

Hilton 2021

UN Women

Committee Overview

Female Genital Mutilation in Northern African Nations

Impact of Maternity Leave on the Gender Gap

Covid-19 Impact on Postpartum Depression

Committee Description

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. Position papers must be emailed to the chairs through personal emails two days prior to the start of the 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!

Chairs

Annie Guo | annie.guo1185@gmail.com

Hello delegates! My name is Annie Guo, and I'm a junior at Brighton High School. I've been in Model UN for five years, and this is my second time chairing. In addition to Model UN, I am also the Opinion Editor for my school newspaper, a violinist of the Rochester Philharmonic Youth Orchestra, as well as a captain of our Speech and Debate team. I also love playing volleyball and frisbee and traveling with my family! I'm looking forward to meeting all of you and I can't wait for Hilton 2021! Please don't hesitate to contact Danielle or me with any questions or concerns you may have.

Danielle Colelli | decolelli@gmail.com

Hello delegates! My name is Danielle Colelli and this is my first time chairing and second year in Model UN. I am a senior at Webster Schroeder High School where I play Varsity Tennis, as well as the trumpet, and serve as a member of Tri-M and NHS. Outside of school I volunteer with the JFS and work in the bakery at a local farm in my town. I'm very excited for an enjoyable and productive committee! Don't hesitate to reach out to me or Annie with any questions or concerns.

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Female Genital Mutilation in Northern African Nations



Throughout multiple African nations, Female Genital Mutilation (also known as Female Genital Circumcision) has triggered serious challenges for girls and women. It is the practice of partially or fully removing or injuring external female genitalia. This practice has affected as many as 200 million girls and women in the world, many of whom are situated within 31 different African countries. Often carried out under primitive and unsanitary conditions, Female Genital Mutilation can cause severe pain, bleeding, and swelling. In the long term, it may lead to chronic pelvic infections and birth complications.

Deeply rooted in African religion and tradition, Female Genital Mutilation has become a natural custom for many African societies. Females usually undergo genital mutilation from anywhere between birth to age five or early adolescence. While the intentions of such mutilations are to ensure religious purity, they often lead to detrimental repercussions. Such repercussions include difficulty with urination and menstruation, painful or nearly impossible intercourse once married, an increased risk of infertility, and even death.

Some in Africa conceive the socio-cultural phenomenon of Female Genital Mutilation to be a tradition that must be preserved. On the other hand, other people view it as a purely superstitious belief. All in all, the justifications linked to the practice of Female Genital Mutilation are quite numerous.

On a larger scale, genital mutilation can also be connected with social status and can determine how girls and their families are treated in their community. Parents who force their daughters into this practice often do so to safeguard their images and that of their families. In some cases, this earns the family respect from the community.

Female Genital mutilation has become a tradition within African society. Nevertheless, the UN has tried to eliminate this practice which they consider a human rights abuse. For instance, the UN designated an International Day of Zero Tolerance for Female Genital Mutilation, in order to amplify and direct efforts on the elimination of the practice. Furthermore, the United Nations Population Fund (UNFPA) joined with UNICEF to lead the largest global programme to accelerate the abandonment of Female Genital Mutilation. To promote the elimination of Female Genital Mutilation, coordinated and systematic effort are used to engage communities to focus on human rights, gender equality, sexual education and the needs of women and girls who suffer from the practice's consequences.

Because Female Genital Mutilation remains a cultural custom in many African communities, its elimination by the UN could be a potential infringement on their sovereignty. As a complex conflict that involves cultural and social implications, Female Genital Mutilation in African nations should be mitigated. The UN should work to find solutions that would help these African women in need while also being sensitive to the traditional observations of these communities.

Should the UN be responsible for eliminating the practice of Female Genital Mutilation in African regions? How can the UN work to diminish Female Genital Mutilations in areas where it is a socio-cultural norm? What can we do to ensure this practice declines without shaming or sterilizing a region of its culture?

Sources:

Centers for Disease Control and Prevention: Female Genital Mutilation/Cutting (FGM/C): <https://www.cdc.gov/reproductivehealth/womensrh/female-genital-mutilation.html>

Female Circumcision in Africa: An Overview: <https://www.jstor.org/stable/524569?origin=crossref>

Female Genital Mutilation/Cutting in Africa: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5422681/>

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Impact of Maternity Leave on the Gender Gap



The prevalent gender gap (discrepancies between men and women in the workplace, both intentional and unintentional, oftentimes a disadvantage on behalf of women) in wages and employment is primarily attributed to factors such as maternity leave for new mothers. It is estimated that 40% of women experience at least one career interruption in their lifetime while only 5% of men do. Much of this is due to the “child penalty,” which refers to new mothers experiencing significant struggles due to choosing to spend more time with their children, and harsh corporate environments that pose strong difficulties for women during their pregnancies and returns to work after childbirth.

As women account for the majority of work leave consumers, employers are faced with financial burdens to compensate for the lack of an employee during this time. The economic constraint that businesses are faced with in this arena drives some of the main gender gaps (wage and job security) in the workplace, as women are tagged as “more expensive.” Additionally, women returning from maternity leave have notoriously

been faced with hardships surrounding their job security.

Despite the fact that there are regulations in many nations to ensure job equity, there are over forty nations (such as New Guinea, Suriname and the United States) that still do not have federal laws guaranteeing a woman’s eligibility for paid maternity leave. Large corporations have dubbed women of child-bearing age as being financial “risks” as they are more likely to take a paid leave (maternity leave) than men are. While mathematically this is true, women have been stereotypically penalized in workplaces for the sole reason that they go through childbirth.

While every nation holds different legislation with regards to paid and unpaid leave, many nations without federal laws have seen little to no progress in recent years. Not only does attention need to be focused towards gender bias in general, but viable workplace solutions should also be considered in order to create positive long term economic benefits for women.

How can the UN ensure women around the world obtain a proper and just leave of absence without infringing on national sovereignty? How can the UN cooperate with private industries to promote fairness in the workplace for pregnant women/new mothers?

Sources:

World Economic Forum: This is how parental leave policies impact the gender gap
<https://www.weforum.org/agenda/2019/09/how-parental-leave-policies-impact-gender-gap-war>

Pacific Standard: How America’s Lack of Paid Maternity Leave Worsens Inequality
<https://psmag.com/economics/cmon-america>

Harvard Business Review: Maternity Leave Isn’t Enough to Retain New Moms
<https://hbr.org/2020/11/maternity-leave-isnt-enough-to-retain-new-moms>

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COVID-19 Impact on Postpartum Depression



After giving birth, some women experience mild to severe depression and anxiety known as postpartum depression (PPD) and postpartum anxiety (PPA), respectively. PPD is viewed as a complication of childbirth. Some symptoms that follow include trouble sleeping, dramatic mood swings, panic attacks, extreme sadness and harmful thoughts, reduced concentration, and appetite problems; all of which require critical attention, yet are treatable.

While struggling with such issues is not unheard of, the COVID-19 pandemic has brought about a considerable increase in the amount of women struggling with postpartum depression and anxiety. With roughly 10% to 20% of new moms in an average year struggling with postpartum depression/anxiety, recent studies have found that 43% of women in postpartum during the COVID-19 pandemic struggled with depression and anxiety. It is speculated that this significant increase can primarily be attributed to missed or virtual medical appointments due to health issues related to COVID-19 and medical office policies, fears of mother and/or

child contracting COVID-19, and minimal, if any, socialization for the mother.

Mothers struggling with postpartum depression and anxiety can be reluctant to seek out help, and with the ongoing pandemic, there are increasing difficulties with seeking medical attention (some examples being telemedicine only facilities, the fear of contracting COVID-19 in a medical office, and affordability). The social, emotional, and economic roadblocks brought about by the pandemic have only added to the severity and complexity of this issue. The unpredictable nature and realities of today's world exacerbate the issue and remain a pressing concern with regard to seeking out and finding meaningful solutions.

Since nations are varying significantly in terms of vaccine distribution rates and accessibility, solutions need to be tailored to tackle a wide array of obstacles while also focusing on the greater global community. Moreover, the isolation and hardships presented by the pandemic have alarmingly presented themselves in the postpartum health of a considerable percentage of new mothers around the world.

What resources can the UN provide to enable accessibility to medical facilities and resources to women struggling with PPD and PPA? How can we assist women struggling whilst the COVID-19 pandemic is still prevalent? How can the UN promote the continual assistance towards women struggling with PPD and PPA in nations without overstepping into national sovereignty?

Sources:

Mayo Clinic: Postpartum Depression
<https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617>

Harvard T.H. Chan School of Public Health: Pregnant and postpartum women report elevated depression, anxiety, and post-traumatic stress during COVID-19 pandemic
<https://www.hsph.harvard.edu/news/press-releases/pregnant-postpartum-covid19-post-traumatic-stress/>

Plos One: A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0249780>