

(CSW)

LmunA 2026

Research report

Forum: Commission on the Status of Women (CSW)

Issue: Protecting Reproductive Rights and Bodily Autonomy for
Women

Student Officer: Prisha Singh

Position: Co-Chair



LMUNA

Lorentz Lyceum
Model United Nations
Arnhem

(CSW)

LmunA 2026

Introduction

A fundamental issue in the pursuit of gender equality in this day and age is the protection of women's reproductive rights and bodily autonomy.

These rights are not just essential to women and girls' well-being, but they have profound consequences to their health, dignity, education, economic opportunities, and their role in society. We have made progress over the years, yet we recognize that there are still barriers faced to exercise full control over themselves. Barriers include challenges like limited access to contraception and healthcare, preventable pregnancy related deaths, restrictive abortion laws, inadequate reproductive health education, forced marriage, child marriage, forced sterilization, and reproductive coercion are issues faced by millions of women and girls globally.

We also know that these barriers are not applicable equally to every woman. Poverty, geographic location, conflict, discrimination, disabilities, age, and unequal access to access are all things that further limit the ability for women and girls to exercise their rights.

Therefore, the issue is not limited to just the healthcare system or individual medical decisions. The broader question lies in the state of women's reproductive rights and bodily autonomy as it connects to the question of equality, freedom, and human rights. When women are unable to make such informed decisions about their own bodies, every aspect of their life becomes impacted. This is why we as the CSW will work towards addressing these barriers and protecting the rights of women and girls worldwide.

Definitions of key terms

Reproductive rights

Reproductive rights are referring to the individual right of making informed decisions about reproduction. This included whether, when, and how many children one may want.

Bodily autonomy

Bodily autonomy refers to the right of every person to make decisions about their own body without barriers such as coercion, violence, and discrimination. It simply means having full control regarding one's body, health, and reproduction.

Reproductive Healthcare

Reproductive healthcare refers to medical services such as contraception, pregnancy care, fertility care, abortion care, and treatment of reproductive health conditions.

(CSW)

LmunA 2026

Sexual and reproductive health and rights (SRHR)

SRHR refers to the right to access information, education, healthcare, and services related to sexual and reproductive health. The four core elements are sexual health, reproductive health, sexual rights, and reproductive rights.

Maternal healthcare

The healthcare that is provided during, before, and after pregnancy and childbirth is maternal healthcare. It's placed to protect the well-being and health of both mother and child.

Family planning

Family planning allows individuals and couples to decide freely and responsibly whether and when to have children.

Contraception

Contraception refers to methods used to prevent pregnancy. These include methods such as condoms, birth-control pills, intrauterine devices (IUDs), implants, sterilization, and more.

Safe abortion / abortion access

Safe abortion refers to the recommended medical methods to perform an abortion. Abortion access refers to the ability to proceed legally, safely, affordably, and without unnecessary barriers.

Consent

Yes = Yes

No = No

Maybe = No

I don't know = No

Silence = No

Hesitance = No

Intoxicated = No

Change in subject = No

Convincing after a no = No

Anything other than a clear Yes, is a No.

Gender equality

Gender equality is the the fundamental principle that all people, regardless of their gender, have equal rights, freedoms, access to resources, and opportunities to thrive in economic, political, and social life

(CSW)

LmunA 2026

Gender-based discrimination

Gender-based discrimination is the unequal treatment of a person because of their sex or gender. It can occur through laws, policies, institutions, social practices, or individual actions.

Potentially forced pregnancy / forced sterilization / child marriage

Forced pregnancy involves controlling or restricting a person's reproductive choices through coercion or violence. Forced sterilization is the performance of a procedure that permanently prevents reproduction without a person's free and informed consent. Child marriage is a marriage or union involving a person under the age of 18

General overview

Though countries have made progress in the expansion of access to reproductive healthcare, we see the large inequalities remaining.

There are about 164 million women who still have unmet needs for contraception. Reproductive autonomy is simply the ability to decide if, when, how many, and how often to have children, if women are unable to receive contraception, they don't have the right to reproductive autonomy. Without this right their risks also broaden to complications such as unintended pregnancy, unsafe abortions, and pregnancy-related risks.

Maternal healthcare is another major part of the issue. Pregnancy and childbirth changes a woman greatly, but for those women who do not have access to skilled healthcare before, during, and after childbirth their experience involves serious health risks. In 2023, 90% of maternal deaths occurred to women in lower/middle class income countries. More than 700 women died every day related to pregnancy and childbirth which were due to causes which could be preventable.

Abortion access, which is highly debated, is an important aspect of a woman's reproductive rights. Internationally we see different regulations, from highly restrictive systems to broad legal access. 73 million abortions happen worldwide every year, and approximately 45% of these induced abortions are done without safety. This risks the woman and the fetus, where they both face risks of complications, disability, and death.

Education plays a big role, encouraging the youth to understand their bodies, relationships, contraception, consent, and available healthcare is essential really. Arguably, young women and girls are more vulnerable without proper knowledge. They become vulnerable to risks such as STI'S, unintended pregnancy, exploitation, SA, and reproductive coercion.

(CSW)

LmunA 2026

We cannot solely view reproductive rights and bodily autonomy as a medical or political issue. They directly connect to human rights, dignity, equality, and freedom. Therefore, addressing

legal, economic, social, and cultural barriers protect these rights.

Major parties involved

United Nations & UN agencies

Commission on the Status of Women (CSW)

→ provides a forum for governments to develop international standards and recommendations, promotes gender equality and women's rights.

UN Women

→ supports governments in developing gender-equality policies, coordinates UN efforts concerning women's rights.

World Health Organization (WHO)

→ provides medical guidance, research, data, and recommendations concerning reproductive and maternal healthcare.

UNFPA

→ focuses heavily on reproductive health, family planning, bodily autonomy, and ending harmful practices.

UNICEF

→ particularly relevant when the issue concerns girls, child marriage, adolescent pregnancy, as well as the access to healthcare and education.

OHCHR

→ addresses reproductive rights through the international human-rights framework.

National Governments

- Governments are among the most influential as they create and enforce laws and policies concerning healthcare, contraception, abortion, education, marriage, and reproductive rights.

- Governments determine how much funding is available for reproductive healthcare.

- Countries have different approaches, so this is where much of the international disagreement comes from.

(CSW)

- Some governments seek to expand reproductive healthcare and legal protections, while others maintain or introduce restrictions.

Religious, cultural, and community organizations

Religious institutions and community leaders influence attitudes toward contraception, abortion, marriage, sexuality, and women's roles.

Some organizations advocate for expanded reproductive rights, while others oppose particular reproductive-health policies based on religious, cultural, or ethical beliefs.

Their influence therefore affects both public opinion and government policy.

This makes them important stakeholders when considering how reproductive-rights policies are implemented within different cultural and social contexts.

Women and girls

Women and girls are not simply the recipients of any reproductive policy, they are the central stakeholders in this ongoing issue.

(CSW)

LmunA 2026

Timeline of Key Events

| **1946** → Commission on the Status of Women (CSW) established

| Established by the UN to promote women's rights and gender equality. |

|

| **1948** → Universal Declaration of Human Rights (UDHR)

| Established the international foundation of equality, dignity, freedom, and |
non-discrimination.

|

|

| **1979** → CEDAW adopted

| Created a major international framework for eliminating discrimination against |
women.

|

|

| **1994** → International Conference on Population and Development (ICPD) | This was
a major shift towards viewing reproductive health and reproductive | decision-making
through a human-rights and individual-choice perspective. |

| **1995** → Beijing Declaration and Platform for Action

| This was an establishment for a global framework that would advance women's | rights, including health and protection from violence.

| **2015** → Sustainable Development Goals adopted

| SDG 3 and SDG 5 established global targets connected to health, gender equality, | and access to sexual and reproductive healthcare.

| **2025** → Beijing+30 and CSW70

| This 30-year review of the Beijing Platform assessed remaining barriers to the | fight for women's rights.

| **2026** → CSW70

| The 70th session of the Commission on the Status of Women took place in March | 2026. Its priority theme focused on access to justice for all women and girls.

(CSW)

LmunA 2026

Previous attempts to solve the issue & Possible solutions

1. International agreements and frameworks

CEDAW, the Beijing Platform for Action, and the ICPD Programme of Action are all agreements that have been established to focus on the commitments needed for women's rights. It is however important to note that these agreements cannot guarantee that countries will implement them effectively.

2. Improving access to reproductive healthcare

Governments should be able to ensure that affordable and accessible healthcare is available to women and girls. There should be a focused attention to women living in poverty rural areas, conflict zones, and other underdeveloped communities.

3. Reproductive health education

By providing accurate and age-appropriate education about reproductive health, consent, contraception, and healthy relations we will help our youth in making decisions about their bodies. Unintended risks could also be reduced, and they could recognize coercion and abuse

sooner.

4. Stronger legal protection for bodily autonomy

Each government should protect women from practices that violate bodily autonomy. This includes every form of reproductive violence. Our laws should protect a woman's ability to make decisions without discrimination or coercion. Governments should also be held accountable for the commitments that they make to protect women's rights, ensuring that reproductive rights are protected not only on paper, but also in practice.

5. International cooperation and accountability

International organisations and governments can work together. Those who can support countries that are facing major reproductive/health challenges can aid with funding, healthcare resources, and research. We know that underdeveloped countries are prone to more vulnerability, and developed countries have the resources to aid them.

(CSW)

LmunA 2026

Bibliography

“Sexual and Reproductive Health and Rights (SRHR).” *Srhr.Org*, 2018,

<https://srhr.org/>. Accessed 13 Aug. 2026.

World Health Organization: WHO. “Sexual and Reproductive Health and Rights.” *Who.Int*,

World Health Organization: WHO, 10 Apr. 2024,

https://www.who.int/health-topics/sexual-and-reproductive-health-and-rights?#tab=tab_1.

Accessed 13 Aug. 2026.

World Health Organization: WHO. “Contraception.” *Who.Int*, World Health Organization:

WHO, 10 Dec. 2019, https://www.who.int/health-topics/contraception?#tab=tab_1. Accessed 13

Aug. 2026.

“SDG Target 3.1 Maternal Mortality.” *Who.Int*, 2025,

<https://www.who.int/data/gho/data/themes/topics/sdg-target-3-1-maternal-mortality>. Accessed 13 Aug. 2026.

“Abortion.” *Who.Int*, 2023,

<https://www.who.int/teams/sexual-and-reproductive-health-and-research-%28srh%29/areas-of-work/abortion>. Accessed 13 Aug. 2026.

(CSW)

LmunA 2026

Generation Equality Accountability Report 2024.

<https://www.unwomen.org/sites/default/files/2024-09/generation-equality-accountability-report-2024-en.pdf>. Accessed 13 Aug. 2026.

“MY BODY IS MY OWN Claiming the Right to Autonomy and SELF-Determination.” *UNFPA Wcaro*, 2021,

https://wcaro.unfpa.org/en/publications/my-body-my-own-claiming-right-autonomy-and-self-determination?utm_source=PANTHEON_STRIPPED&page=0. Accessed 13 Aug. 2026.

“Legal Commitments for Sexual and Reproductive Health and Reproductive Rights for All.”

United Nations Population Fund, 2025,

<https://www.unfpa.org/publications/legal-commitments-sexual-and-reproductive-health-and-reproductive-rights-all>. Accessed 13 Aug. 2026.