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UN WOMEN

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United Nations Entity for Gender Equality and Empowerment of women

Dear delegates,

On behalf of the UN Women Committee, I am pleased to welcome you to Foscamun 2019.

My name is Nina Cerasuolo and I shall have the honour to be the President of the UN Women Committee, working together with the other members of the Chair: Samuele Vianello, the Vice-President, and Alice Cruciani, the Moderator.

The following guide is aimed at introducing the committee to you and will provide you with a starting point to develop your research on our topics:

A) Developing Legal Mechanisms and Practical Initiatives for the Prevention of Violence against Women;

B) Providing Health and Hygiene Products and Sex Education for Women in Prisons and Refugee centres.

This guide will outline the background of the issue for you, as well as providing you with some reliable sources to enable you to t understand the topic fully, and so represent your country's position on it.

UN Women's Mandate[1]

As suggested by its name, the committee's purpose is to achieve gender equality worldwide, working to empower women, in order to increase their representation and active participation in all fields of life.

UN Women acknowledges that women are often victims of discrimination and are denied basic health care and education, which leads to the lack of access to decent work, to the same wage as men performing the same activity and, as a consequence, to economic autonomy. Furthermore, women worldwide face gender-based violence on a daily basis and are systematically excluded from or underrepresented in politics and decision-making processes.

Because of this, Un Women focuses on creating a world in which all women and girls:

- lead, participate in and benefit equally from governance systems;
- have income security, decent work and economic autonomy;
- live a life free from all forms of violence;
- contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action.

Being the United Nations Entity for Gender Equality and Empowerment of Women, UN Women coordinates all of the UN's work in improving gender equality and is indeed involved in all the deliberations linked to the 2030 Agenda.

In fact, the entity's main roles are:

- To support inter-governmental bodies, such as the Commission on the Status of Women, in their formulation of policies, global standards and norms.

- To help Member States implement these standards, standing ready to provide suitable technical and financial support to those countries that request it, and to forge effective partnerships with civil society.

- To lead and coordinate the UN system's work on gender equality, as well as to promote accountability, through regular monitoring of system-wide progress.

[1] http://www.unwomen.org/en/about-us/about-un-women

UN Women's History[2]

The United Nations Entity for Gender Equality and Empowerment of Women was created in July 2010 as part of the UN reform agenda. Until then, the United Nations did not have a single entity addressing the problem of gender inequality, since there used to be four components of the UN System focusing on this issue in different ways. These were:

- 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)

UN Women started its work merging what these organisations had already done and is now growing year by year, all over the world.

UN Women's Directorate[3]

Ms Phumzile Mlambo-Ngcuka

Executive Director of UN Women and *Under-Secretary-General of the United Nations*

Ms Åsa Regnér

Deputy Executive Director, Intergovernmental Support and Strategic Partnerships Bureau

Assistant Secretary-General of the United Nations

Mr Yannick Glemarec

Deputy Executive Director, Policy and Programme Bureau

Assistant Secretary-General of the United Nations

UN Women's Member States[4]

The UN-Women Executive Board is made up of representatives from 41 Member States elected to three-year terms by the UN Economic and Social Council.

** Not Members of the OECD/DAC*

<u>African States</u>

[2] http://www.unwomen.org/en/about-us/about-un-women
[3] http://www.unwomen.org/en/about-us/directorate
[4] http://www.unwomen.org/en/executive-board/members

Burkina Faso

Cameroon

Comoros

Gabon

Liberia

Namibia

Nigeria

Rwanda

Tunisia

Zambia

Eastern European States

Belarus

Croatia

Montenegro

Russian Federation

Latin American and Caribbean States

Antigua and Barbuda

Brazil

El Salvador

Guyana

Panama

Trinidad and Tobago

Contributing Countries

Norway

Switzerland

United Kingdom

United States

Chile*

Turkey*

Asia-Pacific States

Bahrain

China

Islamic Republic of Iran

Japan

Pakistan

Republic of Korea

Samoa

Turkmenistan

United Arab Emirates

Yemen

Western European and other States

Canada

Finland

Portugal

Netherlands

New Zealand

Topic A: Developing Legal Mechanisms and Practical Initiatives for the Prevention of Violence against Women

The United Nations consider the perpetration of physical, psychological, and sexual violence against women and girls as a grave violation of human rights, since it deprives them of the unquestionable right to equality, security, liberty, integrity and dignity, preventing females all around the world from participating fully in society, leaving a deep and long-term impact on their lives and affecting overall development of all communities, as established by the Economic and Social Council resolution 1990/15 of 24 May 1990, that considered violence against women in the family and society as pervasive and cut across lines of income, class and culture. [5]

The Convention on the Elimination of All Forms of Discrimination against Women was adopted by the UN General Assembly in 1979, as the culmination of more than thirty years of work by the United Nations Commission on the Status of Women. The Convention acknowledged the issue of violence against women as a violation of human rights and developed effective initiatives aimed at guaranteeing women the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men. [6]

The Convention was indeed a milestone in the path to gender equality, but it has not been enough to erase the deep-rooted stereotypes that lead to violence. In fact, this issue has only started to be addressed in the last decades and as of 2006, only about half of United Nations Member States had in place legislative provisions that specifically addressed domestic violence, and fewer than half had legislation on sexual harassment, or on trafficking.

According to the latest study by the UNDP, only 97 countries in the world have either drafted or enacted domestic violence legislations, most of which are still incomplete as regards women's full enjoyment of their human rights. [7]

As of 2018, 35% of women worldwide have experienced either physical and/or sexual violence, and 70% of the perpetrators were the victims' intimate partners. Evidence shows that women who have experienced physical or sexual intimate partner violence report higher rates of depression, having an abortion and acquiring HIV, compared to women who have not. [8] In fact, in 2012, in the United

[5] http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/48/104
[6] https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx
[7] https://belarus.unfpa.org/sites/default/files/pub-pdf/Developing%20policy%20and%20legal%20frameworks%20for%20ending%20violence%20against%20women.pdf
[8] http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures

States, intimate partner violence was the cause of 11.8% of new HIV infections among women who were older than 20 years[9], and of all women who were the victims of homicide globally in the same year, almost half were killed by intimate partners or family members, compared to less than 6% of men killed in the same year.

Also, globally, 650 million women and girls alive today were married before the age of 18, at least 200 million women and girls have undergone female genital mutilation, approximately 15 million adolescent girls (aged 15 to 19) have experienced forced sex (forced sexual intercourse or other sexual acts), and women and girls together account for 71% of human trafficking victims.

The situation gets even more problematic as some groups of women are concerned. In fact, minority groups such as indigenous women, refugee women, migrant women, women living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women and women in situations of armed conflict, are recognized by the UN as to be especially vulnerable to violence. Gender identity and sexuality are important factors too: 23% of non-heterosexual women interviewed in the European Union in 2014 indicated having experienced physical and/or sexual violence by non-partner perpetrators, compared with 5% of heterosexual men, and in national university student survey in Australia, 72% of transgender and gender diverse students reported having been sexually harassed at least once during 2016, in contrast to 63% of cisgender female students, and 35% of cis male students.[10]

The Convention on the Elimination of All Forms of Discrimination against Women was confirmed together with the Nairobi forward-looking Strategies for the Advancement of Women (in which a set of measures to combat violence against women was recommended) by the United Nations' General Assembly of 1994, which also recognized violence against women as "a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men", establishing that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. The General Assembly also stated that "States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination." (article 4)[11]

[9]https://belarus.unfpa.org/sites/default/files/pub-pdf/Developing%20policy%20and%20legal%20frameworks%20for%20ending%20violence%20against%20women.pdf

[10] http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures

[11] http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/48/104

As legislations on violence against women are concerned, these should be comprehensive and multidisciplinary, criminalizing all forms of violence against women, and addressing prevention of violence, and protection and support of survivors, who are more often shamed than helped, which makes them less likely to report having been a victim of violence.[12] The lack of these characteristics leads to many legal systems and public policy frameworks that reflect social biases tolerating violence to fail in protecting the rights and well-being of survivors or in punishing perpetrators. Also, domestic violence and harmful traditional practices have often been seen as private matters, that justice systems have avoided addressing, claiming it as to be inappropriate.[13]

Furthermore, focusing on the economic empowerment of women, leading to their financial autonomy, would significantly expand women's choices and control over their own lives[14]. It is also fundamental to acknowledge that the education of women and girls is extremely important for the prevention of violence, since educated women and girls have been proved to be more likely to reject the notion that domestic violence is acceptable.

Despite the fact that at least 144 countries have passed laws on domestic violence, and 154 have laws on sexual harassment, implementation is still lacking.[15] Measures to strengthen it should include the training of officials who handle cases of violence against women, the establishment of mechanisms for monitoring and impact evaluation, as well as accountability and better coordination. Committing adequate human and financial resources is also essential.

In conclusion, violence against women is certainly hard to prevent, but when brought into alignment with international human rights standards, such as those contained in the Convention on the Elimination of All Forms of Discrimination against Women, laws and policies can often play a positive role in changing attitudes and behaviours in the long term, especially when they are accompanied by complementary strategies such as awareness-raising on ending violence.[16]

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[12]https://belarus.unfpa.org/sites/default/files/pub-pdf/Developing%20policy%20and%20legal%20frameworks%20for%20ending%20violence%20against%20women.pdf

[13]http://www.unwomen.org/en/what-we-do/ending-violence-against-women/passing-strong-laws-and-policies

[14]https://belarus.unfpa.org/sites/default/files/pub-pdf/Developing%20policy%20and%20legal%20frameworks%20for%20ending%20violence%20against%20women.pdf

[15] http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures

[16] http://www.unwomen.org/en/what-we-do/ending-violence-against-women/passing-strong-laws-and-policies

For this reason, UN Women supports Governments in adopting and enacting legal reforms aligned with international standards as well as it considers policy guidance that steps up investments in prevention as the most cost-effective, long-term mean to stop violence.[17]

[17] http://www.unwomen.org/en/what-we-do/ending-violence-against-women

Topic B: Providing Health and Hygiene Products and Sex Education for Women in Prisons and Refugee Centres

As stated by UN Women's acting head Lakshmi Puri, women's right to access healthcare is a human entitlement and, as a consequence, needs to be upheld in all circumstances and in all settings [18], but this is not the reality that most women face.

This being acknowledged, the following information is aimed to outline the issue of women's lack of access to reproductive health products and sex education, as well as its consequences, within two crucial settings: prisons and refugee centres.

Since gender-based discrimination often prevents women from accessing adequate healthcare services in their communities, female prisoners tend to have greater primary healthcare needs in comparison to men and their condition is more likely to get worse while in prison due to the absence of adequate medical care, lack of hygiene, inadequate nutrition and overcrowding, which is a common condition in women prisons, because of their smaller (but often increasing) numbers[19].

Also, all women have gender-specific medical requirements and therefore need to have regular access to specialists in women's healthcare, but prison health services are usually ill-equipped, understaffed, under-resourced and too often isolated from other national health services.[20]

As the health status of women in prisons is concerned, prisons rarely succeed in meeting standards established by international organisations such as the United Nations.

Even if data show that most incarcerated women are interested in beginning contraceptive care either during incarceration or upon release, contraception is not typically available to them: they rarely receive contraceptive counselling or services during their detention.

Also, women often face further barriers because of delays in processing treatment requests, that have potentially long-term medical consequences, especially in the context of chronic or infectious diseases, mental health disorders, or life-threatening emergencies. As access to pregnancy termination services is concerned, despite the fact that their pregnancies are likely to be high risk,

[18]https://www.theguardian.com/global-development/2013/may/30/refugee-women-sexual-healthcare-lakshmi-puri

[19] https://www.icrc.org/en/doc/assets/files/other/irrc-877-ashdown-james.pdf

[20] https://www.unodc.org/documents/justice-and-prison-reform/women-and-imprisonment.pdf

in countries where it is legal to get an abortion, incarcerated pregnant women are not consistently provided with information on their options or access to abortion.[21]

Also, they should be able to access without embarrassment adequate gender-specific products including sanitary and washing facilities, safe disposal arrangements for blood-stained articles, as well as provision of hygiene items, such as sanitary towels. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment considers that the failure to provide such products contributes to degrading treatment, causing both health risks and humiliation.[22]

Another neglected area affecting women prisoners' lives and health is their sexuality.

In fact, healthy sexuality is fundamental to the building of one's sense of self-worth, as it represents the integration of the biological, emotional, social, and spiritual aspects of who one is and how one relates to others. As a consequence, addressing all aspects of the sexual self is critical to a woman's recovery process in the case of addiction, which is extremely frequent with women inmates. Furthermore, many women who enter the early stages of recovery report sexual dysfunction, shame and guilt, sexual abuse, and the fear of having clean and sober sex.

In fact, few women prisoners have a positive view of sex, due to having been prostitutes and/or victims of abuse, for which they are likely to feel shame and guilt.

Since the rate of less-educated/illiterate women in prisons is very high, most do not have accurate information about sex and developing sex education programmes could therefore indeed help to create a positive sense of self and a healthier image of relationships.[23]

According to the WHO, health service provision in prison should recognize women's gender-specific health care needs and should be individualized, framed and delivered in a holistic and humane manner, and key services to be provided should include the following[24]:

- Comprehensive and detailed screening for women on the first admission to prison and regularly throughout their stay, covering their socioeconomic and educational background, health and trauma histories, current health status and an assessment of skills held or required;

[21] http://www.safetyandjusticechallenge.org/wp-content/uploads/2016/08/overlooked-women-in-jails-report-web.pdf

[22] https://www.icrc.org/en/doc/assets/files/other/irrc-877-ashdown-james.pdf

[23] https://www.centerforgenderandjustice.org/assets/files/15.pdf

[24] http://www.euro.who.int/__data/assets/pdf_file/0015/151053/e95760.pdf

- An individualized care, treatment and development plan, to be prepared jointly by the different health care providers and all other staff likely to be involved in a woman's care and custody, and in consultation with the women themselves;
- Primary health care services provided in the prison, which are outlined to the woman during the important induction period; her rights to access, including emergency access, to confidentiality, to privacy and to health information and promotion activities should be made clear;
- Specialist health care, which is readily provided and adjusted to meet the needs of women;
- Pre-release preparations that are adequately planned and provided so as to ensure continuity of care and access to health and other services after release.

It is in fact believed by the United Nations that women inmates' lack of access to adequate menstrual products and reproductive health care represents a denial of women's basic human dignity and right to be healthy, making up a violation of the Universal Declaration of Human Rights; as well as the absence of sex education programmes in most prisons leads to further complications (such as unwanted pregnancies or not being able to report being victim of violence) for those women who find themselves in jail because they are part of destitute communities in the first place.

Another group of women whose reproductive health is in real danger are migrant women because refugee populations tend to have poorer health indicators than the communities from which they came.[25]

In fact, at 2016 World Humanitarian Summit, it was stated that the sexual and reproductive health and rights of women and girls require urgent attention since evidence shows that of 100 million people who were targeted in 2015 with humanitarian aid, an estimated 26 million were women and girls of reproductive age.[26] These forcibly displaced persons include refugees (any person who "is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion."[27]), internally displaced persons (IDPs), and asylum-seekers.

[25] Adler, D., Mgalula, K., Price, D., and Taylor, O. "Introduction of a portable ultrasound unit into the health services of the Lugufu refugee camp, Kigoma District, Tanzania." Int J Emerg Med 1 (2008): 261-266. Accessed on 3 August 2010.
[26] https://www.who.int/reproductivehealth/news/srhr-refugees-migrant/en/
[27] http://www.uniteforsight.org/refugee-health/module1

As girls and women of reproductive age are concerned, crises present additional forms of violence, as well as they exacerbate the risk of maternal deaths, 1 in 54, contrasting with 1 in 4900 in developed countries[28].

Furthermore, in this kind of remote, poorly accessible, and limitedly supplied settings[29], women and girls face grave challenges concerning the management of their periods. In fact, menstruation without underwear nor sanitary pads is likely to prevent women from full enjoyment of their participation in society, and this gets even worse when it comes to conflict situations.[30] Also, since their bodies are not fully developed, adolescent girls are at high risk of facing fatal complications in pregnancy and childbirth or suffering from debilitating injuries. [31]

To prevent the situation that they face in refugee camps from affecting women's lives to a long-term extent, it is extremely important that effective sexual and reproductive health information and services provided by host-countries reach them.[32]

Health literacy, in the form of the cognitive and social skills enabling access to health-promoting activities, is often poorer among migrants, partly due to language and cultural barriers, but culturally sensitive health education could provide a strategy for enhancing it. [33]

Since this, in most EU countries, violence prevention and/or sexual education courses/training are designed for newly arrived immigrants, so as to educate them on their rights. The participation in most of these programmes is voluntary, but northern European countries tend to make it compulsory, so as to be sure to be able to help migrant women integrating into new communities. Since 2012, this has been effectively done, for example, in Skåne (Sweden) where the focus was put on welcoming new understandings of sexual and reproductive health and rights, as well as on establishing a solid basis for engagement in sexual and reproductive health and rights issues, illustrating how cultural norms influence perceptions, including women' ideas on themselves and on their role in society. These programmes are also aimed to educate migrants on how information makes it possible to challenge these norms, opening up opportunities for them to enjoy.[34]

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[28] https://www.who.int/reproductivehealth/news/srhr-refugees-migrant/en/

[29] Adler, D., Mgalula, K., Price, D., and Taylor, O. "Introduction of a portable ultrasound unit into the health services of the Lugufu refugee camp, Kigoma District, Tanzania."

[30] https://plan-international.org/because-i-am-a-girl/menstrual-hygiene-matters-refugee-girls

[31]https://www.womensrefugeecommission.org/empower/resources/practitioners-forum/facts-and-figures

[32] https://www.who.int/reproductivehealth/news/srhr-refugees-migrant/en/

[33] https://www.tandfonline.com/doi/full/10.1080/13691058.2016.1259503

[34] https://www.tandfonline.com/doi/full/10.1080/13691058.2016.1259503

Useful sources

Topic A

http://www.unwomen.org/en/what-we-do/ending-violence-against-women

https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx

http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/48/104

http://www.undp.org/content/undp/en/home/gender-equality/gender-based-violence.html

https://www.unfpa.org/gender-based-violence

https://institute-genderequality.org/

http://www.eurasia.undp.org/content/rbec/en/home/ourwork/gender-equality/sexual-and-gender-based-violence.html

http://www.europarl.europa.eu/legislative-train/theme-area-of-justice-and-fundamental-rights/file-prevention-of-violence-against-women

https://belarus.unfpa.org/sites/default/files/pub-pdf/Developing%20policy%20and%20legal%20frameworks%20for%20ending%20violence%20against%20women.pdf

Topic B

https://www.womensrefugeecommission.org

https://www.unhcr.org/herturn/

https://www.who.int/reproductivehealth/news/srhr-refugees-migrant/en/

http://www.uniteforsight.org/refugee-health/module1

https://plan-international.org/because-i-am-a-girl/menstrual-hygiene-matters-refugee-girls

https://www.icrc.org/en/doc/assets/files/other/irrc-877-ashdown-james.pdf

https://www.centerforgenderandjustice.org/assets/files/15.pdf

https://www.who.int/bulletin/volumes/89/9/10-082842/en/

https://www.unodc.org/documents/justice-and-prison-reform/women-and-imprisonment.pdf

https://www.ohchr.org/en/professionalinterest/pages/treatmentofprisoners.aspx

https://transequality.org/issues/police-jails-prisons

https://www.vera.org/blog/unlocking-potential/the-importance-of-education-for-incarcerated-women

Guiding Questions

Topic A

- Does your country comply with The Convention on the Elimination of All Forms of Discrimination against Women?
- Has your country's government implemented laws concerning any kind of physical, sexual or psychological violence against women?
- Are women in your country able to enjoy their human rights as declared in the Universal Declaration of Human Rights?
- To what extent do women in your country experience physical or psychological violence? Which policies has your country's government implemented in order to defeat violence?
- What are the health conditions of women in your country? (please consider phenomena such as high rates of infection, genital mutilation and deaths in childbirth)
  Does your government have implemented policies to improve these conditions? If yes, which ones? Were they effective?
- Does your country's legislation recognize the self-affirmation of sexuality and/or gender identity as valid? How does this impact on data about violence against women in your country?
- Which body does/could prevent acts of violence against women from happening in your country?

Topic B

- Do female prisoners in your country have access to primary health care services?
- Is contraception available to incarcerated women?
- Do they have access to/ are they well - informed about abortion?
- Are pre-release preparation courses provided to them?
- Do female prisoners have access to specialistic health care services?
- Are prisons in your country well-equipped to face the gender-specific medical needs of women?
- As sexuality and self-perception are concerned, are there data on how these impact on female prisoners' psychological and physical health?
- Are prisons in your country provided with sex education programs?
- Is your country a home country or a host country? How many refugee girls and women are there in your country? Is there an increasing or a decreasing immigration trend?
- Does your country provide violence prevention and/or sex education courses to refugee women in refugee centres?
- If your country is a host country, does your government provide immigrants (especially women) with culturally sensible sex education courses? How does this affect the integration of immigrant women in your country?
- What is the risk of maternal deaths, of debilitating injuries and/or complications in pregnancy or childbirth among your country's refugee population temporary living in refugee centres?
- Are free gender-specific products provided to women in your country's refugee centres?
- Is health literacy somehow ensured for female refugees?