



# STUDY GUIDE

EXECUTIVE DIRECTOR - KOMAL MEKALA  
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1st - 2nd February 2020

# NOTE FROM THE EXECUTIVE BOARD

*Esteemed Members of the United Nations Women,*

*In our capacity as the Executive Board of this meeting of the United Nations Women, we hereby issue this letter dated 25<sup>th</sup> December, 2019 acknowledging the presence of all the member State representatives who shall be present to discuss the agenda in consideration, its implications and what measures can be adhered so as to fulfill the goals entrusted to this Council via its mandate, while ensuring compliance to the principles laid down in the Charter of the United Nations.*

*History has shown that peace and security can be built only on the basis of respect and mutual acceptance. And therefore, keeping into consideration the spirit of mutual respect, we request every concerned stakeholder to look at the agenda with a multi-dimensional approach in order to allow the conclusion to be more holistic and substantially fulfilling.*

*The negotiation on proliferating peace and stability cannot be conceptually or practically decoupled from matters of regional trust and security and it is expected from you, as responsible and integral members of the global community, to appreciate and apply said nexus in the forthcoming discussions.*

*Initiation of a productive and substantive deliberation shall be the first step towards this and we shall acknowledge the significance that it carries, so as to bring out the most assuring results in the coming course of time.*

*We look forward to stimulating debate and a wholesome exchange of ideas during the proceedings in the upcoming meeting of this committee, with a strong emphasis on decorum and diplomatic etiquette. We are certain that these proceedings shall prove to be fruitful in determining the path to be taken to solve some issues that prove to be a great challenge to the maintenance of a peaceful global status quo.*

*The Executive Board*

*United Nations Entity for Gender Equality and the Empowerment of Women*

*PICT MUN 2020*

# About the Committee

UN Women is the UN entity dedicated to gender equality and the empowerment of women. Gender inequality is pervasive, with women lacking access to decent employment and facing gender wage gaps. All around the world women and girls are routinely denied access to education and healthcare; they are under-represented in economic and political decision-making and suffer from violence and discrimination. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.<sup>1</sup>

In July 2010, the United Nations General Assembly created UN Women, the United Nations Entity for Gender Equality and the Empowerment of Women. In doing so, UN Member States took an historic step in accelerating the Organization's goals on gender equality and the empowerment of women. The creation of UN Women came about as part of the UN reform agenda, bringing together resources and mandates for greater impact. It merges and builds on the important work of four previously distinct parts of the UN system, which focused exclusively on gender equality and women's empowerment:

- Division for the Advancement of Women (DAW)
- International Research and Training Institute for the Advancement of Women (INSTRAW)
- Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI)
- United Nations Development Fund for Women (UNIFEM)

The main roles of UN Women are:

- ✓ To support inter-governmental bodies, such as the Commission on the Status of Women, in their formulation of policies, global standards and norms.
- ✓ To help Member States to implement these standards, standing ready to provide suitable technical and financial support to those countries that request it, and to forge effective partnerships with civil society.
- ✓ To hold the UN system accountable for its own commitments on gender equality, including regular monitoring of system-wide progress.

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<sup>1</sup> UN Women: The United Nations Entity for Gender Equality and the Empowerment of Women - Office of the Secretary-General's Envoy on Youth  
<https://www.un.org/youthenvoy/2013/07/un-women-the-united-nations-entity-for-gender-equality-and-the-empowerment-of-women/>

# Mandate of the Committee

The mandate and functions of UN Women consist of the consolidated mandates and functions of the Office of the Special Adviser on Gender Issues and Advancement of Women, the Division for the Advancement of Women, the United Nations Development Fund for Women, and the International Research and Training Institute for the Advancement of Women. In addition, the entity must lead, coordinate, and promote the accountability of the United Nations system in its work on gender equality and women's empowerment. The goal of UN Women is to "enhance, not replace, efforts by other parts of the UN system (such as UNICEF, UNDP, and UNFPA), which will continue to have a responsibility to work for gender equality and women's empowerment in their areas of expertise."

In accordance with the provisions of resolution 64/289, UN Women will work within the framework of the UN Charter and the Beijing Declaration and Platform for Action, including its twelve critical areas of concern and the outcome of the twenty-third special session of the General Assembly, as well as other applicable UN instruments, standards and resolutions that address gender equality and the empowerment and advancement of women.<sup>2</sup>

UN Women's main thematic areas of work include:

1. Leadership and political participation
2. Economic empowerment
3. Ending violence against women
4. Humanitarian action
5. Peace and Security
6. Governance and national planning
7. The 2030 Agenda for Sustainable Development
8. HIV and AIDS

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<sup>2</sup> About Us: Our Mandate  
<https://caribbean.unwomen.org/en/for-later/ou>

# AGENDA: DISCUSSING THE ABORTION LAWS GLOBALLY AND ITS TIES TO THE SELF-DETERMINATION OF WOMEN

## Introduction

The aim of this agenda is to provide a panoramic view of laws and policies on abortion around the world, giving a range of country-based examples. It shows that the plethora of convoluted laws and restrictions surrounding abortion do not make any legal or public health sense. What makes abortion safe is simple and irrefutable—when it is available on the woman's request and is universally affordable and accessible. From this perspective, few existing laws are fit for purpose. However, the road to law reform is long and difficult.

In order to achieve the right to safe abortion, advocates will need to study the political, health system, legal, juridical, and socio-cultural realities surrounding existing law and policy in their countries, and decide what kind of law they want (if any). The biggest challenge is to determine what is possible to achieve, build a critical mass of support, and work together with legal experts, parliamentarians, health professionals, and women themselves to change the law—so that any woman with an unwanted pregnancy has the freedom to opt for an abortion as early as possible and as late as necessary.

## Historical Background

Abortion was legally restricted in almost every country by the end of the nineteenth century. The most important sources of such laws were the imperial countries of Europe—Britain, France, Portugal, Spain, and Italy—who imposed their own laws forbidding abortion on their colonies.

According to the United Nations Population Division's comprehensive website on abortion laws, legal systems under which abortion is legally restricted fall into three main categories, developed mostly during the period of colonialism from the sixteenth century onward:

1. **Common law:** the UK and most of its former colonies—Australia, Bangladesh, Canada, India, Ireland, Malaysia, New Zealand, Pakistan, Singapore, the United States, and the Anglophone countries of Africa, the Caribbean, and Oceania;<sup>3</sup>
2. **Civil law:** most of the rest of Europe, including Belgium, France, Portugal, Spain, and their former colonies, Turkey and Japan, most of Latin America, non-Anglophone sub-Saharan Africa, and the former Soviet republics of Central and Western Asia. In addition, the laws of several North African and Middle Eastern countries have been influenced by French civil law; and

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<sup>3</sup> When Abortion Was a Crime

<https://publishing.cdlib.org/ucpressebooks/view?docId=ft967nb5z5&chunk.id=d0e195&toc.id=d0e71&brand=ucpress>

3. **Islamic law:** the countries of North Africa and Western Asia and others with predominantly Muslim populations, and having an influence on personal law, for example, Bangladesh, Indonesia, Malaysia, and Pakistan.<sup>4</sup>

Historically, restrictions on abortion were introduced for three main reasons:

Abortion was dangerous and abortionists were killing a lot of women. Hence, the laws had a public health intention to protect women—who nevertheless sought abortions and risked their lives in doing so, as they still do today if they have no other choice. Abortion was considered a sin or a form of transgression of morality, and the laws were intended to punish and act as a deterrent. Abortion was restricted to protect fetal life in some or all circumstances.

Since abortion methods have become safe, laws against abortion make sense only for punitive and deterrent purposes, or to protect fetal life over that of women's lives. While some prosecutions for unsafe abortions that cause injury or death still take place, far more often existing laws are being used against those having and providing safe abortions outside the law today. Ironically, it is restrictive abortion laws—leftovers from another age—that are responsible for the deaths and millions of injuries to women who cannot afford to pay for a safe illegal abortion.<sup>5</sup>

This agenda provides a panoramic view of current laws and policies on abortion in order to show that, from a global perspective, few of these laws makes any legal or public health sense. The fact is that the more restrictive the law, the more it is flouted, within and across borders. Whatever has led to the current impasse in law reform for women's benefit—whether it is called stigma, misogyny, religion, morality, or political cowardice—few, if any, existing laws on abortion are fit for purpose.

## **Statement of Problem**

The liberalization of abortion is the subject of intense controversy and, once established, is sometimes challenged. Some defend access to abortion as a human right, a woman's right, a sexual and reproductive right, and a right to health given the dangers of illegal abortions, while others condemn it in the name of the embryo's right to life.

Social disapproval of abortion, which remains widespread, is expressed in many ways: from denying abortion rights and omitting this issue from the international agenda – for example, it goes unmentioned in the United Nations Sustainable Development Goals – to implementing (by American conservative administrations) a “global gag rule” to block funding for abortion-related programmes and organizations. It is also expressed in women's reluctance to talk about their abortions. In certain countries, it results in women

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<sup>4</sup> Abortion in Islamic countries—legal and religious aspects. - Pub Med - NCBI  
<https://www.ncbi.nlm.nih.gov/pubmed/15163077>

<sup>5</sup> Abortion Law and Policy Around the World: In Search of Decriminalisation  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473035>



being punished and sometimes imprisoned; in discriminatory treatment at health centers both in the performance of abortions and in treatment for complications; and in difficulty finding qualified health professionals to carry out the procedure.

The social condemnation of abortion is related to the conception of women's role in society. Those who consider motherhood to be women's principal role perceive the choice not to have children as deviant. Given that gender relations remain unequal in many countries and that the vision of women is still strongly associated with childbearing, the practice of abortion is often stigmatized, albeit to various degrees in different societies.<sup>6</sup>

Abortion has always been used as a method of regulating fertility in lieu of contraception, and it has played a role in both past and contemporary demographic transitions. It has also been a key tool in certain population policies. In a number of communist countries, such as Bulgaria during the second half of the twentieth century, abortion was used as a population policy instrument in a context where access to contraception was limited. It has also played a noteworthy role in controlling rapid population growth in certain Asian countries. These policies have led to high abortion rates and even to abusive practices, such as forced abortions in China as part of the one-child policy in the late 1970s.

Abortion is an important subject for demographers and health professionals. Unsafe abortion practices remain a major cause of maternal mortality (WHO, 2011), and the health consequences of abortions still stand at the centre of debates in many countries. Until recently, all illegal abortions were considered unsafe, but this classification has recently been questioned. While legality and safety were closely associated in the 1980s, that is no longer strictly the case thanks to the diffusion of new abortion techniques in the 1990s and 2000s, including in countries with restrictive abortion laws. As a result, three categories of risk are now recognized: safe, less safe, and least safe.

**NOTE:** The Case Studies mentioned below are in no way the directed subject of discussion, they only serve as a medium of understanding to the type of violations occurring around the world.

## Case 1

**Ireland has a near-total ban on abortion**, which means that women and girls cannot access safe and legal abortion services. The Protection of Life During Pregnancy Act 2013 (PLDPA) criminalizes abortion with the only exception being if the woman's or girl's life is at "real or substantial" risk. Ireland's Eighth Amendment to the Constitution protects the fetus' right to life on an equal footing with a woman's and its Regulation of Information Act censors abortion-related information—meaning that **health care providers are**

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<sup>6</sup> Anon, (2020). [online] Available at: [https://www.cairn-int.info/article-E\\_POPU\\_1802\\_0225--abortion-around-the-world-an-overview.htm](https://www.cairn-int.info/article-E_POPU_1802_0225--abortion-around-the-world-an-overview.htm) [Accessed 1 Jan. 2020].

**stopped from giving out full information on abortion, for fear of being accused of “promoting” or “advocating” it.**

**Ireland's abortion laws essentially treat women and girls like criminals.** Women, health care providers, and anyone who assists them face up to **14 years in prison and a £4,000 fine** for violating the PLDPA. Due to the criminalization of abortion in Ireland, an estimated 4,000 women and girls—the majority of them aged between 20 and 34—travel abroad for an abortion every year.<sup>7</sup>

## **Case 2**

In El Salvador, women who have had miscarriages have been charged with aggravated homicide, a charge which can bring a sentence of up to 50 years in prison. Amnesty International has documented the cases of many women who have been sentenced to decades in prison after having a miscarriage. The law also puts healthcare professionals in a dilemma, because protecting their patient's life could lead to their own prosecution and 6 to 12 years of imprisonment.

## **Case 3**

Chile's laws are not much different. Like Ireland, women and girls who can afford to leave the country travel abroad to seek the treatment they need. For those who can't afford to leave, many women and girls resort to clandestine abortions that can put their lives at risk. In cases where unsafe abortions result in complications, seeking medical treatment can result in being reported to the authorities and a sentence of 3 to 5 years in prison.

## **Legal Grounds of Abortion that needs to be Addressed in the Committee**

1. Life Expectancy
2. Health Exceptions
3. Broad social, economic grounds
4. On request
5. Rape and Incest Exceptions
6. Foetal viability and impairment
7. Gestational limits
8. Right to Information
9. Informal consent
10. Medical abortion
11. Adolescent abortions
12. Third Party authorisation
13. Criminal nature of abortion

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<sup>7</sup> How Some of the World's Most Restrictive Abortion Laws Turn Women Into Criminals  
<https://www.amnestyusa.org/how-some-of-the-worlds-most-restrictive-abortion-laws-turn-women-into-criminals>



## Recent Developments

A Decade of Uneven Progress<sup>8</sup> examined abortion during the first decade of the 2000s. During that period, a number of countries changed their abortion law by expanding the grounds under which abortion is legally permitted. This update extends the time frame through 2017, and considers whether the access to and safety of abortion have changed, and the extent to which the practice of abortion aligns with how abortion is permitted by law. In some settings, for example, women may legally qualify for an abortion, but have no real access to safe services; in others, safe procedures may be widely available, despite severe legal restrictions. Elsewhere, backlash against women's legal right to abortion has resulted in the enactment of restrictions and obstacles to timely procedures. Thus, it is crucial to monitor the evolving legal context and how it affects abortion practice, access and safety around the world.

One of the most important developments in terms of the safety of abortion is the steady increase in the use of medication abortion, which is likely having an important impact on abortion-related morbidity and mortality. In addition, the advent of medication abortion has profoundly altered the context in which safe abortions are provided and by whom—and these trends are continuing to evolve. Such changes in how abortions are carried out require a re-conceptualization of safety and its measurement. Newly available estimates enable us to assess this issue using a more refined categorization than a simple dichotomy of safe and unsafe.

Efforts continue to improve the quality and coverage of care for complications from unsafe procedures. Treating unsafe abortion has long been recognized as an important way to reduce maternal mortality and lessen the severity of maternal morbidity, and has officially been on the global public health agenda since the Program of Action of the 1994 Cairo International Conference on Population and Development (ICPD).<sup>9</sup> Despite wide differences among United Nations (UN) member states in their abortion laws, all agreed to improve the access to and quality of post abortion care—an important component of essential emergency obstetric care. Such care saves women's lives, and over the past decade, many countries with highly restrictive laws have nonetheless issued evidence-based post abortion care guidelines.

Researchers continue to add to what is known about abortion. In the past decade, they have increased the evidence base on the incidence of abortion, conducted studies in countries where abortion is highly legally restricted, and compiled data for countries where abortion is permitted under broad criteria and good-quality data are available. Recently, researchers implemented a new statistical approach to estimate abortion incidence

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<sup>8</sup> Singh S et al., *Abortion Worldwide: A Decade of Uneven Progress*, New York: Guttmacher Institute, 2009, <https://www.guttmacher.org/report/abortion-worldwide-decade-uneven-progress>.

<sup>9</sup> United Nations (UN), *Programme of Action: Adopted at the International Conference on Population and Development, Cairo, September 5–13, 1994*, New York: UN, 1994.

worldwide.<sup>10</sup>The study provides modeled estimates for a 25-year period, from 1990 to 2014, and improves the evidence base at the global, regional and sub regional levels. In addition, the analysis was extended to produce current and trend data on the incidence of unintended pregnancy, and the same statistical approach was employed to generate modeled estimates of abortion by safety for 2010–2014.<sup>11</sup>

As women and couples increasingly desire smaller families, they need to be able to act on these preferences. One essential step toward their doing so is having access to high-quality contraceptive care. Another important step is ensuring that women who experience an unintended pregnancy are able to obtain safe abortion care. Helping women to have only the children they want, when they want them, is key to making progress toward the goals in the 2030 Agenda for Sustainable Development—specifically, Target 3.7, which supports universal access to reproductive health care, and Target 5.6, which supports individuals' ability to exercise their reproductive rights. In addition, the FP2020 initiative includes a commitment to expanding family planning services to reach 120 million more women in the world's 69 poorest countries by 2020.<sup>12</sup> Furthermore, international and regional human rights agreements have played an important role in holding countries accountable for denying women their right to legal abortion.

## Major Bloc Positions

### China

China liberalized its abortion law in the 1950s and promoted the practice of 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 sterilization, and abortion—to deter unauthorized 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 aging population. Activists fear that the government, seeking to control demographics, could once again use coercive measures to impose restrictions on women.

### USA

In the 1970s, the United States became one of the first countries to liberalize its abortion laws, along with several Western European nations. In 1973, the U.S. Supreme Court held in *Roe v. Wade* that the Constitution guarantees women the right to choose to have an abortion. In 1992, *Planned Parenthood v. Casey* reaffirmed this right but permitted regulations, such as waiting periods and parental consent requirements.

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<sup>10</sup> Special tabulations of updated data from Sedgh G et al., Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends, *Lancet*, 2016, 388(10041):258–267.

<sup>11</sup> Ganatra B et al., Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model, *Lancet*, 2017, published online Sept. 27. [http://dx.doi.org/10.1016/S0140-6736\(17\)31794-4](http://dx.doi.org/10.1016/S0140-6736(17)31794-4).

<sup>12</sup> United Nations Foundation, Family Planning 2020: About us, 2017, <http://www.familyplanning2020.org/microsite/about-us>.

Since the Casey decision, state laws regulating abortion in the United States have varied widely. A growing number of states have passed legislation to prohibit abortion after just six weeks or to regulate abortion providers, leading to the closure of more than 160 clinics and leaving six states with only a single abortion provider. A law passed in Alabama in May would ban abortion in virtually all cases, with no exceptions for cases of rape or incest; if allowed to take effect, it would render the state home to one of the most restrictive abortion laws in the world.

### **El Salvador**

El Salvador is one of only two countries to have imposed new restrictions on abortion since the 1994 Cairo Declaration, which recognized reproductive health as critical to development. (The other is Nicaragua.) During its reexamination of the penal code after a devastating thirteen-year civil war, El Salvador amended its abortion law—which already banned the procedure in most cases—to eliminate all exceptions, thereby imposing a blanket ban. Though a handful of other countries have equally restrictive abortion laws, El Salvador is unique in the severity of its enforcement: doctors are mandated to report suspected abortions, and there is even a special division of the prosecutor's office that is tasked with investigating them. Between 2000 and 2011, more than 129 women were prosecuted for suspected abortion, and at least 13 remain in jail, some serving decades-long sentences.

### **Poland**

Poland bans abortion with relatively few exceptions compared to its European neighbors, allowing it only in cases of rape or serious fetal abnormality, or to preserve the life and health of the mother. In 2016, when the government considered a bill to remove all exceptions from the prohibition, 150,000 women took to the streets in a nationwide strike, and the legislation was overwhelmingly rejected. Similar bills in Lithuania and Russia were ultimately tabled. In other Eastern European nations—including Armenia, Georgia, Macedonia, Russia, and Slovakia—recent legislation imposes preconditions on patients seeking abortions such as mandatory waiting periods or counseling.