

**FORUM:** General Assembly 1

**ISSUE:** Amplifying the Effectiveness of Family Policies for Societal Health

**MAIN SUBMITTER:** Albania

**CO-SUBMITTER:** Belgium, Indonesia, Israel, Spain

THE GENERAL ASSEMBLY,

*Aware of the* United Nations Sustainable Development Goals target goal 3.1 “reducing the global maternity mortality ratio to less than 70 per 100,000 live births.”, and target 3.7 “ensuring universal access to sexual and reproductive health-care services”,

*Surprised* that the situations regarding societal health are extremely disparate for all nations in the world, especially in Less Economically Developed Countries,

*Deeply concerned* that 830 million women workers globally were not adequately covered by maternity protection, including maternity leave, according to estimates from the International Labour Organization in 2014,

*Recognizing* that almost two thirds of the world’s children under 1 year old – nearly 90 million – live in countries where their fathers are not entitled by law to a single day of paid paternity leave,

*Bearing in mind* that early child’s exposure to nonparental care increases the risk of infectious diseases, particularly respiratory ailments,

*Realizing* that a poll conducted in 2009 by the Rockefeller Foundation and TIME revealed the necessity of paid family and medical leave as well as funding for childcare to support working parents,

*Emphasizing* that the process of pregnancy and giving birth is a physical and mental hardship for both the mothers and the children,

*Keeping in mind* that family policies are defined as the actions from the public and private sector that aims to promote healthy formation, sustainment, and disbandment of families,

*Fully aware* that birth fertility rate, abnormally structured families, and aging society are some factors of family policies that affect societal health,

*Alarmed by* remaining high maternal and infant mortality rate in areas such as Latin America, Afghanistan, and Central Africa caused by lack of social health despite various actions to mitigate the mortality rate,

*Acknowledging* that the global fertility rate has been declining for several years,

*Noting further* that education is crucial for formation of well-planned and healthy family,

*Observing* that less people are marrying, and more people are divorcing, causing formation of unstable family structures,

*Realizing* the potential of global economic and social threat when the trend reaches “below replacement fertility,”

1. Urges all nations to establish, implement and monitor a national paid parental leave policy that guarantees paid leave for both parents by taking the following measures such as but not limited to:
  - a. ensuring that the significance of paid parental leave is recognized in all businesses by providing training to managers and staff regarding the following aspects:
    - i. the value of employee retention,
    - ii. the increase in productivity resulting from parental leave,
    - iii. how paid paternity leave should be championed as being equally important as paid maternity leave,
    - iv. how discrimination on the basis of pregnancy, marital, or family status should be prohibited when giving paid parental leave,
  - b. providing sufficient duration of parental leave of at least 18 weeks and recommended 9 months after the birth of a child,
  - c. creating mechanisms to guarantee that paid parental leave is made available to parents in both formal and informal economies by providing such leave through systems such as but not limited to:
    - i. social insurance system,
    - ii. payroll taxes,
    - iii. general tax revenues,
  - d. extending flexibility in the usage of parental leave over a variety of dimensions through allowing the following:
    - i. being able to use the leave at any point until the child reaches a specified age,
    - ii. longer job absences at lower wage replacement rates or shorter but more highly paid leave,
    - iii. part-time work combined with partial leave payments,
    - iv. reduced work hours,
    - v. scheduled breastfeeding breaks for women employees with such demands,

- vi. rights to refuse overtime or scheduling changes that conflict with family responsibilities,
  - e. paying the parental leave at a rate that is sufficient to make it practical for all parents to take in order to meet their family needs, granted that they meet the certain requirements, such as but not limited to:
    - i. must have worked at least 1250 hours during the 12 months before the start of the leave period,
    - ii. the worker's employer must have at least 5 employees (if so, the employer is deemed a "covered employer"),
    - iii. the worker must have been employed with the company for more than one year prior to his leave date;
- 2. Encourages all member states, especially those that face difficulty with improving social health, to increase educational levels through developing cross-sector national early childhood development policies and plans, in collaboration with businesses, civil society and pertinent UNOs or NGOs, in order to meet the needs of working families in both the formal and informal sectors, through the following ways such as but not limited to:
  - a. assuring universal access to quality-affordable education from the end of parental leave to children's entry into the first grade of school through ways such as but not limited to:
    - i. Prioritizing in providing compensatory education to low-income (primarily below poverty line or receiving welfare assistance) and disabled pre-school children,
    - ii. Fostering cooperative educational environment between students, without great support from expensively paid teachers,
  - b. subsidizing childcare provision through the following means such as but not limited to:
    - i. allocating public funds,
    - ii. seeking support of the private sector and donors,
    - iii. cooperating with United Nations Organizations (UNOs) and Non-Governmental Organizations (NGOs), such as but not restricted to UNICEF, UNDESA, and Save the Children for providing funds,
  - c. asking businesses to address the childcare needs of their employees through the following means:
    - i. assessing the childcare needs of their employees,
    - ii. minimizing long working hours for parents with young children,
    - iii. introducing flexible working arrangements to enable parents to take care of their children,
  - d. strengthening the childcare workforce through means such as but not limited to:

- i. asking for the dispatch of instructors/trainers from NGOs (e.g. Teachers without borders, Trainers without borders)
    - ii. increasing funding and investments in the educational facet in order to provide teachers with sufficient resources,
    - iii. inviting the educational department of UNICEF to train instructors for better education;
3. Further urges member states to adjust policies on taxation and financial subsidies to meet the demands of impoverished families and children in-need through ways such as but not limited to:
  - a. undertaking analysis to determine the optimal parameters for effective implementation of child benefits for the member states on the following aspects:
    - i. the appropriate amount of benefit per child,
    - ii. the most efficient modality for payment,
    - iii. the financial capability, economic conditions, as well as the family conditions of the children,
  - b. issuing taxation policies to families in paying for childcare, especially the ones who are the most vulnerable to financial breakdown, through the form of non-refundable tax credit with such details but not limited to:
    - i. ensuring that employed parents could utilize the policy to receive a tax credit for between 20% to 35% of expenses to care for two or more children 12 and under, up to a maximum that is set accordingly varying in each region,
    - ii. excluding the flexible spending plans when calculating the tax credit,
  - c. suggesting the governments to provide necessary financial support for children below the poverty line through ways such as but not limited to:
    - i. decreasing educational costs such as schools or college application fees,
    - ii. providing monthly financial support for children for their living,
    - iii. other forms of support necessary for children's development, as defined by the authority of each member state,
  - d. cooperating with non-governmental organizations, school, hospital or other groups and institutions relevant to children's welfare through ways such as encouraging non-governmental organizations to record and investigate the conditions of the children especially those who face difficulty, and to provide support wherefore;
4. Recommends all member states, especially those that have shown exceptionally high issue of family policies and societal health, to raise awareness through various media companies, NGOs, as well as all supportive members and organizations of the society from ways such as but not limited to:

- a. spreading awareness online and offline through various platforms in methods such as but not limited to:
  - i. cooperating with non-governmental organizations to facilitate the awareness campaign with a focus on the grassroots level,
  - ii. holding online campaigns and advertising on social media platforms such as Facebook, Twitter, or WeChat in means such as posters, photos, and videos,
  - iii. asking schools to assist the campaign by pasting poster in school, sharing information in school assembly, or holding events in-line with the spirits of the campaign,
  - iv. requiring government institutions collaborate in promoting public awareness in society,
  - v. urging the central government to monitor the implementation of the campaigns by the local governments in alignment with relevant standards, as well as the original purposes and goals of the campaign,
- b. providing educational programs discussing the problems of societal health affected by family policies by the help of NGOs, schools, and other organizations on aspects including:
  - i. the existing local policies and social welfare programs that are relevant to maintaining the health of families, such as but not limited to paid parental leave and child benefit, in order to encourage denizens to take part in the existing programs,
  - ii. the effects of instability in fertility rates and abnormal society have on societal health,
  - iii. sexual education such as means of contraception and the minimum age for marriage to protect adolescents from sexual assaults, particularly in LEDCs, where high maternal and infant mortality rates due to premature pregnancy bear great problems such as deaths of mothers and lack of nutritional support for infants,
  - iv. the effects that abnormally structured families, such as divorced families, single-parent households, skipped-generation households, singles, and Double Income No Kid (DINK), have on the society's health,
  - v. importance of children's education for their health and development,
- c. respecting the sovereignty and power of each member states over these policies and considering the political, social, and religious contexts throughout the promotional campaign, without compromising the Sustainable Development Goals and resolutions or regulations adopted by the United Nations;

5. Calls upon all nations, especially the LEDCs, to improve the quality of health services for groups who are more vulnerable to the negative implications of illness, such as women, children, and adolescents, through ways such as but not limited to:
  - a. Supporting women during pregnancy and after giving birth through the following ways such as but not limited to:
    - i. providing psychological services by allocating specialist perinatal mental teams to help women who are suffering mental problem, in which may happen through an online platform,
    - ii. sending local medical staff,
    - iii. establishing and improving the medical facilities, such as children's center and primary care psychological services,
  - b. supporting infants through the following ways such as but not limited to:
    - i. supplying nutrition and micronutrients if necessary,
    - ii. offering immediate and exclusive breastfeeding,
    - iii. providing immunization,
  - c. supporting children and adolescents through the following ways such as but not limited to promoting physical and psychological recovery and social reintegration of child victims of neglect, exploitation, abuse, torture, or any other forms of cruel and degrading treatments as a result of imbalanced family structure,
  - d. ensuring the equitable provision and distribution of health care related services, considering factors including but not limited to:
    - i. immunization programs against major infectious diseases at a local level,
    - ii. provision of sufficient number of hospitals, clinics and other health-related facilities,
    - iii. promotion of the establishment of institutions providing counselling and mental health services,
  - e. abolishing harmful traditional practices such as female, genital mutilation, early marriage, and preferential feeding,
  - f. collaborating with relevant NGOs, such as but not restricted to the World Health Organization (WHO) and UNICEF.