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UNCSW



STUDY GUIDE

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TOPIC AREA A: GENDER EQUALITY IN SPORTS

United Nations Commission on the Status of Women;

The Commission on the Status of Women (CSW) first met 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.

From 1947 to 1962, the Commission centred on placing requirements and formulating global conventions to trade discriminatory law and foster international focus on women's issues. In contributing to the drafting of the Universal Declaration of Human Rights, the CSW argued in opposition to references to “men” as a synonym for humanity, and succeeded in introducing new, extra inclusive language.

The Commission drafted the early worldwide conventions on women's rights, such as the 1953 Convention on the Political Rights of Women, which was the first global regulation instrument to understand and shield the political rights of women; and the first global agreements on women's rights in marriage, specifically 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 additionally contributed to the work of UN offices, such as the International Labour Organization's 1951 Convention regarding Equal Remuneration for Men and Women Workers for Work of Equal Value, which enshrined the precept of equal pay for equal work.



In 1963, efforts to consolidate requirements on women's rights led the UN General Assembly to request the Commission to draft a Declaration on the Elimination of Discrimination towards Women, which the Assembly finally adopted in 1967. The legally binding Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), additionally drafted via the Commission, observed in 1979. In 1999, the Optional Protocol to the Convention delivered the proper of petition for girls victims of discrimination.

UN Women focuses on these particular activities;

I. To help Member States to implement standards mentioned in the CEDAW, standing ready to provide suitable technical and financial support to those countries that request it, and to forge effective partnerships with civil society;

II. To lead and coordinate the UN system's work on gender equality as well as promote accountability, including through regular monitoring of system-wide progress.

KEY TERMS AND DEFINITIONS

1. Equal representation:

Equal representation with regards to sport advocates for equal opportunities available for both men and women participating in sports both as athletes or at leadership or decision making positions. This equal representation is brought by providing equal access to resources, funding, facilitation and media coverage. This is an issue also highlighted in CEDAW Article 10 (g) which calls for “The same Opportunities to participate actively insports and physical education;”



” and UNESCO’s International Charter of Physical Education, Physical Activity and Sport which introduces universal principles such as gender equality, non-discrimination and social inclusion in and through sport. Equal representation of women in sports leads to a shift in societal norms broadening gender equality and provides women with a pathway to pursue their passion.

2. Pay Equity:

The term “pay equity” advocates for equal pay for both men and women in the sports sector. Men and women standing at the same comparative level with the same number of awards and participation should be provided with equal pay but this is often not the case. Multiple women often are paid less compared to their male competitors thus reducing multiple opportunities for them. For example in the United Kingdom, where for cricket, while the prize money in the Hundred cricket tournament is the same for both genders, there is still a big gap in the range of salary bands for the same tournament. Women's salary bands range from GBP7,500 to 31,250, with men paid between GBP30,000 and 125,000. The ILO Equal Remuneration Convention.100 is a key convention that advocates for equal pay. Equal pay plays a key role in appreciating women’s efforts in sports and increasing their visibility and participation.

3. Intersectionality:

The term “intersectionality” with regards to gender equality refers to ending discrimination on the basis of social factors like gender, race or religion in the sports sector. However, this issue has been prevalent since the past few years. An important case was of Olympic Athlete Caster Semenya, a south african who suffered with Difference of Sexual Development(DSD) leading to higher testosterone levels which played a great role in her career. The World Athletics Organization released rules requiring women with DSD to reduce their blood testosterone level in order to compete in games.



This was a prejudice against multiple women whose careers were put at halt due to their physical disabilities. It's important to understand that such laws lead to discrimination and lack of diversity amongst women in sports.

4. Harassment: CEDAW General Recommendation 19 mentions, "States parties should ensure that laws against family violence and abuse, rape, sexual assault and other gender-based violence give adequate protection to all women, and respect their integrity and dignity. Appropriate protective and support services should be provided for victims" However, harassment is a key issue faced by multiple women worldwide including the sports sector. An important case is of Larry Nasser, a doctor employed by USA Gymnastics and Michigan State University was involved in harassing multiple female olympians who visited him. Former patients also mention the lack of actions taken when complaints were reported. Lack of legal anti harassment policies play a great role in increasing rates of harassment and this often leads to women participation in sports decrease as they do not feel safe in the environment.

5. Media representation: Media representation calls for portrayal of a group of individuals with different characteristics but this is a practice often avoided when it comes to female athletes. According to the statistics provided by UNESCO in 2018, 40 percent of athletes are women, yet women's sporting events only receive four percent of all sport media coverage. Lack of female representation in sports and media plays a deeper role in influencing multiple other factors. It discourages many from entering the sports sector and encourages gender biases against women. Moreover, it also leads to issues faced by women in sports such as pay gap, maternity policies and harassment often not represented in the media therefore not taken actions for.



The positive outcomes of sport for gender equality and women's empowerment are constrained by gender based discrimination in all areas and at all levels of sport and physical activity, fueled by continuing stereotypes of women's physical abilities and social roles. Women are frequently segregated involuntarily into different types of sports, events and competitions specifically targeted to women. Women's access to positions of leadership and decision-making is constrained from the local level to the international level. The value placed on women's sport is often lower, resulting in inadequate resources and unequal wages and prizes.

In the media, women's sport is not only marginalized but also often presented in a different style that reflects and reinforces gender stereotypes. Violence against women, exploitation and harassment in sport are manifestations of the perceptions of men's dominance, physical strength and power, which are traditionally portrayed in male sport. A number of critical elements have been identified for challenging gender discrimination and unequal gender relations, and establishing an enabling environment for gender equality and the empowerment of women, in many different areas, including women and sport. They include improving women's capabilities, through education and health; increasing their access to and control over opportunities and resources, such as employment and economic assets; enhancing their agency and leadership roles; protecting and promoting their human rights; and ensuring their security, including freedom from violence. The role of men and boys in challenging and changing unequal power relations is critical. In recent years, a stronger focus has developed on the positive role men and boys can and do play in promoting women's empowerment in many different areas, including in the home, the community and the labor market.



The current dominance of men in the world of sport makes their involvement and contributions to achieving gender equality in this area critical. The vast gap in the participation, financing as well as representation of female and male athletes is more than just an exposure to this systemic problem; it also reinforces it as most girls quit sports by 14 years of age at two times the rate in which boys do because of social norms and lack of concentration to quality programs (UN Women, 2024), a stark example of the injustice in the distribution of sports facility. One can infer that these inequalities are fueled by long lasting societal norms, lack of resources, and low policy and political will.

Socio-Economic Causes

Other factors such as culture, concern for safety, availability of opportunities, depiction in the media, and dependence on finances are all encompassed in social relationships and rank as socio-economic factors and contribute to gender inequity in sports.

- **1. Gender Stereotyping**

Given that sport was traditionally a male domain, the participation of women and girls in sport challenges a multitude of gender stereotypes, not only those related to physical ability but also those regarding women's role in local communities and society at large. By directly challenging and dispelling misconceptions about women's capabilities, integrated sport programmes help to reduce discrimination and broaden the role prescribed to women. An increase of women in leadership positions in sport can also have a significant influence on social attitudes towards women's capabilities as leaders and decision makers.

A common social constraint is the stereotyping of sport as “masculine” or “feminine”, which affects both male and female participation,



and can be difficult to overcome. Men can be branded as “effeminate” if they abstain from sporting activities, and women are often channeled into “aesthetic” sports, such as gymnastics and ice-skating, where traits perceived as “female” are exhibited. Accepted norms of behavior that expect women to be “ladylike” and demure excludes women in some contexts from participation in sporting activities that exhibit traditional male characteristics, especially contact sports (such as rugby) and “painful” sports (such as boxing). When women and girls do engage in such sports, they can be labeled with negative traits, such as being “manly” or “unfeminine”.

The attitudes of women and girls towards sport can also be restrictive. Women and girls may not have developed an understanding of the intrinsic value of sport and its contribution to personal development and well-being, or of their rights and potential in this area. Women and girls may also have internalized many negative perceptions of women and sport. Advocates are trying to change this perception, including Anita DeFrantz, Chairperson of the International Olympic Committee’s Women and Sport Commission, who promotes the idea that “sport is a birthright [and] belongs to all human beings”.

Traditionally and in most cultures, women tend to be more focused on family and home issues rather than competition in athletic activities. Such social-based perceptions contribute to the exclusion of women from critical sectors like sports. As indicated by a UNESCO report in 2022, 49% of girls drop out of sports during adolescence; six times that of adolescent boys.

- **2. Safety Concerns:**

A further impact of the sexualization of women athletes is increased harassment, exploitation and violence against women. Studies conducted in a number of countries give some indication of the



prevalence of violence and harassment in sport: 40-50 percent of female athletes surveyed in Canada and 27 per cent in Australia reported harassment. A study of Australian athletes found that 31 per cent of female and 21 per cent of male athletes reported experiencing sexual abuse at some time in their lives. Of these, 41 percent of females and 29 percent of males had been sexually abused within the sports environment. A Norwegian research project administered by the Norwegian Olympic Committee from 1995-2000 found that 28 per cent of female athletes had experienced sexual harassment in a sporting context. The study also showed that female athletes had experienced sexual harassment from both women (15 per cent) and men (45 per cent), either in or outside of the sport setting. Young athletes are particularly vulnerable. In the United States, adolescents made up 31 per cent of cases of harassment, and in Denmark, 25 percent of sports women under 18 reported harassment or knowing someone close to them who had been harassed.

Women and girls may face verbal harassment, including of a sexual nature, which can originate from other athletes, coaches, managers, spectators, and family or community members. For example, girls playing football in the Mathare Youth Sports Association programme in Kenya spoke of the taunts and jeers of the boys who teased them as they walked in the community and of the risk of being harassed by street boys who were present near the playing field.

Prevention of violence, harassment and exploitation in sport is gradually being addressed at both policy and operational levels. For example, the recommendation on discrimination against women and girls in sport passed by the Parliamentary Assembly of the Council of Europe in 2005 calls for the combating of sexual abuse in relation to sport. This followed on from the Council of Europe resolution passed in 2000 on the prevention of



harassment and abuse of women, young people and children in sport (3/2000), which resolved to commission research on the phenomena, prepare a national policy and suggest actions for implementation.

- **3. Lacking Opportunities:**

Opportunities for women and girls to participate in sport may be restricted, even when participation is allowed, the dynamics of gender relations and notions of masculinity and femininity may result in gender segregation in different types of sport and physical education. Inequalities also exist in access to resources, wages and financial incentives.

To begin with, the absence of professional leagues for women therefore limits their visibility and advancement opportunities. The NBA sports league already boasts a solid structure for male athletes, but WNBA lags far behind with so much potential. In addition, companies promote men's athletics, thinking they sell more. The UN Women report by 2024 had observed that female athletes received more media attention than in preceding years; yet, women still take up 16 percent of the media coverage on sports relative to men.

Another cause for this underrepresentation is the scarcity of female role models available for young women athletes. According to the Sport Integrity Global Alliance, women occupy only 26.9% of all executive positions within the international sport federations (2023). Consequently, this situation will mean that the cycle of inequalities will continue to multiply as young girls lack figures to emulate them.

- **4. The Role of Media**

The gender-based discrimination against women in sport-related employment is also apparent in the unequal representation of



women in sport media, and the negative portrayal of women athletes and women's sports remains a persistent problem. In addition, women's sporting events remain marginalized from the mainstream multi-billion dollar sport-media industry and while many local, national and international competitions include both men's and women's events, the men's events invariably dominate media coverage and local and global attention. For example, in the United States, the media coverage ratio in 2004 between male and female professional sporting events was 95 to 1 in television and 20 to 1 in print media. In Australia, a 1996 study conducted by the Australian Sports Commission found that coverage of women's sport was just two per cent of total sport broadcasting in television, 1.4 per cent in radio and 6.8 per cent in sport magazines. Newspaper reportage of women's sport was higher at 10.7 percent. When the South Australian Premier's Council for Women commissioned similar research in 2006, it found that newspaper coverage was just 4.1 per cent, despite a number of high-profile women's sporting events held during the study period.

Media representation and portrayal of men's and women's sport are also significantly different. Media coverage of women's sport continues to be influenced by gender stereotypes, which reinforce traditional images of men and women. Numerous research studies have, for example, shown that in sport media, women are frequently portrayed as "girls", no matter what their age, and described in terms of their physical attributes and emotional responses, often in ways that stress their weakness, passivity and insignificance.

The coverage, marketing and promotion of women's sport are also often highly sexualized. The value of the female athlete is often determined in terms of her body type, attractiveness and sex appeal, rather than in terms of the qualities that define her as an athlete.



Donna Lopiano, the former Chief Executive of the Women's Sport Foundation in the United States, says that the sports media culture is "deciding what sells, and they're not willing to sell legitimate female athletic achievement".

The promotion and popularization of women's sport requires an increase in media coverage as well as a significant improvement in the breadth, depth and quality of women's sport media, as called for in the 1998 Windhoek Call for Action. Non-discriminatory portrayal of female athletes in sport media and marketing could not only provide positive role models that encourage more women and girls to become athletes, but it could also persuade more women to become consumers of sport media and other products, as well as positively influence gender stereotypes and the sexualization of women in all areas of society.

5. Economic dependence on Women

The other socio-economic factor contributing to the incidence of gender inequality in sports is financial dependence. Societies generally dictate adherence to the above-discussed patriarchal norms of financial dependence on male figures and therefore repress women with regard to autonomy and the ability to take part in sporting activity, which may require financial investment.

For example, women's participation in countries like India is very much placed within the conventional customary roles; thus, it is quite tough for them to continue with sports as they require much money for training, travel, and equipment. According to the Asian Development Bank Report of 2021, just about 20% of women participate in sports regularly compared to 40% of men, primarily because of financial constraints and societal bindings. This is because economic dependency on the male of their families could limit women's involvement in sports.

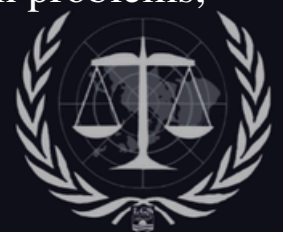


Typical assumptions of women in African nations are that they have to settle home matters and not participate in professional sports. In Nigeria, for example, a lack of sponsorship and funding opportunities largely discourages women from participating. Many women end up depending on their families or part-time jobs to continue with their training and competitions (UN Women, 2022). This reliance of the women on male figures for financial support impacts their involvement and is further one of the sustainers of the circle of gender inequality in sports.

The issue of clothing can also be a constraint where socio-economic conditions mean that women and girls are unable to afford appropriate sporting attire. Sporting attire may present a particular problem for Muslim women when dress codes prohibit them from wearing Western-style sport clothes. This issue is a concern not only for local community sports, but also for Muslim women participating in international events. For example, the Algerian Hassiba Boulmerka, who won the 1,500 meters in the 1992 Olympic Games wearing shorts, was forced into exile following the Games because of death threats.⁶⁴ On the other hand, Iranian women competed in kayaking in the hijab at the 1996 Olympic Games in Atlanta.⁶⁵ To provide suitable conditions for the participation of women in sporting activities in compliance with Islamic codes, the Women Islamic Games, organized by the Islamic Federation of Women Sport, were created.

POLITICAL CAUSES

Political and governmental factors also contribute significantly to a gender imbalance in sports in terms of pay disparities, resource allocation problems, political extremism, and absence of government initiatives.



- **1. Pay Disparity**

Stereotypical attitudes towards the value of women's sport also fuel inequality in wages, prizes and other financial incentives. For example, the average salary in the United States Women's National Basketball Association (WNBA) is only 2 % of the all-male National Basketball Association's (NBA) average. Furthermore, although many international competitions have achieved equality in prize monies, including the French, Australian, Wimbledon and US Tennis Opens, others continue to offer different rewards for men and women. In 2007, for the first time, Wimbledon offered equal prize money for the men's and women's singles winners.

Commercial endorsements and sponsorships are also an important part of a professional athlete's salary and career development. In general, it is an area where women receive far less support than their male counterparts, but there are some examples of female athletes breaking ground. The Russian tennis star Maria Sharapova has signed deals with Nike, Canon and Motorola and is worth an estimated US\$ 18.2 million, making her the world's best compensated female athlete. This trend is reflected in the Forbes 2006 list of top-earning athletes, which has five women placed in the top 25. As more women athletes obtain such high-paying endorsements, greater recognition of women athletes as major-league players is likely to follow.

A difference in pension pay exists between women and men, an area where women, globally, are being left behind. On average, women save less for retirement than men by about 30-40%. Plus, on the overall pension security at retirement, women are far less well off than men, according to the World Economic Forum, with this gap attributed to lifetime earnings that are much lower, and of course fewer years contributing to pension funds.



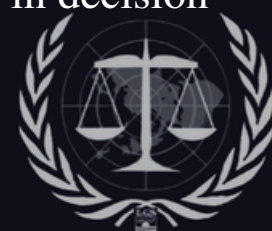
Again the gap is enormous, ranging from the biggest gaps of 49% in some European countries to a very minor gap of less than 7% in other European countries. As presented, the gap reiterates women's disadvantages in finance that arise due to their different lifespan in accessing and providing for their capitals thereby hampering chances at investing in sports or any other athletic careers.

- **2. Resource Allocation Disparity**

Resource allocation inequalities once again are replicated in sports bodies. There is great disparity in funding allocations for women programs vis-à-vis men's. UNESCO says only around 30% of the world's biggest sports federations have a woman as their chairperson, up until last year. Such funding allocations thus call for further limitations in training, competition, and growth for the women participants.

But the Women's World Cup 2023 was announced with the hike in the bonuses to 300 percent of the total payouts and translates into a bonanza of €135 million. The difference is several times lesser than that of the men's World Cup and sums up the notion that women's sports are just taken as neglect.

A comparative analysis by the European Institute for Gender Equality (EIGE) shows that countries with gender quotas have better and faster transitions toward good numbers in distribution and gender changes at the sports boards boards, while those without this facility take longer to have good numbers of gender changes in the concerned boards. For instance, Finland and Sweden are enjoying smooth transition to increasingly higher percentages of females into sports governance as they occupy 51% and 40% respectively in decision-making roles. Slovenian report cites as low 7% female share for similar roles (EIGE, 2023).



- **3. Lack of Government Initiatives**

Many governments do not support female athletes through a policy or programs. According to UNESCO, 2022, only 20% have national-level policies that support gender equality in sport. In this perspective, there is no strong commitment, which puts a barrier to the achievement of a fair sporting environment for women.

This latest development permits women in Saudi Arabia to engage in sporting activities but still lacks wide-ranging holistic government policies for female athletes. Women appear to be suffering from virginal cultural restraint and almost entirely inhibited with fewer and highly restricted access to spaces and resources. Also, there is a lack of a nationally framed official, structured policy for the promotion and encouragement of massive participation of females in terms of being an athlete.

Worse, in Iran, the government has set some strict dress codes for female athletes that relate to the Islamic regulations on clothing for them during competitions. It means that according to the law, women have to cover their arms to the wrist and legs to the ankle. Compromising upon these regulations while competing internationally often hinders the performance of female athletes. Roya Mahboodi of Asian Women's Arm-Wrestling champions said the sport was banned for a while since she competed with her arms covered with short sleeves without sleeves, kind of like washing lab coats on elbows. The Iranian government has taken it to an extreme by proposing imprisonment and chastisement on the people who are alleged to be venturing out in the streets unveiled, which also falls inline with the notion by the government that it is covering up for the veil rather than the rights of female athletes



- **4. Physical barriers to the participation of women and girls in sport;**

Women continue to be discriminated against in official regulations of international competitions and rules of major sporting facilities. The Augusta National Golf Club in the United States, which hosts the annual Masters Tournament, continues to uphold its men-only membership policy. This has led to strong opposition by national women's organizations and women's rights activists. Progress is, however, being made in other institutions. For example, the 250-year-old Royal & Ancient Club in Scotland, considered the world's leading authority on golf, lifted a longstanding ban on women playing at the Open Championship in 2005. Also, in 2004, the United States Professional Bowlers Association (PBA) opened the way for women to qualify for the PBA Tour and, in 2006, Kelly Kulick became the first woman to qualify for a seasonlong exemption.

IMPACTS

The effects of gender inequality in sports are multiple and broad, extending beyond female athletes to the general public. There can be identified psychological, physical, social, and economic effects of the inequalities faced by female athletes. Knowledge of these impacts informs the reason to place an emphasis on gender equality in sports and to develop effective interventions.



- **1. Psychological Impacts**

More female athletes have been documented to describe a greater number of symptoms of mental disorders compared to males. For example, while there is one article published on the British Journal of Sports Medicine, women athletes are twice as likely to show symptoms of depression and more susceptible to anxiety disorders as compared to their male counterparts. Furthermore, whereas the prevalence of eating disorders occurs between 6% and 45% among female athletes, it is 0% to 19% among men.

For instance, the compulsion towards the societal standard view of beauty can be another reason for female athletes to fall prey to body image disorders. As per the journal report of Sport & Exercise Psychology in 2021, It is reportedly stated that about 60% of elite women athletes admitted that they were put under body shaming pressure from their coaches which may further lead to disordered eating and low self-esteem.

Combining social pressures and performance pressures with sexism also causes burnout. For instance, a meta-analysis asserts that the pressure to equalize male counterparts means that female athletes experience more stress levels which negatively affect their performances and well-being.

- **2. Physical Impacts:**

Female athletes who have a higher level of anxiety have 1.9 times more chances of facing sports injuries compared to other females without anxiety. Additionally, female athletes require longer recovery times from injuries linked to such psychological stressors they face in sports. A review done on PMC in 2021 showed that mental distress made the whole process of recovery complicated; therefore, healthcare providers have to treat both physical and psychological complications as well.



- **3. Social Impacts**

In addition, sexual inequality in sports further forwards the traditional and stereotypical gender roles. Five-year-old girls feel that they do not belong to the sport for the same societal message; only 30 percent of parents believe that playing sports is very important for their daughters compared to 41 percent for their sons.

Furthermore, these stereotypes do not end when they grow out of childhood, but rather follow them into adulthood and affect the chances that will or will not come their way in athletics. Female athletes constantly fight against societal elements denigrating their success and self-confidence. Since the media typically focuses more on a female's appearance than on her dependability, this notion of a woman not as agile is therefore magnified. This kind of story scares the wits out of young girls who are otherwise expected to participate in competitions because they take it personally that the value of their lives is more of a concern with the shape of their faces rather than the talent they possess.

All these problems worsen the fact that women players are not presented as representatives in leadership roles in sporting organizations. According to a study by EIGE, women occupy only about 22% of the decision-making positions in European sports federations, putting them at a disadvantage regarding influencing policies and initiatives that could better promote gender equality and support female athletes, meaning that women always end up marginalized in such a setting. This bars them from realizing their full potential and success while at the same time conveying the message to young girls that they are not cherished as worthy players in the sports world.



- **4. Economic Impacts**

The female athletes receive far less as compared to their male counterparts in any sport. According to the report published by UNESCO, 2022, only one woman finds a place in the list of highest-paid athletes compiled by Forbes Magazine. This has always discouraged the younger generation from pursuing athletic careers, apart from lowering the standard of living for women in athletics. Women's sports also receive only a fraction of the sponsorship money in contrast to the sports of their male counterparts. According to UN Women (2024), the media might be talking a lot lately concerning women in sports, but female athletes still represent approximately only 4% of the overall sports sponsorship dollars thus greatly limiting the money provided to women's athletic programs.

Most female athletes seek endorsement and sponsorship deals, though they receive only a mere fraction of what flows their way to the males. For instance, a playing salary female athletes earn averages being 21 times less as compared to men and would illustrate the system of inequality clearly in funding sporting events. Women athletes find that 82 percent of their annual income is dependent on sponsors, which means they are more susceptible to economic contractions and never as financially stable as their male counterparts. For example, the report proceeds to show that 90 percent of dollars spent on partnership go into men's athletes, thereby continuing to siphon resources away from supporting athletic programs for women and perpetuating this cycle of inequality.

Furthermore, there is marked "long-term factor of economic sustainability with women's sports," as the revenue from elite women's sports will reach \$1 billion by 2024, Deloitte opines - "a figure that indicates increasing interest among brands and sponsors in capturing an expanding market" (Deloitte Insights, 2023). Without the supports now, the



deprivation of some key opportunities in growth and development afflicts women athletes; investing in women's sports both serves as a source of energization for women's economic empowerment but also contributes positively to the local economy through higher attendance at events and increased sales of merchandise.

IMPORTANT STAKEHOLDERS

1. Sports Organizations

Other governing bodies are central to trying to ensure this disparity is lessened in the future. For example, the International Olympic Committee (IOC) and Fédération Internationale de Football Association (FIFA), are in the process of launching the “Gender Equality Review Project” to increase women's participation and representation in sports leadership. Similarly, FIFA is collaborating with other investors in women's football with a target of achieving 30% female participation in decision-making positions by 2026. This stemmed from the realization of the fact that only 10% of the national federations sport had women in 2021 in decision-making positions.

United States

In the United States, Title IX, which was put forth in 1972, restricts discrimination based on sex in education programs or activities that receive federal financial assistance, including athletics, has been the main source of supporting gender equality in sports. As a result, female participation in high schools rose from around 300,000 in 1971 to over 3.4 million by 2020. The U.S. Women's National Soccer Team (USWNT) has issued an equal pay lawsuit filed in 2019 that pointed out major discrepancies in pay between the women's and men's teams.



3. Canada

The government of Canada has drafted several initiatives that aim to increase gender equity in sports: the "Sport for Life" framework, which ensures equal opportunities for all regardless of gender; increasing funding on women's sports has been part and parcel of the initiatives under the "Women and Sport" policy, aiming at expansion of participation at all levels; women's hockey and rugby teams are lauded both locally and internationally. In Canada there is the "Sport for Life" framework which ensures equal opportunities for everyone regardless of gender. To more money channeled towards women sports, the "Women and Sport" policy has been enacted. These two products are targeted towards attaining a more immense participation at all levels by women in Australia, New Zealand, and the Pacific regions. Canadian women's hockey and rugby teams have, therefore, become more popular both locally and internationally.

4. Australia

Australia has experienced extensive progress towards gender equality in sports. The Australian Commission of Sports has a "Women in Sport" program, where it aims to increase participation and leadership by women in sports organizations. Women's Australian Rules Football has shown growth in viewable and participatory numbers. The Australian Women's Cricket team also won consecutive World Cups, thus signifying the significance of gender equity in sports.

5. Norway

Norway is reportedly one of the countries with fair gender equality in sports. The nation allows both men and women athletes to receive high stipends through positive policies. Organizations for sports ensure that both genders have equal media coverage. The national federations of sports agree to address issues concerning gender inequality in terms of leadership.



6. Sweden

About 40% of the members of the Swedish Sports Confederation are women, and the organization has adopted steps for fair funding for its female members. Every year, the government dedicates approximately 100 million SEK to women's sports. Furthermore, the percentage of women who participate in organized sports has increased by nearly 60%. Twenty years ago, just 40% of women in the 16–25 age range played organized sports. In addition to the alleged rise of over 50% during 2015, Swedish media's coverage of women's sports can help raise awareness.

7. United Kingdom

According to a 2019 research, Sport England's "This Girl Can" campaign in the UK, which was introduced in 2015, has had a huge effect on women's participation in sports, with over 3.5 million women who joined sporting clubs after this initiative. Following its ad exposure 76% of participants felt more confident in exercising, effectively challenging social preconceptions. A 50% increase in the number of women enrolled in sports clubs and classes was also a result of the campaign's increased awareness of women's sports.

8. South Africa

SASCOC, or the South African Sports Confederation and Olympic Committee is one of the main promoters of inclusivity in Women's inclusion in sports. At the Olympics in Tokyo, South African female competitors were performing at the highest level. The 200-meter breaststroke gold medal went to Tatjana Schoenmaker, while Rebecca Meder and Erin Gallagher also added with their performance. Women won nearly half of South Africa's 37 medals at the 2018 Commonwealth Games, 13 of which were gold and Caster Semenya was victorious in the 800-meter event despite controversy. All of this stands as proof of the effectiveness of the SASCOC.



9. Japan

Japan focused on developing equality between the sexes for sports, with focus starting from the lead-up period to the Tokyo 2020 Olympics. They set certain targets on a balanced treatment between women and men in sports. The "Sport for All" program encourages more participation in the sports environment, whereas the successes of female judo and wrestlers have proliferated demands to enhance equality in sports. This is done by organizing community events, providing resources for local sports clubs, enhancing facilities and inclusivity of disabled people.

10. Saudi Arabia

Women's initiatives have been rarely funded by the Saudi Government and even face restrictions in media coverage. According to a 2020 study by the Saudi Arabian General Sports Authority, only 16% of women participate in sports regularly, compared to 77% of men. This is tied in with traditional societal values that discourage women from participating in sports.

11. Afghanistan

Before the seizure of power by the Taliban government, rights and recognition were steadily being granted to female athletes. However, this all changed with the Taliban government's rise to power. Human Rights Watch reported in 2022 that as of late 2021, a large number of female athletes had been forced into hiding and women's sports facilities had been shut down. Nearly 2,000 female athletes were left without prospects as a result of this sudden adjustment, demonstrating a sharp decline in gender equality.



CASE STUDIES

1. Pay disparity in Elite Sports: The U.S. Women's National football team and more Even though they had won four World Cups and routinely made more money than their male counterparts, female athletes still had to deal with large wage gaps. A lawsuit alleging gender discrimination was filed against the U.S. Soccer Federation in March 2019. Despite outperforming the men on the pitch, investigations showed that they only made roughly 70% of what the males did. The women's team earned \$50 million in revenue during the 2019 Women's World Cup, compared to the men's team's \$25 million in 2018. The salary differences between male and female athletes in professional sports are glaringly apparent. Certain Grand Slam competitions have equal prize money, but others don't, such as Wimbledon and the U.S. Open. As an illustration, consider the fact that in 2021, the average wage of an NBA player was approximately \$7.5 million, whereas that of a WNBA player was approximately \$120,000. Despite the fact that women's basketball is becoming more and more popular, as the 2020 season demonstrated.

2. The misgenderization of Imane Khelif: Imane Khelif, an Algerian female boxer, was falsely accused of having failed two gender tests during the 2024 Paris Olympics. Imane as well as Taiwan's Lin Yu Ting under this premise were disqualified by the IBA from participating in the 2023 world championship. The International Olympic Committee (IOC) denied this as "arbitrary," and claimed that the organization was leading a "disinformation campaign against the Olympic movement." With the disprovement of this claim Imane participated in the 2024 Olympics and won a gold medal. This was despite an online campaign of harassment against her by famous personalities such as former US president, Donald Trump and "Harry Potter" writer, J.K. Rowling.



PAST UN ACTIONS

Within the established framework of human rights and sport for development and peace, a number of United Nations intergovernmental and treaty body processes, as well as other international and regional processes, have specifically addressed some of the critical gender equality issues in sport and physical education. Global and regional policy/normative frameworks on women, gender equality and sport have been developed. These policy/normative frameworks have laid the foundation for a just and equitable world of sport for women and men. They have also recognized the power of sport as a catalyst for social and economic development. Implementation of these commitments has begun in all regions, and has resulted in real and tangible progress for gender equality and the empowerment of women and girls. However, the implementation of the frameworks continues to be constrained by gender-based discrimination in all areas and at all levels of sport and physical education.

1. UN general Assembly Resolutions:

- **I. Resolution 58/5 (2003):** Recognizes Sport as a means to promote education, health, development and peace and calls for collective cooperation to promote gender equality which invited Governments, the United Nations, the specialized agencies, where appropriate, and sport-related institutions to work collectively so that sport and physical education could present opportunities for solidarity and cooperation, in order to promote a culture of peace and social and gender equality and to advocate dialogue and harmony. It recognized the power of sport to contribute to human development and proclaimed the year 2005 as the International Year of Sport and Physical Education. The International Year aimed to facilitate better knowledge-sharing among



- different key stakeholders, raise awareness and create the right conditions for the implementation of more sport-based human development programmes. It provided a unique opportunity to use the power of sport to mobilize individuals, organizations and local communities, drawing together diverse groups in a positive and supportive environment. During the International Year, over 100 international initiatives and thousands of local projects were undertaken by Governments, the United Nations system, non-governmental organizations (NGOs) and the private sector. An unprecedented amount of media attention was accorded to the issue of sport and physical education. The notion of “sport for all” was emphasized and the principle of nondiscrimination was upheld as a fundamental human right.
- **II. Resolution 70/1 (2015);**

2030 Agenda for Sustainable Development, with Goal 5 to achieve gender equality and empower all women and girls.

2. The Beijing Declaration and Platform for Action (1995);

Addresses stereotyping of women and provides important policy recommendations on women, gender equality and sport. Calls for action to be taken to eliminate gender disparities and all forms of discrimination in the section;

Strategic objective B.4:

- I. Develop non-discriminatory education and training; Actions to be taken; (part m) Provide accessible recreational and sports facilities and establish and strengthen gender-sensitive programmes for girls and women of all ages in education and community institutions and support the advancement of women in all areas of athletics and physical activity, including coaching, training and administration, and as participants at the national, regional and international levels.



II. The Commission on the Status of Women, the principal global policy making body on gender equality, addressed sport and physical activity in its review of progress made in the implementation of the Beijing Platform for Action. In agreed conclusions 1999/17 (I) on women and health, the Commission called on Governments, the United Nations system and civil society to encourage women to practice regular sport and recreational activities, which have a positive impact on women's health, well-being and fitness throughout the whole life cycle, and ensure that women enjoy equal opportunities to practice sport, use sport facilities and take part in competitions.

3. UN Women Initiatives;

- I. HeForShe Campaign: In 2022, UN Women Sweden and Swedish soccer club, GAIS, embarked on a collaborative journey to champion gender equality through the HeForShe initiative. Their efforts were so impactful that in 2023, they decided to extend and deepen this partnership, underlining their unwavering commitment to promoting equality, dismantling discrimination, and reshaping societal norms. They have since then had the opportunity to engage in HeForShe lectures dedicated to eradicating gender discrimination, inspiring both men and women to champion equality, leading by example, and actively confronting discrimination when witnessed.
- II. Sport for Generation Equality Initiative: This coalition aims to accelerate efforts to promote women's leadership and equality in governance models, prevent and respond to gender-based violence, close the gap in investment in women's sport and promote equal economic opportunities, promote women's equal participation and bias-free representation in media, and provide equal opportunities for girls in sport, physical activity and physical education.



4. United Nations Millennium Development Goals (MDGs);

Women play an integral role in the achievement of every MDG, and every MDG is vital to gender equality and women's empowerment. With the inclusion of "Goal 3: Promote gender equality and empower women. Increasing access for women and girls to physical education and sport helps build confidence and promotes stronger social integration. Involving girls in sport activities alongside boys can help overcome prejudice that often contributes to social vulnerability of women and girls."

5. International Olympic Committee (IOC) Partnership;

- I. The International Olympic Committee (IOC) plays a central leadership role in the world of sport, and its policies set standards in international, regional and national sporting events and procedures. In 1994, it requested that the Olympic Charter be amended to include an explicit reference to the need for action on women and sport. This is reflected in the current Charter, adopted in 2004, which states that one of the roles of the Committee is to "encourage and support the promotion of women in sport at all levels and in all structures with a view to implementing the principle of equality of men and women."
- II. Resolution of the Second International Olympic Committee World Conference on Women and Sport; The resolution, adopted in 2000, calls for a number of strategies and actions to be taken by the International Olympic Committee, Governments and international organizations, including the United Nations system, such as:
 - a. Meeting the 20 per cent goal of women in decision-making by 2005;
 - b. Increasing scholarships and training for women athletes, coaches and other officials;
 - c. Raising awareness about the positive influence of the Convention on the Elimination of All Forms of Discrimination against Women on the development of physical activity and sport for women and girls;



- d. Urging the Commission on the Status of Women to recognize the importance of physical activity and sport to women's and girls' development at all stages of their lives;
- e. Raising awareness about the importance of quality physical education;
- f. Developing strategies and educational material to support physical education for girls;
- g. Implementing sexual harassment policies, including codes of conduct; and;
- h. Working with the media to ensure a more accurate projection of women's sport.

III. In 1995, the International Olympic Committee established a Working Group on Women and Sport, which was elevated to the status of a Commission in 2004. The Women and Sport Commission, which meets once a year, monitors the participation of women in the Olympics as well as their representation in decision-making. The Commission organizes quadrennial IOC World Conferences on Women and Sport to assess progress made in women and sport within the Olympic Movement, define priority actions and increase the involvement of women. The International Working Group on Women and Sport, an independent coordinating body of government organizations, aims to be a catalyst for the advancement and empowerment of women and sport globally.

6. UNESCO's Work on Sports and Gender Equality:

- I. UNESCO's Kazan Action Plan (2017) This Action Plan marks a commitment to link sport policy development to the 2030 Agenda of the United Nations, as well as support to an overarching sport policy follow-up framework and five priority areas for international and national multi-stakeholder cooperation. Action 4 is to Conduct a feasibility study on the establishment of a Global Observatory for Women, Sport, Physical Education and Physical Activity. It aims to enforce gender equality/Empower girls and women



(I.5), Maximize the Contributions of Sport to Sustainable Development and Peace (II) and Advance gender equality and empower all women and girls (II.6) II. UNESCO International Charter of Physical Education and Sport (1978) “The practice of physical education and sport is a fundamental right for all.” —article 1. Sport and physical activity were first specifically recognized as a human right in the International Charter of Physical Education and Sport, the Charter states: “One of the essential conditions for the effective exercise of human rights is that everyone should be free to develop and preserve his or her physical, intellectual, and moral powers, and that access to physical education and sport should consequently be assured and guaranteed for all human beings.”

7. Committee on the Elimination of Discrimination against Women (CEDAW):

- I. The Convention on the Elimination of All Forms of Discrimination against Women provides binding obligations for States parties on eliminating discrimination against women and girls in the area of sports and physical education. Article 10 calls for States parties to take all appropriate measures to eliminate discrimination against women in order to ensure equal rights with men in the field of education, including ensuring the same opportunities to participate actively in sports and physical education. Article 13 calls for States parties to take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on the basis of equality between women and men, the same rights, including the right to participate in recreational activities, sports and all aspects of cultural life.



- II. The Committee on the Elimination of Discrimination against Women has also reminded States parties, in its general recommendation No. 25 on temporary special measures, that temporary special measures, such as positive action, preferential treatment or quota systems, should be implemented in the areas of sports, culture and recreation. The Committee further emphasized that, where necessary, such measures should be directed at women subjected to multiple discrimination, including rural women.
- III. “States parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of women and men, the same rights, in particular . . . [t]he rights to participate in recreational activities, sports and all aspects of cultural life.” —(article 13).

8. Asian Working Group on Women and Sport (AWG);

In 2001, the first Asian Conference on Women and Sport, held in Osaka, Japan, led to the establishment of the Asian Working Group on Women and Sport (AWG). The Working Group developed the Asian Women and Sport Action Plan 2001, which sought to expand equal opportunities for women and men and girls and boys in Asia to participate fully in sport. The second Asian Conference, held in Qatar in 2003, adopted the “Doha Conference Resolutions”, which encouraged all parties to actively support women and sport. The “Yemen Challenge”, adopted at the third Asian Conference in Yemen in 2005, emphasized the importance of continued promotion and development of women in sport in Asia and included a request for all Asian Governments and National Olympic Committees to formulate a national women and sport policy by the 2006 Doha Asian Games, and to include therein a special chapter on women with disabilities.



9. Sport for Generation Equality Initiative (2020):

The International Olympic Committee (IOC) and UN Women have launched the Gender Equality Through Sport Bridging Project, a new joint initiative that will use sport as a tool to advance gender equality and prevent gender-based violence. The project aims to support sport and community development organizations, as well as policymakers, across three continents, to address the important issues of gender equality and gender-based violence through sport-based programmes. As part of its leadership role, the IOC is supporting signatories in understanding and implementing the guiding principles of the initiative, which was born from the Global Generation Equality movement driven by UN Women.

10. Global Sports Events and UN Partnerships:

- I. FIFA Women's World Cup: Globally, women players continue to struggle with fewer professional opportunities, a massive pay gap, fewer sponsorships, less airtime, and unequal playing conditions. When women players do succeed, they regularly face a toxic backlash of abuse online and offline. To address some of these challenges and advance in closing the gender gap in football, FIFA raised the prize money for the 2023 Women's World Cup to USD 150 million—triple the amount in 2019—as part of a three-step gender equality plan. The “Football Unites the World” campaign will highlight major gender equality issues during the tournament. Under this umbrella, UN Women is partnering with FIFA on two calls to action: the first to “Unite for Gender Equality”, to realize gender equality as a fundamental human right and as critical for a peaceful and sustainable world; and the second to “Unite for Ending Violence against Women”, a call to end violence against women and girls as the most pervasive human rights violation worldwide. Five other UN agencies have joined the “Football Unites the World” cause activation, including UNESCO, UNHCR, UN Human Rights Commission, World Food Programme, and World Health Organization.



QARMA

Questions A Resolution Must Answer (QARMA):

1. How can countries ensure equal participation opportunities in sports for women and girls?
2. How can the Gender Pay Gap be combated in the sports industry?
3. What policies and legal frameworks can be introduced to ensure that women are not physically and verbally harassed, sexually assaulted, or exploited in sports?
4. What type of portrayal should female athletes receive in the media and how can the media make an impact to decrease discrimination against female athletes?
5. What strategies can be developed to challenge cultural and societal norms as well as gender stereotypes that discourage female participation in sports?
6. How can sports organizations encourage more women in leadership and decision making roles? What impact could this have on the sports industry?
7. How big of a role does financial dependence play in gender inequality in sports?
8. How are lack of government policies and programs contributing to women's participation in sports?
9. What measures can be taken at a national and international level to ensure female athletes have the access to the same health, safety, training standards as male athletes?
10. How can funding and resource programs become more equitable? What policies can be implemented to ensure equal opportunities for female athletes in funding programs?
11. What types of support should be provided to organizations to help them develop and implement effective gender-inclusive policies?



12. What actions can be taken to prevent the sexualization of women in sports?

13. What loopholes exist at the national and international level which restrict/discriminate against women in sports? How can existing legislation be improved?



TOPIC AREA B: COMPREHENSIVE FAMILY PLANNING

United Nations Commission on the Status of Women;

The Commission on the Status of Women (CSW) first met 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.

From 1947 to 1962, the Commission centred on placing requirements and formulating global conventions to trade discriminatory law and foster international focus on women's issues. In contributing to the drafting of the Universal Declaration of Human Rights, the CSW argued in opposition to references to “men” as a synonym for humanity, and succeeded in introducing new, extra inclusive language.

The Commission drafted the early worldwide conventions on women's rights, such as the 1953 Convention on the Political Rights of Women, which was the first global regulation instrument to understand and shield the political rights of women; and the first global agreements on women's rights in marriage, specifically 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 additionally contributed to the work of UN offices, such as the International Labour Organization's 1951 Convention regarding Equal Remuneration for Men and Women Workers for Work of Equal Value, which enshrined the precept of equal pay for equal work.



In 1963, efforts to consolidate requirements on women's rights led the UN General Assembly to request the Commission to draft a Declaration on the Elimination of Discrimination towards Women, which the Assembly finally adopted in 1967. The legally binding Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), additionally drafted via the Commission, observed in 1979. In 1999, the Optional Protocol to the Convention delivered the proper of petition for girls victims of discrimination. UN Women focuses on these particular activities;

- I. To help Member States to implement standards mentioned in the CEDAW, standing ready to provide suitable technical and financial support to those countries that request it, and to forge effective partnerships with civil society;
- II. To lead and coordinate the UN system's work on gender equality as well as promote accountability, including through regular monitoring of system-wide progress.

KEY TERMS AND DEFINITIONS

1. Family planning:

Family planning tactics are methods that a person or couple uses to manage the quantity and timing of their children. This enhances quality of life, access to efficient healthcare, and economic stability by empowering families to make well-informed decisions regarding procreation. Accessible family planning tools discourage unintended pregnancies and encourage ethical parenting.



2. Contraception

The first significant category of contraceptives, which come in a variety of forms, includes intrauterine devices, barrier methods (like condoms and diaphragms), hormonal methods (like birth control tablets and patches), and behavioural tactics like natural family planning. All of the above, as demonstrated below, have differing degrees of efficacy, advantages, and potential drawbacks, making it possible for each person to choose the one that best meets their needs in terms of lifestyle and health.

3. Unexpected Pregnancy

Unplanned pregnancies are ones that result in a child when either conception was not wanted at all or it happened earlier than desired (mistimed).

Unwanted pregnancy cases frequently draw attention to deficiencies in the accessibility and availability of useful family planning tools and educational opportunities, motivating programs to concentrate on reducing the number of unintended pregnancies by using more potent contraceptives and providing more thorough sexual education

4. Informed Consent: The process by which willing human beings consent to a particular medical procedure after being fully educated about the risks, advantages, and available options is known as informed consent. Regarding family planning, it highlights how important it is to give people comprehensive information about all available forms of contraception, particularly affordable ones.

5. Equity: The concept of equity in reproductive health states that everyone has the right to high-quality reproductive care, regardless of their financial situation, location, or sexual orientation. It will improve justice and lessen the disparities facing health outcomes by guaranteeing appropriate



treatment and resources for family planning, contraception, and reproductive health

6. Reproductive Rights:

Reproductive rights mean legal entitlements that pertain to making independent decisions regarding one's reproductive health, particularly by women. This will cover the freedom to choose whether or not to have children, the availability of safe, legal abortion services, and the right to obtain contraception. On the other hand, because they preserve an individual's autonomy over such matters, protection against practices like forced sterilisation is an essential aspect of these rights.

CAUSES

1. Social:

In poorer societies, traditional values of large families are still being pursued. Culture expectations can pressure families, especially women, to have more children, regardless of their health situation and the economic condition of the families. In such areas, women's ability to make decisions regarding their reproductive health is constrained. This gender inequality results in limited access to contraception and healthcare, as male partners and societal norms dominate the reproductive choices of women.

Moreover, about 218 million people in third world countries have no access to contraceptives, this leads to unplanned pregnancies, which will be a huge burden for both mothers and families. In some cultural and religious communities, birth control is considered as a taboo subject, and is not being considered in uneducated religious families. This results in an unprecedented increase of childbirth in the society.



2. Economic:

In poor families, increasing the number of children is seen as a more hand to earn for the family. Moreover, poverty can lead to unacceptability of contraception, causing further increase in childbirth. Education, especially for women, is crucial as only with more awareness of reproductive health and the economic implications of larger families will they start to use contraception and reduce the number of children they have. With women's increased participation in the labour force and urbanisation, families started to prioritise career and financial stability, reducing childbirth and opting for smaller family sizes. Women in urban areas have better access to healthcare services, including family planning as compared to rural women.

3. Political:

Governments that support family planning policies often have lower fertility rates. For example, countries with strong policies for global family planning, like the European nations, tend to have higher contraceptive use and lower birth rate than countries with political instability. In some countries, governments influenced by conservative religious groups have caused lower access rates of contraception and family planning education, leading to higher rates of pregnancies. Moreover, in third world countries, family planning services often rely on international aid. For example, the US contributes significantly to USAID, in order to support global family planning, and through the UNFPA. Nevertheless, some changes in the politics, such as the Donald Trump administration's departure of UNFPA funding and the later restoration when Biden gained the presidency, show clearly how political shifts can affect family planning programs.



IMPACTS

1. Social:

Access to contraceptives allows women to participate more easily in the workforce, and pursue higher education in order to improve themselves. For example, countries with more gender equality, such as Scandinavia, experience higher economic growth and public health outcomes, as women can make reproductive decisions on their own. Cultural barriers affect the resources available to society; as a result of high birth rates and overpopulation, it becomes more difficult to provide infrastructure, healthcare, and education. However, nations like Bangladesh, which effectively tackled cultural barriers to contraception, have seen a decline in fertility from the 1970s, when each woman was giving birth to six children, to only two now.

2. Economic:

Studies show that improved family planning can reduce poverty by helping families allocate resources in a better way. As larger families are a burden on the finances, and limits investments in education, healthcare and quality of life. Countries with high contraceptive use, such as Rwanda, have shown reduction in poverty and higher GDP growth. In urban areas, females are often educated and prefer work life over family life. Causing an increase in labor force participation with more household income. The educated women are likely to have less children and focus on their career and economic contributions more. Globally, nations with higher female literacy rates have lower fertility rates, which benefits both mothers and children's health. For example, in Sub Saharan Africa, countries with more access to family planning have an improvement of 23% in female education.



3. Political:

Political support can help spread family planning further. Countries like Thailand and Ethiopia have improved the health of mothers and children due to their government support in reproductive health policies. Since the early 2000s, Ethiopia's well-designed family planning has effectively decreased maternal mortality by about 40%. However, political instability that reduces funding for family planning can lead to increased maternal and child mortality, especially in third world countries. The restoration of US funding for the UNFPA under Biden, has managed to restore services to over 150 countries, reversing the damage created by the previous funding cuts. It's common knowledge that nations that receive foreign support for family planning, for example through USAID or UNFPA, have lower rates of unwanted births and better access to contraception. This reduces the maternal deaths globally. For instance, recent US financing has contributed to the prevention of almost 8 million unwanted pregnancies, along with the potential to reduce maternal mortality to 49,000 per year with more investment.

CASE STUDIES

Adverse Case Studies

Pakistan

In Pakistan, family planning programs initiated since the 1960s had failed to achieve most of their set objectives and the situation remains fraught with challenges for the government. Other such schemes initiated include National Family Planning Program and scheme for Lady Health Workers that promised spread-out access to contraceptive services and ensured better reproductive health outcomes; yet decades later, Pakistan still finds itself grappling with one of the lowest CPR in Asia. Only 25% of married women reportedly used modern contraceptive methods as of 2017-18,



far from the ambitious goal of reaching 50% set by the government for 2020.

A slew of barriers—from cultural resistance and political instability to lack of adequate funding and systemic inefficiencies—have dramatically under-implemented the programs, despite the best of intentions. Community health workers—including especially the LHWs who stand at the nexus between the healthcare system and its largely rural populations—suffer too commonly from inadequate training and infrastructure to provide family planning services effectively. They frequently end up ill-equipped to deal with the intricacy of reproductive health needs, or to destroy the many misconceptions about contraception in communities.

Cultural barriers have complicated the already complex issues with populations and consumer behaviors. Social norms at times limit the freedom of women concerning their reproductive decisions and they end up facing resistance from the male partners to use any form of contraception. This is especially so in the more conservative regions where family sizes and reproductive health matters are at the discretion of the man. As a result, they have the most meager forms of control over their reproductive health, a situation which undermines any initiative family planning may work with, regardless of how good its intentions are. Despite the best public awareness campaigns, there are several sections of people who remain uninformed about various contraceptive methods available, or, worse, cling to deep-seated misconceptions about their safety and efficacy. The gaps in education are stark: about 17 percent of married women in Pakistan have an unmet need for contraception, with all its implications for the health landscape at large.



For instance, unwanted pregnancies will still remain a problem merely because estimates indicate that 2.25 million unwanted pregnancies occur every year, meaning that in addition to the great strain on women's health, it also means an overburdened health care system.

Rural Bangladesh

Despite nearly four decades of investment in family planning programs since the 1970s, major service delivery gaps remain today when compared to what Bangladesh's rural population requires for appropriate reproductive health services. In 2019, for example, nearly 10% of such women in rural areas again reported an unmet need for contraceptives, reviving the persistent gaps in service delivery amid continued efforts. This problem is also highlighted by overreliance on community health workers whose outreach, although valuable, has been too little to break through the social restrictions and cultural norms hindering the women from seeking contraceptive services.

The family planning programs in Bangladesh always had a very well-defined goal: lowering fertility rates and improving maternal health through the increased availability of safe and affordable access to contraceptives for women, especially those in the rural areas. Good programs on paper, the implementation strategies have too frequently ignored socio-cultural dynamics of rural communities. The other critical challenge is the absence of male involvement in the family planning discourse. In many instances, decisions on contraception are not left to women but to husbands or even more extensive family members, who may be very conservative regarding reproductive health. All this burden fell on the shoulders of women, who in many cases felt quite disempowered and unsupported when seeking the services. Finally, there is also an educational failure in these regards, whereby most women did not know all their available methods of contraception, even worse feared reaction of the families upon their approaches to the service providers.



Further, even though the overall use of contraception in Bangladesh has improved, rural women have to "negotiate multiple levels of resistance" to access such basic services; scant beliefs regarding side effects from contraceptive use are among women, but others fear adverse health results due to misconceptions while family members deny them because of antigrowth sentiments against modern medical intervention. This only serves to address such fears that are often coupled with lackluster education campaigns and leave an overwhelming percentage of the populace terrified of using contraception altogether. Such pressures coupled with persisting misconceptions continue fueling unbelievably high rates of unintended pregnancies, which in turn have led to unsafe abortion practices posing dangers to the health and lives of rural women.

Evaluations of family planning programs in these regions show some success but much more to be made so that all women everywhere have equal access to reproductive health services. And as if these were not sufficient gains in contraceptive prevalence, an important measure of success, are elusive or unevenly spread, with rural areas far behind essential indicators of success. Deeply entrenched cultural norms, aggravated by outreach and ongoing resistance to contraception, continues to present a barrier toward consequential movement, making many women in rural Bangladesh stuck in cycles of unwanted pregnancies, maternal health risks, and minimal reproductive autonomy.

Sub Saharan Africa

The family planning efforts have come under a host of problems that have struck deep roots in Sub-Saharan Africa, and the efforts in addition made by international organizations like Marie Stopes International and the government's joint projects are unable to avoid those problems. This is highly unhelpful for equality access for all women. This region of tremendous socio-cultural variance and economic inequality



presents marked contrasts in contraceptive use, as most vividly demonstrated in the higher rates in the urban centers but vast areas of rural and underserved populations remaining largely unconnected with these services. Many of the women living in these rural villages are not only unaware of the many contraceptive methods they could use but also undergo a good deal of stigma and popular resistance to access such services, which remains the biggest gap between policy implementation on the ground, in this case.

So while the overall thrust of these family planning programs has been toward creating improvements in reproductive health by making modern contraception available to women in their reproductive years, reality is much more complicated. Such efforts, although sustained targeted attention towards increasing the total number of contraceptives distributed, fail in themselves to reflect the vast social determinants and cultural contexts which deeply influence whether women can freely make decisions about their own reproductive health. Just like much of the literature referenced above, societal norms where large families and fertility rates are considered measures of success also limit women's autonomy, because these societies also place limiting gender roles on men that dictate who should have the last say in matters regarding family planning. For communities where such patriarchal systems are very dominant, male partners may totally oppose the use of contraceptives thus providing women with family planning services provided against their will.

Beyond operational or resource constraints, what has been the far greater impediment to effective family planning programs in Sub-Saharan Africa is a total lack of comprehensive education and outreach—a huge critical need to correct misinformation and even fear surrounding modern contraceptives. Many women harbor unsupported beliefs about the pill and what risks may occur,



a host of side effects perhaps or potential long-term health issues for which there is no medical groundwork, but that fear endures because programs have not appropriately concentrated on dispelling myths and offering culturally accurate information. For instance, it is reported that most Nigerian women never used any form of contraception, due to fear of the husband or the community, especially showing how social pressure and misinformation proved as barriers towards the success of such initiatives. This means, even where they are technically available, they often go unused due to the pervasive influence of cultural taboos and family expectations and thus exert a persistent unmet need for family planning services, which contributes to the high rates of unintended pregnancies, unsafe abortions, and overall poor maternal health outcomes.

Even with impressive growth in family planning programs and services, the continued high rates of unintended pregnancies in the rural and the less-served areas of Sub-Saharan Africa are reflections that these programs have not reached their optimum impact to transform the health outcome within reproductive health. To overcome these persistent difficulties, it has increasingly become clear that efforts to strengthen family planning in the years ahead will need to be more comprehensive and integrated than merely distributing supplies of contraceptives or expanding clinical services. There needs to be a concerted effort to engage with the socio-cultural contexts in which these women live, requiring involvement of men, community leaders, and other key stakeholders in discussing how contraception can be normalized and increasing shared decision-making around reproductive health. Programs must expand access but also seek to eliminate some of the cultural and educational obstacles between women and their ability to express the right of choice as to whether and when to have children.



Success of the family planning initiatives in the Sub-Saharan region, in general, is therefore contingent upon the ability to challenge these deeply entrenched cultural norms, gender dynamics, and systemic educational deficits that continue to undermine progress.

SUCCESSFUL CASE STUDIES

1. Ananya Program, India

Launched in the year 2012 in Bihar, India, the Ananya Program was a critical initiative in issues concerning the health of the reproductive, maternal, child, newborn, and adolescent health (RMNCH+A). Bihar State is one of the most populous and under-served states. For decades, Bihar was plagued by high maternal and infant morbidity and mortality rates together with low CPR. Answer: The Ananya Program brought together all these services and, henceforth, increased access to general family planning services with improvements in health outcomes for that population.

It approached the implementation of its objectives in a holistic manner. Community mobilization, health services provider training, and an effective monitoring mechanism were key to this approach. The initiative was uniquely characterized by direct home visits by female community health workers who were educating and counseling women on family planning. This approach was intended to facilitate easy transcultural conversations during public or clinical settings, since conversations about the topics of contraception are often and frequently challenging because of cultural differences. Until 2019, this initiative already covered over 10 million women in terms of essential family planning information, which greatly enhanced the use of modern contraceptives.



The impact of the Ananya Program has been visible. In Bihar, the CPR in 2012 was 35%, and it currently stands at around 47%. The TFR has also come down from 3.4 children per woman in 2012 to 3.0 in 2019. Still, the challenges persist. Socio-cultural norms continue to restrict many women from decision-making power regarding family planning.

2. Family Planning Program, Bangladesh

The Family Planning Program Bangladesh was officially introduced in 1976 because the government considered rapid population growth as a big barrier to national development. Its main objectives were to decrease fertility rates through expanding access to modern contraceptive methods and education on family planning. From the very beginning, the new initiative adopted an innovative model based on community approaches, which emphasizes that the service would be delivered to the doorstep of the households relying on female health workers called Family Welfare Assistants (FWAs).

It was anchored on a very multifaceted approach- that is, FWAs received much formal training and UH&FWCs became the local reproductive health hubs. Public-private partnerships were employed along with strategies that amplified community engagement, to reach harder-to-reach areas. And by 2018, Bangladesh achieved CPR to the tune of 62%, up from a minuscule 8% in 1975. In fact, such developments were the outcome of many years of sustained political will and continuous investment in the community health infrastructure.

The numbers speak for themselves. Total fertility rate, or TFR, declined from 6.3 children per woman in 1975 to a mere 2.01 by 2020. Access to reproductive health care also resulted in significantly declining maternal mortality rates. But success has an asterisk. Regional inequalities in access to contraceptives and the unmet demand among adolescents are two ongoing challenges. The areas that need more focus are that the



progress continues in the program and gaps in the service delivery.

3. Family Planning Initiative, Ethiopia

The Ethiopian government launched its Family Planning Initiative in 2010, aimed at enhancing access to contraceptive services in the country, as part of the larger strategy on reproductive health. At 4.6 children per woman, the fertility rate was among the highest in the world; hence, an initiative for unmet family planning needs for women of reproductive age was undertaken. The government had recognized that expanded access to contraception was part of national development and sought to transform service delivery in the area.

The approach underlined holistic transformation of health care service provision. Education on health care was expanded, and community-based distribution networks were established to make condoms easier to access, especially in areas which did not have them. One strong component of the program was male involvement as concerned with reproductive health choices, a component strengthened through mass media and outreach efforts at the grassroots level. Family planning services became integrated into primary health care that provided a basis for long-term sustainability. These integrated approaches have brought the CPR from 15% in the year 2005 up to 41% in the year 2019 and this is truly a reflection of great progress. TFR diminished by reducing from 5.4 children per woman in the year 2000 to 4.6 in the year 2019. The progress accomplished till date is marred by the fact that rural populations are inaccessible and service quality issues are troublesome politically and economically. However, it opened up ways toward long-term progress in Ethiopia's reproductive health.



4. Reproductive Health Services Program, Kenya

Mexico's National Family Planning Program was officially inaugurated in the late 1970s in response to the urgent challenges posed by rapid population growth, which the government identified as a pressing issue contributing to widespread poverty and social inequality. With high fertility rates posing a threat to national development and public health, the program aimed to provide universal access to family planning services, firmly embedding this objective within the country's public health policy framework. The program's execution was multifaceted, focusing on enhancing access through public healthcare facilities while simultaneously collaborating with non-governmental organizations (NGOs) to reach marginalized populations effectively. Outreach strategies were critical; educational campaigns promoting reproductive rights and available contraceptive options were developed to raise awareness. Moreover, healthcare providers received comprehensive training to ensure they delivered respectful, informed care related to family planning, fostering an environment of trust and support for individuals seeking services.

Over time, the effectiveness of Mexico's National Family Planning Program has become evident in the significant shifts observed in reproductive health metrics; the contraceptive prevalence rate (CPR) climbed from approximately 28% in the late 1970s to about 70% in recent estimates. Concurrently, the total fertility rate (TFR) experienced a notable decline, decreasing from around six children per woman at the program's inception to roughly two children today, showcasing substantial progress toward the overarching reproductive health goals.

However, despite these advancements, challenges do persist, particularly regarding accessibility to services in remote regions where healthcare infrastructure remains underdeveloped.



These case studies highlight the diverse strategies employed by various countries in implementing comprehensive family planning initiatives, emphasizing both their successes and the areas that require ongoing attention to ensure equitable access for all populations.

5. National Family Planning Program, Mexico

Mexico established the National Family Planning Program in the late 1970s with the aim of addressing the urgent challenges caused by the highly prevalent and segmented poverty and social inequality determined by the government to be mainly caused by the population growth rate. Family planning was aimed at ensuring that every person has access to family planning service while rooting this objective inside the public health policy framework of that country.

The program implementation was multi-stranded. On the one hand, efforts were made to expand access through public health facilities while, simultaneously, attention was paid to engaging NGOs in order that outreach to the marginalized population took place in the most efficient way possible. Outreach was key; campaigns were conducted for enlightening people about reproductive rights and the contraception options available. Not to forget, the service providers received comprehensive training to be able to care for their family planning needs respectfully and with proper information so as to create an enabling and trustworthy service-delivery environment for the service users.

Over time, the effective changes experienced through the great changes in the metrics of reproductive health have realized the National Family Planning Program in Mexico; the CPR increased from around 28% during the late 1970s to about 70% during the recent estimates. At the same time, the TFR also registered a significant decrease from around six



children per woman at the beginning of the program to about two children today, thereby reflecting significant advancements toward the broader overall reproductive health goals.

Still, despite such progress, there are still some difficulties pertaining to access in remote areas where healthcare infrastructure is not well advanced. These case studies indicate the strategies of various countries toward fully implementing comprehensive family planning, high successes in their efforts, and areas needing further attention to ensure equitable access for all populations.

PAST UN ACTIONS

Universal access to sexual and reproductive health services: The UN has set a target to achieve universal access to sexual and reproductive health services by 2030 through the Sustainable Development Goals, specifically Goal 3: Ensure healthy lives and promote well-being for all at all ages. The funding for these projects have come from NGOs like the Bill and Melinda Gates foundation, the Packard foundation, Planned Parenthood, Marie Stopes international, etc., excluding independent funding from governments.

Family Planning 2020, or FP2020: an effort that was started in 2012 and aims to give access to contraception to 120 million additional women and girls by 2020, mostly in the world's poorest countries. There have reportedly been advancements up until 2019; more than 30 million more women now have access to family planning services. These countries include: Cameroon, Ethiopia, Kenya, Benin, Burkina Faso, Malawi, Mali, Afghanistan, Bangladesh, India, Ghana, Guinea, Rwanda, Cambodia, Burundi, Mauritiana and Honduras. Other major countries like the USA, UK, and Germany have also supported this project.



Global Family Planning Funding: The United Nations and its foreign allies have reached an agreement on more funding. According to reports, around \$1.5 billion was spent globally in 2017 on family planning. As a result of this, maternal mortality has decreased in nations that have adopted comprehensive family planning programs, according to the World Health Organisation. For instance, Bangladesh's maternal death rate decreased from 374 to 173 per 100,000 live births between 2000 and 2017. In Ethiopia, with the launch of the Health Extension Program, the country saw a dramatic decrease in maternal mortality as the usage of contraceptives increased from 6% in 2005 to over 30% by 2016.

IMPORTANT STAKEHOLDERS

1. Government Agencies;

Family planning activities were supported by governmental pillars. The departments have been working diligently, designing policies, taking inputs, and implementing programs, thus bringing improved conditions concerning reproduction health all over the world. Agencies that provide family planning services team up with county-level health departments to make the services accessible and accessible for usage while often working with other international agencies to cover more of the programs and support efforts for reproductive health services. At the top of the agenda of the government since not much more than four decades ago, when fertility rates plummeted from 6.3 per woman in 1975 to an estimated 2.01 by 2020, has been the setting up of a national framework in family planning.

2. Health Care Professionals;

The front line providers include doctors and nurses as well as community health workers. In addition, they can offer the needed counseling and education concerning contraceptives. Such acts make



people take rational decisions concerning reproductive health. In Bangladesh, strategic placement of female community health workers has been instrumental in boosting uptake of contraceptives among women in the rural areas, which has resulted in an impressive increase in the CPR from a paltry 8% in 1975 to approximately 62% by 2018. The role of health providers is not just in terms of providing the service but also in empowering communities to establish confidence, an important determinant for overcoming cultural barriers that is often lagging behind contraceptive use.

3. Non-Governmental Organizations (NGOs);

NGOs form a vital part of family planning programs as they utilize their potential in reaching out and servicing the communities. Organizations like Pathfinder International have been very influential in projects like Shukhi Jibon, which have primarily worked towards enhancing family planning service deliverability among the marginalized sections of Bangladesh. The program launched in 2018 and has worked within such a short period to reach over 14.6 million couples and nearly 1 million adolescents; the work of NGOs has impacted service delivery and filled in accessibility gaps. Normally, the NGOs work together with government agencies to ensure that programs are culturally appropriate and, in turn, assist them better to allow communities to meet their diversified needs.

4. Community Leaders;

Mostly local community leaders, who include local religious officials, make a difference for the people in society in terms of attitudes towards family planning. Their incorporation alone may make interventions in reproductive health affairs an ideal occurrence as they observe practices by their respective communities. In some areas, working with advocacy interventions has been known to catalyze a discourse on family planning and



inspiring persons in the communities to employ services already designed for them. The community leaders have to be involved in the fight for and redetermination of cultural beliefs that might otherwise prohibit the use of contraceptives; thus, the environment changes, becoming an accepting one regarding reproductive health debates.

5. International Funders;

International funders ensure that there are available pool funds and other resources to be committed to family planning programs in various parts of the world. Funding suppliers include organizations like USAID and the Global Fund, which really become essential pillars that enable countries to work towards more cohesive strategies for reproductive health. For instance, all the contributions from USAID are valuable in initiatives such as Bangladesh Shukhi Jibon but innovative approaches in scaling up success cases on access to voluntary family planning services in Bangladesh were reportedly highlighted. Apart from that, international donor support that promotes scaling up success cases opens room for partnerships with many other stakeholders sharing common reproductive health objectives to benefit populations in need.

6. Academics and Researchers;

Academic researchers provide valuable insights into the success of family planning programs through carefully conducted studies that ascertain results and identify best-practice interventions. Their research efforts are immediately translated into policy decisions and program designs in the form of evidence-based recommendations to improve service delivery and barriers to contraceptive use. For instance, the Bangladesh family planning program has uncovered both the success of fertility decline and the continuous challenges that resonate with gender-based accessibility issues. Therefore, such an outcome guides future interventions in a proper direction where strategies embarked upon for implementation are aligned with the challenges facing the communities.



7. Media Houses;

Media houses will then become the means for raising awareness about all the family planning options and reproductive health issues through various media outlets. Successful media campaigns will influence the way the public thinks about and discusses the use of contraceptives within their respective communities. Several countries have used landmark media strategies in passing on information regarding the existence of family planning services hence labeling talks on reproductive health and also reducing stigmatization together with the utilization of contraceptives. The use of various media channels groups will be able to raise awareness on the existence of family planning resources, and persons will make informed choices.

QARMA

Questions A Resolution Must Answer (QARMA):

1. What is the role of loopholes in legislation in impacting family planning methods?
2. How can healthcare systems be improved to provide services for mothers?
3. To what extent do domestic issues play a role in lack of family planning in multiple areas?
4. How impactful is the lack of contraceptive methods on family planning?
5. What role does education play in increasing family planning?
6. How does poverty contribute to an increasing lack of family planning?
7. How can governments contribute to increasing family planning tactics in countries?



8. What actions can be taken to improve facilities for pregnant women?
9. What actions can be taken to prevent cultural and social barriers from decreasing family planning awareness?
10. How can legal policies play a role in family planning? How can they be implemented?

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