

FORUM: UN Women

QUESTION OF: Establishing an international consensus on female reproductive rights

SUBMITTED BY: United States, Germany, Oman, United Arab Emirates, Ireland, Monaco, Jordan, Cameroon, Myanmar, Malaysia

Bearing in mind the importance of family planning and consequently easily accessible contraceptives,

Reaffirming female genital mutilation is a violation of human rights,

Realizing the need for cultural changes in eradicating female genital mutilation,

Recognizing that only 7% of women report that their abortion was because of a health reason or a possible health problem with the baby,

1. Calls for the deployment of health workers into rural areas of Less Economically Developed Countries (LEDCs) focused on delivering contraceptives with workers adhering to requirements such as but not limited to:
 - a. Workers are at least 18 years of age, recruited from the communities in which they will work, and able to communicate in the local language of the community,
 - b. Completion of a rural-oriented community reproductive health training which includes topics such as but not limited to:
 - i. Methods of contraception,
 - ii. Insertion of birth control implants,
 - iii. Hygiene and sanitation,
 - iv. Disease prevention,
 - v. Family planning;
2. Strongly encourages public awareness regarding female genital mutilation (FGM) through the creation of formal and informal education programmes in the form of courses and seminars available to the public to be held online, at local universities, schools, or town centers covering topics such as but not limited to:
 - a. The potential harmful effects of FGM,
 - b. The health complications for girls and women when FGM is performed,
 - c. FGM as a human rights violation,
 - d. Emphasis and importance of alternative female rites of passage that do not involve cutting;
3. Requests governments to pressure local religious and community leaders to condemn female genital mutilation and alleviate stigma regarding women and girls who have not undergone female genital mutilation;
4. Recommends member states to reduce federal funds for abortions by decreasing federal family-planning funding towards organizations and clinics that provide abortion related services such as but not limited to:
 - a. Abortion referrals,
 - b. Performing of abortions;
5. Further recommends member states to increase knowledge regarding contraception and access to contraceptive methods, such as but not limited to:
 - a. Requiring private and public insurance coverage to include contraceptive services and supplies, where insurance plans cover a list designated by agencies such as the Food

- and Drug Administration of contraceptive methods and devices, and contraceptive counseling without supplementary or additional consumer payments,
 - b. Increasing federal funding towards contraceptive advertising,
 - c. Creating specific family-planning programs targeted at high risk populations of unwanted pregnancy such as but not limited to teenagers,
 - d. Requiring sex education addressing contraception in primary and secondary schools,
 - i. Development of specific programs for this purpose,
 - ii. Integration into existing general health programs,
 - e. Creating subsidized family planning clinics,
 - i. Clinics promote contraception,
 - ii. Clinics do not promote abortion,
 - iii. Clinics do not offer abortion referrals;
6. Declares abortion illegal under all circumstances validated and verified by a government certified doctor with the exception of:
- a. Rape,
 - b. Pregnancy due to incest,
 - c. Endangerment of the mother's health due to the pregnancy.