CSW

COMMISSION ON THE STATUS OF WOMEN

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Chair

Emiliana Restrepo

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Official language

English

Topic A

Illegal Use of Misoprostol as an Abortion Method in Antiabortionist Countries.

Topic B

Gender Equality in Caregiving and Childcare.

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1. Welcoming letter

Dear Delegates,

It is an honor for us, Emiliana Restrepo and Sofia Montoya to be presiding over the Commission on the Status of Women. With the highest esteem we welcome you to this year's simulation of the United Nations, and we expect this experience to be amazing and fulfilling to you all.

Choosing to be delegates of the CSW automatically makes you part of the change that, as citizens of the world we are trying to inflict. Women's equality in a world ruled by men has never been easy, nevertheless it makes us extremely proud and excited to see your participation towards achieving it.

We deeply encourage you to give your absolute best, to find innovative solutions, to answer challenging questions and to seek for a better future in relation with governments and citizens. Deciding to participate in a UN model, doing the research it requires and putting in the effort to contribute to worldwide communities is the first step that we as citizens of the world must take. Remember that you can always make the impossible possible.

Sincerely your chair,

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2. Committee's Information

2.1 History

As depicted in the United Nations, the Commission on the Status of Women (CSW) first met at Lake Success, New York, in February 1947, soon after the founding of the United Nations. All 15 government representatives were women. From its inception, the Commission was supported by a unit of the United Nations that later became the Division for the Advancement of Women (DAW) in the UN Secretariat. The CSW forged a close relationship with non-governmental organizations, with those in consultative status with the UN Economic and Social Council (ECOSOC) invited to participate as observers.

From 1947 to 1962, the Commission focused on setting standards and formulating international conventions to change discriminatory legislation and foster global awareness of women's issues. In contributing to the drafting of the Universal Declaration of Human Rights, the CSW successfully argued against references to "men" as a synonym for humanity, and succeeded in introducing new, more inclusive language.

Since the codification of the legal rights of women needed to be supported by data and analysis, the Commission embarked on a global assessment of the status of women. Extensive research produced a detailed, country-by-country picture of their political and legal standing, which over time became a basis for drafting human rights instruments.

The Commission drafted the early international conventions on women's rights, such as the 1953 Convention on the Political Rights of Women, which was the first international law instrument to recognize and protect the political rights of women; and the first international agreements on women's rights in marriage, namely the 1957 Convention on the Nationality of

Married Women, and the 1962 Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages. The Commission also contributed to the work of UN offices, such as the International Labor Organization's 1951 Convention concerning Equal Remuneration for Men and Women Workers for Work of Equal Value, which enshrined the principle of equal pay for equal work.

In 1963, efforts to consolidate standards on women's rights led the UN General Assembly to request the Commission to draft a Declaration on the Elimination of Discrimination against Women, which the Assembly ultimately adopted in 1967. The legally binding Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), also drafted by the Commission, followed in 1979. In 1999, the Optional Protocol to the Convention introduced the right of petition for women victims of discrimination.

As evidence began to accumulate in the 1960s that women were disproportionately affected by poverty, the work of the Commission centered on women's needs in community and rural development, agricultural work, family planning, and scientific and technological advances. The Commission encouraged the UN system to expand its technical assistance to further the advancement of women, especially in developing countries.

In 1972, to mark its 25th anniversary, the Commission recommended that 1975 be designated International Women's Year—an idea endorsed by the General Assembly to draw attention to women's equality with men and to their contributions to development and peace. The year was marked by holding the First World Conference on Women in Mexico City, followed by the 1976–1985 UN Decade for Women: Equality, Development and Peace. Additional world conferences took place in Copenhagen in 1980 and Nairobi in 1985. New UN offices dedicated

to women were established, in particular the UN Development Fund for Women (UNIFEM) and the International Research and Training Institute for the Advancement of Women (INSTRAW).

In 1987, as part of follow-up to the Third World Conference on Women in Nairobi, the Commission took the lead in coordinating and promoting the UN system's work on economic and social issues for women's empowerment. Its efforts shifted to promoting women's issues as cross-cutting and part of the mainstream, rather than as separate concerns. In the same period, the Commission helped bring violence against women to the forefront of international debates for the first time. These efforts resulted in the Declaration on the Elimination of Violence against Women adopted by the General Assembly on 20 December 1993. In 1994, a UN Special Rapporteur on violence against women, its causes and consequences was appointed by the Commission on Human Rights, with a mandate to investigate and report on all aspects of violence against women.

The Commission served as the preparatory body for the 1995 Fourth World Conference on Women , which adopted the Beijing Declaration and Platform for Action. After the conference, the Commission was mandated by the General Assembly to play a central role in monitoring implementation of the Beijing Declaration and Platform for Action and advising ECOSOC accordingly. As called for in the Platform for Action, an additional UN office for the promotion of gender equality was established: the Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI).

In 2011, the four parts of the UN system mentioned on this page—DAW, INSTRAW, OSAGI and UNIFEM—merged to become UN Women, now the Secretariat of the Commission on the Status of Women.

2.2 Objective

The CSW is instrumental in promoting women's rights, documenting the reality of women's lives throughout the world, and shaping global standards on gender equality and the empowerment of women.

In 1996, ECOSOC in resolution 1996/6 expanded the Commission's mandate and decided that it should take a leading role in monitoring and reviewing progress and problems in the implementation of the Beijing Declaration and Platform for Action, and in mainstreaming a gender perspective in UN activities.

During the Commission's annual two-week session, representatives of UN Member States, civil society organizations and UN entities gather at UN headquarters in New York. They discuss progress and gaps in the implementation of the 1995 Beijing Declaration and Platform for Action, the key global policy document on gender equality, and the 23rd special session of the General Assembly held in 2000 (Beijing+5), as well as emerging issues that affect gender equality and the empowerment of women. Member States agree on further actions to accelerate progress and promote women's enjoyment of their rights in political, economic, and social fields. The outcomes and recommendations of each session are forwarded to ECOSOC for follow-up.

UN Women supports all aspects of the Commission's work. We also facilitate the participation of civil society representatives.

3. Topic A: Illegal use of misoprostol as an abortion method in countries antiabortionist.

3.1 Theoretical framework

a. Misoprostol

Is s a synthetic prostaglandin that is used off-label for a variety of indications in the practice of obstetrics and gynecology, including medication abortion, medical management of miscarriage, induction of labor, cervical ripening before surgical procedures, and the treatment of postpartum hemorrhage.

(Cambridge Dictionary, n.d).

b. Prostaglandin

They are lipid autacoids derived from arachidonic acid. They both sustain homeostatic functions and mediate pathogenic mechanisms, including the inflammatory response.

(Cambridge Dictionary, n.d).

c. OB/GYN

A physician that specializes in the female reproductive organs and everything that surrounds the topic such as contraceptives, illnesses, pregnancy and overall reproductive health, additionally it also has the medical capacities to deliver a baby.

(Cambridge Dictionary, n.d).

d. Contraceptives

A form of preventing a pregnancy, like; IUD's, Birth Control Pills, Condoms, etc.

(Cambridge Dictionary, n.d).

3.2 Topic's history

The first appearance of Misoprostol in the market is dated to around the 1980's. It was under the brand name of Cytotec and the initial purpose of the drug was to treat gastric ulcers. However, in the decades to follow, thorough investigation and research determined that it was safe to use in other medical fields like gynecology and obstetrics (OB/GYN).

The fundamental problem over the use of Misoprostol is that it may decrease medical and legal authority over deliver, abortion and pregnancy itself. According to Frontiers Organization, Misoprostol does not require any refrigeration, it can be used with the help of a non-physician or even self-administered, and in general terms, it is not an expensive medication, an average price ranging around 13. 20 dollars. As stated before, Misoprostol was first resealed to the global market for the treatment of gastric ulcers in 1985, this medication was released under the brand name "Cytotec" and it was produced by the pharmaceutical Pfizer (2021).

Brazil is an antiabortionist country, it penalices abortion from one to three years of imprisonement for the pregnant women and one to four years of imprisonment for the doctor who performed the abortion. Nevertheless, medical reports by physicians in this country around the 1980's state that the use of Misoprostol to terminate a pregnancy concluded with much more less complications in the women and a less likelihood of an incomplete abortion. Additionally, Misoprostol may also be used to induce labor prevent and treat post-partum hemorrhage (PPH), and treat complications of incomplete abortion (Frontiers, 2021).

However, this medication was first approved by the Food and Drug Administration (FDA) in the year 2000 for abortion cases. For abortion, it was recommended to use 600 mg of oral mifepristone (an progesterone antagonist) with a mixture of 400 µg of oral misoprostol for pregnancies that go up to 49 days of pregnancy (US National Library of Medicine National Institutes of Health, 2009).

With the international development of more ways to perform an abortion procedure, the legislations regarding this have also evolved. Being these a controversial topic, countries laws vary from complete prohibition of abortion to the acceptance of abortion in some cases (in the majority: when the mothers health is endangered or when the pregnancy is a result of sexual abuse or incest) and later on, to complete approval of any abortion method.

It is evident that developing countries are home to most of unwanted pregnancies worldwide, the WHO estimates that about half a million women die from pregnancy related cases or in direct childbirth just in developing countries and unsafe induced abortion is the cause of 25% of these deaths (n.d). Being Misoprostol, a pill that can be self-administered, it becomes one of the most accessible methods to abort in an antiabortionist country, leading to the vast illegal use of the medication.

According to Ruth Dixon-Mueller (former professor of sociology in Berkeley University), the international concern to reduce maternal mortality has increased in recent years, nevertheless, no national policy makers nor any participants at international conferences on maternal health have recommended that safe, accessible, adequate, and legal services to terminate an unwanted pregnancy should be offered as an essential element of basic reproductive health care.

In many countries where abortion is permitted, oral, or vaginal medication is the primary recommendation to terminate a pregnancy. On the other hand, in countries where abortion is not permitted it also becomes the first option as it doesnt need the aid of any physician or medical equipment. For instance, in 2011, 23% of non-hospital abortion where all under Misoprostol use (Andrea Rowan, 2015).

In addition to it being very dangerous to use any medication without physician recommendations, when a woman falls into an unwanted pregnancy and no abortion procedures

are approachable or legal, the likelihood to terminate the pregnancy with illegal, unsafe, and desperate measures increases drastically. As stated before, any oral medication will become the first choice for any procedure without direct physician help and because of public knowledge and it being one of the most common pills; Misoprostol becomes the first and the most recognizable target to perform an unrecorded abortion.

In the 1990's, Brazil was one of the first countries to ever record an illegal abortion through Misoprostol use. Taking this into account, the increase of any illegal use of Misoprostol started to be seen in developing countries located in South America. Many of the countries where Misoprostol is being abused worldwide (mostly Latin America and Africa) have a clear lack of sexual education, adequate public health, and still are the strictest countries with antiabortion laws and regulations.

Nowadays, technology has made it even more accessible to acquire Cytotec (Misoprostol) without any doctor's recipe. With illegal acquirement of Misoprostol, further problems will arise; an example of this may be a wrong self-administered dosis, lack of authority of pharmaceuticals use in the population, unrecorded transactions, if the abortion fails congenital problems for the fetus and lastly, permanent health problems in the women because of the wrong use of an abortion medication.

3.3 Previously implemented solutions

The World Health Organization has stated in a journal paper that increasing general legal access to abortion methods within the countries border, has been directly associated with a reduction of unsafe abortions. WHO also defines unsafe abortions as: "a procedure for terminating

an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both." (p.1, n.d). In addition, complications with wrongly performed abortions cause a bigger weight in the public health system of a country; around 50% of a countries budget in gynecology and obstetrics falls into treating complications of unsafe abortions.

The International Narcotics Board, in the article posted "Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet" recommends all pharmaceutical companies to empower authorities to investigate and take legal actions over internet sites that host the illegal sale of controlled pharmaceuticals; moreover, governments are advised to track any mail deliveries from these sites. Lastly, the board establishes that all workers in any pharmacies should have a correct professional background demanding all legal and administrative requirements.

On another note, WHO in its Global Strategy on Reproductive Health, asked for the international cooperation to deal with unsafe abortion as a Millenium Development Goal (MDG) to improve maternal mortality and morbidity (2021).

In some countries where abortion is permitted, not only doctors are allowed to terminate a pregnancy, midwives, and nurses are also under legal authority to perform an abortion. In countries where abortion is not legal, women go to people without any proper training or medical authority without skills, institutional backing, training, or guidance. Developing these basic skills in all workers in the medical field may reduce the amount of unsafe abortions (Doctors without borders, 2019).

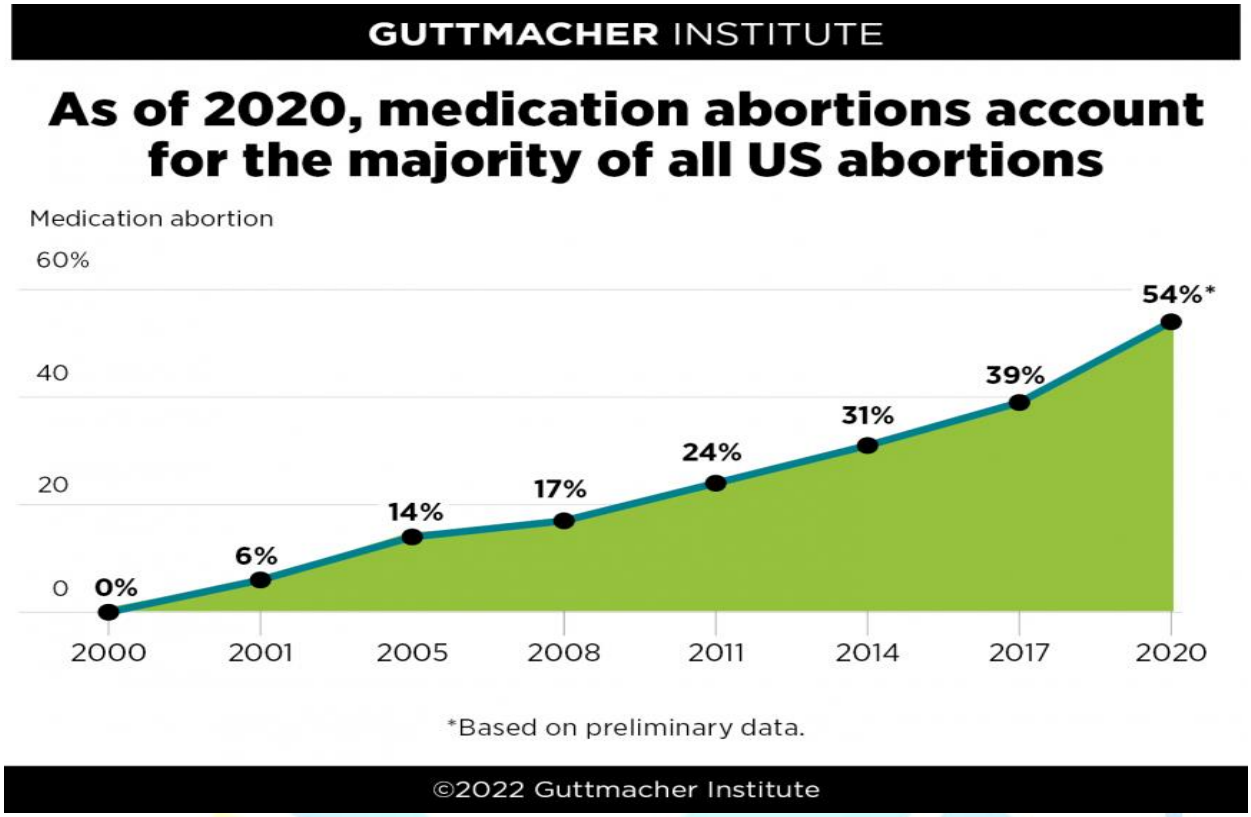
The Realising Rights Organization, expresses the necessity to increase sexual education since youth to prevent unsafe abortions, as well as a better accesibility to all contraceptives since

reproductive age. It is essential to reduce any financial barriers that may block women's easy access to safe contraceptives and safe abortion methods. Finally, they endorse the work at a society level to discredit gender norms that prevent women from accessing safe reproductive health and education (n.d.).

To conclude, worldwide organizations advocate to provide a greater education and a more comprehensive sexual sector, as well as better reproductive health services. According to these same organizations, it is fundamental to connect safe abortions with maternal health policies, because women who decicede to terminate a pregnancy are almost every time risking their individual maternal health, which makes it all the same concern. It is important to engage men in female reproductive and sexual rights in order to overcome community, familial and political barriers to acces safe maternal health and regulations.

3.4 Situation today

In 2020 in the United States, about 54% of all abortions are done under a medication method rather than any other method that may be more invasive. This was a very significant increase compared to 2017 when the use of Misoprostol for abortion was about 38% according to the Guttmacher Institute (2022).



(Guttmacher Institute, 2022)

Because of this increase in popularity and use of Misoprostol, many anti-abortionist politicians and organizations around the world are seeking to further restrict this medication in official governmental policies.

It is evident that the COVID-19 pandemic accelerated the increased use of medications to abort as reaching medical facilities at the time was very complicated. This also increased research around Misoprostol, and it highlighted the benefits this medication has over a surgical abortion. Many clinics nowadays only provide medication for an abortion rather than surgical abortion care.

In addition to this, the growing evidence-based policies that this method does not require a physician or a person that works in the health sector to perform it, this method has gained its popularity among women in the contemporary world. Nevertheless, under the requirements of the FDA this medication has to be distributed only under a prescription of an authorized physician, all

patients must consent and state they were informed of its side effects, and the pill has to be distributed in a certified location.

3.5 Nation's pronounces towards the topic

As stated by the World Health Organization (WHO), 45% of all worldwide abortions are unsafe and 97% of these happen in a developing country. In the world, there is a list of about 12 countries in which abortion is completely forbidden, these are: Egypt, Iraq, the Philippines, Laos, Senegal, Nicaragua, El Salvador, Honduras, Haiti, and the Dominican Republic.

On the other hand, there has been a notorious increase to acces safe and legal abortions in countries such as Argentina, Brazil, Indonesia, Jamaica, Kenya, Mexico, Mozambique, Nigeria, Trinidad and Tobago, Uganda, and Uruguay. These countries state that the reason for this is based on public health, human rights, and other arguments.

The continent of Africa is notorious for its rapidly increasing population. This continent also has one of the lowest maternal ages; meaning that women get pregnant at very low-ages ranging from 14-16 years old on average. This is due to a combination of cultural, economical and educational reasons; taking this into account, Africa is also the continent with less information and development of abortion methods. The economy in many of these countries does not allow for proper surgical abortion propcedures or after care and the data they have of medication abortion is almost nonexistant.

Misoprostol use has been increasing in developing countries; nevertheless, Africa is deeply far behind the correct use, distribution, and knowledge around this medication. As well, several countries located in this continent have very strict anti-abortionist policies such as Angola, Congo-

Brazzaville, Congo-Kinshasa, Egypt, Gabon, Guinea- Bissau, Madagascar, Mauritania, São Tomé and Príncipe, Senegal because of religion or other arguments (Guttmacher, 2018).

Misoprostol is available almost everywhere in the world; nonetheless, according to the International Planned parenthood Federation (IPPF) the countries where Misoprostol is available are divided by income status, which goes as following:

Low Income

- Bolivia
- Burkina Faso
- Burundi
- Dem. Rep. of Congo
- Egypt
- Ethiopia
- Gambia
- Ghana
- Guinea
- Liberia
- Madagascar
- Malawi
- Mali
- Niger
- Nigeria
- Rwanda
- Sierra Leone
- Sudan

- Togo
- Uganda

Lower Middle Income

- Angola
- Belize
- Benin
- Cambodia
- Cameroon
- Cape Verde
- Côte d'Ivoire
- El Salvador
- Ghana
- Haiti
- India
- Indonesia
- Kenya
- Kyrgyzstan
- Mauritania
- Morocco
- Myanmar
- Nepal
- Repub. of the Congo

- Senegal
- Tajikistan
- Tanzania
- Tunisia
- Uzbekistan
- Zambia

Upper Middle Income

- Armenia
- Azerbaijan
- Bulgaria
- China
- Dominican Republic
- Ecuador
- Gabon
- Georgia
- Guatemala
- Guyana
- Lebanon
- Mexico
- Paraguay
- Peru
- Romania

- Russian Federation
- Serbia
- South Africa
- Thailand
- Turkey

<u>High Income</u>

- Australia
- Barbados
- Belgium
- Canada
- Chile
- Croatia
- Czech Republic
- France
- Italy
- Latvia
- Lithuania
- Netherlands
- Norway
- Slovakia
- Slovenia
- Spain

- Switzerland
- United Kingdom
- United States

(IPPF, n.d.)

Topic B: Gender equality in caregiving and childcare.

4.1 Theoretical framework

a. Inequality

The unfair situation in society when some people have more opportunities, money, etc. than other people.

(Cambridge Dictionary, n.d).

b. Spurs

To encourage an activity or development or make it happen faster.

(Cambridge Dictionary, n.d).

c. Stake

A share or a financial involvement in something such as a business.

(Cambridge Dictionary, n.d).

d. Austerity

The condition of living without unnecessary things and without comfort, with limited money or goods, or a practice, habit, or experience that is typical of this.

(Cambridge Dictionary, n.d).

e. Cut-Back

To spend less, do less, or use less of something.

(Cambridge Dictionary, n.d).

f. Consensus

A general agreement.

(Cambridge Dictionary, n.d).

g. HIV/AIDS

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). Learning the basics about HIV can keep you healthy and prevent HIV transmission (Cambridge Dictionary, n.d).

4.2 Topic's history

Throughout history, women have faced intense discrimination, a lack of legal rights, and very little independence from their male partner, for it had been a belief that women have significantly less brain capacity than men,; which caused them in multiple societies to be considered as an inferior being.

Women and girls represent half of the world's population; therefore, also half of its potential. Gender equality, besides being a fundamental human right, is essential to achieve peaceful societies, with full human potential and sustainable development; moreover, it has been shown that empowering women spurs productivity and economic growth.

When it comes to childcare and caregiving, it has been a belief that women are the ideal prototype to take care of their children since "*children belong to their mothers, not their fathers*'.

Beliefs created by a male-ruled society make it hard for women; this is because providing for a household while giving proper childcare is something women could not afford; while also taking into account the tremendous gap between male and female workers and the kind of jobs women used to be 'able' to perform. Taking into account that the female population had to be in charge of the children, it has been a challenge for single mothers to take the roles of both parents while trying to maintain a household and raise their children with the same opportunities as if a man was present in their familiar nucleus.

While some developed countries have long invested in this area, a growing number of developing countries are following suit. As those who carry out the bulk of childcare, as unpaid caregivers as well as service providers in day-care and preschool institutions, women have a huge stake in this issue; however, the implications for women, as mothers or childcare workers, have been insufficiently reflected in the work of international organizations and many national-level policies that tend to focus mainly on children.

In 1995, the first conference of Beijing took place; this conference's purpose was to fight against gender inequality and establish a world where women's rights were sought after and implemented. The Beijing conference built on political agreements reached at the three previous global conferences on women and consolidated five decades of legal advances aimed at securing the equality of women with men in law and in practice. Multiple conferences took place before this one; however, the Beijing conference achieved what neither of the previous ones could, making an impact on the history of women. (UN WOMEN, n.d)

4.3 Previously implemented solutions

Both governments and the private sector have significant and different roles to play in changing this scenario and both need to be sensitively maximized to resolve the current situation. The IFCs recent report *Tackling Childcare: The Business Case for Employer-Supported Childcare* highlights what the employers in the formal sector can do to change this. It shows that when companies take innovative approaches to support childcare this improves punctuality, reduces absenteeism and stress, increases productivity and motivation for women and men, and increases the company's ability to hire and retain talented people.

The case is compelling for large companies who are able to act with enlightened self-interest and provide high-quality child care to their employees; but what about women who work in small businesses?, which often already struggle to meet the social security obligations for their employees and may not be in a position to fund childcare. These businesses account for a significant share of employment. In the United States, for example, 17% of the workforce work in companies with fewer than 20 employees. And small and medium-sized enterprises account for 60 to 70% of jobs in most OECD countries. (OECD, 2021)

The situation is even more complicated in developing countries where up to 95% of employed women work in the informal economy; this means they are without an employer who could be mobilized to invest in childcare services for their children. Many of these women are self-employed, working as street vendors, waste pickers, or home-based workers. Women in the informal economy were identified as a key area of work recently in a high-level report which argued that as care is a universal right and an essential building block for economic growth and women's economic empowerment, care deficits for unpaid carers and workers should be acknowledged and resolved.

In 31 developing countries surveyed, only four per cent of women reported using childcare services with almost 40 per cent minding their children themselves. This means nearly half the world's children— especially girls from marginalized populations—are likely to miss out on opportunities in early childhood that impact their learning outcomes, skill development, and future income-earning capacity.

Investing in affordable childcare is therefore a critical issue for greater gender equality, the advancement of women in the workforce, and good childcare is a sine qua non for our children's learning and development with lifelong consequences. Currently, comprehensive early childhood education and care services attuned to the needs of working families are scarce, particularly for younger children and in many developing countries, where public childcare provision is uncommon and most parents cannot afford market-based solutions. As a result, coverage is often low and highly unequal. (OECD, nd)

We urgently need to find childcare solutions that are collectively financed and work for all women and men. Good models exist to emulate: Sweden has long been a leader in providing public childcare services for all children; independent of their parents' employment status. Since 2013, Germany has guaranteed a slot at a daycare facility for every child over 12 months of age hoping to boost both female employment and low fertility rates. In Chile, the Government quadrupled its provision of public childcare services between 2006 and 2010, offering them free of charge for those with the lowest incomes. Similarly, the government of Ecuador has expanded and strengthened its free community-based childcare services, achieving an increase in coverage among children five years and younger from less than three per cent in 2000 to over 22 per cent in 2015.

Taking quality childcare service provision to scale requires not only careful planning and regulation, but also resources—a significant challenge in the face of current budget constraints. In addition to governments prioritizing public investment in suitable infrastructure and services, businesses can also contribute importantly; they can provide decent and attractive working conditions for staff and ensure they pay their fair share of tax in the countries they operate. This will allow governments to make the kind of large-scale social investments that are needed to provide services and protection for all those who need them. This will, in the end, benefit everyone by creating a healthier, more flexible and more creative workforce now and in the future. (OECD, 2021)

4.4 Situation today

As women have achieved a role in society where multiple historical characters have fought for an equal world, the situation is still at stake since multiple conservative cultures still fight to minimize women's role in society, however, this belief misses to notice how in an era of unprecedented global wealth, millions of women are trapped in low paid, poor quality jobs, and are denied even basic levels of health care, water, and sanitation. Women still carry the burden of unpaid care work which austerity policies and cut-backs have only intensified. To build fairer, more sustainable economies which work for women and men; more of the same will not do.

Twenty years after the landmark Fourth World Conference on Women in Beijing and at a time when the global community is defining the Sustainable Development Goals (SDGs) for the post-2015 era, the global consensus on the need to achieve gender equality seems stronger than ever before. Empowering women and girls is among the goals aspired to by all, from grassroots

organizations, trade unions and corporations to Member States and intergovernmental bodies. (UN WOMEN, 2015)

Mothers with disabilities experience disproportionate barriers to employment, higher rates of precarious employment, and increased risks of involvement with the child protection system, making financial security, and parenting more difficult. A lack of access to affordable child care services further threatens the economic security of these women and can put their own health at serious risk by exacerbating their disabilities.

The relationship between parent and child, as well as the right of parents to make fundamental decisions in the lives of their children are crucial to the human rights of both parents and children. A lack of access to affordable child care services can undermine these rights by constraining parental decisions and putting families at risk of separation through the child protection system.

Access to high-quality and affordable care can have a vast impact on the well-being of children, particularly as it impacts experiences of poverty, the risk of being separated from parents, and the likelihood of being cared for in informal stopgap arrangements. When children cannot access high-quality child care, it has consequences for their human rights that are independent from those of the women caring for them.

Many of the harms experienced by women and children as a result of the current state of child care services align closely with rights international courts have already recognized as justiciable and enforceable. Indeed, there are strong arguments that enforceable human rights law remedies can address many of these consequences. A coordinated, comprehensive solution is needed in order to support the human rights of women and children.

Comprehensive and coordinated public child care system cannot be built overnight. For that reason, there must be taken immediate steps to ensure that the most serious human rights violations for women and children are remedied by creating a new funding category through Child Care Operating Funding to provide free child care to women fleeing violence including those without legal immigration status; culturally appropriate caregivers awaiting reunification with children in government care; the children of women with disabilities that affect their ability to provide care; and low-income lone parent families, including those on social assistance if a parent is in school, training or searching for employment.

In addition to this, the recession shadowing the COVID-19 pandemic has been frequently and simplistically labeled a "secession," implying disproportionately negative effects for women. Across countries, however, one group stands out as faring especially poorly in labor force and unpaid work outcomes: working mothers with school-age or younger children.

International comparisons of the effects of the recession on mothers have been limited thus far due to lags in the cross-national availability of detailed labor force and time use data by *parenthood* status. The OECD (Organization for Economic Co-operation and Development) Risks that Matter (RTM) 2020 survey helps to fill a gap in our understanding by combining self-reported employment and caregiving microdata, disaggregated by parenthood status, across 25 OECD countries.

COVID-19 has laid bare the negative consequences of long standing gender gaps and norms around caregiving. RTM 2020 reveals that when schools and childcare facilities closed, mothers took on the brunt of the additional unpaid care work – and, correspondingly, they experienced labor market penalties and stress.

On average, mothers of children under age 12 were nearly three times as likely as fathers to say that they took on all or the majority of additional unpaid care work related to school and/or childcare facility closures. These gender gaps are fairly consistent across ages of minor children.

61.5% of mothers of under-12s report that they took on most or all of that additional unpaid care work, compared to just 22.4% of fathers reporting that *they* took on most or all of the additional unpaid care work – a gap of 39.1 percentage points. The gender gap is smallest in the Netherlands, but even there, the share of mothers reporting taking on the majority or entirety of additional care work is 15.9 percentage points higher than the rate for fathers.

Yet fathers, too, corroborate that their partner took on more of the additional care work than they did, albeit to a lesser degree. While 22.4% of fathers self-report taking on the majority or entirety of additional unpaid care work, 25.9% of fathers report that their *partner* took on the majority of entirely of additional unpaid care work.

The most common answer for fathers of under-12s is that the additional unpaid care work was split evenly between them and their partner: 40.8% of fathers claim this, compared to 20.7% of mothers. This inequality in unpaid work is negatively associated with women's employment.

When analyzed in a linear regression, being a mother and carrying out the majority or the entirety of additional unpaid care work is associated with a significant 0.053 percentage point increase in the probability of transitioning from employed status in Q4 2019 to not employed status in Q3 2020.10. In other words, a high unpaid care work burden is highly correlated with moving out of paid work. Of course, causality likely moves in both directions: the additional available time for a respondent who left employment could drive them to take on more unpaid work, or an added unpaid work burden could result in respondent's departure from paid employment. (UN WOMEN, 2016)

4.5 Nation's pronounces towards the topic

The inequality present in worldwide caregiving and children is drastically evident. Some sources state that not one country is exempt from this disproportion. According to the American Psychology Association: "Caregiving affects women and girls socially, economically, physically, and mentally."

Some countries around the world have a smaller gender equality gap than others; however, in the caregiving and children associated sector, countries that have ongoing endemics are definitely the ones in which the gap is more notorious. For instance, the HIV/AIDS pandemic has highlighted the problem as this pandemic managed to involve women and girls significantly more than male in terms of caregiving. Patients of HIV/AIDS, as well as many other epidemics or pandemics require intensive long term care,which is more likely to be provided by a female rather than a male; even if they both work in the public or private health sector. Sadly, this puts a burden over women as it increases their fatigue. In the long term, this fatigue may compromise the immune system and make them more vulnerable to illnesses.

Western countries in Europe have shown that informal care is more evidence than formal hospital caregiving. In a study proposed by Ellen Verbakel, professor of Radboud Social Cultural Research that even in this informal type of caregiving, women are the dominant figure to provide it.

Countries like South Korea, Spain, and Italy show a presiding amount of women, homemakers, coresidents, and spouses that are involved with caregiving roles. Countries with the lowest women labor force participation have a proportionally indirect relation with the amount of women in caregiving roles.

Northern European countries like Denmark and Sweden also show this gender gap, but at a lower proportion than countries mentioned previously. In these countries the majority of caregivers are employed and have official (but informal) caregiving jobs (Jang, Avendano, Kawachi, 2012).

5. Future situation

Topic 1: Illegal use of misoprostol as an abortion method in countries antiabortionist

Nowadays, Misoprostol is approved by the Food and Drug Administration (FDA) of the United States only for pregnancies up to 10 weeks. Nevertheless, research has been donde, and it seems to be safe and effective to use Misoprostol for abortions in pregnancies that are over this time. It is likely that the long-term future of Misoprostol will fall into the acceptance of this medication as an abortion methos in a longer-period pregnancy; as well, as the increased use of this medication to induce labor in the final pregnancy weeks.

The research around this medication will increase drastically and it is expected that the developing countries where this pill is not correctly used will improve this; in order to, have a better maternal health and less associated risks.

Lastly, countries where misoprostol is not available, will likely begin to distribute the medication whether legal or illegally. As the popularity of this medication will continue to increase, worldwide countries will begin to have it in its territories and the distribution of it will depend on each government's policies.

Topic 2: Gender equality in caregiving and childcare

Today, the history of women has faced multiple changes, since society is highly demanding equality in multiple aspects; however, there is a need for action instead of demand. This is exactly what the CSW is asking you as delegates to proceed with. Governments and organizations have been applying multiple measures in order to integrate the women's role in society as a priority, since as it was shown, the problematic is a very rooted situation since gender equality still does not exist.

It is likely that in a short-term vision; governments will economically help single mothers in order to have the ability of being the main providers of their household; nonetheless, if society achieves gender equality to its fullest, this measure will not be applied since women and men will have the same opportunities in order to subside themselves and their families.

Taking into account all of the active measures in order to provide proper childcare and caregiving, it is very likely that in the long-term it will become a priority for governments to include childcare services as one of their main priorities, eradicating, or decreasing the current problem.

Lastly, countries who are currently applying measures to improve the issue, will succeed at achieving their goal, helping developing countries who cannot afford to succeed this global goal, and eventually, completely eradicating the issue.

6. Useful questions for the delegate

Topic 1: Illegal use of misoprostol as an abortion method in countries antiabortionist

1. What is your countries position towards female abortion?
2. Is it in your country's agenda to improve sexual and reproductive rights?

3. What percentage of your country's budget for public health services is destined to gynecology and obstetrics?
4. What is the likelihood of an unwanted pregnancy within your country's borders?

Topic 2: Gender equality in caregiving and childcare

1. Is it in your country's agenda to improve gender equality?
2. Is your country currently applying any measures to improve childcare?
3. What percentage of your country is currently dealing with absence of childcare?
4. Does your country's government have a programme to help single mothers?

7. QARMAS

Topic 1: Illegal use of misoprostol as an abortion method in countries antiabortionist

1. Does your delegation see viable future complete acceptance for women?
2. How can your delegation assure that the abuse of Misoprostol will be reduced in developing countries?
3. What approach towards the illegal use of Misoprostol will your country take if it maintains or decides complete prohibition of abortion?
4. Is the solution proposed by the delegation violating individual authority of medical facilities?

Topic 2: Gender equality in caregiving and childcare

1. Is your delegation currently implementing any solutions towards helping women's integrity? If so, list them.
2. How can your delegation ensure that children's rights will not be violated?
3. What implementations is your delegation taking towards childcare?
4. What percentage of single mothers in your country are aided by agencies or governmental organizations?

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