



TEIMUN 2021

UNWOMEN COUNCIL

TOPIC B: HEALTH DISCRIMINATION AGAINST WOMEN

Welcome Letter

Distinguished Delegates,

Welcome to the UN Women Committee at TEIMUN 2021. We are delighted to announce that, during this year's conference, the topics to address will be about the impact of Covid-19 on gender equality, the rise of domestic violence and health discrimination against women.

The UN Women Committee came into existence in 2010 and is the body of the UN which addresses gender equality and promotes the empowerment of women. Worldwide, women and girls face lack of decent employment, gender gaps, under-representation in decision-making, discrimination, violence, and are denied access to education and healthcare. UN Women is the entity which addresses and recognizes these challenges for women and its creation meant an acceleration in the process of the already existing UN goals regarding gender equality and women empowerment. Before its establishment, funding and recognition for women empowerment projects has been scarce, however this entity provides women and girls with a powerful voice at multiple levels, from local to global. Finally, UN Women also works together with UN Member States, making sure governments implement laws, provide services and set up programmes to help women and girls globally.¹

Your days at TEIMUN 2021 will consist of long discussions and negotiations, aimed at reaching an agreement with the other Member States, and passing a resolution which offers concrete proposals regarding the actions your delegation believes should be taken. You will find that reaching a compromise is often not easy, since all countries' interests differ and each hopes to promote their individual goals. As a consequence, in order for you to be a successful delegate, you must put yourself in the position of the other States, without losing sight of your own objectives. TEIMUN 2021 offers you the perfect opportunity to broaden your knowledge on this topic, to understand its complexity and to propose and address multiple possible solutions. To be prepared, we recommend that you read this background paper carefully, as it contains important information on the topic. In addition, we strongly encourage you to rigorously research your country's position on this issue before the start of the conference. Finally, it is important that you read the Rules of Procedure with great care, so we can have a fruitful and productive debate.

¹ "About UN Women". UN Women, 2021, <https://www.unwomen.org/en/about-us/about-un-women>.

We hope that you are as excited about TEIMUN 2021 as we are. We are very much looking forward to meeting you all; we are certain that it will be a great experience for everyone!

Sincerely,
Keisha, Lara & Sophie

Introduction

UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

According to the UN, this entity works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities:

- Women lead, participate in and benefit equally from governance systems
- Women have income security, decent work and economic autonomy
- All women and girls live a life free from all forms of violence
- Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action²

As you are aware, gender equality is not only a basic human right, but its achievement has enormous socio-economic ramifications. Empowering women fuels thriving economies, spurring productivity and growth. Yet gender inequalities remain deeply entrenched in every society. Women lack access to decent work and face occupational segregation and gender wage gaps. They are too often denied access to basic education and health care. Women in all parts of the world suffer violence and discrimination. They are under-represented in political and economic decision-making processes³.

Over many decades, the United Nations has made significant progress in advancing gender equality, including through landmark agreements such as the Beijing

² "About UN Women". UN Women, 2021, <https://www.unwomen.org/en/about-us/about-un-women>.

³ Ibid.

Declaration and Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)⁴.

Working for the empowerment and rights of women and girls globally, UN Women's main roles are:

- To support inter-governmental bodies, such as the Commission on the Status of Women, in their formulation of policies, global standards and norms.
- To help Member States implement these standards, standing ready to provide suitable technical and financial support to those countries that request it, and to forge effective partnerships with civil society.
- To lead and coordinate the UN system's work on gender equality, as well as promote accountability, including through regular monitoring of system-wide progress⁵.

Problem Specification

Women's equality, bodily autonomy and the ability to make their own decisions freely and without State or any other type of coercion is central to any effective population and development policy. Unfortunately, however, women still face discrimination at every level of government and social life as a result of patriarchal systems that continue to persist around the world. As such, deeply rooted socio-economic, legal, cultural and religious factors and beliefs often act as the primary barriers to improving access to women's healthcare. Patriarchal conceptions of the role that women should play within the family and society subjugates women's value on the basis of their ability to reproduce.⁶ However, marriage and pregnancy especially that of young girls, as well as repeated pregnancies which occur too soon after each other, frequently as a result of an effort to produce male offspring, have a disastrous impact on the health of women, with often fatal consequences.⁷ In fact, in 2017, approximately 295,000 women died as a result of preventable causes related to pregnancy and childbirth.⁸ Further, adolescent girls under the age of 15 are at a higher risk of maternal mortality, while complications during childbirth are much

⁴ Ibid.

⁵ Ibid.

⁶ "OHCHR | Sexual And Reproductive Health And Rights". Ohchr.Org, 2021, <https://www.ohchr.org/en/issues/women/wrgs/pages/healthrights.aspx>.

⁷ Ibid.

⁸ "Maternal Mortality". Who.Int, 2021, <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

more common in girls between the ages of 10-19 than in women between the ages 20-24.⁹ Although the maternal mortality ratio (that is, the number of maternal deaths for every 100,000 live births) decreased by 38% between the years 2000 and 2017, the vast majority of all maternal deaths still occur in low and lower middle-income countries.¹⁰

Furthermore, State laws often restrict the equality of choices available to different demographics within society, and therefore increasing the access to reproductive health for women is not only a matter of improvement of access to appropriate healthcare, but also a paramount matter of social justice and human rights. The Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women have both interpreted the right to health enshrined in their respective human rights treaties as extending to sexual and reproductive health.¹¹ The right understood in this way creates an obligation on all State parties to respect, protect and fulfil rights related to women's sexual and reproductive health.¹² However, despite these obligations, violations of various forms of such rights are frequent, including the denial of access to services that only women require, or providing services of poor quality, which often subjects women's access to health services to third party authorisation.¹³ Further violations may include the performance of procedures related to women's reproductive and sexual health without the woman's consent, such as forced sterilisation, forced virginity examinations and forced continuation of an unwanted pregnancy.¹⁴

In fact, almost all countries around the world still have laws that in some way restrict a woman's right to bodily autonomy, with only 67 countries allowing for abortion on request, while 65 countries outright prohibit it, or allow it only in cases where the mother's life is in danger.¹⁵ Furthermore, over the past few years, there has been a trend towards more conservative restrictions of abortion laws in countries where abortion was previously permitted on request in countries such as the USA and Poland. While abortion is a famously controversial topic, analyses have shown that abortion rates are in fact higher in countries that restrict abortion access than in those

⁹ Ibid.

¹⁰ Ibid.

¹¹ "OHCHR | Sexual And Reproductive Health And Rights". Ohchr.Org, 2021, <https://www.ohchr.org/en/issues/women/wrgs/pages/healthrights.aspx>.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ "The World's Abortion Laws | Center For Reproductive Rights". Reproductiverights.Org, 2021, <https://reproductiverights.org/worldabortionlaws>.

who do not.¹⁶ Additionally, enforcing restrictive abortion laws, or criminalising abortion as a whole has been shown not to end abortion, but only making its practice more dangerous and potentially fatal for the mother.¹⁷

Questions A Resolution Must Answer (QARMAs)

We hope that the QARMA sections for the TEIMUN 2021 debate of the UN Women Council provide you with interesting new facts and helpful insights. Please note that the following questions are issues which the resolution must address in order to be considered for discussion. As such, you must investigate where your respective countries stand on these subject matters. However, if you would like to address additional concerns in your resolution, that is, of course, permitted.

- a. What measures can be taken to improve the integrity and operativity of medical infrastructure, including the building of roads, healthcare centres, and training of medical professionals, to ensure quality access to healthcare for women and girls?
- b. What measures can be taken to tackle the legal and cultural issues regarding the reproductive empowerment of women and girls through access to safe and affordable abortion and contraception methods?
- c. What measures can be taken at the national level to promote the education of girls in order to advance, through economic growth, the standard of living for women?

Explanatory Section Per QARMA

QARMA 1: What measures can be taken to improve the integrity and operativity of medical infrastructure, including the building of roads, healthcare centres, and training of medical professionals, to ensure quality access to healthcare for women and girls?

¹⁶ "Unintended Pregnancy And Abortion Worldwide". Guttmacher Institute, 2021, <https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide#>.

¹⁷ "Here Are The Basic Facts About Abortion That You Should Know". Amnesty.Org, 2021, <https://www.amnesty.org/en/what-we-do/sexual-and-reproductive-rights/abortion-facts/>.

History / Background of the Problem

Worldwide, women are still experiencing gender-based discrimination and are facing many challenges created by the patriarchal system that imposes negative prejudices regarding women's roles in society. As a result, women often have a subjugated position in the household and on the job market, which creates economic dependence of women on their male counterparts.

Women also carry the primary responsibility for child-rearing, while being systematically denied an equal level of access to decision-making power at home and in their communities, education, job opportunities, and even control over their sexual and reproductive rights.¹⁸ All of these factors contribute to the vulnerability of women and their physical, emotional and intellectual health and wellbeing.¹⁹ As such, the existing problems in any given society are always felt by women much more deeply and in unforeseen ways. For example, in 2017, every day, approximately 810 women died as a result of causes related to pregnancy and childbirth that could have been prevented given the adequate equipment and training.²⁰ A vast majority of such cases - a staggering 86% - consistently occurs in low and lower middle-income countries, primarily in Sub-Saharan Africa and Southeast Asia.²¹ Furthermore, every year, between 4.7% and 13.2% of all preventable maternal deaths are a direct result of various procedures of unsafe abortions, which consist of $\frac{1}{3}$ of all abortions globally.²²

These are only some of the most obvious problems that arise due to gender inequality in healthcare. However, socio-economic factors preventing women from financial independence and keeping them at home to take care of children, denies women the opportunity to take advantage of necessary healthcare services, especially in countries where such infrastructure is already limited, while cultural factors often contribute to the neglect of women's health and wellbeing altogether.²³ It is therefore imperative to prioritise the health of women and girls, particularly in

¹⁸ "The Global Challenges Of Health For Women In Africa - The Center For Global Health And Development (GHD)". Cghd.Org, 2021, <https://www.cghd.org/index.php/publication/global-health-challenges/investing-in-women-and-girls/144-the-global-challenges-of-health-for-women-in-africa>.

¹⁹ Ibid.

²⁰ "Maternal Mortality". Who.Int, 2021, <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

²¹ Ibid.

²² Ibid.

²³ "The Gender Gap And Healthcare: Associations Between Gender Roles And Factors Affecting Healthcare Access In Central Malawi, June–August 2017". Archives Of Public Health, 2021, <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00497-w>.

low- and middle-income countries, and invest into essential healthcare services and infrastructure that cater specifically towards their unique needs.

Recent Developments

Over the last decades, there has been an increased focus on improving healthcare services in general, which has also contributed to an improvement of women's health overall. Now, the life expectancy of women at birth is upwards of 80 years in more than 35 countries.²⁴ Further, maternal mortality has been slowly declining, as shown by a 38% global decrease in maternal deaths between the years 2000 and 2017.²⁵ However, there has been a lack of concerted effort at improving healthcare services which are specifically catered to women and girls and the accessibility thereof, and hence these developments have not ameliorated the situation to an adequate degree. Additionally, higher attention to women's issues has led to the discovery of aspects of gender discrimination in medicine which were not seen as problematic previously.

Africa

Although we have seen a global increase in women's life expectancy at birth, it remains relatively low in the African region. In fact, according to WHO statistics, global life expectancy for women in 2019 stood at 75.9 years, while it was only 66.6 years in Africa.²⁶ Furthermore, Sub-Saharan Africa alone accounted for approximately $\frac{2}{3}$ of all maternal deaths in 2017.²⁷ As such, the high ratio of maternal mortality in low-income countries reflects the general discrepancies in access to quality healthcare services and further demonstrates the inequalities between low- and high-income countries.²⁸ Some of the factors that most heavily contribute to low-quality healthcare and prevent women from receiving or even seeking the medical care that they need are:

1. Poverty
2. Distance to healthcare services and related facilities

²⁴ "The Global Challenges Of Health For Women In Africa - The Center For Global Health And Development (GHD)". Cghd.Org, 2021, <https://www.cghd.org/index.php/publication/global-health-challenges/investing-in-women-and-girls/144-the-global-challenges-of-health-for-women-in-africa>.

²⁵ "Maternal Mortality." World Health Organization, World Health Organization, www.who.int/news-room/fact-sheets/detail/maternal-mortality.

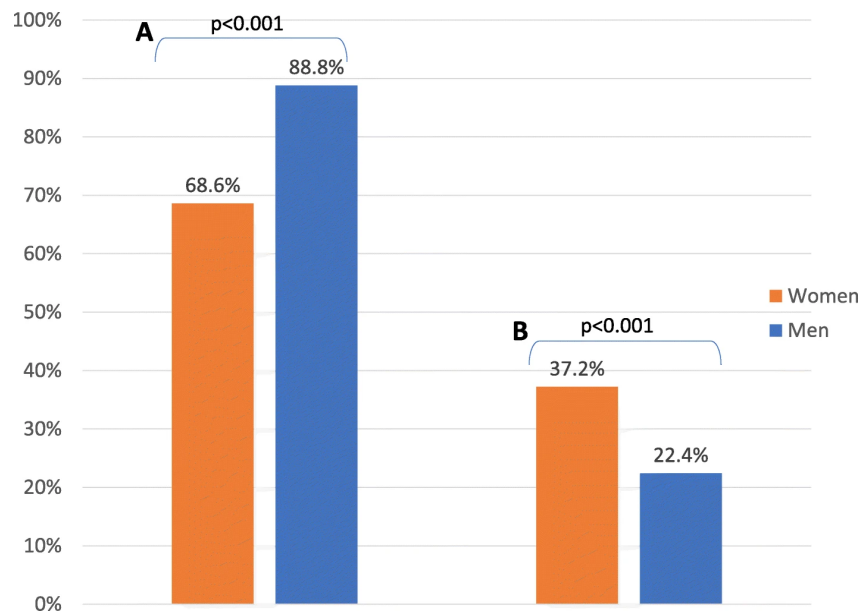
²⁶ "GHO | By Category | Life Expectancy and Healthy Life Expectancy - Data by WHO Region." World Health Organization, World Health Organization, <https://apps.who.int/gho/data/view.main.SDG2016LEXREGv?lang=en>.

²⁷ "Maternal Mortality." World Health Organization, World Health Organization, www.who.int/news-room/fact-sheets/detail/maternal-mortality.

²⁸ Ibid.

3. Lack of information and education regarding (women's) health
4. Cultural beliefs and practices²⁹

These observations are reflected in and confirmed by a 2020 study on the gender gap in healthcare in Central Malawi, which found that women are less likely than men (68.6% compared to 88.8%) to receive community-sourced healthcare financial aid, while the distrust in women to make decisions and make larger purchases leads to women neglecting their own health and not seeking medical treatment when they need it.³⁰ Further, women are socialised into contributing to their own gender's barriers to healthcare, and therefore economic empowerment is not enough to correct for these discrepancies.³¹ Instead, education and the promotion of matriarchal societies is needed to fix for this disproportionate lack of access to care.³²



Rates of access to and underutilisation of healthcare in Lilongwe, Malawi, June-August 2017, a. Gender differences in response to, "If you could not afford care, could you get financial support from your family or community?" b. Gender differences in response to, "Have you ever been seriously ill and chosen not to seek care?" (Source: Archives of Public Health, Amee D. Azad et al "The gender gap and healthcare: associations between gender roles and factors affecting healthcare access in Central Malawi, June-August 2017"

<https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00497-w>)

²⁹ Ibid.

³⁰ "The Gender Gap and Healthcare: Associations between Gender Roles and Factors Affecting Healthcare Access in Central Malawi, June–August 2017." Archives of Public Health, <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00497-w>.

³¹ Ibid.

³² Ibid.

South-East Asia

The betterment of healthcare infrastructure and services is not only limited to physical infrastructure such as building of roads, hospitals and other health clinics. However, it also extends to the education and training of medical professionals, increasing the number of female doctors and even to the obligation of governments to safeguard women's health in all aspects, including their reproductive rights and freedoms, through the adoption of effective policies and legal strategies.

According to a study by the Philippines Center for Reproductive Rights, governments in Southeast Asia must demonstrate a higher incentive to promote women's reproductive health, as the lack thereof is a major reason for the neglect of women's health in general.³³ In fact, the failure to do this has led to alarming rates of unplanned pregnancies, and as a result, that of unsafe abortions, as well as sex trafficking, sexual violence and increasing rates of HIV/AIDS infections.³⁴ Further, a significant number of Southeast Asian countries, notably, Brunei, Indonesia, India, Bangladesh and Sri Lanka, continue to refuse to criminalise marital rape,³⁵ allowing for a higher level of domestic and sexual violence, as well as child marriage to occur and go unpunished. This further leads to serious violations of women's physical, mental and psychological health and other human rights.

Europe and North America

High-income countries, mostly situated in Europe and North America, encounter fewer problems regarding low quality healthcare provision for women due to high costs of healthcare services and long distances to healthcare institutions.³⁶

However, other problems are prevalent. Gender considerations play an important role in determining the relationship between the care provider and the care receiver

³³ "Study Exposes Government Neglect Of Women's Health In East And Southeast Asia." Center for Reproductive Rights, <https://reproductiverights.org/press-room/study-exposes-government-neglect-of-women%E2%80%99s-health-in-east-and-southeast-asia>.

³⁴ Ibid.

³⁵ "Document - Brunei Darussalam: Submission to the UN Universal Periodic Review: Sixth Session of the UPR Working Group of the Human Rights Council, November - December 2009: Amnesty International." Document - Brunei Darussalam: Submission to the UN Universal Periodic Review: Sixth Session of the UPR Working Group of the Human Rights Council, November - December 2009 | Amnesty International, <https://web.archive.org/web/20141006085903/http://www.amnesty.org/en/library/asset/ASA15/001/2009/en/34c4959d-8833-4c3e-8b3b-34dfe99c9593/asa150012009en.html>.

³⁶ Gender and Healthcare Accessibility in Europe - ResearchGate. www.researchgate.net/publication/269109702_Gender_and_healthcare_accessibility_in_Europe.

in terms of the quality of the care provided and the type of care that is received.³⁷ A number of studies have shown that patients may avoid seeking care for certain issues or at certain institutions due to the gender of the healthcare workers and social stigmas associated with certain conditions. This is especially true for women when experiencing problems with their sexual health, and who require an abortion, contraception, treatment for sexually transmitted infections, infertility or HIV/AIDS, as they are often afraid of societal judgement.³⁸ Further, research has shown that gender considerations systematically determine which patients are deemed worthy of receiving certain treatment.³⁹ For example, in recent years there has been a rise in doctors being reluctant or even outright refusing to give young women some forms of permanent birth control, such as tubal ligation, while men have had no trouble receiving vasectomies.⁴⁰ Additionally, similar considerations influence to what extent care providers believe the severity of the issues that the patients are describing.⁴¹ For instance, although 1 in 10 women are affected by endometriosis, which often causes severe pain, abnormally heavy menstrual bleeding and even infertility,⁴² doctors systematically neglect these issues, dismissing them as normal symptoms of menstruation.⁴³ As a result, American women suffer from endometriosis on average for almost 12 years before receiving a diagnosis, often having had many and expensive surgeries, which insurance companies refuse to cover, in the meantime.⁴⁴

³⁷ "Gender Biases and Discrimination." World Health Organization, 2007, https://www.who.int/social_determinants/resources/gender_biases_and_discrimination_wgkn_2007.pdf. 17.

³⁸ Ibid 18.

³⁹ Ibid 18.

⁴⁰ Deardorff, Julie. "Doctors Reluctant to Give Young Women Permanent Birth Control." Chicagotribune.com, 14 May 2019, www.chicagotribune.com/lifestyles/ct-xpm-2014-05-13-ct-met-sterilization-denied-20140513-story.html.

⁴¹ "Gender Biases and Discrimination." World Health Organization, 2007, https://www.who.int/social_determinants/resources/gender_biases_and_discrimination_wgkn_2007.pdf. 19.

⁴² "Endometriosis." Mayo Clinic, Mayo Foundation for Medical Education and Research, 16 Oct. 2019, www.mayoclinic.org/diseases-conditions/endometriosis/symptoms-causes/syc-20354656.

⁴³ "Endometriosis Often Ignored as Millions of American Women Suffer." The Guardian, Guardian News and Media, 28 Sept. 2015, www.theguardian.com/us-news/2015/sep/27/endometriosis-ignored-federal-research-funding.

⁴⁴ Ibid.

Relevant Actors / Institutions

National Entities	Relevance	Website
National Governments	Ultimately, the responsibility for providing healthcare for women lies with national governments, therefore making them the primary actors in the fight for ensuring top-notch medical care for all women.	-
Health Ministries	Health ministries are an extension of the rule of their respective governments. However, their plans and practices tend to nominally persist through regime changes, making them operate as independent actors and enabling them to influence healthcare policies.	-
Authoritative International Entities:	Description	Website
UN Women	UN Women is the common name for the UN entity that is tasked with upholding the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and, accordingly, fights for gender equality and women's rights worldwide.	https://www.unwomen.org/en
WHO	As the world's foremost international health organisation, the WHO has recognised the plight of women's healthcare worldwide and taken action to rectify regional shortcomings by lending a hand at a global level.	https://www.who.int/

<p>Civil Society and NGOs:</p>	<p>The task of civil society organisations and NGOs is to advocate, raise awareness and positively influence policy-making at the national and international level.</p> <p>Examples of relevant organisations: UNICEF, Center for Reproductive Rights, Every Mother Counts and Global Alliance for Women's Health.</p>	<p>https://www.unicef.org/health; https://beta.reproductiverights.org/; https://everymothercounts.org/; http://gawh.org/about/history.php5.</p>
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International Approaches That Have Already Been Taken

Over the past decades, many initiatives have been taken, both by national governments and at the international level in order to improve the quality of healthcare services and facilities around the globe. Additionally, in 2015, the UN General Assembly adopted 17 Sustainable Development Goals which are intended to be achieved by 2030, including the aspiration to provide universal healthcare access and ensure healthy lives for all as part of Sustainable Development Goal number 3.⁴⁵ The recent outbreak of the COVID-19 pandemic has only highlighted the urgency of this goal. As such, governments and companies have increased their focus on developing new healthcare technologies and investing into healthcare services and infrastructure, especially in low-income areas, in order to provide the supply to meet the current demand.

In 2007, an International Finance Corporation (IFC) report found that \$25-\$30 billion in new investment is needed to meet Africa's demand for healthcare over the next decade.⁴⁶ As a result, the IFC devoted \$93 million to the South African leading healthcare provider, Life Healthcare, which was meant to encourage investment into emerging African healthcare markets and provide a channel for future investment by other businesses.⁴⁷ In 2011, the Harmonization for Health in Africa, an initiative

⁴⁵ "Transforming Our World: the 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs." United Nations, United Nations, <https://sdgs.un.org/2030agenda>.

⁴⁶ "Health Care in Africa: IFC Report Sees Demand for Investment." Ifc.org, www.ifc.org/wps/wcm/connect/news_ext_content/ifc_external_corporate_site/news+and+events/news/features_health_in_africa.

⁴⁷ "IFC's \$93 Million Investment in South African Provider, Life Healthcare." Ifc.org, www.ifc.org/wps/wcm/connect/news_ext_content/ifc_external_corporate_site/news+and+events/news/features_health_southafrica_061010.

created by several leading world institutions, has drafted “Investing in Health for Africa”, designing an investment scheme providing assistance on how to best contribute to the development and growth of healthcare infrastructure on the African continent.⁴⁸ Furthermore, there have been several studies conducted regarding the emerging healthcare markets in Southeast Asia and their economic potential, which is bound to attract business.⁴⁹

However, more limited focus has been awarded to improving healthcare services and infrastructure which is specifically designed for women. In this regard, the Commission on Women’s Health in the African region published a report on “Addressing the Challenges of Women’s Health in Africa” in 2012, arguing that the neglect for women’s health must be brought to an end, as it is foundational for the social and economic development of the region.⁵⁰ Further, reducing the global maternal mortality ratio to less than 70 for every 100,000 births was included in the UN Sustainable Development Goal number 3, which focuses on improving global health.⁵¹ Additionally, many non-governmental organisations devote their time to advocating for the protection and improvement of women’s health, as well as providing free and safe abortion and contraception to those in need.⁵²

QARMA 2: What measures can be taken to tackle the legal and cultural issues regarding the reproductive empowerment of women and girls through access to safe and affordable abortion and contraception methods to decrease the mortality rate?

History / Background of the Problem

The International Conference on Population and Development (ICPD) held in Cairo in 1994 marked the acceptance of a new paradigm in addressing human reproduction and health. For the very first time, there was a clear and concise focus on the needs of individuals and on the empowerment of women, and the emergence of an evolving discourse about the connection between human rights and health, linking

⁴⁸ “WHO | World Health Organization.” World Health Organization, www.who.int/pmnhc/media/membernews/2011/investing_health_africa_eng.pdf.

⁴⁹ “Planning for Healthcare Demand and Growth in Southeast Asia.” Asian Hospital & Healthcare Management, www.asianhnm.com/healthcare-management/healthcare-demand.

⁵⁰ “16 Days of Activism against Gender-Based Violence.” UN Women, www.unwomen.org/en/news/in-focus/end-violence-against-women.

⁵¹ “Maternal Mortality.” World Health Organization, World Health Organization, www.who.int/news-room/fact-sheets/detail/maternal-mortality.

⁵² “Empower Women.” EmpowerWomen, www.empowerwomen.org/en.

new conceptions of health to the struggle for social justice and respect for human dignity⁵³.

According to Dr. Carmel Shalev, an expert at CEDAW, the new attention to human rights during the ICPD conference marked a departure from the previous somewhat traditional approach that treated women instrumentally, as tools through which to implement population programmes and policies within respective countries⁵⁴. This new adapted approach during the ICPD valued women and expressed concern about their overall health and well-being as it was transformed from a concept of population control to a bigger discussion around women;s empowerment to exercise individual and personal autonomy in relation to their sexual and reproductive health within multiple contexts, including social, economic and even political⁵⁵.

One of the biggest takeaways was that the ICPD advanced the human rights of women - "their right to personal reproductive autonomy and to collective gender equality - as a primary principle in the development of reproductive health and population programs"⁵⁶.

The basis for these human rights of women can be found in various articles of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."⁵⁷

When one talks about rights to reproductive and sexual health this includes but is not limited to the right to life, liberty and the security of the person; the right to access health care in a timely fashion and information; and the right to non-discrimination in the allocation of resources to health services and in their availability and accessibility regardless of culture and religion. One no less important is the crucial right to autonomy and privacy in making sexual and reproductive decisions,

⁵³ "Rights to Sexual and Reproductive Health." United Nations, United Nations, www.un.org/womenwatch/daw/csw/shalev.htm

⁵⁴ "Rights to Sexual and Reproductive Health." United Nations, United Nations, www.un.org/womenwatch/daw/csw/shalev.htm

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ "Convention on the Elimination of All Forms of Discrimination Against Women" United Nations, United Nations, <https://www.un.org/womenwatch/daw/cedaw>

as well as the rights to informed consent and confidentiality in relation to health services without the interference or influence of their spouse.⁵⁸

Even though there have been many important developments accomplished during these numerous years, there are still very important issues that reflect the systemic violation of these human rights. Maternal mortality, lack of availability and access to legal abortion procedures, inadequate allocation of resources for family planning, orientation, and contraception, coercive population programs, spousal consent to sterilization, and occupational discrimination of pregnant women are issues that women and girls have to face at this day of age.

The violations against women's sexual and reproductive health rights are often deeply rooted in societal values pertaining to women's sexuality. Patriarchal concepts of women's roles within the society and the family centre mean that women are often valued based on their ability to reproduce. Early marriage and pregnancy, or repeated pregnancies spaced too closely together, often as the result of efforts to produce a male offspring because of the preference for sons, has a devastating impact on women's health with often fatal consequences. This also has a tremendous effect on girls who are often put in unsafe situations by being forced into marriage at an early age⁵⁹.

Some key facts according to the World Health Organization on maternal mortality:

- "Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth.
- Between 2000 and 2017, the maternal mortality ratio (MMR, number of maternal deaths per 100,000 live births) dropped by about 38% worldwide.
- 94% of all maternal deaths occur in low and lower middle-income countries.
- Young adolescents (ages 10-14) face a higher risk of complications and death as a result of pregnancy than other women.
- Skilled care before, during and after childbirth can save the lives of women and newborns⁶⁰."

Maternal mortality is unacceptably high. According to the World Health Organization about 295, 000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94%) occurred in low-resource settings, and most

⁵⁸ "Sexual and Reproductive Health and Rights", United Nations, OHCHR, Office of the High Commissioner for Human Rights,

<https://www.ohchr.org/en/issues/women/wrgs/pages/healthrights.aspx>

⁵⁹ Maternal Mortality, World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>,

⁶⁰ Ibid.

could have been prevented. The risk of maternal mortality is highest for adolescent girls under 15 years old and complications in pregnancy and childbirth are higher among adolescent girls age 10-19 (compared to women aged 20-24) (2,3)⁶¹.

“Women in less developed countries have, on average, many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher. A woman’s lifetime risk of maternal death is the probability that a 15 year old woman will eventually die from a maternal cause. In high income countries, this is 1 in 5400, versus 1 in 45 in low income countries”⁶².

Some key facts according to the World Health Organization on Adolescent pregnancy:

- “Approximately 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in developing regions. (1) (2)
- At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world. (1)
- Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally. (3)
- Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, 3.9 million are unsafe, contributing to maternal mortality, morbidity and lasting health problems.(1)
- Adolescent mothers (ages 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm delivery and severe neonatal conditions. (4)”⁶³

Another issue that makes access to timely health care services complex is the limitation and regulation of abortion access for women and girls. The Committee on the Elimination of Discrimination Against Women (CEDAW) observed that, “Criminal regulation of abortion serves no known deterrent value. When faced with restricted access women often engage in clandestine abortions including self- administering abortifacients, at risk to their life and health. Additionally, criminalisation has a stigmatising impact on women, and deprives women of their privacy, self-determination and autonomy of decision, offending women’s equal status, constituting discrimination.”⁶⁴

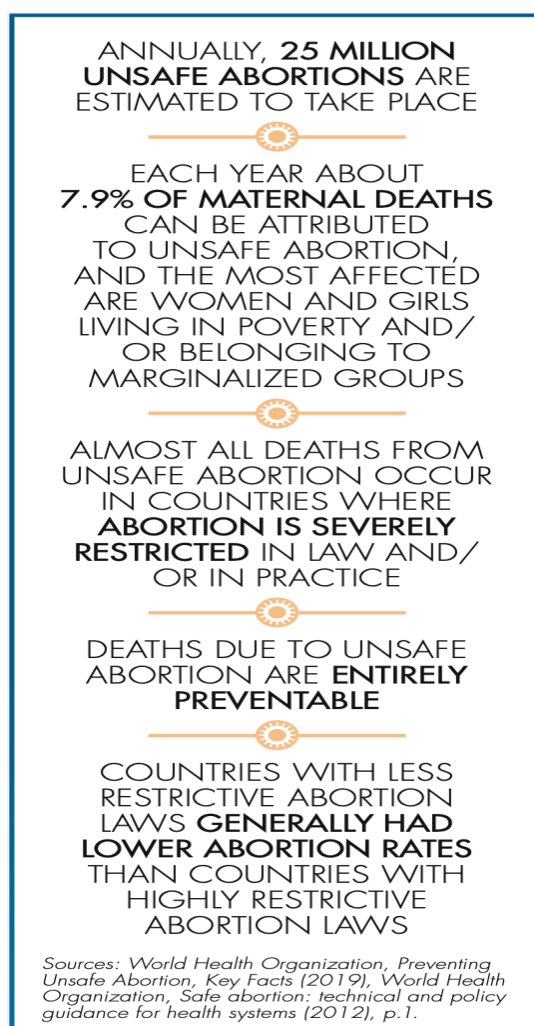
⁶¹ Ibid.

⁶² Ibid.

⁶³ Adolescent Pregnancy, World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.

⁶⁴ Information Series on Sexual and Reproductive Health and Rights from the UN Human Rights Office of the High Commissioner, OHCHR, https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf.

Information Series on Sexual and Reproductive Health and Rights from the UN Human Rights Office of the High Commissioner:



(Source:

https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf.

Information Series on Sexual and Reproductive Health and Rights from the UN Human Rights Office of the High Commissioner.)

Recent Developments in the Area of Women, Girls and Health

Article Title	Organization	Link
6 Priorities for Women and Health	World Health Organization	https://www.who.int/news-room/spotlight/6-priorities-for-women-and-health

Investing in midwife-led interventions could save 4.3 million lives per year, new study finds	World Health Organization	https://www.who.int/news/item/03-12-2020-investing-in-midwife-led-interventions-could-save-4.3-million-lives-per-year-new-study-finds
Maternal, Newborn, Child and Adolescent Health and Ageing - Data Portal	World Health Organization	https://www.who.int/data/maternal-newborn-child-adolescent-ageing
"Reproductive Rights are Human Rights" for National Human Rights Institutions	OHCHR	https://www.ohchr.org/documents/publications/nhri_handbook.pdf

Relevant Actors and Institutions

Authoritative International Entities	Authoritative International Entities	Links
UN Women	UN entity tasked with upholding the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	https://www.unwomen.org/en
UNFPA	United Nations Population Fund	https://www.unfpa.org/
WHO	World Health Organization	https://www.who.int/

OCHR	United Nations Human Rights - Office of the High Commissioner	https://www.ohchr.org/en
WB	World Bank Organization	https://www.worldbank.org/
Non-Governmental Organizations/ Charities	Non-Governmental Organizations/ Charities	Links
Population Matters	Population Matters - NGO protecting Women's Rights	https://populationmatters.org/womens-rights
CFWH	Canadian Foundation for Women's Health	http://cfwh.org
EW	Empower Women Organization	https://www.empowerwomen.org
IWHC	International Women's Health Coalition	https://iwhc.org

QARMA 3: What measures can be taken at the national and international levels to promote the education of girls in order to advance, through economic growth, the standard of living for women?

History / Background of the Problem

Around the world, 132 million girls are out of school, including 34.3 million primary school age, 30 million lower-secondary school age, and 67.4 million upper-secondary school age.⁶⁵ Changes in population growth and distribution, the rise of telecommunications, increased travel, and an earlier start of menarche contribute to an increase in unprotected sexual relations before marriage, resulting in unwanted pregnancies and childbirth. An estimated 650 million girls and women worldwide

⁶⁵ "Girls' Education." UNICEF, 19 Jan. 2020, www.unicef.org/education/girls-education.

today have been married as children⁶⁶ induced with abortion in hazardous circumstances and sexually transmitted diseases.⁶⁷ Here, young women are particularly vulnerable; the mortality and morbidity rates from early pregnancies are much higher for the younger adolescent.⁶⁸ Barriers to girls' education, like poverty, child marriage, and gender-based violence, vary among countries and communities. Low-income families often favour boys when investing in education.⁶⁹ Primarily speaking, young women who have less to no formal education are at high risks to pressures for both marriage and sexual relations before marriage, emphasizing relationships with older men.⁷⁰ Education in itself is scarce to receive for girls as,⁷¹ according to UNESCO, girls are more likely to be exacerbated by the current pandemic in their studies.⁷² Nevertheless, although many low and middle-income countries (LMICs) have established national policies and curricula for sexuality education, little is known about the effectiveness, degree of implementation of the policies, quality of teaching, comprehensiveness of content, and how supportive the school environment is.

On top of the low quality of sex education, child marriage, the marriage between any party below the age of 18, is recognized globally as a harmful and discriminatory global practice in the international human rights agreement.⁷³ However, nations such as Yemen have still yet to create a law of prosecuting marital rape.⁷⁴ Even in nations where laws have been in place and governments have taken measures, girls are still in the vicious cycle of child marriage due to cultural beliefs allowing and enforcing

⁶⁶ "Ending Child Marriage: Progress and Prospects." UNICEF, 2013, www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf.

⁶⁷ "Multiple abortions and sexually transmitted infections among young migrant women working in entertainment venues in China" National Center for Biotechnology Information, U.S. National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4559482/>

⁶⁸ "Adolescent Pregnancy." World Health Organization, World Health Organization, www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy.

⁶⁹ "Economic Issues No. 33 - Educating Children in Poor Countries." International Monetary Fund, www.imf.org/external/pubs/ft/issues/issues33/.

⁷⁰ "Reproductive health in adolescence" National Center for Biotechnology Information, U.S. National Library of Medicine, <https://pubmed.ncbi.nlm.nih.gov/8085368/>

⁷¹ "SN4A Examines Food Environments in Uganda and Zambia." SNV, <https://snv.org/update/sn4a-examines-food-environments-uganda-and-zambia>.

⁷² Azoulay, Audrey. "UNESCO Report Illustrates Leap Forward in Girls' Education over Past 25 Years, Now Threatened by Covid-19." UNESCO, 16 Oct. 2020, <https://en.unesco.org/news/unesco-report-illustrates-leap-forward-girls-education-over-past-25-years-now-threatened-1>

⁷³ "Child Marriage." UNICEF DATA, 8 Mar. 2021, <https://data.unicef.org/topic/child-protection/child-marriage/>.

⁷⁴ "Fighting for Justice for Women amidst Conflict in Yemen." United Nations Population Fund, 28 Mar. 2016, www.unfpa.org/news/fighting-justice-women-amidst-conflict-yemen.

such practices.⁷⁵ The practice is deeply gendered,⁷⁶ with an estimation that girls marry before 18 is five more times than boys.⁷⁷ One of the most detrimental consequences of child marriage is their reduced autonomy, safety, health status, and educational attainment. Due to these long-term negative impacts on girls' independence, child marriage further perpetuates gender inequalities⁷⁸ and slows economic growth in nations.⁷⁹ UNICEF estimated that more than half of married girls aged 15-19 are married to men at least ten years older than they are.⁸⁰ This immense age gap creates a power imbalance between spouses and hence disprizes educational attainment.⁸¹ There are still six countries (Equatorial Guinea, Gambia, Saudi Arabia, Somalia, South Sudan, and Yemen) that do not specify a minimum age for marriage.⁸² This is due to many terminations of any amendments from the Muslim Brotherhood of the parliament. They state that there is no specific age for marriage in Islam, and such laws interfere with their beliefs.⁸³

Consequences of (Lack of) Education of Girls

A substantial body of evidence from UNICEF and Pearson shows that women married as children face higher rates of physical, sexual, and emotional violence within marriage.⁸⁴ This lack of power and authority in a household leaves young girls susceptible to decreased autonomy and, worse yet-early childbirths. For young girls, child marriage and unwanted pregnancies most often lead to major health

⁷⁵ "Child Marriage in Indonesia." Girls Not Brides, www.girlsnotbrides.org/child-marriage/indonesia/.

⁷⁶ "Gender Norms, Child Marriage and Girls' Education in West and Central Africa: Assessing the Role of Education in the Prevention and Response to Child Marriage." Resource Centre, 27 May 2020, <https://resourcecentre.savethechildren.net/library/gender-norms-child-marriage-and-girls-education-west-and-central-africa-assessing-role>.

⁷⁷ "Ending Child Marriage: Progress and Prospects." UNICEF, 2013, www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf.

⁷⁸ Ibid,

⁷⁹ "Ending Child Marriage" Council on Foreign Relations, 2021, <http://www.cfr.org/children/ending-child-marriage/p30734>

⁸⁰ "Gender-Based Violence and Child Marriage." Girls Not Brides, www.girlsnotbrides.org/en/learning-resources/child-marriage-and-health/gender-based-violence-and-child-marriage/.

⁸¹ Groot, Richard de, et al. "Child Marriage and Associated Outcomes in Northern Ghana: a Cross-Sectional Study." BMC Public Health, BioMed Central, 26 Feb. 2018, <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5166-6>.

⁸² Written by Alex Gray, Senior Writer. "These Are the Countries Where Child Marriage Is Legal." World Economic Forum, www.weforum.org/agenda/2016/09/these-are-the-countries-where-child-marriage-is-legal/.

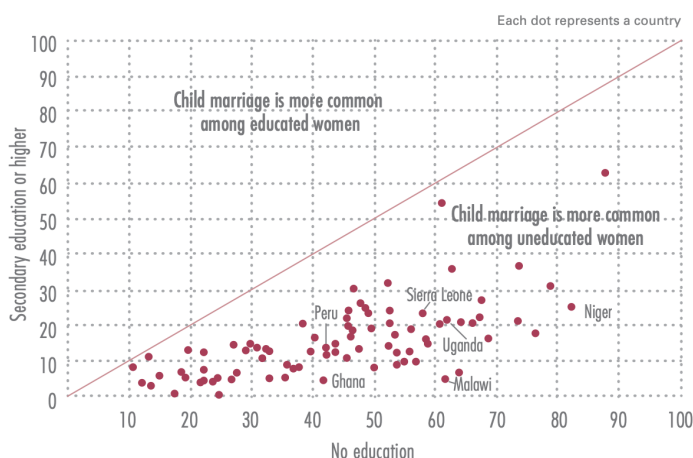
⁸³ "Child Marriage in India: Teenage Girls Forced to Marry." YouTube, YouTube, 2 Mar. 2019, www.youtube.com/watch?v=pttHSJCI4Ks.

⁸⁴ "Harmful Practices and Intimate Partner Violence." UNICEF DATA, 4 Mar. 2020, <https://data.unicef.org/topic/gender/harmful-practices-and-intimate-partner-violence/>.

complications and a significant interruption or end to their education, which leave them in the cycle of dependency on their domestic duties⁸⁵.

Child brides tend to have low levels of education

Percentage of women aged 20 to 49 years who were married or in union before age 18, by level of education



Graph 1: Correlation of child marriage to low levels of education

(Source: https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf)

Compounded by social norms, family expectations, and in some cases, legal restrictions, girls are forced to end their education upon marriage.⁸⁶ Even in cases where there is no peer coercion, girls are often expected to take on household tasks and family responsibilities, making time for education infeasible. With such halts to education, the lifelong and intergenerational impacts on women's earnings potential and financial education are limited.⁸⁷

Recent Developments

In South Asia, a girl's risk of marrying in childhood has declined by more than a third, from nearly 50% a decade ago to 30% today, which is primarily driven by great strides in reducing the prevalence of child marriage in India.⁸⁸ However, in West and Central Africa, the region with the highest prevalence of child marriage, progress has been among the world's slowest.⁸⁹

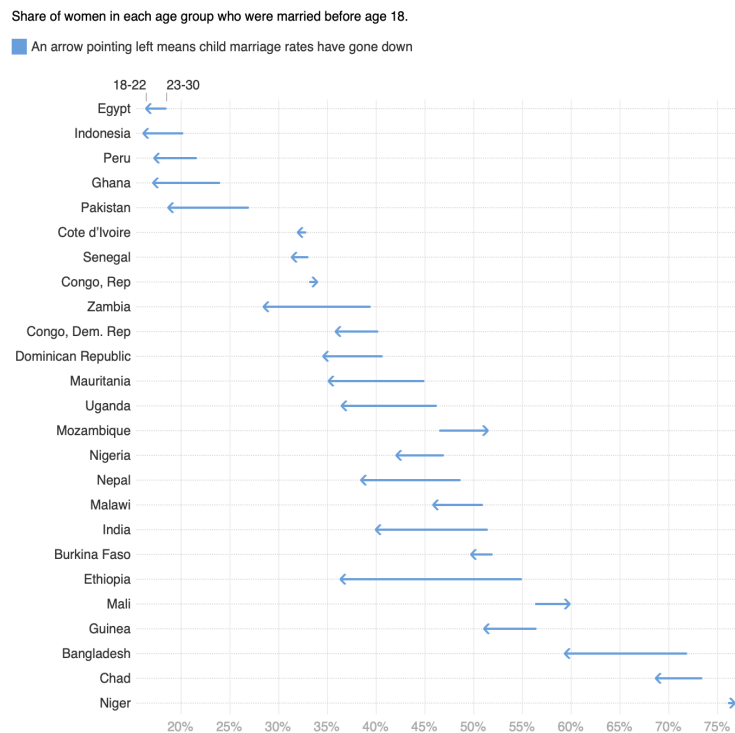
⁸⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3372345/>

⁸⁶ "New Insights on Preventing Child Marriage" International Center for Research on Women, 2018, <https://www.icrw.org/files/publications/New-Insights-on-Preventing-Child-Marriage.pdf>

⁸⁷ "Ending Child Marriage" Council on Foreign Relations, 2021, <http://www.cfr.org/children/ending-child-marriage/p30734>

⁸⁸ "Fast Facts: 10 Facts Illustrating Why We Must #EndChildMarriage." UNICEF, 26 Mar. 2021, www.unicef.org/press-releases/fast-facts-10-facts-illustrating-why-we-must-endchildmarriage.

⁸⁹ "Child Marriage in the West and Central Africa" UNICEF, 2018, <https://www.unicef.org/wca/media/2596/file>



Graph 2: Child Marriage Rates in 2017

(Source: [https://documents.worldbank.org/en/publication/documents-reports](https://documents.worldbank.org/en/publication/documents-reports/documentdetail/530891498511398503/economic-impacts-of-child-marriage-global-synthesis-report)

[/documentdetail/530891498511398503/economic-impacts-of-child-marriage-global-synthesis-report](https://documents.worldbank.org/en/publication/documents-reports/documentdetail/530891498511398503/economic-impacts-of-child-marriage-global-synthesis-report))

A UNESCO report shows that 180 million more girls have enrolled in primary and secondary education since 1995.⁹⁰ However, despite an increase across all education levels, girls are still more likely to suffer exclusion than boys, and the current pandemic further exacerbates this.⁹¹

Pakistan

Generally, there is no strict enforcement of minimum marriage age laws, and there are limited remedies for victims if they are violated.⁹² In 2013, Sindh adopted a law banning child marriages, introducing stricter punishments and higher fines,⁹³ and

⁹⁰ Authors, All, et al. "Child Marriage Laws around the World: Minimum Marriage Age, Legal Exceptions, and Gender Disparities." Taylor & Francis, 19 Dec. 2014, www.tandfonline.com/doi/full/10.1080/1554477X.2017.1375786.

⁹¹ "UNESCO Report Illustrates Leap Forward in Girls' Education over Past 25 Years, Now Threatened by Covid-19." UNESCO, 9 Oct. 2020, <https://en.unesco.org/news/unesco-report-illustrates-leap-forward-girls-education-over-past-25-years-now-threatened-0>.

⁹² "Forced Marriage Overseas: Pakistan." Tahirih - Forced Marriage Initiative, 1 Sept. 2020, <https://preventforcedmarriage.org/forced-marriage-overseas-pakistan/>.

⁹³ "Pakistan: despite Minor Setback There Is Progress on Child Marriage." Girls Not Brides, www.girlsnotbrides.org/pakistan-despite-minor-setback-there-is-progress-on-child-marriage/.

increasing the age of marriage to 18 years for girls.⁹⁴ In 2015, Punjab followed suit and introduced stricter punishments and higher fines.⁹⁵ However, the minimum age remains 16 years for girls and 18 years for boys. In 2016, Pakistani clerics from the Council of Islamic Ideology condemned a bill to raise the age of marriage to 18 years for girls, calling it “un-Islamic” and “blasphemous” and leading the legislature to drop the proposal.⁹⁶

Malawi

In February 2017, the Malawi parliament amended the constitution to: raise the age by which a person is defined as a child to 18 years (from 16 years).⁹⁷ The constitutional amendment was then signed into law in April 2017 by the president.⁹⁸ Comprising the ministries of gender and justice, representatives of United Nations agencies and civil society organizations harmonize all child-related laws accordingly. Including the Penal Code, the Employment Act, and the Child Care, Protection and Justice Act.⁹⁹

United Kingdom of Great Britain and Northern Ireland

In 2014, England and Wales criminalized forced marriage under the Anti-social Behaviour, Crime and Policing Act.¹⁰⁰ The act also criminalizes forcing a British national into marriage outside of the United Kingdom. Importantly, breaching a forced marriage protection order now carries a maximum penalty of five years in jail.¹⁰¹

⁹⁴ Pk, Voice, et al. “Women Lawmakers Agree on Increasing Marriage Age for Girls in Punjab.” Voicepk.net, 14 Jan. 2021, voicepk.net/2021/01/14/women-lawmakers-agree-on-increasing-marriage-age-for-girls-in-punjab/.

⁹⁵ Urdu, Geo. “Punjab Approves Stricter Punishments for Underage Marriage.” Thenews, The News International, 6 Mar. 2015, www.thenews.com.pk/latest/2177-punjab-approves-stricter-punishments-for-underage-marriage.

⁹⁶ “CHILD MARRIAGE AND THE LAW: TECHNICAL NOTE FOR THE GLOBAL PROGRAMME TO END CHILD MARRIAGE” UNICEF, 2020, <https://www.unicef.org/media/86311/file/Child-marriage-the-law-2020.pdf>

⁹⁷ “Malawi Amends Constitution to Remove Child Marriage Loophole.” Human Rights Watch, 28 Oct. 2020, www.hrw.org/news/2017/02/24/malawi-amends-constitution-remove-child-marriage-loophole.

⁹⁸ “Malawi: Constitution No Longer Allows Child Marriage.” Girls Not Brides, www.girlsnotbrides.org/malawi-constitution-no-longer-allows-child-marriage/.

⁹⁹ “Malawi Amends Constitution to Remove Child Marriage Loophole.” Human Rights Watch, 28 Oct. 2020, www.hrw.org/news/2017/02/24/malawi-amends-constitution-remove-child-marriage-loophole.

¹⁰⁰ “Anti-Social Behaviour, Crime and Policing Act 2014.” Legislation.gov.uk, Queen's Printer of Acts of Parliament, www.legislation.gov.uk/ukpga/2014/12/section/121/enacted.

¹⁰¹ “United Kingdom Archives.” Girls Not Brides, www.girlsnotbrides.org/tag/united-kingdom/.

Relevant Actors/Institutions

Stakeholder	Role and Responsibility
Civil society organizations	Providing direct advocacy with policy and decision-makers and mobilizes public opinion and raises public awareness of the law.
Judicial court system	Responsible for the administration of justice and child-friendly and gender-sensitive legal procedures.
Ministries enforcing the prohibition of child marriage	Implementing laws that prohibit child marriage; such as appointing public officers as child marriage prohibition officers, or other bodies established as part of a child protection system.
Ministry of education	Design, implement, monitor, and evaluate educational legislation, policies, and programs and ensure that all children have access to free and compulsory primary and equally accessible secondary education.
Representatives of customary and religious law and justice systems	Enact customary and religious laws in accordance with existing legislation.

International Approaches That Have Already Been Taken

Organization	Description
UNESCO 2013	UNESCO developed the Sexuality Education Review and Assessment Tool (SERAT) for governments to use to assess sex education curricula of their regions according to multiple dimensions of quality or comprehensiveness. ¹⁰²
World Bank Group 2014	The Sahel Women Empowerment and Demographic Dividend (SWEDD) project aimed to delay marriage and expand access to reproductive, child, and maternal health services in Sahel Africa by working with religious and

¹⁰² "World Bank Group to Invest \$2.5 Billion in Education Projects Benefiting Adolescent Girls." World Bank, www.worldbank.org/en/news/press-release/2016/04/13/world-bank-group-to-invest-25-billion-in-education-projects-benefiting-adolescent-girls.

	traditional communities. ¹⁰³ The World Bank Group divided their \$170.2-million program to Côte d'Ivoire, Mali, Niger, Chad, Mauritania, and ECOWAS. ¹⁰⁴
World Bank Group 2016	In 2016, the World Bank Group invested \$2.5 billion in adolescent girl's education. This increased funding aimed to provide for Sub-Saharan Africa and South Asia regions with tools to expand access to quality education. ¹⁰⁵
UNGA 2016	The United Nations General Assembly (UNGA) adopted a new resolution with over 100 states sponsoring the resolution that calls on states to strengthen laws and policies to protect women and girls from child marriage and highlights the adoption of the Regional Action Plan to End Child Marriage in South Asia and the African Union Campaign to End Child Marriage. ¹⁰⁶
UN Women 2018	The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) published an international technical guidance on sexuality education to assist government education ministers and their professional staff in designing, delivering and evaluating sexuality education programs both in and out of school. ¹⁰⁷
UNFPA and UNICEF 2020	The UNFPA-UNICEF Global Programme to End Child Marriage, a multi-country initiative to help protect millions of girls' rights (launched in 2016), ¹⁰⁸ was renewed for an additional three years. The second phase of the program was

¹⁰³ "U.N. General Assembly Adopts Resolution to End Child, Early, and Forced Marriage Worldwide." Center for Reproductive Rights, <https://reproductiverights.org/press-room/un-general-assembly-adopts-resolution-to-end-child-early-and-forced-marriage-worldwide>.

¹⁰⁴ "World Bank Group to Invest \$2.5 Billion in Education Projects Benefiting Adolescent Girls." World Bank, www.worldbank.org/en/news/press-release/2016/04/13/world-bank-group-to-invest-25-billion-in-education-projects-benefiting-adolescent-girls.

¹⁰⁵ Ibid.

¹⁰⁶ "U.N. General Assembly Adopts Resolution to End Child, Early, and Forced Marriage Worldwide." Center for Reproductive Rights, <https://reproductiverights.org/press-room/un-general-assembly-adopts-resolution-to-end-child-early-and-forced-marriage-worldwide>.

¹⁰⁷ "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach." UN Women, www.unwomen.org/en/digital-library/publications/2018/1/international-technical-guidance-on-sexuality-education.

¹⁰⁸ "UN Programme to Help Spare Millions from Child Marriage, Extended to 2023 | UN News." United Nations, United Nations, news.un.org/en/story/2020/03/1059141.

	also launched, aiming to increase access to education and health care services for girls, educate communities, promote gender equality, and enforce laws that establish 18 as the minimum marriage age.
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