

# CSW

## Commission on the Status of Women

**Committee:** Commission on the Status of Women (CSW)

**Topic:** Providing antenatal and postnatal care for mothers and infants in refugee camps

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## I. Committee Background

The United Nations Commission on the Status of Women (CSW) was established on June 21st, 1946. The purpose of this committee is to evaluate the progress of the UN members working towards achieving gender equality and women's empowerment. It was created in Beijing by the Economic Social Council (ECOSOC) to promote gender equality and the empowerment of women. The CSW has 13 member states from Africa, 11 from Asia, 9 from Latin America and the Caribbean, 8 from Western Europe and other states, and 4 members from Eastern Europe, which are elected for periods of four years (Commission, UN Women, 2020). To achieve its Sustainable Development Goals (SDGs), which are no poverty, gender equality, decent work, and economic growth, industry innovation and infrastructure, reduced inequalities, sustainable cities and communities, and partnership for the goals (Benson Whalen, ISSD, 2019). CSW has identified gaps, and areas requiring urgent attention, risks and challenges, emerging issues likely to affect the realization of specific principles, created policy recommendations on ways to accelerate progress for those at risk of being left behind, among other actions (Achieving Sustainable Development, UN, 2008). The CSW is promoting women's rights and is shaping global standards on gender equality and the empowerment of women. Their project for 2019 was to protect social systems, provide access to public and sustainable services. The upcoming projects for 2020 are to review and appraise the Beijing declaration and platform for action and the results of the 23rd session of the General Assembly and the contribution to the 2030 sustainable development goals (Commission, UN Women, 2020).

## II. Topic Information

### A) History of the Topic

Pregnancy care includes prenatal care (before birth care) and antenatal care (after birth care). Prenatal care involves taking measures that help decrease the risks of complications during pregnancy and increase the chances of a safe delivery. It usually consists of taking daily folic acid, quitting smoking and not drinking alcohol, information on maternal physiological changes, prenatal testing, and avoiding contact with toxic substances or chemicals (Madell, Healthline, 2012). According to the World Health Organization (WHO), regular access to prenatal care decreases maternal deaths, miscarriages, birth defects, low birth weight, neonatal infections and other preventable health-related issues (Maternal Mortality, WHO, 2020). Postnatal care usually refers to the first six weeks following childbirth. It consists of getting proper rest, nutrition, and vaginal care. The WHO has found that this period is the most critical because it is when the most maternal and newborn deaths occur (WHO Recommendations, WHO, 2013).

A refugee is a person who “has fled war, violence, conflict or persecution and has crossed an international border to find safety in another country” (What is a Refugee, UNHCR, 2020). Conditions in many refugee camps are harsh. For example, a study conducted by Duke University found that refugee camps in Mediterranean were overpopulated and lacked running water and electricity. These conditions mean that diseases such as cholera and tuberculosis are common. It also has a detrimental impact on the mental health of refugees who often suffer from depression, anxiety and suicidal thoughts (Duke University, 2018). Pregnancy and childbirth can be extremely dangerous, especially for women who live in harsh conditions and do not receive antenatal and postnatal care. In 2017, approximately 810 women died every day from preventable causes related to pregnancy and childbirth. The majority of

these women lived in developing countries, conflict zones and refugee camps (Maternal Mortality, WHO, 2019).

The World Health Organization suggests that refugee and migrant women should have a minimum of eight doctor visits throughout their pregnancy and at least one follow-up visit six weeks after birth. However, this is usually not possible due to a lack of available healthcare facilities, doctors and/or resources (Improving, WHO, 2018). Prenatal care services must be equitably granted to all pregnant women considering that it is markedly beneficial for the woman and the baby. Reasons include that it is the most effective way to promote a healthy pregnancy and birth. Likewise, the services can prevent certain complications that occur during these stages such as anemia, diabetes, asthma, preterm delivery, weak growth of the baby in utero, the chance of dying in its first 27 days of life, or it to be born at low birth weight. Besides attending prenatal care, mothers can receive more support through advice and information about all the necessary nutrition, exercise, and conditions that may complicate the pregnancy or development of the baby (Pregnant Women, WHO, 2016).

## **B) Current Issues**

**Afghanistan:** Afghan refugees are less susceptible to losing their child during pregnancy every passing year. This is because of increasing antenatal and postnatal care. As an example, the percentage of antenatal care and birth attendance went up from 31% and 24% to 64% and 59% respectively in the last 10 years, and the mortality rate in children and newborns has lowered noticeably. Although there are many great achievements, and more are yet to come, refugees are still in danger of a risky pregnancy. Inequality, cultural barriers, low quality in services and insecurity

affect healthcare for women and their children. Obstetric care is an essential part of a healthy pregnancy, as well as information access. Involvement, education, coordination and information are necessary to improve quality and quantity in refugee pregnancies (Maheen, Deakin University, 2017).

**Nigeria:** Considering that during 2015, violence in Nigeria intensified, many people were forced to flee their homes and seek safety in refugee camps. In these camps, people did not receive good quality basic needs such as health care, consequently, the health of refugee pregnant women and their babies were highly vulnerable. Most of them had no choice but to give birth in bad conditions since camps were generally very crowded, and others if they were lucky, managed to be attended by midwives. Based on this, the United Nations decided to establish The Nigeria 2015 Regional Refugee Response Plan (RRRP). This plan consists of protecting and assisting refugees from the on-going conflict, as well as improving access to basic services. Currently, mobile clinics have been implemented in many insecure and inaccessible areas, providing prenatal and postnatal services, education on breastfeeding, and other safe practices for mothers (Nigeria, UNHCR, 2015).

**South Africa:** South Africa has accepted many refugees over the years, because of ongoing conflicts and wars. Among all these people are refugee women in need of maternal care. A midwife is expected to take care of a pregnant woman no matter what, however, they can be poorly trained or lacking respect for others. Public hospitals can also be short of equipment, making immigrant pregnant women feel excluded and unwanted. It is also expressed that they are ignored or treated unfairly by staff. These problems result in absence of rightful care and support all women deserve. Although South Africa has seen many improvements in maternal care, their goal of reducing mortality rates to 38% has not been reached. The rate as of today is 269 deaths per 1,000 births, which greatly exceeds this goal. Experts say that about

60% of maternal deaths would be avoidable, and appropriate care should take place in antenatal and postnatal care; South Africa's government has made a goal to have more than 60% of women and girls to access maternal care (Koneshe, Forced Migration Review, 2016).

**Syria:** Throughout the years, Syria, due to cultural and religious beliefs, has had high child marriage rates. Indeed, Save the Children reported that one-quarter of all Syrian refugee marriages involved an under-age girl. That being the case, teenage pregnancy is very common in Syrian refugee camps. According to the UN, young girls are much more likely to experience high-risk pregnancies, premature birth, and have children with low birth weight. Therefore, over the years, care for these girls and women have progressively improved. The Women and Girls Comprehensive Center was established in the Zaatari Camp)to provide services such as family planning, pre- and post-natal care, gynecological check-ups, among others. Alternatively, Humedica was also created to employ doctors, pharmacists and midwives that offer medical care to pregnant women in Syrian refugee camps (ReliefWeb, 2019).

## C) UN Action

Food, shelter and security are prioritized in refugee camps to make sure those who arrive are safe and well treated. However, it is also important for women and girls to receive special care themselves. This is why the United Nations Refugee Agency makes sure that mothers, expecting or not, are treated in a good way. As an example, in Uganda refugee camps 86% of refugees are women. Aside from skilled treatment at health facilities, dignity kits are given to mothers and their babies. For the mother, the kit includes a shawl, slippers, soap, a bucket, cotton wool and knickers. For the baby, socks, a baby shawl, clothes and cap are provided. It is assumed that refugee

mothers might not be completely prepared to take care of their newborns in their conditions--since fleeing from their country might cause stress--so special care and precautions are taken. UNICEF and UNHRC chiefs called for more action on refugee women's health and wellbeing. Conflict continues to affect women, children and girls in different ways that might affect their psychological and physical health. This is why caring for them has been prioritized in refugee camps, to be able to lower the vulnerability that can be present (Initial Assessment, UNHCR, 2016).

### III. Essential Questions

1. What is antenatal care? What is postnatal care?
2. Why is it important for women and infants to receive care, especially while residing in refugee camps?
3. What dangers do women and infants face in refugee camps? How do these dangers impact their health and wellbeing during pregnancy and after birth?
4. What current challenges do refugee camps face in providing medical care to women and infants?
5. Does your country host refugee camps? If so, what is it doing to ensure that mothers and infants receive antenatal and postnatal care?
6. What is the United Nations doing to address this issue?
7. Which other organizations are working on this issue? Does your delegation work with any of them? If so, which ones?

## IV. Quorum

- Afghanistan
- Brazil
- Canada
- China
- Egypt
- France
- Germany
- India
- Iran
- Israel
- Japan
- Kenya
- Malaysia
- Mexico
- Nigeria
- Pakistan
- Russia
- Saudi Arabia
- South Africa
- South Korea
- Syria
- Turkey
- United Arab Emirates
- United Kingdom
- United States

## V. Resources

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