

Committee: United Nations Human Rights Council

Topic: The question of Addressing the Legality and Ethical Implications of Abortion Rights

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Introduction

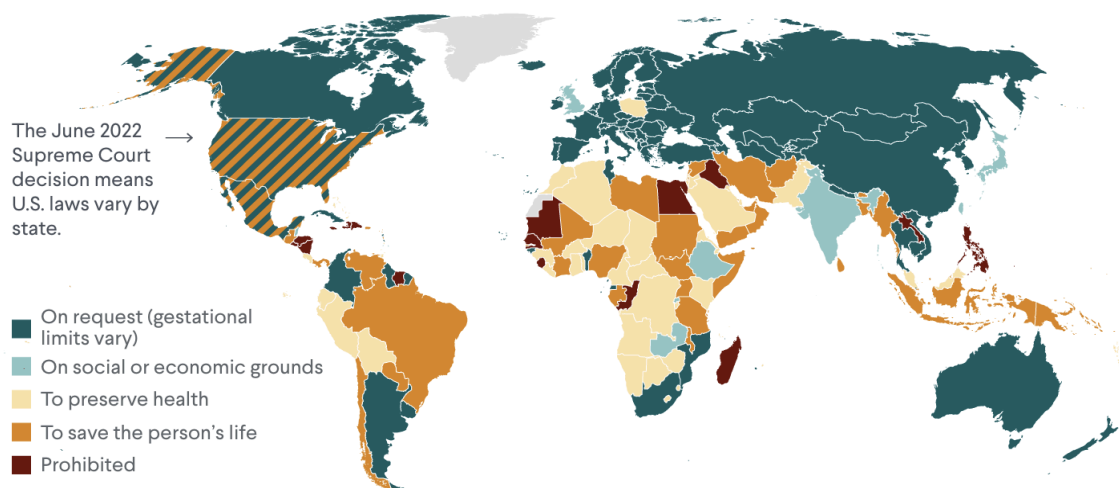
Throughout history, the regulation of reproduction has reflected not only medical or scientific developments, but also the legal, cultural, and moral values of a given society. Among the most controversial aspects of reproductive health is abortion, a topic that has generated intense global debate due to its intersection with ethics, religion, public health, and human rights. The global conversation surrounding abortion has evolved significantly over the past century, transforming from a primarily domestic issue into a contested subject of international human rights. While the procedure itself has existed for millennia, the framing of abortion as a rights-based issue gained prominence during the 20th century, particularly as women's rights movements grew stronger and global institutions began to formally recognize reproductive autonomy.

A major catalyst was the 1973 United States Supreme Court decision in *Roe v. Wade*, which established a constitutional right to abortion and inspired policy discussions worldwide. The case was initiated by a Texas woman challenging the state's abortion ban, and the Court ruled that overly restrictive laws infringed on women's liberty, setting a new legal standard. However, the issue remains far from settled. In 2022, the Court reversed this decision through *Dobbs v. Jackson Women's Health Organization*, ruling that the Constitution does not guarantee a right to abortion. The case stemmed from a Mississippi law banning abortion after 15 weeks, and the ruling reflected a more conservative judicial interpretation, allowing states to impose their own restrictions. This legal reversal sparked renewed global scrutiny and reignited fundamental debates about the legitimacy, limits, and universality of abortion rights. In the United States, the reversal triggered immediate nationwide abortion-rights protests. These demonstrations were the largest of their kind in history. They marked a turning point in the abortion debate and have continued in various forms to this day. The rollback of abortion rights in the U.S. has found parallels in many other nations, where the emergence of pro-life movements has aligned with significant political or cultural transformations. Meanwhile, in other

parts of the world, advocates for abortion rights have successfully campaigned for more liberal legislation as part of the broader struggle for gender equality.

Advocacy groups, including international human rights organizations, public health institutions, feminist coalitions, and the United Nations (UN), emphasize that access to safe and legal abortion is fundamental to achieving gender equality, health equity, and bodily autonomy. They argue that restricting abortion not only violates basic human rights but also endangers public health, particularly in low and middle-income countries where unsafe abortions remain a leading cause of preventable maternal death. Declarations such as the 1994 ICPD (International Conference on Population and Development) and the 1995 Beijing Platform have affirmed reproductive rights, including abortion, as essential to sustainable development and human dignity. In contrast, many governments, legal scholars, and religious institutions reject the framing of abortion as a universal right. Their opposition is often based on the belief in the fetus's inherent right to life and the state's responsibility to protect it. Pro-life advocates argue that emphasizing reproductive autonomy overlooks the moral complexity of abortion and may erode societal respect for life. From this perspective, abortion laws should reflect a balance between individual rights and ethical concerns related to fetal personhood, cultural norms, and legal limits on bodily autonomy.

The legal recognition of abortion rights began to expand globally in the late 20th century, often as a response to high maternal mortality and unsafe abortion-related health crises. Countries such as France (1975), South Africa (1996), and Nepal (2002) introduced progressive abortion laws, supported by growing public awareness and advocacy. Nevertheless, access to abortion remains highly uneven. According to the Guttmacher Institute, which is a leading research organization specializing in global sexual and reproductive health and rights, only 37% of women of reproductive age live in countries where abortion is permitted on request, while 41% reside in countries where the law imposes moderate to severe restrictions. Some nations maintain complete bans under nearly all circumstances, while others impose mandatory waiting periods, counseling requirements, or gestational limits that can impede access in practice.



Abortion Laws Around the World (Council on Foreign Relations, 2023)

Ultimately, although global perspectives on abortion vary widely due to cultural, religious, and legal differences, the issue transcends individual decision-making. It represents a fundamental human rights concern that encompasses the protection of women's health, dignity, and bodily autonomy. Framing abortion merely as a personal or moral dilemma overlooks the structural and systemic factors such as healthcare access, gender inequality, and socio-economic conditions that shape reproductive choices. As such, ensuring safe and legal access to abortion is not only a matter of public health, but also a societal commitment to uphold justice, equity, and the basic rights of all individuals.

Definition of Key Terms

Abortion

Abortion is the medical termination of a pregnancy before the fetus reaches the stage of viability, meaning before it can come to life outside the womb. It can be performed through medications such as pharmaceutical drugs or surgical procedures that involve clinical procedures to remove the contents of the uterus. Abortion is usually performed during the early stages of pregnancy, although the legal time frame varies by country and jurisdiction. The reasons for abortion often include unwanted pregnancy, health risks to the mother, fetal abnormalities, or socio-economic challenges. In international discourse, the term 'abortion' typically refers to induced abortion and is often debated in relation to legal rights, ethics, and public health.

Reproductive Rights

Reproductive rights refer to the legal and ethical entitlements of individuals to make decisions about their reproductive health, which encompasses physical, mental, and social well-being in all matters related to the reproductive system. This includes the right to access comprehensive reproductive healthcare services such as contraception, fertility treatment, and safe and legal abortion, as well as the right to decide freely and responsibly the number, spacing, and timing of children. Recognized by international frameworks, such as the 1994 International Conference on Population and Development (ICPD), these rights are grounded in principles of bodily autonomy, gender equality, and the right to health.

Bodily Autonomy

Bodily autonomy is the fundamental human right to have control over one's own body without external coercion or interference. It includes the ability to make decisions regarding health, reproduction, sexuality, and medical treatment. In the context of reproductive rights, bodily autonomy refers to a person's right to decide whether, when, and how to carry a pregnancy. This concept is closely tied to the rights to privacy, health, and personal liberty, and is supported by international human rights instruments such as the UDHR (Universal Declaration of Human Rights) and the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women).

Conscientious Objection

Conscientious objection refers to the refusal of individuals to perform certain actions that contradict their deeply held moral beliefs. In the context of reproductive healthcare, it typically involves healthcare providers refusing to provide services such as abortion or contraception. While this right is recognized under international human rights standards, such as the European Convention of Human Rights (Article 9) and the International Covenant on Civil and Political Rights (Article 18), it must be balanced against the patient's right to timely and lawful medical care. Many legal systems require that objecting providers refer patients to alternative practitioners to prevent the denial of access.

Gestational Limit

Laws regulating abortion often impose a gestational limit, which defines how far into a pregnancy a person may legally terminate it. Typically measured in weeks from the last menstrual period, this limit varies widely between countries. While some jurisdictions permit abortion on request up to 12-24 weeks, others only allow it beyond that point under specific circumstances, such as serious risks to the pregnant person's health or severe fetal anomalies. For instance, most nations, such as Italy, allow abortion on request up to 12 weeks after pregnancy, while some other nations, such as Vietnam, allow abortion up to 22 weeks. As a legal standard, the gestational limit reflects broader debates over fetal viability, maternal autonomy, and access to safe abortion services.

Maternal Mortality

According to WHO (World Health Organization), maternal mortality is the death of a woman during pregnancy, childbirth, or within 42 days after delivery caused by complications related to pregnancy or inadequate medical care. It highlights systemic inequalities in healthcare access, especially in low and middle-income countries, and is often used to evaluate the quality of reproductive and maternal health services. In many countries, lack of access to safe and legal abortion significantly contributes to maternal deaths, especially when women resort to unsafe procedures. In the USA (United States of America), the Roe v. Wade decision in 1973 reduced maternal mortality rates by 30% to 40% by securing access to safe and legal abortions. As a key indicator of reproductive health systems, addressing maternal mortality is a global priority reflected in various international health frameworks, including the Sustainable Development Goals (SDGs).

Fetal Viability

Fetal viability marks the stage in pregnancy when a fetus has developed enough to potentially survive outside the womb with medical support. While this threshold typically falls between 22 and 25 weeks of gestation, it varies depending on technological and healthcare conditions in each country. The concept plays a critical role in abortion laws, as many legal systems impose tighter restrictions or prohibit abortion entirely once fetal viability is presumed to be reached, such as the former U.S. standard under *Roe v. Wade* and *Planned Parenthood v. Casey*, which set viability at roughly 24 weeks, or the laws of countries like Germany and Italy that restrict most abortions after a similar point except in cases of severe fetal anomaly or serious risk to the pregnant person's health. As such, fetal viability serves as a central point of debate between protecting potential life and upholding reproductive autonomy.

Reproductive Justice

Reproductive justice is a human rights-based framework that goes beyond the legal right to abortion and contraception to encompass the broader social, economic, and political conditions that affect individuals' reproductive lives. Coined by black feminist activists at a national pro-choice conference in the 1990s, the concept emphasizes not only the right to avoid or terminate pregnancy, but also the right to have children, and to raise them in safe, sustainable, and equitable communities. It recognizes that reproductive freedom is deeply influenced by factors such as race, class, immigration status, disability, and geography, which can create systemic barriers to accessing healthcare. In this way, reproductive justice calls for a more inclusive and intersectional approach to reproductive health, one that centers marginalized voices and addresses structural inequalities that shape people's real-life choices and outcomes.

Criminalization of Abortion

Criminalization of abortion refers to the legal practice of treating abortion as a criminal offense, which may penalize pregnant individuals, healthcare providers, or both. In countries where abortion is criminalized, people may face imprisonment, fines, or other legal consequences for seeking or performing the procedure. For example, in the Philippines, abortion is prohibited in all circumstances, with offenders facing prison terms of up to six years, and in Nigeria, both women and providers can be sentenced to lengthy imprisonment except when the procedure is necessary to save the woman's life. This legal status often contributes to unsafe abortions, delays in medical care, and

broader violations of reproductive rights and public health standards, according to the CHR. Michelsen Institute (CMI), countries that criminalize abortion have about 47,000 women die from unsafe abortion each year, and many other women suffer from long-term health consequences.

Pro-Life

Pro-life refers to the belief that human life begins at conception and that abortion is morally or ethically equivalent to the taking of a human life. This stance emphasizes the right to life of the fetus and often calls for the restriction or full prohibition of abortion. Pro-life positions are commonly grounded in cultural or philosophical frameworks that prioritize fetal rights over reproductive autonomy. For example, in countries like El Salvador and Malta, abortion is either fully banned or permitted only when the mother's life is in danger, reflecting strong pro-life legislative influence. In El Salvador, women who suffer miscarriages have even been prosecuted under suspicion of undergoing illegal abortions. These policies aim to protect prenatal life but have also drawn international attention regarding their implications for women's health and autonomy. Within global human rights discussions, pro-life arguments contribute to debates over the balance between fetal rights and reproductive rights, and influence the design of national and international legal standards related to abortion.

Pro-Choice

Rooted in the principle of individual autonomy, pro-choice is a policy stance that supports the legal right to access abortion services as part of broader reproductive healthcare. This perspective emphasizes the importance of allowing individuals to make informed decisions about pregnancy without state interference, particularly during its early stages. While motivations vary, pro-choice arguments often cite the need to ensure gender equality, prevent unsafe abortion practices, and uphold the right to bodily integrity. Countries such as Sweden and Canada reflect this approach, maintaining legal frameworks that permit abortion either on request or under clearly defined conditions. Within international human rights discussions, the pro-choice position contributes to debates on reproductive justice, healthcare accessibility, and the scope of state responsibility in personal medical decisions.

Background Information

Different Types of Abortion

Abortion procedures can be broadly categorized into medication abortion and surgical abortion. Medication abortion is typically administered during the early stages of pregnancy, usually within the first 9 to 12 weeks, and it involves the use of pharmaceutical agents such as mifepristone and misoprostol. These medications induce a miscarriage-like process by blocking progesterone and stimulating uterine contractions. In contrast, surgical abortion involves the physical removal of fetal tissue from the uterus and is commonly employed when medication is not viable or when the pregnancy is more advanced. Methods include vacuum aspiration, which is used up to 14 weeks, dilation and curettage (D&C), dilation and evacuation (D&E), and, in late-term cases, induction abortion, which involves labor-inducing drugs. When performed under proper medical supervision, both types of abortion are safe and effective, with surgical procedures often being chosen for late gestational periods or when faster resolution is necessary.

In terms of induced abortion, it can be divided into elective and therapeutic abortion. Elective abortion refers to the intentional termination of a pregnancy based on personal choice rather than medical necessity. Individuals may opt for this procedure due to financial hardship, social pressures, career considerations, or simply because they do not feel prepared for parenthood. In fact, the term ‘elective abortion’ is controversial because it suggests that the reasons for abortion can be complex and personal, so the motivation behind the decision to get an abortion should not be judged as ‘elective’ or ‘not elective’ by an external party. This term is increasingly challenged in legal and ethical debates, as many argue that it oversimplifies the socio-economic realities behind abortion decisions. Consequently, recent medical guidelines and legal frameworks in several countries have begun avoiding the term altogether, using more neutral classifications such as “abortion on request.” In countries where abortion is permitted on request, this form is typically accessed during the early stages of pregnancy and is closely linked to discussions around reproductive autonomy and individual rights. Therapeutic abortion, on the other hand, is performed when continuing the pregnancy would pose significant risks to the pregnant person’s physical or mental health, or when the fetus is diagnosed with severe, nonviable anomalies. In many legal systems, this type of abortion is granted wider ethical and legislative acceptance, particularly when there is a risk of maternal mortality. This classification between elective and therapeutic procedures is central to legal and medical frameworks, as it influences not only national policy decisions but also broader public discourse around the legitimacy of abortion under varying circumstances.

Purposes for Abortion

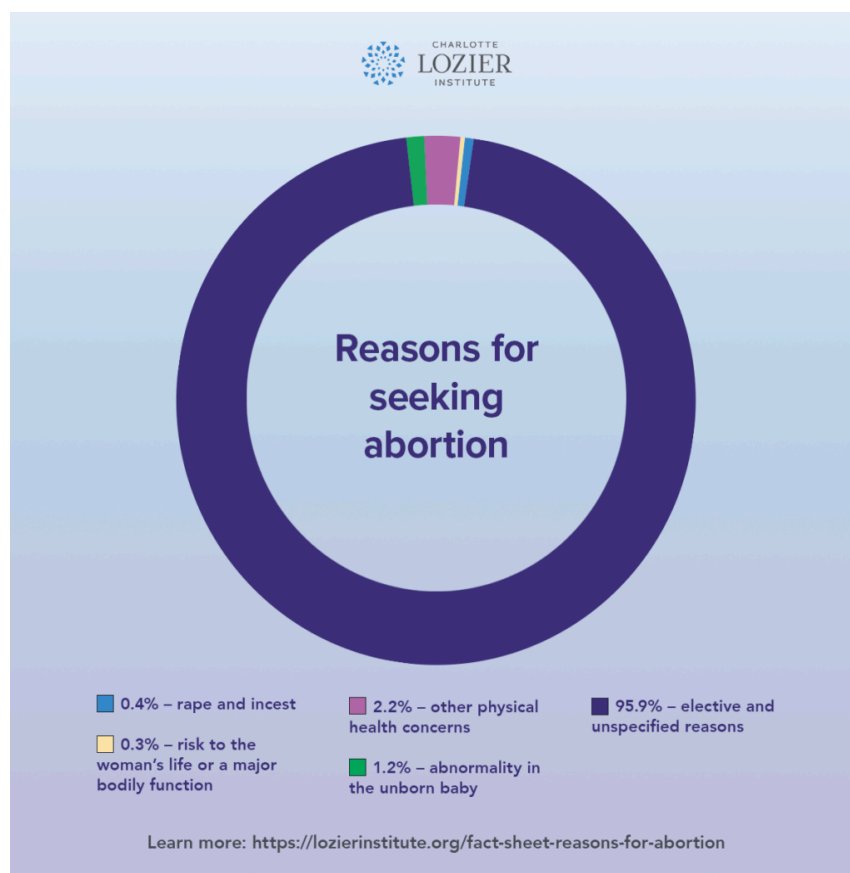
Many legal systems permit abortion when it is necessary to protect the life or health of the pregnant person. This includes cases where pregnancy poses life-threatening risks, such as ectopic pregnancy, a condition in which the fertilized egg implants outside the uterus and cannot result in a viable birth but cause fatal internal bleeding if untreated, or severe preeclampsia, a dangerous pregnancy complication characterized by high blood pressure and potential damage to organs like the liver or kidneys. Beyond immediate physical threats, legal provisions often extend to cases where continuing the pregnancy would result in serious and long-term harm to mental health, including conditions like severe depression, suicidal ideation, or trauma-related disorders. Another widely recognized ground is the detection of severe fetal anomalies, particularly those deemed incompatible with life outside the womb, meaning the fetus would not survive outside the womb, such as anencephaly – where parts of the brain and skull are missing. Other conditions may involve genetic disorders or malformations that would result in significant suffering for both the child and the family. In such cases, abortion is viewed as a medical measure to prevent further harm, aligning with public health principles and medical ethics.

Pregnancies resulting from sexual violence often lead individuals, especially minors, to seek abortion due to the overwhelming emotional trauma and the lasting psychological scars associated with such experiences. In Brazil, for example, a widely reported 2020 case involved a 10-year-old girl who became pregnant after being repeatedly raped by a family member. Despite the legal exception for rape, the case sparked national outrage when anti-abortion protesters attempted to block her access to the hospital. The girl eventually underwent the procedure in a different city under protection. Such incidents highlight that, beyond legality, emergency abortion access in cases of sexual assault is often the only means of preserving a survivor's mental health and long-term well-being. For many, carrying a pregnancy that symbolizes violence, betrayal, and loss of control only deepens psychological harm. Even when abortion is legally permitted, fear of societal judgment or re-traumatization in the reporting process often delays or deters access. Thus, survivors frequently pursue abortion not only as a medical decision but as a vital act of reclaiming autonomy and safety.

In many countries, abortion is sought due to structural barriers that make parenting an unsustainable option, such as poverty, housing instability, or the absence of essential public services like childcare, education, and healthcare. These are not matters of individual preference alone, but reflections of broader systemic inequities that disproportionately affect low-income, rural, or otherwise marginalized populations. For example, Ethiopia's abortion law allows termination when a woman faces grave socioeconomic hardship, recognizing that the state's limited social infrastructure

can turn pregnancy into a deeper cycle of disadvantage. Similarly, Nepal permits abortion up to 12 weeks on request and up to 28 weeks when social or economic risk is involved, demonstrating a legal acknowledgement of real-life constraints and unequal opportunities. Without reliable access to housing, income, or public support, carrying an unintended pregnancy can exacerbate long-term economic hardship and intergenerational poverty. By framing abortion access within the context of social justice and economic survival, such laws affirm that they meaningfully support long-term well-being, not merely physical health, but also dignity, stability, and opportunity.

In some legal and ethical frameworks, abortion is permitted based on personal choice, even when no immediate health, legal, or financial risks are present. Many individuals seek abortion simply because they feel unprepared for parenthood, whether due to age, emotional readiness, relationship instability, or conflicting life goals. For example, continuing a pregnancy may significantly interfere with future plans, such as completing education, pursuing a career, or maintaining mental well-being. Additionally, decisions are often shaped by social influences, including advice from family, pressure from partners, or cultural expectations. Recognizing abortion as a matter of personal choice underscores the idea that reproductive decisions should rest solely with the individual involved. This perspective aligns with a rights-based approach that prioritizes agency, dignity, and the ability to shape one's own future without coercion or external judgment.



Reasons for Seeking Abortion (Charlotte Lozier Institute, 2024)

The History of Abortion

Abortion has been practiced in various forms since ancient times, often using herbal concoctions, physical manipulation, or surgical techniques. The first written references to abortion were contained in an Egyptian medical papyrus dating back to 1550 BCE, describing methods to induce miscarriage, and in 411 BCE, Greek playwright Aristophanes described a young woman as ‘trimmed and spruced with pennyroyal,’ a plant thought to induce abortion in his play *Lysistrata*. In India, where Hinduism is deeply rooted, texts like the *Sushruta Samhita* note that abortion should be permitted when the mother is at risk of death, while other Hindu medical texts strictly banned abortion. Many pre-modern societies treated abortion as a practical tool for fertility regulation rather than a moral transgression. Philosophers such as Aristotle endorsed abortion before the stage of ‘ensoulment,’ believed to occur around 40 days after conception. However, as Abrahamic religions grew in influence, particularly Christianity, abortion began to be framed as a moral issue and increasingly criminalized by religious and later legal authorities.

The 20th century marked a major turning point, as abortion transitioned from being criminalized in most regions to gaining legal protection in some. The Soviet Union became the first country to legalize abortion in 1920, setting a precedent for future reforms. Momentum grew in the 1960s and 1970s, particularly as second-wave feminism and public health advocacy gained influence. Countries like the United Kingdom (1967-1968), the United States (*Roe v. Wade*, 1973), and France (1975) enacted laws permitting abortion under varying legal or medical conditions. In particular, *Roe v. Wade* played a pivotal role by recognizing abortion as a constitutional right under the U.S. right to privacy, fueling global debates and legislative changes. These reforms were largely driven by rising feminist movements and public health concerns over the dangers of unsafe, illegal abortions.

In the 21st century, abortion laws have continued to evolve, reflecting shifting political climates, public health priorities, and social movements across the globe. As of 2024, more than 70 countries allow abortion on broader legal grounds, such as on request for a wide range of socioeconomic and health reasons, while many others still prohibit it in most or all circumstances. The past two decades have seen significant liberalization in regions previously known for restrictive laws, particularly in Latin America, where landmark reforms in countries like Argentina and Colombia have expanded access to abortion as part of broader human rights agendas. In Africa, South Africa has upheld one of the continent’s most progressive frameworks, permitting abortion on request up to 12 weeks, in contrast to Nigeria’s near-total prohibition. In Europe, France and Spain have codified abortion on request within 14 weeks, while the United Kingdom allows it up to 24 weeks with medical approval. However, these liberalizing trends stand in stark contrast to the USA, where the

2022 Dobbs v. Jackson Women's Health Organization decision overturned Roe v. Wade, fueling renewed global debates over the legitimacy and scope of abortion rights. This divergence illustrates that, despite over a century of legal reforms, the balance between reproductive autonomy and the protection of potential life remains one of the most contested issues in modern human rights discourse.

Significant Cases in Abortion History

Several landmark legal decisions have significantly influenced the trajectory of abortion rights worldwide, shaping both national laws and international discourse. Among these, the U.S. Supreme Court's Roe v. Wade (1973) and France's Veil Act (1975) stand out for their historical significance and lasting impact.

Roe v. Wade's case was brought by Jane Roe (a pseudonym for Norma McCorvey), a Texas woman who challenged the state's near-total ban on abortion, arguing that it violated her constitutional rights. In 1973, the U.S. Supreme Court ruled in a 7-2 decision that the right to privacy under the Fourteenth Amendment encompassed a woman's decision to terminate a pregnancy. The court introduced the trimester framework, allowing minimal state interference in the first trimester, greater regulation in the second, and restrictions after fetal viability except to protect the pregnant person's life or health. This landmark ruling struck down numerous state abortion bans and shaped reproductive rights debates both domestically and internationally until its reversal in May 2022 by Dobbs v. Jackson Women's Health Organization. The case centered on a Mississippi law banning most abortions after 15 weeks of pregnancy, well before fetal viability. In a 6-3 ruling, the court held that the U.S. Constitution does not confer a right to abortion, thereby returning the authority to regulate abortion to individual states. This decision triggered the activation of "trigger laws" in several states, immediately banning or severely restricting abortion, while other states moved to strengthen protections. The Dobbs ruling marked a dramatic shift in U.S. abortion law, creating a deeply divided national landscape and reigniting global debates on reproductive rights.

The leak of the draft Dobbs opinion ignited unprecedented nationwide protests across the United States. Under banners like "Bans Off Our Bodies" and "My Body, My Choice," tens of thousands of people took to the streets across major cities, including Washington D.C., New York, and Los Angeles. For instance, on May 14, 2022, alone, more than 450 rallies were organized nationwide by abortion rights groups, with the Washington march drawing an estimated more than 20,000 participants. These demonstrations are widely regarded as the largest and most sustained abortion-rights protests in history, marking a turning point in the public visibility of the abortion

debate. Even after the official ruling in June 2022, protests have continued regularly across various states, especially in places where abortion has been heavily restricted or banned. The scale and persistence of these actions underscore the enduring political and social salience of the issue.

In France, the Veil Act of 1975, named after a health minister Simone Veil, marked a turning point in European abortion law. Introduced in a predominantly Catholic society where abortion was still criminalized, the bill faced fierce opposition from conservative lawmakers, religious groups, and parts of the medical community. Veil, herself a Holocaust survivor, framed the reform as a matter of public health and social justice, emphasizing the need to end unsafe, clandestine abortions that endangered women's lives. Passed after intense parliamentary debate and public controversy, the Veil Act legalized abortion on request up to 10 weeks of pregnancy, later extended to 14 weeks, and allowed abortion beyond that limit only in cases of serious risk to the pregnant person's health or severe fetal anomaly. The law also required medical consultation and a reflection period before the procedure, aiming to balance reproductive autonomy with public health safeguards. The Veil Act not only transformed abortion access in France but also influenced liberalization efforts across Europe in the late 20th century.

Abortion Laws Around the World

Abortion legislation varies widely across the globe, shaped by historical, cultural, religious, and political factors. While some countries recognize abortion as a fundamental component of reproductive rights and public health, others impose strict limitations or outright bans. Understanding the global landscape requires a comparative look at how different legal systems frame access, gestational limits, and permissible grounds for abortion. The following regional overview highlights key differences and trends across the continents, illustrating the diverse approaches and ongoing debates surrounding abortion laws worldwide.

Asia displays a wide divergence in abortion legislation, shaped by cultural, religious, and political factors. Countries like the Republic of Korea and India permit abortion under broader socioeconomic or medical grounds, reflecting a more secular and rights-based approach. In contrast, the Philippines, heavily influenced by Catholic doctrine, bans abortion entirely in all but life-threatening cases. Meanwhile, Muslim majority countries like Iran and Indonesia restrict abortion based on interpretations of Sharia, a body of religious law that forms a part of Islam, which often permits it only to save the pregnant person's life or in cases of fetal impairment. The diversity across Asia reflects broader regional divides between secular governance and religious conservatism. While some countries prioritize reproductive autonomy and public health, others anchor abortion laws in

moral or theological principles. These disparities highlight how, even within a single continent, abortion access is often less about medical standards and more about national ideology and institutional frameworks.

Europe generally offers broader access to abortion, but legal grounds and gestational limits vary significantly. In Sweden, abortion is available on request up to 18 weeks with minimal barriers, reflecting strong state support for reproductive autonomy. France and Italy both permit abortion up to 14 and 12 weeks, respectively, but Italy faces growing access issues due to the high rate of conscientious objection among healthcare providers, nearly 60% as of 2022. Germany, while also allowing abortion up to 12 weeks, mandates counseling and a mandatory waiting period, reflecting a compromise between reproductive rights and pro-life sentiment. These policies demonstrate that while much of Europe supports legal abortion, the level of accessibility is not uniform and is shaped by cultural, religious, and political dynamics. The rise of far-right movements in some nations also threatens to reverse existing protections, making Europe's liberal landscape more vulnerable than it appears.

Abortion laws in the Americas have undergone major shifts, but stark contrasts remain between countries. In Mexico, abortion was decriminalized nationwide by a Supreme Court ruling in 2021, although implementation still varies by state. Argentina legalized abortion up to 14 weeks in 2020 after years of mass feminist mobilization. In contrast, the United States experienced a legal reversal with the 2022 *Dobbs v. Jackson Women's Health Organization* decision, which overturned *Roe v. Wade* and left abortion policy to individual states. Brazil maintains highly restrictive laws, allowing abortion only in cases of rape, fetal anencephaly, or threats to the mother's life. These differences reflect how abortion in the Americas is often a flashpoint for political identity and ideological division. Where reproductive rights are upheld, they tend to be hard-won; where they are restricted, they remain difficult to challenge due to legal or institutional resistance.

In Africa, abortion access is generally limited, but notable exceptions exist. South Africa stands out with the Choice on Termination of Pregnancy Act, which allows abortion on request up to 12 weeks and under broader conditions afterward. This law, rooted in post-apartheid human rights reform, contrasts sharply with policies in countries like Nigeria and Sudan, where abortion is illegal except to save the woman's life. In Ethiopia, progressive reform in 2005 expanded legal grounds for abortion to include rape, incest, and threats to health, but access is still hampered by stigma and poor health infrastructure. These legal disparities across Africa are compounded by significant urban-rural divides and resource limitations. While some governments are making strides in recognizing reproductive rights, others remain influenced by colonial-era penal codes, religious conservatism, and weak health systems, making safe abortion a privilege rather than a guaranteed right for all.

Arguments For and Against Abortion Rights

Supporters of abortion rights, such as international human rights organizations and feminist advocacy groups, emphasize reproductive autonomy as a core human right, asserting that individuals should have the freedom to decide whether and when to carry a pregnancy to term. This perspective is reinforced by global frameworks such as the 1994 ICPD, which declared that reproductive health, including access to safe and legal abortions, is essential to gender equality, health, and dignity. Public health data also supports this stance: according to the WHO, approximately 45% of abortions worldwide are unsafe, with the overwhelming majority occurring in countries with restrictive laws. In contrast, countries that permit abortion on broad legal grounds, such as Canada or South Africa, report significantly lower rates of abortion-related complications or maternal mortality. Pro-choice advocates argue that legal access to abortion not only reduces health risks but also allows individuals to escape life-altering consequences of forced pregnancy, especially in cases of sexual violence, fetal abnormality, or economic hardship. Additionally, abortion access is viewed as a tool for reducing long-term social inequalities. Research from institutions like the Guttmacher Institute shows that unplanned births are disproportionately concentrated among lower-income populations, often perpetuating cycles of poverty, limiting educational attainment, and increasing reliance on state resources. In this light, abortion access is not merely a medical or ethical concern; it becomes a socioeconomic necessity. Feminist coalitions also argue that denying abortion reinforces patriarchal control over women's bodies, particularly in countries where access is limited. Legalizations, on the other hand, are correlated with greater gender parity in education, employment, and political participation.

Opponents of abortion rights, often guided by cultural or moral frameworks, argue that life begins at conception and that the fetus has an inherent right to life that must be protected by law. From this standpoint, abortion is equated with the intentional termination of a human life and therefore constitutes a moral and ethical violation. In various nations, such as the Philippines or Iran, abortion is heavily restricted due to prevailing societal norms that prioritize the protection of unborn life over individual choice. Pro-life advocates contend that the normalization of abortion contributes to the broader devaluation of life and may erode social respect for vulnerable populations, including the elderly, disabled, and unborn. In addition, rather than expanding abortion access, many opponents emphasize the need to address the underlying causes that lead individuals to consider abortion in the first place, such as poverty, sexual violence, or lack of social support. From this perspective, improving welfare systems, enhancing legal protections against sexual assault, and offering substantial assistance to single parents are seen as more ethical and sustainable alternatives. For

instance, in countries like Poland, pro-life movements often promote family support policies and advocate for shifting societal attitudes toward single motherhood to reduce stigma. These efforts reflect a belief that true reproductive justice lies not in terminating pregnancies, but in creating conditions where individuals are empowered to choose life without being trapped in cycles of hardship and abandonment. Moreover, opponents often express concern about the potential psychological effects of abortion. They cite studies suggesting that some individuals may experience regret, depression, or long-term emotional distress following the procedure-though these findings remain contested. Legal scholars who oppose broad abortion rights argue that designating abortion as a universal human right may oversimplify morally complex issues and could infringe upon the rights of healthcare professionals who object on conscience grounds. As such, the debate encompasses not only access to abortion but also deeper tensions between individual autonomy, societal values, and ethical pluralism.

Medical and Technological Advances in Abortion Procedures

Significant medical and technological advancements have transformed abortion procedures over the past several decades, improving both safety and accessibility. In early pregnancies, medical abortion using mifepristone and misoprostol has become increasingly common, offering a non-invasive alternative to surgery. These drugs are over 95% effective when used within the first 10 weeks of gestation and are included in the WHO's Model List of Essential Medicines. For surgical procedures, advancements in vacuum aspiration and D&E (Dilation and Evacuation) techniques have reduced complication rates, enabling abortions to be performed safely in outpatient settings. Telemedicine has also emerged as a major innovation, allowing individuals to consult with healthcare providers remotely and receive abortion pills, mainly in some jurisdictions, particularly during the COVID-19 pandemic. Furthermore, real-time ultrasound technology and improved anesthetic protocols have enhanced the precision and comfort of procedures. These developments have been critical in reducing global maternal mortality related to unsafe abortions and in ensuring access to reproductive healthcare, especially in areas with limited clinical infrastructure. However, access to these advancements remains uneven, shaped by legal, logistical, and political barriers across different regions.

Possible Solutions

Implementing a standardized gestational limit

Standardized gestational limits serve as a legal benchmark for determining the permissibility of abortion based on fetal development stages and maternal health needs. Many countries, including Germany, South Africa, and Vietnam, allow abortion on request within the first 12 weeks and under specific medical or social grounds afterward. This model offers a structured framework that protects individual autonomy while acknowledging the evolving ethical and medical concerns as pregnancy progresses. Establishing consistent gestational thresholds across jurisdictions can also reduce disparities in access, particularly in countries with decentralized legal systems. When grounded in scientific understanding of fetal viability and international human rights standards, such limits can help harmonize abortion policies while respecting national contexts.

Providing comprehensive sexuality education

Comprehensive sexuality education (CSE) serves as a long-term preventive strategy to reduce unintended pregnancies and, by extension, the demand for abortion. Unlike limited biological instruction, CSE encompasses a wide range of topics, including contraception, consent, gender equality, healthy relationships, and sexual rights. International organizations such as WHO and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) advocate for scientifically accurate and age-appropriate CSE, citing evidence that it promotes safer sexual behavior, increases contraceptive use, and reduces rates of adolescent pregnancy. In countries where sex education is lacking, abstinence-based, abortion rates often remain high due to misinformation and low contraceptive use. Implementing standardized, culturally sensitive curricula and investing in teacher training are critical steps that governments can take to ensure that young people are equipped to make informed reproductive decisions.

Ensuring post-abortion care and counseling services

Access to post-abortion care and counseling services is an essential component of a rights-based and public health-oriented approach to abortion. Regardless of whether the abortion was legal, illegal, safe, or unsafe, individuals must receive timely medical attention to manage potential complications such as infections, hemorrhage, or incomplete abortion. In addition to clinical care, emotional and psychological support play a critical role in helping individuals process their

experience, address any mental health effects, and reduce stigma. According to WHO guidelines, integrating post-abortion services into broader reproductive healthcare systems improves health outcomes and reduces repeated unintended pregnancies. However, in many countries, such services are either unavailable or stigmatized, leaving individuals vulnerable to further harm. Expanding access to comprehensive post-abortion care, including confidential counseling, should be a priority in strengthening reproductive healthcare systems.

Mandating referral obligations for conscientious objectors

In many countries, healthcare providers may refuse to perform abortions due to personal, moral, or ethical beliefs, a practice known as conscientious objection. While international human rights law generally protects this right, it also emphasizes that such refusals must not hinder patients' access to lawful medical services. Mandating referral obligations ensures that objecting providers are legally required to refer patients to another qualified professional who can perform the procedure without unnecessary delay. This policy strikes a balance between respecting providers' moral integrity and safeguarding patients' right to timely care. Countries like Sweden and South Africa have adopted legal frameworks that either restrict or regulate conscientious objection in this manner. Without such mechanisms, individuals may face serious barriers in accessing abortions, especially in regions where objectors make up a large portion of the medical workforce.

Decentralizing abortion services

In many countries, abortion services are concentrated in urban hospitals or specialized clinics, which significantly limits access for individuals in rural or underserved areas. Decentralizing abortion care by integrating services into community health centers, public hospitals, and primary care settings can reduce disparities in access. This approach ensures that people, regardless of geography or socioeconomic status, can obtain timely and safe reproductive healthcare. Decentralization also enhances continuity of care by allowing patients to access counseling, follow-ups, and referrals within their own communities. Moreover, it reduces stigma by framing abortion as an ordinary component of public healthcare rather than an exceptional or morally charged procedure. It is especially critical in countries with weak transportation infrastructure or limited healthcare personnel, where travel costs and logistical barriers often delay or prevent access to care. It also strengthens public health systems by normalizing abortion as part of routine medical services rather than isolating it as a stigmatized or controversial procedure.

Strengthening public health systems to reduce unsafe abortions

Improving public health infrastructure is essential to reducing the prevalence of unsafe abortions, particularly in low-resource settings. This includes expanding the availability of trained medical personnel, ensuring consistent access to safe and affordable reproductive health supplies, and integrating abortion care into general healthcare services. When public systems are under-resourced, individuals may be forced to seek clandestine or non-medical procedures, which significantly increases the risk of complications and maternal mortality. By investing in comprehensive sexual and reproductive healthcare, including post-abortion care, emergency response systems, and community education, governments can address the root causes of unsafe abortion and promote equitable, safe options for all individuals regardless of socioeconomic status or geographic location.

Establishing global funding for safe abortion access

To ensure equitable access to safe abortion services worldwide, especially in low and middle-income countries, the establishment of a dedicated global funding mechanism is essential. Such funding could be facilitated by international organizations, development agencies, and donor governments to support infrastructure, training, and supplies related to reproductive healthcare. This approach would help reduce disparities caused by economic inequality and geopolitical instability, which often leave marginalized populations without safe options. Similar to how the Global Fund supports Human Immunodeficiency Virus (HIV), tuberculosis, and malaria interventions, a coordinated global effort could prioritize maternal health and reproductive rights, ultimately contributing to the reduction of unsafe abortion-related deaths and promoting international health equity.

Developing international legal guidelines on abortion

Establishing internationally recognized legal guidelines on abortion can promote greater consistency in reproductive rights protections across countries. While legal systems vary widely, a global framework – endorsed by institutions such as the WHO or the United Nations (UN) – could outline core principles that balance individual autonomy, public health, and ethical considerations. These guidelines may include recommendations on decriminalizing abortion, ensuring access to services without discrimination, respecting conscientious objection only when accompanied by referral obligations, and incorporating informed consent standards. Rather than enforcing uniform laws, this approach aims to provide a rights-based reference model that governments can adapt according to their local contexts. Such guidelines would also help counter misinformation and provide

legal clarity for healthcare providers and patients alike, particularly in countries where legal ambiguity endangers reproductive health outcomes.

Introducing oversight mechanisms to monitor abortion policy implementation

Creating independent oversight mechanisms to monitor the implementation of abortion policies can help ensure that legal frameworks translate into meaningful access. In many nations, even when abortion is technically legal, bureaucratic delays, provider bias, and lack of enforcement result in de facto denial of services. An oversight body, composed of medical experts, legal professionals, and civil society representatives, could track compliance with national abortion laws, investigate rights violations, and publish regular reports. These mechanisms may also collect anonymized data on service provision, identify regional disparities, and recommend corrective actions. By improving accountability and transparency, such structures can strengthen reproductive rights enforcement and prevent systemic barriers from undermining the law's intent.

Promoting evidence-based policy through national research and data collection

Developing effective abortion policies requires a foundation of accurate, context-specific data. Many countries lack comprehensive statistics on abortion rates, methods, complications, or the socioeconomic factors influencing reproductive decisions. This information gap often results in policies based on ideology rather than evidence, potentially harming public health and undermining human rights. To address this, governments should invest in national-level research and systematically collect disaggregated data on abortion-related issues. Such efforts would not only inform more nuanced policymaking but also help identify disparities in access and outcomes across different populations. Evidence-based approaches enable states to balance ethical concerns with public health realities, ensuring that legal frameworks are grounded in facts rather than political or cultural bias.

Strengthening Support Systems for Pregnancy Continuation

Ensuring support for individuals who choose to carry pregnancies to term is an essential component of a balanced abortion framework. In many countries, limited access to maternal healthcare, childcare services, and economic assistance can create significant barriers for those who do not seek abortion. To address this gap, governments should invest in comprehensive maternal care, including prenatal and postnatal services, as well as affordable childcare and housing support. Financial protections, such as parental leave, job security, and direct subsidies, can reduce the socioeconomic burdens associated with unplanned pregnancies. Additionally, reproductive

educational programs should provide balanced information not only on contraception but also on the potential psychological and physical impacts of abortion, and resources related to parenting and alternative care options. These measures contribute to a supportive environment for pregnancy continuation and may align with the concerns of pro-life delegations, without compromising broader public health or human rights objectives.

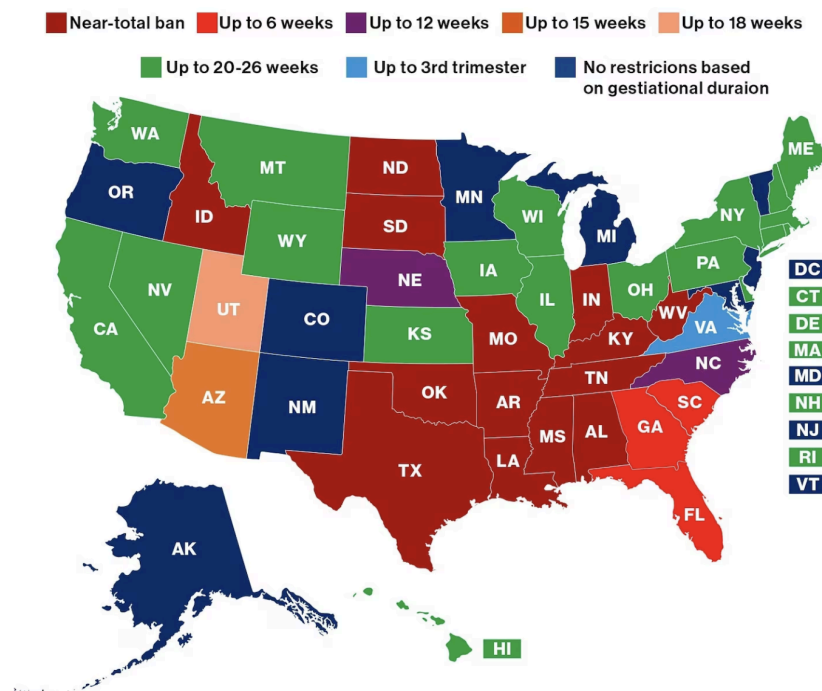
Incorporating Rights-Based Legal Frameworks with Limited Exceptions

Legal models that restrict abortion while allowing it under specific circumstances can serve as a compromise approach for countries seeking to protect both maternal health and fetal life. For instance, Poland enforces one of the most restrictive abortion laws in Europe, premitting the procedure only in cases of rape, incest, or when the pregnant person's life is at serious risk. While such legislation is controversial and often devated in international forums, it represents a policy model that attempts to balance the right to life with minimal humanitarian exceptions. Incorporating these frameworks into global discussions can help creative more inclusive dialogues that acknowledge both ethical concerns and public health imperatives. Although achieving complete consensus remains difficult, introducing these models as part of broader rights-based policymaking may serve as a starting point for bridging polarized positions within the UNHRC.

Major Parties Involved

The United States of America

The United States of America has long been at the forefront of global debates on abortion rights, with a legal landscape that has dramatically shifted in recent years. The landmark 1973 Supreme Court case *Roe v. Wade* previously established a constitutional right to abortion nationwide. However, this was overturned in 2022 by the *Dobbs v. Jackson Women's Health Organization* ruling, which returned the authority to regulate abortion to individual states. As of 2025, abortion laws vary significantly across the country. More than a dozen states have enacted near-total bans, while others, such as California and New York, continue to uphold broad access. Reflecting this fragmentation, the national abortion rate rose to 15.9 per 1,000 women of reproductive age in 2023, with over 1.14 million procedures recorded that year – an 11% increase from 2020. This rise is partly attributed to increased reliance on telemedicine and interstate travel for abortion care. These behavioral shifts underscore the border impact of fragmented state-level policies. The federal government remains divided, with ongoing legislative efforts from both pro-choice and pro-life factions. Despite political polarization, the United States of America continues to influence international discourse on reproductive rights through foreign aid policies, such as the Global Gag Rule, which restricts funding to organizations that provide or promote abortion services abroad during certain administrations.



Abortion Access in the U.S Post Dobb's Decision (ABC News, 2024)

French Republic

France has long been recognized for its progressive stance on abortion rights. Legalized in 1975 through the historic Veil Act, abortion has since become increasingly accessible. In 2022, the French government extended the legal gestational limit for abortion from 12 to 14 weeks, citing the need to ensure equitable access across regions. According to WHO, France has a relatively low abortion rate of approximately 15.4 abortions per 1,000 women as of 2020, significantly lower than many global averages, reflecting both comprehensive access and robust family planning services. Abortion is fully reimbursed by France's public healthcare system, making it completely free. Even those without regular health insurance are covered under emergency medical aid programs, further lowering barriers to access. On top of that, medical professionals who object on moral grounds are still obligated to refer patients to another provider. In March 2024, France made headlines by becoming the first country to explicitly protect the right to abortion in its Constitution, a move widely interpreted as a response to global setbacks in reproductive rights. France also plays an active role in promoting gender equality and reproductive health through its foreign aid programs, particularly in Francophone Africa.

Republic of South Africa

With one of the most progressive constitutions globally, South Africa recognizes access to abortion as a fundamental human right. The Choice on Termination of Pregnancy Act of 1996 allows abortion on request up to 12 weeks of gestation and, under specific conditions, up to 20 weeks. The abortion rate in South Africa is approximately 20 per 1,000 women, and while the country has a relatively lower rate of unsafe abortions compared to many African nations, such procedures still occur, particularly in underserved areas. Public health facilities are required to provide abortion services, and the law also mandates referral systems for conscientious objectors. However, disparities remain between urban and rural regions in terms of access, with logistical barriers and provider shortages affecting service delivery. These structural barriers contribute to cases of delayed or unsafe abortions, highlighting the gap between legal access and actual availability. South Africa has also participated in regional dialogues advocating for reproductive rights across the African continent.

The Republic of India

India presents a complex yet evolving landscape for abortion policy. Under the Medical Termination of Pregnancy (MTP) Act, first enacted in 1971 and amended in 2021, abortion is permitted up to 20 weeks of gestation for a broad range of reasons – including to protect physical or mental health, in cases of rape or incest, and fetal abnormalities. For certain categories, including

survivors of sexual assault or minors, the limit can be extended to 24 weeks. The Supreme Court of India has also ruled that marital status should not affect access to abortion, reaffirming reproductive autonomy. However, despite a strong legal framework, access to safe abortion care remains limited for many. Rural and remote regions often lack trained providers and functioning clinics, and socioeconomic barriers such as poverty, stigma, and lack of awareness further hinder access. As a result, many women resort to unsafe procedures. India reports an estimated abortion rate of 47 per 1,000 women of reproductive age, one of the highest in the world, and nearly half of these are considered unsafe. Even in urban areas, informal providers are often more accessible than legal clinics, posing serious health risks. These gaps between legal rights and actual access highlight the urgency of expanding safe and equitable reproductive healthcare infrastructure nationwide.

The Republic of the Philippines

Despite increasing global pressure to reform restrictive reproductive laws, abortions remain completely banned in the Philippines under all circumstances, including rape, incest, or threats to the pregnant person's life. The 1930 Revised Penal Code criminalizes both individuals seeking abortion and healthcare providers, reinforcing a legal framework heavily influenced by the country's deep-rooted traditions. This absolute prohibition has led to an alarming prevalence of unsafe abortions. Around 1,000 Filipino women undergo unsafe abortion procedures every day, totaling over 360,000 cases annually. These unsafe practices contribute to preventable maternal deaths and long-term health complications, especially among low-income and rural populations. While civil society organizations and international human rights bodies continue to advocate for reform, progress has been hindered by strong religious lobbying and political reluctance.

The Republic of Colombia

Progressive reforms in recent years have positioned Colombia as one of Latin America's more liberal nations on abortion rights. Following a landmark 2022 Constitutional Court ruling (Decision C-055/22), abortion was decriminalized up to 24 weeks of gestation for any reason, making Colombia's policy one of the most permissive in the region. After the 24-week mark, abortion remains legal under the three previously established grounds: risk to the pregnant person's life or health, fetal inviability, and pregnancy resulting from sexual abuse. This decision was hailed as a major step toward reproductive justice, particularly given the country's history of restrictive laws. In practice, however, access remains uneven. As of recent estimates, Colombia's abortion rate stands at approximately 25 abortions per 1,000 women of reproductive age, with a significant portion still occurring outside formal healthcare settings due to stigma, misinformation, and lack of trained

providers in certain areas. The ruling also required the government to eliminate barriers to access, signaling a broader commitment to implementing reproductive rights beyond legal frameworks.

The Kingdom of Sweden

As one of the earliest countries to legalize abortions, Sweden has long maintained a strongly pro-choice stance. Abortion is permitted on request up to 18 weeks of pregnancy, with access granted solely based on the pregnant individual's decision. Between 18 and 22 weeks, permission may be granted by the National Board of Health and Welfare if certain conditions are met, such as fetal abnormalities or serious health concerns. Beyond 22 weeks, abortion is generally prohibited unless the fetus is not viable. The Swedish healthcare system ensures that abortion services are publicly funded and widely accessible, with a strong emphasis on confidentiality, counseling, and nonjudgmental care. As of recent data, Sweden records an abortion rate of approximately 18 abortions per 1,000 women of reproductive age, one of the highest rates in Western Europe, reflecting both widespread access and a health system that prioritizes patient autonomy. Sweden's approach is often cited as a model for integrating reproductive rights into national health policy, prioritizing autonomy, equity, and informed choice.

Federal Republic of Nigeria

As Africa's most populous country, Nigeria enforces one of the most restrictive abortion laws on the continent. Abortion is only legal when performed to save the life of the pregnant person, and any procedure conducted outside this exception is criminalized, with severe consequences for both providers and patients. This rigid legal framework has led to one of the highest rates of unsafe abortion-related complications in the region. According to the Guttmacher Institute, an estimated 1.8 million abortions occur annually in Nigeria, with the vast majority of which are unsafe and clandestine. Civil society organizations and international partners have called for reform, arguing that the current law exacerbates maternal mortality and undermines women's health rights. Despite mounting evidence of public health risks, legislative change remains highly contentious due to prevailing cultural and political opposition.

The Socialist Republic of Vietnam

Vietnam maintains one of the most liberal abortion frameworks in Asia, allowing abortion on request up to 22 weeks of gestation. Abortion services are integrated into the public healthcare system and are provided free of charge at state-run facilities, reflecting the country's longstanding policy to

ensure reproductive autonomy as part of broader population and family planning strategies. This permissive legal stance has led to high reliance on abortion as a method of birth control. According to estimates, approximately 40% of all pregnancies in Vietnam end in abortion – a figure among the highest in the world. This trend is particularly evident among young and unmarried women, prompting concerns about access to comprehensive sex education and contraceptive services. While Vietnam's legal framework is progressive, challenges remain regarding the consistency of service quality, stigma in rural areas, and the need for stronger post-abortion care and reproductive health counseling. Nevertheless, Vietnam serves as a notable example of state-supported reproductive access in a region where many countries still impose strict limitations.

Republic of El Salvador

El Salvador enforces one of the world's strictest abortion regimes, with a total ban in place since 1998, even in cases of rape, incest, or threat to the pregnant person's life. Women suspected of undergoing abortions are often prosecuted under homicide laws, facing penalties of up to 30 years in prison. This zero-exception framework reflects a broader legal and institutional stance that prioritizes fetal rights above all else. As a result, the country experiences an estimated 25 unsafe abortions per 1,000 women of reproductive age annually, resulting in more than 35,000 unsafe procedures each year. These numbers highlight the disconnect between legal restrictions and actual reproductive health needs, as many women resort to unregulated, high-risk alternatives. International organizations such as the UNHRC (United Nations Human Rights Council) have criticized this absolute ban, raising concerns over preventable maternal harm and violations of fair legal treatment.

United Mexican States

While abortion laws in Mexico were historically restrictive, the country has undergone a significant legal transformation in recent years. In 2021, Mexico's Supreme Court unanimously ruled that the criminalization of abortion is unconstitutional, prompting several states to begin decriminalizing the procedure. By 2025, at least a dozen states, including Mexico City and Oaxaca, had formally legalized abortion within the first 12 weeks of pregnancy. Despite these advancements, access remains uneven due to decentralized governance and persistent institutional barriers. Mexico's national abortion rate stands at approximately 38 per 1,000 women, one of the highest in Latin America, with unsafe procedures still common in states lacking legal protections. This contrast emphasizes the ongoing need to expand equitable access, ensure consistent healthcare quality, and strengthen reproductive education.

Timeline of Events

Date	Description of Event
<i>The Formation of the AMA (American Medical Association), 1847</i>	The AMA was formed and it scrutinized reproductive health care workers, and the obstetric services they provided were phased out.
<i>The Soviet Russia Legalizes Abortion, 18, November, 1920</i>	The USSR (Union of Soviet Socialist Republics) issues a decree allowing abortion in state hospitals to reduce maternal mortality and support women's reproductive autonomy.
<i>USSR Recriminalizes Abortion, 27, June, 1936</i>	Abortion is banned again, except to save the pregnant person's life, amid concerns about declining birth rates.
<i>Arden House Abortion Conference, 15 ~ 17, April, 1955</i>	Planned Parenthood hosts a pivotal conference where medical and legal experts begin advocating for abortion law reform in the U.S., framing it as a matter of public health.
<i>USSR Relegalizes Abortion Under Abortion Act, 23 November, 1955</i>	Responding to an epidemic of unsafe abortions, the USSR legalizes abortion again to protect maternal health and reduce the growing number of deaths caused by clandestine procedures.
<i>ASA (Association for the Study of Abortion) Founded, 1964</i>	ASA, the first national abortion rights group in the U.S. was established. This group focused on medically necessary abortion reform.
<i>"Manifesto of the 343" Published in France, 5, April, 1971</i>	Published in Le Nouvel Observateur, the manifesto signed by 343 prominent women catalyzed the abortion rights movement in France.
<i>The Roe v. Wade Decision of U.S., 22, January, 1973</i>	The U.S. Supreme Court rules that the Constitution protects the right to abortion during the first trimester, legalizing abortion.
<i>France Passes Veil Act, 17, January, 1975</i>	The Veil Act decriminalizes abortion under specified conditions, and becomes a landmark law in modern reproductive rights.
<i>Planned Parenthood v,</i>	The U.S. Supreme Court reaffirms the core ruling of Roe v. Wade,

<i>Casey</i> , 29, June, 1992	upholding the constitutional right to abortion.
<i>ICPD (International Conference on Population and Development)</i> , 1994	The UN-led ICPD conference in Cairo reframed reproductive health, including access to contraception and safe abortion, as a fundamental human right.
<i>ICPD (International Conference on Population and Development)</i> , 24, June, 2022	The U.S. Supreme Court overturns <i>Roe v. Wade</i> , ending federal constitutional protection for abortion rights and returning legislative power to individual states. This reversal led to massive protests that are still held until now.

UN Involvement, Resolutions, Treaties and Events

- The United Nations General Assembly adopted Convention on the Elimination of All Forms of Discrimination Against Women on 18 December 1979 (A/RES/34/180). Article 12 of the convention affirms the right of women to access health care services, including those related to family planning and reproductive health.
- The ICPD (International Conference on Population and Development), held in Cairo in 1994, was a landmark UN-led event that reframed reproductive health, including abortion, as a core component of human rights and sustainable development. This conference emphasized women's autonomy over their reproductive choices and influenced subsequent UN policies and international commitments.
- In 1999, the UN General Assembly held a Special Session (ICPD+5) to review the progress of the ICPD goals. During this session, governments reaffirmed the right of women to access safe abortion where it is legal and committed to expanding reproductive health services globally.
- In 2001, the WHO (World Health Organization) included safe abortion as a key component of reproductive health in its technical guidance and explicitly recommended that governments ensure access to safe abortion services to reduce maternal mortality caused by unsafe procedures.
- The United Nations Population Fund (UNFPA) has consistently supported access to comprehensive reproductive health services, including post-abortion care and, in some countries, access to safe abortion where it is legal. While UNFPA avoids funding abortion services directly due to U.S. policy restriction, it plays a central role in global reproductive health initiatives.
- The CEDAW (Committee on the Elimination of Discrimination Against Women) has consistently interpreted restrictive abortion laws as a form of gender-based discrimination. Through country reviews and general recommendations, CEDAW encourages legal reform to ensure women's reproductive autonomy.

- In 2011, the United Nations Special Rapporteur on the right to health stated in a report to the Human Rights Council that criminalization of abortion violates the right to health, privacy, and equality, urging states to decriminalize abortion and ensure access to safe services.
- The SDGs (Sustainable Development Goals), adopted in 2015, include Goal 3.7, which calls for universal access to sexual and reproductive healthcare services. While not mentioning abortion explicitly, this goal has been widely interpreted by UN agencies to encompass access to safe abortion as part of comprehensive reproductive health.
- In 2016, the United Nations Committee Against Torture stated that denying abortion access in cases of rape, incest, or serious fetal impairment could constitute a violation of the Convention Against Torture, reinforcing that abortion restrictions can amount to cruel or degrading treatment.
- In 2018, the United Nations Human Rights Committee ruled in *Mellet v. Ireland* and *Whelan v. Ireland* that denying women access to abortion in cases of fatal fetal abnormalities constituted cruel, inhuman, or degrading treatment under the ICCPR (International Covenant on Civil and Political Rights.)
- The 2019 Nairobi Summit on ICPD25, co-convened by the UNFPA, reaffirmed global commitment to reproductive rights and access to safe abortion as part of achieving gender equality and universal health coverage.
- Right to Life, 3 September 2019 (CCPR/C/GC/36) was adopted by the International Covenant on Civil and Political Rights.
- Preventable Maternal Mortality and Morbidity and Human Rights, 12 October 2023 (A/HRC/54/L.17/Rev.1) was adopted by the General Assembly.

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