HABSMUN 2022

SOCHUM† 2 BRIEFING PAPER

T

† Social, Humanitarian and Cultural Committee

The Question of Abortion Access

Background

Abortions are the deliberate termination of a pregnancy, most often performed during the first 28 weeks of a pregnancy. The decriminalization of abortion involves removing specific criminal sanctions against abortion from the law as well as changing laws and policies to facilitate: the provision of safe abortions (giving and receiving), no involvement of police forces in investigating or prosecuting safe abortion provision or practice, no involvement of the courts in deciding whether to allow an abortion and treatment abortion like every other form of healthcare.

Abortion was legally restricted in almost every country by the end of the 19th century for three main reasons: abortions were dangerous and had a high mortality rate, it was considered immoral and to protect foetal life.

The first state to reform its abortion law was the Soviet Union, through a degree on women's healthcare in October 1920. This led to progressive abortion law reform in many countries over the next 100 years, but it is still completely illegal/prohibited in 24 countries.

There are 6 main grounds to apply for abortions, these are: risk of life, rape or sexual assault, serious foetal anomaly, risk to physical and/or mental health, social and/or economic reasons and on request.

In 2010-2014, 25% of pregnancies ended in induced abortion and it is estimated that 25 million unsafe abortions happen every year – some argue that criminalising abortions doesn't stop them, it just makes them less safe and increases the risk of mortality.

Key Issues

Religious

Roman Catholics believe that life begins at conception and therefore abortion is a sin (direct killing of an innocent human being) as every human being (including an embryo or foetus) has the right to live and to reach their full potential as all humans are created in the image and likeness of God. The Catholic Church argues that all life starts out in the same way so all life should have the chance to develop and survive, making abortions morally wrong as all humans should respect, protect, and nurture human life at all stages. Most Conservative Protestants also view abortion as morally wrong but concede that there are certain conditions when it can be allowed (i.e., when the mother's life is in danger). "Mainline" Protestants tend to lean towards an abortion-rights stance and believe that abortion should be a legal option and even morally acceptable in certain circumstances.

Muslims regard abortion as wrong and haram (forbidden) but all schools of Muslim law accept that abortion is permitted if continuing the pregnancy would put the mother's life in real danger – this is the only reason accepted for abortion after 120 days of the

pregnancy. Different schools of Muslim law hold different views on whether any other reasons for abortion are permitted and at what stage of the pregnancy to do so – some permit abortion in the first 16 weeks whilst others only in the first 7 weeks. However, even the Islamic Scholars who permit early abortion in certain cases still regard abortion as wrong just not punishable wrong; the more advanced the pregnancy, the greater the wrong. The Qur'an doesn't explicitly refer to abortion, but it does offer guidance on related maters.

Hinduism is very much against abortion due to the Principle of Ahimsa which holds that 'one must be respect and life and not engage in violence' and the belief in Reincarnation; abortion thwarts the cycle of the soul on its karmic journey to Moksha.

Traditional Buddhism rejects abortion as it involves the deliberate destroying of a life as Buddhist's regard life as starting at conception. Modern Buddhists are more divided about the morality of abortion as they believe that everyone should take full responsibility for their actions and consequences, so abortion is fully personal.

Moral impacts

There are alternatives to abortion, such as adoption, so some believe that it is morally wrong to have an abortion as it destroys human life and makes life appear cheap and disposable which can affect quality and value of life. People getting abortions on grounds of disability are ignoring the fact that people with disabilities can live full and happy lives, which can make people with disabilities feel like their lives are less valued than others.

The embryo or foetus doesn't have the same rights as the mother as the mother's health and welfare is considered to be more important.

Socio-economic impacts

The woman might be too young or have work or family commitments which can make bringing up a child difficult or impossible for her so being unable to access an abortion can lead to a loss of quality of life and standard of living for both parties.

A study found abortion legalisation decreases the number of teen mothers by 34% and teen brides by 30% and larger effects were observed with black teens. Another study found abortion legalisation reduced maternal mortality amongst black women by 30-40%, with little impact on white women; so, abortion access may be more beneficial for some ethnic groups than others. Abortion legalisation led to a reduced number of unwanted children, reduced cases of child neglect and abuse, reduced number of children living in poverty and improved long-run outcomes for children as the likelihood of them attending college increased whilst the likelihood of them living in poverty and receiving public assistance decreased. Abortion legalisation leads to increased women's education, labour force participation, occupational prestige, and earnings and all these effects were particularly large for black women.

Working mothers face a "motherhood wage penalty" which entails lower wages than women who don't have children. For many maternity leave isn't accessible and once they return to work, childcare is too expensive, so mothers aren't adequately supported meaning the prospect of motherhood is financially unworkable for some. A study found 55% of women seeking an abortion are experiencing a disruptive life experience (such as

losing a job or falling behind on rent) so abortion access could be pivotal to their financial lives.

Relevant Organisations

- World Health Organisation
- CARE for Abortion

Questions to consider

1. Is it fair for a religious country to have to fund abortions in another country?
2. What are the impacts of abortions on standard of living and quality of life?
3. Should sanctions be implemented on countries unwilling to legalise abortions?
4. How would the UN ensure safe abortions for everyone?
5. What resources are currently available for abortions?
6. How can the UN help women who are seeking abortions without infringing on any country's national sovereignty?
7. Does education have a role in abortion access?

Useful Links

Abortion (who.int)

Key Facts on Abortion - Amnesty International

CARE for Abortion | CARE

GAPD - The Global Abortion Policies Database - The Global Abortion Policies Database is designed to strengthen global efforts to eliminate unsafe abortion (srhr.org)

The Question of Female Genital Mutilation

Background

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured, or changed but there's no medical reason for this to be done. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. There are 4 main types of FGM: clitoridectomy (type 1) – removing part or all of the clitoris; excision (type 2) – removing part or all of the clitoris and the inner labia, with or without removal of the labia majora; infibulation (type 3) – narrowing the vaginal opening by creating a seal, formed by cutting and repositioning the labia; other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping, or burning the area (type 4).

FGM is often performed by traditional circumcisers or cutters without any medical training without the use of anaesthetics and antiseptics. It is a violation of the human rights of girls and women as it often happens against their will and in many cases they are forcibly restrained. The procedure is often carried out using knives, scissors, scalpels, pieces of glass or razor blades.

More than 200 million girls and women alive today have undergone FGM in 30 countries in Africa, the Middle East and Asia; with over 90% of women and girls in Guinea and Somalia undergoing some form of genital mutilation or cutting.

Progress to end FGM needs to be at least 10 times faster if the practice is to be eliminated by 2030.

Key Issues

Mental and Physical Health

Even when FGM is performed by a health-care professional (which is a violation of the Hippocrates oath) it is never safe as there can be serious health consequences in the short-term and long-term. There are no health benefits from FGM, and it can cause serious harm including: constant pain; pain and difficulty during sex; repeated infections which can lead to infertility; bleeding, cysts and abscesses; incontinence; depression; anxiety; PTSD; memory loss; self-harm and problems during labour and childbirth which can be life threatening for the mother and their baby.

Some girls die from blood loss or infection as a direct result of the procedure.

Many women also feel anger after FGM, particularly directed towards family members as they have violated their trust. They also tend to develop psychological conditions which make them withdrawn and uncommunicative or distrustful. Other psychological effects include emotional distance, flashbacks, sleep disorders, social isolation, and somatization.

Cultural

FGM is an ancient traditional practice that has taken place for over 2000 years and is thought to originate in Sudan or Egypt. FGM is sometimes carried out for psychosexual reasons – in order to control a women's sexuality which is said to be insatiable if parts of the genitalia, especially the clitoris aren't removed. It is thought to ensure virginity before marriage and fidelity afterward, and to increase male sexual pleasure.

FGM is seen as part of a girl's initiation into womanhood and an intrinsic part of a community's cultural heritage, with some myths about female genitalia perpetuating the practice. Even though FGM is sometimes said to be done for religious reasons, many religious leaders have denounced it and no religion promotes FGM, so it is a cultural not religious practice. Cultural arguments can't be used to condone violence against people, whether they are male or female, and so shouldn't be allowed to promote FGM as this is a violation of human rights.

Socio-economic

In many communities, FGM is a prerequisite for marriage, and if FGM doesn't occur it can bring shame to the family and lead to the women unable to find a suitor. This can be an issue particularly in societies where women are largely dependent on men, so economic necessity can be a major driver of the procedure.

FGM is sometimes a prerequisite for the right to inherit and it can be a major income source for practitioners.

In some communities, the external female genitalia are considered dirty and ugly and are removed to promote hygiene and aesthetic appeal.

Many women undergo FGM due to the desire to gain social status, please parents, and comply with peer pressure – in some communities, if a woman hasn't undergone any form of FGM she is discriminated against and isn't able to partake in the same activities as her peers and so is subject to social exclusion as well as not having access to some necessities.

Timeline of Key events

1997 – WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA)

2007 - UNFPA and UNICEF initiated the Joint Programme on Female Genital Mutilation/Cutting to accelerate the abandonment of the practice

2008 - WHO together with nine other United Nations partners, issued a statement on the elimination of FGM to support increased advocacy for its abandonment, called: *"Eliminating female genital mutilation: an interagency statement"*. This statement provided evidence collected over the previous decade about the practice of FGM.

2010 - WHO published the "Global strategy to stop health care providers from performing female genital mutilation" in collaboration with other key UN agencies and international organizations.

December 2012 - the UN General Assembly adopted a resolution on the elimination of female genital mutilation.

May 2016 - WHO in collaboration with the UNFPA-UNICEF joint programme on FGM launched the first evidence-based guidelines on the management of health complications from FGM. The guidelines were developed based on a systematic review of the best available evidence on health interventions for women living with FGM.

2018 - WHO launched a clinical handbook on FGM to improve knowledge, attitudes, and skills of health care providers in preventing and managing the complications of FGM.

2021 - UNICEF, with the support of WHO, UNFPA and Population Council outlined a research agenda for FGM. To complement this agenda, WHO developed ethical guidance for conducting FGM-related research

2022 - WHO will launch a training manual on person-centred communication (PCC), a counselling approach that encourages health care providers to challenge their FGM-related attitudes and build their communication skills to effectively provide FGM prevention counselling.

Relevant Organisations

- WHO
- UNFPA
- UNICEF

Questions to consider

1. Is it possible to end genital mutilation by 2030?
2. What measures need to be taken to end genital mutilation by 2030?
3. Would making genital mutilation illegal put a stop to FGM, or would it just worsen the conditions that it occurs in?
4. As FGM is part of a cultural tradition, can it still be morally condemned?
5. Are there more effective measures of reducing genital mutilation than prohibition?

Useful Links

Female genital mutilation (FGM) - NHS (www.nhs.uk)

Female genital mutilation (who.int)

What is female genital mutilation? 7 questions answered | UNICEF

International Day of Zero Tolerance for Female Genital Mutilation | United Nations

Female genital mutilation (FGM) | United Nations Population Fund (unfpa.org)

What is FGM? - 28 Too Many

The Question of Child Labour in Developing Countries

Background

The term child labour refers to the work that deprives a child of its childhood, it's potential and dignity, and that is harmful to the child's physical and mental development. Child labour often interferes with the child's schooling resulting in a lack of education.

A developing country is an agricultural one which is poor and seeking to become more advanced economically and socially. There are said to be 152 developing countries in the world, examples are Rwanda, Samoa, and the Philippines.

In developing countries, it is estimated that 250 million children are working, of which 120 million children are working full time. As a result of a lack of enforcements being in place in developing countries, child exploitation is very common. Whereas in developed countries such as the U.K. child exploitation is extremely rare due to strict laws and regulations being in place, resulting in child labour being a punishable offence.

Key facts

- 79 million children are believed to be carrying out hazardous work
- It is believed child labour is more prevalent amongst boys with 60% of child labourers being male
- 48% of child labourers are aged between 5-11

Key Issues

Politics and Economics

In most developing countries where child exploitation is not a punishable offence, businesses, labourers and even monopolies can take advantage of a child's vulnerability and age. This ensures that employers can maximise profits by having children work for lower wages.

Having said this, many developing countries are poverty stricken and have fragile economies. The governments of these countries receive the majority of tax revenue from large businesses and so although the government may be seen as immoral, at this moment in time they have little incentive to introduce child labour laws due to a fear in a reduction of economic activity occurring throughout the country, resulting in decreased government tax revenue which will have an effect on their fiscal balance and so an effect on other areas in their economy.

Family issues

In many developing countries such as India, child labour is often encouraged by family members for a variety of reasons. Families living in poverty often suffer due to parents and extended family members being either unemployed or on extremely low wages. This results in the main breadwinner not earning enough to fully provide for the whole family. Moreover, if adults in the family are unemployed or are on extremely low wages, family savings are likely to be minimal meaning the whole family is susceptible to economic crashes which could potentially lead to the decrease in essential supplies such as food. Additionally, many families face debt as a result of borrowed money.

Labour is often considered a form of repayment to lenders and many parents will subject their children to this labour. Furthermore, in many developing countries, health care is extremely limited, resulting in adults suffering from illness and low life expectancy. Consequently, children will need to provide for themselves, resulting in child labour being a prevalent issue in developing countries. In Mali a known developing country, the number of doctors per 1000 is 0.1286 and the average life expectancy is 59 years old, 25.1% of children in Mali are working.

In addition to this, in developing countries parents often perceive the concept of child labour as inter-generational, meaning that parents who were once child labourers may believe it is appropriate for children to follow in their footsteps. For instance, it is traditional in many agricultural countries for children to work on the family farm from a young age and then eventually take control of the farm.

Education

Within many developing countries, access to education is extremely restricted, this is mainly due to a lack of government funding which has resulted in schools not being accessible in rural areas. The lack of access to education in developing countries can be shown by 59 million children not having access to education. Whilst education is not accessible for many, the standard of education for those who do have access is low, shown by 250 million of those who have attended school for 4 years not being able to read, write or count. As a result of the limited access to education, the low-quality of education and many adults not being educated, many parents view child labour as an alternative to education, decreasing education numbers in developing countries resulting in the cycle of child labour being exponential.

Relevant organisations

- Love 146 – a non-government organization working in the U.S., Philippines and several African countries to end child labour and exploitation by working with authorities and provide care for those children who have been exploited.
- ACE – a non-government organization working to emphasise the rights of children as well as aiming to abolish child labour in Japan, India and Ghana.
- The ECLT foundation – The Eliminating Child Labour in Tobacco-Growing foundation aims to find solutions for children and families to combat child labour in tobacco growing areas.

- World Vision – Aims to tackle the root causes of poverty by helping those who were subject to child labour return to normal life. So far World Vision has impacted 200 million children.

Questions to consider

1. How has the pandemic affected child labour in developing countries?
2. What responsibility do developed countries have on child labour in developing countries?
3. How have countries tackled the issue of child labour in the past?

Useful links

International Journal of Health Sciences: Child Labour in relation to poverty

Encyclopaedia of Childhood: Child Labour in developing countries

International Labour Standards on Child Labour

Written/Sourced by Temi Elesin, President of the General Assembly, for use at the thirteenth annual Haberdashers' Boys' School Model United Nations Conference, 11th-13th March 2022