

FORUM: The Second Commission of the Sustainable Development Committee

QUESTION OF: Measures to Delay the Age of First Pregnancy as a Means of Improving Maternal Health

SUBMITTED BY: Sri Lanka

CO-SUBMITTERS: Gambia, Yemen, UNEP, Cape Verde, Uzbekistan, Uganda, Switzerland, Jamaica, Marshall Islands, Nicaragua, Bosnia & Herzegovina, Mexico, Saudi Arabia, Solomon Islands, Bhutan, Slovenia, Senegal, Belarus, Libya and Tajikistan

SDC 2,

Concerned with the issue of improving the quality and quantity of women giving birth more safely globally by ensuring the age is appropriate enough and not adolescent usually above the age of 18 and that WHO's MDG to reduce maternal mortality by 75% by 2015 has not been reached,

Affirming that adolescent mothers aged 10-19 years face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20 to 24 years and above,

Alarmed by the fact that millions of pregnant and married adolescent girls across many African countries are being denied their education because of discriminatory policies and practices,

Deeply concerned because every year approximately 3.9 million girls aged 15 to 19 years endure unsafe abortions and only 50% of pregnant women in developing regions receive the recommended minimum of four antenatal care visits,

Noting with satisfaction that from 2000 to 2017 the global maternal mortality ratio declined by 38% from 342 deaths to 211 deaths per 100,000 live births and an average annual rate of reduction of 2.9% and that that mostly sub-Saharan Africa and South Asia account for 86% of maternal deaths worldwide,

Viewing with appreciation the energies of the Safe Motherhood Initiative invented by the WHO as a series of initiatives, practices, protocols and service delivery guidelines designed to ensure that women receive high-quality gynecological, family planning, prenatal, delivery and postpartum care, in order to achieve optimal health for the mother, fetus and infant during pregnancy, childbirth and postpartum,

Welcoming the efforts of the resolutions A/HRC/15/L.27, WHA/27.3 and A/HRC/11/L.16 and Article 2 of the Universal Declaration of Human Rights which deals with gender equality,

1. Urges member states to collect data analysing adolescent pregnancy rates in less economically developed countries with regards to resolution A/HRC/15/L.27 focusing on less economically developed countries by:
 - a) Collecting data annually from nations who will be obliged to provide information and will be sanctioned if not, by having to pay a fee to the World Bank
 - b) The information will be published through social media, in order to sensitize the public and reduce the pressure from parents or partners on adolescent girls to become pregnant for the family's financial benefit;
2. Suggests the creation of a standardised model prepared by WHO specialists concerning schools delivered to students, teachers and parents by consultants and volunteers visiting the countries from the Human Rights Watch, which can be adopted by schools globally including:
 - a) A sexual health programme, explaining problems that can be caused with teenage pregnancy and contraceptive methods
 - b) The abolishment of any laws stating that pregnant girls should be expelled from school and rather a "re-entry" policy for adolescent mothers returning to school after giving birth
 - c) Workshops on reducing the stigma and discrimination against adolescent pregnancy and on reducing gender inequality regarding education;

3. Emphasizes the importance of social media campaigns and leaflets in raising awareness in hospitals and healthcare services conducted by the WHO in informing the public, especially the elder generations, in ensuring they will not put their children at risk by reminding them of:
 - a) Dangers of adolescent pregnancy for the mother and infant especially in relation to higher chances of eclampsia, puerperal endometritis and systemic infections
 - b) Negative outcomes of unsafe abortions as well as the alternatives to abortion, in the case of it being illegal in their specific country
 - c) That there are many contraceptive methods such as IUD for birth control, the implant, the pill and also methods for pregnancy diagnosis e.g. pregnancy test, in order to identify it soon enough
 - d) The importance of the mental health, stability and maturity of the woman that will give birth and in the case of being pregnant completing the suggested 4 prenatal visits
 - e) Also urging the creation of affirmative action programs by adherent Governments in order to create opportunities for young women so to dissuade them from pregnancy at early ages;
4. Calls upon pharmaceutical companies in collaboration with the WHO as well as the World Bank to discuss and define prices for certain treatments:
 - a) Setting a ratio regarding the nation's population and the number of medicine imported so that availability is intact with the need
 - b) Focusing on medicine addressing large issues such as Sexually Transmitted Infections which may complicate pregnancies
 - c) Stressing the importance of selling contraceptives at a reduced price in order for them to be more accessible, and for the public to become more socially accepting of all methods of contraception;
5. Encourages the building of necessary infrastructure needed in accordance to the data presented by the aforementioned census with funds from the WHO and the World Bank like hospitals and clinics, particularly in rural areas with:
 - a) Enough physicians and personnel trained by visiting specialists from the WHO able to prescribe the required medicine to adolescent girls in need of contraceptives or other types of medications
 - b) A visiting number of psychologists for families to discuss the pregnancy of their daughters or partners and their options as personal discussions in order to provide them with 'safe spaces' where they can discuss without the judgement of cultural stigmas;
6. Endorses the reintroduction of young women in school post pregnancy through the enforcement of stricter laws and the sanctioning of families who fail to do so by:
 - a) Adopting a law strongly suggesting for all adolescents below the age of 18 to attend school for a minimum period of 9 years and making child marriage illegal in all cases
 - b) Giving financial aid to families with over four children in order to dissuade them from forcing their children into early pregnancies and marriages:
 - i. The aid will be spent on matters relating to education, nutrition and other child related costs, rather than being spent freely by the heads of the family
 - ii. This will be enforced by schools, as well as WHO operatives especially in less developed areas;
 - c) Financially supporting girls that have just given birth ensuring that they can afford their school tuition as well as living costs for them and their babies, in ways such as but not limited to:
 - i. Subsidising the basis of revenue and number of children
 - ii. Educational grants in order to facilitate the reinduction of young parents into the educational system;
 - d) Introducing inexpensive adult classes in the afternoon, allowing women to re-enter school after having given birth whilst also allowing them to work during the morning hours and

setting up new child care programs in rural areas where adolescent mothers can leave their infants during school hours;

7. Encourages the creation of UNRAME (United Nations Religious Attendants for Maternal Education) which would regroup volunteer religious representatives of all religions, and send them to areas in which sexuality and pregnancy is a religious taboo in order to:
 - a) Enhance the possibility of the destruction of cultural stigma regarding contraception, abortion and overall family planning through the normalisation and acceptance of religious bodies
 - b) The creation of inter religious and multicultural forums situated within the country, in order to incentivise free and open conversation of people of all religions surrounding maternal health
 - c) Work as advisers for groups and NGOs operating in religious countries in order to help in handling the local population and have a better understanding of their points of view and ways of life based on their beliefs.
8. Encourages the creation of a UN organization called UNMEDS (United Nations Maternal Education Doctors Service) whose goals would be to send teams of doctors, therapists, midwives, religious representatives sympathetic to the cause of preventing early pregnancies issues and volunteers protected by the blue helmets, charged of going into war zones in order to but not limited to:
 - a) enacting abortions in poorer regions with limited access to medical facilities in order to diminish the risks of the procedure
 - b) help during childbirth in order to prevent the risks of "complications during delivery leading to the death of the child"
 - c) teaching the main points of proper care for a child through short classes
 - d) distributing of supplies such but not limited to:
 - i. contraception devices
 - ii. basic childcare materials
 - iii. educational material in order to leave a guideline once the group departs