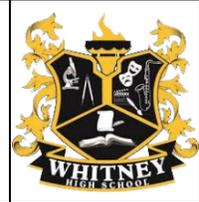




Whitney High School Model United Nations
 16800 Shoemaker Avenue / Cerritos / CA / 90703 / 562-926-5566



WHSMUN XX CONFERENCE

January 29, 2022

Advanced UN Women (Women)

Socioeconomic and Cultural Influences on Contraceptive Use



Chair Introductions

Head Chair

Hello delegates! My name is **Vedika Kothari**, and I am your head chair for WHSMUN XX. Being part of MUN for the past 3 years has allowed me to not only grow as a person, but as a leader, as I delve deeper into topics that interest me, such as humanitarian rights and environmental issues. Aside from MUN, I am involved in computer science, volunteering through Whitney’s Key Club, and I take pride in the fact that I’ve been a swiftie since I was 6 years old #lovetaylorswift! I am looking forward to seeing you all in committee!

Vice Chair

Hi everyone! My name is **Amy Ganatra**, your Vice Chair and one of your DAO’s for WHS MUN. I am a sophomore and have been doing MUN since 7th grade. I fell in love with the array to topics to learn about and the overall motive of advocating for a greater cause. Aside from MUN, I am involved in my school’s UNICEF and Girl-Up clubs in which my MUN experience played a large impact. Currently, I am watching Grey’s Anatomy on Netflix #MerDer, and love Taylor Swift alltoowell10minsogood). Please feel free to reach out if you have any questions about the conference, (or song recs :) good luck <3

Legal

Hello MUN delegates! My name is **Anjali Mani**, and I’m looking forward to being your Legal for our UN Women committee! I’m currently a junior and have done MUN since seventh grade, and it has undoubtedly allowed me to gain insight regarding prevalent world topics and create memorable experiences in my high school journey. Apart from MUN, I enjoy advocating for important issues through our school UNICEF club and playing tennis. I hope we have a great session at WHSMUN 2022!



BACKGROUND

Contraception, the prevention of pregnancy through temporary or permanent means, is influenced by socioeconomic and cultural factors found in modern-day society and environments. Access to contraception and avoidance of unplanned pregnancies is crucial to the well-being of young women, increasing their chances at college level education and participation in the workforce. Utilization of contraceptive use also plays a vital role in the progress towards achieving target 3.7

of *Sustainable Development Goal 3*: “to ensure universal access to sexual and reproductive healthcare services by 2030”. However, of the 1.9 billion women of reproductive age, including about 214 million women in low-and-middle income countries with intents to avoid pregnancy were not using any method of contraception.

Contraceptive use amongst pregnant women is greater, but increasingly slowly. Disparities are the main cause of this gradual increase, along with cultural opposition and bias. However, the issues of contraceptive use branch out into further issues. In 2019, out of the 1.9 billion women who are of reproductive age, 1.1 billion sought the need for family planning, which meant that they were currently using contraceptives. For contraceptive methods, female sterilization is the most common, and 219 million women who are using contraception rely on female sterilization. However, from 1994 to 2019, the use of sterilization has decreased from 13.7% to 11.5%, with male sterilization. In addition to this one, other methods include condoms, IUD, and pills. While 45.2 of users primarily resort to long-acting methods, 46.1 percent rely on short-acting methods.

Internationally, at least 1 out of every 5 countries use a common method that is used by 50% or more of the contraceptive use of that population. While contraceptive use is usually accessible in developed countries, those services are declining in third world countries. It is imperative for all nations to come together to aid in the growing issues that play a role in contraceptive use, especially methods of treatment, family planning, and prevention. However, the limited access to the basic facilities is the reason why this issue must be addressed as an international problem.

Lower socioeconomic status has been proven to impact the use of contraceptives as women from lower socioeconomic classes and minority women are often less likely to use contraception. In addition to this, socioeconomic factors can influence the woman’s choice of contraception, use of contraception, as well as the decision to terminate an unintended pregnancy. In a study, conducted by the US National Library of Medicine, on approximately 4,000 women, women with unintended pregnancies had lower educational accomplishment, lower household income, and had a higher chance of being single, divorced, or widowed than compared to women that had planned pregnancies.

The use of contraceptives varies from different continents and countries. A study from 2017 indicated that in North America, about 64 percent of women aged 15-49 were currently using contraceptives, while only about 25 percent of women used contraception.

Altogether, the influence of such factors greatly affect the decisions made by millions of women regarding the use of contraception. This matter impacts women in nations developed, underdeveloped, or developing, such as the United States, India, Egypt, and many more.



UNITED NATIONS INVOLVEMENT

The United Nations recognizes the devastating plight of many women around the world, especially in developing countries, who are unable to receive sufficient education that informs them of contraceptive methods. A major factor is the long-standing societal norms in those developing countries. Overall, the United Nations understands the situation of many working women who may be burdened both physically and economically with the responsibility of caring for another child and focuses its attention on educating them on preventative measures. Instead of advocating for sterilization as the only method, the United Nations strives to promote the numerous temporary options that prevent pregnancy while respecting religious and traditional

customs. Specifically, the emphasis of sex education depicts the education of women, precisely about the reproduction cycle, to be a major focus of preventing pregnancy. With these values as primary focuses for expanding contraception use, the United Nations aims to achieve universal health care services and education by 2030, which would supplement the required resources for family planning with the implementation of new governmental policies in partnership with non-governmental organizations (NGOs).

Notably, the United Nations has many times highlighted their support for the International Conference on Population and Development (ICPD), an organization advocating for women’s reproductive health and rights and women empowerment. At the 1994 Conference, the disparity between regional necessities and the education of women was heavily emphasized, and research of the time implied a causation between the use of contraception and level of education. Many women in developing countries are unable to make a decision for themselves and must adhere to the restrictions placed by the man of the family, connecting the prevalence of contraceptive use to women’s rights. With their 2030 Agenda for Sustainable Development, there has been increased outreach to couples worldwide in which they provide information about family planning and setting reproduction goals, such as spacing out and limiting pregnancies. Furthermore, the United Nation’s partnership with the ICPD has allowed them to formulate a plan in prodigy sex education to remote parts of the world, where it is most necessary. For instance, the Committee on the Rights of the Child, a supplementary part of the ICPD, collaborates with the UN to provide adequate resources to enact access to such information, including on family planning and contraceptives, the dangers of early pregnancy, and even the prevention treatment of sexually transmitted diseases throughout the world.

Through the United Nations Population Fund (UNFPA), the UN has worked towards supporting family planning methods and access, which includes contraception. In developing regions, about 218 million women who intended to avoid pregnancy did not have access to family planning methods, endangering their chances at a well founded future. Specific steps taken by the UNFPA include providing a reliable source of contraceptives, reinforcing national healthcare systems, advocating governments to incorporate policies that advocate family planning, and through engaging in collecting an abundance of research supporting their work regarding this concern. In addition to these processes, the UNFPA has participated in the collaboration with partners, including country governments, to further their efforts of yielding technical, programmatic, and financial assistance to countries in need of proper family planning systems, especially developing countries.

Despite these past actions and attempts to promote contraception use worldwide, especially in rural communities, there are still many aspects regarding contraception that must be addressed by the United Nations. Although the extent of the United Nations’ capabilities in such communal topics is limited, partnerships with NGOs with interests aligned with those of the United Nations prove to be a valuable technique towards combating the socioeconomic and cultural effects on contraceptive use.



BLOC POSITIONS

Western Bloc:

In 2018, 65% of U.S. women aged 15–49 were using a contraceptive method. Among sexually active women who were not seeking pregnancy, 88% were using a contraceptive method in 2016,

and this proportion has remained steady since 2002. Contraceptive use among women who were sexually active and not seeking pregnancy was lowest among 15–24-year-olds (83%) and highest among 25–34-year-olds (91%).

Latin American and Caribbean Bloc:

Long-acting reversible contraceptives are seldom used in Latin America and the Caribbean. Because of their high effectiveness, convenience, and ease of continuation, availability of long-acting reversible contraceptives should be expanded and their use promoted, including among young and nulliparous women. In addition to suitable family planning services, information and counselling should be provided to women on a personal basis.

African Bloc:

According to regional estimates from the United Nations (UN), in sub-Saharan Africa, only 5.4 percent of women aged 15–49 in union use traditional methods (periodic abstinence, withdrawal, or other informal methods of contraception), a level that is comparable to Asia (5.6 percent) and Latin America and the Caribbean (6.1 percent). Within sub-Saharan Africa, however, the prevalence of traditional method use is particularly high in Central Africa, where 12.0 percent of women of reproductive age report using a traditional method.

Eastern European Bloc:

“The level of modern contraceptive use in Eastern European and Central Asian (EECA) countries is alarmingly low. Whilst all countries throughout Eastern Europe and Central Asia are classified as middle-income, in many cases the levels of modern contraceptive usage is so low, it places them in the same league as some of the world’s least developed countries, and in other cases below the average of less developed regions.”

Asia-Pacific Bloc:

Contraceptive prevalence rates range from 1-85% (the highest and lowest ever reported). In the Asian and Pacific region as a whole, the prevalence rate was around 40%, which was about the same level as in the Latin American region. China, with 1/5 of the world's population, has 73% of its reproductive aged couples using contraception. Asia also contains countries like Yemen, Pakistan, and Afghanistan where less than 10% of the population uses contraception.



QUESTIONS TO CONSIDER

1. What are the primary feelings your country feels towards the usage of contraception methods? How does your country work towards increasing the percentage of the population that uses contraception?
2. What are some past international resolutions that can be modified and amended into a more flexible one that would be able to accommodate the socioeconomic and cultural influences on contraceptive use?
3. If you are a developing country, how has culture influenced the usage of contraceptives? Are there solutions that have been previously implemented to overcome these obstacles?
4. If you are a developed country, how have you been helping other underdeveloped countries in the spread of the usage of contraceptive use?

5. With many individuals unaware of contraceptives / unable to use them due to cultural influence, how can we help to spread awareness and allow the usage of contraceptives?



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