

**Forum:** SDG 5

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## **TOPIC 1: Question of reproductive choices**

### **I. Introduction to the Topic**

The SDG 5 is to achieve gender equality and “Ensure universal access to sexual and reproductive health and reproductive rights”, yet only 55% of women are fully empowered to make choices over their health care, contraception, and consent to sexual activities. Reproductive choice enables women and girls to obtain their bodily autonomy, and the right to decide when, with whom to bear children, as defined by International Covenant on Civil and Political Rights (ICCPR), an influential international human rights treaty that compels governments and states to ensure human rights. It hence must ensure safe pregnancy and delivery, within antenatal and postnatal care in addition to the access to contraceptives.

Ever since the establishment of the Sustainable Development Goals 5, the council has faced its biggest challenge; the global pandemic. Despite the efforts to end all forms of discrimination and ensure universal access to reproductive health, the prospect for gender equality is diminishing, and programme interventions for prevention of violation of reproductive rights are proven to be ineffective due to the current situation of the global pandemic, where too little information and cases are being reported and increased the vulnerability of children's reproductive rights. In 2022, nearly 50 countries have liberalized their abortion laws to ensure reproductive rights, and the world is far from achieving the proportion of women and girls who make informed decisions on reproductive health by 2030.

### **II. Definition of Key Terms & Concepts**

#### **TOPIC 1: Question of reproductive choices**

#### **Definition of Key Terms**

##### **Key term: Reproductive health**

The World Health Organization defined reproductive health as a state of complete physical, mental, and social well-being, and it doesn't only specify the mere absence of disease or infirmity; in all relation to the reproductive system. It is an implication of the capability of people to have a

substantial and secure sex life within ensured freedom to have choice over usage of contraceptives and sexual activity. Reproductive health has a strong relation to human rights and reproductive rights, as lack of reproductive health satisfaction indicates lack of choice over their bodies and autonomy; ultimately reflects on insufficient provision of human rights.

**Key term: Human rights**

The United Nations has set the standard achievement of human rights for all member states. It is to universally protect essential human rights. The close connection between human rights and reproductive choice articulates the inclusion of the right to life, privacy, bodily autonomy, and equality under international law. It further includes the right to “to make decisions concerning reproduction free of discrimination, coercion and violence”, stated by the International Conference on Population and Development, in 1998.

**Key term: Abortion rights**

Abortion rights are closely associated with human rights and the right to freedom; all individuals must be able to make their own decisions over private problems, including their physical integrity and matters related to their bodies. States and governments must not interfere in their personal decision makings to choose whether or not to bring pregnancy. Denial of women’s access to legal abortion has been recognized as an arbitrary interference in individuals’ private lives by the Human Rights Council.

**Key term: Right to life**

The current emerging attempt of extending the right to life before birth limits women’s rights and reproductive rights, especially from contraception. It dismantles women’s basic human rights, as states and courts tend to protect the right to life before birth, disregarding women’s rights. Due to religious and ideological beliefs, termination of pregnancy is limited and autonomous decisions for women are denied. Recognizing the difference between right to life given at birth and antenatally is crucial and essential to reproductive choices.

**III. Key Stakeholders**

### **Key stakeholder 1: Human Reproduction Programme (HRP)**

The World Health Organization (WHO) established the “Human Reproduction Programme” in 1972 to prevent and decrease morbidity, maternal and infant mortality, and unwanted pregnancies. They are developing a wider range of contraceptives that could be more accessible and affordable. WHO norms and standards regarding sexual and reproductive health are spread through HRP. HRP has an association with the UN Women as well, since its purpose and aim is to reinforce the progress of the goals or programmes done by the UN Women. Its committee, Sexual and Reproductive Health and Research (SRH), has been expanding its research capacity to provide family planning counseling, sexual and reproductive health service and information for 50 years. HRP shapes the global research agenda, composes a human right based approach for the protection of reproductive choices, and coordinates influential research.

### **Key stakeholder 2: Center For Reproductive Rights**

Center for Reproductive Rights was founded in 1992, for the purpose of ensuring the legal protection of reproductive rights as a fundamental human right. In June 2013, the Center for Reproductive Rights sued the Food and Drug Administration of the United States as the administration has limited the access to a contraceptive method with age restriction, and made it only available for individuals over 16. The Center for Reproductive Rights has made an amendment for the legislation, and made all forms of levonorgestrel-based emergency contraceptives legal and available for all women regardless of their age. The Center for Reproductive Rights does not only advocate for the cases in the U.S, but they go beyond the national boundaries and analyze law and legal cases regarding abortion laws and discriminations.

### **Key stakeholder 3: International Covenant on Civil and Political Rights (ICCPR)**

International Covenant on Civil and Political Rights (ICCPR) promotes a variety of human rights including reproductive choice. ICCPR does not only protect the access to excessive information of sexual and reproductive health, but also ensures the fundamental outcomes of positive reproductive health including bodily autonomy, low rates of unwanted pregnancy, and low rates of maternal mortality.

#### **IV. Key Issues including Background Information**

##### **Key Issue 1:** Lack of access to contraception

The United Nations Population has set a goal of 120 million women having access to contraception. In 2019, only 53 million women started to gain access and use contraceptives. Considering the fact that there were 340 million women of reproductive age in 2019, it is a gigantic issue that requires an immediate action to prevent unwanted pregnancy.

##### **Key Issue 2:** Restriction of abortion

Despite the fact that the majority of women reside in nations where they have access to abortions, 41% of women have to live in countries with restrictive laws on abortion. An estimate of 700 million women of reproductive age are impacted by the inability to get safe and legal abortion services. The World Health Organization estimates that each year, 23,000 women die from unsafe abortions and tens of thousands more suffer grave health consequences. Legal limits on abortion do not reduce the number of abortions; rather, they force women to seek unsafe abortion treatment, endangering their lives and health.

##### **Key Issue 3:** Maternal Mortality

Maternal mortality occurs the most in the least developed countries and developing countries due to poor adequate medical care and system, unsafe abortion, infections, and diseases. According to the United Nations in 2019, 94% of maternal mortality occurs in low and lower-middle income countries. Women's lifetime risk of maternal mortality is higher in those states. Although it is a preventable cause of death, the biggest factor is the infection of disease due to lack of medical care. In many developed regions, the rate of maternal mortality is higher amongst black indigenous people; they are 3 times more likely to die from delivery, and multiple causes are associated including quality in healthcare, chronic conditions, racism, and bias towards pregnant women.

#### **V. Timeline of Resolutions, Treaties, and Events**

##### **Timeline of Resolutions, Treaties, and Events**

**Date**

**Description of event**

- 1948 The Universal Declaration of Human Rights (UDHR) was published by the United Nations General Assembly on December 10th, 1948. 48 member states voted in favor of the declaration.
- 1966 The International Covenant on Civil and Political Rights was signed to enable people to fully exercise their wide spectrum of human rights, including right to freedom, right to non-discrimination, right to equality, and right to make autonomous decisions.
- 1973 The Federal Supreme Court in the U.S established a decision called “Roe v. Wade” regarding restrictions pertaining to abortion in the states; states must not prohibit abortion completely as women’s right to privacy must be protected under the Constitution, specifically making a reference to the 14th amendment.
- 1994 The Programme Action of the 1994 Cairo International Conference on Population and Development (ICPD) recognized the sexual reproductive right as part of human rights. Population policies aimed at empowerment of women to guarantee autonomous rights for them, such as decision making on the size of family, access to information on reproductive health.
- 2022 The United States’ federal court has overturned Roe v. Wade, which ultimately ended the abortion rights of women in half of the country. It led to protests, and abandonment of their citizenships. It damaged women’s equality and violated their rights to freedom and non-discrimination. The decision of the supreme court signifies limitations on individuals’ freedom and their right to reproductive choices and health. As the U.S Supreme Court views the right to abortion as a public health emergency, the restrictions on contraceptives or abortion surgeries could affect other nations globally.

## VI. Possible Challenges & Solutions

### Key Issue 1: Lack of access to contraception

Lack of contraception can be relieved by efforts to boost access to emergency contraception. This includes the lifting of the age limit from all levonorgestrel emergency contraceptive medications and providing full over-the-counter availability. Hence, establishments of youth centers, or contraceptive services could increase the access by non government organizations and governments. The supply of

the contraceptives must be focused on pharmacies or shops, instead of government facilities as restrictive laws or privacy concerns could limit the access.

### **Key Issue 2:** Restriction of abortion

States should eliminate legal provisions, such as criminal laws, that penalize women who have had abortions or doctors who provide these services, as well as organize their health system to prevent women from being denied access to health services due to the conscientious objections of health professionals as well as take initiatives to ensure access to appropriate health-care services for women and “to eliminate such barriers to the provision of abortion services and that lead women to resort to unsafe abortions, including eliminating unacceptable delays in providing medical attention.”

### **Key Issue 3:** Maternal Mortality

Maternal mortality could be prevented with improvements in the quality of medical care in pregnancy and proper treatment for both baby and mother. For infection, good practice of hygiene is effective to prevent spread of disease after birth. To prevent the disease, treatment for maternity in a good timely manner. It will require supply of adequate medical equipment and staff to compose a compatible environment for delivery.

## **VII. Recommendations for Resolution Writing including Research**

The chairs highly recommend the delegates to search certain types of nations and international organizations that reflect on the status of reproductive choices. These include following categories:

1. Nations where abortion is fully legal and have no restrictions
2. Nations where abortion is illegal and strictly enforced
3. Nations where abortion is illegal but not really enforced
4. Nations that donate development assistance for family planning with limitations pertaining to abortion and family planning
5. Nations that donate for family planning but have no restrictions in such ways as provision of counseling or youth centers

This research will guide you to comprehend national perspectives, and how reproductive choices are empowered in such ways. It will be helpful to identify which policy or programme from which country would be more suitable or implementable.

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### IX: Additional Resources

#### [Abortion Laws Map](#)

