UNICEF

**Topic A:** Empowerment of Adolescent girls and preventing teenage pregnancies

**Topic B:** Population management and planning in developing nations
Letter from your directors

Dear Delegates,

We could not be more excited for LIMUN 2016!

UNICEF is mandated to promote the rights of the children and ensure their educational, social and economic prosperity. UNICEF in the past had carried many successful projects, which improved the life of millions of children. However, there are still issues that we need to address.

The topics selected for the conference, represent two vital subjects that need to be discussed and considered by the international community. We hope you will understand its importance and passionately represent your country’s view on how the problem should be solved.

Please note that this study guide provides basic information about the topics, thus we would like to encourage you to extend your research.

We hope to see during the committee sessions your passion and enthusiasm!

Best regards,

Your Directors,

Dijana Spasenoska

Peter Sitnik

Ismail Sadurdeen
**Topic A: Empowerment of Adolescent girls and preventing teenage pregnancies**

**Introduction**

Adolescence can be the determining period in a girl’s life. If the girl grows up in an environment that is accepting, receives the right care and is given the right to make choices about her life, she will grow into an adult that will contribute towards the development of her society. However, not every teenage girl has the same opportunity, and often, young women are denied their basic rights, so they grow up entrenched in poverty, bearing negative scars of neglect and violence. In many countries the gender inequality gap is broader, and the females are expected to fit into certain roles, at the expense of giving up education, which has a negative impact on the life of the girl. Early pregnancy can impede a girl’s rights, such as the rights to education and social support.

This study guide will look at the key elements that encourage teenage pregnancy and how that hinders the empowerment of the adolescent girls, the effect on maternal health and child mortality rates, and will highlight the fact that this is not only a problem in developing countries, but developed as well.

The key elements that encourage teenage pregnancy, mainly in developing countries, are child marriage, lack of sexual education and limited access to contraception, while in developed countries those are abuse of alcohol and narcotics.

**Definition of key terms, facts and relevant documents**

- Teenage pregnancy - the official definition used by UNICEF is “a girl, usually within the ages of 13-19, becoming pregnant”. Note that adolescent refers to the same age group; therefore, these two terms are used interchangeably in this study guide.

- 14 million children per year are born to girls aged 15 to 19.1
  - 85% of all adolescents living in the developing world become sexually active before their 20th birthday.
Every year 20 million unsafe abortions are performed, which result in about 68,000 deaths. Teenage girls account for 14% of those.

500,000 adolescents become infected daily with different Sexually Transmitted Infections (STIs). This number doesn’t include HIV infections.

- The Convention on the Rights of the Child\textsuperscript{ii} - adopted on November 20, 1989 sets out the children rights.
  - Article 19 calls upon member states to take legislative, educational, social measures to protect the child from physical or mental violence, maltreatment, exploitation, and sexual abuse.
  - Article 24 calls upon member states to ensure prenatal and postnatal health care for the mothers, provide education, and provide primary health care for the children.

- Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages\textsuperscript{iii} - entered into force 1964, states that no marriage should be legally entered without the consent of both parties.

- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)\textsuperscript{iv} - adopted in 1970 by the General Assembly outlines what is considered discrimination against women, and it states that no exclusion should be made based on sex. This convention encourages the development of laws that will protect the integration of females in the society and will ensure they get equal education.

- The Empowerment and Livelihood of Adolescent (ELA) provides the notion of a safe space close to home where girls can gain life skills knowledge, and microfinance knowledge through mentorship. This has been implemented in Bangladesh, Sierra Leone, South Sudan, Afghanistan and Tanzania.
Forced marriage and early pregnancy

Figure 1: Data showing percentage of women in different regions aged 20-24 that were married before age 18 in the period of 1999-2007

Rooted in poverty and unequal gender roles and expectations, forced marriage is one of the main causes of teenage pregnancy. Significant age gap and power imbalance between the girls and their sexual partners, result in the girl’s lack of autonomy over her own body and often, forced sexual relations. The girls often lack access to information and lack of support by their families, so they make uninformed choices, or they are not even given the right to make a choice. For instance, nearly half 44% of adolescent girls worldwide aged 15 to 19 think a husband or partner is justified in hitting or beating his wife under certain circumstances. Seven of the 10 countries in the world with the highest child marriage rates are in Sub Saharan Africa. 76% of the girls in Niger get married before they turn 18. In India 10,063 girls or 47% are child brides. 
Forced child marriage can be seen in cultural and economic context. The cultural context portrays it as a common cultural practice that most people in the society are susceptible to. However, the economic context shows that often in families that are economically instable a daughter is seen as a burden and the parents force their daughter into marriage as soon as possible for the benefit of the rest of the family. There have been many cases where the daughter is used to pay off a debt or earn some money.

The consequences of forced marriage on girls are devastating - emotionally and psychologically. The girls’ education is early terminated, they are isolated from their friends, their community does not accept them and they don’t have an opportunity to participate in any events. Instead they are expected to take care of the family. However, the girls are very young and they are not capable of taking care of the household and their children. However, the girls cannot escape the violence because countries don’t have laws to protect them; their marriages are unregistered and illegal, thus the legal system doesn’t protect them. The society also doesn’t want to help them because it is accepted as a societal form that the wife is a property of the husband. Therefore, the problem is the stigmatization and lack of support by their families.

**Previous measures and further actions:** The international community recognizes and condemns the human rights violations caused by child marriage, however, no concrete measures have been taken to end this problem. At the moment NGOs work on gathering more data, and establishing safe centres where the girls can come and talk about their problems to counsellors. Many countries have shown a desire to end the practice, but they have stated that they lack the resources to implement, and coordinate the support programs. Further, evidence has shown that small economic incentives given to the families may be a possible solution. Families that have received a microloan are more likely to start a business and have sufficient finances to sustain the family.

**Limited access to health care and contraception**

There has been evidence that girls 13-18 have an increased risk of neonatal and post neonatal mortality. The babies are more likely to have other chronic disease, behaviour problems and learning difficulties. Adolescent mothers are more likely to have
complications during pregnancy, prolonged delivery or obstructed labour because of insufficient pelvic maturity. Further, these complications lead to babies being born prematurely, and having a low birth weight (LBW). Mothers living in poverty are more likely to have poorer health and more psychological problems.

A research has shown that adolescent pregnancy increases the risk of HIV and other sexually transmitted diseases.\textsuperscript{ix} That is due to the fact that the teenage girls engage in sexual relations with older partners and don’t know how to protect themselves. It is important to note that HIV can be transmitted from the mother to the child. Therefore, the mother directly endangers the life of the baby.

\textbf{Figure 2}: The picture on the right shows the child mortality rate from 2006-2010, while the picture on the left shows data for 2011-2015. Decrease is evident in the overall average, however, the countries that are mostly affected are the same.\textsuperscript{x}

\textit{Previous measures and further actions}: UNICEF works with the United Nations Population Fund (UNFPA) and the World Health Organisation (WHO) to improve the emergency obstetric care and ensure that developing countries have skilled birth attendant with significant midwifery skills. UNICEF also provides help to policy makers with assessments, trainings and logistics. Further, through technical help and funding provides information to local communities about signs of pregnancy complications, nutrition and other important prenatal care information. Important to note is that contraceptive measures are promoted in many countries. However, the problem often comes from the girls’ families that refuse to
accept certain contraceptive measures as valid and restrict the access to those for the girl. It is important to address the issue of how the community can be included in the sexual education and information about contraceptive measures, especially in countries that believe those are against their religion or culture.

**The importance of education**

There has been a lot of data in the past showing the relationship between maternal education and the child survival, especially in developing countries. The average figures show that 1 extra year of education of the mother results in a 9% decline of child mortality. The education level of the mother comes into play when we consider the economic development that it brings and the possible advantages; therefore, it affects the child’s life mostly during early childhood and teenage years. A well-educated mother is more likely to seek primary health services, and take better care during pregnancy. For example, they are less likely to eat harmful food, participate in heavy manual work or smoke. Further, an educated mother will run the household more efficiently and will be able to contribute with half of her income going to the family. That will lead to better living conditions, access to clean water and the necessary conditions to bring up a child.

The empowerment of girls is essential for economic and social development of the countries. The global community has made a large progress in ensuring equal primary education for both genders in the past few years, yet a gap still exists past primary education. Educating girls is also crucial for economic development and eradication of extreme poverty and hunger. The poverty cycle is a concept that refers to the idea that once several factors have lead to poverty, all other actions lead to more poverty and it can be ended by an outside intervention. In this case, that would be the empowerment of the adolescent girls. Educated mothers are more likely to contribute towards the child’s social development. They will also set a good example for their children and encourage them to continue their education. Further, educated females can work, be financially independent and contribute towards improving the living conditions of their household. Each year of a girl’s secondary education increases the potential income by 15-25%. It is important to note that empowerment of females cannot be fully achieved without the support of their families and community. Therefore, including the community in the reforms is crucial.
Previous measures and further actions:

Several UN bodies have come together and recognized the importance of empowerment of adolescent girls in order to prevent teenage pregnancy. The bodies included are UNICEF, ILO, UNESCO, WHO, UNIFEM, UNFPA\textsuperscript{xii}. The goal of this joint framework is to promote the integration of marginalized adolescent girls. The framework aims to strengthen the partnerships between organizations, governments and communities. The programmes focus on parts that need improvement, and are guided by the human rights principles. The goal is to harmonize policies that will ensure the same empowerment level in developing and developed countries. It also aims to provide support for governments, and societies to fulfil the obligations towards the rights of the girls. It is important to consider that the changes cannot be fully implemented if a government or the society refuses to collaborate. Often due to cultural practice the society might refuse to adopt the suggested changes. Further actions have to be taken to raise public awareness through campaigns that will promote shared responsibility between young women and men.

Teenage pregnancies in developed nations

\begin{figure}[h]
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\includegraphics[width=\textwidth]{figure3.png}
\caption{Data showing the live birth per 1000 women aged 15-17 and 15-19 living in European countries\textsuperscript{viii}}
\end{figure}
A survey in Britain has shown that 4 out of 5 females use some kind of contraception\(^{\text{xiv}}\). Yet, Britain still has the highest number of teenage pregnancies in Europe. The extremely high 2.9 out of 100 females aged 15-19 giving birth every year seems to contradict the general view that teenage pregnancy is a result of a lack of sexual education or lack of access to contraception.

In the case of the UK the problem might be seen in a more social aspect rather than lack of education. That means that many of the teenagers are given the knowledge about the possible negative effects of having children in adolescent years, and yet they make a decision to have children.

The Telegraph had conducted a survey to show that not all teenage pregnancies are unwanted and not all of them are for financial benefit.\(^{\text{xv}}\) The survey had showed that the pregnancies occurred due to different reasons such as: assuming that they are ready for a family, being in a serious relationship and wanting to start a family, unprotected sex, drunk sex and contraceptive failure. It is important to note that even in the cases of unwanted pregnancy the females in the UK have the right to make a choice and decide whether they want to keep the baby or undergo abortion. However, most of them decide to keep the baby.

**Bloc position:**

**European Union**

UNICEF believes the best approach to empowering girls through education in the EU is via ‘child rights education’ which is defined as “teaching and learning about the provisions and principles of the Convention on the Rights of the Child (CRC) and the ‘child rights approach’ in order to empower both adults and children to take action to advocate for and apply these at the family, school, community, national and global levels.”\(^{\text{2}}\) CRE is therefore inherently concerned with empowerment - for girls, boys, women and men. On 24th November 2014 the European Parliament adopted a Resolution on children’s rights to celebrate the 25th anniversary of the Convention on the Rights of the Child

**The United States of America**

The Obama Administration\(^{\text{xvi}}\) takes two major steps in empowering women and girls both here in the United States and abroad: launching the Equal Futures Partnership and taking new steps to combat human trafficking.
Latin America and Caribbean

UNICEF’s work in Latin America and the Caribbean includes policy advocacy and partnerships to protect and promote children’s rights, and to put children at the centre of public policy, laws and budgets.

India

The project ‘Adolescent Girls’ Life Skills Education Project’ named ‘Deepshikha’ is aimed at empowering adolescent girls in the age group of 12-18 years to come together to protect their rights and build their futures while actively participating in the development of their communities.

Russia

In 2010 the programme of cooperation include the strengthened capacity of the expanding child rights ombudsperson (CRO) network and the development of regional programmatic guidelines on child abandonment and disability, in partnership with the Foundation for Children Living in Difficult Situations.

China

In China, a Working Group on Girls’ Education and Gender Equality has been established under the aegis of the United Nations Theme Group on Basic Education and Human Resource Development. It is led by the UK Department for International Development and UNICEF

The Chinese Government has embarked on a new Five-Year National Development Plan, which calls for greater focus on the rights of children plus new investment in health and education. China’s goal is to provide nine years of compulsory education for every child and to eradicate illiteracy.

Points a resolution should address:

1. How to make sure that every girl has an equal educational opportunity?
2. Expand women’s citizenship, participation and leadership: Advance women as decision-makers
3. Providing support for developing nations on the issue of empowerment of females.
4. How to reduce teenage pregnancies in developed nations?
5. Promote women as leaders of recovery
6. How to prevent forced marriage and domestic violence for girls in those marriages?
7. Develop capacities for social change: Work together to transform society
References and further reading:

- European Parliament- Empowering women and girls through education

- Silent No More: Empowering Young Women to Speak Out about Sexual and Reproductive Health and Rights

- Empowering girls in India
  http://www.unicef.org/evaldatabase/index_80804.html

- UNICEF Perspective on Empowering girls through education in the EU- February 2015

- Eight Point Agenda adopted by UNDP
  http://www.undp.org/content/undp/en/home/ourwork/crisispreventionandrecovery/focus_areas/gender_equality_andwomensempowerment/eight_point_agendaforwomensempowermentandgenderequality.html
Bibliography


xiii Mail Online, (2014). UK still has the highest rate of teen pregnancies in Western Europe despite 25% fall in the last decade. [online] Available at: http://www.dailymail.co.uk/news/article-2794234/uk-highest-rate-teen-pregnancies-western-europe-despite-25-fall-decade.html

Topic B: Population management and planning in developing countries
Introduction

In 1998 global population grew each year by approximately 80 million people, or the equivalent of the population of a country the size of Germany. Nearly all of this growth was concentrated in the developing nations of the world. This trend has persisted to this day; what is particularly striking is that surveys have found that from 10 to 40 percent of women in developing countries want to space or limit childbearing but are not using contraception. High fertility and lack of population management may result in hampering opportunities for economic development, increasing health risks for women and children, and eroding the quality of life by reducing access to education, nutrition, employment, and scarce resources such as drinkable water. The link between reproductive health (and, more importantly, consequences of lack thereof evident in sexually transmitted diseases, particularly AIDS) has been noticed by the highest ranks of the United Nations. In Resolution 2012/1 the General Assembly expressed its deep concern that young women living with HIV would like to space or limit pregnancy but are not using an effective modern method of contraception owing to limited access to voluntary family planning services. The aims of population control measures with regard to high fertility rates shall, according to the Resolution, be furthered by protecting the human rights of adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health.

Countries around the world have adopted various approaches to holding back fast population growth and high fertility rates. These methods have included:

- Contraception
- Abortion
- Sterilization
- Curbing infant mortality
- Abstinence
- State policies restricting or discouraging births directly or indirectly (by promoting the model of small family)

One of the key issues within the topic and ramifications thereof have been recognized by UNICEF in the following way: “Too many births too close together, or at too young or too old an age, are a major cause of illness, disability, poor nutrition and premature death among women and children. Fewer births can significantly improve both the lives of women and children's survival, nutrition, health and education.”

The 2014 United Nations report Abortion Policies and Reproductive Health around the World highlighted a few important trends and facts highly pertinent to the concept of human population control.
• The percentage of governments with policies to raise fertility almost doubled from 14 per cent in 1996 to 27 per cent in 2013, whereas the percentage of states with policies to lower fertility has remained virtually unchanged from 42 per cent in 1996 to 43 per cent in 2013

• Countries with restrictive abortion policies have much higher unsafe abortion rates

• Developing countries were more than four times as likely to have restrictive abortion policies as those in developed regions

• There is a link between restrictive abortion measures and maternal mortality. The average maternal mortality ratio was three times greater in countries with restrictive abortion policies in 2013 (223 maternal deaths per 100,000 live births) than in countries with lax, liberal regulations (77 maternal deaths per 100,000 live births)

• Fertility rates are significantly higher in countries which have adopted conservative abortion policies. The average adolescent birth rate in such countries in 2013 was about three times greater (69 births per 1,000 women aged 15 to 19 years) than in countries with liberal abortion policies (24 births per 1,000 women aged 15 to 19 years)

• In the period between 2009–2014 88% of governments implemented concrete measures to increase women’s access to comprehensive sexual and reproductive health services in the past five years, regardless of marital status and age

• A growing number of Governments have expressed concern about high rates of adolescent fertility with 67% of governments identifying adolescent fertility as a major concern in 2013

Worldwide, the United Nations predicts 15.8 billion humans by the end of the century if average family size remains around 2.6 children per woman, but 6.2 billion if it stabilises at 1.6 children. If fertility levels drop to 2.1, then UN predicts the population to be 10 billion people\textsuperscript{xvii}.

Definition of key terms, facts and relevant documents

**Abstinence** – in the study guide meant as sexual abstinence; the practice of restraining oneself from indulging in sex

**Cairo International Conference on Population and Development** – a conference held in Cairo in 1994, attended by representatives of 179 UN Member States. The Conference adopted the Programme of Action, which emphasized the fundamental role of women’s interests in population matters and introduced the concepts of sexual and reproductive health and reproductive rights. It was reproductive health and the empowerment of women that were put at the forefront of modern population policy\textsuperscript{xviii}.
Family planning – planning or control of the number of children in a family or the intervals between their births, especially by the use of contraception

International Conference on Population – second of big population conferences, hosted in Mexico City in 1984. Representatives of 147 UN Member States attended. The conference marked a shift in the philosophy of many states with huge populations. The United States considered population a neutral phenomenon for development. Many developing countries expressed their firm support for family planning and population programmes. Many developed countries, including Norway, Sweden and the United Kingdom stated their willingness to increase their support for population programmes xvii.

One-child policy – population control policy implemented in China in 1978. Under the policy most couples were allowed to have only one child or else face the possibility of fines, sterilizations, and abortions. The policy was scrapped in 2015 and China introduced a two-child policy.

Population management (also: population control, population planning) – the practice of artificially interfering in the rate of growth of a human population. Methods frequently employed by governments nowadays include: sterilization, family planning policies, the extreme one-child policies in China, policies promoting reproductive health etc.

Sterilization – a medical technique which intentionally leaves a person unable to reproduce.

World Population Conference – held in Bucharest, Romania, in 1974, it was attended by representatives of 136 of UN Member States. It drafted the World Population Plan of Action, which for the first time underscored the gravity and the importance of social and economic development in planning population sizes. The talks became polarized between the 'incrementalist' position of a group of Western States holding the opinion that rapid population growth was a serious impediment to development, and the 'redistribution' position, consisting of developing countries with Argentina and Algeria as leaders, that saw the problem of overpopulation as a consequence and not a cause of underdevelopment and that it could be solved by a new international economic order focusing on the redistribution of resources xvii.

Discussion

History and context

Historically, at least in the opinion of some prominent intellectuals, “population management”, had such a term existed, would have meant a movement to increase the growth of population of the world rather than to contain it. Ibn Khaldoun, a 14th century Arab polymath surmised that high population density rather than high absolute population numbers were desirable to achieve more efficient division of labour and cheap
administration. Others, such as Machiavelli and Bodin, believed that larger populations meant more production and more exports, increasing the wealth of a country xvii.

Arafat and Allen credit Thomas More as one of the first proponents of the concept of population management in our modern sense. He was arguably the first to propose, in his seminal work *Utopia*, a strict limitation on population and family size with a view to keep the population constant. G. Botero (1540-1617) asserted that “a population cannot increase beyond its food supply. If this limit was approached, late marriage, emigration, and war would serve to restore the balance” xvii.

T. Malthus in his 1798 “Essay on the Principle of Population argued that whilst population increases in a geometrical ratio, means of subsistence increase only in an arithmetical ratio, which produces a discrepancy which shall be taken account by governments” xvii. R. Ehrlich, warning against the “cancer of overpopulation”, suggested that governments shall adopt compulsory birth regulation through the addition of temporary sterilants to water supplies or staple food. Doses of the antidote would be carefully rationed by the government to produce the desired family size" xvii.

**Case studies**

**Sub-Saharan Africa**

Sub-Saharan Africa remains the region with the lowest use of contraceptives (29 per cent of married women of reproductive age versus the global average of 69 per cent) and a high demand for children. 42 of the 78 million women who need family planning are not using modern contraception. About two in five women in Ghana, Zambia, Malawi and Togo recently reported that their last birth was unplanned xvii. It has been estimated that due to extreme poverty, lack of access to birth control, and restrictive abortion laws about 3% of women each year undergo unsafe abortions with a relatively high mortality rate. Also post-abortion services are wanting. Guttmacher Institute reports that “common shortcomings include inadequate access to services, delays in treatment, shortages of trained health workers and medical supplies, use of inappropriate procedures, judgmental attitudes among clinic and hospital staff, and high costs for patients” xvii. The population of Sub-Saharan Africa is estimated to double by 2050.

An illustrious example is offered by Kenya where fertility fell 22 percent during the 1980s, from 8.3 children per woman in 1978 to 6.5 in 1989. Desired family size fell 35 percent during the same period, from 7.2 to 4.7 children, and contraceptive use rose more than three times. By 1998, fertility had fallen further to 4.4 children per woman, and it remained at that level in 2003 xvii.
Social and economic concerns are pressing. Worldwatch Institute opines that “African governments are now also worrying more specifically about the implications of high population growth rates: in fact, three-quarters of Africans now live in the 24 countries with governments that view their population growth rates as too high. In most African countries, over half the population is under the age of 15, which means there is a vast pent-up demographic momentum throughout the continent”\(^{\text{xvii}}\).

In 2014 the mortality rate in the Sub-Saharan region was 57.9 per 1000 children born\(^{\text{xvii}}\).

**China**

Traditionally, since the adoption of the one-child policy in 1978, male children (especially firstborn) have been preferred—particularly in rural areas—as sons inherit the family name and property and are responsible for the care of elderly parents. When most families were restricted to one child, having a girl became highly undesirable, resulting in a rise in abortions of female fetuses, increases in the number of female children who were placed in orphanages or were abandoned, and even infanticide of baby girls\(^{\text{xvii}}\). Another ramification of the policy was a growing number of elderly people. That became a concern, as the great majority of senior citizens in China relied on their children for support after they retired, and there were fewer children to support them. A further consequence of the policy was that many children born into families who already had a child were intentionally hidden from the authorities. Those children, most of whom were undocumented, faced hardships in obtaining education and employment. Although the number of such children is not known, estimates have ranged from the hundreds of thousands to several million\(^{\text{xvii}}\).

In 2012 88% of Chinese women aged 15-49 admitted to using any form of contraception\(^{\text{xvii}}\), including almost 85% of married women. Sterilization in 2012 had a 28.7% usage rate and was, as of 2012, typically recommended to women following the birth of a second child. The Chinese government is against promoting induced abortion as a means of family planning. China allows women who require induced abortion to have such an operation under safe and reliable conditions. According to official documents released by “along with the popularization of the scientific knowledge of family planning and the extensive adoption of contraceptive measures, the number of induced abortions has been on the decline in many places.”\(^{\text{xvii}}\) China also operates a system of maternity and child care centres which provide a whole array of services including prevention and treatment of women’s diseases, consultation on hereditary diseases, examination before marriage, health care for pregnant and postpartum women, new delivery methods, health care for babies and young children, etc.\(^{\text{xvii}}\)

In December 2013 the Standing Committee of the National People’s Congress passed a resolution allowing couples to have two children if either parent is an only child\(^{\text{xvii}}\). In
October 2015 it was announced that the country is to do away with its 35-year old one-child policy declaring that it will “fully implement a policy of allowing each couple to have two children as an active response to an ageing population”\textsuperscript{xvii}. It has been estimated that the policy was responsible for preventing 400 million births as well as an investment of over £460 million each year towards birth control schemes. It also altered the gender ratio among newly born kids, with 1.16 boys for every girl\textsuperscript{xvii}.

**India**

With a current population of more than 1.2 billion, India is set to become the world’s most populous country by 2030\textsuperscript{xviii}. India’s total fertility rate has dropped sharply in the recent decades, from 5.2 in the mid-1970s, to 2.4 as of 2014. This is attributed to social and economic progress as well as to the spread of information about contraception and other preventative measures. Fertility rates are lowest in India’s most prosperous states, and those with the highest levels of female education and empowerment.

The principal means of population control in India is sterilization. The government runs a programme of cash payments with a view to incentivising women to undergo the procedure. This is combined with field missions undertaken by health state workers whereby they seek volunteers in remote regions of the country. The biggest drawback of the approach is the lack of other available forms of birth control, especially in rural areas\textsuperscript{xvii}. It is estimated that 37 percent of all married women in India are sterilised. In 2011-12 alone, the government said 4.6 million women had undergone a tubectomy sterilization operation\textsuperscript{xvii}.

Every year around 56000 Indian women die during, or shortly after childbirth. More than 309,000 of the 26 million babies born in India each year do not survive 24 hours, accounting for 30 per cent of global first-day deaths\textsuperscript{xviii}. The government runs a family planning program which promotes child spacing methods, emergency contraception and sterilization. These efforts are hampered by low female literacy levels and the lack of widespread availability of birth-control methods – in 2009 76% of married Indians reported significant problems in accessing a choice of contraceptive methods. Also, 76% admitted to relying solely on sterilization\textsuperscript{xvii}.

**Previous UNICEF action**

UNICEF has long considered the responsible planning of family size, especially birth spacing, an essential part of maternal and child health (MCH) services. At the centre of the body’s concerns and focus is the concept of child spacing, which not only contains rapid population growth, but also ensures the survival and well-being of the children already born. This tendency was confirmed at the Cairo International Conference on Population and Development in 1994 which also underscored the importance of safe motherhood and reproductive health and hygiene. As recognised in the preface to the paperback edition of
the Conference’s documents, it was “remarkable in its recognition that reproductive health and rights, as well as women's empowerment and gender equality, are cornerstones of population and development programmes”\textsuperscript{xvii}.

An important feature of UNICEF’s stance is that it does advocate any particular method of family planning, believing this to be a matter best decided by people themselves in accordance with their needs, values and preferences. As a matter of practice, UNICEF does not provide contraceptive supplies. UNICEF has distanced itself from abortion and currently does not support abortion as a method of family planning\textsuperscript{xvii}.

UNICEF is in partnership and in close cooperation with the United Nations Population Fund (UNFPA) which declares its mission to be “delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled”. Its work is aimed at the improvement of reproductive health and advocacy for the rights of young people, including the right to accurate information and services related to sexuality and reproductive health\textsuperscript{xvii}. In addition, the Fund considers population ageing issues to be a part of the development process, and works to strengthen the capacity of developing countries to address the concerns of older persons - especially the older poor. UNFPA is also attempting to re-orient thinking about ageing, both individual and societal, and to promote the integration of ageing and foster relationships among generations\textsuperscript{xvii}.

UNICEF recognizes that people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. Children&AIDS, a UNICEF-sponsored program, reports to have stopped in excess of 1.3 million HIV infections among children. The rate of infections among children aged 0-4 has slumped 60% since 2000\textsuperscript{xviii}.

UNICEF’s success in counteracting diseases among new-born children include promoting and improving immunization, improving child health with community-based treatments of diarrhea, pneumonia and malaria, improving access to quality care for new-born children and pregnant women, child health in emergency settings, and strengthening health systems to better serve the needs of women and children\textsuperscript{xvii}.

\textbf{Bloc position}
India

This is a very sensitive topic in India due to cultural reasons, therefore many politicians often try to avoid this topic at public forums, however the Government of India’s effort to control population growth deserves appreciation. Its concerted efforts were responsible for reducing the population growth to some extent. Perhaps, the population of today would have exceeded that of China. The Government has created the infrastructure for family planning and set up institutions for training and research. Thanks to its efforts, the whole country today is aware of family planning. There has been an appreciable fall in the birth rate also. The new National Population Policy of 1976 is a comprehensive statement and it integrates all the essential aspects of population growth.

China

Population growth targets were set for both administrative units and individual families. In the mid-1970s the maximum recommended family size was two children in cities and three or four in the country. The one-child policy was a highly ambitious population control program. Like previous programs of the 1960s and 1970s, the one child policy employed a combination of propaganda, social pressure, and in some cases coercion. The one-child policy was unique, however, in that it linked reproduction with economic cost or benefit.

One child policy, however stopped (29th Oct 2015)

Bangladesh

Bangladesh vision is to develop a healthier, happier and wealthier nations through planned development and control of population, some of the policies been implemented such as Undertaking various informative, educational and motivational activities under the Population, Nutrition and Health program for behavioural change - Behaviour Change Communication, Adolescent welfare program, Discourage Urban Migration and Introduce Planned Urbanization.

Brazil

In Brazil, increased access to education, information and contraception have combined to lower the birth rate by two thirds over the last five decades. The once powerful Roman Catholic Church is becoming less influential. To try to control the effects of overpopulation the government has created two new police units. One of the police units is for population safety. This police unit is the National Public Security Force (NPSF). The NPSF is specialized to act in emergency situations. The other police unit is for population control. This police unit is BOPE. BOPE is the elite group of the Military Police. BOPE’s are spread out across
Brazil and many are near favelas. Their missions are: break barricades constructed by drug traffickers; extract police officers or civilians injured in confrontations; serve high-risk arrest warrants; hostage rescues; suppress prison rebellions; and conduct special missions in rough terrain such as swamps or mountainous areas.

Points a resolution should address:

1. Social Measures - Marriage age, alleviating status of women in society, social security, adoption, removing stigma from delayed/no marriage, education opportunities, contraception accessibility
2. Economic - greater inclusion in work force, opportunity for entrepreneurship, crèche/day care facilities
3. Policies to support ageing population to disincentives high child birth
4. Addressing policies that provide financial and non financial incentives for new borns
5. Sexual Education for children in school
6. Should abortion be legalised?

Further Reading:

- UNICEF and Family Planning:
  http://www.unicef.org/pon95/fami0010.html
- Past Policies
  https://populationmatters.org/documents/past_policies.pdf
- The Population Debate
- How India is tackling the problem?
- http://www.economicsdiscussion.net/essays/measures-to-control-population-of-india/2249
• China Abandons one child policy

• Bangladesh Population Policy

• Philippines Population Control

• Brazil’s model for slowing population growth
http://www.trust.org/item/?map=brazil-a-model-for-slowing-population-growth-experts/

• Population strategies
http://www.worldwatch.org/nine-population-strategies-stop-short-9-billion


Ibid, ‘United Nations Conferences…’


IS Arafat and DE Allen, Thinking about Population: An Introduction to Modern Demography (General Hall Inc 1995) 8-14


Ibid, ‘How to defuse sub-Saharan Africa’s….’


Rachel Will, 'Contraceptive Use In China' (2012) <http://www.uschina.usc.edu/(X(1)A(nQkbH8Vj0QQEkkAAAADZM0OWFhZmQtY2U5ZC00Y2RiLWJ1NTctYmNjk1ZjZbXoYXZh0IY--8Ut8QH-ojZHxg1))/w_usct/showarticle.aspx?articleID=18021&AspxAutoDetectCookieSupport=1> accessed 2 December 2015


Ibid.


Ami Kazmin, " (India’s efforts to control its population are still stuck in the past, 2014) <http://www.ft.com/cms/s/0/1070d0b8-6bf9-11e4-b1e6-00144feabd0c.html> accessed 30 November 2015


Ibid, ‘India’s efforts to control its population...’

Isabel Tiago de Oliveira, José G. Dias and Sabu S. Padmadas, 'Dominance of Sterilization and Alternative Choices of Contraception in India: An Appraisal of the Socioeconomic