UN WOMEN

“Reproductive Rights”
Study Guide

Contributors: Maria Stefiadou, Vasia Tsanikidou, Despina Papadopoulou

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1. Letter from the chairs

Dear delegates,

At this year’s UN Women Committee, the topic of women’s reproductive rights that is going to be discussed is more relative and concerning than ever. Affecting both women personally and society as a whole, access to means that ensure the protection of reproductive rights is vital for the preservation of the well-being of all females around the world.

Our uttermost goal within this Committee is to get to know you and encourage you to enhance your diplomatic skills and your knowledge - through having fun and debating at the same time! So don’t be afraid to stand up for your country’s position on the matter and participate along with your co-delegates in the committee’s procedures, as we will be there to guide you and help you in this effort.

We are looking forward to meeting you this March!

Best regards,

Maria Stefiadou
Vasia Tsanikidou
Despina Papadopoulou

2. General Information

This part of the study guide aims towards letting you know about the basis, the purpose and the mandate of our committee, which is very important for the framework of your country’s proposals within your position paper and the committee sessions.

Issues of gender inequality have been entrenched in the international community for years, resulting in several cases of segregation and discrimination against women and depriving them of their fundamental human rights. UN has made great progress over the years; the Beijing Declaration and Platform for Action (1995) and the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW, 1979) consist the highlight of the decisive effort of combating inequity and misporportioned growth.

UN WOMEN was created in July 2010, by the United Nations General Assembly, as the United Nations Entity for Gender Equality and the Empowerment of Women, and it was built of four functioning parts of the UN system; the Division for the Advancement of Women (DAW), the International Research and Training Institute for the Advancement of Women (INSTRAW),
Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI) and the United Nations Development Fund for Women (UNIFEM). Since then, UN WOMEN has been actively dedicated to the preservation and promotion of gender equality to all aspects of women’s sociopolitical, economic and private life through their empowerment, mainly focused on the support of inter-governmental bodies; the provision of technical and financial support to countries or organizations; the guidance of UN policies regarding gender issues; and the monitoring of the implementation of all of the above-mentioned policies. The Sustainable Development Agenda is also a priority of the entity; the four main strategies of UN WOMEN concern women’s equal participation and benefiting from governance systems; women’s capability of becoming economically autonomous; women’s protection from violence; and women’s active contribution to sustainability worldwide.

3. Definitions/Introduction to the topic

Definitions

Reproductive Rights

As defined by the International Conference on Population and Development (ICPD) in Cairo, ‘reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents’. (Paragraph 7.3).

Abortion

Termination of pregnancy before the fetus is viable; when it comes to the medical factor, this term and the term miscarriage both refer to the termination of pregnancy before the fetus is capable of survival outside the uterus, according to the World Health Organization. The term abortion is more commonly used as a synonym for induced abortion, the deliberate interruption of pregnancy, as opposed to miscarriage, which connotes a spontaneous or
natural loss of the fetus. Because of this distinction made by the average layperson, care should be exercised in the use of the word abortion when speaking of a spontaneous loss of the fetus. Worldwide, abortion is one of the most common gynaecological procedures.

**Miscarriage**

Miscarriage means loss of an embryo or fetus before the 20th week of pregnancy. Most miscarriages occur during the first 14 weeks of pregnancy. Miscarriage is very rarely directly related to the actions of the pregnant person. It often happens due to stress, depression, malfunctioning or faint organism, and external factors such as maltreatment and violence towards the pregnant, accidents etc. It’s significant to highlight that the difference between miscarriage and abortion is that the latter does not result from natural causes. The medical term for miscarriage is *spontaneous abortion*.

**Gestational Limit**

A gestational limit is the point within pregnancy when termination is feasible without imposing any risks or hazards to the carrier’s health. Gestational limits are calculated from the first day of the last menstrual period, which is considered to occur two weeks prior to conception. Where laws specify that gestational age limits are calculated from the date of conception, these limits have been extended by two weeks.

(CRR)

**Abortion Pill**

The abortion pill is in fact two medicines. The first medicine ends the pregnancy and is named mifepristone. It works by blocking the hormone progesterone. Without progesterone, the lining of the uterus breaks down and the pregnancy cannot continue. The second medicine, misoprostol makes the womb contract, causing cramping, bleeding and the loss of the pregnancy similar to a miscarriage.

4. **Introduction to the topic: focusing on women’s reproductive rights**

The World Health Organization defines ‘reproductive rights’ as *the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their*
children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. Focusing more on women’s reproductive rights - which consists also the agenda of our committee - those include some or all of the following: the right to legal and safe abortion; the right to birth control; freedom from coerced sterilization and contraception; the right to access good-quality reproductive healthcare; and the right to education and access in order to make free and informed reproductive choices. As stated by Amnesty International, reproductive rights may also include the right to receive education about sexually transmitted infections and other aspects of sexuality, right to menstrual health and protection from practices such as female genital mutilation (FGM).

According to Human Rights Watch, the denial of a pregnant woman's right to make an independent decision regarding abortion, violates or poses a threat to a wide range of human rights; articles 3, 12, 16 and 19 of the United Nations Declaration on Human Rights (1948) is the main concern of this view, as it concerns the matter of starting a family, upon a person’s will. The legal status of abortion is not just an indicative on the control women and girls have over their own health and bodies; it also provides us with valuable information regarding the mortality rate from unsafe or unsanitary abortion procedures and the participation of women in the contextual sociopolitical space, both nationally and internationally. It consists a powerful tool to measure and apprehend the actual equality rates and circumstances. Countries are divided, according to the World Abortion Laws Map, into five categories, depending to their legal and constitutional attitude towards abortion; those are:

1) Prohibited altogether;
2) To save a woman’s life;
3) To preserve health;
4) Broad social and economic backgrounds;
5) On request.

Below, those are merged into three broader categories, in order to make your research more informative and cohesive. The GAPD (Global Abortion Policies Database) reflects details that exist within countries’ laws and highlights the nuance within legal categories of abortion; no assumptions are made as to how laws are interpreted or applied in practice. By examining the text of the law, additional complexities related to the legal categories of abortion become more apparent.
The World’s Abortion Law Map, which is the definitive record of the legal status of abortion in countries across the globe, updated in real time. Taken from: Center for Reproductive Rights.
5. Case studies: countries that allow abortion on request or on broad social and economic backgrounds

**ABORTION ON REQUEST:**
Globally 67 countries allow abortion on request; the request upon the conduction of the abortion process is either approved or disapproved according to the calculation of the gestational limits, which vary among the cases named below. 590 million (36%) women of reproductive age live in countries where abortion is permitted on request, such as:

*Russian Federation, Canada, United States, Cuba, Puerto Rico, Guyana, French Guiana, Uruguay, South Africa, Mozambique, Guinea- Bissau, Tunisia, Portugal, Spain, France, Italy,*
Switzerland, Austria, Slovenia, Croatia, Bosnie- Herzegovina, Montenegro, Albania, Greece, North Macedonia, Kosovo, Bulgaria, Turkey, Serbia, Romania, Ukraine, Moldova, Hungary, Slovak Republic, Czech Republic, Germany, Netherlands, Belgium, Luxembourg, Denmark, Belarus, Lithuania, Latvia, Estonia, Sweden, Norway, Iceland, Ireland, Kazakhstan, Uzbekistan, Turkmenistan, Tajikistan, Kyrgyzstan, China, Nepal, Vietnam, Cambodia, Australia, Dem. People’s of Korea, Mongolia, Armenia, Azerbaijan etc.

**ABORTION ON BROAD SOCIAL AND ECONOMIC GROUNDS:**

These laws are about a broad range of circumstances, while countries applying such laws usually consider that a woman’s social and economic background can affect both pregnancy and childbearing. More specifically, in many countries woman’s actual or foreseeable social environment may be considered in determining whether a risk to her life or health exists. Similarly, a woman’s living conditions or economic circumstances may be taken into account in countries where abortion is considered justified to avert injury to her health. Additionally, an abortion is lawful if a woman has serious deteriorated marital and family relations or difficult housing condition, circumstances that can also be detrimental to her health. In this extensive category may be added countries that allow abortion: if pregnancy is the result of extramarital relations; in cases of contraceptive failure; in case of the death of the woman’s husband or his being employed; other circumstances such as refugee status for a woman.

**386 million (23%) of women** of reproductive age live in countries that allow abortion, such as:

Great Britain, Finland, Zambia, Rwanda, Ethiopia, India, Taiwan, Japan, Belize, Israel, Slovakia, Zambia etc.
6. Case studies: countries that allow abortion in order to preserve health or to save the woman’s life

ABORTION TO PRESERVE HEALTH

These laws mainly concern pharmaceutical reasons, or when the process of pregnancy is medically proven to affect the childbearer’s well-being and health stability. The laws of most countries with a health-related ground refer to one or a combination of the following terms: ‘health’, ‘physical health’ and/or ‘mental (or psychological) health.’ Some laws specify limited lists of health conditions (e.g. infectious and parasitic diseases). In this category may be included countries that allow or permit abortion in cases where the pregnancy is the result of rape or gender-based/sexual violence, since this predicament may cause a variety of physical and psychological problems which may endanger the life of both the woman and the fetus.

237 million (14%) of women of reproductive age live in countries that fall in this general category, such as:

Costa Rica, Democratic Republic of Congo, Colombia, Namibia, Northern Ireland, Ecuador, Botswana, Bahamas, Peru, Zimbabwe, Burundi, Bolivia, Eswatini, Djibouti, Argentina, Lesotho, Liberia, Kenya, Sierra Leone, Eritrea, Guinea, Saudi Arabia, Ghana, Jordan, Togo, Israel, Benin, Kuwait, Burkina Faso, Qatar, Niger, Pakistan, Algeria, Thailand, Morocco, Malaysia, Chad, New Zealand, Cameroon, Republic of Korea, Equatorial Guinea,, Poland, Central African Republic etc.

ABORTION TO SAVE A WOMAN’S LIFE

The countries having this legislation endorse abortion only when a woman’s life is at risk.

359 million (22%) women of reproductive age fall in this category, in countries such as:

Mexico, Guatemala, Panama, Venezuela, Brazil, Chile, Paraguay, Mali, Nigeria, Libya, Sudan, South Sudan, Uganda, Tanzania, Malawi, Somalia, Yemen, Oman, United Arab Emirates, Syria, Iran, Afghanistan, Sri Lanka, Bangladesh, Myanmar, Indonesia, Papua New Guinea etc.
7. Case studies: countries that prohibit abortion altogether

**PROHIBITED ABORTION ALTOGETHER**

The countries having this policy, do not allow abortions under any circumstances, not even in the cases where the woman’s health or life are at risk. Globally there are 26 countries having this policy. In total, 90 million (5%) women of reproductive age fall in this category, in countries such as:

Andorra, Angola, Congo-Brazzaville, Congo-Kinshasa, Dominican Republic, Egypt, El Salvador, Gabon, Guinea-Bissau, Haiti, Honduras, Iraq, Laos, Madagascar, Malta, Marshall Islands, Mauritania, Micronesia, Nicaragua, Palau, Philippines, San Marino, Sao Tome and Principe, Senegal, Suriname, Tonga

8. The role of non-governmental organizations (NGOs) in the effort of enhancing women’s reproductive rights

When it comes to matters of women’s reproductive rights, a lot of Non-Governmental Organizations (NGOs) aim towards informing the public, raising awareness and protecting women’s right to access to safe abortion means all across the globe; below you can find some examples, along with each organization’s functional framework and objectives.

- **ICRW** (International Center for Research on Women): ICRW is an organization that has been evolved for more than 40 years, in safe abortions by having made a lot of researches. ICRW have studied the reasons for women’s poor access to reproductive health and now tries to have an impact on their access to this care.

- **COHI** (Circle Of Health International): COHI was founded in 2004, the organization aims to help women in ties of crisis, while having a community based approach, led and powered by women. In 14 years COHI has served 3.25 million women.

- **International Women’s Health Coalition:**

  Founded in 1984, the non-governmental organization named ‘International Women’s Health Coalition’ promotes the vision of a fairly constructed international society, where people regardless of their gender will be able to enjoy their human rights and health; their framework of action includes funding and support to movements, organizations, policies and initiatives. The five year strategic action plan of the organization is built on values such as diversity, equity and inclusion, all under the ideological auspices of feminism.
- **IPAS**: IPAS is an international organization dedicated to the expansion of access to safe abortion and contraceptive means - for millions of women around the world. With partners all across four continents, IPAS has been working since 1973 on fields such as healthcare and education, upon matters that concern the wide and equal provision of high-quality abortion services, without physical, social or mental consequences on women.

- **WGNRR** (Women’s Global Network on Reproductive Rights) This organization was founded in 1984, and since then it has made a lot of international campaigns on several issues about women’s reproductive health rights. WGNRR is based in the Global South, while it has an international impact. Also the organization cooperates with ECOSOC.

### 9. Conclusion/Discussion

According to the UN Human Rights Council Working Group, the deaths of more than 47,000 women are caused every year by unsafe and/or unsanitary abortions; in addition, several data gathered by the World Health Organization (WHO) shows that the criminalisation of the conduction of abortion procedures does not contribute to their reduction. On the contrary, unsafe abortions are performed, and ‘too many women are physically and verbally mistreated or simply denied emergency medical care after abortions’, WHO experts said, and of course those actions ‘violate international law and, in many instances, national laws and policies’. Another research operated by the HRC Working Group, showed that, especially in developing countries, over 225 million women worldwide do not have access to contemporary means of contraception or efficient sexual education, which often leads to unplanned pregnancies; girls under the age of 15, according to the Group, are ‘five more times at risk’.
Infographic describing the impact of laws on abortion safety. Taken from the World Health Organization.

Often the primary barriers to improving women's health are rooted in socioeconomic, legal and cultural factors. Thus, the improvement of reproductive health is not only a matter of effective health interventions, but also a matter of social justice and human rights. For this reason, there have been done pertinent developments within the United Nations, Europe and Inter American and African human rights systems regarding abortion, as they relate to woman’s life and health, in situations of rape, incest or foetal impairment, and for abortion based on social and economic reasons and on request. From relative corps there have been touched charged issues such as maternal mortality, prohibitions of therapeutic abortion as infringing on the right to be free from cruel, inhuman and degrading treatment and state procedural obligations to ensure women's right to access legal abortion. What must be highlighted as a crucial social success is the growing recognition by international human rights bodies that criminalisation of abortion leads women to obtain unsafe abortions, threatening their lives and health, and recent national - level developments in the field. All
things considered, it has been satisfyingly assimilated that by supporting the empowerment of women and access to family planning, we’re also helping protect the health of our planet and species; nevertheless, further fruitful discussions should be added to the UN agenda for further achievements over the topic, that will lead us to a more sustainable world.

10. Points to be addressed

This section of the study guide contains certain questions raised logically upon the issue of our committee; their main purpose is to help you focus on fixed aspects of the matter, during your studying but also during the procedures and the debates throughout the committee works.

1) Why is the right to safe abortion a human right?
2) In which ways does it affect a woman’s life?
3) In which ways does it affect the international political and social status? Why is it a matter of gender equality?
4) What can be achieved amongst the UN WOMEN members to ensure that all women can be made aware of their reproductive rights?
5) How can the already existing framework be reinforced to protect even further the preservation of women’s reproductive rights?

11. Bibliography

1) Taken from Human Rights Watch --abortion. Available at: https://www.hrw.org/tag-abortion
4) Taken from Center for Reproductive Rights -The World’s Abortion Laws. Available at: https://reproductiverights.org/worldabortionlaws?category[294]=294
5) Taken from UN Human Rights, Office of The High Commissioner - Reproductive Rights are Human Rights. Available at: https://www.ohchr.org/Documents/Publications/NHRIHandbook.pdf
20) Taken from the World Health Organization. Available at: https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion

12. FURTHER RESEARCH

The arcmun site also contains a list of useful sites for research.

1) Taken from The Guardian - Why reproductive health is a civil rights issue. Available at: https://www.theguardian.com/commentisfree/cifamerica/2012/apr/04/reproductive-health-civil-rights-issue

2) Taken from Center for Reproductive Rights - Reproductive Rights: A tool to monitoring state obligations. Available at: http://reproductiverights.org/sites/crr.civicactions.net/files/documents/crr_Monitoring_Tool_State_Obligations.pdf


4) Taken from Health and Human Rights Journal - Human rights versus legal control over women’s reproductive self-determination. Available at: https://www.hhrjournal.org/2013/10/human-rights-versus-legal-control-over-womens-reproductive-self-determination/

5) Taken from The Office of the High Commissioner for Human Rights - The National Human Rights Institutions Mandate. Available at: https://www.ohchr.org/Documents/Publications/NHRIHandbook.pdf&sa=D&ust=1573844559051000&usg=AFQjCNNG7QOsip732Bm7V_DEs6IAek85HOA