

GLOBAL GOALS CONFERENCE 2023



BACKGROUND GUIDE Gender Equality - Goal #5

What is a position paper?

A position paper is a brief overview of a country's stance on the topics being discussed by a particular committee. Although there are several formats, the most simple one includes the following:

- A. Statement of the problem
- B. Past Actions (or lack of action)
- C. Proposed solutions

Formatting

Position papers should:

- Include the name of the delegate and his/her country and the committee
- Be in a standard font (Times New Roman) with a 12-point font size, 1.15-1.5 spacing, and 1-inch document margins - It should not include illustrations, diagrams, national symbols, watermarks, or page borders
- Your position paper should not exceed a page (if it must, try not to extend past a page too far)
- Include citations and a bibliography in **APA 7th, Ed.** format, giving credit to the sources used in the research
- Talk about the given targets of the committee

Due Dates and Submission

Please submit your position paper to your committee director by **11:59 p.m. on October 18th, 2023** or earlier if you would like to get some feedback from your chairs or director (not applicable to Shawnigan students).

Once your position paper is complete, please save the file as "Last Name, First Name - Position Paper" (for example, Tsang, Audrey - Position Paper) in .pdf form and send it as an attachment in an email with the subject heading the same as your file name. Please send your position paper to mtsang@shawnigan.ca, jjakubec@shawnigan.ca and jshields@shawnigan.ca. Each position paper will be individually reviewed and considered for the Best Position Paper award. Furthermore, your position paper **must** be submitted in order for you to be considered for any other award.

LETTER TO DELEGATES

Dear Honourable Delegates,

It is a pleasure to welcome you to the 2023 Shawnigan Global Goals Conference.

My name is Audrey Tsang, and I will be your director for the Gender Equality committee this year at the Global Goals Conference. I am in Grade 12, and I love all things Humanities. Model UN is one of the things that allows me to express this passion of mine. I imagine this will be the first conference many of you attend; however, I encourage you to speak at least once. I hope to help every new delegate find their courage and passion since I know it will be a very new beginning for many of you in your Model UN experience. I will be working hard with the help of Josef Jakubec and Jack Shields to make sure that your Model UN experience is as fun and rewarding as possible, and we hope that you all enjoy this conference and are able to learn from each other during this experience.

Hi, my name is Josef Jakubec, and I will be your Co-director for the Gender Equality committee. Like many of you, this will be my first Global Goals conference at Shawnigan, and through my experience with humanities and Model UN, I will help support and guide all of the delegates. I am so excited to help guide this committee and help inspire interest in Model UN. I will be working closely alongside Audrey and Jack to help ensure that every delegate feels aptly prepared and comfortable in this environment. This conference is a cornerstone of the educational program at Shawnigan, and I strongly encourage everyone to put themselves out there and attempt to make the most out of this experience.

My name is Jack Shields, and I will be the Head Chair of your committee, Gender Equality. I am looking forward to working with each and every one of you during the 2023 Global Goals Conference. I highly recommend that you speak at least once because I am well aware it can be nerve-racking being in a room of strangers who all seem smarter than you, but give it a shot because the odds are you're going to really enjoy it once you get involved. This is something we've worked really hard to put together and to make it an awesome experience for everyone. This will be my third Global Goals Conference, and I hope my experience can be helpful to everyone who needs help.

Please feel free to reach out and ask for help. We are here for you, and don't forget to have fun!

Warmest Regards,
Audrey, Josef, and Jack

TOPIC OVERVIEW

The Sustainable Development Goals (SDGs) are a set of 17 interconnected global goals designed to serve as a general platform for "peace and prosperity for people and the planet, now and in the future" (UN SDGs., 2022). In this committee, we will be discussing Goal 5, Gender Equality.

One of the most pressing and significant challenges our world faces is gender inequality. Women around the world have unequal access to healthcare, power imbalances within politics and the economy, and fewer education opportunities. In many countries, women are targets of persistent harassment, assault, and violence.

In 2015, the Sustainable Development Agenda (adopted by all United Nations Member States) set a deadline of 2030 for the achievement of gender equality and the empowerment of all women and girls. With less than ten years remaining, humanity is off-track. Progress on gender equality has not only stalled but is also starting to reverse due to the COVID-19 pandemic, the climate catastrophe, and mounting economic and political instability. Even well-established liberties and protections are at risk due to a growing resistance against women's rights across the world (UN Women, 2022).

The sub-targets of the goal that we will be discussing are the violence and exploitation against women and girls, as well as universal access to reproductive health rights.



TARGETS

5.2 END ALL VIOLENCE AGAINST AND EXPLOITATION OF WOMEN AND GIRLS

Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. Violence is pervasive in all nations against women, and women of all ages are impacted by this. In 2018, globally, over 1 in 4 (26%) women who have been in a relationship, aged 15 years or over, or a total of 641 million women, have experienced physical and/or sexual violence by a husband or intimate partner at least once in their lifetime. (United Nations, 2022)

INDICATORS

5.2.1

Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.

5.2.2

Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.

5.6 UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH AND RIGHTS

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences. “Only 57% of married or in-union women aged 15 to 49 make their own decisions about sexual and reproductive health and rights, according to statistics from 64 countries, 2007-2020. Only 3 out of 4 women can make decisions about their own health care or refuse sex, even though women appear to have the most autonomy when selecting whether to use contraceptives” (United Nations, 2022).

INDICATORS

5.6.1

Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

5.6.2

Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.

5.2 - END ALL VIOLENCE AGAINST AND EXPLOITATION OF WOMEN AND GIRLS



CURRENT SITUATION

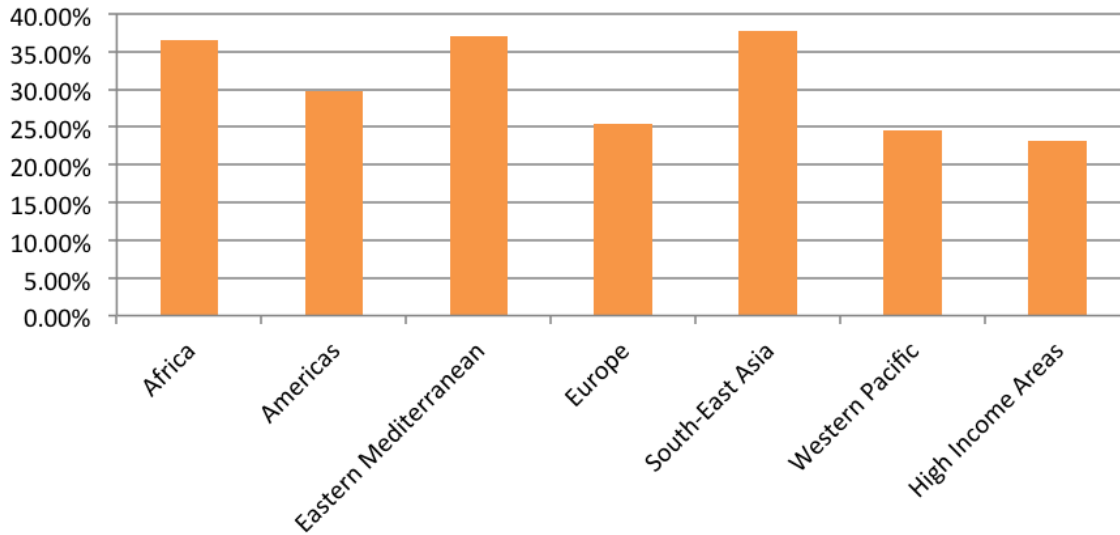
In the Declaration on the Elimination of Violence against Women, adopted in 1993, “The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”(WHO, 2021). Within gender-based violence, issues that happen are abuse, sexual harassment, assault, trafficking, rape, murder, etc. This can happen anywhere, anytime.

Violence against women is a serious violation of human rights as well as a pandemic public health issue. For women and children, it has detrimental short and long-term effects on their physical, sexual, reproductive, and mental health. For communities and countries, violence against women has huge social and economic repercussions. “Globally as many as 38% of all murders of women are committed by intimate partners. In addition to intimate partner violence, globally 6% of women report having been sexually assaulted by someone other than a partner.” (WHO, 2021) Women are also more likely to be exposed to abusive partners but have less access to services due to lockdowns caused by the COVID-19 epidemic and its social and economic effects.



A map depicting the percentage of violence against women in all countries around the world

Lifetime prevalence of physical and/or sexual intimate partner violence among ever-partnered women by WHO region*



A graph depicting the commonness of physical and/or sexual intimate partner violence among women in relationships

The World Health Organisation and the United Nations Women have been working together for a lot to find solutions for this issue. In May 2016, the Member States adopted a global plan of action to increase the health systems' role in combating interpersonal violence, particularly violence against women, girls, and children, at the World Health Assembly. In addition to conducting research to test and develop

efficient healthcare strategies to address violence against women, they are also enhancing their research and capacity to evaluate programmes to prevent and respond to violence against women.

The goal is to promote a culture where issues of gender equality can be publicly discussed without placing blame or guilt on anybody and encourage everyone to take initiative in making changes to their everyday life. But, making progress towards complete gender equality seems impossible to achieve as gender equality in itself is a mindset. It has become even more difficult with factors such as the aforementioned, the pandemic limiting services to women who are facing violence, and they might have to stay home as they aren't allowed to go out as much. Another factor would be "gender fatigue". It is when it is acknowledged and understood that gender inequality exists in general, but pretending it doesn't happen in one's life. Historical perspectives are also a factor. It can be believed that gender inequality existed in the past, 30 years ago, but not anymore. There are also claims that gender inequality doesn't exist anymore because women are given opportunities or advantages or people just generally ignore gender inequality. When presented with evidence of discrimination, one would claim that gender had nothing to do with it

Progress won't be feasible unless we stop denying that inequity exists within our own institutions.

5.6 - UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH AND RIGHTS

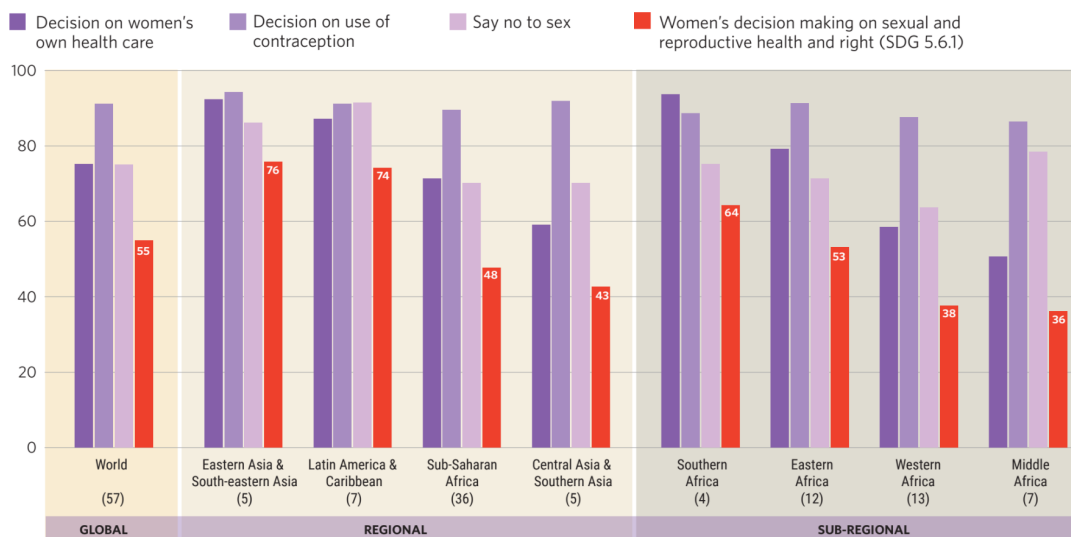


CURRENT SITUATION

Many human rights, such as the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination, are connected to women's sexual and reproductive health. “The Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination against Women (CEDAW) have both clearly indicated that women’s right to health includes their sexual and reproductive health”(OHCHR, 2020). This means that countries have a duty to respect, safeguard, and uphold the rights of women with regard to their sexual and reproductive health. Women have a right to reproductive health care services, commodities, and facilities that are available and sufficient in number, physically and financially accessible, inclusive of all people, and of high quality.

Yet despite these obligations, women's rights to sexual and reproductive health are frequently violated. “Only 55% of married or in-union women aged 15 to 49 make their own decisions regarding sexual and reproductive health and rights, based on data from 57 countries” (UNFPA, 2016). “An estimated 257 million women who want to avoid pregnancy are not using safe and modern methods of contraception” (Government of Canada, 2022). Examples of violations could be the denial of access to services that women need, subpar services, requiring third parties to authorize women's access to services, forced abortion, forced virginity tests, and forced sterilization without the women's prior consent, as well as forced early marriage and female genital mutilation (FGM).

Figure 1. Proportion of women aged 15-49 years who make their own decisions regarding sexual and reproductive health and rights (including deciding on their own health care, deciding on the use of contraception; and can say no to sex); by SDG region, most recent data 2007-2018.



Notes: The number of countries with comparable survey data included in the regional aggregations is presented in parentheses.

Source: United Nations Population Fund, global databases, 2020. Based on the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys conducted in the 2007-2018 period.

Tracking women's decision-making for sexual and reproductive health and reproductive rights

Women's sexual and reproductive health and rights violations happen frequently because of deeply ingrained attitudes and societal norms. Women are frequently valued based on their capacity for reproduction due to patriarchal conceptions about women's duties in the family. Early marriage and pregnancy, or several pregnancies spaced too closely together — often as a result of attempts to create male offspring due to the preference for sons— has a terrible effect on women's health and can even have deadly repercussions. Infertility is also frequently blamed on women, who then experience rejection and other forms of discrimination as a result.

Actions being made towards improving access to reproductive health and rights have been minimal. Many small organizations have been working towards this goal, such as Plan International. They are collaborating with governments, civil society organizations, and other organizations in training service providers, increasing awareness of services among young people, and reaching young people with information on their sexual and reproductive health and rights through innovative methods, such as mobile apps. But on a global scale, there hasn't been much progress made. Unnecessary legal, medical, clinical, and regulatory impediments to the use of sexual and reproductive health services must be eliminated to meet the goal by 2030.

In times of health crises and states of emergencies, such as the pandemic, access to reproductive health and rights become more limited. The pandemic has already forced the closure of community-based care facilities and stationary and mobile clinics, which, therefore, means a lack of contraceptive supplies, lowered HIV testing priority, restricted access to abortion treatment, and more. These limits are often seen as secondary concerns, non-essential, and hence left to be ignored and left for health workers to focus on the consequences. In times of crisis, nations are more prone to tighten rather than loosen laws governing

sexual and reproductive health. This is certainly the case in Poland, where the government is putting up a "Stop Abortion" law in the midst of the pandemic. The decision will have a big impact on how well women cope during the epidemic, with immediate problems like unwanted pregnancy as well as longer-term effects like the regression of earlier improvements in access to sexual and reproductive health. Sexual and reproductive health is not threatened by pandemics; rather, policies made by governments during these crises are the threat. Advances in access to sexual and reproductive health have the potential to be undermined and rendered worthless by pandemics. Countries have the ability to stop that from happening.

POSSIBLE SOLUTIONS

The solutions to these issues are complicated, and nations will disagree on what the best way forward is. No one solution is likely to be sufficient to solve this multifaceted issue on its own, and developed and developing countries have drastically different perspectives.

Increasing Awareness & Advocating

One way to remove obstacles to gender inequality is to increase awareness about the issue to the people around you and to speak up when you see something happening. This may be effective in combating cultural biases against women and girls. Advocating to make violence against women unacceptable and for such violence to be addressed as a public health problem will increase the chances of it being taken more seriously. In spite of this, increasing awareness has little effect on issues such as poverty, conflict, and rural-urban disparities.

Non-Governmental Organizations

Numerous non-governmental organizations (NGOs) have made significant contributions to the furtherance of gender equality around the world by taking actions into their own hands. Numerous NGOs have worked with the UN on countless issues; however, NGOs are unlikely to provide a long-term solution for systemic problems in gender equality, as they lack the resources accessible to governments.

Adopt and Strengthen Policies and Legislations

Adopting new policies and strengthening policies that support gender equality would most likely be the best choice because countries must follow those policies, which would make a significant difference in every woman's life. Despite this being one of the best choices, it would probably be the hardest to put in place because there are so many steps to strengthening an existing policy, let alone adopting a whole new one.

Provide Services

This is a physical act, which would be providing comprehensive services, sensitizing and training health care providers in responding to the needs of survivors holistically and empathetically, but again, one of the harder solutions to put in action because there are many steps that need to be taken before this one.

GUIDING QUESTIONS

1. What is the current situation in your country?
2. What is your country's standpoint on this issue? If you can, provide an example of what your country is doing to eliminate gender inequality within your country.
3. What past actions did your country take to address the issues of gender inequality?
4. How can the international community assist your country to improve?
5. Is your country assisting other countries to address this problem? If your country is developing, what existing partnerships does your country have with NGOs or other governments to improve this situation?
6. What are some challenges your country faces regarding solving gender inequality?
7. Is gender equality important for your country? What have your country leaders (government and business) said in this regard?
8. How may your country further its efforts in addressing the dilemmas in the future?
9. What solutions should your country prioritize? Explain.

REFERENCES PAGE

- Davies, S., & Harman, S. (2020). *Governments, not pandemics, stop access to reproductive health*.
<https://www.lowyinstitute.org/the-interpretor/governments-not-pandemics-stop-access-reproductive-health>
- Government of Canada. (2022). *Sexual and reproductive health and rights*.
https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/global_health-sante_mondiale/reproductive-reproductifs.aspx?lang=eng
- Kelan, E. (2020). *Why Aren't We Making More Progress Towards Gender Equity?*
<https://hbr.org/2020/12/why-arent-we-making-more-progress-towards-gender-equity>
- OECD. (2019). *Violence Against Women* <https://10.1787/fl1eb4876-en>
- OHCHR. (2020). *Sexual and reproductive health and rights*.
<https://www.ohchr.org/en/node/3447/sexual-and-reproductive-health-and-rights>
- OHCHR. (2022). *Declaration on the Elimination of Violence against Women*.
<https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women>
- Plan International. (2022). *ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES*.
<https://plan-international.org/srhr/access-to-srhr-services/>
- UN Women. (2022). *In focus: Sustainable Development Goal 5*.
<https://www.unwomen.org/en/news-stories/in-focus/2022/08/in-focus-sustainable-development-goal-5#:~:text=Achieving%20gender%20equality%20and%20empowering%20all%20women%20and%20girls&text=The%20Sustainable%20Development%20Agenda%2C%20adopted,world%20is%20not%20on%20track.>
- UNFPA. (2016). *Universal Access to Reproductive Health: Progress and Challenges*.
<https://www.unfpa.org/publications/universal-access-reproductive-health-progress-and-challenges#:~:text=Universal%20access%20to%20reproductive%20health%20affects%20and%20is%20affected%20by,regarding%20contraceptive%20methods%20and%20option.>
- United Nations. (2022a). *Achieve gender equality and empower all women and girls*.
<https://sdgs.un.org/goals/goal5>
- United Nations. (2022b). *Do you know all 17 SDGs?* <https://sdgs.un.org/goals>
- WHO. (2013). *Global and regional estimates of violence against women*
- World Health Organisation. (2021). *Violence against women*.
<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>