




COMMITTEE  
UNFPA



**STUDY  
GUIDE**

AGENDA

Enhancing Global Collaboration for  
Women's Bodily Autonomy and Equal  
Access to Reproductive Health Services

## MESSAGE FROM THE EXECUTIVE BOARD

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Dear Delegates,

We are reminded of the amazing strength that is within our collective resolve as we come together in solidarity and purpose. Since each one of us represents the United Nations Population Fund (UNFPA), we embody the spirit of possibility and optimism, and it is with great admiration that we offer our sincere gratitude for your steady dedication to our common goal.

Persistently adhering to the values of inclusivity, dignity, and human rights is crucial as we work toward realizing our vision of a future in which every pregnancy is desired, every childbirth is safe, and every young person's potential is realized. Your commitment to pushing the agenda forward in the face of previously unheard-of difficulties and complications is nothing short of inspiring but are ways of changing lives and forging a more just and sustainable future for everybody, from the General Assembly chambers to the communities we serve globally.

Delegates must realize that although this study guide offers insightful information, it is not meant to be all-inclusive or thorough in its review of the literature. To enhance their comprehension of the subjects covered, delegates are urged to look into more sources, study more, and carry out independent research. Finally, keep in mind that learning is a lifelong endeavour. By seeking out different viewpoints and broadening our views, we improve our capacity to actively participate in the conversations and decisions that lie ahead.

Delegates are further required to produce a position paper before the conference, outlining their country's position, main objectives and issues they are seeking to address during the conference.

Looking forward to a constructive session with you all.

Sincerest Regards,

**Ananya Anandita Patnaik - Chairperson**

**Karmanya Nathawat - Vice-Chairperson**

## COMMITTEE INTRODUCTION

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### ABOUT THE COMMITTEE

The respective state leaders of Argentina, Bangladesh, Brazil, Chile, Colombia, Egypt, Iran, Kenya, Mexico, Morocco, Thailand, and Yugoslavia realized the need for an international organization devoted to tackling population-related issues and advancing reproductive rights and health worldwide and hence, signed a declaration in December 1966 calling on the UN to deal with such matters.

In 1967, the Secretary-General established a population trust fund known as the **United Nations Fund for Population Activities**. The agency was first put under the control of the United Nations Development Fund in 1969 when it started operations, and the UN General Assembly eventually took over its management in 1971.

It changed its name formally to **the United Nations Population Fund** in 1987. It is currently a subordinate body of the UN General Assembly, and also receives overall and broad policy direction from the Economic and Social Council (ECOSOC).

### GOALS OF UNFPA

UNFPA seeks to protect everyone's right to choose their sexual and reproductive health, with a focus on women and youth, so that they can avail themselves of high-quality services such as comprehensive sexuality education, voluntary family planning, and maternal health care.

Within the framework of the ICPD Programme of Action and international development goals, it plays a unique role in addressing population and development issues with a focus on gender equality and reproductive health. It also aims at ending unmet need for family planning, preventable maternal death, and gender-based violence and harmful practices including child marriage and female genital mutilation by 2030.

### MISSION OF UNFPA

UNFPA's mission is to advance everyone's right to a healthy and equal life, including that of men, women, and children. It helps nations make the most of population data to inform policies and programs that fight poverty, guarantee safe and healthy births, eradicate HIV/AIDS from youth, treat women and girls with dignity and to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

Over 150 nations, territories, and regions—across four continents—are served by UNFPA's programs: Latin America and the Caribbean, Asia and the Pacific, Arab States and Europe, and sub-Saharan Africa. In addition to population counts, it carries out significant national

and demographic surveys. Programs pertaining to various crises are further developed using the data produced by them.

## **MANDATE OF UNFPA**

Adopted in ECOSOC resolution 1763 (1973), UNFPA's mandate calls for gathering knowledge, recommending policies, and building capacity to assist national, regional, and interregional responses to global population needs and family planning.

The mandate empowers UNFPA to raise awareness and provide aid to developing countries to address population challenges and implement strategies in accordance with national plans and priorities.

The mandate also underscores UNFPA's efforts in data collection and developing context-specific approaches and programs, both of which act as crucial steps to achieving the Sustainable Development Goals. While UNFPA is not directly responsible for the collection of primary statistics, it plays an important role in the technical and financial support to statistical activities in countries, such as population censuses and thematic surveys, particularly in the area of reproductive health (DHS) and, to a lesser extent, household and living conditions surveys.

UNFPA also provides support to a number of UN and non-UN organizations active in the field of population statistics and analysis, such as the UN Statistical Division, CELADE/ECLAC, etc.

In addition, UNFPA is actively involved in the development and monitoring of indicators in its area of action, particularly with respect to the MDG 5 target on universal access to reproductive health, maternal mortality, gender statistics, etc.

UNFPA works to provide assistance with the construction and upkeep of healthcare facilities, the education of healthcare professionals, and the provision of essential medical supplies and equipment in many countries across Sub-Saharan Africa, Asia, Latin America and so forth, including humanitarian settings such as refugee camps, and areas affected by conflicts and natural disasters.

Through the provision of shelter services, counselling, medical care, and legal support, UNFPA initiates campaigns to end gender-based violence (GBV) and support survivors and has successfully done so in countries including Bangladesh, Yemen, Syria, Democratic Republic of Congo and so on.

## **THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT**

The International Conference on Population and Development (ICPD), held in Cairo in 1994, was a milestone event where 179 countries adopted a comprehensive Programme of Action. The Programme of Action is a seminal document. It offers a thorough framework for tackling issues related to gender equality, population growth, reproductive health, and sustainable development.

The ICPD stressed the value of women's autonomy over their bodies and reproductive lives and acknowledged reproductive health as a basic human right and laid the groundwork for broader efforts that includes:

Promoting the provision of comprehensive sexual and reproductive health services to all people.

Advocating for women's empowerment and gender equality as crucial elements of sustainable development.

Acknowledging the right to reproductive health as a basic human right.

Tackling the underlying causes of discrimination and violence against women.

Urging the outlawing of damaging customs like female genital mutilation and child marriage.

Endorsing programs aimed at increasing public knowledge and understanding of reproductive rights and health.

Encouraging boys and men to get involved in the advancement of reproductive health and gender equality.

Bolstering healthcare systems to deliver high-quality care for maternity and reproductive health.

Ensuring that family planning services and contraceptives are accessible to everyone.

Promoting legislative changes that will safeguard and defend women's reproductive rights, especially the ability to obtain safe abortions when they are permitted.

## **MILLENNIUM DEVELOPMENT GOALS**

The United Nations adopted the eight global goals known as the Millennium Development Goals (MDGs) in 2000 with the aim of addressing the most pressing issues facing humanity by the year 2015.

These included the eradication of extreme poverty and hunger, the attainment of universal primary education, the empowerment of women and gender equality, the reduction of child mortality, the enhancement of maternal health, the fight against HIV/AIDS, malaria, and other diseases, the maintenance of the environment, and the creation of international development partnerships.

The MDGs helped mobilize international efforts and achieve notable advancements in poverty reduction, education, healthcare, and access to clean water, even though progress varied across regions and goals. Further, this also established the framework for the Sustainable Development Goals (SDGs) that followed.

A significant contribution to MDG 5, which sought to enhance maternal health and provide universal access to reproductive health care, came from the United Nations Population Fund (UNFPA). Efforts to improve access to vital reproductive health services, such as family

planning, maternity care, and the prevention and treatment of STDs, were supported by UNFPA. Maternal mortality and morbidity were decreased as a result of UNFPA's collaborations with governments, civil society, and healthcare organizations to increase access to trained birth attendants, emergency obstetric care, and contraceptive services. In order to track the advancement of gender equality and provide guidance for evidence-based policies and initiatives aimed at women's empowerment and reproductive rights, UNFPA also promoted enhanced gender statistics and data collection, which would help achieve MDG 5 objectives.

## **SUSTAINABLE DEVELOPMENT GOALS**

The United Nations adopted the 17 interconnected Sustainable Development Goals (SDGs) in 2015 to address global challenges and direct efforts towards a more sustainable future. These objectives cover a broad range of topics, such as the eradication of poverty, gender equality, health, education, and access to clean, affordable energy as well as affordable and clean sanitation, as well as peace and justice.

UNFPA works with governments, partners and other UN agencies to directly tackle many of these goals – in particular Goal 3 on health, Goal 4 on education and Goal 5 on gender equality.

### **SDG 3: Good Health and Wellbeing**

Ensuring healthy lives and promoting wellbeing for people of all ages is the goal of Goal 3. Its goals include decreasing maternal mortality, preventing deaths of infants and children under five, and fighting infectious diseases like tuberculosis, HIV/AIDS, and malaria. It also covers universal health coverage, mental health, substance abuse, and non-communicable diseases.

In countries like Nepal, UNFPA supports initiatives such as the "Birthing Centres" project, which establishes safe birthing facilities in remote areas to reduce maternal mortality and complications during childbirth.

In Ethiopia, UNFPA supports the government's efforts to provide family planning services through its Health Extension Program, training community health workers and ensuring the availability of contraceptives in rural areas.

### **SDG 4: Quality Education**

The fourth goal is to guarantee high-quality, inclusive, and equitable education for all while encouraging opportunities for lifelong learning. It seeks to guarantee that every boy and girl has access to a primary and secondary education that is equitable, free, and of high quality, resulting in learning outcomes that are both applicable and efficient. It also highlights the significance of access to higher education, vocational training, and early childhood development.

In Mozambique, UNFPA supports the Ministry of Education's implementation of CSE in schools, training teachers and developing curricula to provide accurate information about sexual and reproductive health.

In Bangladesh, UNFPA supports initiatives like the "Adolescent Girls' Program," which provides educational opportunities, life skills training, and reproductive health services to vulnerable adolescent girls, empowering them to stay in school and make informed choices about their futures.

### **SDG 5: Gender Equality**

Achieving gender parity and empowering all women and girls is the goal of Goal 5. Its goals include putting an end to harmful practices, discrimination, and violence directed towards women and girls; guaranteeing equal access to sexual and reproductive health and rights; and promoting equal participation and opportunities in leadership and decision-making. It also demands that gender stereotypes be disproved, women's economic empowerment be encouraged, and unpaid care work be valued.

In Jordan, UNFPA supports the establishment of "One Stop Centres," which offer comprehensive services for survivors of GBV, including medical care, counselling, legal assistance, and referrals to support networks.

In Malawi, UNFPA supports the "Women and Girls First" program, which provides vocational training and entrepreneurship support to young women, enabling them to become economically independent and make decisions about their lives.

### **ECOSOC 1763 (1973)**

Promoting international economic and social cooperation and development is the primary responsibility of the Economic and Social Council (ECOSOC), one of the main UN bodies. ECOSOC, which is made up of 54 member states chosen by the General Assembly, provides a platform for debating international economic and social concerns, organizing the activities of specialized agencies, and formulating policy recommendations. It is in charge of several subordinate organizations, including expert committees and functional commissions, and it concentrates on topics like humanitarian affairs, human rights, gender equality, and sustainable development.

Acknowledgment of the importance of promoting the advancement of women and achieving gender equality as essential elements of social progress and development.

Recognition of the significant contributions that women make to society and the need to ensure their full participation in all spheres of life.

Affirmation of the principles of equality between men and women, and the need to eliminate discrimination and stereotypes based on gender.

Call for member states to take concrete actions to promote gender equality and women's empowerment in all areas, including education, employment, and political participation.

Emphasis on the importance of ensuring equal access to education and training for women and girls, as well as opportunities for skills development and capacity-building.

Encouragement for member states to enact and enforce laws and policies that promote gender equality and protect women's rights.

## INTRODUCTION

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<b>AGENDA: Enhancing Global Collaboration for Women's Bodily Autonomy and Equal Access to Reproductive Health Service</b>
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One of the most important human rights is the freedom to make decisions about one's body, sex and sexuality, and family planning on one's own, without outside pressure. Every individual has the right to physical integrity, and expectant mothers have the right to a safe pregnancy and delivery. Every child has the right to receive medical care and have a healthy start in life. Every individual is entitled to make their own decisions about whether, when, and with whom they want to date or start a family. In addition, everyone has the right to be free from prejudice, mistreatment, and STDs and to have fulfilling relationships for the duration of their lives.

Beautiful and complex, the female body is an embodiment of cultural significance as well as biological wonders, yet is a contentious issue everywhere in the world. The ability of the female body with its symphony of systems and structures designed to nurture life is one of its most remarkable characteristics. Nonetheless, a woman's body is more than just her outward appearance or capacity for reproduction. It is the epitome of strength, flexibility, and resilience.

The foundation of a woman or girl's fundamental right to equality and privacy, with regard to private matters of physical and psychological integrity, is her ability to make autonomous decisions about her own body and reproductive processes. In terms of reproductive health, equality entails having unrestricted access to reasonably priced, high-quality contraception, including emergency contraception. Pregnancy termination rates are lowest in nations where women have the freedom to choose to end their pregnancy and have access to all forms of contraception and information. Regretfully, the World Health Organization estimates that 225 million women lack access to necessary modern contraception. Furthermore, special protection is needed for the rights to non-discrimination in access to health care services, including family planning and sexual and reproductive health services, and to equality in the best possible standard of healthcare.

Pregnancy should be ended in a secure setting and by licensed medical professionals. Empirical evidence from the World Health Organization indicates that making pregnancy termination illegal does not deter women from seeking abortions. Instead, more women are probably going to turn to dangerous and covert means of solving their problems. The lowest rates of pregnancy termination are found in nations where women obtained the freedom to end their pregnancy during the 1970s and 1980s, as well as access to information and all forms of contraception. In the end, criminalization stigmatizes a necessary and safe medical procedure, which seriously compromises women's human rights and health.

The Committee on the Elimination of Discrimination against Women has explained that “Violations of women’s sexual and reproductive health and rights, such as criminalization



Of abortion, denial or delay of safe abortion and/or post-abortion care, and forced continuation of pregnancy, are forms of gender-based violence that, depending on the Circumstances, may amount to torture or cruel, inhuman or degrading treatment.”

In two cases before the human rights committee, two women were compelled to travel from their home country to a neighbouring country to terminate nonviable pregnancies due to an almost total prohibition on abortion. The committee found that these women had been subject to conditions of intense physical and mental suffering that constituted cruel, inhuman or degrading treatment.

The Human Rights Committee has stated that imposing “a legal duty upon doctors and other health personnel to report cases of women who have undergone abortion” fails to respect women’s right to privacy. The Special Rapporteur on torture and other forms of cruel, inhuman and degrading treatment or punishment has especially highlighted that “the denial of safe abortions and subjecting women and girls to humiliating and judgmental attitudes in such contexts of extreme vulnerability and where timely health care is essential amount to torture or ill treatment.

### **PREVENTING UNSAFE ABORTION IS A CORE OBLIGATION WITHIN THE RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH**

The Committee on Economic, Social and Cultural Rights has explained that States “have a core obligation to ensure, at the very least, minimum essential levels of satisfaction of the right to sexual and reproductive health which includes measures to prevent unsafe abortion.” It further has established that the right to sexual and reproductive health requires health facilities, goods, information and services, including safe abortion and post-abortion services, which are available, accessible, acceptable and of good quality

Similarly, the Human Rights Committee has explained that to protect the right to life and other rights under the Covenant, restrictions on access to abortion must not “jeopardize women’s and girls’ lives, subject them to physical or mental pain or suffering..., discriminate against them or arbitrarily interfere with their privacy. “Legal access to abortion should be ensured in certain circumstances.

Human rights mechanisms have expressed concern about criminal abortion laws and encouraged States to review their legislation to ensure effective and confidential access to safe legal abortion in cases when the pregnancy endangers the life or health of a pregnant woman or pregnant girl, would cause substantial pain or suffering,<sup>30</sup> and in cases of pregnancy resulting from rape or incest.

Treaty bodies have also recommended ensuring access to abortion services in cases of fetal impairment, while also putting in place measures to protect against discrimination based on disability. Procedures for ensuring that abortion services are safe and accessible to women and girls without discrimination should be established.

The Committee on the Rights of the Child has recommended that “States ensure access to safe abortion and post-abortion care services, irrespective of whether abortion itself is legal.” In many countries, although abortion laws have been liberalized, this is not accompanied by clear regulations to implement the law, posing a significant barrier to access. In these circumstances, health care providers sometimes refuse to provide services that are legal.

The Committee on the Elimination of Discrimination Against Women has explained that the legal framework for access to abortion must “include a mechanism for rapid decision-making, with a view to limiting to the extent possible risks to the health of the pregnant mother, that her opinion be taken into account, that the decision be well-founded and that there is a right to appeal.

## **A JOURNEY THROUGH HISTORY**

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### **The Evolution of Population Explosion**

Approximately between 1750 and 1950, Europe and America experienced the first small-scale and moderately intense population expansion as a result of several interconnected factors. Increased food production and lower death rates have resulted from technological and agricultural developments including the agricultural revolution and improved farming practices. In addition to that, the Industrial Revolution attracted individuals seeking better livelihood from rural areas to cities by creating work opportunities. While urbanization initially led to overcrowding and poor living conditions, it also brought about improvements in sanitation and healthcare, such as the creation of vaccines and better cleanliness standards, have decreased death rates, especially for young children and new-borns. From 74.5 percent in 1730–49 to 31.8 percent in 1810–29, the proportion of children (born in London) who passed away before turning five years old declined. Owing to better living circumstances and access to healthcare, Europe's population doubled to about 200 million during the 18th century and further during the 19<sup>th</sup> century.

Around 1950 as a far more significant and intense population explosion began to occur in Asia, Latin America, and Africa as a result of high fertility rates, cultural preferences for large families, limited access to family planning services, persistent poverty, lack of education, limited access to contraception, and ongoing conflicts disrupting development efforts. The implications of this was that hindered economic development, perpetuated cycles of poverty and inequality, worsened existing socio-economic disparities, leading to malnutrition, and disease. The Lack of infrastructure and basic services further marginalized vulnerable populations, leading to overcrowding in urban areas, poor living conditions, and social unrest.

## **The Women's Right Movement**

Resources were severely strained during the 19th century due to the fast population growth, especially in urban areas. Due to the lack of access to safe abortion and contraception, women experienced high rates of unwanted pregnancies and maternal mortality. Not just that but, the lack of education and services related to reproductive health had a negative impact on women's health. The high rates of maternal and infant mortality were also caused by unsafe childbirth practices, inadequate prenatal care, and inadequate sanitation. The patriarchal norms that were prevalent at the time restricted women's autonomy and ability to make decisions regarding their own bodies and reproductive lives. Legally speaking, women had no control over when and how many children they had, and social norms frequently assigned them to the role of housewife and caregiver.

In response to these challenges along with a wide range of issues aimed at achieving gender equality, dismantling discrimination, and promoting the rights and well-being of women, the Women's Rights Movement began with a small group of people questioning why human lives were being unfairly constricted and gained impetus in 1848 with the Seneca Falls Convention.

Women's rights advocates worked to expand women's access to education, including thorough training in hygiene and health. They ran campaigns to decriminalize abortion and provide more access to family planning and contraception. and made the case that women ought to be able to manage their fertility and make decisions regarding having children. Maternity death rates were to be decreased and maternal health care to be improved. Maternal and postnatal care promotion, access to hygienic and secure delivery environments, and the availability of professional attendance at childbirth were all promoted by activists. They also pushed for changes to laws governing marriage, divorce, property rights, and inheritance, directed towards removing legal obstacles that limited women's autonomy and agency, thereby creating the foundation for subsequent progress in women's reproductive health and rights.

## **The Civil Rights Movement**

From 1954 to 1968, the United States saw the civil rights movement, which aimed to end legalized racial discrimination, racial segregation, and racial disenfranchisement. Although racial justice was the Civil Rights Movement's main goal, women's rights and autonomy—especially those of women of colour—have also benefited from its legacy. The experiences and voices of women, who encountered particular forms of marginalization and discrimination, were elevated thanks in part to this intersectional analysis.

The idea of reproductive justice—which includes the freedom to bear children, not to bear children, and to parent in secure and nurturing circumstances—was first introduced during the Civil Rights Movement. Women were motivated to fight for their rights in their own communities by the Civil Rights Movement's grassroots activism and organizing. The movement served as a springboard for later legal challenges against discriminatory laws that restricted women's access to reproductive and bodily autonomy. These laws contributed to the establishment of equality and non-discrimination principles that also applied to discrimination based on gender.

## **The Victims' Rights Movement**

Concerns regarding the rights and treatment of people who have been victims of crime, abuse, or trauma have long existed, and these concerns gave rise to the victims' rights movement. The movement was instrumental in promoting women's reproductive rights and bodily autonomy after enduring sexual assault, domestic abuse, and other forms of violence, even though its main goals are to provide justice, support, and safety for crime victims.

The movement promoted survivors' access to safe abortion services when needed, as well as reproductive health services like emergency contraception, STI testing, and treatment. Reproductive coercion, or controlling or influencing someone's reproductive choices, has also come to light as a result of the movement's push for greater education and awareness regarding consent and sexual autonomy in both communities and educational institutions. This can involve things like tampering with birth control, forcing someone to get pregnant or have an abortion against their will, or obstructing their ability to receive reproductive healthcare. The movement aims to defend the reproductive autonomy and rights of survivors by addressing reproductive coercion.

## **The United Nations' Quest for Peace, Prosperity, and Progress**

The United Nations (UN) was founded in the wake of World War II, a time marked by death, destruction, and the realization of how desperately the world needed to work together to avert future hostilities. It was established in 1945 with the knowledge that international cooperation was required to advance justice, prosperity, and peace for all people, and that no one country could resolve the complex problems confronting humanity on its own. Since then, the United Nations (UN) persists in functioning as an essential platform for multilateral cooperation, encouraging discourse, bargaining, and cooperation among its constituent nations to address urgent worldwide concerns and promote the common welfare of humankind.

The various highlights of the UN's efforts towards bodily autonomy and equal reproductive rights are as follows:

Kenya: UNFPA supports initiatives to combat female genital mutilation (FGM) and promote reproductive rights through advocacy, education, and community engagement.

Nepal: UN Women works with the government and civil society to address gender-based violence, including efforts to strengthen laws, provide support services for survivors, and raise awareness about women's rights.

Bangladesh: UNICEF supports programs to end child marriage and improve access to education for girls, empowering them to make informed decisions about their bodies and reproductive health.

Mexico: UNFPA works with indigenous communities to promote reproductive health and rights, including access to contraception, maternal healthcare, and information about sexual and reproductive health.

Jordan: UNFPA supports initiatives to provide comprehensive sexual and reproductive health services for Syrian refugee women, including access to contraceptives, maternal healthcare, and psychosocial support.

Ethiopia: UNFPA partners with the government to strengthen healthcare systems and improve access to family planning services, reducing maternal mortality and empowering women to make choices about their reproductive health.

## ESSENTIAL TERMINOLOGIES

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**1. Gender:** The social, cultural, and psychological facets of being male, female, or non-binary are all included in the concept of gender. It affects roles, behaviours, and identities in ways that go beyond biological sex. Gender diversity promotes inclusivity and an awareness of the wide range of human experiences and expressions by acknowledging a spectrum that goes beyond conventional binary classifications.

**2. Bodily Autonomy:** The basic human right to make decisions about one's own body free from outside influence or coercion is known as bodily autonomy. It includes the freedom to agree to sexual activity, reproductive choices, and medical treatments. Individual agency and dignity are acknowledged when one's body is respected, irrespective of one's gender, race, or socioeconomic standing. It supports the ideas of personal freedom and self-determination by enabling people to take charge of their physical and mental health. Human rights and dignity are flagrantly violated when bodily autonomy is violated, as in the cases of forced sterilization, sexual assault, or denial of reproductive rights.

**Autonomy** means the right of a woman to make decisions concerning her fertility and sexuality free of coercion and violence. In health care contexts, the rights to informed consent and confidentiality are instrumental to ensuring free decision making by the client. These rights impose certain correlative duties upon health care providers and deliverers of services, so as to obtain the informed consent of the client, respect her right to refuse treatment and maintain secrecy so as to allow her to make private decisions without the interference of others whom she has not chosen to consult, and who might not have her best interests at heart.

**Autonomy** also means that a woman seeking health care in relation to her fertility and sexuality is entitled to be treated as an individual in her own right - the sole client of the health care provider, and fully competent to make decisions concerning her own health. This is a matter, among other things, of the woman's right to equality before the law as to her legal capacity.

**3. Reproductive Rights:** Encompassing a woman's capacity to make knowledgeable decisions regarding her reproductive health, such as whether, when, and how many children to have, reproductive rights are fundamental human rights. Access to safe, legal abortion services, comprehensive sexual education, and contraception are all included in these rights. Ensuring women have the ability to make decisions about their bodies, health, and futures promotes social justice and gender equality.

The ICPD referred to the term "**reproductive rights**" as embracing "**certain human rights that are already recognized in ... international human rights documents and other consensus documents**". The most mentionable "consensus documents" are the Universal Declaration of Human Rights, and the Declaration and Programme of Action of the World Conference on Human Rights, Vienna, June 1993.

**Reproductive rights**, according to the ICPD, "**rest on the recognition of the basic right 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.**" The language is taken from **Article 16(1)(e) of the Women's Convention**, which states that States Parties shall ensure on a basis of equality of men and women: "**the same rights to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education and means to enable them to exercise these rights.**"

Reproductive rights, according to the ICPD, also include the right "**to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.**" This aspect of reproductive rights can also be derived from the Women's Convention.

**4. Contraception:** In order to maintain reproductive health and facilitate family planning, contraception—the intentional prevention of pregnancy—is essential. It includes a range of techniques such as hormonal contraceptives (pills, patches, and injections), barrier techniques (diaphragms and condoms), sterilization, and techniques aimed at raising awareness of fertility. Contraception reduces unwanted pregnancies, gives people the power to choose when and if to have children, and allows them to pursue their educational and professional goals. It also improves the health of women and children.

## **UNFPA IN ENSURING SEXUAL AND REPRODUCTIVE HEALTH**

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A state of total physical, mental, and social well-being in all aspects pertaining to the reproductive system is known as good sexual and reproductive health. It suggests that individuals can have fulfilling and secure sexual relationships, reproduce, and choose whether, when, and how often to do so.

UNFPA strives to maintain the rights and health of sexual and reproductive health at the forefront of development. Human rights, sustainable development, and reproductive health are inextricably linked, according to the International Conference on Population and Development. Unmet needs related to sexual and reproductive health deprive people of the freedom to make important decisions about their own bodies and futures, which has a ripple

effect on the welfare of their families and subsequent generations. Gender equality is inextricably linked to sexual and reproductive health and rights issues, as women are the ones who bear the burden of bearing and caring for children. The collective denial of these rights makes gender inequality and poverty worse.

Senegal: Family planning, maternal healthcare, and the prevention and treatment of sexually transmitted infections (STIs) are among the sexual and reproductive health services that UNFPA supports with a view to enhancing access.

Bangladesh: UNFPA collaborates with the government to offer comprehensive services related to sexual and reproductive health, such as safe abortion, maternity healthcare, and contraception.

Nepal: UNFPA funds initiatives that combat gender-based violence and advance sexual and reproductive rights, including the availability of contraceptives and maternity care.

Kenya: Through lobbying and education, UNFPA collaborates with the government and civil society to oppose female genital mutilation (FGM) and advance reproductive rights.

Ethiopia: In order to lower maternal mortality and give women more control over their reproductive health, UNFPA supports initiatives to improve family planning services' availability and fortify healthcare systems.

Yemen: UNFPA works in humanitarian settings to provide sexual and reproductive health services for displaced populations, including access to contraceptives, maternal healthcare, and gender-based violence support.

Colombia: UNFPA supports initiatives to promote reproductive rights and access to healthcare services for marginalized populations, including indigenous and Afro-Colombian communities.

Jordan: UNFPA provides comprehensive sexual and reproductive health services for Syrian refugee women, including access to contraceptives, maternal healthcare, and psychosocial support.

## **STATE OF WORLD POPULATION 2021: MY BODY IS MY OWN (UNFPA 2021)**

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With the release of this ground-breaking report, UNFPA is quantifying women's autonomy over their bodies as well as the degree to which national laws uphold or restrict this autonomy. Higher levels of education are strongly correlated with decision-making power, according to the data.

“The fact that nearly half of women still cannot make their own decisions about whether or not to have sex, use contraception or seek health care should outrage us all,” says **UNFPA**

**Executive Director Dr. Natalia Kanem.** “In essence, hundreds of millions of women and girls do not own their own bodies. Their lives are governed by others.”

The report demonstrates how actions taken to address abuses may result in additional bodily autonomy violations. For instance, **a criminal justice system might ask a survivor to submit to an intrusive test known as a "virginity test" in order to prosecute a case of rape.** The report concludes that effective solutions must consider the needs and experiences of individuals impacted. **For instance, in Mongolia, disabled people banded together to directly inform the government about their needs related to sexual and reproductive health. Young people in Angola who have received education about their bodies, health, and rights have been able to refuse sex, use family planning, seek medical attention, and file legal complaints in the wake of sexual assault.**

## SIGNIFICANT CONSIDERATIONS

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### **A. Customary Practices and Female Genital Mutilations**

The act of modifying or harming the female genitalia for purposes other than medical is known as female genital mutilation. Female genital mutilation is estimated to have affected **200 million girls and women worldwide**, and it is widely acknowledged as a violation of human rights. **68 million girls**, according to UNFPA estimates, could be **subjected to the practice between 2015 and 2030.** Eliminating this detrimental, frequently fatal practice will require a major push on behalf of protecting girls. The practice of female genital mutilation must be stopped by methodical, coordinated actions.

**Must Read:** <https://www.unfpa.org/female-genital-mutilation#readmore-expand>

### **B. Right to Safe Abortion**

According to UNFPA's 2022 State of World Population report, over 60% of unintended pregnancies may result in abortion, with nearly half of all pregnancies occurring without intention worldwide. Unsafe abortions account for a startling 45% of all abortions performed worldwide, making them a major cause of maternal death. Currently, the majority of unsafe abortions take place in **developing nations**, and UNFPA is concerned that if access to abortion becomes more restricted, more unsafe abortions will happen globally. Reversing progress has a greater effect on women's and adolescents' rights and choices globally.

**Must Read:** <https://india.unfpa.org/> **(SEEING THE UNSEEN: THE CASE FOR ACTION IN THE NEGLECTED CRISIS OF UNINTENDED PREGNANCY)**

### **C. Access to Healthcare and Sex Education for Women**

A state of total physical, mental, and social well-being in all aspects pertaining to the reproductive system is known as good sexual and reproductive health. It suggests that individuals can have fulfilling and secure sexual relationships, reproduce, and choose whether, when, and how often to do so.



**Must Read:** <https://www.unfpa.org/sexual-reproductive-health#readmore-expand>

#### **D. Equality in dignity and rights for LGBTQIA+ people**

LGBTQIA+ individuals may encounter obstacles and hostility when attempting to obtain legal protections and health care due to their marginalization. "Human rights violations including violence, torture, criminalization, involuntary medical procedures, and discrimination" are "more likely to occur" for them. According to the World Health Organization, they also experience inappropriate pathologizing, discriminatory attitudes, and care denial in medical settings. Following the 1994 International Conference of Population and Development (ICPD) Programme of Action, which was ratified by 179 governments and recognizes that everyone has the right to a satisfying and safe sexual life, UNFPA holds that everyone is entitled to comprehensive sexual and reproductive health and rights (SRHR).

### **CURRENT SCENARIO AND REGRESSIVE LAWS ACROSS THE GLOBE**

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The so-called "**marry-your-rapist**" laws still exist in 20 countries or territories, including Angola, Bahrain, Iraq, Kuwait, Libya, Philippines, the Russian Federation, Serbia, Syria, Tajikistan, Thailand, and Venezuela. The laws permit the offender to wed their victims in order to avoid facing criminal charges for rape.

Moreover, many nations still **do not recognize marital rape**, reinforcing the patriarchal belief that a man owns a woman's body after marriage. According to a UNFPA report, up to **43 countries lack legislation that addresses marital rape**. Similarly, the punishments for marital rape may be much less severe than those for other types of rape, even in nations that officially recognize the crime. A 2020 study, which is also cited in the UNFPA report, discovered that **35 of the 54 Common-wealth countries continue to exempt married couples from criminal sexual offenses**.

According to the report, there is a nearly threefold increase in the likelihood of **sexual violence against girls and boys with disabilities**, with **girls being most vulnerable**.

According to a research by the US-based advocacy group Disabled World, only 3% of non-consensual sex incidents involving people with intellectual disabilities are reported, despite the fact that an estimated 80% of women and 30% of men experience this kind of coercion. As per the report, **women who have a disability are significantly more likely to have experienced unwanted sexual relations or marital rape at the hands of an intimate partner**.

The global imbalance when it comes to basic bodily rights may be worsening in some places. In the **United States, Poland, and Nicaragua**, for example, **abortion has become increasingly restricted or totally illegal**. Surprisingly, there are laws that are compelling women to **continue non-viable pregnancies, or forcing them to leave a country to terminate those pregnancies**, violate recognized human rights, according to the report.

## CASE STUDIES

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**L.C Vs Peru (Latin America):** A 13-year-old L.C was sexually assaulted by a 34-year-old man, when she found out she was pregnant, she attempted suicide by jumping off a building when taken to the hospital the doctor's refused to perform surgery when they found out she was pregnant because the surgery could terminate the pregnancy, even after having requested a therapeutic abortion she had been denied. L.C underwent a miscarriage after which the doctors were willing to perform the surgery but due to a delay of several months she had been paralysed from neck below, her mother submitted a complain on her behalf at the UN Committee on Elimination of Discrimination Against Women alleging that the doctors' refusal to perform the therapeutic abortion requested by the girl constitute a violation of L.C.'s right to health, dignity and freedom from discrimination under the UN Convention on Elimination of All Forms of Discrimination against Women ("CEDAW").

**Resolutions:** The Commission found that several provisions of the CEDAW Act, including the right to non-discrimination in the provision of health services on the basis of sex, were violated, and recommended that the country review its laws with a view to establish an effective mechanism for accessing therapeutic abortion and to decriminalise abortion in cases where the pregnancy results from rape of sexual abuse and compensate L.C. for the violations.

**Actions:** There have been many such cases in Peru but even after, legal victories informal laws across the country still deny safe abortion to women, various guidelines have been formed none seem to have been implemented in action. In addition, Roe Vs Wade has only worsened the situation, Latin America has always been particularly restrictive in laws ensuring safe abortion and the overturning has only made conditions worse.

Nigeria (Africa): After two weeks of the overturning of Roe Vs Wade, the Lagos state government in Nigeria discarded the ‘Lagos State Guidelines on Safe Termination of Pregnancy for Legal Indications’ which was a document undergoing work since 2018 and aiming at ensuring safe abortion practices in the country but was scrapped. Nigeria much like other African countries has restrictive laws when it comes to abortion where one can face 14 years’ imprisonment or even life if undergone an abortion apart from when it is undergone to save a woman’s life.

**Resolutions/Actions**–There have been no such attempts made by the government so far, this case in particular holds various colonial aspects to it since, the overturning of the Roe Vs Wade in USA it has implied the conservatism in Africa to emphasis on their beliefs and take away key basic women’s rights such as abortion and equal reproductive health services. Laws ensuring the Bodily autonomy of a woman remain a dream for the women of Africa in such times, where the colonial mind-set is undermining the ability of a country to make decisions of its own and rather use the actions of the colonizers to justify their decisions. Africa has been long plagued by issues when it comes to ensuring the bodily autonomy of a woman and reproductive health.

**Iraq (West Asia):** In a region, dominated by various conflicts the Iraqi women bear the brunt at its highest levels, Iraq as a country is dominated by patriarchal norms and this evident in its legislation. According to the 2011 family law women are protected from family based violence however, husbands have the “right” to “punish” their wives and a rapist is often freed from any charges against him if he marries the victim, which is by far the biggest problem when it comes to the issues of a woman’s bodily autonomy. The condition of the reproductive health services is even worse off with a crisis in the healthcare management not only this but stigma and the fear of shame furthermore prevents victims of sexual violence or gender based violence from availing healthcare services. With USA’s continuous interference in the country and ongoing conflict and violence the country is unable to stabilize making conditions from worse to worst for the women.

**Resolutions/Actions:** On October 31st 2022, UNDP and the United Nations Entity for Gender Equality and Women Empowerment (UN Women) in Iraq partnered to support women's political participation and representation in Iraq. They signed a 1-million-dollar agreement to work towards this cause, in order to ensure mitigation of the violence against women by increasing their representation in Iraq. Women's rights activists onto their journey every day and have only been successful so far in ensuring the passing of the 2011 family law which criminalised domestic violence, other laws for protection of women's rights are still an ongoing struggle.

**China (East Asia):** China had undergone for 35 years a strict one child policy, forcing women to undergo contraception, forced abortion and sterilization which are violations of a women's bodily autonomy. But since, 2016 due to plummeting population they have switched from a one child policy to a two child policy offering tax reductions and various other incentives to have children but the problem is that birth limits, to have or to not have children no matter the number is still an infringement of a woman's bodily autonomy and her reproductive rights.

**Resolutions/Actions:** The three child policy in China has not been successfully implemented since, women are unwilling to have more children due to the problems and constraints they have to bear when having the child, the fertility intention of China continues to be low hence, putting it simply China's policies birth limit or no limit continue to infringe the bodily autonomy of a woman, no actions have been taken to scrap the policy or resolutions taken to ensure the bodily autonomy of the women.

## IMPLEMENTED POLICIES

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**1. The United Nations:** The Four United Nations World conferences on women, which took place in Mexico City (1975), Copenhagen (1980), Nairobi (1985) the last one which took place in Beijing (1995) marked a turning point for the agenda of global gender equality and was followed by a series of five year reviews. The Beijing declaration and the platform of action was adopted unanimously by 189 countries; the declaration is reviewed every five years to follow up whether or not the necessary actions have been taken up or not. 'In 2020, the twenty-five-year review and appraisal of the Beijing Platform for Action took place during the Commission's 64th session in March 2020, which was scaled down due to the outbreak of the COVID-19 pandemic. Member States adopted a political declaration that welcomed progress made towards the full, effective and accelerated implementation of the Beijing Declaration and Platform for Action through concerted policy action at the national, regional and global levels.' The 30-year review and appraisal is to be held in March 2025.

**2. Germany** has made significant initiatives aiming at enhancing global collaborations for women's bodily autonomy and equal access to reproductive health services, Germany is involved in various partnerships these include the Partnership for Maternal, Newborn and Child Health (PMNCH), the Family Planning 2030 initiative, and the Every Woman Every Child campaign of the UN Secretary-General. Between 2011 and 2021, the BMZ (The Federal Ministry for Economic Cooperation and Development) committed more than 1.2 billion euros as part of this effort, especially for activities to prevent unwanted pregnancies and support safe pregnancy and childbirth, they are also providing aid to more than 20 countries in Asia and Africa.

**3. India** is a founding member of the IPPF (International Planned Parenthood Federation) along with Germany, Netherlands, Singapore, Sweden, UK, and USA which was formed at

the 3rd International Conference on planned parenthood held in Bombay 1952. The conference was held at the invitation of the Family planning association of India and aimed at commemorating global cooperation for the issues. On September 29, 2022 the Supreme Court of India upheld the right of women to undergo abortion up to 24 weeks of pregnancy regardless of the fact whether, the women are married or unmarried, the court interpreted the 'Medical Termination of Pregnancy (MTP) Act and Rules to reassert the reproductive rights for women and individuals with diverse gender identities who need access to safe and legal abortion services. The ruling also underlines that "patriarchal principles about what constitutes permissible sex" cannot be the basis of any law'. This served as a prominent example of good legislation upholding a women's bodily autonomy and providing equal reproductive health services and has been applauded at the international front and by the United Nations as a guiding light for other countries to take similar actions.

**4. France's Third International strategy for Gender Equality (2018-2022)** has been designed to coordinate France's efforts to improve the situation of women around the world, they have announced a contribution of 6.2 million euros to the Global Survivors Fund between 2020 and 2022 and have abided by their commitment to provide 400 million euros in support of Women's health and continue to abide by the action coalition on bodily autonomy and sexual and reproductive health.

**5. United Kingdom** has acted as one of the main architects of the Family Planning 2020 initiative and has funded and aided organisations in their efforts to ensure reproductive health, UK was the largest funder of UNFPA in 2019 and also acts as the largest provider for donated contraceptives and reproductive health in humanitarian crises. The United Kingdom has legalized abortion for socio-economic reasons, a woman can undergo abortion in her 24th week if the pregnancy is seen damaging her physical as well as mental health which again is an applaudable achievement in terms of legislation.

## QUESTIONS TO PONDER UPON

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- A. What are the linkages between women's economic empowerment, gender-based violence, and sexual and reproductive health and rights?
- B. What are the impacts of gender-based violence on sexual and reproductive health and rights?
- C. What are the reverberations of changing relations and transforming structures?
- D. How are women paying the prices for Trump's Regulatory Laws?
- E. How can gender crimes be prevented in situations of extremism and armed conflicts?
- D. What are the main obstacles to and achievements from international cooperation among nations on projects that support women's bodily autonomy?

E. Where does Women's Autonomy, Equality and Reproductive Health stands between recognition, backlash and regressive trends?

F. How can global partnerships support the provision of comprehensive healthcare services, including sexual and reproductive health services, to marginalized and underserved populations of women?

G. How can the world's technological and innovative capabilities be used to protect women's privacy and autonomy while increasing women's access to reproductive health information and services?

H. How do regressive abortion laws perpetuate cycles of poverty and limit opportunities for women's education and economic empowerment?

I. What psychological and emotional toll do regressive abortion laws impose on women who are forced to seek unsafe or illegal abortion procedures?

## **SUGGESTED READINGS**

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<https://www.unfpa.org/publications/bodily-autonomy-cornerstone-achieving-gender-equality-and-universal-access>

<https://www.unfpa.org/sexual-reproductive-health#readmore-expand>

<https://reliefweb.int/report/world/state-world-population-2021-my-body-my-own-claiming-right-autonomy-and-self>

<https://asiapacific.unfpa.org/en/my-body-is-my-own>

## **DOCUMENTS TO BE ACCEPTED DURING COUNCIL PROCEEDINGS**

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Publications, Reports, Resolutions of United Nations and its organs, commissions, committees, bodies, task forces etc.-

Publications, Reports, Legal Documents of Member Nations, Their Ministries, Organisations and Institutions.

News Reports of National Press Councils of Various Nations.

News Reports from Reuters, BBC, Al Jazeera (debatable).- Human Rights Watch Reports (debatable).

