General Assembly Third Committee: Social, Humanitarian and Cultural

Background Guide

Stanford Model United Nations Conference 2019
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**Letter from the chair:**

Hi there! It is with great pleasure that I welcome you to SMUNC 2019, and it delights me even more to guide you as you prepare to take on the role of a delegate in SOCHUM. I am currently a sophomore at Stanford intending on majoring in Psychology with a minor in Economics. Aside from partaking in MUN conferences as a delegate, chair and organizer, I am involved in mental health advocacy and serve as a peer counselor at Stanford’s Peer Counseling Center. I fill up my days by attending classes, serving as a Research Assistant, marking off things from my bucket list with friends, watching all kinds of tv shows (do recommend some if you have any favorites) and acclimating to life in the US, especially California, by learning random facts such as ‘bubble tea’ being referred to as ‘boba’. If any of this seems interesting to you, please feel free to approach me after or during the conference (you’ll soon realize how much I enjoy meaningful conversations).

Let us move towards the topics under consideration for this particular committee. As you may already have gathered, this year we will be focusing on either (or both!) the issue of period poverty and insufficient female hygiene in poor communities or the rising concerns of deteriorating mental health in regions struck by crisis. Both human rights concerns, although undeniably distinct in some ways as will be elaborated on below, share certain features. Both are a demonstration of how global issues such as poverty and war/conflict wreak havoc in many ways, some of which often go overlooked. During these committee sessions, I urge you to reflect
over how hard it is for people experiencing these harrowing conditions to survive let alone thrive after being deprived of basic necessities such as hygiene products and psychological stability.

As you conduct research on the aforementioned topics, I encourage you to maintain a holistic outlook by reading up on what caused the problem (be it mental health concerns or menstrual inequity) to worsen, why the UN should care and what can be done to improve conditions. It would also be beneficial for you to consider counter arguments that may be furthered to minimize the allocation of limited resources to these problems. What kind of hurdles could make it harder for countries to act upon the guidelines set by the UN, I invite you to ponder over. I have come to the realization that fruitful discussions take place when delegates are allowed to mold the sessions as they deem fit. It is for this reason that I have adopted a semi-structured approach enabling you to explore vastly when writing position papers and presenting arguments later on.

Preparing for what will hopefully be a rigorous debate can seem daunting and hence I will end this note by reminding you that I am here to help till the very end. Don’t hesitate to reach out at mhyat30@stanford.edu if you have any queries or confusions. Also, keep in mind that to be eligible for awards, you must submit your position papers before the deadline.
Addressing mental health concerns in crisis struck regions

Background:

Recent decades have seen an unfortunate escalation in war and bloodshed with many individuals caught in the crossfire as conflicts escalate. The humanitarian crises in countries such as Yemen, Syria, Afghanistan and Sudan have wreaked unprecedented havoc with the adverse effects being felt politically, economically and socially. Deprivation of basic rights has become an unfortunate reality. Scholars claim, “increased levels of poverty… limited access to food… housing, health care and education, have all had a devastating impact on the population…” (Hassan et al. 130). Residents of these regions, along with facing a lack of essential resources, are also being exposed to harrowing trauma as a result of the rising tensions. People have had to endure various human rights violations such as mass killings, sexual violence and physical assaults hence shedding light on the ramifications of conflict in these areas (Hassan et al. 130).

Keeping in mind these atrocities, it isn’t hard to understand why there have been multiple accounts on the rise of mental health concerns in these regions. Data presented on psychiatric hospitals in Kashmir shows that approximately ten times more patients were registered after conflict broke out as opposed to when there had been relative peace (Yaswi and Haque 472). There has also been an unfortunate escalation in Post Traumatic Stress Disorder (PTSD) diagnosis in communities which have been wrought with terror thus highlighting the severity of the situation (479). Other types of anxiety disorders, depressive disorders and substance abuse
problems have become unsettlingly common as well (Hassan et al. 131). All of this leads to the assertion that people in dispute ridden areas are not only exhibiting symptoms of mental illnesses that had been rare before but also are suffering from an exacerbation of pre-existing ones.

Causes and reasons for intervention:

Researchers have attributed the aforementioned worsening of mental health to a number of factors. Those who have either escaped or are still residing in regions struck with conflict are likely to have experienced some kind of loss, be that in the form of a loved one or their homes, and may therefore be grieving (Hassan et al. 131). Such grief, when prolonged and paired with functional impairment, could easily turn into a diagnosable mental disorder. Worrying about safety (own and loved ones’) in addition to the intense feelings of social isolation from having to flee the country etc. can make matters considerably worse (Hassan et al. 131). All of this is likely to result in acute stress which in itself is often directly attributed to the development and manifestation of psychological disorders.

The fact that places like Syria, Kashmir and Yemen were already ill-equipped to respond to the psychological needs of their people before crises ensued further worsens the situation. What makes matters worse is that pre-existing conditions of mental health facilities in places like Yemen were already worrying: “…although national mental health plans did exist, they had been unchanged since the early 1980s and there was no formal legislation governing mental health…” (Qirbi and Ismail3). Scarcity of mental health professionals is another important deterrent that adversely impacts mental health conditions of the areas (Qirbi and Ismail 6). It is also worth noting that seeking help for one’s mental wellness remains stigmatized even in the most
developed of countries; one can only imagine how skewed the outlook may be in developing ones. The lack of awareness, acceptance and adequate facilities may be playing a role in preventing positive change from being brought about from within the region. Therefore, it could be argued that international organizations such as the UN may have to take initiative to prevent further deterioration of mental health conditions.

Steps already taken:

The solution to any issue can only be reached upon by acknowledging that there is a problem in the first place. Therefore, international and non-governmental organizations’ statements on the need to address the mental health concerns in crisis-struck areas can be considered particularly valuable. Such a recognition of the problem by the World Health Organization (WHO) and various NGOs helps get the world to focus on this specific human rights concern (Abou-saleh and Mobayed 60). Scholars have provided examples of how NGOs can publicize the issue at hand by commenting on how The World Federation for Mental Health (WFMH) brings attention to “… the mental health consequences of the complex emergency in Syria…” (60).

Understanding that mere proclamations would not be enough, WHO officials launched the “Mental Health Gap Action Program” (mhGAP) and then formulated the “Intervention Guide” two years later as a complementary measure (Keynejad 30). This program provides effective and accurate assessments which allow for appropriate diagnosis and treatment plans (Keynejad 30). Keeping in mind the usefulness of mhGAP makes it easy to infer how beneficial it may be to those trying to appease the mental health crises in the regions.
Many individuals have also pointed towards the need to consider certain “Protective Factors” that could decrease the likelihood of more mental illnesses surfacing in the years to follow (Dimitry 156). Research also showcases the importance of a strong family support system, a positive outlook, religiosity and gender-specific relaxation techniques thus prompting care providers to design their action plans accordingly (156).

Questions to consider:

- What more can be done by the UN?
  - Could a multi-layered support system be created and what would it look like
  - How does context and cultural revelation come into play
- What kind of factors can make implementation difficult?
- How can the committee make sure that the steps decided upon are tangible and achievable?
- What role should each member state play in helping alleviate the dismal conditions (keep your country’s stance in mind)?
Period Poverty: Inadequate female hygiene in poverty-ridden areas and communities:

Background:

Many families and individuals all across the globe have, at some point in their lives, experienced downturns which have propelled them into abject poverty. The prevalence of destitution can be gauged from how an official definition of poverty was derived in 1965 after multiplying the cost of “a nutritionally adequate diet” by three (Sawhill 1075). This definition was then used to develop a poverty line which acknowledges people’s basic needs (Sawhill 1075). However, an important issue with the official definition is that the word ‘needs’ is rather vague and requires concrete elaboration (Sawhill 1075). Building on this notion that there are different kinds of needs which should be met, one can see the struggles of those living below the poverty line being divided into overt and covert ones. The overt ones such as an inability to secure plentiful food or adequate shelter seem to be recognizable by others and therefore often invoke a sense of empathy. However, those (the overt ones) are not all; income poverty also creates hurdles that are often overlooked. Maintaining good hygiene, especially menstrual hygiene, is one such struggle that has not received the attention it deserves and is barely talked about.

Menstrual poverty, has been defined as a “combination of multiple practical and psychosocial deprivations experienced by menstruating girls and women in resource-poor settings” (Crichton et al. 893). Women have started opening up about what an ordeal it can be to take care of their periods when unable to afford the necessary products. One such individual
came forth and said, “I simply take the piece of cloth and use it to manage my periods” (Crichton et al., 905).

One may wonder how strongly poverty and improper menstrual care can possibly be linked when there is barely any public awareness of such an association. Financial instability can adversely affect menstruators’ ability to access suitable “water and bathing facilities” and “disposable facilities” as well as other similar resources (Crichton 894). When poverty-ridden, people often find it hard to afford proper education, which in itself contributes to the subpar menstrual management techniques. This suggests that sometimes, along with lacking the physical resources necessary to manage periods properly, menstruators may be suffering because of a lack of appropriate information that is otherwise provided in schools or by informed family members. Additionally, policies such as the “Tampon Tax” only make matters worse by making it even more expensive for menstruators, usually women, to purchase sanitary products (Hunter 11-12). Attempts have been made to eradicate such a tax on the argument that sanitary products should not be regarded as ‘luxury items’, but such efforts are met with resistance (Hunter 12). The stigma surrounding the topic continues to persist even as gradual progress is being made. It is not hard to notice the shame, embarrassment and humiliation that is still associated with this rather natural process.

Why should we care:

Recognition of the problem at hand does not directly indicate why the UN should step in to ensure menstrual equity. To understand how dire the situation is, one must reflect over the unfortunate consequences of period poverty. Research conducted in developing countries such as
Zambia has qualified the claim that subpar menstrual hygiene leads to “physical health problems such as urinary tract infections, pelvic inflammatory diseases and vaginal thrush” (Lahme et al. 55). The same article elaborates on how these health risks, if not addressed in time, can lead to severe medical conditions. These findings can easily be extended to other communities where safe and reliable methods of managing periods are not followed. It is also necessary to recognize the importance of acknowledging the psychological effects of inadequate menstrual hygiene (Lahme et al. 55). Being unable to secure appropriate sanitary products often makes young girls extremely stressed. Reports showed that, “…participants used language like ‘feeling bad,’ feeling ‘stressed’, or ‘fearful’ and ‘wanting to cry’ to describe the emotional distress they experienced” (Crichton et al. 904).

The physical constraints coupled with the mental turmoil associated with menstrual poverty may be seen as a prominent reason why menstruating teenagers, usually females, may choose to drop out of school. Researchers have asserted that menstruation quite clearly serves as “…an additional gender-specific barrier to school participation…” (Montgomery et al.2). Such reluctance to obtain an education not only makes the gender disparity worse but also has bleak economic consequences, as the likelihood of these women securing a stable job is next to none.

**Efforts being made:**

As already mentioned, menstrual poverty has started to garner the attention it deserves with organizations, entities and prominent individuals trying to ameliorate conditions. Interventions have been put in place in resource-poor countries such as Uganda that show the positive outcomes of providing both sanitary products such as pads and proper education about
puberty (Montgomery et al. 17). Similar provisions can and have been made manifold across the globe, resulting in recognizable improvements in school attendance thus demonstrating the importance of such steps.

Nonprofit organizations such as ‘PERIOD: The Menstrual Movement’ strive to spread awareness about menstrual poverty and promote good hygiene by providing necessary supplies free of cost (PERIOD.). People have also begun to realize the power of education in combating the problem; books on how to cope with puberty and manage menstruation effectively are being published in an attempt to shine light on a stigmatized topic (Sommer and Sahin 1559). The UN has also stepped up and taken initiative to combat menstrual poverty. Their work revolves around promoting Menstrual Hygiene Management (MHM) as seen by the fact that the, “…first ever conference on MHM…, (was) cohosted by Columbia University and UNICEF, (and) united more than 200 MHM researchers, programmers, and policymakers working globally to address MHM barriers…” (Sommer and Sahin 1559). Menstrual hygiene has also been noted as a priority in the ‘2030 Agenda for Sustainable Development’ thus proving that it is being brought into the limelight (Giné-Garriga 1108-1118).

Questions posed:

- What more can the UN do?
  - How can the EU ensure that its global guidelines are adhered to on a national scale?
- What possible hurdles could make it hard for the UN and member states to bring about positive change?
• How can the committee make sure that the steps decided upon are tangible and achievable?

• What is the opportunity cost of diverting scarce resources and time to this humanitarian concern?


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