Forum: UNWOMEN

Issue: Preventing the use of forced female sterilization as a means to commit genocide

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Introduction

Since the term was coined in 1943 by Raphael Lemki, a Polish Jewish lawyer, the crime on which we put our emphasis appeared defined in the Convention on the Prevention and Punishment of the Crime of Genocide for the first time in history of humanity. But it is not necessary to stay in the spectrum of the Second World War to place this term (the best known was probably the Nazi holocaust or "the final solution"). We can also go back to the Mongol invasions in 1200 or the genocide of Hindus during the Muslim conquests in the Indian subcontinent. The term genocide has been part of the history of humanity. And like many of the great mistakes of the past centuries, it should be a sign of evolution in the sense that atrocities as horrible as these will never be committed again.

"Non-violence leads to the highest ethics, which is the goal of evolution. Until we stop harming other living beings, we are still savages." - THOMAS ALVA EDISON

The human being, with his glimpse of rationality that defines him so much, implemented in 1998 the Rome Statute, one that defines the characteristics of what should be understood as genocide. It is considered one of the most serious crimes according to international law and is important to understand the basic principle when we talk about statutes or agreements. The Rome Statute's function is to judge individuals who commit crimes that fall within its material competence, in case there is no will or capacity on the part of a country to deal with this issue.

The topic that concerns us in this committee (UNWOMEN) is the following: how should we prevent the use of forced female sterilization as a means to commit genocide.

Among other contraceptive methods, sterilisation is a popular option for individuals and couples to control their fertility. Sterilisation is one of the most widely used forms of contraception in the world and has numerous forms and variables. Executed within legal frameworks, this practice is extremely useful for a large number of individuals. The problem that arises precisely comes from that issue when we speak of legal frameworks, we refer largely to the information provided and the express consent of the individual to have this practice of clinical nature carried out on her body,

unfortunately, many cases have been detected in different countries where a certain group of individuals have been sterilised without their express and tacit consent.

To a large extent, the groups that are the most affected by this practice are people diagnosed with HIV, minority ethnic groups and individuals with certain disabilities. Although both men and women are affected by this practice, women are greatly disproportionately impacted. International organisations in defence of practices under coercion and defence of the rights of the human body have emphasised this problem, alleging that more and more uncontrolled cases are occurring in different parts of the world every day. It is important to highlight this part, otherwise, there will be a tendency to think that forced or uninformed sterilisation is a series of isolated cases in remote parts of the world, which is a misconception based on ethnocentrism.

The objectives that this report will address are the following: essentially, to report on the real and current situation as well as the coercive and illegal practices suffered by many women based on sterilisation. Second, to highlight the most important information that can allow this problem to be framed in a constitutive and coherent framework and to show the possible solutions that can be implemented in order to eradicate this global issue, as well as identifying the countries most involved in this illegal practice.

Term Definitions

Sterilisation

Surgery to make a person or animal unable to produce offspring.

Female sterilisation

Female sterilisation is an operation to permanently prevent pregnancy. The fallopian tubes are blocked or sealed to prevent the eggs reaching the sperm and becoming fertilised. There are some basic criteria to be able to carry out sterilisation on a woman safely and above all, legally. She must be within an age range that goes from 18 to 47 years old (in most countries, 18 is the legal age to make decisions about her own body) and she must have truthful information available to her.

Coercion

The act of using force to persuade people to do things that they are unwilling to do.

Genocide (ICC - International Criminal Court)

Intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

(a) Killing members of the group;

(b) Causing serious bodily or mental harm to members of the group;

(c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;

(d) Imposing measures intended to prevent births within the group;

(e) Forcibly transferring children of the group to another group.

Legal framework

Set of laws, regulations and rules that apply in a particular country.

International organisations

International organisations are entities established by formal political agreements between their members that have the status of international treaties; their existence is recognised by law in their member countries; they are not treated as resident institutional units of the countries in which they are located.

FGM: Female genital mutilation

A procedure performed especially as a cultural rite that typically includes the total or partial excision of the female external genitalia and especially the clitoris and labia minora and that is now outlawed in many nations. There are several types:

Type 1: partial or total removal of the clitoral glans.

Type 2: partial or total removal of the clitoral glans and the labia minora.

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Eugenics

The practice or advocacy of controlled selective breeding of human populations (as by sterilisation) to improve the population's genetic composition.

Background Information

To understand the importance and the reasons why sterilisation practices can be the object of genocidal acts, we have to focus on the action itself, since no action is carried out if it does not lead to a result. Between approximately 1870 and 1945, sterilisation techniques were used under controlling reasoning. In a society, one of the most effective ways to carry out comprehensive birth control was based on coercive or sanctioned sterilisation; we will address this aspect later.

Since the beginning of the 20th century, this practice has been used as a solution to avoid the reproduction of certain communities. This practice became more frequent as birth control was not as readily available as it is nowadays and this was a way to combat the population's exponential growth. The people who were targeted by sterilisation efforts were part of very specific groups (as stated before), these being:

a) people with disabilities
b) ethnic groups
c) minorities

After the genocides that occurred during the Second World War, many countries such as the United States or Japan stopped this type of action to focus on more "legal" and permissive ways of controlling the population's growth.

Similarly, if we observe South American, Asian and European countries between the 60s and 90s, sterilisation was used as the implementation of sterilisation to support public health control allows us a glimpse into how these practices were carried out. We can observe two different ways:

a) COERCIVE MANNER: to ensure strict control and an adequate process, sanctions, fines, punishments and other series of resolutions were often implemented in a violent or threatening manner.
b) INCENTIVE WAY: if the history of humanity has shown us anything, it is that the more force you exert and the more violence you show, there will come a time when the accumulated pressure will end up turning the balance. Basic examples have been revolts of prisoners or societies that, seeing themselves oppressed, decide to rebel. For this very reason, many states adopt a series of reward-based measures to incentivize certain individuals to become sterilised.

Let's focus on two more approximate details: the question of women as a preponderant objective in the face of this type of action and the reason why this pressure exerted translates into a type of genocide that, although it may not seem like it, has notable effects.

When trying to explain the "why" multiple answers can arise. And many would be or will be correct (we understand the correct term in the sense of the reason why it is done, in no case is it justifying and implying that forced sterilisation is legal or that it should be considered legal and above all it is not being used the term "correct" to say that the reasons are valid) depending on the context and the moment in which they have been formulated. The fact of carrying out forced sterilisation and more exactly towards women is a genocidal act. The answers can be given based on a timeline of events. In the mid-1920s, the States used it as a method of birth control or to prevent the reproduction of people with different ethnic origins. Today and the further we advance in this timeline, forced sterilisation of women has focused on them for three shocking reasons:

a) for being women (discriminatory method)
b) women with disabilities
c) the rate of women with reading and writing deficiencies in the world is higher than for men, which implies an ease

If we look at section B, citing a report from the CERMI foundation of the Government of Spain published in 2017 entitled "END THE FORCED STERILISATION OF WOMEN AND GIRLS WITH DISABILITIES'' the following is cited: "Its purpose [forced sterilisation] was to deprive women with disabilities and other excluded groups, such as LGBQTI and Roma women, of their reproductive rights." Although this case may seem very farfetched (since it is about disabled people), the practice can be considered an action that leads to a genocidal act.

Countries and Organisations Involved

Peru

Probably one of the events that have had the most repercussions throughout history in terms of forced sterilisation occurred during the presidency of the governments of Alberto Fujimori and Alejandro Toledo when the "Public Health Plan" was launched.

It is estimated that approximately 320,000 women were sterilised using unorthodox methods such as psychological pressure, coerciveness, or using a reward system during the 1990s and 1999s.

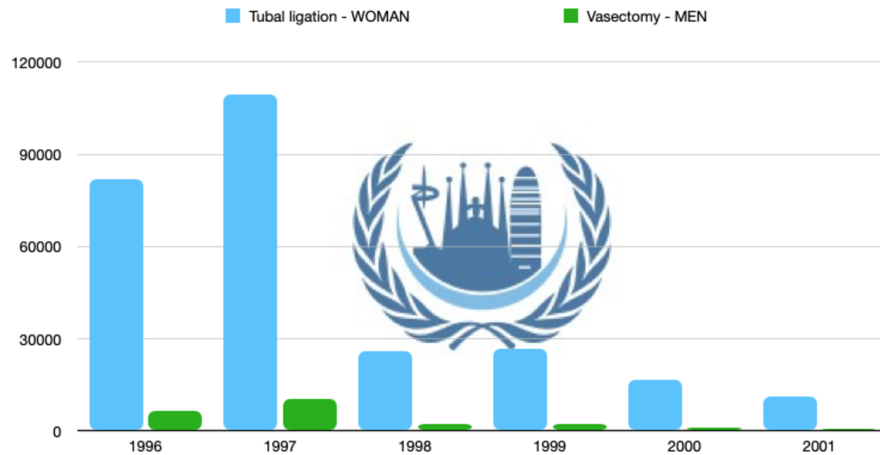
The main target was women descended from the Peruvian Andes, also called the Andean Region. These actions, seen from the first point of view as legal since they were supported by the WHO and USAID, were called into question as of 2002. A health report was presented exposing the more than 290,000 sterilisations suffered by women in the poorest regions of Peruvian society.

This particular case was reopened and closed on 5 separate occasions; 2002 - 2009 - 2011 - 2014 - 2015.

It was definitively archived in 2016.

The Ministry of Public Health determined that only 1% of the total number of women exposed to these practices should be considered "illegal". The "Defensoria del Pueblo" made a count of almost 270,000.

It should be noted and remembered that forced sterilisation does not mean using force on the person's body to sterilise it, but rather using unorthodox ways (disinformation, threats, etc...) so that the person suffers the intervention.



Uzbequistan

Islam Karimov, president and dictator of Uzbekistan implemented in 2012 a policy or rather a secret program by which the sterilization of almost 100,000 women was carried out in a completely illegal and forced manner.

The program was, in theory, a birth control policy by which doctors were forced to proceed surgically to remove the uterus of women after childbirth or a check-up, these being the easiest times to do so.

Amnesty International submitted multiple reports over the years leading up to 2012. Few countries submitted a willingness to act at the time. Over the years, governments such as the USA have been criticised and denounced by various international organisations due to their tolerance and passive attitude towards Uzbekistan's actions. This is because the USA and Uzbekistan present military-economic support in common.

India

In the case of India, we are witnessing the implementation of one of the longest-lasting state policies in history. With a population of 1.27 billion people and the second-largest in the world, it is expected that by 2030 it will overtake China, which currently ranks first.

Birth control is an issue that Indians have had for decades. They were among the first countries to introduce the famous birth control program in the mid-1970s. At that time they concentrated on performing vasectomies, but there were massive protests and the

initiative had to be abandoned because of patriarchal society. The figure of the man being the one that predominates, vasectomy is not socially accepted.

Between 1975 and 1977, an infamous family planning initiative was launched in April 1976, which included the vasectomy of thousands of men and the tubal ligation of women, either for payment or under coercive conditions.

Between 2011 and 2012, an estimated 37% of married Indian women underwent sterilisation; 4.6 million.

All for 1,400 rupees, the equivalent of 18 US dollars or 16 euros.

According to numerous articles, such as those of the BBC or ABC international, the Asian nation is the one that performs the most interventions, trying to meet the goal of performing up to 200,000 per year. All this through public awareness campaigns in exchange for an incentive. The public health camps in which these operations were performed are usually located in the poorest areas, where life is struggling.

African continent

Many of the cases of sterilisation or FMG are largely concentrated on the African continent. From the Atlantic coast to the Horn of Africa, some 29 countries continue to carry out this practice.

The highest prevalence is distributed between the north and the south:

1) Djibouti
2) Egypt
3) Eritrea
4) Somalia
5) Sudan

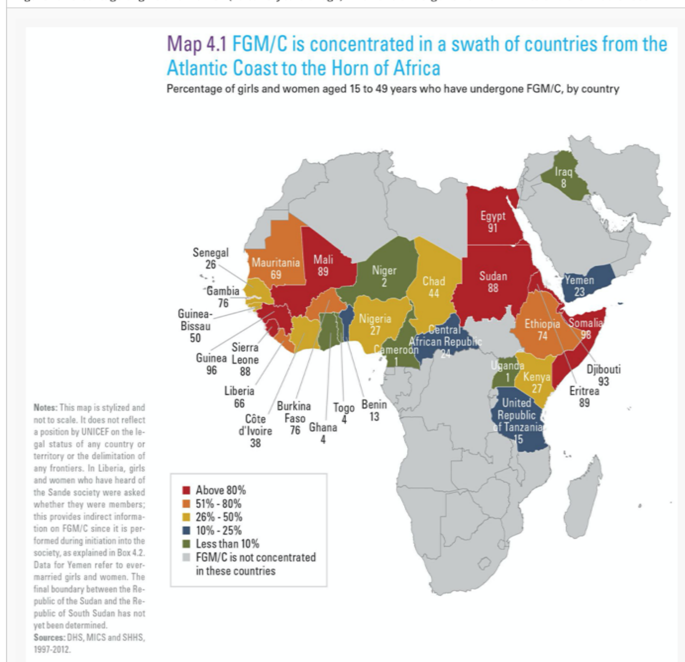
as in much of the Western territory:

1) Burkina Faso
2) The Gambia
3) Guinea
4) Mali

There is substantial variation in prevalence within and among countries. For example, FGM is almost universal in Somalia, Guinea, Djibouti and Egypt (> 90%), but affects only 1% of girls and women in Cameroon and Uganda. These variations, although estimated

to be approximate, demonstrate the enormous issue present on the African continent and teach us much.

Prevalence	Countries
Very high (>80%)	Somalia, Guinea, Djibouti, Egypt, Eritrea, Mali, Sierra Leone, Sudan
Moderately high (51%-80%)	Gambia, Burkina Faso, Ethiopia, Mauritania, Liberia
Moderatley Low (26%-50%)	Guinea-Bissau, Chad, Côte d'Ivoire, Kenya, Nigeria, Senegal
Low (10%-25%)	Central African Republic, Yemen, United Republic of Tanzania, Benin
Very Low (<10%)	Iraq, Ghana, Togo, Niger, Cameroon and Uganda
Source: UNICEF, 2013. Female genital mutilation/cutting: A statistical overview and exploration of the dynamics of change: 23.	



WHO - World Health Organisation

One of the international organisations that have shown the most emphasis on the issue we are dealing with is undoubtedly the WHO, given its role in the area of health at the global level. Thanks to its numerous studies and investigations, the WHO has always uncovered and highlighted the problem of forced sterilisation of women and girls. To approach the issue of genocide, since the WHO presents reports of an extensive medical nature, we turned to two other major organizations such as UNICEF and the UN commissions on women (UN WOMEN).

UNWOMEN and UNICEF

For a long time, both UNICEF and UN WOMEN have been highlighting the terrible fate that awaits many women in different parts of the world. One of the latest UNICEF

reports "*despite being considered internationally as a violation of human rights, currently, more than 200 million girls and women have suffered female genital mutilation. This practice is carried out in 30 countries on three continents*."

Ontario Human Rights Commission

On the other hand, a very interesting organisation to analyse could be the Ontario Human Rights Commission. Although it may seem that it does not have much importance or prominence on the subject that concerns us, Canada is a signatory to over 20 major international conventions and treaties. For some time now, Canada has experienced immigrant and refugee movements from countries in which FGM is commonly practised. In Toronto, community groups have estimated that there are 70,000 immigrants and refugees from Somalia and 10,000 from Nigeria, countries in which FGM is commonly practised. There is a growing recognition of FGM as a violation of human rights. Immigrant and refugee movements, governments and advocacy organizations in Canada have acknowledged the need to deal with FGM as an internationally recognized health and human rights concern.

UN Human Rights Committee

The Human Rights Committee is the body of independent experts that monitors the implementation of the International Convention on Civil and Political Rights by its Member States.-

All States that are part of the pact will be required to submit periodic reports to the Committee on how the rights that have previously been discussed, defended or refuted based on possible uncertainties or irregularities are being implemented.

The human rights committee, in order to provide both support and an informative framework on the subject matter, has written a large number of articles not only defending but also explaining and making people understand the problem of forced sterilisation on a mass level. Within the topic discussed, the committee focuses especially on women with disabilities who, although we do not deal with it in depth in this report, are one of the main targets that suffer from this practice.

Thanks to his implementation on the ground and his presence all over the world, the UNHCR has been able to evoke and deal with this issue in a much more direct way, unlike many other international organisations. Let's highlight an important fact. The

reason why many organisations can and are able to act on foreign soil is due to the weight of human rights themselves. But it is not always like that.

In October 2018, the Pakistani Ministry of Home Affairs rejected registration applications from 18 international ONGs and dismissed subsequent appeals without further explanation.

In Belarus, ONGs are subject to strict state supervision. Working for an ONG that has been denied registration is a criminal offence.

In Saudi Arabia, the government can deny permission to new organisations and dissolve them if they are seen as “harming national unity”. This has affected human rights groups, including women's rights groups, who have been unable to register and function freely in the country.

In Egypt, organisations that receive funding from abroad must abide by strict and arbitrary rules. As a result, many human rights defenders have faced travel bans, asset freezes and prosecutions, in some cases sentenced to up to 25 years in prison if convicted.

“Amnesty International offices around the world have also been attacked. From India to Hungary, authorities have abused our staff, raided their offices and frozen their assets in a further escalation of their attacks on local organisations,” said Kumi Naidoo.

Many countries, such as Azerbaijan, China and Russia, have introduced more registration and reporting requirements.

Timeline of Events

1930s - 1980s	Japan, Canada, Sweden, Australia, Norway, Finland, Estonia, Slovakia, Switzerland, and Iceland all enacted laws providing for the coerced or forced sterilisation of mentally disabled persons, racial minorities, alcoholics, and people with specific illnesses
1990 - 1999	Forced and coerced sterilizations were carried out in Peru as part of a discriminatory public health program
April 1976	Family planning initiative in India
2011 - 2012	37% married woman sterilised
2012	Secret program by which the sterilisation of almost 100,000 women in Uzbekistan
2005 - 2010	Indigenous women forced and coerced into sterilisation
3rd November 2019	Commission on the Status of Women Sixty-fourth session 9–20 March 2020 Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”
26th August 2020	Committee on the Elimination of Discrimination against Women
3rd December 2021	Information received from Peru on follow-up to the concluding observations on its seventh periodic report
2002 - 2009 - 2011 - 2014 - 2015	Periodic reports and open cases against Peru causes
2018 and beyond	Issues relating the search and transmition of information agains FGM and active action by world ONGs and Countries
2019 - 2021	Complementary actions and active legislations agains FGM actors - reports - closed/opened cases

Relevant UN Treaties/Resolutions

Rome Statute of the International Criminal Court - ICC

Adopted in 1998, the Rome Statute of the International Criminal Court established four core international crimes: genocide, crimes against humanity, war crimes, and the crime of aggression. Specifically, article 7 details all Crimes against humanity, among which we find forced sterilisation.

PCNICC/1999/WGEC/DP.45

E/C.19/2014/8

The report Of The International Expert Group meeting on the theme "Sexual Health And Reproductive Rights: Articles 21, 22 (1), 23 And 24 Of The United Nations Declaration On The Rights Of Indigenous Peoples". In this report there is a detailed account of how indigenous women are more vulnerable to involuntary sterilisation.

General Comment No. 22 of the ECOSOC

In 2016, the UN Committee on Economic, Social and Cultural Rights gave their General Comment No. 22 where they condemned laws requiring sterilization for legal recognition of one's gender identity and established them as a violation of the right to sexual and reproductive health.

Previous Attempts to Solve Issue

Building on decades of compulsory collection work, WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) on 1997.

To provoke an acceleration for the abandonment of the practice UNFPA and UNICEF initiated the Joint Program on Female Genital Mutilation/Cutting on 2007.

Together with nine other United Nations partners, WHO issued a statement on the elimination of FGM to support increased advocacy for its abandonment. This statement provided evidence collected over the previous decade about the practice of FGM on 2008.

In 2010, WHO published the "Global strategy to stop health care providers from performing female genital mutilation" in collaboration with other key UN agencies and international organizations.

In December 2012, the UN General Assembly adopted a resolution on the elimination of female genital mutilation.

In May 2016, WHO in collaboration with the UNFPA-UNICEF joint program on FGM launched the first evidence-based guidelines on the management of health complications from FGM. The guidelines were developed based on a systematic review of the best available evidence on health interventions for women living with FGM.

In 2018, WHO launched a clinical handbook on FGM to improve knowledge, attitudes, and skills of health care providers in preventing and managing the complications of FGM.

In 2021, UNICEF, with the support of WHO, UNFPA and Population Council outlined a research agenda for FGM. To complement this agenda, WHO developed ethical guidance for conducting FGM-related research.

In 2022, WHO will launch a training manual on person-centered communication (PCC), a counseling approach that encourages health care providers to challenge their FGM-related attitudes and build their communication skills to effectively provide FGM prevention counseling.

Possible Solutions

In the following list, we will focus on exposing in a coherent and organised way the possible solutions that can be adopted and those that have been put into operation referring to the previous section.

To consistently outline the different ideas and possibilities when addressing this topic, we will divide our range of solutions into two specific sections. Although each one of them is different from one another, they are in some way complementary within the same context and problem.

Firstly, we will focus on possible solutions that primarily address the people's will to carry actions, and in second place we will consider. On the other hand, we will focus on the actions that States can and should carry out.

People's choices and decisions

Autonomy in decision making

"*respect for the dignity and the physical and mental integrity*". Every human being and individual is protected by the rule of law to be able to make their own choices freely and without any type of interference within the stipulated legal context. This leads us to the principle of professional ethics, by which every professional in this health case will have to grant, advise and never force, either explicitly or implicitly, to carry out any action of a medical nature to a human being. "*Neither contraceptive nor therapeutic sterilisation (e.g. menstrual management) is an emergency procedure. Sterilisation for the prevention of future pregnancy cannot be justified on grounds of a medical emergency, which would allow departure from the general principle of informed consent.*"

Provision of enough information and guided support

In addition to the first solution, any decision-making that is carried out without any type of information concerning the exposed or discussed subject must be considered null and void. Therefore, denied. Individuals have the right to be fully informed by properly trained personnel in the most neutral way possible. Language should not be a barrier either, just like access to basic understanding. Any individual who does not have the skills to understand the information or communicate with a professional about an irremediable surgical practice such as sterilisation should be provided assistance in any case, even if he does not exercise his right to claim it. Professionals must be, from the

first moment, professionals, so they must be held responsible at all times for any activity that involves risk or a change in the life of an individual.

All individuals must be able to have accurate and complete information at their reach, either with or without assistance. Any professional who censors withhold or intentionally misrepresents information about sterilisation can put health and basic human rights in jeopardy, which translates into a crime.

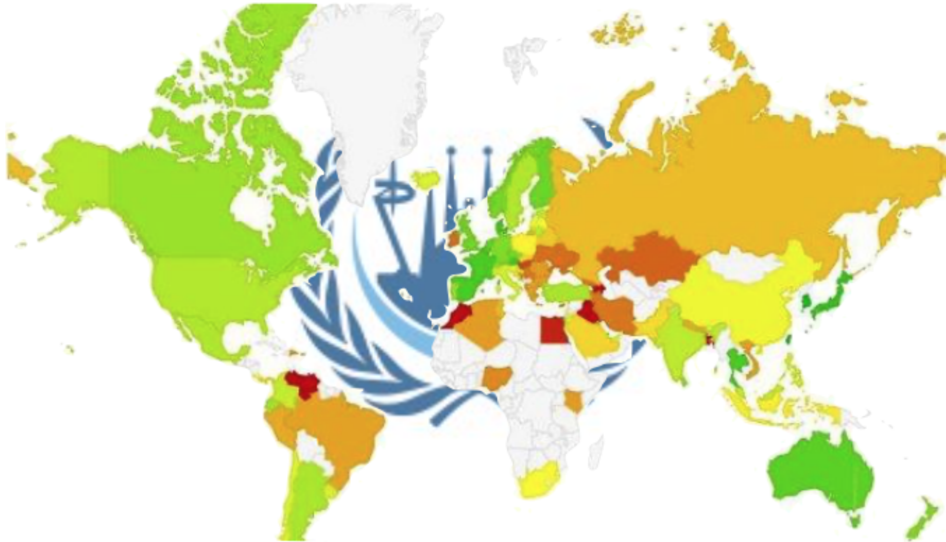
State's actions and decisions

Access to medical services & transparency

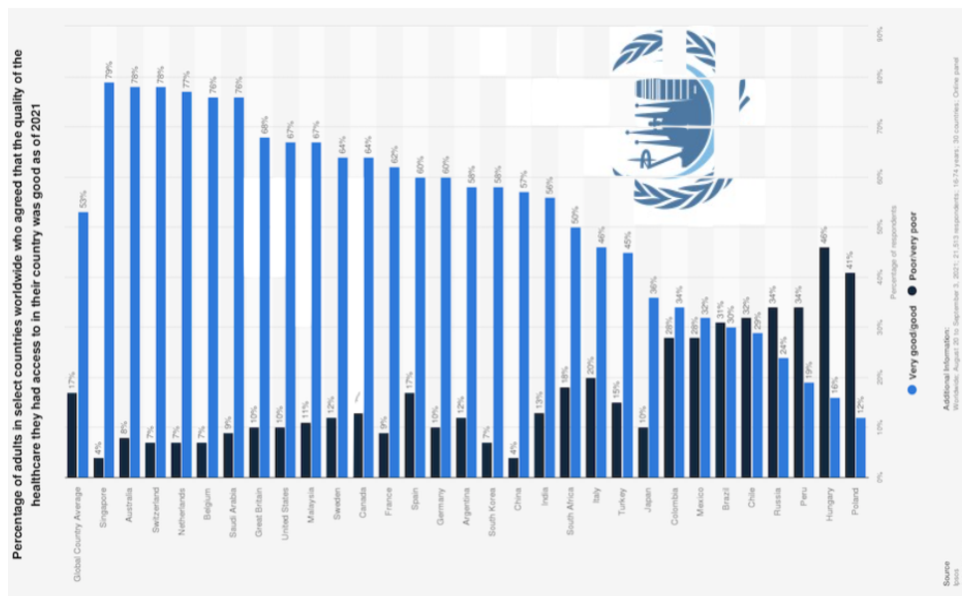
One of the great differences between countries is not only marked by north or south if we understand this as their position on the globe. Not all countries are the same, neither their financial situation, nor their way of acting, nor their ideologies, etc... This is something that we can emphasise as obvious given its simplicity. Let's talk about healthcare.

In many European countries, for example, each citizen has the right to access their health records with complete normality and freedom. In Spain (a country that has 17 autonomous communities) each community has its health system that provides information to each of its citizens about their health. In Barcelona (given that this report is part of the BIMUN program) this competence is exercised by the CATsalud entity; in France, la sécurité sociale (SECU); in Germany, the Bundesministerium für Gesundheit (BMG), etc...

The question we address focuses on this. Many countries, notably the poorest or those with unstable governments, do not have these facilities. Others, on the other hand, do not provide them, such as the cases of the different dictatorships or countries that do not invest so much in health [Germany has one of the best health systems in Europe with health spending that represents 10.5% of GDP. Taiwan leads the list. In contrast, most Spanish-speaking countries are in the middle of the table: Colombia (35), Uruguay (39), Chile (44); or below: Costa Rica (50), Peru (62)] (FIGURE 1).



On the other hand, what we can say is that there has been an increase in healthcare coverage and its transparency in the last 10 years, which allows us to glimpse an improvement for the future, but not everyone progresses in the same way. FIGURE 2



Fight against misinformation and media campaigns of social pressure

Campaigns designed to spread awareness of particularly important issues, while very beneficial when carried out properly, can also be manipulated to coerce people to participate in bounty-hunting programmes to criminalise women's right to exercise their reproductive rights.

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