



LASALLECUNMUN

LASALLECUNMUN 2024

CEDAW

(Convention on the
Elimination of All Forms
of Discrimination Against
Women)

“Forced And Involuntary
Sterilization Of Women And
Girls In India:
Safeguarding Rights”

Background Guide





Beloved delegates,

I am delighted to welcome you to the LASALLECUNMUN2024's CEDAW! My name is Dayanna Sandoval and it's a pleasure to work as your president of the committee. I, alongside the members of the chair Natalia Martin as your moderator and Isabella Zambrano as your conference officer, wish with all my heart that you enjoy the model, since I firmly believe that when one enjoys the experience they obtain better results, MUN is simply a wonderful opportunity in which we can expand our vision to global crises that surround us and takes us into the world of diplomacy.

I am 17 years old, and I am a four-semester student at Universidad La Salle Cancún, specifically in the area of Business Administration and Development. I want to study something related to law or political science since I have always had a passion for it since I can remember. I am a lover of history, I am obsessed with topics related to monarchy, the holy inquisition, the Renaissance, and ancient mythology. I consider myself an avid reader, and my favorite book series is definitely Percy Jackson, I have read all of his books and I love him with all my being, I can't wait for the continuation of the series on Disney! Musically, some of my favorite artists are Lana del Rey, Taylor Swift, The Weeknd, Chase Atlantic, and Gorillaz. I have participated in 4 models of the United Nations as a delegate and something that fascinates me is that we can touch on issues that we see as distant from our reality, but that on the contrary happen around us, MUN opens our eyes and gives us the power to express ourselves in a free and diplomatic way when faced with a problem, with MUN you meet new people and improve your confidence skills in knowledge, language, and oratory. MUN has definitely earned a very special place in my heart.

Excitement is not enough to express my emotions, I really want you to fall in love with this experience as much as I did. I must say that the topic is something hard but the main reason why I have chosen it is because I firmly believe in the empowerment of women and that all voices must be heard, with only one voice being heard, it can be In a big change, I fully trust that you as delegates will know how to handle it with the respect deserved and in the appropriate way. We are eager to meet you, but without any pressure, our priority is that you enjoy it and learn. Don't hesitate to contact us if you need anything. You can do it, all my best wishes!

With love,

Dayanna Sandoval

Convention on the Elimination of All Forms of Discrimination Against Women

(CEDAW)

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COMITEE DESCRIPTION:

The Committee on the Elimination of Discrimination against Women (CEDAW) is the body of independent experts that monitors implementation of the Convention on the Elimination of All Forms of Discrimination against Women. Adopted by the United Nations in 1979, CEDAW is the most important human rights treaty for women. Is a tool that helps women around the world to bring about change in their daily life. In countries that have ratified the treaty, CEDAW has proved invaluable in opposing the effects of discrimination, which include violence, poverty, and lack of legal protections, along with the denial of inheritance, property rights, and access to credit.

Topic: “Forced And Involuntary Sterilization Of Women And Girls In India: Safeguarding Rights”

INTRODUCTION:

The problem in India arose in 1975, when during a period of emergency declared by then Indian Prime Minister Indira Gandhi, the government proceeded to impose a massive program of mandatory sterilization. Under the excuse of demographic control for development purposes and with methods rooted in eugenic practices, the Gandhi regime managed to impose millions of sterilizations. counting on financial support from the same government, the World Bank, and others following.

When the Gandhi regime came to an end, the Indian State continued to carry out these harmful programs to date among those poor and rural populations. As violating as the actions of the Gandhi regime were, the Indian state has done very little to improve or eliminate the imposed sterilization programs, worsening the impact by now focusing primarily on women. Worryingly, it can be confirmed that India, according to statistics, carries out 37% of the sterilizations in the world, with 4.6 million women sterilized in 2012 alone.

The Indian State carries out sterilization camps throughout the country, promoted by state governments and encouraged by an army of health workers, often as the only family planning method offered. To achieve the realization of these programs according to Human Rights Watch, “the authorities aggressively pursue objectives, especially regarding female sterilization, threatening health workers with pay cuts or layoffs. As a result, some health workers pressure women to undergo sterilization ” In particular, these programs appear to affect most of those women with greater socioeconomic challenges, and the practice appears to be to systematically hide information about procedures performed on their women's bodies under the guise of health camps and other social welfare programs.

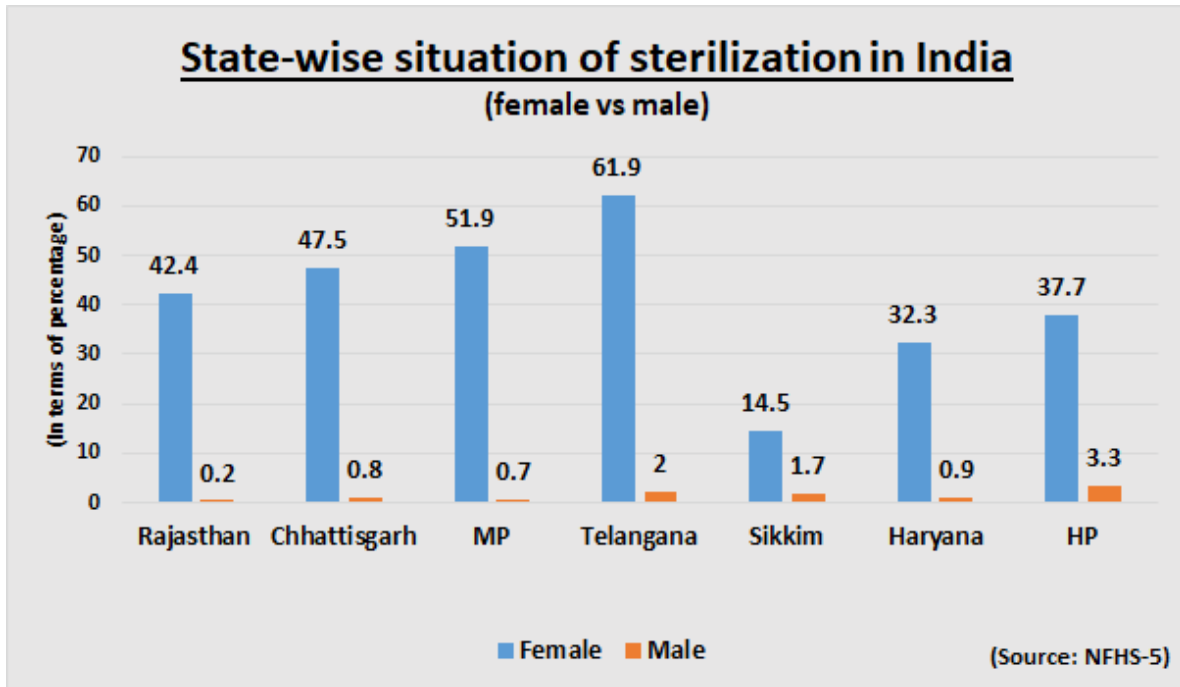
Violence against women in India exacerbates inequalities of caste, class, sexuality, ethnicity, religion and disability.

HISTORICAL BACKGROUND:

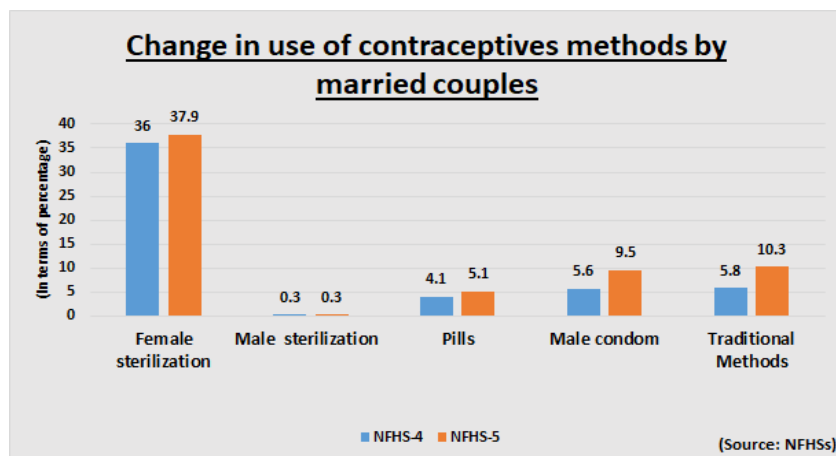
India has been using sterilization since 1951 as a population control to confront the problem of overpopulation in the country. According to the United Nations, India owned the record for 37% of the world's female sterilization in 2011 and 2012, which is something that the country shouldn't have to be proud of. It is crucial to advertise that mass sterilization is used as a method of contraception but is not being used in an emergency. Family plan options play a crucial part in ensuring higher quality of life, in India statistics show according to an analysis that family planning would be at 0% if every woman had bodily autonomy and control over her reproductive health. The newspapers also show the injustice of these groups of women who are being convinced to go and realize this procedure, the range of age of these women is below 30 years old, affecting more of those young women. "In places like Bhubaneswar, Odisha and Ferozpur, Uttar Pradesh, the doctors conducting surgeries would use bicycle pumps instead of an insufflator, to introduce air into the women's abdomens" reports Shreelatha Menon. In Bhubaneswar, there were approximately 60,000 tubectomies done and the majority of them were made with bicycle pumps, causing a consequence of infections on their bodies that in a period can end with sexual illness or death as one of them. In Kaparfora there was a woman who was forced to continue with this procedure, her name is Bihar, and even though she was pregnant, and suffered a miscarriage as a result. In August 2016, the government shared with the court that 113 women died after tubectomies in 2015-2016, this in the Parliament present a cipher of 1434 tubectomy deaths between the year 2003 and 2012, which means several 150 women per year, or about three per week, that sounds worst. However this continues and one that has been realized as one of the largest single incidents of reported deaths took place in November 2014, when 18 women died at four camps in Bilaspur, where 137 women went through tubectomies. A single surgeon operated on 83 women in two hours- that means less than two minutes per surgery. And while the conditions seem to be slowly improving, the vast, ever-growing population makes addressing these issues quite a challenge.

CURRENT SITUATION:

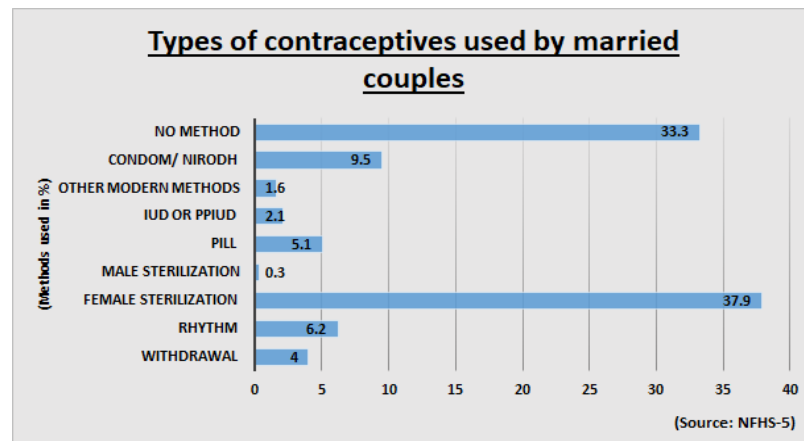
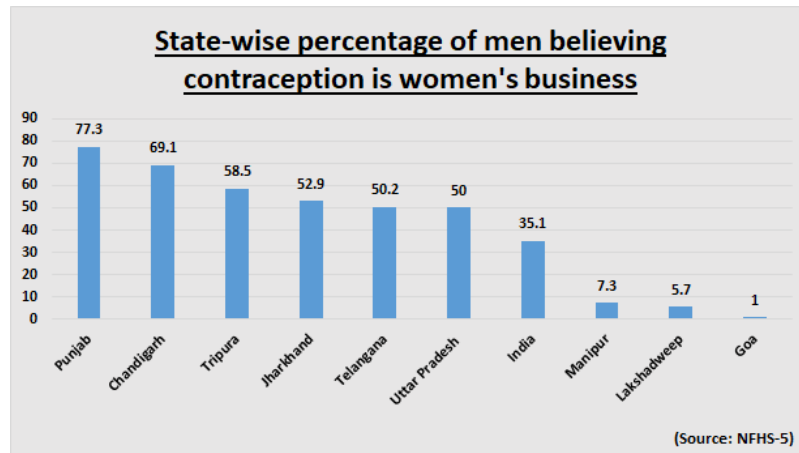
In at least twenty-four countries, including India, Perú, South Korea, China, the United States of America, the Philippines, Mexico, Kenya, Malawi, Peru, Singapore, among them. Human sterilization was implemented with demographic intent, that is, associated with organic birth control plans to avoid overpopulation in each country. Currently, female sterilization is considered the only method available to women. The critical concern here is that such systems may be imposed on those at-risk communities that are already marginalized by the state's agenda or the ideology of the current political regime.



In India, past cases of rape or lack of consent have been reported on several occasions, especially among uneducated, disabled, tribal or minority women: approximately four million women undergo operations promoted by the authorities each year. They are carried out under inadequate health conditions and most women agree to surgery in the hope of possible compensation that they receive from the State, which range from approximately \$300 pesos per month to material prizes. For example, in 2011 in the Rajasthan region, authorities even offered various prizes, such as televisions, motorcycles, and even cars, if women were sterilized. Unlike China, India does not have a “one child” per family policy, but it has established this policy, also known as reward or punishment. In Chhattisgarh, a camp was set up in a dilapidated charity hospital where a single doctor operated on 83 women in six hours, despite government regulations stating that a doctor can only operate on 35 patients in a day. The standard 25-minute laparoscopic tubectomy is performed in 5 minutes at this camp. Unfortunately, more women in rural India continue to prefer sterilization due to monetary benefits and lack of understanding about other contraceptives.



The current ruling party in India, the Bharatiya Janata Party (BJP), has chosen to remain silent in the face of discrimination and violence against religious, tribal and ethnic minority communities in India; which in turn has empowered fringe radical groups to commit atrocities against them. Family planning in India seems to be the responsibility of women, where men (specifically 77% of them) to date have not assumed any type of responsibility, since female sterilization remains the contraceptive method. most popular among married couples, data analyzed by CNN-News18 shows.



Other reasons for performing sterilization are lack of knowledge, cultural beliefs, lack of decision-making power in intimate relationships, and undesirable attitudes of service providers; reasons why the country itself places women in a very vulnerable position.

Consent over the procedure also remains an uncertainty. Previous cases of rape or lack of consent have been reported, especially among uneducated, disabled, tribal or minority women, who have been misinformed about the surgery or have never been informed about it. the possible risks that this may pose for your body and your health. Added to this is that a procedure such as minilaparotomy or laparoscopic tubectomy can easily be performed without the woman's complete knowledge, which also increases the chances of possible postoperative risks.

In an inter-agency statement, several UN agencies have called on states to implement and respect “voluntary choice,” eliminate specific approaches to practices such as sterilization, and point out the dangerous eugenic approach of governments with respect to the implementation of forced sterilization in specific population groups. The Fourth World Conference on Women demanded that States, international health organizations and civil society in general have a rights-based approach that dismantles coercive demographic policies.

In this context, the United Nations International Conference on Population and Development, the work of the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW Committee) and the enormous commitment of civil society have laid the foundations for a robust human rights-based approach to SRHR. Precisely, the CEDAW Committee has observed that those States regularly, or rather most of the time, violate Article 10 of the CEDAW when they do not provide information and advice on family planning. In its General Recommendation No. 21 on equality in marriage and family relations, the CEDAW Committee emphasizes in the context of “coercive practices that have serious consequences for women, such as forced sterilization” depend on women obtaining information on “contraceptive measures and their use, and guaranteed access to sexual education and family planning services.” Negligence can be interpreted in this context, especially when the State has rejected or created insufficiency to guarantee a variety of options in terms of access to contraceptives.

COUNTRY BOX:

Arab Republic of Egypt
Dominion of Canada
Federal Republic of Germany
French Republic
Japan
Kingdom of Denmark
Kingdom of Spain
Kingdom of Sweden
People's Republic of China
Republic of Chile
Republic of Guatemala
Republic of Haiti
Republic of India
Republic of Korea
Republic of Peru
Republic of South Africa
Republic of Uzbekistan
Russian Federation
Swiss Confederation
United Kingdom of Great Britain
and Northern Ireland
United Mexican States
United States of America

GUIDE QUESTIONS:

- I. What is your country's position on forced and involuntary sterilization programs?
- II. Would your country be willing to extend India's support or has it already helped it?
- III. Was your country part of a massive program of sterilization of women?
- IV. What social groups of women influence sterilization campaigns?
- V. How has the UN been involved in your country regarding forced birth control or sterilization campaigns?

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