MODEL UNITED NATIONS

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Commission on the Status of Women

BACKGROUND GUIDE

Chairs: Natalie Sloan
and Priester Davis

Health and Reproductive Rights of Women

Dalton Model United Nations XI

Commission on the Status of Women

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Letter from the Chair

Hi Everyone!
Welcome to the Commission on the Status of Women at DMUN 2025! My name is Natalie Sloan, and I am thrilled to be co-chairing this committee alongside Priester Davis.

This year, our focus lies on an issue that continues to shape the lives, autonomy, and futures of millions of women across the globe: reproductive rights. As global advocates for gender equality, you will be tasked with navigating a complex and urgent landscape — one marked by legal battles, cultural divides, political agendas, and public health crises. Your role as delegates is not only to protect these rights, but to critically examine the diverse perspectives that influence policy on access to contraception, abortion, maternal health services, and comprehensive sex education.

You will confront situations where religious tradition collides with bodily autonomy, where under-resourced health systems fail vulnerable populations, and where legislative inaction threatens progress made over decades. In this committee, your voice matters — and your ability to negotiate, listen, and lead will determine how the international community responds. We encourage you to approach this topic with empathy, creativity, and determination. Whether you're championing grassroots mobilization, proposing UN resolutions, or drafting multilateral frameworks, remember: your actions in this room can model the urgency and care that this issue demands in the real world. We look forward to witnessing your passion, diplomacy, and innovation as you advocate for the reproductive rights of women worldwide.

Sincerely,
Natalie Sloan and Priester Davis

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Committee Background

The Commission on the Status of Women (CSW), which first convened at Lake Success in 1947, has been committed to establishing standards and organizing international conventions to challenge misogynistic practices worldwide. Since its establishment, the CSW has also recognized the need for data to help enact change, leading to a global assessment of the status of women. One of its first actions to help codify women's political rights was when the first international law instrument was drafted, which aimed to protect women's rights by stating that they were completely equal to men and entitled to vote in any election. During the 1950s, their work shifted towards discrimination in marriage, where the Commission drafted conventions to focus on women's marital rights. Around the same time, they began partnering with UNESCO to increase access to education, which led to the development of new educational opportunities for women globally. The UN placed attention on growth in countries in the 1960s and 1970s, and as its presence grew due to the creation of new countries, awareness of women's assistance in developing these countries began to increase. Similarly, the CSW suggested that 1975 be designated as the International Women's Year, hoping that this phenomenon would raise awareness of discrimination against women and promote gender equality. However, one of their most notable endeavors was drafting the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). During the late 1980s and early 1990s, CEDAW and the Commission on Human Rights placed the issue of violence against women on the international agenda. The problem, although important, had always been a private matter until that point. In 2003, the committee started to organize roundtables with high-level representatives annually, providing the opportunity to exchange experiences on women's advancement practices and other essential topics. The committee meets every year for two weeks to "discuss progress and gaps in the implementation of the 1995 Beijing Declaration and Platform for Action, the key global policy document on international policy," according to its official UN web page. By uniting governments and several groups to promote women's rights and gender equality, the committee plays a significant role in changing women's status worldwide.

Introduction to the Topic

Women's health and reproductive rights have long been a topic of concern; however, in recent years, the focus on women's well-being has gained increasing attention. Currently, sexual and reproductive health is among the largest fields of research, healthcare, and social activism in the world. The World Health Organization (WHO) defines reproductive health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes". Under this definition fall key terms such as sexual health, family planning, and maternal health, which assert a woman's right to readily available healthcare and free sexual expression. However, despite the efforts of many, women's reproductive rights are still under threat in multiple parts of the world, with access to contraception and safe abortion being restricted in several countries.

Main Issues

Within the broad spectrum of health and reproductive rights exist two significant issues - maternal healthcare and access to contraception and abortion. Maternal health is an issue that is often overlooked, especially in countries that may not have the resources to treat such conditions. Factors such as malnutrition, disease, abuse, obstructed labor, and improper medical care all contribute to avoidable maternal deaths and complications. Every year, five hundred twenty-nine thousand girls and women die in childbirth. The five most urgent direct causes of maternal mortality in developing countries are hemorrhage, sepsis, unsafe abortion, eclampsia, and obstructed labor. Together, these causes account for more than two-thirds of maternal mortality in the world.

Another area of concern is access to contraception and abortion, which is currently prohibited in

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twenty-two nations. Unfortunately, global changes regarding this issue have created significant obstacles for individuals seeking these treatments. These limitations include when and how these services can be accessed, rules about informing parents, and the criminalization of these services. Beyond legal barriers, issues of economic disparities in developing countries also limit access to contraception and abortion. For instance, in the African region, HIV is the leading cause of death. This is due to minimal access to contraception and healthcare, which is directly linked to the lack of infrastructure. The inability to properly treat STDs is also a pressing issue, as many of these diseases would have been preventable, but now require further treatment.

Reproductive rights are integral to women's rights, as women need to be able to freely make decisions about their children and feel safe pre- and post-natal. When access to abortion is restricted, women can often be forced to resort to dangerous methods that could cause irreparable harm. Furthermore, women affected by poverty or marginalization bear the brunt of this issue, as the absence of proper resources to perform these services can also lead to health complications or unwanted pregnancies. In this committee, it is of the utmost importance that delegates consider the harms of not having reproductive rights, but also how legal and socioeconomic barriers exacerbate this problem.

History of the Topic

To understand the history of this topic, it is crucial to highlight two critical figures who helped shape women's rights today. These activists advocated for birth control, challenged the legal system, and helped draft proper birth control and safe protocols. These two examples do not entirely highlight the extent to which activists played a part in securing reproductive rights, as thousands of individuals made substantial contributions who should not go unnoticed.

Circa 1915: Studio headshot portrait of American social reformer Margaret Sanger, founder of the birth control movement.

Margaret Sanger

On October 16th, 1916, Margaret Sanger opened the first birth control clinic in the United States. Her stated mission was to empower women to make their own reproductive choices by providing women with birth control and repealing the federal Comstock Law. This law prohibited the distribution of obscene materials through mail, which included birth control information. Throughout her lifetime, Sanger mainly focused her efforts on minority communities, as she firmly believed that the ability to control family size was crucial to ending the cycle of women's poverty. A week after opening her clinic, she was arrested and spent over a month in jail. However, during her time in correctional facilities, Sanger learned that physicians could prescribe contraceptives to women for medical reasons, a loophole that emboldened her to open a clinic in 1923. This would later become the Planned Parenthood Federation of America. Her efforts, such as the creation of a national committee to lobby for new legislation, led to the legalization and widespread usage of contraceptives in the US. In 1936, the courts made it legal for all doctors to prescribe birth control, which her committee directly influenced. In the late 1950s, Sanger recruited researcher Gregory Pincus to develop an oral contraceptive. Thankfully, this pill was approved by the Food and Drug Administration and was then used as birth control across the nation. Following her death, Martin Luther King Jr. received Planned Parenthood's Margaret Sanger Award in Human Rights, and gave a speech praising her contributions to the Black community. He honored her work by stating, "Margaret Sanger had to commit what was then called a crime to enrich humanity, and today we honor her courage and vision." To this day, many scholars credit Margaret Sanger for birth control, as her efforts are what shaped access to contraceptives today. Without her, women in the US, especially in marginalized communities, would not be able to access these services.


c/o Family Planning

Helen Rodríguez Trías

Rodríguez-Trias was one of the most prominent figures in the battle against sterilization abuse. Sterilization is a permanent method of birth control where the fallopian tubes are blocked or cut to stop sperm from meeting an egg. Another aspect of reproductive rights is the protection of female autonomy, which ensures that women can choose what happens to their bodies. However, during Dr. Rodríguez-Trias' time, women were forcibly sterilized because they were deemed "unworthy" to procreate. This practice was rooted in discrimination and targeted mentally disabled women, racial minorities, poor women, and those living with conditions such as epilepsy. From the 1930s through the 1980s, Japan, Canada, Sweden, Australia, Norway, Finland, Estonia, Slovakia, Switzerland, and Iceland all enacted laws providing for the coerced or forced sterilization of mentally disabled persons, racial minorities, alcoholics, and people with specific illnesses. More recently, countries in North and South America, Europe, and Asia, such as Chile, the Czech Republic, the Dominican Republic, Hungary, India, Kenya, Mexico, Namibia, South Africa, Swaziland, Uzbekistan, and Venezuela, have all reported cases of forced sterilization. Women with lower incomes were often coerced into sterilization, or sterilized without any consent whatsoever. The same goes for women of color and women with disabilities, as steril-

ization was conducted at a much higher rate for them compared to their white, middle-class counterparts. As a response to this human rights violation, Rodriguez-Trias founded the Committee to End Sterilization Abuse and the Committee for Abortion Rights and Against Sterilization Abuse. Thus, in 1974, ethical sterilization guidelines were drafted to ensure a woman's consent to sterilization.

Furthermore, these guidelines also took precautions surrounding language and established that the consent form should be offered in a language the recipient could fully understand. After her monumental work, Rodriguez Trias became the first Latina to be elected President of the American Public Health Association in 1993, and she used her experiences from Puerto Rico to help ensure that all women would have equal and fair access to contraception. Without her efforts, millions of underprivileged women would be sterilized without their consent and be unable to reproduce.

Other Relevant Action

Beyond activism, numerous global movements and milestones contributed to the fight for reproductive rights. In 1994, one hundred and seventy-nine governments met in Cairo, Egypt, where they decided women's reproductive rights needed to take precedence in the conference's conversations. They recognized that gender equality could only be achieved if women and girls had equal access to comprehensive sexual healthcare, and decided that reproductive rights were human rights. The outcome of the International Conference on Population and Development (ICPD) was a programme of action to increase gender equality and decrease gender-based violence. Furthermore, this programme called for all women to have access to voluntary family planning, safe pregnancy and childbirth services, as well as access to adequate treatment for STIs. By uniting the international community to agree upon these values, a platform was created for substantial change.

However, one of the most important legal battles was *Roe v. Wade* in the United States. On January 22, 1973, the Supreme Court issued a seven-two decision in favor of "Jane Roe", a legal pseudonym for Norma McCorvey. This decision dictated that women in the US would have the fundamental right to choose to have an abortion without governmental restriction. In *Roe v. Wade*, the Supreme Court decided that the right to privacy was implied in the 14th Amendment, which protected abortion as a fundamental right. However, the government still retained the power to regulate and restrict abortion access depending on the stage of the pregnancy. The decision caught the world by storm, ensuring that women across the country would have the right to choose. This case was transformative for women's rights, and remains one of the most important policy changes. Prior, abortion was illegal in most states, often with no exceptions that considered rape or threat to life. However, in the late 1950s, thousands of babies were born with congenital disabilities as a result of the morning sickness drug thalidomide. Then, an epidemic of rubella swept across the country, which unknowingly affected children in utero. This led to a spike in disabilities in babies, which ultimately set the stage for abortion to be considered to help mitigate risks to the mother and child. Roe significantly reduced maternal mortality following the decision. Whereas thirty nine women died from unsafe abortions in 1972, merely three women were killed in 1975. This decision positively impacted women's rights and was incredibly progressive and impactful.

In June of 2022, the US Supreme Court overturned *Roe v. Wade* with its decision in *Dobbs v. Jackson Women's Health Organization*, eliminating the federal right to abortion. The fall of *Roe* hurt all those seeking an abortion, and reversed a lot of the progress that was made regarding women's rights. However, a person seeking an abortion, who is well-off and lives in a middle-America state with criminalized abortion, can always travel to a state with legal abortion and undergo the procedure there. Those who are not financially stable now struggle to get an abortion, mainly because the states that have banned abortion are geographically clustered together. Moreover, appointments to get abortions are even harder to find because there are fewer facilities accessible. One of the most significant impacts of this decision is that marginalized women will suffer the most, and that all women now do not have the right to choose what happens to their bodies.

Current Status

In a few African, South and Central American, and Asian countries, abortions are already strictly prohibited. In many other countries in those three regions, abortion is banned unless the pregnant person will die without one. Even more countries only allow abortions if it keeps the parent healthy. Still, with an influential country such as the United States making such aggressive anti-abortion strides, more countries will undoubtedly follow suit. Poland, reasonably recently, introduced an extreme, near-full abortion ban that was later overturned due to protests following the death of a woman who desperately needed an abortion.

Though some progress has been made since the ICPD, there are still significant gaps in achieving what the ICPD set out to accomplish. We are still falling dangerously short of fulfilling commitments to progressing the rights of women and girls, as well as gender equality. Today, two hundred and fourteen million women are harmed through the denial of access to contraceptive care. Impoverished women suffer disproportionately from unintended pregnancies, unsafe abortion, maternal death and disability, sexually transmitted infections (STIs), gender-based violence, and other problems related to pregnancy and childbirth. Every day in 2017, about eight hundred and eight women died due to complications of pregnancy and birth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented. The primary causes of death are haemorrhage, hypertension, infections, and indirect causes, mainly due to interaction between pre-existing medical conditions and pregnancy. The risk of a woman in a low-income country dying from a maternal-related cause during her lifetime is about 130 times higher compared to a woman living in a high-income country, a testament to disparities between low and high-income communities. Similarly, young people are disproportionately affected by HIV, for example, and every year, millions of girls face unintended pregnancies, exposing them to risks during childbirth or unsafe abortions and interfering with their ability to go to school. More than a million people acquire an STI every single day. Without diagnosis and treatment, some STIs, such as HIV or syphilis, can be fatal.

Country Policy

United States of America (USA): Abortion in the United States has been a constitutional right since the United States Supreme Court decision *Roe v. Wade* which decriminalized abortion nationwide in 1973, and established a minimal period during which abortion is legal (with more or fewer restrictions throughout the pregnancy) until this decision was overturned in June 2022 by the decision *Dobbs v. Jackson Women's Health Organization*. Abortion rights are now decided at the state level. As of 31 January 2023, abortion was illegal in 14 states.

Pakistan: The legal framework in Pakistan is highly restrictive and penalizes abortion unless it is for "necessary treatment," which is, according to Islamic jurisprudence, what the law is based on, before the formation of fetal organs. The government of Pakistan has failed to keep its obligations to protect and promote sexual and reproductive health rights and services, according to the report made by the Center for Reproductive Rights and its partner to the Universal Periodic Review ("UPR") Working Group of the United Nations Human Rights Council.

Brazil: Adopted in 1940, Brazil's criminal code makes abortion illegal except in cases of rape and when the life of the woman is at risk. According to the World Health Organization, Brazil has the fourth highest rate of anencephaly pregnancy cases, where a severe fetal anomaly causes the fetus to lack proper brain formation. There is no chance for the baby to survive after birth into infancy. An infant born with anencephaly will usually be born blind, deaf, and unconscious. If an anencephalic infant is not stillborn, the baby will often die within hours or days.

Iran: Iranian law prohibits the use of contraceptives and bans abortion. This prohibition does not come within the scope of caring about women's lives. It comes in the context of increasing the number of state employees, violating the rights of women within the state,

and resorting to ways that may endanger women's lives.

Philippines: The Philippines has one of the most restrictive abortion laws in the world, without any apparent exceptions. Two United Nations treaty bodies have recently called on the country to advance sexual and reproductive health rights. The PCHR's position on abortion has evolved over the past two decades, from declaring abortion "immoral" to acknowledging the impact of abortion bans on health and human rights to finally recommending decriminalization. The Center's advocacy efforts contributed to the PCHR's shift in its position on abortion.

Questions to Consider

1. What legal barriers to reproductive rights do women face globally, and how do they impact their healthcare access?

2. How do restrictions on abortion and contraception disproportionately affect marginalized women, including low-income and women of color?

3. How do cultural and religious beliefs shape reproductive health policies, and how can societies balance these with women's rights to choose?

4. How can healthcare systems be restructured to ensure equitable access to reproductive health services?

5. What are the ethical implications of regulating reproductive technologies, such as IVF and genetic testing?

6. Should reproductive rights be considered a fundamental human right, and how can international agreements protect these rights?

7. How can technology, such as telemedicine, improve access to reproductive health services, especially in remote or underserved regions?

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