

FORUM: Human Rights Sub-Commission 1

QUESTION OF: Force feeding girls in West Africa

SUBMITTED BY: Bahamas

CO-SUBMITTERS: Uganda, Togo, Marshall Islands, Gambia, Mauritania, Argentina, South Sudan, Niger, Sri Lanka, Amnesty International, Ecuador, Mexico, Micronesia, Sao Tome Principe, Burkina Faso, Liberia, IOM, Bolivia, Somalia, Brunei

HUMAN RIGHTS COMMISSION,

Defining “leblouh” (Arabic:) as the act of force-feeding girls with ages ranging from 5 – 19, particularly in Western regions of Africa wherein obesity is considered a desirable factor in their tradition,

Bearing in mind the Universal Declaration of Human Rights (A/RES/217(III)A) Article 5 declaring “No one shall be subjected to torture or to cruel, inhumane or degrading treatment or punishment”,

Alarmed by the fact that force feeding originates from a colonial practice,

Conscious that the system of force feeding in Western Africa roots from colonial periods, and holds a long history,

Aware of the abuse faced by the girls that attempt to refuse to be fed, and is it is used as a form of punishment to make them eat more,

Convinced that the question of concern arises from society's pressure on women that forces them to conform to the general norms, this entails African women to gain huge amounts of fat in a short amount of time, through dangerous means,

Concerned that the practice of force-feeding leads to health issues such as heart disease, cancer, osteoarthritis and reproductive health issues among women,

Expressing its appreciation to organizations such as the Women's UN Report Network (WUNRN) and the Office of the High Commissioner of Human Rights (ONHCR) who run projects and campaigns to raise awareness as well as visit rural areas to address the issue directly,

Fully believing the idea that force feeding of human beings under the age of 18 is a violation of the children's right to health, freedom and nonviolent education,

Fully aware of countries' national sovereignty,

Regretting the emotional toll force feeding has on youth, this being potent enough to incite individuals to indulge in drug abuse to fit body beauty standards,

1. Requests access to appropriate health care for those that are suffering from the practice of force-feeding by transforming fattening farms into rehabilitation centers, wherein trainers, nutritionists, psychotherapists and professional counsellors are employed, and additionally these rehabilitation centers could consist of:
 - a) A daily exercise routine alongside a healthy meal plan and mental mindfulness, as the main focus of these farms
 - b) Treating the girls who have been both mentally abused and physically abused by bringing in a medical team appropriate to the needs of the women and health services to be approved by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA):
 - i. This team would include specialists in psychology and helping those with mental and physical abuse

- ii. professionals would be requested from the World Health Organization (WHO) and from Non-Governmental Organizations (NGOs) such as national alliance on mental health
 - iii. One-to-one care for each girl and woman that was undergoing force-feeding or any woman that previously underwent force feeding
 - c) The rehabilitation center would offer education to allow the girls to continue their education while they stay for a period of time, this time would be determined by a WHO specialist
 - d) The ultimate goal of reducing, if not eradicating all the health-related concerns that arise from force feeding of girls in Western Africa, and getting rid of the leblouh practice;
2. Suggests that inspectors from the Human Rights Watch (HRW), who report to the United Nations Human Rights Council (UNHCR) travel to nations where force-feeding is common practice to gather statistics and observations surrounding force-feeding by:
- a) Viewing prisons where force-feeding occurs
 - b) Interviewing women that are or have been victims of force-feeding about:
 - i. Their experience with force-feeding as it pertains to their body image, religion and social class
 - ii. Conditions within force-feeding camps
 - iii. Diet and medical issues that have arisen due to force-feeding
 - iv. Their perspective on force-feeding as a voluntary action
 - c) Further interviewing local religious leaders who can offer insights on:
 - i. The religious merit (or lack thereof) surrounding force-feeding
 - ii. Potential religious solutions to force-feeding
 - iii. The culture of marriage before adulthood within their community
 - iv. Rough data on force-feeding within their communities that may be more accurate than government or international statistics;
3. Encourages countries of West Africa to re-evaluate the acute correlation between their political and cultural interplay:
- a) Asks countries in West Africa to fathom whether the practice of force feeding renders itself socially correct or satisfactory in terms of human psyche
 - b) Also asks countries to assess the effects of West African cultures on their physical health of the citizens;
4. Emphasizes on the major role that general awareness plays as a means to address the urgency of the issue, and thus suggests to:
- a) Continuously convince elderly women at fattening farms of the negative consequences of this practice and all the health-related issues that it can bring with it- both physical and mental by means such as, but not limited to:
 - i. Establishing projects and campaigns by agencies
 - ii. Going to rural areas and addressing the issue directly
 - iii. Notes that the condition in sub-sub clause ii would be met through awareness by educating the women about the health precautions of this tradition and obesity, and educating their freedom
 - iv. Further notes that the talks would be done by professionals in nutrition
 - v. Creating laws that protect these women in a government legislation
 - vi. Notes that the laws stated in sub-sub clause v if allowed in a country would help protect women's Freedom, and their choice to force feed or not
 - vii. Advertise a campaign by the WHO that highlights the health risks that come from the practice of force-feeding
 - b) Reach out information of the negative side to this practice through means with which young girls gain information of force feeding by, but not limited to:
 - i. Providing media, posters, school campaigns and social platforms to spread the

word

- ii. Educating older women especially mothers of young girls that continue the reign of force feeding, so that they don't pose a threat and act against it
 - iii. Establishing summer camps where the young girls can improve physical and mental health;
 - c) Endorse the creation of yearly seminars for law enforcement employees that will serve to:
 - i. inform police of the presence, nature, and facts of force-feeding,
 - ii. educate them on how to differentiate an abusive form for girls from other programs and community centers,
 - iii. instruct them on how to arrest older women exercising this crime without excessive use of force,
 - iv. necessitate intermediate housing for the girls after they are taken into police custody so the parents, girls and a UN Representative specializing in health may determine their future.
5. Calls upon member states to implement harsher regulations regarding the distribution of over the counter fattening medicine such as but not limited to:
- a) The requirement for a doctor issued prescription for fattening medicine
 - b) Limiting distribution to government regulated pharmacies
 - c) Limit the daily recommended dosage by patient to patient basis.