**Forum:** The Human Rights Council

## Issue: Protecting the reproductive rights of women

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Introduction

Gender equality is one of the discussed social topics around the world. Gender discrimination still persists in many countries, such as Saudi Arabia or Iran, where women are especially known to have little privilege compared to their male counterparts. There have been various organizations created in hopes of improving gender equality, such as Equality Now and GirlsNotBride. One key issue women face is ensuring reproductive rights.

Reproductive rights—the right to decide when to have children—are important to a woman's social-economic well-being and overall health. When women make decisions regarding their reproductive life, this encourages greater relationship stability and satisfaction. However, many countries violate women’s right to control family sizing. For example, in Saudi Arabia, Islamic traditions permeate through family expectations of female behavior. According to Ayann Hirsi Ali’s book, *Infidel*, “a Muslim girl does not make her own decision or seek control.” Hence, Saudi Arabian women very often follow their family’s hopes, and often this results in arranged marriages.

There are multiple barriers that prevent women from holding the full capacity of their reproductive rights. The most common barrier is discrimination in the forms of restrictive laws and deep-rooted traditions. Although moral relativism persists in realms of international negotiation, this report would like to prioritize ensuring unanimous safety of all women in pursuit of gender equality. The reproductive health of a person is an important part of general health; it is required in order for social, economic, and human development. Therefore, it is important to achieve the sexual and reproductive health and rights for all women.

Definition of Key Terms

**Reproductive rights**

Reproductive rights are generally defined as the rights of all people, either male or female, to decide the number of children they wish to have, to choose the type of contraception they wish to use, to have access to sex education, and to receive proper abortion services.

**Birth Control**

Birth control is used in order to prevent pregnancy. Some examples of birth control include estrogen pills, condoms, and birth control patches.

**Family Planning**

Family planning refers to the overall effort to plan the ideal number of children a couple would wish to have, including but not limited to when they wish to have or adopt their children.

**Full Access, Full Choice**

Full Access, Full choice is a goal to deliver abortion services to all women by 2020. The goal originated from a promotional infographic published by Marie Stopes International (MSI), an international non-governmental organization (NGO) dedicated to providing abortions to countries. The organization hopes that through the goal, it could promote the three main choices each woman should have, such as whether or not to use contraception and choosing their provider of abortion services.

**Abortion**

Abortion refers to the ending of a pregnancy by removal of an embryo or fetus before the mother carrying it gives birth. However, when an abortion is carried out in an unsanitary environment, this could often lead to grave health consequences such as infection, bleeding, and injury to the mother’s body.

History & Developments

Reproductive rights began to develop as a subset of human rights at the United Nation's 1968 International Conference on Human Rights.The non-binding Proclamation of Tehran in 1963 adopted by the General Assembly was the first international document to recognize an element of reproductive rights, stating how parents have the human right to determine the number and spacing of their children. States have slowly achieved these rights with various national legal instruments.

As each region’s development in reproductive rights has been shown to be vastly divergent, this section is divided by continent in order to allow in depth discussion on each region.

**North America**

**United States of America**

Abortion was only legal in America after the 1850s. The first abortion regulation, which was passed in Connecticut in 1821, was a measure designed to protect women, but was not meant to criminalize abortion or to restrict access to abortion. However, in the 1850s, Nathan Smith Davis, leader of the newly formed American Medical Association (AMA), campaigned to reform the laws implemented on abortion.The AMA campaign made reproductive rights an international political issue. Doctors and politicians decided that reproductive rights should be restricted for various reasons.

First,members of the AMA aimed to professionalize the field of medicine, hence putting midwives and herbalists out of business. Second, as abortion was widely perceived as morally repugnant at the time, members of the U.S government felt that enacting measures to prevent unwanted pregnancies would avoid the utilization of abortion. The Comstock Act passed in 1873, often referred to as the “Chastity Laws”, made it illegal to send anything related to abortion through the mail. After the first Act was passed, 24 states made their own version of the Comstock laws to restrict the contraceptive trade. This instigated a lack of proper abortion equipment, thereby troubling women who wished for abortions. Third, many Protestant leaders were afraid that Catholic immigrants would take control of the government. The first European settlers originally brought Christianity to the US in the 16th and 17th centuries. Then, Northern Europe colonists introduced the ideas of Protestantism, the second branch of Christianity, which was then reformed and passed on to the Plymouth Colony. All of the reasons above led legislators to outlaw abortion. Between 1860 and 1880, almost 40 states banned abortion for women. By 1899, abortion was illegal nationwide.

**In order to** control fertility, various birth control methods were employed. Over the past thousand years, avoidance methods such as periodic abstinence, barrier control methods such as condoms, and birth control devices such as intrauterine devices (IUDs) were used to prevent pregnancy**.** Women have also used herbal formulations and poisons such as stone seed root, thistle, and wild carrot seed. The results of these herbal formulations have often resulted in lifelong health complications, sickness, or even death.

One recent event that occurred in the U.S in 2019 is that the state Alabama has become the latest state to pass a bill that violated the right to abortion. Kay Ivey, Alabama’s Republican governor, signed the bill. The law included a complete ban on abortion, even if the pregnancy was caused by rape or incest. Furthermore, if a pregnancy was terminated, the doctor responsible could face up to 99 years in prison. Abortions are only allowed unless the pregnancy could put the mother’s life in a serious risk.

**Canada**

Abortion in Canada was once considered an illegal action. The Parliament banned the practice completely in 1869, and stated the consequence of abortion is a lifetime prison sentence. In the 1960s, the federal government was put under pressure from its citizens: the people hoped the government would revoke the outlaw of abortion. The movement gained popularity as support from medical professionals, women’s social justice groups, and the Humanist Fellowship of Montreal started pouring in. In response to the demands, the federal government came together in 1967 for a meeting with the Royal Commission on the Status of Women. In 1969, the Commission proposed that all abortion be made legal but only in the first 12 weeks of pregnancy. After the 12 weeks, abortions would be legal only if the pregnancy threatens the health of the woman.Later, under the Prime Minister Pierre Trudeau, the government decriminalized contraception in 1969 and made abortion legal if Therapeutic Abortion Committees (TAC) believed the abortion was necessary for the woman’s health. Despite this new ruling, the availability of abortion varies by province, as do wait times and acceptance by TACs.

**Europe**

Almost 85% of European women have used some form of birth control in their lives. Over the past decade, family planning had become important throughout Europe. Furthermore, many of the taboos around sexuality have been removed. Many youth sexual and reproductive health centers have been established in most of the regions in Europe in order to spread the idea of reproductive rights and provide education and health care to those in need. In Estonia, Finland, Sweden, and Portugal, youth sexual and reproductive health centers provide services with little to no charge.

Sweden is one of the countries that provide the services teens need. According to *Sweden Sverige,* around 80% of girls and 17% of boys in Sweden have visited available youth centers once, or even multiple times. In addition, 96% of Sweden’s inhabitants claim that they have used some sort of birth control at some point in their life. Not only that, Sweden also has a high rate of self-reported postictal pill use. In 2007, an anonymous survey, targeting Swedish 18-year-olds and under, showed data that three out of four youth were sexually active. The data also showed that around 5% reported them once having an abortion and 4% reporting contractions of sexually transmitted infections (STI).

**Latin America**

The idea of women’s reproductive rights in Latin America has attracted international attention because of the laws that ban the idea of abortions. Latin America is home to a few countries in the world that have bans on abortion. In some Central American countries, law enforcement in regards to banning abortion is incredibly aggressive. For example, El Salvador and Nicaragua are globally notorious for their complete bans on abortion. On the other hand, some countries are loosening their bans on abortion. From 1989 to 2017, Chile was a country with the most restrictive laws on abortion. Chile criminalized all abortions with no exception. In the penal code articles 342-245, it stated that those who practiced illegal abortion would be punished with five years in jail or more. Then, in 2017, Chile relaxed their ban on abortion, allowing abortion when the woman’s life is in danger, or when the pregnancy was caused by rape. Despite high risks of maternal mortality for girls younger than 14, many girls were forced to give birth anyways. As stated by the Center for Reproductive Rights (CRR), in 2018 alone, around 2,200 girls between the ages of 10 to 14 gave birth in Guatemala.

In Ecuador, educational and social classes are significant in defining which women have the right to have children and which do not. Around 50% of young women who are illiterate have the right to pregnancy while only 11% of girls with secondary education have the same right. This happens to be the same for less wealthy individuals. According to Center for reproductive Rights (CRR), around 28% become pregnant while only 11% of young women in wealthier households do. Furthermore, access to contraceptives is limited due to the cultural taboos.

**Africa**

Two main issues that women in Africa face are unsafe abortion and female genital mutilation (FGM). First, pertaining to unsafe abortion, according to National Center for Biotechnology Information (NCBI), around 68,000 women have died because of unsafe abortion. Unsafe abortion is greatest contributor maternal mortality rates in Kenya. One well-known case is the case of JMM, which occurred in 2015. JMM, a young girl, was raped and became pregnant at the age of 14. However, JMM did not have access to safe abortion or proper post-abortion care. She had an unsafe abortion done by an unqualified provider, which later caused her death. In Kenya, plenty of cases similar to JMM’s case occurred. According to the Center for Reproductive Rights (CRR), around seven girls die from unsafe abortions in Kenya every day. Luckily, in early June of 2019, the CRR and the Federation of Women Lawyers (FDA) won a case where they challenged the Kenyan government to reinforce the “Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya”, a guideline used to determine whether or not an abortion is needed, on behalf of JMM’s case.

The Court found that the Directors of Medical Services and the Ministry of Health were violating the rights of Kenyan women and girls, and then created comprehensive ruling. The ruling clearly stated that all women and girls have the right to the highest standards of mental, social, and physical health, the right to free form discrimination, the right to life, and other rights such as reproductive rights. Most importantly, it declared that abortion shall be permitted for all victims of sexual violence.

Second, female genital mutilation (FGM) is a common practice in African countries, including but not limited to Egypt, Ethiopia, and Ghana. Although FGM is also practiced in immigrant communities around the world, FGM is most prevalent in African countries as a traditional practice. FGM pertains to procedures to remove of the external female genitalia. This may include the injury to female genital organs for non-medical reasons. Traditional circumcisers often play central roles in communities by attending childbirths to carry out the practice. In many situations, service providers would perform FGM due to the incorrect belief that the procedure is safer when it is medicalized. The World Health Organization (WHO) urges all health professionals to not perform this procedure. The procedure has absolutely no health benefits for girls and women. Procedures can cause severe bleeding, problems urinating, cysts, infections, as well as complications in childbirth and increased risk of newborn deaths. More than 200 million girls and women alive today have been cut in 30 countries in Africa. FGM is considered as a grave violation of human rights. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and therefore is also a violation of the rights of children. It not only violates the human rights, but also harms a person's health and security.

Geopolitics

National Abortion Federation (NAF)

National Abortion Federation (NAF) is a professionally organized nonprofit organization that provides abortions for those located in North America. Originally established in 1997, the NAF was created as a result of the merging of two other abortion organizations: the National Association of Abortion Facilities (NAAF) and the National Abortion Council (NAC). Inspired by the first national conference that was hosted to discuss abortion after *Roe v. Wade* was held in March 1975, these two independent organizations were formed as they shared the mission to ensure that every woman has the access to abortion. Following the establishment of the NAF, many other abortion provider organizations realized the need for professional organizations to set global standard factual information on abortion and reproductive health and to increasing access to reproductive health.

The organization has taken several steps to expand its programs. The NAF also protected abortion providers and patients from anti-abortion violence and anti-abortion laws. Most importantly, the NAF provided educational programs led by health care professionals. The NAF’s publications provide the public medically accurate and unbiased information on surgical and medical abortion, along with quality assurance in abortion care.

### Planned Parenthood Federation of America (PPFA)

The Planned Parenthood Federation of America (PPFA,) better known as Planned Parenthood, is a prominent nonprofit and nongovernmental organization that provides reproductive health care to all who need it, extending its services beyond the USA. Planned Parenthood is a member association of the International Planned Parenthood Federation (IPPF), a global non-governmental organization (NGO) also promoting reproductive health. Planned Parenthood is made up of 159 medical and non-medical organizations that are currently operating over 600 health clinics in the U.S. and beyond.

The main accomplishment of the organization is in its provision of a number of reproductive health services, such as STD testing and treatment, birth control, general health care, and cancer screening and prevention. The PPFA also provides online sexual education for both men and women while advocating for the protection of reproductive rights around the world. PPFA is now known as the single largest provider of reproductive health services in the U.S. In its 2014 Annual Report, the PPFA has seen over 2.5 million patients from over 4 million clinical visits and performed nearly 9.5 million services. Out of the 9.5 million services, 324,000 of them were abortions for women.

**Center for Reproductive Rights (CRR)**

The Center for Reproductive Rights (CRR) is a global advocacy organization that was formed with the purpose of strengthening and protecting reproductive rights of both men and women. The organization's mission is through using the usage of legislations, they wish to advance the reproductive freedom as a fundamental human right. They believed that governments globally has the obligation to protect, and fulfill the reproductive rights for both genders.

CRR has now become one of the three primary groups challenging increased levels of restrictions on reproductive health and abortion care. In May of 2019, CRR partnered with the American Civil Liberties Union and filed a suit against the 12-week abortion ban in Arkansas, which granted exceptions to protect the life of the mother and for pregnancy resulting from rape or incest. In June, CRR was able to file a lawsuit against Kansas, blocking HB 2253. HB 2253 is a 47-page omnibus abortion bill that contains multiple abortion restrictions. After blocking HB 2253, it allowed a physician to practice abortion on women if she has a high chance of premature birth, or if she has breast cancer, which could affect the birth.

**FGM National Clinical Group**

The FGM National Clinical Group, found in 2007, is a United Kingdom registered charity. This organization focuses on collaborating with women and girls who have been affected by FGM, or was once an victim of FGM. The organization is independent throughout their clinical networks and research. The main goal of this organization is enhancing the lives of women and girls who currently or might faces the risk of FGM. Additionally, FGM has hosted two thematic conferences in the pass which received major interest from multiple conventional healthcare circles, among attention from student.

**Global Alliance Against FGM**

The Global Alliance Against FGM is an organization, established in 2010, is a French non-government organization. To add on, the organization is given credit by the United Nations. The organization is currently based in St. Jeanne de Gonville, France, and Switzerland. They believe that as long as the issue of FGM still exists, gender equality would remain as a goal that needs to be reached. They used culture to advocate and support educational project training and research.

Previous Attempts to Solve the Issue

Over the past century, there have been attempts towards weakening the laws that have banned the idea of abortion. For example, in 1902, the Soviet Union became the first country to reform its law on abortion. A feminist named Alexandra Kollantai who influenced the reformation of the law through an official order - an order given by the court to inform someone what they need to do - on women’s health care. Ever since then, reforms regarding abortion have steadily increased internationally, justified on grounds of public health and human rights. Many also hoped that abortion could help promote the idea of smaller families to combat overpopulation. Many believed it was because of the improvements in women’s education and socioeconomic status eased burdens of childbearing and made it possible for many~~.~~

In 1945, the United Nations Charter included the “obligation in promoting universal respect for human rights and the fundamental freedoms for all without any discrimination”. However, the rights were not defined by the Charter. Three years after, in 1948 the UN General Assembly adopted the Universal Declaration of Human Rights (UDHR), the first international document that defined human rights. Although it defined the term human rights, it didn’t contain anything that defines reproductive rights.In the 1969 Declaration on Social Progress and Development, also adopted by the General Assembly , addressed reproductive rights. The Declaration stated that all family should be fully assisted and protected so it may assume its responsibilities within the community”.

The Maternal and Child Health Law of 1973, an act which improved national health through the protection of maternal life, succeeded in amending the South Korea’s abortion law. The law, amended by the Maternal and Child Health care, allowed physicians to perform abortions on pregnant woman if they were suffering from diseases, such as hereditary or communicable diseases, or if the pregnancy could lead to harm to the women’s health. Two years later, in 1975, the UN International Women's Year Conference adopted the Proclamation of Tehran. From that point on until 1980, several countries legalized abortion with limited circumstances, including but not limited to: France in 1975, West Germany in 1976, New Zealand in 1977, Italy in 1977, and the Netherlands. In 1998, voters in a referendum rejected Portugal’s creation of the legislation that allows abortion until 10 weeks of pregnancy. Luckily, another referendum was eventually held nine years later. This time, the voters approved of laws that allowed abortion but with restrictions, for example if a pregnancy was caused by rape or could harm the mother’s life.

In 2000, the U.S. held the Stenberg v. Carhart case – one that tore down the Nebraska "partial-birth abortion" law. The law was struck down because it did not include a health exception for when pregnancies endanger a woman’s health or livelihood. Once that was passed, the physicians were able to offer every woman her right to choose whether to have an abortion or not.

Possible Solutions

When devising solutions to protect the reproductive rights of women, delegates must keep a few issues in mind. First, common solutions such as “raising awareness” are not the most effective, as they could be applied in several different topics. Delegates are advised to concentrate on specific solutions pertaining to the issue at hand and address key clashes one at a time. Second, delegates are reminded that although binding international human rights covenants do exist, many do not implicate consequences for violations of such rights due to the problem of sovereignty. Hence, calling for “international laws” is terminologically inaccurate, especially in regards to non-binding UN resolutions. This report will suggest a few avenues in which delegates could approach devising solutions to this issue.

Moral relativism and cultural barriers often contribute to violence and discrimination held against women. Many religions suggest that sex before marriage is socially unacceptable and is seen as damage to family honor and reputation. For this reason, rape is often not reported. This has resulted in a lack of punishment for assaulters. Hence, women must be protected so that they will able to comfortably report rape and forms of abuse without fear of violating cultural traditions. Delegates could **establish comprehensive prevention and protection services for women** in the form of local service centers, local charters of international NGOs, or otherwise. The services provided should include health checkups pregnant women, sex or reproductive health education, and birth control methods. Nonprofit organizations that focus on reproductive rights such as Center for Reproductive Rights (CRR), National Abortion Federation (NAF), or Planned Parenthood (PFA) could supervise such service centers.

Furthermore, women should be **encouraged to receive higher education** or pursue work in countries open to abortion. Higher education often opens several avenues to opportunities that women could not access before. Fighting gender discrimination in hiring processes is necessary for women in the work force to stabilize their own financial situations. Delegates are reminded to not only encourage, but to suggest accessible and feasible means for women of all social standings to access higher education or travel abroad for work.

As Malala Yousafzai once said, “one child, one teacher, one book and one pen can change the world”. Through education, people will gain awareness of the issue and have their own perspective on reproductive rights. It helps them make their decisions when it comes to their reproductive health, and can know what they can do if they are being limited from their rights. Delegates could consider various methods in which access to education could be extended. For example, instead of devising an in depth curriculum that some countries may be unwilling to follow, delegates may consider launching international campaigns or creating NGOs that visit local communities and offer seminar sessions on reproductive rights. By protecting the reproductive rights, violence held against women could be prevented, education could be promoted, and economic or political participation from women could be improved.

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