Forum: **Commission on the Status of Women**

Question of: **Discussing new measures on abortion rights**

Student Officer: **Şan Tekdemir**

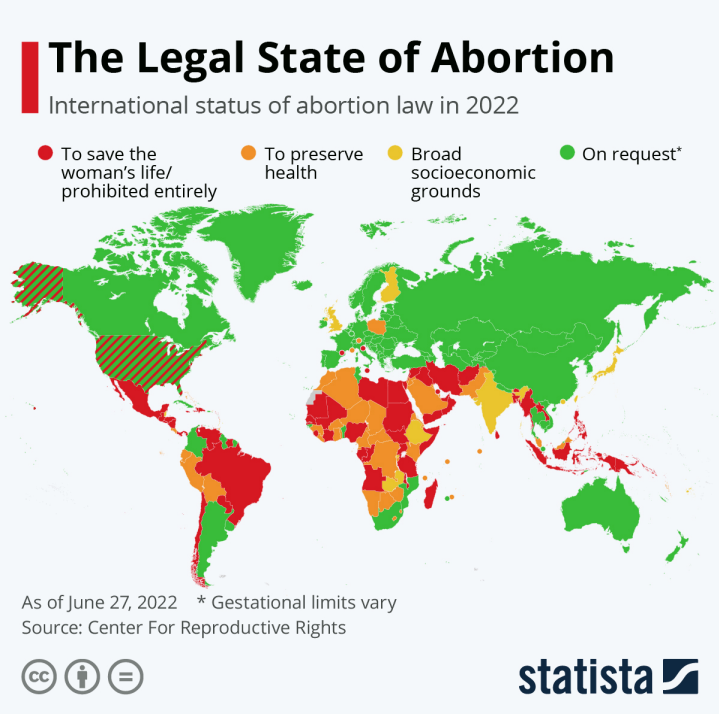
Position: **Co-chair**

I. Description of the Issue

The question of abortion rights is found at an intersection point of health, women and children rights, cultural tradition, sexual assault crime and religious doctrine. While whether abortion should be a right or not is one part of the issue, the majority of it is mainly caused by unsafe abortions. According to the World Health Organization's (WHO) estimation, the occurrence rate of unsafe abortions is approximately 25 million per year. These medical operations without necessary precautions result in infertility, chronic pelvic pain, psychological traumas and most importantly in death. WHO also states that unsafe abortions - mostly situated in low and middle-income countries - are the cause of death of 22.000 to 31.000 women annually.

"Abortion rights" may seem, for some delegations, as an inherent right to control their own body autonomously. Whereas for others, abortion is seem as a threat to an unborn child's life. The anti-abortion advocates have proposed measures such as restriction of abortions, protection of fetal children and abortion alternatives such as adoption.

Since the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women, the international community has struggled to find a common ground concerning abortion. These



*Abortion Legality Map

conferences resulted in documents which did not mention abortion as a right at all, but was preventing unsafe abortion. Today, abortion is a highly controversial matter on the global scale, and has created an immense divergence where states are divided into pro- and anti-abortion groups.

In the Commission on the Status of Women (CSW), delegates should try to focus on finding a common ground on establishing abortion as an international right and preventing unsafe abortion rather than discussing the ethical dilemma of whether abortion is morally right or wrong.

II. Definition of Key Terms

Unsafe Abortion: "An 'unsafe abortion' is defined as a procedure for terminating pregnancy performed by persons lacking necessary information or skills or in an environment not in conformity with minimal medical standards, or both." (Citation : https://www.who.int/news-room/fact-sheets/detail/abortion) Unsafe abortion currently creates a high risk as it is linked to 8% of maternal deaths. Many women are suffering from incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus), haemorrhage (heavy bleeding), infection, uterine perforation (caused when the uterus is pierced by a sharp object) and damage to the genital tract and internal organs as a consequence of inserting dangerous objects into the vagina or anus.

Gestational limits: Every state has different legal restrictions for abortion based on the duration of pregnancy. The standard and common limits are 12, 20 and 24 weeks. Abortion is commonly done when the baby is in fetal stage (9 to 40+ weeks approximately), although, the operation can also be done for embryonic body (0 to 8 weeks approximately).

Post-Abortion Care (PAC) : PAC is an emergency medical treatment for complications during abortion regardless of its legal status in the country. PAC is widely accepted and supported even by restrictive parties as it is solely for life-saving purposes.

Sexual and reproductive health and rights (SRHR) : SRHR is a broader framework, being the most related to abortion, which includes maternal healthcare, STI prevention and comprehensive sex education. It has 2 main parts : medical services and international rights. SRHR mainly states that every individual should be able to make choices autonomously about their own body. (see also: **https://srhr.org/**)

Fetal Viability: The point at which a fetus can survive outside the womb, set to 22 weeks by the WHO, however it may vary in different states. Many constitutional rights are valid only before fetal viability.

III. Background information

Pre-Modern Era and Early Legal Frameworks

Before the 19th century, there was no written law regarding abortion, but it was decided based on tradition, cultural norms and religion etc. In ancient Greece and Rome, the fetus was not considered as a separate individual therefore abortion could be made when the father's consent was taken. In the medieval times, the fetus was distinguished as formed and unformed (before 40 days for male fetus, 80 for female) in Christianity and the abortion of an unformed fetus was not totally considered as a homicide, though it was wrong. Similarly in Islamic jurisprudence, it was firstly permitted before "ensoulment" (approximately 18 weeks of pregnancy) for reasons of maternal health or hardship. Many other countries and communities accepted abortion as a matter of family.

The roots of the modern law are seen in England where abortion was not a crime before the first fetal movement (16-20 weeks). Even after 20 weeks, it was a misdemeanor and not murder.

The 19th Century and Criminalization

The 19th Century witnessed an immense reversal of opinion concerning abortion. Medical doctors and physicians claimed that it is dangerous and immoral. Campaigns were made to outlaw abortion across the world. Moreover, moral reform movements had commenced, Catholic moral theologians started condemning abortion as a sin.

Therefore, countries started banning abortion. In 1821, states of USA started criminalizing abortion and England pursued this action in 1861, by making it a felony punished by life imprisonment. France already had it criminalized, however the courts enforced it and gave harsher punishment.

By 1900, the majority of the world had criminalized abortion. This restriction carried abortion to underground and caused the rise of unsafe surgical abortion operations.

The 20th Century and Liberalization

The 20th century was very contradictory and each state had different laws for abortion since new humanist and feminist currents had come out.

One of the most important events of this century is the socialist experiment. The Soviet Union (USSR), in 1920, became the first modern state to legalize abortion on request. This was viewed as a necessary counteract to the unsafe abortion becoming common. During Stalin dictatorship (1936 - 1955), abortion was banned in order to augment population growth rate. USSR then re-legalized it after Stalin's death which also influenced many Eastern European countries such as Hungary (1953), Czechoslovakia and Romania in 1957.

On the Western side, the women's liberation movement broke out and forced change. UK legalized abortion up to 28 weeks, requiring approval of two doctors and

United States established a constitutional right. Equally, France, Germany and Canada decriminalized abortion later.

In South Asia and Africa, the liberation was slower. However most countries legalized it after 1970s.

Although, the 1994 ICPD conference resulted in a “Programme Of Action” which carried a lot of ambiguity. Paragraph 8.25 states:

“In no case should abortion be promoted as a method of family planning. All governments and relevant intergovernmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health issue and to reduce the recourse to abortion through expanded and improved family planning services. **In circumstances where abortion is not against the law, such abortion should be safe.** ”

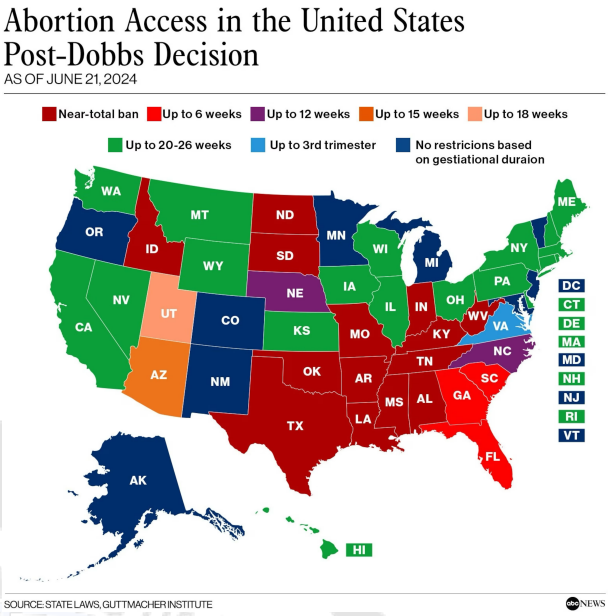
This phrasing led to many debates, it neither condemned nor acknowledged abortion as a right. This left the matter to the state’s decision so did not make a major change. The 1995 Beijing Conference repeated it and failed to find a common ground on the moral question.

Present

In today’s world, people have split into two opposing groups : Pro-choice and pro-life. The pro-choice countries prioritized women’s autonomous decision as stated in SRHR. Most countries of this group have decriminalized abortion and expanded gestational limits.

On the other hand, pro-life advocates were strongly condemning abortion, suggesting either the total ban of abortion without exceptions, or the ban except extreme cases such as rape, incest or maternal health issues. Many states belonging to this group have therefore restricted it or further limited the valid duration for abortion.

IV. Major Countries and Organizations Involved



*Legal State of Abortion in the United States

United States : United States had an inconsistent position throughout history. Each presidential administration banned/re-legalized abortion which resulted in divergence among states. Today, 21 states have near-total or total bans, and others have implemented abortion rights into their state law.

Vatican City (Holy See): The Holy See is not a member state, though holds a Permanent Observer title. Even if the do not have the right to vote in the UN, they were undoubtedly one of the most influential anti-abortion states. Their policy on the question is simply about acknowledging religious doctrine. The Holy See still continues to oppose any UN document that mentions abortion rights and even the SRHR. Some other conservative Islamic states such as Pakistan and Saudi Arabia supports the idea for the same reason. Due to this strict objection, Vatican has unconsciously built a coalition among Catholic- and Islamic-majority countries.

France: France is arguably the most consistent pro-choice advocate among Western powers. Abortion became legal in 1975, and pursued to exist since then. Furthermore, France has even facilitated access throughout decades: removal of parental consent for minors, extending gestational limit from 10 to 14 weeks, allowing consultation services for medication abortion. In March 2024, France became the first country to explicitly adopt abortion as a constitutional right. With these steps, they have became the core of pro-choice community.

South Africa: Despite its economic situation, South Africa has decent progressive abortion laws. 2 years after the end of apartheid, they have passed "The Choice on Termination of Pregnancy Act". The abortion on request is permitted until 12 weeks. From 13 to 20 weeks, it is permitted for extreme and/or unusual reasons including rape, incest, risk to maternal health or abnormalities in fetus. After 20 weeks, abortion is allowed only for fetal abnormalities or to save the pregnant woman's life. The law also ignores parental consent for minors regarding these types of surgical procedures and further ignores healthcare workers' refusal to do such operation. The implementation is often not as even as it is explained on paper however, the legal framework is still an example to pro-choice states.

UN Women: UN Women is one of the key actors of the question since it has been established. It has provided a common place for advocates of both pro-choice and pro-life parties, and published many evidence-based research. The UN's position is mainly pro-access/pro-choice. Its reports show that restrictive abortion does not really reduce abortion rates but do increase maternal mortality and health conditions. It advocates not only for abortion rights, but gender equality, women's rights of life, education etc.

World Health Organization (WHO): The WHO's authority and statements are widely respected, even by conservative governments. Their position is based on public health evidence. The **Abortion Care Guideline** recommended the decriminalization of abortion and the provision of both safe abortion and post-abortion care. The restrictions were resulting in unnecessary barriers such as consent requirements, biased counseling and mandatory waiting periods, which the WHO was totally against. Moreover, in order to remove any ambiguity, the WHO has separated the terms "decriminalization" (removing penalties) and "legalization" (establishing legal framework). The WHO has thus had a crucial role on this matter, being the main international medical authority.

V. Timeline of events

Date	Event	Explanation
1861	UK's Restriction	UK makes abortion a felony, punishing people who decides abortion with life imprisonment and becomes the first state ever to do so

Date	Event	Explanation
1920	USSR Legalization	Becomes the first modern state to legalize abortion
1965	Cuba Decriminalization	Becomes the first state in North and South America to decriminalize abortion
1967	UK Abortion Act	Legalizes abortion up to 28 weeks while requiring at least 2 doctors' authorization
1968	First World Conference on Human Rights in Tehran	The rights of couples to freely decide on the number and spacing of their children have been established
1973	Roe v. Wade (USA Case)	US establishes constitutional right to abortion with some restrictions
1993	UN Human Rights Committee (UNHRC)	UNHRC expresses its concern about restrictive abortion laws, specifically regarding Ireland
1994	ICPD (Cairo)	The conference resulted in the Programme of Action, which avoided explicit recognition of abortion rights and contained many ambiguous statements.
1995	Bejing Fourth World Conference on Women	Was also inactive like the ICPD, by repeating the same suggestions.
2003	Maputo Protocol [African Union (AU)]	The AU explicitly mentions and allows abortion in some cases such as rape, incest or maternal health issues.
2023	France constitutionalizes abortion rights	First country to explicitly allow and include abortion rights in constitution

VI. Previous attempts to solve the issue

Previous attempts to solve the issue have primarily occurred through UNHRC and other mechanisms concerning human rights. The Committee on the Elimination of Discrimination Against Women (CEDAW) was one of the key actors, which declared that forced pregnancy and restrictive abortion laws cause gender-based violence. However, this was not binding.

Furthermore, the HRC's reports repeatedly recommended decriminalization to all states however these were mostly rejected by the pro-life states.

Additionally, the WHO included multiple times "access to safe abortion where legalized by law" in their resolutions, prioritizing safety and maternal health over legality of

abortion. They have also suggested states to provide Post-Abortion Care and all types of medical assistance to women even if abortion is prohibited by the state law.

One progressive solution to the question was the Maputo Protocol, formed by the AU, fully decriminalizing and further legalizing abortion in cases of sexual assault etc.

Overall, there were many attempts to legalize abortion, some didn't reach a consensus and others failed to put it in to practice. The fact that most states try to avoid explicit mention of abortion is one of the major problems the delegates will encounter. Nonetheless, the international community is constantly getting more aware on abortion rights.

Possible solutions

In order to solve this particular issue, delegates should cover multiple aspects of it at the same time which are:

1. The legal aspect:

Delegates should work on establishing legal frameworks, either trying to legalize or decriminalize abortion. These models can include phrases such as: "only at exceptional cases". Rape, incest and sexual assault may be examples to situations considered as exceptions.

2. The healthcare aspect:

Delegates should ensure post-abortion care is safely done and accessible for every women regardless of which country they live in. They can also create funds and establish UN-powered database systems on unsafe abortion rates.

3. The access expansion aspect:

For those countries who have already legalized abortion, elimination of mandatory waiting periods authorization and other unnecessary requirements can be mentioned as

solutions to the issue. They can further increase the legal time of gestational limit. Parental consent for minors can also be further removed.

VII. How to prepare as a delegate

The preparation process for a delegate is the most essential period for effective debate. The delegates should carefully read the research report, try understanding various aspects and depths of the issue. They should not only be focused on the current status of a question, but learn the historical background for a deeper comprehension.

Most questions have a complex nature, which means that the solution is not a single action. Therefore, delegates should answer these following questions whilst doing research:

- What is/are the main cause(s) of the issue?
- What are the main opposing sides of the issue?
- Why is it important?
- What are the first solutions that I can think of?
- What is my country/organization's policy in this context?

These general questions would help you further progress in your research and come up with clause ideas faster.

Moreover, for this particular topic, delegates' first mission should be to (whether pro-choice or pro-life) remove any ambiguity from their resolution language. Explicit mention of abortion can be an obstacle difficult to deal with, however doing so and convincing other delegates might resolve this question once and for all. While for pro-choice countries, the main goal is to decriminalize, legalize or expand access to abortion, pro-life states will mainly focus on banning and penalizing it. In that case, delegations should find a common ground, such as ensuring the prevention of "unsafe abortion", and write resolutions which are mutually beneficial.

VIII. UN resolutions

- **GA Resolution on Global Health - A/74/L.26**
- **UNHRC Resolution on Maternal Mortality - A/HRC/39/L.13**
- **SRHR**
- **CSW**

IX. Useful links

- **srhr.org - SRHR's official site**
- **https://www.ohchr.org/en/press-releases/2024/09/un-child-rights-committee-publishes-findings-argentina-armenia-bahrain - UN Child Rights Committee upon abortion for minors**
- **https://www.ncbi.nlm.nih.gov/books/NBK138197/box/ch4.box1/ - Guidance on safe abortion**

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