



UNCSW

STUDY GUIDE

-

THE REPRODUCTIVE HEALTH & RIGHTS OF WOMEN

ROTMUN
MMXVIII



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Humza Nadeem Jami

Secretary General

Humza Nadeem Jami will be serving as the Secretary General for the Rotaract Model United Nations Conference 2018. Jami, as he likes to be known, is a graduate of the Lahore University of Management Sciences, where he was a senior member of the LUMUN Society's Secretariat and Travelling Model UN Team. Prior to this, he was a former Head Delegate at the Lyceum School's Debate Team, one of the powerhouses of the country.

As a member of the LUMUN Secretariat, Jami is famous for the most technologically innovative and immersive crisis experiences Pakistan has ever seen - having designed and chaired Harry Truman's National Security Council as part of the country's first ever Joint Crisis Cabinet (JCC) in 2016, and a Twitter integrated real time UN Security Council in 2017. As a part of the LUMUN Travelling Model UN Team, he reached the pinnacle of his career when he won a Diplomacy Award at the Harvard World Model UN Conference hosted in Panama City, Panama in March 2018 (as seen in the picture above).

Jami has been doing Model UN since January 2011, and cannot be more excited to welcome you to ROTMUN! He is an original graduate and a two time Best Delegate winner at the original Rotaract Model UN Conference that occurred between the years of 2010 and 2012, hosted by the Rotaract Public Speaking Forum.

His vision for the conference is simple: to bring the best and the absolute best of the country inside the halls of IBA City Campus for the most uniquely immersive delegate experience offered at any Model UN Conference in the country. He is inspired by the ROTMUNs of yore, where high levels of academic integrity and learning were the core of Model UN as an activity, which he finds an opportunity to revive this year. He will be flying in chairs from the best corners of the country to achieve this.

Jami feels Model UN has become an activity that has become very elitist, very exclusionary, and has lost its roots in intellectual political dialogue. All of that will return in due time at the 2018 edition of the Rotaract Model United Nations Conference under his leadership to foster Socratic dialogue using this activity.





Uwais Parekh

Under Secretary General

Uwais graduated from Cedar College in 2018 and is currently in the midst of figuring stuff out in his gap year. Usually found in bed with a bag of Doritos while he goes hours into the night being engrossed with Video Games

Uwais served as the Head of the Model UN wing of Cedar Union, Cedar's Public Speaking & Debating Society in his last year where he captained the Model UN Team to multiple landmarks at conferences such as LUMUN, MUNIK & HUMUN.

He has also been a long serving member of the Destiny Model United Nations Society, having served as the Vice President & the Academic Curator for their annual Conference, apart from that Uwais somehow managed to garner an Experience of more than an acceptable amount of Public Speaking & Debating Events; be they Model UNs, Parliamentary Debates or Moot Courts, at the obvious expense of his GPA

Being an Immense Believer in the change that is only plausible through discourse and engagement with Ideas. Uwais absolutely cannot wait to give it his all to ensure that aspiring policy makers have the suitable environment to participate in dialogue that helps them explore the diplomat present within themselves in the Country's best emulation of the Chambers of the United Nations.





Maheen Naveed

Under Secretary General

Maheen is currently in her first year pursuing an MBBS degree at Ziauddin University but likes to spend her free time imagining all the possible, completely unrelated careers she can go into after she completes her MBBS. She is a graduate of the Lyceum School, where she was Head Delegate of the Debate Team and regards that time as one of her most cherished.

During her tenure as a member of the Lyceum's Debate Team, she has won awards at local and international conferences including LUMUN, ROTMUN, MUNIK and Harvard MUN; the former at which she was awarded a Best Delegate at UNSC and the latter at which she was awarded Honourable Mention twice.

She is looking forward to helping create a conference that is centred around the classic MUN values of energetic debate, impeccable policy making and above all, a return to the high standard of academic intellect and argumentation theory that is expected of delegates attending the hallowed halls of a ROTMUN conference.

She hopes that ROTMUN is the experience of a lifetime for it's delegates, and wishes you the best of luck in October!





Asad Rizvi

Committee Director

Asad Rizvi has been involved with the Model UN Circuit back since 2012. He has awards at prestigious conferences such as MUNTR & LUMUN. He has also served as the President of BayMUN and has chaired MUNIK, ZABMUN & ROTMUN itself

Asad is a Sophomore at the University of London International Programmes pursuing LLB. He thoroughly enjoys and values researched, diplomatic and articulate delegates.

To score Brownie Points in his committee, have a decent sense of dressing. If you show up in sandals and a bright yellow shirt you will not be allowed to speak (Yes, this has happened and Asad wanted it emphasised)

He's looking forward to chairing ROTMUN 2018, good quality debate and even better entertainment from you all is what he lives for.





Ghazal Qadri Committee Director

Ghazal Qadri is currently pursuing an undergraduate degree in Economics. She served as the Captain for the Nixor College Debate team, with the Model UN team winning the prestigious Best Delegation Awards at ROTMUN 2017 & LUMUN 14.

Ghazal cannot wait to welcome the delegates to chair the United Nations Commission on the Status of Women (UNCSD). Passionate about women's rights, she hopes for UNCSD to be an enriching and educating experience for both herself and the delegates. Delegates should note that any she will not tolerate any unethical approach & misogynistic remarks in the committee. Research well, and try to learn as much as you can!



Introduction

Defining reproductive rights is one of the most difficult aspects of solving the problem. Under the umbrella of reproductive rights, health is undoubtedly one of the two main aspects. The World Health Organization (WHO) defines reproductive rights as "the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence." Though defined, the scope and scale of reproductive rights is still under dispute, and is often understated because of the particular attention to certain issues—namely, abortion and maternal mortality.

Another issue that arises when dealing with reproductive rights is the question of legal framework and interpretation. To what extent does the phrase "central to their own reproduction" apply? What does "freely and responsibly" mean? Does the government have any say in an individual's reproductive rights?

Another complication arises when dealing with issues of implementation and enforcement of reproductive rights as a human right. Though some countries have taken steps in creating legal documents with clearly stated repercussions in dealing with reproductive crimes, others have yet to make these strides, and at best have soft laws or advocacy efforts instead.

Since the time of Ancient China and Egypt, the issue of reproductive rights has seen positive developments in its evolution into different forms with different prospective solutions. For one, in many regions (including more economically developed nations), issues of reproductive rights have become highly politicized and a central debate in political campaigns and platforms. In addition, the historical, cultural, and even religious practices and traditions relating to reproductive rights are clashing with more modern, political, and libertarian beliefs. Still, in other places, including many less economically developed regions, there is little or no tension between these two sides, and traditional practices still prevail as dominant.

In addition, another point of progress has been the realization that singular approaches to reproductive rights are not always effective. Specifically, the ban on abortions, as the Council of Europe concluded in its 2008 Committee, has caused an increased number of unsafe abortions that can end in complications with the baby, and even maternal mortality. Overall, it was concluded that restrictive abortion laws do not correlate with or cause lower abortion rates. According to them, other measures besides legislation, including increase in family planning services and safe abortion care, should be used in order to decrease rates of unsafe abortions.

In this committee, you will analyse the impact of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) on identifying and analysing issues concerning women's sexual and reproductive health and rights and critique the effectiveness and impact of its recommendations, as well as the recommendations of other conferences and bodies within the UN that work on ground for the awareness of women's sexual and reproductive health and rights, such as the International Conference on Population and Development Programme of Action and the United Nations International Women's Rights Action Watch.



Impact of Reproductive Health on Socioeconomic Development

The link between reproductive health, sexual and reproductive right, and development was highlighted at the International Conference on Population and Development held in Egypt in 1994. Developmental disparities are related to socioeconomic differences which have led to the identification of distinct socio-economic classifications of nations. Human development represents the socioeconomic standing of any nation, in addition to literacy status and life expectancy. Improving reproductive health of women is a panacea towards reversing the stalled socio-economic growth of developing countries, as evident from the linkage between reproductive health and development provided in Millennium Development Goals 3, 4, 5 and 6.

At the household level, controlled trials in Matlab, Bangladesh, and Navrongo, Ghana, have shown that increasing access to family planning services reduces fertility and improves birth spacing. In the Matlab study, findings from long-term follow-up showed that women's earnings, assets, and body-mass indexes, and children's schooling and body-mass indexes, substantially improved in areas with improved access to family planning services compared with outcomes in control areas. At the macroeconomic level, reductions in fertility enhance economic growth as a result of reduced youth dependency and an increased number of women participating in paid labour.

Improvements in reproductive health and access to family planning can benefit the economy by improving general health and reducing fertility. Antenatal and postnatal care can improve the health of mothers and children. Access to family planning not only reduces total fertility (ie, the average number of children that would be born to a woman over her lifetime, in accordance with reported age-specific fertility rates), but also reduces the numbers of high-risk births for women of very young maternal age (ie, those younger than 18 years) and women at high parities. Contraceptive use can also improve birth spacing, which can further benefit the health of mothers and children, reducing maternal and child mortality.⁵ Parents can invest more money and time per child in health, nutrition, and education when they have fewer children. Early childhood investments in health and nutrition can have large effects on physical and cognitive development and educational outcomes and income in adulthood.

Fertility declines lead to a boost in income per head caused by decreased youth dependency rates, and also change the social and economic position of women, reducing gender inequality and allowing women more opportunity to enter formal employment than before the fertility decline. In addition to these immediate economic benefits, fertility decline will have long-term effects on economic growth when the next generation of healthier and better educated children enter the labour force.

Statement of the Problem

In this section, we will examine the reproductive and sexual rights afforded to women as they are identified and addressed in CEDAW.



Non-discrimination in Access to Health Care

More and more, access to trustworthy and safe reproductive healthcare is becoming an expected aspect of regular healthcare. To provide this necessary access, reproductive rights need to be a priority in policy-making decisions, so that a portion of the health sector budget can be allocated to this cause. An incentive for healthcare providers and policymakers to make reproductive health a priority is the demonstrated cost- benefit analysis of providing reproductive healthcare. Purely in economic terms, maternal and newborn deaths cost \$15 billion USD worldwide as a result of lost productivity. Socially, it is important for healthcare reform not only to include reproductive rights, but to cultivate and maintain the capacity to provide this type of care without discrimination.

Improving the universal access to reproductive health also reduces the maternal mortality ratio. Both were important aspects of the Millennium Developments Goals, and there were many successes through this initiative, including increasing Egyptian women's access to maternal health care, the eradication of obstetric fistula, as well as mobile maternal health clinics in Pakistan. Eliminating obstetric fistula, a hole in the birth canal caused by prolonged labour without prompt medical intervention, is significant because the condition mostly affects women of impoverished households with little access to health care.

There is a need, therefore, for state measures to eliminate obstacles women face when accessing healthcare; such as high fees, need for authorisation from spouse, parent, or hospital authorities and access to health facilities.

Right to Full Information and Informed Consent

Under the strict code of conduct that governs medical law, every women has the right to full information provided by trained personnel on the options for reproductive treatment and research for health conditions, benefits and adverse effects and available alternatives.

Informed consent is permission given in full awareness of possible consequences or risks. In some areas of Mexico, a study showed that only two contraceptive methods were offered by family planning clinics: IUD and surgical sterilisation. While the law states that consent to sterilisation must be given freely and voluntarily in writing, according to one study, one fourth of sterilized women claimed not to have been informed of its irreversible nature or of alternative contraceptive methods, and two fifths claimed not to have signed a consent form. In extreme cases violations of women's right to autonomy and informed consent in relation to reproductive health care amount to outright coercion.

Education

Article 5(b) of CEDAW requires states parties "to ensure that family education includes a proper understanding of maternity as a social function." Article 10(a) and 10(h) require states parties to take actions to eliminate discrimination against women in education and to provide women with equal access to educational materials and advice on family planning, both of which assist women in accessing



healthcare, reduce the drop-out rate among female students often caused by premature pregnancy, and ensure family well-being.

In India, greater maternal mortality rates are reported among women from families with low income with little to no formal education and thus, no awareness of the risks associating with pregnancy, and girls in child marriages. Caste and tribes are also a cause of maternal mortality in India because, generally speaking, families of lower caste have less access to education and healthcare, and have little upward mobility to reach a status in which they could achieve more access. There is also specific need for adolescent education in relation to reproductive rights. According to FOCUS on Young Adults, adolescence is marked by particular vulnerability to sexual and reproductive health risks including HIV/AIDS, unwanted pregnancy, unsafe abortion, early marriages and pregnancies, and other STIs. Therefore, adolescents need sex and family planning education in order to prevent these issues and promote safer sexual practice by sexually active individuals.

Maternal Health

Improving maternal health means making pregnancy safer through state regulation, policies, strategies or plans such as maternal protection, establishment of maternal death audits, and referral system for obstetric emergencies; monitoring number of facilities per 500000 population providing basic obstetric care and comprehensive obstetric care, percentage of births attended by skilled health personnel, maternal mortality ratio (number of maternal deaths per 100 000 live births), prevalence of HIV infection among pregnant women aged 15–24, and neonatal mortality rate (number of infant deaths within one month of birth per 1000 live births) or infant mortality rate (number of infant deaths within one year of birth per 1000 live births).

Goal 5 of the United Nations' Millennium Development Goals involves "improving maternal health," a large component of reproductive rights. However, maternal mortality is still the cause of 536,000 deaths every year. This includes deaths resulting from what the UN deems "complications during pregnancy, childbirth, or the six weeks following delivery." An overwhelming 99% of these deaths in mothers occur in developing countries. The largest number of these deaths occurs in Sub-Saharan Africa, with 900 deaths per 100,000 live births in 2005. South Asia follows in second with 490 deaths per 100,000 live births as of 2005. These numbers have not changed significantly from the last year of surveillance, 1990. The United Nations itself recognises the complications in gauging the current situation of maternal health and reproductive rights: misreporting, and more specifically, underreporting is common due to many different reasons. Thus, another step in solving the problem of reproductive rights necessarily includes increased surveillance and care when collecting data of reported cases. Kenya has one of the highest maternal mortality rates in all of Africa, and also executes one of the most restrictive abortion laws in the world. Beyond illnesses and mortality rates, a study shows that the restrictive abortion laws are also detrimental to overall healthcare in the nation, and undermines the ethical standards upon which healthcare providers should be working. In addition, addressing the complications after an unsafe abortion overflows the demand for healthcare, again lowering the efficacy and quality of overall healthcare provision.



Family Planning

Family planning is defined by the United Nations as “the gap between women’s desire to delay or avoid having children and their actual use of contraception.” In other words, family planning has to do with a woman’s right to access and utilize contraception when she does not want to have children. The United Nations believes that increased funding for more and more widespread family planning initiatives would be a solution to the slow progress being made in this Millennium Developmental Goal.

In 2009, Shirkat Gah, Pakistan, a partner of the Asian-Pacific Resource and Research Centre for Women, undertook a study on reproductive health services available to rural women and men in Piyaro Lund Village in Sindh and in Huft Madre Village in Punjab. The study assessed, among other things, the experience of poor and wealthy women and men from majority and minority religions (including marginalised communities) in accessing and obtaining contraception and abortion services from a government healthcare facility. The study indicated that the users of the government facility were not satisfied with the healthcare they received because the facility was poorly equipped, understaffed, and maintained a poor supply and quality of medicine, and they were not provided with the information or means to use contraception. The poor quality of family planning services meant that women turned to abortion to terminate unwanted pregnancies. The study revealed high rates of unsafe abortion. The men interviewed for the study reported that abortion was a sin, but the practice was common among women, especially those in the Punjab village. Poor women received unsafe abortion services that led to severe complications and death, while wealthier women obtained services from qualified medical doctors. The cost of abortion was high and more expensive if the girl or woman was unmarried.

Unsafe Abortion, Post-abortion Care

Unsafe abortions are one of the leading causes of maternal deaths. The Center for Reproductive Law and Policy provides an extensive review of Chile's abortion laws that often cause the imprisonment of women. In Chile, abortion is not legal under any circumstance. This study notes several rights that these laws violate: the right to health, the right to liberty and security, and the right to life. After investigation, it was found that public hospitals are the number one reporters of abortion cases to the police. This clearly violates the right to privacy of these women. Additionally, private hospitals do not appear to report cases of abortion to the police. More often than not, wealthier women visit these private clinics, and so poor or middle-class women are much more likely to be reported and prosecuted for abortion. This raises another issue of discrimination based on socioeconomic status.

In 1973, the United States Supreme Court deliberated on the court case famously known today as Roe v. Wade. The case stemmed from a Texas resident, Norma L. McCorvey, or Jane Roe. Linda Coffee and Sarah Weddington, two women from the University of Texas Law School, argued that the law criminalizing Roe's intended abortion was unconstitutional. Henry Wade was the Dallas County District Attorney against whom the lawsuit was filed. Under Justice Harry Blackmun, the Supreme Court ruled that the Texas law violated Jane Roe's right to privacy under the Constitution. Roe's privacy, the Supreme Court said, extended into a woman's pregnancy. Overall, the Court ruled that state law was not allowed to outlaw abortions performed within the first trimester. This case set a precedent for many court cases and legislation in the future, and remains controversial to this day.



Sexually transmitted infections, cervical cancer and other gynaecological conditions

While STI's don't directly constitute reproductive rights, these infections along with cervical cancer present themselves in or around a female's reproductive organ. The state should actively engage in establishing concrete regulations, policies, strategies or plans for the prevention and treatment of STIs and cervical cancer, which includes; making condoms more accessible especially among the adolescent population, and setting up family planning service delivery points offering counselling on protection from sexually transmitted infections including HIV. Treatment should be streamlined and screening should be free for cervical cancer and HIV.

Practices harmful to women's health

These include female genital mutilation, forcible feeding of women, early marriage, the various taboos or practices that prevent women from controlling their fertility, nutritional taboos, traditional birth practices, preference for sons and its implications for the status of the girl child, female infanticide, violence against women, and early pregnancy.

Female genital mutilation (FGM) is a form of violence that violates women's reproductive rights. The WHO defines FGM as "procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons." This is a discrimination and violence issue on children as well as women because these procedures are usually performed on minors for cultural reasons. FGM procedures are widespread in certain regions around the world. In Africa, close to three million girls are at risk for this procedure each year. Around 140 million girls and women currently live with the consequences of these procedures worldwide. Specifically, in Africa, about 92 million girls (older than 10) have undergone female genital mutilation procedures. From these statistics, it is clear that FGM is highly practiced in the African region, but it is also practiced in regions of Asia and the Middle East. The causes of the practice of FGM are rooted deeply in culture, and less so in religion. It is, in many places, a tradition rooted in history, seen as a necessary practice in order to prepare a girl for marriage and to prevent her from "illicit sexual acts." In addition, FGM is seen as a way to rid a girl of unclean and "male" parts, to become "clean" or "beautiful."

Violence against women is often perpetrated with a specific intent to attack and compromise a women's reproductive and sexual freedoms. This is not just restricted to rape, and sexual and physical harassment; it extends to physical injury or mental harm during pregnancy, induced abortion and miscarriage, sex-selective abortion, female infanticide, FGM, coerced sex, psychological abuse, gender- biased access to food/medical care, and dowry death or honour killings. Particularly disturbing about these cases is the way in which the females who are victims in these situations are often left with the blame.



Past UN Actions

Reproductive rights as a human right was first mentioned in the Proclamation of Tehran during the international human rights conference in 1968. This was the first time that reproduction was noted as not only a health issue, but a legal issue as well.

In 1972, the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) was developed within the United Nations. With the efforts of UN bodies including the United Nations Development Programme, the United Nations Population Fund WHO, and the World Bank, HRP is an international leader for research and partnerships between policy-makers, scientists, health care providers, consumers, and community leaders, to address the issue of sexual and reproductive health.

In 1974, the UN General Assembly passed the Declaration on Social Progress and Development. This declaration stated explicitly, for the first time, that "parents have the exclusive right to determine freely and responsibly the number and spacing of their children." Perhaps as a response to this, leaders of the Commission on the Status of Women began preparing to organize a Convention on the Elimination of All Forms of Discrimination against Women. It was finally adopted by the General Assembly in 1979.

The Cairo International Conference on Population and Development took place in 1994, where a Programme of Action was introduced that included topics related to reproductive rights. These included "Gender, Equality, Equity and Empowerment of Women," "The Family, Its Roles, Rights, Composition and Structure," "Population Growth and Structure," and "Reproductive Rights and Reproductive Health." The Cairo Programme is also extremely significant, as it is the first international document to define reproductive health, as follows: "Reproductive health... implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how to do so."

Some of the Cairo Programme's shortcomings were addressed at the Fourth World Conference on Women that occurred in 1995 in Beijing, China. The Declaration and Platform for Action from this conference included a different, broader definition of reproductive rights: "The human rights of women include their right to have control over and decide freely and responsibly on... sexual and reproductive health, free of coercion, discrimination and violence."

Though these past two programmes were non-binding, the international community made a stronger commitment to protecting the rights of women in February of 1996 when the United Nations General Assembly passed its 50th resolution, marking the formation of the United Nations Trust Fund to End Violence against Women. The Trust Fund awards grants to governments and civil society organizations to create initiatives for education against gender violence.

Maternal health emerged as a global priority in 2000, with the inclusion of maternal health as a United Nations Millennium Development Goal.



Questions a Resolution Must Answer (QARMA)

- How can the international community push for reproductive rights as enforceable, legitimate hard laws versus the state of soft law that exists in many states?
- Should international laws and standards be sovereign over domestic laws and practices? What are ways in which the sovereignty of states can be protected while promoting reproductive rights in those states that lack them?
- How can reproductive rights be approached without involving politicized ethical and cultural issues that are much more difficult and complex in nature? Do these issues need to be approached first as a prerequisite for promoting reproductive rights?
- What is the line/boundary between human rights and cultural practices and beliefs? Should we promote only culturally neutral conversations and topics? If not, how do we approach these conversations in a manner that does not offend states and many of their members?
- What is a fair way to incriminate and punish offenders of reproductive rights? Should it be in a domestic or international court?
- Should individual states be held responsible for inadequate access to reproductive and maternal healthcare?
- What are appropriate punishments for violations of reproductive rights?

Bloc Positions

The United States, Canada and the European Union (MEDCs) are united in prioritising addressing the issues of abortion and domestic violence, where abortion is a highly controversial topic in these states. The region of South Asia faces the issue of sex trafficking as the main stakeholder in the violation of the reproductive rights of women in this region and would thus lobby extensively for legislature on that front. In Africa, due to extreme poverty and cultural discrimination against women, the issues of maternal mortality, rape, STIs and FGM are predominant. In East Asia, abortion and family planning are highly politicised and strained issues due to which unsafe abortions result in significant complications and health risks.



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