UNW
United Nations Women

Model United Nations at UC Davis

Topic 1: Honor Killings

Topic 2: Infertility

Model United Nations at UC Davis
Dear Delegates,

Hello, and welcome to the 15th annual session of DMUNC! My name is Lauren Low and I will be the head chair for UN Women. I am a first year student at UC Davis and am currently studying Political Science/Public Service. I participated in MUN for four years in high school and am very excited to be given the opportunity to lead this debate.

My goal is to facilitate a diplomatic, informative, and in depth debate. While public speaking and leadership skills are certainly important in MUN, the most important aspect of debate is preparation. If you are well researched and create innovative solutions, the rest will follow. In terms of solutions, quality is better than quantity, and while I hope you create multiple solutions to address all facets of the issue, I encourage you to ensure your solutions are well thought through. I urge all of you to use your prep work to gain a deep understanding of the topics and hope that in this committee you will be able to learn something new. Come prepared to discuss both topics, although we may not have enough time to debate them both. Committee will begin with substantive debate down the speakers list and will move into moderated and unmoderated caucuses. Be confident in yourself and considerate to your fellow delegates and you will go far in committee.

I am always available to answer any questions you have. Email me at dmunc.unw@davismun.org with any questions you have about preparation, how committee will be run, or the topic in general. I look forward to seeing you all in debate!

Sincerely,

Lauren Low
Head Chair, UNW, DMUNC XV
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About the Committee

The United Nations has played an active role in advocating for the rights of women, beginning with creation of the Commission on the Status of Women (CSW) in June of 1946\textsuperscript{1}. Since its inception, the CSW has fought against discriminatory legislation and drafted international legislation, recognizing the political and human rights of women, the most notable legislations being the 1953 Convention of the Political Rights of Women and the 1979 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). The UN later established the United Nations Development Fund for Women (UNIFEM) in 1976 and the Research and Training Institute for the Advancement of Women (INSTRAW) in 1979 to fight for further advancement in female empowerment and equality. In 1995, the landmark Beijing Declaration and Platform for Action was passed, laying out a comprehensive plan to combat gender inequality.\textsuperscript{2} In 2010, UNIFEM, INSTRAW, the Division for the Advancement of Women (DAW), and the Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI) were merged to create UN Women, the United Nations Entity for Gender Equality and the Empowerment of Women.\textsuperscript{3} This merger has helped increase the UN’s effectiveness in advancing gender equality by combining resources and streamlining mandates.

UN Women is responsible for supporting intergovernmental bodies, including the CSW, in creating policies and legislation to advance the rights of women internationally. UN Women is also active within communities, helping to implement the standards for gender equality by providing resources and building partnerships with local organizations and civil society.

Additionally, UN Women acts as a monitoring agency to hold the UN accountable for the advancement of women by tracking their progress\(^4\). UN Women’s mandate include eliminating discrimination and ending violence against women, increasing female participation in government roles, encouraging economic empowerment, implementing humanitarian efforts to reduce poverty, and combating HIV/AIDS\(^5\). UN Women overall works within the parameters of the UN Charter and Beijing Declaration and Platform for Action\(^6\).


Topic 1: Honor Killings

Historical Background

Every year, young women and girls are murdered by their own families in the name of honor. According to the United Nations Population Fund (UNFPA), an estimated 5,000 honor killings occur annually; however, many of these crimes go unreported or are covered up as suicides. The actual number is likely far higher. Few studies have been done on honor killings and the term remains loosely defined, leading to some disagreement as to what constitutes an honor killing. Honor killing is defined by Human Rights Watch as “Acts of vengeance, usually death, committed by male family members against female family members, who are held to have brought dishonor upon the family.” Honor killings are particularly prevalent in the Middle East and South Asia; however, acts of honor-based violence have been reported across all regions of the world, including Europe and the United States. The idea of honor is difficult to define but is deeply influential to many cultures and communities, particularly in patriarchal societies. The concept of honor is typically linked to female sexuality and is theorized to be connected to a male desire to control female reproduction. Women are viewed as having dishonored the family when they violate cultural norms relating to the subordinate sexual role of women with the following actions: premarital sex, refusing arranged marriages, committing adultery, seeking divorce, dressing improperly, speaking to men they aren’t married to, marrying men the family disapproves of, or disrespecting their husbands. Victims of rape are occasionally murdered by family members or forced into marriages to protect the family’s honor. Even rumors of improper

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behavior can result in violent retaliation, as the family wants to protect their reputation in the community. Common forms of murder include stabbing, stoning, beating, and strangulation.

While honor killings are the most notorious form of honor based violence, women who are viewed as dishonorable face a variety of forms of violent retaliation. These can include beatings, mutilations, and acid attacks. Women who become pregnant before marriage may be subjected to forced abortions or forced marriages. Those who flee a family home or abusive marriage for protection may be abducted and forcefully returned. All of these forms of violence deny women agency over themselves and their bodies.

Although the practice is not condoned by the ideologies or teachings of Islam, honor killings are particularly prevalent in Islamic societies. While there is no basis for honor killings in any Islamic text and the practice has been disavowed by many prominent religious leaders, extreme conservative interpretations of Islamic law have been used to justify this violence. Despite this fact, many communities in Muslim majority nations accept the practice of honor killings. Honor killings in western Europe, The United States, and Canada are associated with immigration and are mainly prevalent in Muslim migrant communities. Oftentimes these acts are committed by male family members as a way of maintaining control over female relatives having adopted western roles. The stress involved in relocation and adapting to isolation in urban environments exacerbate these issues amongst immigrants. Honor killings are in no way exclusive to Muslim communities, however. Indonesia, the country with the world’s largest Muslim population, does not experience honor killings and honor killings do occur outside of the

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Muslim world. India has a high level of honor killings in some Hindu and Sikh communities on a regional basis. The Haryana, Punjab, and Rajasthan regions see the highest rates of honor killings accompanied by approval amongst community members. While honor killings are not particularly prevalent outside of Asia and the Middle East, the underlying issues of domestic violence and gender inequality exist across all cultures.

Honor killings can be made even more dangerous when sanctioned by law. Nations which criminalize extramarital sex, known as Zina under Shari’a law, further enforce the idea that women should be punished for non-traditional sexual behavior. Some countries allow for leniency in sentences for crimes based on honor. Article 192 of Syria’s penal code allows a judge to issue reduced sentences for killing based on “honorable intent.” Additionally, those who commit honor killings often use methods to gain legal favorability or escape punishment altogether. Forced suicide, or “self-immolation,” is commonly used in place of honor killings, allowing the perpetrators to avoid punishment. This practice is particularly prevalent in Kurdish regions of Iran. Families will also frequently recruit a minor to commit the murder in order to potentially reduce their sentences. Furthermore, law enforcement may not take these cases seriously. A lack of legal support for victims of honor-based violence allows these crimes to continue undeterred.

Many nations have taken legislative steps to prevent honor killings and punish perpetrators of such actions. Turkey has established a life sentence for anyone involved in honor killings.

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In October 2016, Pakistan passed a law that ended the practice of pardoning perpetrators of honor killings if they were forgiven by the victim’s family. While these legislative steps are important in combating the issue of honor killing, legal measures alone are not enough to combat the social and cultural complacency and even approval in these crimes.

**UN Involvement**

The UN has been actively involved in working to prevent violence against women and girls. The Beijing Platform for Action identifies violence against women as one of its twelve critical areas and has prompted two thirds of countries to adopt laws prohibiting violence against women and girls. The UN General Assembly established November 25th as the International Day for the Elimination of Violence Against Women. In 2010, UNIFEM launched The Virtual Knowledge Centre to End Violence against Women and Girls, an online database to monitor data related to violence against women and utilize this data to create effective solutions. However, little data has been collected on honor killings, partially due to the fact that honor based violence is under-reported and frequently covered up. Sustainable Development Goal 5 is to achieve gender equality by 2030, which includes ending violence against women and girls and ending forced marriages. CEDAW Article 16 grants women equal rights in marriage and family relations.

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The UN has also taken specific action to condemn honor based violence. In June 2016, the UN called on the Pakistani government to take action against honor killings and offered assistance in doing so. The UN General Assembly has passed resolution 55/66, resolution 57/179, and resolution 59/165 to condemn crimes committed in the name of honor and call on nation’s governments to take action against such offenses. Resolution 55/66 led to the creation of a special report by the Secretary-General on the progress made by member states and areas in need of improvement. However, the UN has not made any efforts to target honor killings specifically.

**Case Study: Zeenat Rafiq**

Pakistan is infamous for their high rates of honor killings, with an estimated 1,000 women every year murdered by their family members for dishonorable behavior. In June 2016, eighteen-year-old Zeenat Rafiq was murdered by her mother and brother after marrying a man her family did not approve of. Zeenat had eloped with her ethnically Pashtun boyfriend, Hassan Khan, angering her Punjabi family. The day of the elopement, Zeenat had reportedly been beaten by her family. After the wedding, she went to live at Khan’s house alongside his family. Her family soon reached out to her, apologizing for their disapproval and promising a proper wedding celebration. Rafiq was hesitant to return to her family home, fearing retribution for dishonoring them, but agreed to come after being reassured by her uncle that no one would harm her. Upon Rafiq’s return, her mother doused her in petrol and set her on fire, publicly declaring...

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to her neighbors that she had killed her daughter for giving the family a bad name\textsuperscript{24}. Zeena’s mother and brother were both arrested for the murder and stood trial before a local court in a case pursued by Hassan Khan\textsuperscript{25}. As of January 2016, no official punishment has been issued for this crime.

This recent case is representative of the hundreds of other honor killing cases that occur in Pakistan each year. The government has made efforts to prevent these acts of violence, including recently eliminating the infamous “forgiveness” clause that allowed perpetrators of honor killing to walk free if they were pardoned by the victim’s family, and establishing a mandatory 25-year long prison sentence for those found guilty of honor killings\textsuperscript{26}. Despite these efforts, honor-based violence continues to be a prevalent issue, mainly due to strong cultural beliefs regarding the submissive role of women, particularly regarding marriage and sexuality. Truly combating this issue will require a combination of legal and humanitarian efforts.

\textbf{Current Situation: Jordan}

Honor killings in Jordan are a concerning common occurrence, with 15 to 20 cases of such incidents being reported each year. Recent reports have shown this number may be on the rise. In 2016, there were 26 cases, a 53\% increase from 2015\textsuperscript{27}. A 1998 study by the UN found that 55\% of all homicides against women were honor-related. This issue remains prevalent not

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only due to cultural norms that place women in submissive roles, but also due to the standards established by Jordanian law and law enforcement.

One of the greatest issues in Jordan is a legal code that is relatively tolerant of honor killings. Under article 98 of Jordan’s penal code, perpetrators can receive a reduced sentence of 6 months if the victim’s family drops the charges. Because of the fact these crimes are actually carried out by the family, dropping the charges is a common occurrence. Even in cases where the family does not pardon the criminal, cases regarding honor killings rarely result in sentences longer than a year. The victims of honor killings are routinely blamed for provoking their male family member’s anger in court. Article 340 of Jordan’s penal code offers reduced sentences to men who kill their female relatives or wives in retaliation for adultery.

Law enforcement practices have also shown complicit attitudes in the control and harassment of women. Police have threatened women with invasive virginity tests after families became suspicious of “dishonorable” behavior, contributing to a culture of domination over women’s bodies. In addition, police frequently do not investigate honor related crimes. The combination of harassment and indifference by law enforcement makes women less likely to report abuse. Additionally, strict family laws regarding extramarital sex and children born out of wedlock further strip women of their agency over their bodies.

One of the greatest failures of the Jordanian legal system regarding honor killings is the practice of incarcerating women and girls who are threatened by their family for their own safety instead of taking measures to deal with the abusive family members. Some girls remain in prison until their family members die. Women looking to flee violence and abuse oftentimes
have no other options due to the lack of shelters within the country\textsuperscript{28}. The lack of support for victims of honor killings from a legal basis allows this violence to continue more easily.

**Major Blocs**

**Middle East/South Asia**

Honor killings are an issue primarily in the Middle East and Southeast Asia; therefore, these nations are the ones who must deal with honor killings directly. Honor based violence in Arab cultures has existed since pre-Islamic times. Because the practice has continued for so long, it has become imbedded in many cultures, making it difficult to eradicate. Furthermore, Islam has been used to justify honor killings, despite the fact that no Islamic text supports the practice\textsuperscript{29}.

No government officially supports or sanctions honor killings; however, some are more lenient in terms of their laws regarding the issue. In nations where honor killings happen regularly, potential solutions may include strict laws and legal proceedings being put in place to deter these crimes and punish the perpetrators. Actions should be taken to improve the status of women in society. Victim support must be prioritized. Rehabilitation centers and shelters should be established to protect victims of domestic. Overall, honor-based abuse prevention should become more prolific. The governments of these nations must lead the charge to end honor killings and honor based violence by tackling the issues within their own borders. While countries such as Pakistan have taken recent steps to combat honor killings and have shown a willingness to adhere to international standards in dealing with these cases, other have been more resistant to change.


Western Europe/North America

The majority of honor killings in western European and North American countries occur in migrant communities. Male family members occasionally murder female family members who abandon their traditional female roles in favor of western feminist roles. Offenses can be as minor as a daughter having a boyfriend. It has been theorized that this is a method of maintaining a sense of control during the difficult process of immigration and living in isolating urban environments. The UK is believed to have the highest number of honor killings per year, at roughly twelve annually; however, little data has been collected regarding honor killings in Europe and many cases are reported as domestic violence as opposed to honor based violence.\(^\text{30}\)

Honor killings were brought into Europe’s public conscientiousness after the 2002 murder of Fadime Şahindal, a Turkish immigrant who was killed by her father for resisting an arranged marriage. This incident prompted a controversial debate regarding immigration and integration.\(^\text{31}\) It also prompted the creation of the 2004 Stockholm Platform for Action to Combat Honor Related Violence in Europe, which recommended that EU members strengthen victim support and rehabilitation. The European Union Parliamentary Assembly has addressed the issue of honor killings specifically in Resolution 1881, which amends asylum laws so that the honor killing threats can allow individuals to seek refuge and strengthens laws to prosecute honor-killing perpetrators. Resolution 1881 also calls for a greater female presence in judiciary and law enforcement.\(^\text{32}\)

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In order to eliminate honor killings in Europe and North America, efforts should be made to combat prejudice faced by immigrants and help them assimilate to a new culture. Additionally, better data should be collected to assess the prevalence of honor killings in each country. Victim support and protection should also be made a priority.
Questions to consider

1. Can legal measures be effective in preventing honor-based violence? If so, what types of legal and criminal justice reforms are needed to deal with this issue adequately?

2. How can long standing regressive ideas about the role of women in society be changed? How can this be done without disrespecting communities’ cultures, customs, and values?

3. Does the international community have a responsibility to involve itself in preventing honor based violence? If so, to what extent should foreign nations involve themselves in local affairs?

4. What steps can be taken to protect vulnerable women and girls from abuse and honor killings?

5. How can we study honor based violence and find accurate numbers when so many cases go unreported or are covered up?

6. How can law enforcement be held accountable in how they handle cases of honor based violence? What types of incentives or repercussions may be implemented?
Historical Background

Infertility is a pressing and often overlooked issue in regards to women’s rights and well-being, particularly in lesser developed nations. Infertility is defined by the World Health Organization as “A disease of the reproductive system defined by the failure to achieve a clinical pregnancy after twelve months or more of regular unprotected sexual intercourse.” Infertility can have large negative impacts on the lives of women in cultures with that ascribe to the ideology of natalism. Natalism is a belief that human reproduction is highly desirable and necessary for social continuance. The term is frequently used to describe policies that have been implemented in countries with declining birth rates, such as Japan, to promote population growth; however, pro-natalism can also describe deeply held cultural beliefs regarding the responsibility of women to become mothers. While having children is seen as a personal choice in most western countries, in many developing nations parenthood is seen as a social obligation. Children can secure marriages, carry on the family name and inheritance, and care for their parents as they age. Women who cannot produce children risk being divorced by their husbands, assaulted by their families, ostracized by their communities, and in extreme circumstances even being killed or driven to suicide. Childless women often face negative psychological effects and feel their female identity is threatened. Additionally, elderly women without children lack a caretaker and face poverty as their health declines. Infertile women are viewed as a burden and the stigma against them can extend to their entire family, making them a

source of shame. These attitudes persist strongly throughout Africa and can also be found in Latin America, Asia, and the Middle East. In combating the issues surrounding infertility, it is important to address the social stigmas that negatively affect childless women in addition to the physical and medical aspects.

There are two types of infertility: primary and secondary. Primary infertility is the most common and occurs when a woman is never able to bear a child. This includes both the inability to become pregnant and the inability to carry the pregnancy to term. Secondary infertility occurs when a woman is unable to conceive again after a previous pregnancy. Secondary infertility is particularly common in Sub-Saharan Africa, where it accounts for about 52% of cases. Overall, both types of infertility affect around 15% of couples internationally. Infertility rates are particularly high in the “African Infertility Belt,” which stretches from Tanzania to Gabon and includes twenty-seven countries. In this region, 30% of women between the ages of 25 and 49 are infertile. Within the infertility belt, infertility rates vary drastically between different ethnic groups and geographic locations, such as in Namibia, where infertility ranges from 14% to 32% between different ethnicities.

Men and women experience similar rates of infertility. The World Health Organization studied nearly six thousand infertile couples in twenty-two countries and found that men were the cause or a contributing factor in about 55% of couples and the sole cause in between 8% and 22% of couples. Women are the sole cause of infertility in between 25% to 37% of couples and are a contributing factor along with their male partner in about 21% to 38% percent of couples.

although these rates are higher in Sub-Saharan Africa and South-East Asia\textsuperscript{38}. Despite this, women are often solely blamed for infertility and suffer severe social consequences not experienced by their male counterparts.

Infertility can be caused in a variety of ways. Endocrinological (hormonal), genetic, and anatomical issues are the cause of about 5% of infertility cases. Sexually transmitted infections (STIs), including Chlamydia, gonorrhea, and HIV/AIDS, are the leading preventable cause of infertility, accounting for infertility in 64\% percent of women in Sub-Saharan Africa. For example, in Gabon, blocked fallopian tubes caused by Gonorrhea or Chlamydia are a particularly common cause of infertility, accounting for 32\% percent of infertility cases. Specific complications relating the STIs vary by region. Non-sexually transmitted diseases, such as Schistosomiasis, Malaria, and Sickle Cell Disease also contribute to infertility. In India, 40\% of the population is exposed to Genital Tuberculosis, which can cause tubal blockage and is one of the leading causes of infertility in Indian women\textsuperscript{39}. Pelvic Inflammatory Disease (PID), which scars fallopian tubes, is also a large contributing factor internationally\textsuperscript{40}. Unsafe or unsanitary health care practices may also lead to infertility. Unhygienic practices during deliveries can lead to postpartum infections, which can affect future fertility, leading to higher secondary infertility rates. Inadequate gynecological care from inexperienced doctors also causes problems. In Egypt, doctors frequently misdiagnose cervical erosion and therefore treat it incorrectly. These incorrect treatments can lead to infertility. Tubal blockage caused by inadequate treatment of


reproductive tract infections is the number one cause of infertility in Zimbabwe. Unsafe abortions are a large cause of infertility as well. Abortions performed illegally are significantly more dangerous and post-abortal complications are a greater risk in nations where abortion is criminalized. Exposure to toxic substances both in the environment and the workplace has also been shown to cause infertility. In Singapore, many cases of infertility are linked to heat and pesticides in the workplace.

Sexual and social customs can also increase rates of infertility, particularly girls marrying at a young age. The practice of close cousin marriage also has a negative effect on fertility, as it has been linked to increased rates of antisperm antibodies, which make pregnancy less likely to occur. The harmful practice of female genital mutilation (FGM) can also lead to infertility. FGM is a procedure that alters or injures female genitalia for non-medical reasons and has been linked to many health complications, including difficulty in childbearing and childbirth. Despite having no health benefits, FGM remains a common practice in many cultures, particularly in Africa and the Middle East.

There are many challenges associated with treating infertility in developing nations. First of all, infertility treatment is only possible in countries with political stability and a basic health care structure. Without these factors, establishing effective treatment that can be easily accessed is nearly impossible. Secondly, beliefs persist that it is immoral to use resources to treat infertility in areas where resources are scarce. Myths persist that overpopulation contributes to

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the problems developing countries face and therefore, infertility might actually be beneficial to
the greater good, despite the fact that curing infertility would have a minimal impact on the
population internationally\(^{45}\). Overall, infertility is not prioritized by the international community
as a public health issue, as evidenced by the fact that International Classification of Diseases
only lists infertility as a disability if it results from STIs or postpartum/post-abortal sepsis and
does not list it separately as a non-fatal disease\(^{46}\). Finally, many existing treatments are too
expensive to be practical. For example, the popular reproductive treatment in-vitro fertilization
(IVF) can cost over fifty thousand dollars per birth and requires supplies that are difficult to
access in developing nations\(^{47}\). Additionally, IVF is effective mainly in cases of male infertility
or tubal infertility and has low success rates when combating other causes. Despite these
challenges, many countries are finding ways to provide infertility treatments to their citizens at
lower costs. Egypt has managed to both expand infertility treatment and reduce their population
growth simultaneously over the past 30 years. They have created over 50 infertility treatment
centers and have been providing subsidized IVF for as low as six hundred dollars. India has also
taken steps to reduce the cost of infertility treatment and is experimenting with using low doses
of hormones to stimulate ovulation, which has reduced costs by one third\(^{48}\). Medical solutions to
the issue of infertility exist and simply require wide scale implementation to succeed.

\(^{45}\) Pennings, Guido. “Ethical issues of infertility treatment in developing countries.” Bioethics Institute Ghent (BIG)


http://www.who.int/bulletin/volumes/88/12/10-011210/en/.
UN Involvement

The United Nations has taken steps in order to combat infertility in developing nations. The UN Department of Economic and Social Affairs issues the World Fertility Report annually, which documents and analyzes changes in fertility\textsuperscript{49}. The World Health Organization’s Department of Reproductive Health and Research (RHR) works to promote sexual and reproductive health internationally. Their global reproductive health strategy includes providing family planning and infertility services\textsuperscript{50}. Millennium development goal number five dealt with maternal health and wished to achieve universal access to reproductive health by 2015, but was not met\textsuperscript{51}. In response to this failure, Sustainable Development Goal number 3, which focuses on global health, has included improving maternal health and integrating reproductive health care into national strategies as two of its targets. Goal 3 also includes ending the spread of diseases including HIV/AIDS and Tuberculosis by 2030, which would reduce rates of infertility\textsuperscript{52}.

The United Nations Population Fund (UNFPA) works to promote sexual and reproductive health and believes all women should have the capability to reproduce. The UNFPA is one of the largest international proponents of family planning and has worked to provide family planning services that give women greater control over their bodies and autonomy in their reproductive choices\textsuperscript{53}. Additionally, the UNFPA has partnered with UNICEF

\textsuperscript{52} http://www.un.org/sustainabledevelopment/health/
to create the Joint Programme on FGM/C, which works to encourage communities to abandon
the practice of FGM, raise awareness about the dangers of FGM, and pass legislation
criminalizing FGM.\textsuperscript{54}

In 1994, the United Nations held the Conference on Population and Development in
Cairo on reproductive health, which led to the adoption of the Program for Action. In section
VII A “Reproductive Rights and Reproductive Health,” infertility treatment is listed as
something that countries should make accessible through their primary health care systems.
Objective 7.29 calls for nations to pay attention to girls in the treatment and prevention of STIs
and Objective 12.24 calls for research to be done on infertility\textsuperscript{55}. This conference was a major
step in acknowledging infertility as a significant global health issue.

Case Study: Uganda

Uganda is one of the twenty-seven nations located in the African Infertility Belt. Despite
a high national birth rate, roughly 5 million people in Uganda are affected by infertility.
Secondary infertility is the most common type of infertility and predominantly affects women
who are unable to conceive after suffering a miscarriage\textsuperscript{56}. While the woman is the sole cause of
infertility in a relationship one third of the time, women are often viewed as responsible for
failing to provide her husband with a child. Infections are a leading cause of infertility
throughout Africa and are responsible for infertility in about 85% of cases\textsuperscript{57}. Tubal infections

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resulting from STIs are particularly common. Practices such as child marriage and FGM also contribute to high infertility rates.

Becoming a mother is considered an essential part of womanhood for many Ugandans and barren women face discrimination from their families and their communities. A study at the Mulago National Hospital in Kampala found that infertile women were 2.1 times more likely to suffer physical domestic abuse. The study also found that more Ugandan women would rather be infected with HIV/AIDS than be infertile, demonstrating the strength of the stigma against infertility in Ugandan society. A lack of sexual education also contributes to higher infertility rate. Many falsely believe that modern contraception can cause infertility. Hesitance to use contraception such as condoms could actually raise the likelihood of becoming infertile, as STIs are a major contributing factor to infertility.

IVF has not proven to be an effective solution to infertility in Uganda due to a lack of health care infrastructure and professionals who are capable of performing the procedure. There are few institutions in the country that provide IVF and most of them are a part of the private sector. Low income communities rarely have easy access to a center that performs IVF. At Uganda’s Women’s International Hospital, the doctors who provide IVF come from other countries, including Kenya and Belgium. Because they fly in and out of Uganda, the price of IVF increases substantially. A cycle of IVF in Uganda typically costs around $5,000 and is not guaranteed to be successful, with success rates of around 30%.

Uganda represents many of the challenges faced when dealing with infertility, both from a medical and social perspective. Less expensive and more easily accessible treatments are

needed in order to properly treat infertility amongst lower income women, as the currently available treatment options in the country, such as IVF, are only practical for upper class individuals. Additionally, root causes of infertility must be tackled. Combating STIs is vital for reducing infertility rates. This requires improvements in sexual education and improvements in treatment for infections. However, combating the medical side alone will not solve the underlying issues of sexism and discrimination against infertile women. Female empowerment and the abolition of child marriage and FGM are needed to improve the lives of women in the region overall and combat both the causes and effects of infertility. The situation in Uganda demonstrates the need for multi-faceted approaches in dealing with infertility.

**Case Study: Iran**

The morality of fertility treatments has been an ongoing debate in the Islamic community. In 1980, a Sunni Sheik issued a fatwa, or ruling on a point of Islamic law, stating that assisted reproduction including IVF is permitted only if the husband’s sperm and wife’s egg is used, effectively banning donors and surrogacy as options for infertile Sunni couples. Shia leaders have been more permissive and allow donors; however, stigmas against infertility treatment persist. This limits treatment options for many followers of Islam.

Iran has become a global leader in fertility treatment, particularly IVF, attracting couples from across the Islamic world seeking assisted reproductive technology (ART). This is partially due to support from Ayatollah Ali Khamenei in 1999, who declared the practice of IVF permissible under Islamic law. Despite complaints from conservative Sunni doctors, Iran has

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continued a fairly progressive policy in terms of fertility treatment\(^6_1\). Iran has over 100 clinics that offer the most advanced medical reproductive technology in the middle east both to Iranian citizens and people from other predominantly Islamic countries with less liberal stances on these treatments, including Indonesia and Turkey. Clinics typically offer pamphlets of information in multiple languages to accommodate foreigners seeking treatment. While directly inseminating a woman with the sperm of a man other than her husband is not permitted, egg fertilization in a lab is sometimes allowed. Temporary marriages between the donor and recipient frequently accompany egg donations and are annulled after the procedure\(^6_2\). Currently, Iran is facing higher infertility rates of about 20%, caused in part by the spread of STIs and air pollution. The government has taken several measures to increase national fertility, including funding 85% of infertility treatments at state hospitals. However, efforts to increase population have also included potentially harmful measures such as cutting budgets for family planning programs and banning vasectomies\(^6_3\). Overall, Iran has demonstrated a strong commitment to aiding infertile couples and is one of the few nations to make fertility treatment a priority. Iran’s government and medical community have found ways to provide treatment while still complying with religious laws.


Africa

Due to both the high rates of infertility in the African Infertility Belt and the stigma against childless women in the region, infertility is a pressing issue in Sub-Saharan Africa; however, it is not prioritized due to a scarcity of resources. Debates about population and family size are common, as many believe overpopulation threatens to worsen the poverty present in the region. While fertility rates within these nations are often high, due to large family sizes, there are large numbers of couples experiencing primary and secondary infertility. Infertility in Africa is frequently caused by infections and is often related to STIs\(^6\). A lack of available prenatal and postnatal care also negatively affects infertility and women’s health in general. Additionally, FGM remains a common practice, particularly in rural areas. In order to combat infertility in Africa, medical infrastructure must be improved and less expensive fertility treatments should be implemented. Measures to combat STIs and encourage contraceptive use should be taken. Governments must also combat harmful practices such as FGM through both legislation and community outreach initiatives. Additionally, the stigma against childless and infertile women must be eliminated and more beneficial support should be given to those who suffer the negative psychological effects of infertility.

Europe/North America

European nations, as well as the United States and Canada, see low fertility rates as women choose to have small families or no children as all. Late marriages contribute to many couples’ infertility. There is less social emphasis on the necessity of childbearing and infertile

women face less of a stigma; however, infertility can still be a source of emotional pain for many couples. Assisted reproductive technology, including IVF treatment, is common. IVF treatment is typically well regulated by agencies such as the UK’s Human Fertilization and Embryology Authority (HFEA), which licenses and gives guidance to clinics that perform IVF. IVF still remains an expensive treatment option that is impractical for those of lower socio-economic status. In the United States, a cycle of IVF costs upwards of $12,000. There has been ongoing research to find less expensive alternatives, with organizations such as European Society of Human Reproduction and Embryology (ESHRE) researching new methods of fertility treatment to ensure universal access to infertility care. Adoption is also viewed as a valid alternative to having biological children. European nations may focus on spreading and funding infertility treatments and technologies in nations with less access to these treatments as well as finding ways to make IVF treatment more accessible both at home and abroad.

**Latin America**

Rates of infertility are low in Latin America and societies have traditionally encouraged women to have large families. Since the 1960s, however, fertility has been decreasing across Latin America as women choose to have fewer children due to trends of urbanization and health care improvements. Female empowerment has also led to more women seeking contraceptives.

In predominantly Catholic Latin American nations, opposition to contraception and family

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planning may pose a risk to women\textsuperscript{69}. Abortion is illegal in many countries across Latin America, which drives some women to dangerous illegal abortions, which pose a serious risk to women’s health and may affect future fertility. Government-run family planning programs are a rarity, although some nations such as Ecuador have taken initiative to create national family planning programs. The Catholic church has also taken a critical stance of assisted reproduction and is against the use of IVF\textsuperscript{70}. Some nations, including Mexico and Peru, have chosen to regulate the instances in which IVF can be used, in part because of Catholic opposition to the practice. Costa Rica has gone as far as to ban IVF\textsuperscript{71}. The American Convention on Human Rights states that every person has a right to life beginning at the moment of conception and has been ratified by 25 nations, including Argentina, Colombia, and Venezuela. Family planning and assisted reproductive technologies are controversial issues that the governments of these countries must grapple with and find solutions to that do not contradict the moral values of the population while still ensuring access to women’s reproductive health. Additionally, alternative treatments to IVF that aligns itself with the teachings of the Catholic church should be implemented.


\textsuperscript{71} Hevia, Martin. Accessed January 5, 2017.
Questions to Consider

1. Considering the moral conflicts associated with allocating scarce resources to treat infertility, how can we ensure adequate treatment is available to women in lesser developed nations with respect to national sovereignty? How should these treatments be funded?

2. How can the international community combat the stigmas faced by childless and infertile women? Should the physical treatment of infertility be prioritized or should efforts be focused solely on eliminating stigmas and empowering childless women?

3. Is adoption a valid alternative to biological children? How can stigmas surrounding adoption be changed? How can resources for adoption be made more available?

4. Are there effective low cost treatment alternatives to IVF or ways to reduce IVF cost? How can these be implemented in nations with poor healthcare infrastructure?

5. How can cultural practices such as FGM and child marriage be ended?

6. What can be done to prevent the spread of STDs and infections that cause infertility?