achieve the goals outlined by the United Nations in the 2030 Agenda for Sustainable Development?

⁵⁴ United Nations. *Abortion Policies and Reproductive Health around the World*. Statistical Papers - United Nations (Ser. A), Population and Vital Statistics Report. UN, 2014. <https://doi.org/10.18356/3fc03b26-en>.

Advice for Research and Preparation

Remember, the more informed you are in regards to your country's stance, the more confident you will be in your solutions and negotiations.

Ensure your research comes from reputable sources such as UN publications and documents, government publications, your own country's statistical agencies, as well as recordings of summits and conferences. Any website that can be changed or edited by anyone is not reputable, as its information is not binding. Once you have thoroughly read and compiled research about your own country's stance, it is a good idea to read up on other countries' viewpoints and solutions.

I understand that sometimes before even researching you need a grip on what the committee will discuss or even just the issue at hand. For that, you can watch videos and documentaries (such as BBC) to understand those issues. Research might sound a bit intimidating, but rather than focusing on how much you can attain, uncover the quality and relevance of whichever topic you are investigating. Keeping in mind your country's economic, social and political status, think about what your role could be in resolving such important issues.

Model UN is about negotiating and having countries join you in solutions, rather than one country outsmarting the other or acting on its own. Your speeches must reflect the importance of collaboration and agreeable solutions. Solutions can be taken from already discussed ones by your government or at UN conferences or summits, and new ones can be provided if they are logical and can be backed by the proper funding and involvement of reputable organizations.

Once again, if you have any confusion regarding research (and there is no such thing as an unnecessary question), please reach out to the dias. Best of luck!

Topic A Key Resources

Kaaria, Susan, and Martha Osorio. "The Gender Gap in Land Rights." Food and Agriculture Organization of the United Nations, 2018. <http://www.fao.org/3/I8796EN/i8796en.pdf>.

This United Nations document describes the disadvantages rural women face in land rights. There are useful tables, graphs, and reports from multiple nations around the world.

"Realisation of the Equal Enjoyment of the Right to Education by Every Girl." United Nations Human Rights, 2016. <https://www.ohchr.org/Documents/Issues/Women/WRGS/ReportGirlsEqualRightEducation.pdf>.

A United Nations document giving a detailed report on the issues rural girls face in education. This is a very comprehensive and multifaceted report with many different perspectives on the issue.

"World Report on Violence and Health: Sexual Violence." World Health Organization, n.d. https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf.

A report on the sexual violence faced by women in developing countries. This is a very useful starting point for understanding how sexual health and violence affect rural women.

Topic B Key Resources

UN Declaration on the Rights of indigenous Peoples. Retrieved From <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

This is the most comprehensive document on the rights of indigenous peoples. Delegates must use this as a reference when implementing solutions and discussing problems faced by indigenous women all around the world.

Permanent Forum Recommendation on Indigenous Women. Retrieved From <https://www.un.org/development/desa/indigenouspeoples/mandated-areas1/indigenous-women/recs-women.html>

This gives summaries of annual UN sessions held by the Permanent Forum regarding solutions and problems surrounding indigenous women. This could help in getting a sense of the trajectory the committee must take in finding solutions.

UN Women Watch, published articles on Indigenous Women Worldwide. Retrieved from <https://womenwatch.unwomen.org/indigenous-women>.

This website provides reliable and comprehensive articles on various case studies and particular issues amongst indigenous women in different countries; encompassing all the subtopics of this particular topic.

“Indigenous women’s maternal health and maternal mortality” Indigenous women; Health; Maternal health, UN Women Headquarters, 2018. Retrieved from <https://www.unwomen.org/en/digital-library/publications/2018/4/indigenous-womens-maternal-health-and-maternal-mortality>.

This is a very informative article and fact sheet showing the health issues faced by indigenous women, including mental health. Delegates can get factual evidence and reliable data through this resource.

Topic C Key Resources

United Nations. Abortion Policies and Reproductive Health around the World. Statistical Papers - United Nations (Ser. A), Population and Vital Statistics Report. UN, 2014. <https://doi.org/10.18356/3fc03b26-en>.

This is a United Nations report on different abortion policies and reproductive health issues in different nations. Various statistics and graphics can be referenced in this report that are relevant to Topic C.

WHO. “WHO | Ten Top Issues for Women’s Health.” Accessed November 2, 2019. <http://www.who.int/life-course/news/commentaries/2015-intl-womens-day/en/>.

The World Health Organization web page outlines a relatively complete list of pertinent issues surrounding the topic of reproductive health. This can act as a basis for research as it briefly introduces relevant topics; however, be sure to diversify your sources!

“United Nations Population Division | Department of Economic and Social Affairs.” Accessed November 4, 2019. <https://www.un.org/en/development/desa/population/publications/databooklet/index.asp>.

This UN web page has a large selection of detailed reports on more specific issues that may or may not be outlined in this background guide. The information included in these reports can act as credible resources for past UN actions, current issues and potential solutions.

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