

Hilton 2020

UN Women

Committee Overview

This committee will be run Harvard Style, meaning that resolutions are not to be written until the date of the conference itself. Additionally, it is highly suggested that every delegate write at least one position paper on a topic, as doing so will be necessary to be considered for an award, **which must be emailed to the chairs two days prior to the start of committee.**

All delegates are expected to come to the first day of the conference with a working knowledge of all or most of the topics, as well as the policies of the countries that they represent. As United Nations Women, it is imperative that delegates keep in mind that their purpose is to promote and protect the rights of women around the world without infringing upon national sovereignty. Above all, remember that Model UN is not a competition, so get to researching and try to have a little fun!

Committee Description

Unpaid Care Work

Domestic Violence Against Women During the Pandemic

Increasing Rates of Preventable Maternal Mortality in Europe

Development of Eating Disorders in Non-Western Countries

Chairs

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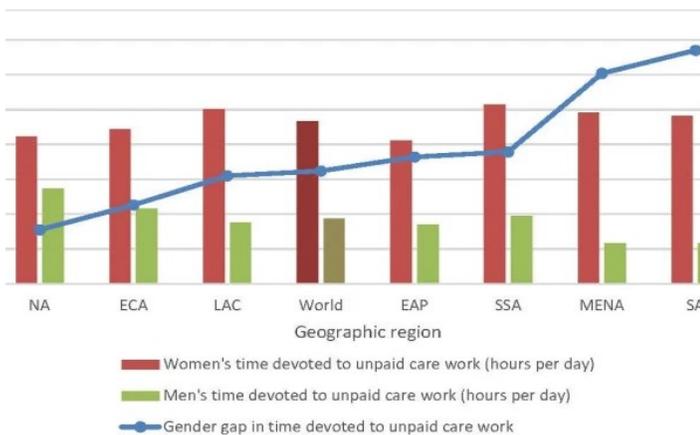
Hello Delegates! My name is Alice Yawman and I'm a senior at Brighton High School. I've done Model UN for all of high school and this is my third time chairing. I've always loved participating in UN Women and have chaired this committee once before. Outside of MUN I am an Editor in Chief of my school newspaper and a soccer goalie. I'm looking forward to a great committee with all of you - feel free to email me anytime if you have questions or just want to say hi!

Hi Delegates! My name is Mia Adler and this is my first time chairing. I am a junior at Pittsford Sutherland High School, where I act as student body secretary, play saxophone in wind ensemble, and run on the track team. I am so excited to meet you all and have an amazing Hilton 2020 conference! Don't hesitate to email me or Alice for anything!

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Unpaid Care Work



The term unpaid care work refers to “all unpaid services provided within a household for its members, including care of persons, housework and voluntary community work.” Women on average take on many more of these responsibilities than men do. While this work is important, it is inequitable to expect women to take on so much of it. Because women often take on household duties instead of joining the workforce, a larger unpaid care work gap is correlated to gender inequality in the labor force, which contributes to economic inequality.

The level of inequality in labor division and the stringency of gender roles vary by country and region. The gap in unpaid care work tends to be greater in developing nations; one recent infographic from UN Women shows the gap between average time spent on care work to be 2 hours and 40 minutes in developing nations and only an hour and 36 minutes in developed countries.

Access to technology and resources factor into the unpaid care work gap, because households with adequate technology can complete domestic tasks quickly, reducing the unpaid care work gap. On the other hand, households that struggle meeting their basic needs often put a great share of those responsibilities on women. For example, in developing nations, one time-consuming unpaid task that often falls on women is the collection of water, which may require walking a long distance multiple times a day.

As populations grow and age, as they rapidly are in many developing nations, the need for care work will increase. Now is the time to address the gender gap in this work.

What immediate actions can be taken to help women suffering from domestic abuse? How can we discreetly help women who have limited freedom due to the pandemic access the resources they need? Will it be necessary to promote different solutions in different world regions?

Sources:

<https://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work>

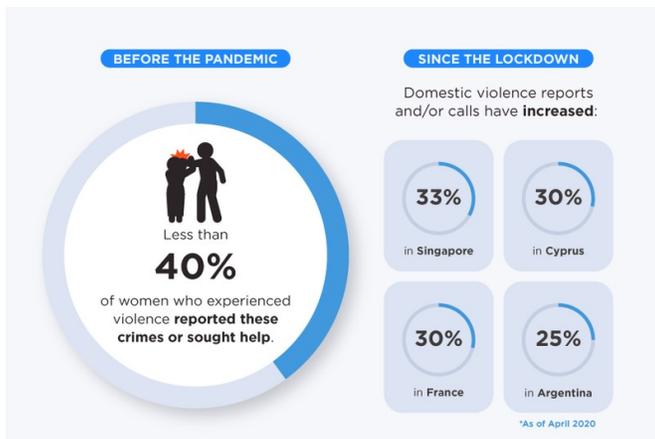
http://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf

<https://newlaborforum.cuny.edu/2017/03/03/recognize-reduce-redistribute-unpaid-care-work-how-to-close-the-gender-gap/>

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Domestic violence against women during pandemic



The majority of domestic violence victims are women, and many women who experience domestic abuse have been trapped by COVID-19. In some nations, domestic violence complaints have spiked since the pandemic started.

For example, one Chinese province police department reported that domestic violence cases tripled between February 2019 and February 2020. In other places, a drop in formal complaints suggests that women who are domestically abused may be unable to seek help due to new restrictions on movement.

Quarantines and isolation periods have made it harder for these women to avoid violence or go to a friend, family member, or formal service for help. It is also possible that the added stresses of the pandemic have made some abusers more likely to lash out.

Some organizations, including those affiliated with the UN, have made efforts to assist victims of domestic violence during the pandemic. For example, a UN-supported psychosocial team in Ukraine has been working to make their services easy to access over Zoom, Skype, and Viber.

Also, grocery stores and pharmacies in several European countries, including Germany, France, and Spain, have become go-to spots for victims of domestic abuse, with the code phrase "mask 19" being used to signify the need for protection. Despite these commendable efforts, many female victims of abuse are incredibly vulnerable right now, and it is imperative that the UN guide further efforts to assist and protect these women.

What immediate actions can be taken to help women suffering from domestic abuse? How can we discreetly help women who have limited freedom due to the pandemic access the resources they need? Will it be necessary to promote different solutions in different world regions?

Sources:

<https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-covid-19>

<https://www.bmj.com/content/369/bmj.m1712>

<https://www.un.org/en/coronavirus/un-supporting-%E2%80%98trapped%E2%80%99-domestic-violence-victims-during-covid-19-pandemic>

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Increasing Rates of Preventable Maternal Mortality in Europe



While the overall rate of maternal mortality has decreased dramatically due to the introduction of new technology and wealth, preventable maternal deaths are increasing throughout Europe. Preventable maternal mortality refers to the deaths of women during childbirth despite healthcare solutions that could manage the complications they face. In Europe, there are multiple causes of this problem.

First, the European Union faced cuts to their healthcare spending, forcing a steep decline in the budget for maternal care. Studies by the World Health Organization found that maternal mortality rates increased because of a reduced number of childbirths assisted by skilled health professionals. Complications during an unattended childbirth are much more likely to end in mortality. Despite these risks, many women prefer to have unattended child births because of various cultural factors.

Another aspect of this issue lies within healthcare disparities in Europe. Women of color who live in Europe are at a 60% higher rate of maternal mortality. A Harvard study regarding implicit bias found that health care practitioners were less likely to give pain medicine and schedule procedures for women of color than for white women. Such bias will be difficult, but necessary, to combat in order to create health equity and decrease preventable maternal mortality rates.

Women need professional help from people who are trained to give care and advice during pregnancy, labor, and the postpartum period. With the multitude of technology and available funding available, it is imperative that the health of women is prioritized in a male dominated field.

How can the UN seamlessly provide all aspects of maternal care for women in countries that faced budget cuts? How can we combat implicit bias against women of color in health care settings? How can we ensure that the culture of childbirth is respected for each woman in labor?

Sources:

<https://www.rcog.org.uk/en/news/bjog-release-study-finds-link-between-government-healthcare-spending-and-maternal-mortality-rates-across-the-eu/>

[http://eprints.lse.ac.uk/46390/1/Measuring%20avoidable%20mortality%20\(lsero\).pd](http://eprints.lse.ac.uk/46390/1/Measuring%20avoidable%20mortality%20(lsero).pd)

<https://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/data-and-statistics>

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Development of Eating Disorders in Non-Western Countries



Eating disorders have a 10% mortality rate, the highest of all mental illnesses, yet WHO has not yet placed them on their agenda. Despite being a global problem, non-western countries don't receive adequate help in dealing with eating disorders. This is primarily because they are presented as a 'western issue', and therefore people of color and other marginalized groups, though greatly burdened with eating disorders, are often disregarded.

It is important to understand that the development of eating disorders can stem not just from westernization, but from cultural/societal views from around the world as well. Because of social

pressure from classmates and family members, someone dies from an eating disorder every 62 minutes. In many regions across Asia, Oceania, Latin America, and Africa, has increased in prevalence by about 2.3% since 2007, and continues to increase.

In many cultures, eating disorders are overlooked. Often, young girls are not aware of what eating disorders are, which prevents them from receiving help before experiencing physical consequences. Girls who develop eating disorders may also be reluctant to visit psychiatrists because of unprofessional clinics, stigmas regarding the female body, or medical expenses.

It is imperative that the UN focuses on this topic as it is a leading health concern, yet many non-western countries deny the existence of eating disorders. When addressing this issue, consider the traditional cultural influences and western influences on young girls, while understanding that biological factors can also lead to the development of eating disorders.

How can the UN promote health equity regarding eating disorders between western and non-western countries? In what way can we bring safe, reliable care for girls with eating disorders? How can we push for education on female health while complying with traditional values?

Sources:

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<http://www.worldeatingdisordersday.org/why-eating-disorders-are-more-than-a-western-problem/>

<https://lupinepublishers.com/neurology-brain-disorders-journal/fulltext/eating-disorders-in-developing-countries.ID.000144.php>