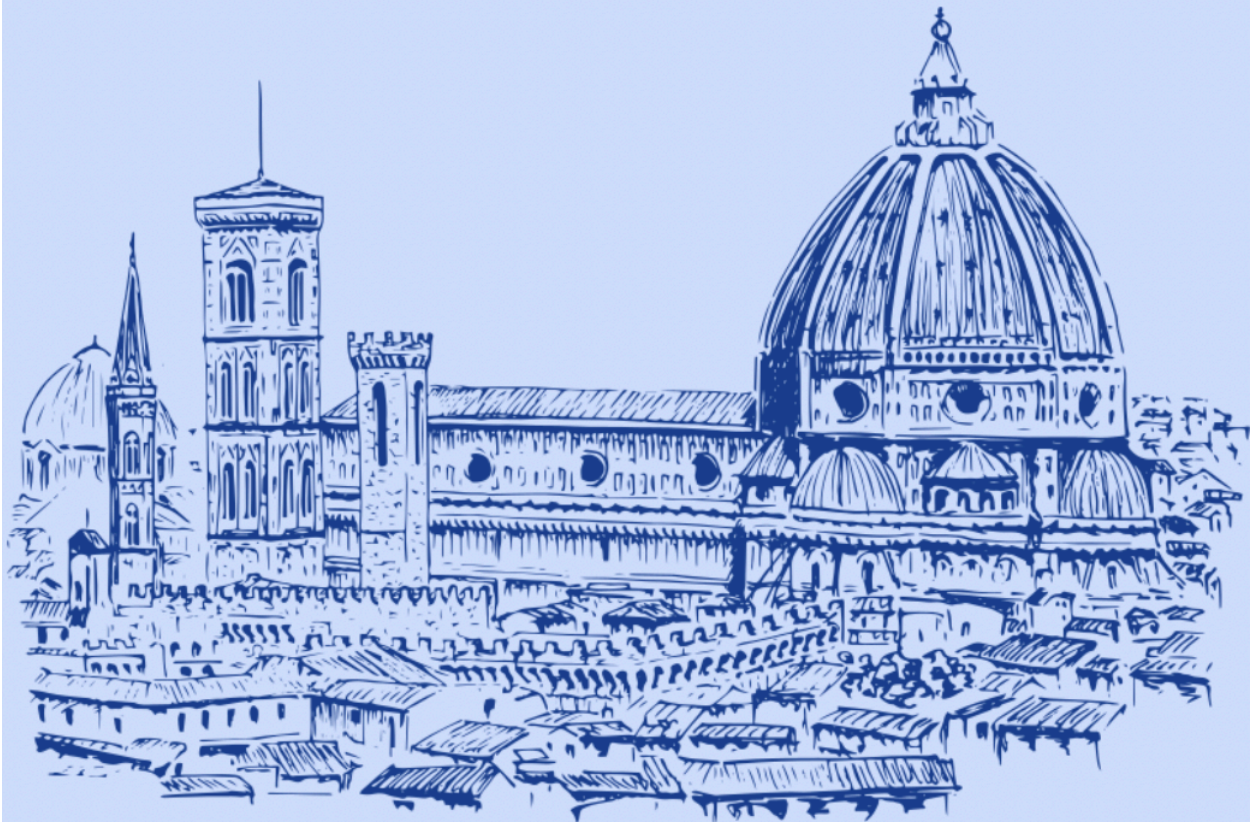


RESEARCH GUIDE

HRC



Brian Deng
Alma Sukula



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Committee: Human Rights Council (HRC)

Topic: (1) The issue of global access for women’s health, including universal abortion rights

Chairs: Brian Deng, Alma Sukula

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I. Introduction

Healthcare disparities between women and men exist worldwide and affect many, especially in developing countries. Around the world “women's health” is consistently underfunded and increases the health risks for women. These cause complications regarding many different aspects of women's healthcare such as: gynaecology, obstetrics, reproductive wellbeing. Many of these sectors are undeveloped and undervalued in many areas of the world resulting in the suffering of many women. This is especially true in relations to abortion laws, which are very controversial worldwide. The decriminalisation of abortion is a very debated topic and many countries have differing stances on such. Further issues range from access to menstrual products to access to safe and reliable birth giving institutions. Many more vulnerable women also face issues in accessing healthcare due to high prices and unfair practices.

Access to abortion as of June 2022

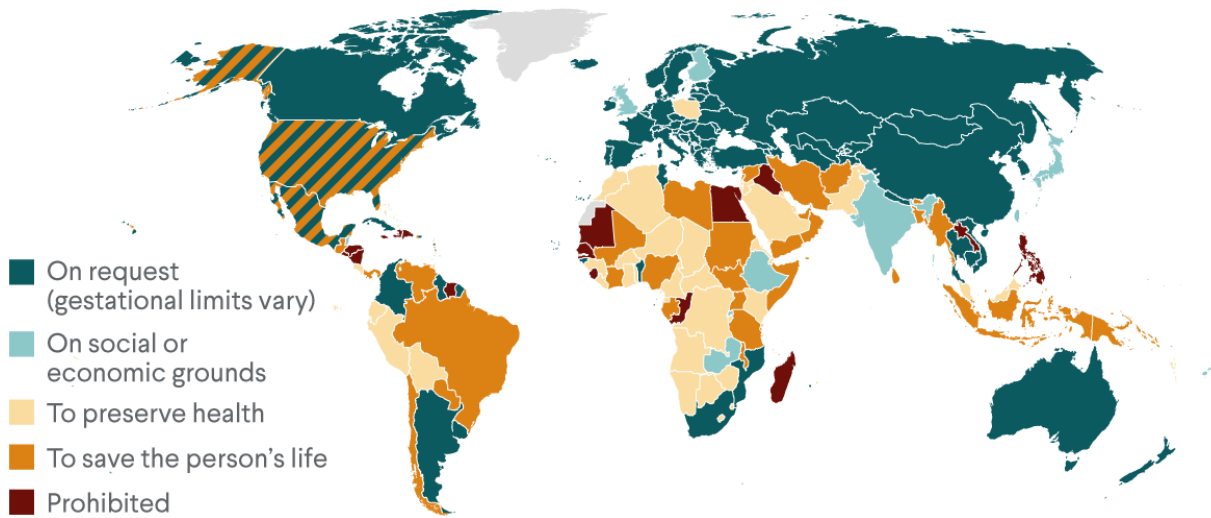


Figure demonstrating the legality of abortion worldwide

II. Definition of Key Terms

- a) **Abortion**¹ - An abortion is a procedure to end a pregnancy. It's also sometimes known as a termination of pregnancy. The pregnancy is ended either by taking medicines or having a surgical procedure.
- b) **Gynaecology**² - The area of medicine that involves the treatment of women's diseases, especially those of the reproductive organs.
- c) **Obstetrics**³ - The area of medicine that deals with pregnancy and the birth of babies.
- d) **Vulnerable women**⁴ - Women whom's lives are afflicted by several factors such as financial and linguistic barriers, lack of antenatal care and immigration, which lead to pregnancy-related problems, higher rates of stillbirths and infant mortality.
- e) **Postnatal care**⁵ - The postnatal period can be defined as the first 6-8 weeks after birth. Postnatal care should be a continuation of the care the woman has received through her pregnancy, labour and birth and take into account the woman's individual needs and preferences.
- f) **Primary health care**⁶ - Primary health care is essential healthcare made universally accessible to individuals and acceptable to them at a cost the country and community can

¹ <https://www.nhs.uk/conditions/abortion/>

² <https://dictionary.cambridge.org/dictionary/english/gynaecology>

³ <https://www.europeanjournalofmidwifery.eu/Women-s-vulnerability-within-the-childbearing-continuum-a-scoping-review.120003.0.2.html>

⁴ <https://www.europeanjournalofmidwifery.eu/Women-s-vulnerability-within-the-childbearing-continuum-a-scoping-review.120003.0.2.html>

⁵ <https://www.uclh.nhs.uk/our-services/find-service/womens-health-1/maternity-services/postnatal-care#:~:text=The%20postnatal%20period%20ca, n%20be, woman's%20individual%20needs%20and%20preferences.>

⁶ https://www.who.int/health-topics/primary-health-care#tab=tab_1

afford.

- g) Maternal mortality**⁷ - The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.

- h) Female genital cutting (FGC):**⁸ WHO defines FGC as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non therapeutic reasons.

III. General Overview

a) Abortion laws around the world:

- i) In the 20th century abortions were illegal in most of the world. This was due to the imperial countries of Europe, Britain, France, Portugal, Spain, and Italy, who imposed their own laws forbidding abortion on their colonies.
- ii) The first country to reform its abortion law was the Soviet Union, spurred by feminist Alexandra Kollantai, through a decree on women's health care in October 1920. Since then, progressive abortion law reform has been justified on public health and human rights grounds, to promote smaller families for population and environmental reasons and because women's education and improved socioeconomic status have created alternatives to childbearing. Controlling fertility has become both technically feasible and acceptable in almost all cultures today. Yet despite many years of campaigning for safe abortion, the use of contraception has been completely decriminalised while abortion has not.
- iii) Historically, there are three reasons why abortion have been limited:
 - 1) Abortion was dangerous and abortionists were killing a lot of women.
Thus, the laws had a public health intention to protect women

⁷ <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4622>

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2492587/>

- 2) Abortion was considered a sin or a form of transgression of morality and the laws were intended to punish and act as a deterrent.
 - 3) Abortion was restricted to protect foetal life in some or all circumstances.
- iv) However nowadays the first concern is mostly gone seeing the improvements on healthcare and abortion technology so the main issues fall on the other 2 reasons. The traditional belief that women should accept “all the children God gives,” the recent glorification of the foetus as having more value than the woman it is dependent on, and male-dominated culture are all used extremely effectively to justify criminal restrictions.
- v) Abortion legality is not black and white, it depends on the grounds in which one requests an abortion. Normally, one can classify these into 6 different grounds, all of which have different legality:
- 1) ground 1 – risk to life;
 - 2) ground 2 – rape or sexual abuse;
 - 3) ground 3 – serious foetal anomaly;
 - 4) ground 4 – risk to physical and sometimes mental health;
 - 5) ground 5 – social and economic reasons;
 - 6) ground 6 – on request.
- vi) In most nations (98%) abortions are allowed in order to save lives, with all other grounds for abortion having varying legalities. Abortion of request or without a motive provided is only legal in 27% of the world and most of the other reasons are only valid in less than 50% of the world. The proportion of countries allowing abortion on other grounds was as follows: to preserve the woman’s physical health (63%); to preserve the woman’s mental health (62%); in case of rape, sexual abuse, or incest (43%); fetal anomaly or impairment (39%); economic or social reasons (33%); and on request (27%). There is also a disparity between developed and developing countries on abortion legality as 65% of developed countries allow abortions regardless of reason while only 14% of developing countries have that same policy.
- vii) Globally, 25% of pregnancies ended in induced abortion in 2010–2014, including in countries with high rates of contraceptive prevalence. Nowadays, more and

more women are defending the need for abortion, as well as the right to a safe abortion—and access to it if and when they need it.

- viii) These restrictions can derive from either national constitutions, supreme court decisions, customary/religious law or medical/clinical regulations in different countries.
- ix) More often than not, governments and countries use these rules and regulations in order to control and suppress the women in their nations, by forcing them to follow patriarchal values.

b) Maternal Mortality

- i) Approximately 529,000 women die from pregnancy-related causes, and almost all (99%) of these maternal deaths occur in developing nations. The highest maternal mortality rates are in Africa, with a lifetime risk of 1 in 16, whereas the lowest rates are in Western nations with a rate of 1 in 2800.
- ii) There are many causes of maternal mortality in developing nations such as: lack of family planning and inadequate access to both skilled assistance in labour and emergency obstetric care. Women suffer postpartum haemorrhage, eclampsia, obstructed labour, and sepsis. Basic emergency obstetric care, such as antibiotics, oxytocics, anticonvulsants, manual removal of placenta, and instrumented vaginal delivery, is vital to improve a woman's chance of survival, yet this care is rarely available to women in developing countries. Furthermore many deaths occur during postnatal care.

c) Lack of access to women's healthcare:

- i) Both gynaecological and obstetric treatment are notoriously expensive, despite both being necessary in order for women to avoid morbidity and mortality. The high cost in addition to the lack of access in many parts around the world has led to many very easily avoidable deaths and illnesses being caused.
- ii) Especially in developing countries, there is a notorious lack of access to gynaecological and obstetric treatment. Only 8% of women in developing countries have ever had a gynaecological examination. These are not only due to

economic reasons and resource constraints. Another reason is the lack of access to education and training in these fields as well as lack of incentive for locals to specialise in such areas. These countries (the majority of which are African or Asian countries) also have certain cultural and religious reasons for restricting access to such practices. Many present alternatives to these practices such as the practice of FGC, which is an accepted practice in many parts of Africa and Asia.

- iii) However, this issue is not unique to developing countries, in many developed countries vulnerable women have difficulty accessing these healthcare services. Postnatal care is not guaranteed everywhere and the high costs for gynaecology and obstetrics deter many more economically challenged women from accessing such services. Furthermore seeing as despite their importance, these treatments are not included in primary healthcare worldwide makes them much less accessible.

d) Past solutions

- i) In 1973 the UN general assembly passed an international treaty called the Convention on the Elimination of All Forms of Discrimination Against Women. The treaty serves as a sort of international bill of rights for women and has been signed by 189 states. Part III, specifically articles 14 calls upon women's rights to have access to adequate health care facilities. Unfortunately, this treaty is very outdated and also faces too many topics, meaning it doesn't answer women's healthcare very well.
- ii) In 1993 at the International Conference on Population and Development in Cairo, the UN met with the intention of facing gender discrimination and the lack of healthcare access. The ICPD recognised women's rights to reproductive and sexual health as being instrumental to women's health. However, one of the key topics omitted from this meeting was abortion and there was discourse on whether "reproductive health" which was featured in the ICPD release included abortions or not. The conference's 4 main goals were to:
 - 1) Provide women with Universal education;
 - 2) Reduce infant and child mortality;

- 3) Reduce maternal mortality;
 - 4) Provide access to reproductive and sexual health services including family planning.
- iii) In 2015 the UN published the 2030 Agenda for Sustainable Development, featuring 17 different sustainable development goals, which serve as milestones for both developed and developing countries. Amongst these is the 5th goal, Gender Equality, specifically the empowering of women and girls. One of the goals of this agenda is giving all married women the decision-making power over their own sexual and reproductive health and rights.

IV. Major Parties Involved and their Views

a) USA

The United States of America has a very divisive opinion on abortions and the legality of these practices. Despite *Roe v. Wade* essentially legalising abortions, many states still hold their own opinion on the matter and a few of them ban it outright. In recent years, many states have passed increasingly strict abortion laws, such as in Oklahoma, where the governor signed legislation to ban all abortions after six weeks, except in cases of life-threatening pregnancies. A similar law was passed in Texas in 2021, both also allow private citizens to sue anyone they suspect of providing or facilitating an abortion. Gynaecology and Obstetrics are very accessible in the US compared to many other countries however there are still huge waiting lists for such diseases.

b) China

China liberalised its abortion law in the 1950s and promoted the practice under its one-child policy, which was enacted in 1979 in an effort to curb population growth by restricting families to one child. The policy, under which abortion services were made widely available, came with severe coercive measures including fines, compulsory

sterilisation, and abortion—to deter unauthorised births. China raised this long-standing limit to a two-child policy in 2016, along with other incentives to encourage population growth amid a rapidly ageing population. In 2021, this law was removed and China’s State Council issued guidelines on women’s development that called to reduce “non–medically necessary abortions.”

c) Most African Countries

An estimated 93% of women of reproductive age in Africa live in countries with restrictive abortion laws . Even in countries where the law allows abortion under limited circumstances, it is likely that few women are able to obtain a safe, legal procedure. Furthermore, abortion is not permitted for any reason in 10 out of 54 African countries. There are only four countries in Africa which have relatively liberal abortion laws: Zambia permits abortion for health and socioeconomic reasons, whereas Cape Verde, South Africa and Tunisia permit abortion without restriction. Even when abortions are allowed it is very difficult to get it done with proper equipment and safely. Furthermore gynaecology is not very common and there are very little local training or education in this field.

d) Middle Eastern Countries

Abortions are generally illegal in the Middle East, with the exception of cases in which a woman’s life is endangered or put at risk. These are usually not permitted due to social and religious reasons. However, the one exception is Turkey, where abortions are legal upon request. In some countries, women can also qualify for an abortion in cases where the foetus is impaired or deformed.

e) United Kingdom

The United Kingdom is one of the most liberal nations regarding abortions. Technically speaking, abortions are only permitted on the grounds of risk to the life, physical or mental wellbeing of the woman or her family or foetus deformities. The mental wellbeing part of the law is interpreted liberally with regards to mental health to create a basically elective abortion service. In fact, 98% of the approximately quarter-million abortions

performed in Great Britain are done so for that reason. This means that thin most cases people should have no issues procuring an abortion.

V. Relevant UN Documents and Articles

1. Convention on the Elimination of All Forms of Discrimination Against Women
<https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/cedaw.pdf>
2. International Conference on Population and Development 1994
<https://www.unfpa.org/icpd>
3. United Nations Population Division. Abortion policies: A global review. 2002
<http://www.un.org/en/development/desa/population/publications/abortion/abortion-policies-2002.shtml>
4. UN Human Rights Committee Recommendations on abortion law and policy: Burkina Faso, Ecuador, Ghana. 27 July 2016
<http://us12.campaign-archive1.com/?u=c02a095d6213ac4bd2aed2e81&id=351dc6b224>
5. World Health Organization. Primary Health Care: Now More than Ever. World Health Report 2008. Geneva: WHO; 2008. p. 65.
http://www.who.int/whr/2008/whr08_en.pdf
6. World Health Organization (WHO), The World Health Report 2005: Make Every Mother and Child Count.
http://www.who.int/whr/2005/whr2005_en.pdf.
7. World Health Organization. Safe abortion: Technical and policy guidance for health systems
https://books.google.it/books?hl=en&lr=&id=DmA0DgAAQBAJ&oi=fnd&pg=PA3&ots=RJV9OvCOIR&sig=n9Ur-xIIS0QP5wgWz_t1h06fdhc&redir_esc=y#v=onepage&q&f=false

VI. Questions to Consider

- How can we make abortions more accessible for more people?
- How are laws regarding abortions within your member state, do they have any reasons to oppose or support abortions?
- What actions can governments take in order to make women's healthcare more accessible?
- How can we promote practices which save the lives of millions and millions of women?
- Should specialised healthcare for women be a right?
- Are there any ways for governments to provide more support for women currently struggling to access healthcare?
- Would it be possible for governments to invest public funds into providing healthcare for women?
- Would the legalisation of abortions and other family planning options be a viable solution?
- Would reducing the cost of gynaecological and obstetric treatment serve to increase access to women's healthcare?

VII. Conclusion

Global access for women's healthcare is a very challenging and controversial topic and there are differing stances worldwide. The issue is not restricted to developed and developing nations, but also to different social and economic classes within these nations. Women struggle with a lot of issues such as access to gynaecology and obstetrics, as well as the constantly changing laws regarding abortions. While there have been many strides made in recent years regarding this issue, there are still many improvements to be made. Furthermore there is much controversy surrounding this topic. There are many angles for someone to approach this issue and there are many problems for delegates to tackle.

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<https://www.ohchr.org> > [INFO_Abortion_WEB](#)

<https://www.nhs.uk/conditions/abortion/>

<https://www.nichd.nih.gov/health/topics/womenshealth#:~:text=These%20include%20gynecological%20health%2C%20such,conditions%2C%20such%20as%20Turner%20syndrome.>