

30°

TECMUN Jr.

United Nations
Population Fund

30° TECMUN Jr.
Session Schedule

Wednesday, November 9th

Registry	8:00 – 9:00 h.
Opening Ceremony	9:00 – 10:00 h.
Recess	10:00 – 10:30 h.
First Session	10:30 – 12:30 h.
Recess	12:30 – 13:00 h.
Second Session	13:00 – 15:00 h.
Meal	15:00 – 16:00 h.
Third Session	16:00 – 18:00 h.

Thursday, November 10th

Master Conference	8:30 – 9:30 h
Recess	9:30 – 10:00 h..
Fourth Session	10:00 – 12:30 h.
Recess	12:30 – 13:00 h.
Fifth Session	13:00 – 15:00 h.
Meal	15:00 – 16:00 h.
Sixth Session	16:00 – 18:00 h.

Friday, November 11th

Seventh Session	8:00 – 9:30 h.
Recess	9:30 – 10:00 h.
Eighth Session	10:00 – 12:00 h.
Recess	12:00 – 12:30 h.
Ninth Session	12:30 – 14:40 h.
Meal	14:40 – 16:00 h.
Closing Ceremony	16:00 – 18:30 h.

30° TECMUN Jr.
General Agenda

Secretary General: Ixtli Zenit Ramírez García

COORDINACIÓN GENERAL

Chief of General Coordination: Anael Oliveros Aguilar

Coordinating Supervisor for Media Content: Mariana Goytia López Gutiérrez

ASAMBLEA GENERAL

Subsecretary General: Jade Artemis González Díaz

Coordinating Supervisor: Iris Giselle Balderas Arreola

Sesión Plenaria de la Asamblea General

President: Carmen Dannea García Aguilar

- A) Medidas para disminuir la esterilización forzada a mujeres con VIH en América Latina y el Caribe.
- B) Estrategias para mediar el conflicto civil y crisis humanitaria en la República de Yemen causada por un golpe de estado en 2014.

Entidad de las Naciones Unidas para la Igualdad de Género y el Empoderamiento de las Mujeres

President: Arantxa Olivares Bocanegra

- A) Medidas para contrarrestar el aumento de matrimonios forzados de niñas en el continente asiático, con énfasis en la República de la India.
- B) Medidas para erradicar la prostitución forzada de niñas y adolescentes en América Latina y el Caribe con énfasis en el turismo sexual.

Comisión de Desarme de las Naciones Unidas

President: Gerardo Calderón Huerta

- A) Medidas para contrarrestar la creciente crisis ocasionada por la experimentación de armas de destrucción masiva dentro del Mar del Este.
- B) Estrategias para disminuir la exportación de armas de fuego hacia la República de Yemen, así como atender sus efectos dentro de la región.

Organización Internacional de Policía Criminal

President: Bruno Ramírez Barcelata

A) Medidas para reducir y prevenir la importación y exportación de estupefacientes, con énfasis en la ruta América Latina a África Occidental.

B) Medidas para prevenir y reducir atentados por grupos extremistas activos en Asia Meridional, enfocado en la República Islámica de Pakistán, la República de la India y la República Islámica de Afganistán.

United Nations Office on Drugs and Crime

President: Dereck Zayd Ibarra Martínez

A) Measures to tackle and halt the marketing of counterfeit and substandard medical products in the Asian Mekong region, with special preeminence on pharmaceutical online sales along with the corruption in the drug industry.

B) Approaches to prevent and counter human trafficking and sexual abuse in the Ukrainian border region, particularly among citizens who migrate as a result of the belic conflict between the Russian Federation and Ukraine.

World Health Organization

President: Aretxa Abaunza Díaz de León

A) Strategies to prioritize mental health due to the climate change in response to the adversities caused by the crisis in Asia.

B) Measures to reduce the adverse health effects of the tobacco industry on the Republic of Zimbabwe citizens to reduce their percentage of yearly casualties.

CONSEJO ECONÓMICO Y SOCIAL

Subsecretary General: Elena Ramírez Sandoval

Coordinating Supervisor: Lia Naomi Mejía Vargas

Fonds des Nations Unies pour L'enfance

President: Edgar Arturo López Villegas

A) Mesures pour mettre fin à l'exploitation et le travail des enfants dans l'industrie du Fast Fashion en Asie.

B) Actions pour offrir la santé aux enfants victimes des catastrophes naturelles en République d'Haïti en soulignant son manque de ressources.

Human Rights Council

President: Catherine Romina Espinoza Mora

A) Measures to curb discrimination in the European Union against Muslims with emphasis on the French Republic and the new Islamic Separatism Law.

B) Strategies to counter extrajudicial homicides in the Federal Democratic Republic of Ethiopia with a focus on the Tigray region due to civil warlike conflict between the government and regional forces.

United Nations Population Fund

President: Valeria Loera Gómez

A) Strategies to provide sexual and reproductive health services and protection for women in Western Asia, under the context of the current humanitarian crisis in the Republic of Yemen.

B) Mechanisms to diminish obstetric mistreatment and violence towards women while receiving medical care during pregnancy and childbirth, with an emphasis on the vulnerabilities of health systems in Latin America.

Conferencia de las Partes 25

President: Montserrat Gómez Montes de Oca

A) Estrategias para detener la presencia de macroplásticos y microplásticos provenientes del continente europeo hacia Mediterráneo con énfasis en el daño a la biodiversidad.

B) Medidas para disminuir las emisiones de CO₂ producidas por la industria textil con énfasis en la República de la India.

Organización Internacional para las Migraciones

President: Daniel Hilario Salazar Melendez

A) Estrategias para promover la asistencia y cooperación internacional a la política de acogida de República de Uganda, con énfasis en la entrada segura de los refugiados y emigrantes desplazados por las milicias locales en el Éste de la República Democrática del Congo.

B) Medidas para asegurar la integridad de la población migrante proveniente de la zona del Cuerno de África durante su traslado hacia la República de Yemen a causa de los traficantes y contrabandistas.

Organización Mundial del Comercio

President: Santiago Gutiérrez Caycedo

A) Estrategias para mitigar la crisis de fletes y costos para la exportación de frutas y hortalizas en América Latina y el Caribe.

B) Métodos para la integración de las microempresas, así como pequeñas y medianas empresas del sudeste asiático en las corrientes comerciales mundiales.

AGENCIAS ESPECIALIZADAS Y ORGANISMOS REGIONALES

Subsecretar General: Diego Márquez Sánchez

Coordinating Supervisor: Akemi Daiana Viveros Moya

Caribbean Community

President: Abraham Alejandro Carlos Mendoza

- A) Strategies to protect agriculture and counter the impact of the Ukrainian-Russian armed conflict on food systems in the Caribbean region with emphasis on food security due to the lack of resources for endangered people.
- B) Measures to avoid the illicit trafficking of American firearms with special emphasis on the increasing violence rate and the presence of organized crime in the Caribbean region.

North Atlantic Treaty Organization

President: María Fernanda González Rosales

- A) Strategies to prevent political and military risks to members of the Treaty regarding the development of chemical and nuclear weapons of the Democratic People's Republic of Korea, and their relation with the extremist group Hezbollah, who attacked the American embassy in the Republic of Iraq in 2019.
- B) Mechanisms to approve and safeguard the integration of The Kingdom of Sweden and The Republic of Finland to the North Atlantic Treaty Organization, considering possible territorial and civilian repercussions due to the Russian Federation's threats pointing to increase military forces with Western borders.

Corte Interamericana de Derechos Humanos

President: Manuel Alejandro Grajales Santillán

- A) Atentado terrorista del 18 de Julio de 1994 hacia los recintos de la Asociación Mutual Israelita Argentina (Víctimas y familiares del atentado extremista v. República de Argentina).
- B) Actos de violencia y hostilidad hacia la Corporación Colectivo de Abogados José Alvear desde 1990 hasta la actualidad en la República de Colombia (Miembros de la Corporación Colectivo de Abogados José Alvear Restrepo v. República de Colombia).

Consejo de Seguridad

President: Paulina Moreno Rosales

- A) Acciones para suprimir los ataques armados generados por el despliegue de activos militares estadounidenses en el Golfo Pérsico ante la negativa de cesar las pruebas de armamentos en la República Islámica de Irán.
- B) Estrategias para suprimir la intervención militar externa en la región de Medio Oriente y África del Norte (MENA) para evitar el resurgimiento de conflictos armados desencadenados por la Primavera Árabe.

Histórica Liga de Estados Árabes

President: Karla Isabella Juárez Zarate

- A)** Medidas para contrarrestar el conflicto bélico de Yom Kippur, manteniendo un enfoque en los territorios perdidos de la República Árabe de Egipto y la República Árabe Siria. (1978)
- B)** Estrategias para concluir la invasión de la República de Irak al Estado de Kuwait como consecuencia del saqueo de petróleo. (1991)

“Cuando sientas que pierdes el rumbo, recuerda para qué estás aquí y por qué lo estás haciendo.”

-Anonymous

For your time,

Eleven years ago I stepped into a TECMUN debate room for the first time. That day I accompanied my brother, who was representing the Republic of El Salvador, as he debated about the homicides of rural groups in Latin America caused by drug trafficking. On the other hand, I was just admiring everything he and the delegations that made up the debate were arguing, as well as the tenacity with which they were looking for some way to help those who needed it most. They inspired me in a way that I will never forget in my life. It was then that I realized that I wanted to do it too, I wanted to become what they were at that time, agents of change. Later I had the opportunity to participate as a delegate, in my first model uncertainty and fear prevailed. I felt insecure about myself, I thought my opinion was not important and for that reason I did not express it. At that time I was regressing because I didn't feel like the agent of change that my brother once encouraged me to be. It wasn't until my second year participating in TECMUN that I discovered my potential, I questioned why I should be afraid to speak up for things that deserve to be heard. I was representing the Islamic Republic of Iraq in the Historic League of Arab States, this year I was thinking a lot about the fact that something could go wrong in the debate, that's why I started to remember the reason why I decided to participate in this model; I wanted to get out of my comfort zone. Once I was at the closing ceremony, I promised myself that I would always do my best to leave my mark wherever I went, as well as continue to learn and inspire others. For me, this model represented evolution.

I share with you a part of my story in TECMUN because just like me, you are probably looking to evolve after a period of regression. Regardless of the path you want to take in your life you should never be silent about what seems unfair, participate and give your opinion because the power of change is in the actions you decide to do or not, learn because cultivating your mind is essential to understand yourself and others, help those who need it most because you have privileges that many people in the world can not enjoy, finally try to inspire you and inspire others, you never know if you will become an example for them to follow. Do things with passion, love and purpose every day, do it for you.

Whatever the reason you decided to participate in TECMUN, take advantage of the fact that you are here today. Today you have the opportunity to expand your limits, you have the opportunity to learn, to teach and to motivate whoever needs it. Always remembering that you will have a support network that trusts you so you can achieve your goals. Be that person you always wanted to find to guide you in your learning process and trust you, because you are capable of doing it.

After 5 years being part of TECMUN and this my last TECMUN Jr., I want to thank you for inspiring me, for giving me reasons to go further and further. I thank you for being part of one of my greatest passions. I hope that after these three days nothing will be the same for you, I hope that you have made friends, that your committee has reached a resolution project, that you have found your passion, that you have enjoyed yourself and that you have learned something new. But above all, I hope you have **evolved**.

Ixtli Zenit Ramírez García

Secretary General for the

30° TECMUN Jr.

“Education is the most powerful weapon you can use to change the world”

-Nelson Mandela

Dear participant,

Whenever I have to write a letter or a speech for you I start the same way, expressing how much I admire your presence in this model. It is not easy to talk in public, do an extensive research, defend what you believe, propose innovative and creative solutions and, above all, open your eyes to today’s world. I admire that you are willing to give your best, that you have decided to invest time and energy in seeking to solve the great unknown of today, during these three days of model, "how can I make my world a better place?"

I confess that for me, this is not just a simulation of a United Nations model. I am here, because I love to see more than nine hundred students with a smile on their faces as they enter their debate rooms, happy at the end of the day because they were able to make at least one resolution to their topic hoping one day to make it happen. That passion and dedication is the one that motivates me and that gives me faith that our world will not fall.

This work is one of the best things that has happened to me in life, it makes me feel part of the change and part of those smiles that I love so much to appreciate. I know that the Conference Officer for the United Nations International Children’s Emergency Fund, who began with all the enthusiasm this great journey in 2020, is now proud to be something she never imagined it could be: member of the High Secretariat as Chief of General Coordination.

So from my own experience I can assure you that you can achieve the unimaginable. There will be many obstacles, stumbling blocks and difficult decisions to make but I can also promise you that with a lot of passion, dedication, patience and the support of the people you love most everything else will gradually go away.

Without further ado, I thank you for making the decision to participate in this model and I wish you to leave those rooms with a big smile as I once did.

Anael Oliveros Aguilar
Chief of General Coordination for the
30° TECMUN Jr.

Delegate,

In this letter I want to talk to you about decisions. A decision, no matter how big or small, always has an impact on your future self. Decisions generate experiences that lead to learning, and hopefully that learning can lead to personal improvement. Today, I know that one of the best decisions of my life was getting into TECMUN. I will never forget the moment I registered to be a delegate, or the moment I received the confirmation email to represent the Dominica delegation in the UNHCR committee, or when I arrived at my first session and did not understand what I had to do.

However, not everyone gets into TECMUN by choice. And this is when I want to talk to you about opportunities. I don't know if you are here today because you like to debate, because you like international relations, because you got extra points in your subjects or because your school decided to put all its students into TECMUN. But what I do know is that you have a unique and gigantic opportunity in front of you. My best advice is to take advantage of every second of every session you have, enjoy every minute of every break and meet more people, but more importantly, learn to challenge yourself a little more. This is your decision. It is your decision to enjoy the model and take away from these 3 days lessons that will serve you for life, which I know you can find here at TECMUN.

Even though I decided to join TECMUN, I will always thank the little person who offered it to me and the person who taught me everything about a model and guided me step by step to stand in front of the forum and talk for what I felt was the longest minute of my life. To all the people who have supported me during my time at TECMUN and who have heard me talk about it a thousand times and how much I love it, thank you.

I would like to list all the good things I take away from this wonderful place that became the best experience of my high school, but I don't have enough space to talk to you. I just want to tell you that the power you have today is great, and it is so great that it is difficult to understand until you complete the model and realize the potential you have as a person. TECMUN is an opportunity, but it is your decision to exploit its potential.

Finally, I want to congratulate you for having the courage to take the position of a country and defend it until you reach the resolution of a global problem. I admire you today and always.

Elena Ramírez Sandoval

Subsecretary for the Social and Economic Council

30° TECMUN Jr.

“Privilege is invisible to those who have it”

- *Michael Kimmel*

Delegate,

Never underestimate the power of an experience. Experiences shape us as human beings, and help us discover who we are and who we want to become; they influence our way of perceiving the world and lay the foundations for our course through it. Each of the experiences lived, regardless of its nature, encourages our lives and gives us valuable knowledge. Model United Nations have been characterized as life-changing and open-minded experiences. On this occasion, apart from discussing the topics and looking for resolutions, I would like you to take some of your time on the committee to recognize the privilege you are surrounded by. Most of us have enjoyed grateful lives without major difficulties, and even though we might sometimes face complicated situations, there will always be someone more unfortunate than us. Despite living in an entirely globalized world, it is still challenging to be empathic with situations perceived as distant. Look around, there are so many people close to us suffering from really diverse reasons. Take a look at the circumstances lived in Yemen, the worst humanitarian crisis of the contemporary world, and all the women that are unable to fulfill their need for reproductive health services, contributing to a wider threat to their integrity and their children's. Reflect on the numerous Latinamerican mothers, victims of violence during pregnancy treatments, that are incapable of speaking up due to the gender inequalities within the health system. These topics might or not be particularly close to us, but if there is something in your hands to help, I exhort you to do it. Well, this is your opportunity: inform yourself, understand and learn from the existing inequalities, eliminate those distances, empathize with all those people, recognize your privileges, but above all, learn from the experience. By choosing to be a part of this experience, you have shown that you are capable of opening your mind, doing something out of the ordinary, facing something bigger than us, and taking the necessary actions to alleviate the afflicted society in which we have had to live. So, sustain your life with experiences, enjoy each of them to the fullest, try different things, fight for your interests and for the causes you believe in, overcome your fears and insecurities, and learn from each obstacle. Do not forget to be kind, emphatic, and open-minded. For today, being a part of this project has been one of the most valuable and transcendent experiences of my life; I hope it can be yours too. Finally, remember: recognize your privilege, and never underestimate the power of an experience.

Valeria Loera Gómez

President of United Nations Population Fund

for the 30° TECMUN Jr.

Background

The United Nations Population Fund (UNFPA) established in 1969, is the principal multilateral organism committed to the worldwide attainment of sexual and reproductive health. By receiving policy guidance from the Economic and Social Council, and as a subsidiary organ of the United Nations General Assembly, the Fund addresses population and development issues, with emphasis on reproductive health and gender equality in order to achieve a world where every pregnancy is wanted, every childbirth is safe, and every young person's health potential is fulfilled. Actively guided by the 1994 Programme of Action of the International Conference on Population and Development, it currently concentrates its efforts in more than 150 states for the realization of reproductive rights with a human rights-based approach. The Fund's three main transformative results include: ending the unmet need for family planning, diminishing preventable maternal demises, and stopping gender-based violence and harmful practices.

Faculties

- Provides governments with data showing deficiencies in their policies for women and young people by mobilizing resources and expertise, and advocating directly with government officials or in public forums through training and monitoring;
- Contributes with technical support to national human rights institutions and offices to monitor sexual and reproductive health and rights;
- Encourages dialogue with organizations, networks, and partners on programming and policies to enhance collaboration with civil society, academic institutions, and the private sector;
- Participates in regional and international meetings and forums to enhance knowledge about and give broader visibility to critical and emerging issues.

Topic A

Strategies to provide sexual and reproductive health services and protection for women in Western Asia, under the context of the current humanitarian crisis in the Republic of Yemen

*By: Valeria Loera Gómez
Cecilia Godínez Paz*

An obstacle for the protection of women's health within Western Asia

More than seven years of escalating civil conflict in the Republic of Yemen due to the Houthis insurgency uprising in 2014 has resulted in tens of thousands of civilian demises and the displacement of over four million people, making it one of the world's most severe humanitarian crises and aid operations. According to the United Nations Population Fund (UNFPA), in 2021, 20.7 million people, almost two-thirds of Yemen's population, required humanitarian aid; in 2022, this number increased to 23.4 million people, 73 % of the total population. Violent conflict, an economic blockade¹, currency collapse, flooding, and the COVID-19 pandemic have all impacted the country, with barely half of the country's health facilities working since the beginning of the conflict. Throughout Yemen, almost two million people are internally displaced, the majority living with host families, renting accommodation, or in makeshift² settlements, most of them suffering from severe instability and an urgent need for support.

The civil conflict in Yemen hinders³ the most vulnerable sectors of the population, including pregnant women, newborns, and children, from receiving life-saving medical attention on time. As reported by the UNFPA, women, and children account for an estimated 73 % of those displaced in Yemen, and women lead nearly 30 % of displaced households. Over six million women and adolescent girls of childbearing age⁴ require immediate assistance, while five million have limited or no access to reproductive health services. Malnutrition rates among pregnant and lactating women are significantly high, and

¹ **blockade:** the act of using force or the threat of force to stop the movement of people or goods into or out of a country or area, or the people or objects used to prevent such movement (Cambridge Academic Content Dictionary, n.d.).

² **makeshift:** temporary and of low quality, but used because of a sudden need (Cambridge Dictionary, n.d.)

³ **hinder:** to make it difficult for somebody to do something or for something to happen (Oxford Advanced Learner's Dictionary, n.d.)

⁴ **childbearing age:** a woman of childbearing age is of an age when women are normally able to give birth to children (Advanced English Dictionary, n.d.)

gender-based violence rates have soared; more than a million pregnant and breastfeeding women are already chronically malnourished⁵, a number that might double as a result of the food insecurity situation Yemen is facing.

Pursuant to the United Nations International Children's Emergency Fund, one woman and six newborns die every two hours from almost entirely preventable complications during pregnancy or childbirth in Yemen. The release of sexual and reproductive health services, particularly maternal health and emergency obstetric care, have been significantly limited by the lack of specialized health care personnel, vital medications, and supplies. For instance, local maternal hospitals have reported doubling the number of children and newborns deceased between 2016 and 2018; prematurity, oxygen deprivation (birth asphyxia), and severe illness were the most common causes of mortality among newborns. Yemenis' capacity to obtain any type of healthcare has significantly deteriorated as families must negotiate frontlines and checkpoints in order to receive care due to a lack of medical facilities. The vast majority of the population relies on insufficient public healthcare as a result of the declining economy, which has depreciated people's savings.

Civil conflict in Yemen: sociopolitical context

In 2014, the Republic of Yemen's civil warlike conflict started when Houthi insurgents, rebels with ties to the Islamic Republic of Iran and a history of rising against the government, took control of Sana'a, Yemen's capital, seeking lower gasoline prices and a new administration. In January 2015, the rebels captured the presidential palace after unsuccessful negotiations, forcing President Abd Rabbu Mansour Hadi and his administration to resign. A

⁵ **malnourished:** supplied with less than the minimum or an unbalanced amount of the nutrients or foods essential for sound health and growth (Merriam-Webster, n.d.)

coalition⁶ of Gulf states led by the Kingdom of Saudi Arabia initiated an economic isolation and air strike campaign against the Houthi insurgency in March 2015, with logistical and intelligence help from the United States of America. In 2016, a United Nations effort to broker peace talks between allied Houthi rebels and Yemen's internationally recognized government came to a halt⁷. The Houthis and former President Ali Abdullah Saleh's government announced the formation of a political council to govern northern Yemen in July 2016. Saleh, on the other hand, broke with the Houthis in December 2017 and called on his supporters to take up arms against them; within two days, Saleh was deprived of his life and his army was defeated.

The engagement of regional powers in Yemen's crisis, including Iran and Gulf states led by Saudi Arabia, concerns driving the country into the broader ideological division, which segregates Islam into two primary sects. A Saudi naval blockade has been in effect in the Gulf of Aden since April 2015, intercepting several Iranian arms shipments to Houthi rebels. Iran has responded by deploying its military convoy, putting the two countries on the verge of a military confrontation. In Yemen, the conflict between the Saudi-led coalition and the Iranian-backed Houthi rebels continues to harm civilians, causing regional displacement, and the obstruction of humanitarian aid. Among the latest confrontations, Houthi rebels launched an offensive in February 2021 to seize Marib, Yemen's last internationally recognized territory, and in early March, Houthi rebels launched missile airstrikes in Saudi Arabia, targeting oil tankers and installations. Airstrikes targeting Yemen's capital were launched by the Saudi-led coalition in response to the upsurge in attacks. The offensive has

⁶ **coalition:** a group formed by people from several different groups, especially political ones, agreeing to work together for a particular purpose (Oxford Advanced American Dictionary, n.d.)

⁷ **halt:** to stop something, or to bring something to a stop (Cambridge Academic Content Dictionary, n.d.)

been the most severe assault since 2018, with hundreds of combatants deceased and peace negotiations obstructed.

Meanwhile, Yemen's civilians continue to bear the consequences of the conflict, leaving Yemen the world's worst humanitarian crisis. Furthermore, human rights and international humanitarian law are alleged to have been violated by all sides in the conflict. Yemen's persistent crisis is being exacerbated by an economic disaster. The conflict disrupted the economy in late 2019, dividing it into two broad economic zones controlled by the Houthis and the Saudi-backed government. The significant depreciation of Yemen's currency in 2021, particularly in government-controlled areas, substantially reduced people's purchasing power and pushed many necessities even farther out of reach.

Humanitarian crisis: the deteriorating situation in Yemen

Due to the humanitarian crisis, widespread hunger, disease, and attacks on civilians that have taken place in the Republic of Yemen, there has been caused tens of thousands of civilian casualties and displaced over four million people. According to the Council on Foreign Relations, nearly 80 % of Yemen's population of almost 30 million requires some kind of assistance. Cases of cholera⁸ have been the most common, being over two hundred thousand in 2020. Due to the COVID-19 pandemic, the conditions worsened as there were nearly 11,000 confirmed cases and close to 2,000 associated demises in 2021; nevertheless, COVID-19 cases are likely an undercount of the disease's actual prevalence in the country. Besides, as an indirect effect of the crisis, there has been a lack of access to food, water, and health services due to the devaluation of the Yemeni rial by 140 %.

⁸ **cholera**: an acute diarrhoeal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae* (WHO, 2022).

In addition, pursuant to the Internal Displacement Monitoring Centre (2022), at least 286,700 people were displaced in 2021 and about 23.4 million Yemenis, 73 % of the population, need humanitarian assistance across the country. An estimate of 4.3 million people was internally displaced across the country, and internal displacement remained persistent during the year. Moreover, about 40% of them are living in unofficial displacement camps and do not have adequate access to basic services, and many of them continue to suffer from repeated displacement, often due to a combination of conflict and disasters. The vast majority of the population relies on insufficient public healthcare as a result of the declining economy, which has depreciated people's savings. Given this, diseases, extreme poverty, and repeated displacement persist in the majority of Yemen's population, damaging their integrity.

According to various United Nations agencies, it is estimated that 15.6 million people have been pushed into an extreme low-resources situation, and 8.6 million people into undernutrition, which has resulted in high rates of food insecurity⁹ and acute malnutrition¹⁰ among children under the age of five, and casualties among them as well. In 2021, nearly 2.3 million children under the age of five were at risk of acute malnutrition (Przygoda, 2021), and about 1.3 million pregnant or lactating women suffered from it. Moreover, in the first semester of 2021, 54 % of the population faced a crisis or worse levels of food insecurity. All these factors have left vulnerable populations at risk and without access to basic goods and services, including food, gas, and healthcare.

Deficiencies of maternal care services for pregnant women

⁹ **food insecurity:** lack of consistent access to enough food for an active, healthy life by financial resources (Hunger Health, n.d) .

¹⁰ **acute malnutrition:** nutritional deficiency resulting from either inadequate energy or protein intake (NIH, 2020).

After seven years of conflict, due to violent confrontations, persistent airstrikes, political intervention in relief activities by opposing sides, and an economic depreciation in what was already the lowest income nation in the region, Yemen's medical and humanitarian situation continues to deteriorate. Since 2015, the Republic of Yemen's public health system has been deteriorating as a result of displacement, violence, and financial cuts to health authorities, as well as the disintegration, and duplication of state organizations. According to the World Health Organization, in 2016 more than half of the 3507 medical facilities surveyed were either non-functional or partially functional. Also, there were only 6.2 hospital beds available per 10,000 inhabitants, far below the necessary minimum of 10 beds per 10,000 people; it was also reported that just two doctors or fewer were present in 42 % of the districts evaluated. Due to the lack of operational health facilities and public vaccination programs, lethal vaccine-preventable diseases including cholera, measles¹¹, and diphtheria¹² have reappeared, while medical and humanitarian help has been disrupted in repeated instances.

As the conflict has decimated the economy and depreciated people's savings, the Yemen population's capacity to access private or public healthcare has significantly deteriorated. Treatment in a private clinic was once common and generally affordable in the Yemeni pre-conflict health system, but it is currently out of reach for almost the entire population, leaving the vast majority of Yemenis depending on a hollowed-out public health system. Although all demographic groups have medical needs, the necessities of mothers and children are particularly alarming. Despite deficiencies in Yemen's public healthcare system before 2015, infant and maternal mortality has steadily declined. These improvements, however, have reverted since the start of the present conflict. The decreasing number of

¹¹ **measles:** acute and highly contagious viral disease characterized by fever, runny nose, cough, red eyes, and a spreading skin rash (Patrickson, 2021).

¹² **diphtheria:** an acute bacterial disease that usually affects the tonsils, throat, nose, and/or skin (National Foundation for Infectious Diseases, 2021).

operational health institutions, the conflict's economic impact, and the physical obstacles of active combat and moving frontlines, all combined to make obtaining medical help complicated and often dangerous, thus women and children frequently do not arrive at medical institutions in time to be saved.

Yemeni women have traditionally given birth at home with the aid of birth attendants, rather than in a hospital. Prior to the outbreak of the conflict, access to care was a simpler process when issues arose. Maternal and child health services are provided by only 20 % of operating health institutions, and in this view, medical issues during pregnancy have become far more serious in recent years. To reach a functioning hospital in the nation, numerous patients must cross front lines, travel through no man's land, or negotiate their way through several checkpoints. Patients ought to go around an active front line, and airstrikes and confrontations might occasionally prevent them from doing so. Medical personnel encounters the same difficulties obtaining access to hospitals as their patients, as the violence forced the closure of the remaining public hospitals, which offered maternal health care, and is currently preventing medical humanitarian professionals from going to and from the facility.

Obstructed labor, extended delivery, eclampsia, uterine rupture, or postpartum hemorrhage affect 70 % of arriving women to medical facilities. Complicated pregnancies go undetected until it is time to give birth since community-based health clinics are not able to provide antenatal care. Thus, premature birth complications are the major cause of mortality for newborns in the nation. Low birth weight and preterm deliveries are caused by a variety of conditions, many of which might be avoided or managed with proper antenatal care. Maternal ages, less than 17 or older than 35, short intervals between pregnancies, maternal

malnutrition, repeated pregnancies, fetal abnormalities, and maternal health problems such as malaria, preeclampsia¹³, eclampsia¹⁴, infections, and others are all major risk factors.

Gender-based violence towards women as a repercussion of the crisis

In Yemen, gender-based violence is rooted in the country's systemic gender inequality as well as the nation's vulnerability, and the current conflict, displacement, and humanitarian crisis have aggravated it. Due to socially established gender identities¹⁵, entrenched gender discrimination, socio-economic inequalities, and powerlessness experienced before the crisis, protracted conflict, displacement, lack of resources, humanitarian crisis, and import restrictions have exacerbated individual and household vulnerabilities and risks, particularly for women and girls. Data recovered from UNFPA reported that, in 2016, 3.0 million Yemeni women and girls of childbearing age were at risk of gender-based violence; 61,000 of them were threatened by sexual harassment and violence, and 17,277 incidents were reported. Particularly those who have been displaced are disproportionately affected not only as a result of the conflict and humanitarian crisis, but also as victims of violence, abuse, and exploitation on both a household and societal level. Despite its widespread, debilitating, and life-threatening effects, gender-based violence continues to go neglected, and it is not given the attention it requires as part of humanitarian interventions.

As families and communities become dispersed in times of crisis, women and girls become increasingly exposed to gender-based violence and exploitation. The situation of unmet basic needs leaves the female population especially exposed to assault, exploitation,

¹³ **preeclampsia:** pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys. (Mayo Clinic, 2020)

¹⁴ **eclampsia:** severe complication of preeclampsia; a condition where high blood pressure results in seizures during pregnancy. (Lee Macon, 2018)

¹⁵ **gender identities:** the personal sense of an individual's own gender, regardless of the sex a doctor assigned to them at birth (Zambon, 2022).

and abuse. The crisis' impact on women relies on the coping strategies¹⁶ that people and households employ to survive and manage the crisis and unfulfilled necessities. Some of the current trends in coping strategies used by vulnerable internally displaced persons and at-risk groups to bridge income, access to basic needs, and services gaps include child marriage, survival sex, *sex for rent*¹⁷, coerced prostitution, sexual harassment, and assault, eating less, and thus exposing them to exploitation. Close family members, such as parents, brothers, spouses, and extended family members, are the most recurrent perpetrators, according to the UNFPA-managed GBV Information Management System.

For many internally displaced people and female refugees in public spaces, threats to their physical safety and security, as well as ongoing sexual harassment, are a constant concern. While fleeing to and within their new communities, widows¹⁸ and female-headed households are particularly exposed to sexual violence, this being a major issue, even though it is underreported for a range of factors. Threats and potential trauma for those who arise, significant gaps in available services to address sexual violence, restrictions on movement, shame, fear, stigma, and discrimination, impunity for perpetrators, and the lack of mandatory sexual violence reporting by service providers are some of these reasons why these practices continue being underestimated. Shelter for people in need of protection, psychosocial support, and emergency financial support for basic protection is mainly non in the public sector for survivors of violence. Furthermore, current facilities are not logistically suited to meet the requirements of disabled women and girls, who are at an even higher risk of gender-based violence in their communities. Medical help, emergency housing, legal

¹⁶ **coping strategies:** behavioral and cognitive tactics used to manage crises, conditions, and demands that are appraised as distressing (Carr & Pudrovska, 2007).

¹⁷ **sex for rent:** a crime whereby an individual offers accommodation at a reduced cost or for free, in exchange for sexual acts (Smith, 2021).

¹⁸ **widow:** a woman who has lost her spouse or partner by death and usually has not remarried (Merriam Wester, n.d.)

assistance, and specialized psychological mental health services for women are essential to meet increased needs while expanding geographical coverage and enhancing service providers' skills.

International humanitarian response

In spite of the challenges for humanitarian intervention due to the current conflict, the United Nations Population Fund has focused its efforts to deliver life-saving services with an emphasis on maternal and newborn health care, as well as specialized medical and psychosocial support for women and girls survivors of violence. The 2022 Strategic Priorities for UNFPA during 2022 include the provision of essential reproductive health services to minimize maternal mortality and morbidity¹⁹; providing life-saving protective services for women and girls, with a concentration on violence prevention and response; and, through the Rapid Response Mechanism, reach all newly displaced people and the most impoverished returns with essential life-saving kits at the frontlines and referring them for further assistance.

In Yemen, UNFPA is the main provider of basic reproductive health treatments and manages the reproductive health services available. Thousands of survivors of various forms of abuse are reached by UNFPA's coordination and implementation of lifesaving women's protection programs across Yemen. This has been accomplished through adjusting current programs, reallocating financing, and implementing new techniques to provide accessibility without jeopardizing²⁰ the health of both patients and providers. In response to the pandemic,

¹⁹ **morbidity:** refers to having a disease or a symptom of disease, or to the amount of disease within a population (NCI's Dictionary of Cancer Terms, n.d.)

²⁰ **jeopardize:** to put something such as a plan or system in danger of being harmed or damaged (Cambridge Advanced Learner's Dictionary, n.d.)

UNFPA secured the continuation of its services by extending them through hotlines and continuing to distribute needed supplies to the most vulnerable using remote service modes.

The United Nations Population Fund (UNFPA), in collaboration with the World Food Programme (WFP) and the United Nations International Children's Emergency Fund (UNICEF), leads the Rapid Response Mechanism, which distributes urgent, life-saving emergency supplies to freshly displaced, on the move, in hard-to-reach locations, or trapped close to the front lines, as well as the most vulnerable returnees. Furthermore, the Yemen Gender-based Violence sub-cluster (GBVSC) primarily targets gender-based violence survivors among internally displaced persons and inside host communities from risk groups. UNFPA leads the Sub-cluster, which has an operational presence to guarantee that gender-based violence survivors have prompt access to secure, confidential, and multi-sector services.

Nevertheless, as the circumstances in Yemen continue to deteriorate, almost 4,000 maternal fatalities among the 195,000 women are at risk of problems during childbirth. There is still a major collapse in reproductive health institutions, with just one out of every five operational health facilities across the country providing obstetric care. Hundreds of thousands of women and girls are threatened by violence, and millions of Yemenis face grave risks to their fundamental rights. The key challenges that humanitarian aid faces include the non-permissive operating environment, with restricted access and decreasing humanitarian space, limited funding, basic social services not being provided due to a lack of national resources, shortage of health staff, and in highly conflict-affected areas, the increasing limits on implementing partners' ability to carry out humanitarian activities in crisis zones, and the delay in transportation of goods owing to bureaucratic stumbling blocks.

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Topic B

Mechanisms to diminish obstetric mistreatment and violence towards women while receiving medical care during pregnancy and childbirth, with an emphasis on the vulnerabilities of health systems in Latin America

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Gender-based violence in the context of maternal healthcare

In recent years, the mistreatment and violence against women experienced during childbirth care in medical centers and other reproductive health services have shown to be a widespread form of abuse and a systematic phenomenon. The term obstetric²¹ violence, or gynecologist violence, refers to the abuse of females during pregnancy, labor, and the postpartum period; it is "revealed in the form of negligent, reckless, discriminatory and disrespectful acts by health professionals and legitimized by the symbolic relations of power that naturalize and trivialize their occurrence" (Barbosa & Modena, 2019). From the perspective of women's sexual, reproductive, and health rights, obstetric violence constitutes gender discrimination and is a violation of human rights. Throughout numerous regions across the world, including Latin America, these dehumanizing behaviors represent a serious threat to public health, considering the high economic and social consequences associated with transgressions during childbirth. In any instance, there is an ethical and moral responsibility to aim toward more equal societies that are absent of all forms of violence beyond the economic expenses²².

According to a survey conducted in 2019 by the World Health Organization, over 42 % of females have encountered physical or verbal abuse or discrimination in health institutions during labor, with some women being punched, slapped, screamed at, mocked, or forcibly held down. Over 13 % of cesarean sections²³ and 75 % of episiotomies²⁴ were carried out without the patient's consent and often without the use of analgesics²⁵; 57 % of females

²¹ **obstetric:** relating to the area of medicine that deals with pregnancy and the birth of babies (Cambridge Advanced Learner's Dictionary, n.d.)

²² **expense:** the use of money, time, or effort (Cambridge Advanced Learner's Dictionary, n.d.)

²³ **cesarean sections:** the surgical delivery of a baby through a cut (incision) made in the mother's abdomen and uterus (Johns Hopkins Medicine, n.d.)

²⁴ **episiotomy:** procedure developed to augment difficult vaginal deliveries while controlling for and avoiding potentially dangerous perineal lacerations during the delivery process (Barjon & Mahdy, 2022).

²⁵ **analgesic:** also called painkillers, are medications that relieve different types of pain — from headaches to injuries to arthritis (Cleveland Clinic, 2021).

interviewed after childbirth reported they were not offered pain treatment, and 59 % of the cases medical vaginal examinations were conducted without consent. Younger and less educated women were the most vulnerable, implying differences in how females are treated during labor. Moreover, in the context of maternal and reproductive health services, conditions and limitations of the health system are underlying causes of mistreatment and violence against women during childbirth care. The insufficient working conditions of many health professionals and the historical overrepresentation of men in gynecological and obstetric care contrast with the states' obligations to guarantee the availability and quality of maternal health care goods and services, adequate training of medical personnel, and gender balance among health professionals.

Obstetric violence: mistreatment towards pregnant women

Obstetric violence refers to the practices and behaviors carried out by health professionals, including nurses, doctors, and midwives, on females during pregnancy, childbirth, and the puerperium²⁶, in the public or private sphere, which by action or omission are violent or might be perceived as violent. Most common practices include episiotomies without consent, pain that goes unaddressed, use of force like abdominal compression, misinformation given to women, or excessive or inappropriate vaginal touching during birth or while anesthetized. This violence can also be psychological, such as treating the patient as childish, paternalistic, authoritarian, derogatory²⁷, verbal insulting, depersonalized, or humiliating; this way, the main aftereffect of obstetric violence is post-traumatic stress disorder²⁸ during pregnancy, which affects about 5 % of mothers, but up to one in three might develop partial symptoms.

²⁶ **puerperium:** period of adjustment after childbirth during which the mother's reproductive system returns to its normal prepregnant state (Encyclopedia Britannica, 2017).

²⁷ **derogatory:** showing a critical attitude and lack of respect for somebody (Oxford Advanced American Dictionary, n.d.)

²⁸ **post traumatic stress disorder:** emotional condition that sometimes follows a traumatic event, particularly an event that involves actual or threatened death or serious bodily injury to oneself or others (Emery, 2022).

Since 2015, the World Health Organization recognized and condemned obstetric violence among various practices, highlighting physical abuse, verbal assault, refusal to provide pain medication, and non-consensual or coercive medical procedures, including sterilization²⁹. Other forms in which gynecologist violence is present include lack of confidentiality, failure to obtain fully informed consent, the denial of admission to health centers, and the abandonment of women during childbirth which can lead to preventable and life-threatening complications, and the detention of females and their newborn children in centers, after delivery, due to their inability to pay for the treatments. In addition, women and girls are also subjected to this type of abuse when they seek other types of reproductive health care, such as gynecological exams, abortion, fertility treatments, contraceptives, and other sexual health services.

Under these circumstances, women become secondary elements in the birth scenario, limited to supporting roles in the labor process, subjected to a controlled environment, and surrounded by institutional rules and protocols that isolate them from their social and cultural surroundings, as well as cause them to discount their bodily capacity to give birth. Obstetric mistreatment is institutional and systemic violence that arises from a patriarchal culture³⁰ that permeates a range of sectors, including the medical sciences. A lack of confidence in the obstetric care received by females results from health professionals disrupting human interactions and weakening links among their patients, supported by unequal power relationships towards female users; this approach also leads to the loss of the woman's autonomy and her right to make decisions about her body. The psychological distance these mistreatments and abuses cause between women and their attendants causes them to avoid

²⁹ **sterilization:** the process of having a medical operation to make it impossible to have children. (Cambridge Advanced Learner's Dictionary, n.d.)

³⁰ **patriarchal culture:** consists of a male-dominated power structure throughout organized society and in individual relationships (Napikoski, 2020).

official health care systems out of the fear of experiencing similar violence again and is sometimes a larger barrier to maternal health service usage than location or cost. These connections are made by the unilateral imposition of authority, providing a favorable environment for consolidating the many forms of violence used during labor and delivery care.

Vulnerabilities in Latin American reproductive health services

Obstetric violence was first described in Latin America, and the measures against it started in the 1990s with activist efforts to spread evidence-based practices by health workers toward women in maternal and child care. According to regional statistics, a quarter to a third of females who give birth suffers abuse at some time throughout the process. In the Federative Republic of Brazil, in 2010 it was estimated that “25 % of women suffered obstetric violence; 23 % of them were verbally abused by a health professional, and it is estimated that 35 % of mothers have some degree of post-traumatic stress disorder for this cause” (Rodríguez & Martínez, 2021). As reported by the Instituto Nacional de Salud Pública, in the United Mexican States, between 2011 and 2016, 33.4 % of women aged 15 to 49 who gave birth suffered some type of mistreatment by the personnel who attended them, and in 2016, 17 % of Mexican women reported receiving non-consensual treatments such as cesarean sections. Also, the practice of episiotomy ranges between 30 % of females who give birth vaginally in México. In the Republic of Honduras, the practice of manual pressure on the uterine fundus³¹ reaches its highest rates of application, in between 50 % and 70 % of the cases (Šimonović, 2019).

³¹ **uterine fundus:** the broad curved upper area in which the fallopian tubes connect to the uterus. (Encyclopedia Britannica, 2022).

Throughout Latin America, states have not given priority in their budgets to women's health care within public health systems. Even though this sort of violence does not constitute a contemporary issue, it has been concealed³² for decades and is still not widely acknowledged, not even by medical experts. The fact that sufficient resources are not allocated to women's specific health needs violates females' right not to be discriminated against. In addition, in many cases, it is not guaranteed that health workers receive adequate training in medical ethics and the human rights of patients, nor the obligation of such workers to provide respectful and non-discriminatory care. Just 27 % of the 425 females who participated in a study in the Bolivarian Republic of Venezuela knew the term "obstetric violence", and 64 % of obstetrics and gynecologist experts in Mexico responded that they knew nothing about obstetric abuse and lacked the resources to encounter it.

Regarding the factors that contribute to obstetrical maltreatment, resource constraints and working conditions in healthcare systems play a significant role in increasing assault against women during childbirth. Thus, gynecological violence is also “an institutional violence since the healthcare system does not allocate enough personnel or material resources to the care of pregnant women and newborns” (Quintana, 2019). Along with supply constraints, working conditions in health systems can play an important role in driving abuse and mistreatment against females during childbirth care. Health workers have explained that problems in the health system, such as understaffing, large numbers of patients to attend, low wages, long working hours, and lack of infrastructure are important factors that create a tense work environment that often in turn encourages unprofessional behavior. Lack of support and supervision from health professionals has been shown to contribute to low morale and

³² **conceal:** to prevent something from being seen or known about. (Cambridge Advanced Learner's Dictionary, n.d.)

negative attitudes among health professionals, which furthermore perpetuates the mistreatment of women.

Typification of obstetric violence within Penal Codes

As obstetric violence constitutes a significant threat for women and girls of childbearing age in Latin America, over the last several years, nations in that area have given attention to this type of abuse through law enforcement. This legal framework emerged out of efforts by female groups and networks, feminists, professional organizations, international and regional bodies, public health agents, and researchers to improve the quality of care that women receive across the region. Initially, in 2007, the Bolivarian Republic of Venezuela became the first country to define “obstetric violence” in law and made it a criminal offense with the *Ley Orgánica Sobre Derecho de las Mujeres a una Vida Libre de Violencia*. This law recognizes nineteen forms of assault against women, and obstetric abuse was considered at the time to be the newest regulation. Concerning this form of mistreatment, three main issues are dealt with: the concept, the conduct constituting gynecological violence, and its punishment. Yet, the law regulates two kinds of sanctions: forcible sterilization is punishable by imprisonment, and financial penalties are provided for other forms of obstetric mistreatment.

Similar laws were followed in the Argentine Republic, the Plurinational State of Bolivia, and the Republic of Panama. Argentina has a combination of laws against obstetric violence since *National Law 25,929*, approved in 2004 and finally regulated in 2015, called for “humanized childbirth” and emphasizes the rights of females, newborns, birth companions, and families. This law is supplemented by a regulation, which prescribes the actions to be taken by health personnel in order to comply with the provisions of the Humanized Childbirth Act. In addition, in 2009 Argentina enacted *National Law 26,485*,

regulated in 2010, “which prevents and sanctions gender violence, and includes a specific article on obstetric violence” (Williams et. al, 2018). The punishments included administrative sanctions in which the classification of seriousness is at the discretion of the authority applying it. Nevertheless, the law against gender-based violence does not include appropriate measures or sanctions for situations of gynecological mistreatment.

In contrast, the Plurinational State of Bolivia does not explicitly mention obstetric violence, but rather develops a legislative framework around mistreatment within health services with a special focus on pregnant women. The law defines a new term, “violence against reproductive rights” which extends beyond Argentina’s and Venezuela’s definitions to include miscarriage and breastfeeding. Furthermore, since 2007, the United States of Mexico has enacted the *Ley General de Acceso de las Mujeres a una Vida Libre de Violencia*, which aim is to prevent, punish and eradicate violence against women. Although the law does not refer explicitly to obstetric violence, articles 6 and 18 define other forms of mistreatment related to gynecological abuse: psychological and physical violence, as well as the one committed by State agents, known as institutional violence. At the federal level, there was no specific regulation on gynecological assault, but at the state level, only 10 of Mexico's 31 states have defined obstetric abuse in their respective laws on access to a life free of violence; these are the states of Chiapas, Veracruz, Chihuahua, Colima, San Luis Potosí, Durango, Guanajuato, Quintana Roo, Tamaulipas and Hidalgo. Despite the passage of time and the establishment of these laws, the progress made has not led to significant changes as legislation alone has not been sufficient to diminish maternal mistreatment, but has provided a solid foundation for societies to protect the human rights to dignified, quality maternity care.

International and regional efforts on obstetric mistreatment

In a report released in 2014, the World Health Organization condemned the disrespectful and offensive treatment several women endured during pregnancy and childbirth. The report also emphasized the necessity of implementing regulation measures in hospitals and involving the females themselves, as they frequently are unaware of the behavior and attitudes that contribute to this invisible violence. Additionally, it references Goal 5, regarding the elimination of all forms of discrimination and violence towards women, in order to improve maternal and newborn safety at the point of care and accelerate action toward the Sustainable Development Goals of reducing maternal mortality and ending preventable newborn deaths by 2030. Nevertheless, despite numerous objections from women and human rights organizations, the document itself still does not mention the term "obstetric violence", words prone to unsettling many health professionals.

In 2019, Dubravka Šimonović, United Nations Special Rapporteur on violence against females, presented through the General Assembly the Report on a human-rights-based approach to mistreatment and obstetric violence during childbirth. The document represents the recognition by the highest international body of the existence and seriousness of obstetric assault and analyzes its causes and consequences. It issues a warning regarding the widespread and systematic phenomenon of this form of abuse against females and calls on all nations to "comply with their human rights obligations" and "address the structural problems and underlying causes of violence against women in reproductive health services" (UN, 2019). It also intends to lay the foundation for states to fulfill their human rights obligations, create national laws, policies, and strategies for women's reproductive health, as well as establish complaint mechanisms to guarantee a human rights-based approach to care and accountability for human rights violations.

Even though it does not hold specific strategies to diminish obstetric abuse itself, the United Nations Population Fund (UNFPA) promotes international maternal health standards and offers guidance and support to health systems as part of its work to advance universal access to sexual and reproductive health care and rights. In order to improve the quality of reproductive health care, increase access to it, and enhance human resources, UNFPA collaborates with governments and communities to strengthen health systems. Additionally, the Fund works to ensure that a functioning logistics system is in place and that reproductive health supplies are accessible where they are required. Moreover, UNFPA collaborates with more than 300 national partners in addition to more than 40 international partners to expand high-quality midwifery education, policies, and services globally. As a result of UNFPA's support for midwifery, which currently extends to more than 120 countries, the organization and its partners also seek to develop training programs, organizations, associations, and policies guiding the profession.

The Inter-American Social Security Conference (CISS) is an international technical and specialized organization to promote the growth of social protection and security in America. Through its XXIII session of the Permanent Seminar on Well-Being in the Americas, introduced the *Estrategia de Fortalecimiento de Atención a la Mujer Embarazada* as an instrument of institutional response regarding the gineco-obstetrical services of the social security system. Through complementary efforts, it aims to enhance the warmth and quality of gynecological care for pregnant members and users. In the first place, the empowerment of expectant women by disseminating correct and timely information about pregnancy care. Also, improving human resource training, where health professionals are taught about human rights, violence identification and prevention, and friendly obstetric care,

goes hand in hand with an awareness of how to treat pregnant women with empathy and dignity of the health infrastructure.

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30° TECMUN Jr.
Glosary of Forbidden Words

Forbidden Words

Defined by the United Nations, are non diplomatic terms participants must avoid to mention during their speeches on the debate and in the writing of resolution proyects.

Forbidden Words	Permitted equivalents
First world countries	Developed countries
Third world countries	Developing countries
Gay, lesbian, bisexual, etc.	Member of the LGBTIQ+ community
War ³³	Belic conflict
Rape	Sexual Harassment
Terrorist ³⁴	Extremist
Kill or murder	Deprive someone of their life
Death	Casualties
Assassination	Homicide
Army	Military forces
Money	Economic resources
Poor	Lack of resources
Okay	Yes or agree
Black ³⁵	African American

³³ The word war can be used in order to refer to historical contexts, such as the Cold War, the First World War, etc.

³⁴ Only the United Nations Office on Drugs and Crime and Histórica Liga de los Estados Árabes, can make use of the term terrorist and its variants.

³⁵ The word black, with regard to race, is not forbidden but it is recommended to limit its use and refer to this sector as African American or Afrodescendants.

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Glossary for Resolution Projects

Preambulatory Phrases

Preambulatory Phrases are used at the beginning of every Resolution Paper in order to give context about the resolutions made for the topic. Preambulatory Phrases must be written in italics followed by a sentence that gives said context. For each Resolution Paper there must be five sentences beginning with a Preambulatory Phrase.

Affirming	Desiring	Noting with deep concern
Alarmed by	Emphasizing	Noting with satisfaction
Approving	Expecting	Noting further
Bearing in mind	Expressing its appreciation	Observing
Believing	Fulfilling	Reaffirming
Confident	Fully aware	Realizing
Contemplating	Further deploring	Recalling
Convinced	Further recalling	Recognizing
Declaring	Guided by	Referring
Deeply concerned	Having adopted	Seeking
Deeply conscious	Having considered	Taking into consideration
Deeply convinced	Having examined	Taking note
Deeply disturbed	Having received	Viewing with appreciation
Deeply regretting	Keeping in mind	Welcoming

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Glossary for Resolution Projects

Operative Clauses

Operative Clauses are used at the beginning of every resolution within the Resolution Paper on the debated topic. They must be written in italics and bold.

Accepts	Endorses	Notes
Affirms	Draws the attentions	Proclaims
Approves	Emphasizes	Reaffirms
Authorizes	Encourages	Recommends
Calls	Expresses its appreciation	Regrets
Calls upon	Expresses its hope	Reminds
Condemns	Further invites	Requests
Confirms	Further proclaims	Solemnly
Congratulates	Further reminds	Affirms
Considers	Further recommends	Strongly
Declares accordingly	Further requests	condemns
Deplores	Further resolves	Supports
Designates	Has resolved	Takes note of
		Transmits
		Trusts

