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TECMUN

United Nations
Population Fund

Podría comenzar hablándote de cuán grande es nuestro Modelo, o de la cantidad tan amplia de años que llevamos haciéndolo, no obstante, ese no es mi objetivo esta vez. Hoy decidí que como la Secretaria General de este MUN, más allá de hablarte de lo que puedes o no hacer en un foro de simulación, buscaré que reflexiones por medio de la carta más personal que te he escrito durante mi estancia en TECMUN.

Todas las problemáticas que has analizado, leído o incluso ignorado, son situaciones que aquejan a gente como tú o como yo, no obstante, existe una diferencia detonante: tú y yo contamos con el privilegio de tener una voz que difícilmente va a ser acallada; y tengo que aclarar algo, los privilegios, más allá de agradecerlos, debemos usarlos para que se vuelvan derechos. Tú, yo y todes, debemos tener el derecho a ser escuchados.

Lo que harás con este privilegio, debe ser algo que impere durante tu vida entera: sé una persona empática, comparte o emprende una lucha y si no eres protagonista de ella, hazte a un lado y apoya desde la posición que puedas hacerlo. Pero hazlo, cambia tu entorno, mejóralo, sé una voz, sé aquella persona que no guarda silencio ante las injusticias, denuncia la corrupción, el acoso, la discriminación y, eventualmente, no seas parte de los problemas que tienen hundida a nuestra patria. Sé valiente y aprovecha tu tiempo.

No seas parte del *status quo*, no permitas que definan tu vida, ten el coraje para soñar y cumple tus sueños. No te pido mucho, sólo que seas justo y emprendas tu propia guerra desde hoy, pues sólo de esta forma, tú y yo, juntes, cambiaremos esta fatídica situación.

Gracias, TECMUN.

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Sandra Patricia Véliz Clara
Secretaria General
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“Lo intangible representa el verdadero poder del universo. Es la semilla de lo tangible”

Bruce Lee

Delegados y delegadas,

El 5 de abril del 2019, me veo obligada a despedirme de lo mejor que me ha pasado, me veo obligada a decirle adiós al Modelo de las Naciones Unidas que me vio crecer durante tres años, que tuvo el impacto en mi vida para cambiarme completamente, de ser una persona ignorante, a preocuparme e informarme de lo que está pasando a mi alrededor. Porque delegados, realmente el mundo está lleno de problemas, problemas tan grandes, que a veces no vemos una solución viable. Sin embargo, durante tres días de debate, tienen la oportunidad de llegar a las deseadas soluciones, gracias al diálogo. Van a entender que cada país, tiene ideologías diferentes, que a veces es lo que conflictúa el llegar a una resolución. Pero les aseguro que para el segundo o tercer día, sus capacidades de negociación y percepción de la problemática, van a haber mejorado. Espero que el desarrollo que hayan tenido, sea suficiente para que puedan salir de la burbuja en la que vivimos, donde no todo va a seguir siendo color rosa. Sí, al principio va a ser difícil, tal vez, ya no quieran seguir indagando para ya no ver esa parte del mundo, tal vez, queden hartos de los problemas, les aseguro que ustedes mismos se van a sentir diferentes. No obstante, sé que pueden convertirse en agentes de cambio y no se van a quedar sentados con dicha información. Eventualmente, van a levantar a voz, con fundamentos y argumentos válidos para representar lo que ustedes piensan. Porque en TECMUN, pueden representar lo que un país piensa, pero en la vida diaria, van a poder representar lo que USTEDES piensan, van a saber hacerse escuchar, todo por el bien común.

Delegados y delegadas, hoy es la última vez que me puedo dirigir a ustedes como parte del secretariado de TECMUN, pero no sin antes agradecer a todos los que formaron parte. Así que gracias por haber sido mi inspiración para realizar este Modelo, gracias por ser mi esperanza en la humanidad, gracias por estar aquí y creer en el cambio, creer en el poder del diálogo. Gracias por confiar en mí. Especialmente a TECMUN, algo intangible, gracias por haber sido mi refugio, en donde pude construir mis alas, porque ahora sé que puedo volar tan alto como yo me lo proponga. GRACIAS TECMUN.

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María Teresa Martínez Caldera

Subsecretaria General del Consejo Económico y Social

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Delegates,

It is such a pleasure for us to welcome you into this extraordinary event: TECMUN. First of all, I would like to congratulate you for taking the gigantic step of coming here, it certainly takes one's guts to stand in front of people to expose your thoughts and defend a posture. I hope that you are quite aware of the fact that not everyone takes the challenge, and I cannot be more delighted that you did. You are about to start what are going to be three days full of emotions: happiness, uneasiness, shyness and some other ones that will help you become a better person. The point of this entire event is for you to learn how to work with people, how to open up yourself to them, how to establish your ideas in an environment where everyone has a different opinion.

I am not going to tell you it is going to be easy, it won't. The first time I got to be in this event I was petrified, horrified to my bones; but every day I spent right here, I pushed myself to where I am today. To this day, TECMUN has helped me improve myself in so many ways; and there is nothing I would like more right now than it helping you too.

This is my last TECMUN and one that I am going to remember my whole life. There is not going to be another time for me to step a foot here and help people become their better selves, but I sure can do that somewhere else. This place, this association became my second home. Not only for all the time I loved spending here, but for all the people I met and learned to love. I had to learn so many things before I was able to write letters for you, and I still am, but the truth is that I had to learn the hard way, because there is no such thing as an easy way.

Now, I want you to know that from the moment you and I step foot in the committee, you and I are a team. If you need help for anything just ask for it, my role here is to help you become better, so I want to guide you through that path this entire three days. Thus, the only thing I ask you to do is to give everything you have got, do not hesitate on saying what you think or helping in something you know you are good at. Like I said before, you are one courageous person and all I am asking you to do is show it.

I wish you all the success. Set a foot in this place like you own it. There is no complication or barrier big or tough enough to tear you down. Always be brave and never permit anyone to advise you differently. It is a privilege for me to work with you these days. Hands to work!

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Mariana Ruth Ángeles Franco

President of the United Nations Population Fund

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Outline of the United Nations Population Fund

The United Nations Population Fund (UNFPA) was created in 1969, placed in 1971 under the authority of the United Nations General Assembly. The activities of UNFPA are supported and supervised by the Executive Board, created in the General Assembly resolution 48/162 of 20 December 1993. Its headquarter is located at the United Nations in New York. UNFPA is the United Nations sexual and reproductive health agency. Its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. It is a priority for the UNFPA to improve the reproductive health; including creation of national strategies and protocols, and birth control by providing supplies and services. This Fund supports programs in more than 150 countries and areas spread across four geographic regions: Arab States and Europe, Asia and the Pacific, Latin America and the Caribbean and sub-Saharan Africa. With a focus on the goal three on health, goal four on education and goal five on gender equality from the Sustainable Development Goals, UNFPA works with governments, partners and other UN agencies to directly tackle these goals. This Fund urges the need for ending unmet need for family planning, preventable maternal death and gender-based violence and harmful practices.

Topic A

Strategies to promote the incorporation of the male population in reproductive health programs in Latin American countries

By: Mariana Ruth Ángeles Franco

Background

At first sight, reproductive health in Latin America is a well-known problem, since not every person is able to be taught through it. This is attributed to impoverished lifestyles and thus, education is not very accessible. Since it is quite an issue, measures have been taken and programs have been held over the continent to build up a well-reproductive-health-educated lifestyle. Throughout the 21st century, the Latin American population, especially the feminine sector, has been a receptor of an important amount of established programs that promote a healthier lifestyle in terms, mainly, of reproduction. Next, organisations like the United Nations realised that men play an astonishingly important part in reproduction since they are the ones responsible for a human being's creation. Moreover, this interest in men has grown to such a point that, through numerous investigations such as one made by the American Psychological Association (APA), they found that some men's sexual behaviour put in danger both women's and children's health. Also, familiar planning methods, an important topic from the programs held in the region, indicate that men provide balance to decisions on birth control and prevention.

Although a lot of people may be in favour of the male gender to integrate these programs, truth is that there is a whole other amount who does not. It is recognised that there is a need for men to participate in reproductive health promotions. There is an objective, but there are two sights of it: for some, the main objective is to attend the particular need of men in the reproductive health field; for others, is to encourage, with men's help, the women's reproductive health.

Men's harsh relationship with reproduction dates from the Industrial Revolution from the 18th to 19th centuries. Before the revolution happened, men were closely related to house-caring issues such as cleaning up, taking care of the children, etcetera. After the revolution, men separated almost completely from the house and drowned themselves into the working field, no turning back. As a result, every male gender human being was raised with a working-only mind, and so, reproduction was not in their minds. Now, society has promoted the return of men in the reproduction field, as well as a mind-change to improve the reproductive health with male-female synchrony.

Benefits of men's incorporation to reproductive health programs

As exemplified before, men's presence in reproduction matters is beyond doubt essential. And not only are men influential, but unavoidably a part of it. A lot of regional NGO's and entities argument that promoting men's participation in reproductive health programs would cement, in them, new ways of thinking, meaning an equitable and democratic mind regarding what is masculine and feminine.

Surprisingly, the United Mexican States are one step ahead, celebrating, in 1998 in Oaxaca, Mexico, a Latin-American symposium named "*Participación masculina en la salud sexual y reproductiva: nuevos paradigmas*" ("Masculine participation in sexual and reproductive health: new paradigms"), men and women from distinct sectors of the population gathered to talk about this problem arriving at the conclusion that men should be helped to identify how their masculine identity and the perceptions they may have towards it influence in their conducts regarding sexuality, violence, Sexually Transmitted Infections (STIs) prevention and paternity.

The percentages of Latin American population having STIs or HIV related to sexual and reproductive health are 16,8% women and 4,25% men. The World Health Organisation (WHO) mentioned that the reason why women's percentage is higher is that there is an absence of information about the importance and need of men in this field, as well as their influence in women's reproductive health.

Oppositions to men's incorporation to reproductive health programs

It is true that the existence of hegemonic masculinity is an important, if not the most, concern on this topic. Various entities recall a possible "masculine" transformation in the health sector. Some others highlight a possibility to change such an overwhelmed mentality, this involves a deep reflexion and self-helping activities to fight the hegemonic masculinity. But, as far as people are concerned, these activities have not been useful at all. They might have results at the beginning, and perhaps it could seem like a deep-seated change has overcome, but the truth is that according to Pierre Bourdieu- a famous and well-known sociologist, anthropologist, philosopher, and public intellectual- in an investigation developed in the year of 2000 on hegemonic masculinity and its roots, deep down, men still think and act with and hegemonic mind. This is what is called 'light *machismo*'.

The concept of 'light *machismo*' comes from men doing the exact same things their fathers or grandfathers may have done in the past: they allow women to work from their own

homes but have to earn less than them, that work in an office. Focusing on what was previously mentioned, their nowadays-actions are only a weaker but exact version of the ones made by their ancestors.

Over the past few years, there has been an unending rivalry between the two genders: feminine and masculine. The answer to why is straightforward: they both want different chattels. It is a very well-known fact, by society on a whole, that a balanced agreement can never be held between the two genders, and when it comes to reproductive health it is no exception. Therefore, the Pan American Health Organisation (OPS, by its initials in Spanish) created the practical approach to gender (APG, by its initials in Spanish) and the strategic approach to gender (AEG, by its initials in Spanish). The APG is willing to give an immediate response to the particular health needs of men and women. For instance, a woman suffering domestic violence is given antibirth pills without her partner's consent. In this perspective, the APG satisfies the woman's need of preventing an unwished pregnancy, but it is evident that gender inequity was damaged or even broken, since the man had no voice nor vote in the decision. Aiming to avoid that kind of endings, AEG is promoted; this approach not only gives an immediate response to the particular needs of men and women, but it also encourages to redistribute the power among both, as well as their respective roles and responsibilities. Using the AEG regarding the previously mentioned example, the woman would be placed in reproductive health services in an entity capable of helping her, while the man would be placed in therapy sessions for men with aggressive behaviour, with his lady's consent. These approaches were created to promote the participation of men in reproductive health programs and to build bridges between people who vote for and against of dealing with the issues of masculinity and gender equality faults on health. As a result, the OPS delivered that their approaches idea had a positive impact in some regions, while some others think it is strongly women-balanced and does not give a complete gender equality aim.

The existence of sexual and reproductive rights is an issue, as well. In spite of them being closely linked to human rights, people believe that this concept of sexual and reproductive rights do not apply in men, since, according to them, men do not suffer the same discrimination and inequality that women do suffer. The Social Investigation, Appropriate Technology and Capacitation Centre (CISTAC, by its initials in Spanish) is an NGO working for gender equality; they asked men what did the concept of sexual and reproductive rights mean to them, and they answered in a *machista*/traditional way. Thus, again, it was

recommended to start incorporating men at the programs by eradicating little by little de hegemonic men mentality.

Notwithstanding, women and the against-minded people are the only problems, men are, too. According to sundry other investigations, men do not trust in reproductive health services because they believe that it is a mother-child-focused attention, and they doubt it will solve their needs. On the other hand, many of them do not assist to those services because they "worry less" than women about reproductive health. In this context, men may be right. Latin America is a region that does not count with trained staff nor the required tools to take on men cases. Likewise, there are no institutional politics or attention norms adapted to the need of a masculine population.

On the other hand, it is a fact that men are less likely to suffer the type of illnesses that women, mostly, acquire; such as diabetes, anaemia, etcetera. This is, according to a 2017 study in Chile named *"Agenda Doctor"*, which unveiled the already-known argument about 84% of women taking health tests annually, whereas only the 53% of men do it. Sebastián Ascencio, a journalist from Chile, mentioned in one of his articles that- although it is thought that this is due to more concern from women in the health field- the reason why men's percentage is lower is that they are not given information about where would their illnesses arrive at or which ones are most likely to hit them or what can they do to be healthy in spite of their environment, etcetera. Latin America, says the journalist, has become a region in which women are levelling up, which is not bad, but it would be completely acceptable if society would not forget about men and treat both genders equally.

Reproductive health programmes

In a publication of the World Health Organisation named "*Manual de Trabajo Interinstitucional sobre Salud Reproductiva en Escenarios Humanitarios"*, the organisation mentions that reproductive health is a right every person should exercise; moreover, for this to happen, there should be an unconditional access to information and services, in order for people to take well-thought decisions about their reproductive life based on good source information.

The United Nations Population Fund in Cairo in 1994 established a Programme of Action adopted at the International Conference on Population and Development (ICPD) in which the reproductive health attention includes a wide range of services such as:

- Guidance on family planning, information, education, communication and services.
- Education and services for prenatal care, safe delivery and care postpartum, and health care for babies and women.
- Prevention and appropriate treatment of infertility.
- Prevention of abortion and management of the consequences of abortion.
- Treatment of reproductive tract infections, sexual transmission diseases, including HIV / AIDS.
- Prevention, early detection and treatment of breast cancer and cancers of the reproductive system, in addition to other diseases and disorders of the SR.
- Campaigns to actively combat harmful traditional practices, such as female genital mutilation.

These services must be carried out with high quality in all services: health, nutrition, and education. According to the WHO, even is the three services are implemented, if there is no good quality, it is like if there were no services. It is written in the programme that all people must be treated equally in spite of their race, religion, socioeconomic status or gender. The last one is very developed in the publication, mentioning that many volunteers that are taking care of the services discriminate men due to an all-over-thought that it is all for women. On the whole, that is the main issue that people are trying to eradicate, but as that mentality grows, the problem grows with it.

All in all, the reproductive health services are based on some fundamental principles, which are: coordination, for a high-levelled development throughout all of the planned events; high quality in the attention that every person will receive, in spite of their race, status, gender, etcetera; communication, the key for the success of every plan, the WHO also mentioned an strict and studied program which allowed member of every area to be communicated the entire time, bringing some volunteers to check upon the exercise of this action; community participation, involving the belief of the WHO on the need of people to be willing to show empathy through actions that will benefit people that is not in their day-by-day environment; technical and administrative capacities development, as previously mentioned, the WHO welcomed the enormous responsibility of improve their services and all that is behind and in front of them to encourage not only the use of their services, but how to execute them; responsibility, a word that may describe this organisation as a whole when looking over it all, this has been the highlight of every action that this organisation has made, and also, with no forcement at all, they carry out this value to expose themselves to the world as a caring

organisation; human rights, the WHO stands for human rights with a very important mind-focus on health, believing that every human being does not have to earn it but it should be given to them for the simple reason that they exist, and defence, which, as stated in the document, is one of the main topics that these programmes aim to show and teach about.

The previously mentioned principles have one thing in common: they all guarantee an excellent service. The well-exercise of these principles has been a debate on whether they are just spoken executed or actively done. This, as a whole, is what society recalls: good services for both men and women, both taken seriously since reproduction roots from two-member participation.

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A

Abortion: the deliberate termination of a human pregnancy, most often performed during the 28 weeks of pregnancy.

B

Birth control: the practice of preventing unwanted pregnancies, especially by use of contraception.

F

Family planning: the practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or voluntary sterilization.

Female genital mutilation: all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medial reasons.

G

Gender equality: the state in which access to rights or opportunities is unaffected by gender.

H

Harsh: unpleasantly rough or jarring to the senses.

Hegemonic masculinity: The mythology of gender dominant within cultural representations of males, reflecting normative behavioural ideals for males in a culture in a particular period (regardless of the actual prevalence of such behaviour in that society).

I

Infertility: inability to conceive children or young.

M

Machismo: strong or aggressive masculine pride.

Maternal death: the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

P

Prenatal care: health care that a pregnant woman receives from an obstetrician or a midwife.

Paternity: (especially in legal concerns) the state of being someone's father.

R

Reproductive health: the diseases, disorders and conditions that affect the functioning of the male and female reproductive systems during all stages of life.

Topic B

Tactics to prevent teen pregnancies as a whole in Latin
American countries

By: Mariana Ruth Ángeles Franco

Background

Teenage comprises in people between 10 and 19 years old, and alarming an international society, there are girls among that age-range that become pregnant, this is what is known as teen pregnancy. Nowadays, it has become a huge problem since studies reveal that 1 out of 5 women worldwide have a child before turning 18, and each year there are 16 million births from teenage moms. Although this is a global issue, it is mostly given in low-resource regions, where 1 out of 3 women become teenage moms.

It is a known fact- thanks to the World Bank Group- that the number of children that each woman has nowadays has highly decreased, but it is not the same when it comes to teenage women, where the number has very slightly decreased. And this is why it has become of important matter; experts from the Centre of Studies and Research in Health of the University of Coimbra, Portugal, developed an article declaring that the appropriate age to become a mother is between the 25 and 35 years old, when a woman's body is ready to handle birth and to take care of the baby. Moreover, it is the age in which both the mother's and the baby's health are in much less risk of overcoming health trouble throughout the whole pregnancy, birth and baby's first months. On the contrary, teenage pregnancy is considered a high-risk event and it entails a lot more complications within areas like health, socio-economy, among others. A teenage body is not prepared to handle a pregnancy nor a birth.

A Mexican journaler named Alba Caraballo Folgado wrote an article for *Guía Infantil*, a magazine dedicated to informing about childcare, where she established a series of consequences that teenage pregnant girls are likely to face: bad nutrition, their body is not ready to carry a baby and so its nutrients are not well-placed and it causes an unbalance; spontaneous abortion, much likely given in teenage pregnancies due to internal issues attributed to a non-ready body; premature births, in these cases, a huge number of babies are born before the 37th week of gestation; the babies are born with low weight due, again, to an unprepared body which involver an unprepared uterus; teenage moms have babies with health problems and development issues and if the teenage mom is aged less than 15 years old, the baby has more chance of being born with malformations.

Furthermore, a teenage pregnancy, though it is very dangerous for the baby's health, it is dangerous for the mother's, as well. Most of the consequences that a teenage mom may face are psychological matters due to an unplanned event in their lives that is going to be present for the rest of it. With that said, teenage mothers have to live with fears and mental disorders

all their lives: fear of being socially rejected; as a teenager, there is frightening the thought of being rejected, and with a pregnancy, the girl feels criticized and tends to isolate herself. By the same token, they reject their own babies, as girls, they do not want to be responsible for a human being with all the time and responsibilities that it comes with, but since they have to, it makes them feel guilty and sad; likewise, they develop a low self-esteem. Familiar plights are also a bother; girls feel a strong rejection from their own families at every stage of their motherhood. Another consequence and one which the UNFPA highlights in this specific matter is the scholar failure; they cannot continue studying and thus they feel like they are not normal- in regards of people who are the same age.

Therefore, the World Health Organisation (WHO), along with other organisations, recommends avoiding pregnancy before the 18 years old through avoiding sexual intercourse and supporting prevention programs for teenage pregnancies. Above all, what is most recommended is to have a good sexual education from the family and so inform teenagers about the risks and complications that a teenage pregnancy may bring and the changes that it could provoke in both the mother and the father's lives. The WHO has recently recommended that these type of topics be spoken in the family before school since teenagers are more likely to attend their parents than teachers.

Causes attributed to teen pregnancies

In 2008, in the *Gloucester High School* in Massachusetts, a group of 17 girls agreed on becoming pregnant at the same time because they wanted to raise their babies at the same time. Not one told a word to anyone about why they were all desperately looking for and trying to have a baby, but a schoolmate from one grade above, who was a teenage mom, spoke about it; they all wanted to become mothers because they thought it was the only way of getting someone to love them unconditionally.

The story above is a fact; it is a case where a group of girls' thoughts led them to "wanted" pregnancies at such a young age. Psychiatrist Livia González, an expert in juvenile sexuality from the Faculty of Medicine of the University of Chile, mentioned that yes, it is a fact that teen pregnancies exist stronger in poor regions because of media not reaching out for those places and education is not as explicit and good as it should be, but she mentions that the problem goes beyond the poverty barrier. She and her investigation partners mention that pregnancy is a symptom of a series of factors that unveil familiar and psychological problems. Those problems, as seen in the Massachusetts case, are the ones leading teens to the "need" of

having babies and picturing them as a way to fulfil the empty spaces they might have from an issued childhood. "Behind a teenage pregnancy, especially in girls of 14 and 15 years, there is a background in the psychological sphere, you always have to dig deeper into them," states Dr Carolina Schulin-Zeuthen, gynaecologist of adolescence at *Las Condes* Clinic.

Notwithstanding, society has blindsight on which girls are the ones affected, and they strongly believe that the poorest girls are the ones more vulnerable to it; and it is true, since they may not have as much information as an average-socioeconomic-status-girl could have. Yet, teenage pregnancies within good economic status girls are vulnerable, too. Throughout the last 30 years, there has been an increase in medium and high socioeconomic status girls that become pregnant, and this ratifies what the previous study says about the mental health problems teenagers are suffering each day more.

Teen pregnancies in Latin America

According to the informed named "*Acelerar el progreso hacia la reducción del embarazo en la adolescencia en América Latina y el Caribe",* the global rate of teenage pregnancy is estimated at 46 births per 1,000 girls, while in Latin America and the Caribbean the rates continue being the second highest in the world, estimated at 66.5 births per 1,000 girls aged 15 and 19 years, and are second only to the rates in sub-Saharan Africa. These statistics worry the UNFPA, which is the reason why there is an extreme focus happening on this topic.

As mentioned before, teenage pregnancies have slightly decreased, and the UNFPA has the record that Latin America is the only region where there is a tendency that involves pregnancies in girls aged less than 15 years old. Moreover, 15% of all the pregnancies in the region are from teenagers aged less than 20 years old and 2 million children are born of mothers aged between 15 and 19 years old.

These teenage pregnancy tendencies relapse in problems like scholarship. The last report from the United Nations states that teen girls that only have the primary school or none at all, have up to 4 times more chances of becoming pregnant than girls with high school or more scholar degree. Also, girls in poor places have 3 to 4 more chances of becoming pregnant than girls born in rich families.

In addition, maternal mortality has become one of the most alarming topics when it comes to teen pregnancy. This issue is one of the main causes of death among girls aged 15 to 24 years old in Latin America. In 2014, approximately 1,900 teens died as a result of

complications during their pregnancy, the birth or after the birth. In a global scale, the risk of maternal mortality doubles in mothers aged less than 15 years old. Yet, there are a whole lot of other complications including pelvic damage- which involves stress urinary incontinence, faecal incontinence and pelvic organ prolapse- and premature birth.

In Latin America and the Caribbean, the mainstays of teenage pregnancies differ, but they are all focused on how these girls are attacked by society, and therefore they no longer have the opportunity to grow "normally" with a 100% support. The two main reasons- according to the United Nations- are the lack of sexual education and the prevalence of child marriage. The lack of resources in the region means not having the correct information about how to prevent unwanted pregnancies nor how to protect themselves from contracting illnesses. Also, when girls give birth to their babies, they have to abandon school in order to take good care of them and so they get stuck in a life with no opportunities to grow and to get out of the poor place they might be living in. Thus, since they do not know how to live along with it, there is social pressure for them to marry the father of their babies and- when they do- that is what is called child marriage.

In the United Nations report, there was a highlight on the girls that came from poor families and most of them live in the outsides of the city, or in rural or semi-rural areas. These girls had low levels of education or no education at all. Anyways, in almost all of the cases, after giving birth, they completely abandoned school; in Peru, the 77% of the girls abandoned and in Guatemala- a Latin American country placed among the poorest three countries of Latin America- the percentage blew off to 88%.

On the other hand, let's not forget about sexual and obstetric violence; these types of violence can both lead to the pregnancy of teenage girls. A highlighted case from the report dates that at the beginning of 2018, a violated 14-year-old-girl died in Paraguay during the birth while the doctors were doing an urgent Caesarean section (C-section). Another case is well remembered by the prestigious medical magazine The Lancet, dating that the mortality of mothers in Venezuela has raised a 65% in the last years, and child mortality a 30%. When relating both, they are a reminder of the consequences of teen pregnancies.

Sonja Caffe, a regional assessor on teenage health from the World Health Organisation, once said that many of the teen pregnancies are the result of violations and we need to understand which are the dimensions- perhaps cultural of from the reality of the ethnic groups- that generate this vulnerability to early pregnancies. And when taken into account a whole sight

of the topic- where is it seen good, where is it seen bad, etcetera- we can achieve a solution with respect, because each culture has to be respected, but also, there has to be a solution that protects the teen girls that do not want to be mothers, to avoid or postpone it.

"Adolescent mothers are exposed to situations of greater vulnerability and to reproduce patterns of poverty and social exclusion", said Marita Perceval, the regional director of the United Nations International Children's Emergency Fund. This is a statement on how affected are teenage mothers and how their lives are almost ruined because of the rejection they receive from society. She also added that most of the countries with the highest incidence of teenage pregnancies in Latin America are found in Central America, led by Guatemala, Nicaragua and Panama. In the Caribbean, the Dominican Republic and Guyana, and in South America, Bolivia and Venezuela have the highest rates.

All in all, the United Nations Population Fund along with other organisations and funds has expressed the urgent need to decelerate teen pregnancies. The report talks about how people are so centred on establishing places where people can go and learn about sexual health or how to allow the women's education a lot more. But the truth it there should be a bigger focus on the visibility on the problem. Problems like this tend to become normal and that is what the United Nations are fighting against. The World Health Organisation has stated that even when a lot of nations have implemented interventions for people to find a "way out", they have not been good but a bad factor since lives are being lost anyway.

Furthermore, the United Nations Organisation recommends- as stated in the report- the focus on not only the resources through which talks and help are going to be given, but focus on how to achieve the goal. There has been a lot of increase in the subject, but the focus has to be improved or there will be no achievement or advance whatsoever. In the first pages of this document, it is endorsed to every national program to delete whatever it is that may not be working for the cause and replace it for something from which there is proof that has been helpful. The truth is that there has to be a 180-degree change in order to improve whatever help that has been given and thus the problem will decrease.

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B

Blindsight: the ability to respond to visual stimuli without consciously perceiving them. This condition can occur after certain types of brain damage.

C

Cesarean section: a surgical operation for delivering a child by cutting through the wall of the mother's abdomen.

F

Fecal incontinence: the lack of control over defecation, leading unvoluntary loss of bowel contents- including gas, liquid stool elements and mucus, or slid feces.

G

Gestation: the process of carrying or being carried in the womb between conception and birth.

M

Mental disorder: a syndrome characterised by a clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning

O

Obstetric violence: the appropriation of a woman's body and reproductive processes by health personnel, in the form of dehumanizing treatment, abusive medicalization and pathologization of natural processes, involving a woman's loss of autonomy and of the capacity to freely make her own decisions about her body and her sexuality, which has negative consequences for a woman's quality of life.

P

Premature birth: babies born alive before 37 weeks of pregnancy are completed.

Plight: a dangerous, difficult or otherwise unfortunate situation.

S

Sexual intercourse: sexual contact between individuals involving penetration, especially the insertion of a man's erect penis into a woman's vagina, typically culminating in orgasm and the ejaculation of semen.

Sexual Education: Sex education is high quality teaching and learning about a broad variety of topics related to sex and sexuality, exploring values and beliefs about those topics and gaining the skills that are needed to navigate relationships and manage one’s own sexual health.

Spontaneous abortion: a miscarriage, that is, any pregnancy that is not viable (the fetus cannot survive) or which the fetus is born before the 20th week of pregnancy.

Stress Urinary Incontinence: the complaint of any involuntary loss of urine on effort or physical exertion (e.g sporting activities) or on sneezing or coughing.