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American Model United Nations **General Assembly Third Committee**

GA Third/II/4

SUBJECT OF RESOLUTION: Improvement of the situation of women and girls in rural

areas

SUBMITTED TO: The General Assembly Third Committee

The General Assembly Third Committee,

Recalling the 2019 Resolution on the Empowerment of Rural Women and Girls and all other previous resolutions on the matter,

Acknowledging the persistent structural barriers that rural women and girls face, including access to medical centers, staff and education related to their own healthcare,

Recognizing how the lack of comprehensive education on medical issues facing women and girls exacerbates maternal deaths, as women are often not heard or taken seriously in medical settings,

Recognizing also the importance of State sovereignty and cultural values when addressing the situations of women in rural areas, as some health-related programs may work better for some cultures over others.

Deeply concerned that maternal mortality rates in rural areas remain unacceptably high and that gaps in access to quality maternal health services, nutrition support and essential healthcare centers in rural areas continue to undermine rural women's health and human rights,

Affirming the World Health Organization's definition of maternal mortality as a period that extends through 42 days post-birth,

Understanding that the maternal mortality rate (MMR) is high for women both pre and postbirth,

Further understanding the basic needs of food and water which impact maternal health at the fundamental level,

- 1. Calls for achieving a 50 percent reduction in the MMR among rural women by 2050 and requests that Member States adopt previously successful policies to improve the health outcomes of women and girls living in rural areas, by:
- (a) Expanding access to equitable, affordable and culturally appropriate maternal healthcare services, working with already existing bodies like UN Women and the United Nations Populations Fund;
- (b) Increasing the availability of skilled birth attendants and emergency obstetric care by improving the quality of skill training provided;
- (c) Strengthening accessible nutrition programs targeted at pregnant women, breastfeeding mothers, adolescent girls and young children;
- 2. Urges States to collaborate with corresponding non-governamental organizations and United 29 Nations programs that allocate sufficient resources for the infrastructure below:
 - (a) The improvement of hospitals within rural communities, specifically hospitals focusing on the pre and post-natal healthcare of women;
- (b) Support for the education of medical professionals on pregnancy-related issues, 33 including cesarean-sections and giving proper prenatal care;

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- 3. Requests all Member States report progress on the decreasing of the MMR through relevant United Nations monitoring mechanisms;
- 4. Strongly supports the combat of brain drain through the strengthening of hospitals within developing countries and through the further education of women's health in rural communities by:
 - (a) Improving the funding of medical centers within rural communities;
 - (b) Progressively increase the average wage and promoting the creation of high-value employment opportunities within the medical sector;
 - (c) Building targeted skill-building programs in remote regions to support and retain skilled local professionals, rather than concentrating opportunities solely in urban centers;
 - 5. Supports the funding of education for culturally appropriate, comprehensive sex education, particularly for younger women within rural areas, in cooperation with and at the request of, the Member States concerned;
 - 6. Addresses a root cause of maternal mortality by increasing access to food, water and basic healthcare, making all available as needed within public healthcare centers within the region, working again with existing United Nations bodies like the United Nations Population Fund in order to do so.

Passed, Yes: 63 / No: 0 / Abstain: 4

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