

ABORTION AND REPRODUCTIVE RIGHTS IN THE WOMEN, PEACE AND SECURITY AGENDA

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Conflict continues to affect the lives of women globally. A record number of people are currently facing displacement due to conflict and persecution (65 million in 2017, approximately half of whom are women and girls).¹ An understanding of the disproportionate effect of conflict on women and girls has been enhanced through the UN Security Council Resolutions on Women, Peace and Security (WPS). While women and girls experience many of the same harms as men and boys, they may also have specific sexual and reproductive health needs which are often unmet in, and exacerbated by, crisis situations.

Safe access to abortion and post-abortion care are a part of these needs for cis women and trans men. While countries such as Canada and Sweden are beginning to promote a feminist approach to foreign policy making,² abortion is often considered too controversial or divisive to be explicitly referred to in policy. Instead, it is implicitly couched in the broader language of “maternal” or “reproductive” health. The Mexico City policy (commonly referred to as the “Global Gag Rule”, originally imposed by Ronald Reagan in 1984 and subsequently lifted and re-imposed by Democrat and Republican Presidents respectively) was reinstated by the US President Donald Trump as the first executive order of his Presidency. The policy removes funding from any

organisation that “performs or actively promotes abortion as a method of family planning” overseas.³ However, the Trump administration has gone further and applied the policy to any organisation that receives funding from USAID, not just those involved in family planning. This decision has huge implications for the funding of reproductive health in development work and for abortion access particularly, in both in crisis situations and beyond.

In light of this current global picture for reproductive health, it is crucial to consider abortion access for women and girls in crisis contexts. We consider here the utility of the increasingly dominant WPS agenda as a potential means to further abortion access and

rights. In this working paper, we argue that reproductive rights have largely been neglected in the agenda, but that this can and should be changed. We posit that WPS is rapidly becoming one of the – if not the – key international mechanisms to further women’s rights in conflict and post-conflict environments and that, in the current global context, its relative lack of reference to abortion access is worrying. We conclude with some recommendations for both NGOs and development agencies working in this area, as well as influential states which have relatively liberal abortion laws (such as the United Kingdom).

Resolution	Year	Reference to reproductive rights?
1325	2000	No particular reference – but does mention “special needs of women and girls”
1820	2008	No particular reference
1888	2009	No particular reference – but does mention “responsiveness to victims” in the context of sexual violence
1889	2009	No particular reference
1960	2010	No particular reference
2106	2013	Specific reference – in the context of sexual violence and victims, encourages “assistance to survivors of sexual violence...including sexual and reproductive health”
2122	2013	
2242	2015	No particular reference

Table 1 – References to reproductive rights in the UN Security Council WPS resolutions

RESOLUTIONS

The original WPS resolution, 1325, adopted in 2000, does not reference reproductive rights. Based on four “pillars” (protection, participation, prevention and relief and recovery), its focus is largely on greater representation, especially in peace negotiations, gender mainstreaming with regards to both peace agreements and foreign peacekeepers, and greater attention to the particular needs of women and girls. The next resolution, 1820, which was passed in 2008, signals a shift in the WPS agenda, and a growing concentration on sexual violence. The resolution specifically focuses on punishment and protection, rather than how to care for women who have been sexually abused or raped.

Sexual violence is the theme of several successive resolutions. Resolution 1888 (2009) largely echoes the language of 1820. It underlines greater efforts to formalise work against sexual violence and greater efforts to helping victims. Resolutions 1889, 1960, and 2106 again echo this. 2106 (2013) opens again with

the same lines on sexual violence and also references the role of civil society and provides greater emphasis on helping victims.

Most importantly, Resolution 2106 contains an explicit reference to reproductive rights. These are framed in the language of “health” rather than rights, with no greater specificity as to what the resolution might actually refer to in terms of service provision.

“Recognizing the importance of providing timely assistance to survivors of sexual violence, urges United Nations entities and donors to provide non-discriminatory and comprehensive health services, including sexual and reproductive health, psychosocial, legal, and livelihood support and other multi-sectoral services for survivors of sexual violence, taking into account the specific needs of persons with disabilities”⁴

The most recent WPS resolutions, 2122 (2013) and 2242 (2015) are less

- 1 Guttmacher Institute, *Policy Brief: In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations* (New York, NY: Guttmacher Institute, 2017), <https://www.guttmacher.org/gpr/2017/02/state-crisis-meeting-sexual-and-reproductive-health-needs-women-humanitarian-situations>.
- 2 Swedish Foreign Service, *Swedish Foreign Service action plan for feminist foreign policy 2015–2018 including focus areas for 2016* (Government Offices of Sweden; Ministry for Foreign Affairs, 2016), <http://www.government.se/contentassets/b799e89a0e06493f86c63a561e869e91/action-plan-feminist-foreign-policy-2015-2018>; Karin Aggestam and Annika Bergman-Rosamond, “Swedish Feminist Foreign Policy in the Making: Ethics, Politics, and Gender”, *Ethics & International Affairs* 30(3) (2017): 323–334.
- 3 “The Mexico City Policy: An Explainer”, *The Henry J. Kaiser Family Foundation*, accessed 1 February 2018, <https://www.kff.org/global-health-policy/fact-sheet/mexico-city-policy-explainer/>.
- 4 UN Security Council Resolution 2106 (2013), S/RES/2106.
- 5 UN Security Council Resolution 2122 (2013), S/RES/2122.

explicitly focused on sexual violence. 2122 references the need for more information/data collection on the part of the UN and the Secretary General, and also the “importance of interactions of civil society”. 2122 reiterates the call for service provision in terms of reproductive health, in particular in the case of sexual violence. It calls on Member States and UN entities to ensure humanitarian aid and funding includes provision for the full range of healthcare services to women affected by armed conflict and post-conflict situations, “noting the need for access to the full range of sexual and reproductive health services, including regarding pregnancies resulting from rape, without discrimination”.⁵ 2242 (2015) echoes the intentions of 2122, but works additionally to add a WPS lens to considerations of terrorism and terrorist groupings/counter-terrorism/terrorist extremism.

There are thus only minor references within the actual language of the resolutions that focus on reproductive rights or abortion more specifically. This is especially interesting given the increasing focus on sexual violence, evident in resolutions 1820 and 2106.

NATIONAL ACTION PLANS

National Action Plans (NAPs) are states’ attempts to iterate their priorities in implementing the WPS framework either at home or abroad. These plans use the resolutions to emphasise what a particular country considers to be the most important aspects for them as post-conflict nations, or in terms of their work with other post-conflict nations. NAPs can be constructed around a particular country’s foreign policy priorities or a specific country situation. Our content analysis of the existing NAPs (the 56 which existed when this research was conducted in 2016) shows little specific reference to reproductive rights, which is perhaps to be expected given, as detailed

above, the fact that there are very few references in the resolutions themselves.

Our content analysis of the NAPs searched for the terms “reproductive rights/health” and “abortion” finding that “reproductive rights/health” is mentioned in approximately half (27) of the 56 NAPs analysed whilst “abortion” is only directly noted in 2. Within this, 10 of the NAPs mention reproductive health in a general sense, whilst 17 note specific concerns or plans of action. Specific actions include the “development of informational and educational materials on the issues of physical and sexual reproductive health” (Kyrgyzstan NAP, 2013), the development of “trauma-informed services and sexual and reproductive healthcare” for survivors of sexual violence (USA NAP, 2011) and providing “HIV/AIDS services and treatment” (Kenya NAP, 2016).

Certain countries whose action plans are vague on reproductive health could be argued to implicitly include promotion of abortion access. For example, Mali’s (2012) NAP promotes the organisation of “medical assistance for women with ‘non-desired’ pregnancies” (original text in French; translation by author). Although abortion is not stated specifically, it could be inferred from the text. Macedonia’s NAP (2013) also states that gender needs entail the “existence of a legal framework for equal rights,



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having a choice when it comes to the reproductive role of women", again a potentially implicit reference to abortion.

The two NAPs that do mention abortion specifically are still vague in their exact meaning. In Australia's NAP (2012) abortion is referenced twice but in the context of a gender-based crime against women. The NAP states "there are many acts that constitute gender-based violence, including rape, sexual slavery, genital mutilation, forced pregnancy, abortion and sterilization." The act of forced abortion is clearly an act of violence against women and bears little relation to the context of access to safe and legal abortion by choice. The Ugandan NAP (2008) mentions as part of one of its strategic objectives that the authors have looked at various pieces of research which cite the restrictions in the law against abortion (in the section "Improved performance of the different actors involved in combating gender based violence"). Even in NAPs which address abortion, there is still little sense of abortion access and provision being implemented as part of these countries' policies.

It is striking that so many NAPs fail to mention either abortion or reproductive health. When read in the context of the widespread and systematic sexual abuse that has occurred in recent conflicts, the

fact that neither Bosnia-Herzegovina (2014) nor the Democratic Republic of the Congo (2010) attempt to build in plans for women's reproductive healthcare in their NAPs is a clear omission. This also highlights the continued conservatism with regards to women's bodily autonomy and reproductive agency. That commitments to reproductive health are vague within the NAPs is not abnormal (commitments to women's participation in peacebuilding or policing can also be couched in vague language), but does highlight the fact that states are hesitant to back particularly controversial matters. This is especially the case within the WPS agenda, which is created outside the development sphere and within the "harder" political sphere of the UN Security Council.

CONFLICT/POST-CONFLICT CONTEXT

We have seen that there is little consideration of abortion or reproductive rights in the text of the resolutions themselves or the NAPs. So why might reproductive rights, and abortion, deserve especial attention within the context of the WPS agenda? Feminist literature on post-conflict societies and governance is now well established, yet reproductive rights within this context have been afforded less attention. More focused consideration of reproductive health and specifically abortion occurs in the health and development sphere. From this work it is clear that conflict affects women's access to reproductive health, and increases in unsafe abortion are widely reported by those working in the field.⁶ Academic literature and NGO reporting has particularly noted the effects of conflict on displaced women including a steady increase in both births and abortions in refugee camps, the prohibition of contraceptive and abortion services by religious relief organisations

and the particular effects of sexual violence on women's reproductive health.⁷ It has been particularly noted that service provision lags far behind actual need. This is due to a number of reasons including moral and cultural values, lack of data, financial restraints and inadequate health service systems.⁸ Indeed, in order to combat this, the International Planned Parenthood Federation has set up a humanitarian crisis programme (the SPRINT initiative, funded by the Australian Government's Department of Foreign Affairs and Trade).

Yet this understanding of the importance of women's reproductive needs within development and aid contexts has had little influence in feminist international relations, in both academia and practice. Despite a much wider understanding of relevant security issues within feminist international relations which has critically influenced the growing WPS agenda, abortion and reproductive rights continue to remain marginal. We contend that these issues should be given more attention within the WPS framework, not least because sexual violence has largely come to dominate the WPS agenda.⁹ However, reproductive rights as a part of sexual violence have had slower uptake. From both a security and a development perspective there is a need to ensure that women who have experienced rape/sexual violence have access to safe abortion and contraception, including emergency contraception. Abortion access needs to be more fundamentally understood as a key part of addressing sexual violence in conflict and post-conflict settings.

Further, in recent academic literature the WPS agenda has been widely critiqued by feminist scholars for furthering an understanding of women as victims within the conflict/post-conflict setting. The resolutions have created an essentialised view of women as peace-builders or victims,¹⁰ which continues to

be reflected in the more recent co-option of the WPS agenda by the counter-terrorism agenda.¹¹ This has sacrificed, it is argued, an appreciation of women as agents and participants within peace processes and post-conflict institutions. Injecting a focus on reproductive rights into the WPS agenda places the focus on rights – i.e. women as bearers of rights, agents of their own lives – and takes emphasis on victimhood away. Consequently, in addressing reproductive rights, the WPS agenda can be re-oriented to encourage a consideration of women as rights-holding individuals. This is a more empowering vision than the dominant understanding that has taken hold within WPS of women as victims who are in need of protection.

- 6 United Kingdom Department for International Development, *Safe and Unsafe Abortion: The UK's policy position on safe and unsafe abortion in developing countries* (DFID: London, 2013), https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324590/safe-unsafe-abortion2.pdf.
- 7 Sneha Barot, "In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations", *Guttman Policy Review* 20 (2017): 24-30.
- 8 Ibid.
- 9 Claire Duncanson, *Gender and Peacebuilding* (Bristol: Polity Press, 2016), 105; Sara Meger, "The Fetishization of Sexual Violence in International Security", *International Studies Quarterly* 60 (1) (2016): 149-159.
- 10 Gina Heathcote and Dianne Otto, "Rethinking Peacekeeping, Gender Inequality and Collective Security: An Introduction" in *Rethinking Peacekeeping, Gender Inequality and Collective Security* ed. Gina Heathcote and Dianne Otto (Basingstoke: Palgrave Macmillan, 2014), 2.
- 11 Fionnuala Ni Aoláin, "The 'war on terror' and extremism: assessing the relevance of the Women, Peace and Security agenda", *International Affairs* 92 (2) (2016): 275-291.



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RECOMMENDATIONS

In light of the above, we recommend the following be taken on board by NGOs, international family planning organisations, and states with liberal abortions laws working within the UN structure:

Greater integration of policy on reproductive rights and UNSCR 1325 within existing UN institutions.

The United Nations Population Fund (UNFPA) acknowledges the differing role that sexual and reproductive health services have in times of crisis.¹² It has also done much to integrate 1325 into its practices and policies. Yet much of this language remains quite neutral in the sense that it does not explicitly link reproductive rights and 1325. Indeed, reflecting a broader activist and academic critique, much of the focus of UNFPA has been on gender/sexual-based violence. Following a UNFPA consultative meeting on 1325 in Bucharest in 2005, the resulting document focused largely on the role that UNFPA may play in the working of the WPS agenda “particularly with regard to preventing and responding to gender-based violence”.¹³ UNFPA could therefore do more to push the issue of reproductive rights within the WPS agenda. It could develop a role for itself as consciously advocating for the importance of reproductive rights within conflict and post-conflict settings, and the fact that this needs to be reflected in the development of UNSCR 1325 and the WPS agenda more broadly.

Greater appreciation of, and support for, the role of civil society and NGO actors on encouraging stronger abortion rights within the WPS agenda.

Abortion remains, in nearly all parts of the world, a controversial topic for public discussion. As a result, politicians, political parties, or governments, are rarely willing to address it openly. As a Discussion Paper from Countdown 2030 Europe and Action for Global Health (two pan-European networks focusing on the UN 2030 sustainable development goals) explains:

SRHR (sexual and reproductive health and rights) services often become political in nature, and governments – due to political pressure and competing budgets – may decide not to include them within those made available. The most ‘sensitive issues’, and the issues of marginalised groups, are therefore often the first to be deprioritised.¹⁴

With governments unwilling or unable to adopt a strong line on the issue, civil society, and NGOs which work on women’s sexual and reproductive health and rights need to be especially vocal on the necessity of abortion rights to be embedded within the WPS agenda. Academics and practitioners working on the issue of WPS agenda

need to pay close attention to the role that NGOs and charities can play in advocacy and lobbying. There is a range of organisations that do this, including IPPF, Plan, Europe 2030, and Friends of UNFPA. These bodies can provide key roles in advocating for reproductive rights in ways that states might be more reticent to do.

However, it must also be acknowledged that NGOs may not be able to persuade funders to pay for abortion coverage, or may find it difficult to discuss the fact that they do so publicly. Furthermore, in post-conflict political settlements, reproductive rights may be seen as too difficult an area to discuss, or irrelevant.¹⁵ The difficulty in addressing the issue may encourage NGOs and activists to neglect it, or to focus their energies in areas which are less controversial. Yet, given how established the WPS agenda now is, and the liberal policies that many countries adopt on this issue, the current environment feels an opportune chance for civil society to push on this. Furthermore, abortion is clearly not the only controversial topic which could form part of the WPS agenda. The rights of lesbian or trans women,¹⁶ access to contraception, or even the manner in which economic rights are addressed may all be difficult issues for certain (or all) governments to address. A greater awareness of the role that civil society and NGOs can play in furthering what might be the more ‘awkward’ or controversial issues



for governments to address is therefore useful beyond abortion rights alone, and may also pave the way for potential alliances between groups addressing 'difficult' issues.

States with liberal abortion laws should lead on further integrating abortion rights and the WPS agenda.

Within the global picture of reproductive rights, there are certain states which are clearly far more liberal than others. The domestic picture for a state's abortion laws clearly influences the role they will play for advocating abortion rights within the development and security framework. It is unlikely that we will see the United States pushing the issue of abortion rights within the WPS agenda any time soon; it is far more likely that we might see a country like Sweden take up this mantle. States which have strong liberal domestic laws on abortion must build on what has been achieved in their domestic context, and extend this to act as advocates for abortion rights within the WPS framework.

Indeed, the states which have been some of the strongest supporters of WPS (the earliest to produce NAPs, for example) are also some of those with the most liberal abortion laws (the Scandinavian countries, for example). As part of its feminist foreign policy initiative, the discourse of Sweden is exemplary here. In 2016, the Swedish Government promised that the work of its Foreign Service "will continue to pursue 'contentious' issues" and that it will "will promote reproductive rights by promoting long-term prevention of unwanted teenage pregnancies, increased access to comprehensive

sexuality education, contraceptives and counselling also to unmarried and young people, and legal and safe abortions."¹⁷ This energy and language can be used by both Sweden and other sympathetic states to further the role of abortion and reproductive rights more generally in the WPS agenda.

The language of the United Kingdom's Department for International Development (DFID) regarding abortion is also of note here. The UK adopts a very liberal position on abortion and appears eager to work to further women's access to abortion in the contexts in which it works. Indeed, research from the Guttmacher Institute argues that the UK has adopted an "unapologetic policy position on safe and unsafe abortion".¹⁸ Whilst stopping short of actively lobbying foreign and developing governments to adopt pro-choice policies, DFID adopts a strong pro-choice policy in terms of their own position and their mechanisms for funding provision. Anchoring their position in the Cairo Programme for Action, the UK's "position is that safe abortion reduces recourse to unsafe abortion and thus saves lives, and that women and adolescent girls must have the right to make their own decisions about their sexual and reproductive health and well-being."¹⁹

Even in countries where abortion is not legal, DFID will go to huge lengths to encourage reform and best practice within those restricted legal circumstances: "In these circumstances, we can consider support to increase awareness among policy-makers, legislators, national health authorities and health personnel of the circumstances under which abortion is allowed. We can also work to highlight

- 12 UN Population Fund, *UNFPA Annual Report 2015: For People, Planet and Prosperity* (New York, NY: UN Population Fund, 2015), 11; UN Population Fund, *State of World Population 2015: Shelter from the Storm – A Transformative Agenda for Women and Girls in a Crisis-prone World* (New York, NY: UN Population Fund, 2015), 42.
- 13 UN Population Fund, *Reassessing Institutional Support for Security Council Resolution 1325: Defining the UNFPA Role and Strengthening Support for Women in Conflict* (New York, NY: UN Population Fund, 2005), iii.
- 14 Action for Global Health and Countdown 2030 Europe, "UNIVERSAL HEALTH COVERAGE: Sexual and Reproductive Health and Rights on the Agenda", *Plan UK*, accessed 1 February 2018, <https://plan-uk.org/file/universal-health-coverage-srhr-on-the-agenda-afgh-countdown2030pdf/download?token=uG-u8mAi>.
- 15 Indeed, this was the case in Northern Ireland. See Catherine O'Rourke, *Gender Politics in Transitional Justice* (Abingdon: Routledge, 2013), 205.
- 16 Jamie J. Hagen, "Sexual Identity and Gender Identity as part of the WPS project", *LSE WPS Working Paper Series 2* (2016), <http://www.lse.ac.uk/women-peace-security/assets/documents/2016/wps2Hagen.pdf>.
- 17 Swedish Foreign Service, *Swedish Foreign Service action plan*, 11.
- 18 Sneha Barot, "Unsafe Abortion: The Missing Link in Global Efforts to Improve Maternal Health", *Guttmacher Institute Policy Review* 14 (2) (2011), 27.
- 19 United Kingdom Department for International Development, *Safe and Unsafe Abortion*, 8.



the consequences arising from the complications of unsafe abortion, such as the burden of maternal ill-health and high health service costs. We can also consider support to locally-led efforts to enable legal and policy reform.” Furthermore, the paper also acknowledges the economic barriers that exist in many contexts for women seeking abortions, illustrating a more nuanced take on abortion access which is often missing from policy: “the reality is that the youngest and the poorest women are least able to fulfil their

basic sexual and reproductive rights and are more likely than better off and urban women to have an unintended pregnancy and unsafe abortion.”

Most importantly for this context, UNSCR 2122 is mentioned (albeit fleetingly) within the policy paper as providing international legal justification for the UK’s strong stance on abortion provision. Anchoring their progressive policy in the legal context of one of the WPS SCRs illustrates the way in which WPS language

and mechanisms can be effectively used to argue for abortion rights. The UK clearly champions access to safe abortion within its broader development work, and is now using the WPS SCRs to further stake its claim to do so. This is a tactic which other states with liberal abortion rights might like to consider in their development and aid work, and shows the potential that the WPS agenda has for furthering safe abortion access in conflict and post-conflict countries.

CONCLUSION

While the WPS agenda does little to highlight abortion specifically, there is language in the resolutions that can be used to harness an understanding of reproductive rights. This language is important and states which have been proactive on the WPS agenda should build on this in future resolutions. However, this acknowledgment of reproductive rights remains relatively minor. This is reiterated in the NAPs, where reproductive rights exist but in no consistent fashion across states or regional boundaries. This inconsistency is unfortunate, yet this does also show some potential for abortion rights within

the WPS agenda in that states have a large degree of independence to manoeuvre their approach to reproductive rights in the ways they want. States that are leading the way on this front need to acknowledge their pioneering role here, and continue to push for greater integration of reproductive rights and 1325.

As emphasised above, the picture for abortion rights on the global level is fairly bleak. Reproductive health, and more specifically abortion access, is being stripped back internationally. This is in large part due to the US reinstatement of the Global Gag Rule, a change which looks set to continue for the immediate

future. With this growing restriction it is important for the international community to highlight reproductive rights within the WPS agenda as key not only for women emerging from sexual violence in conflict, but also for women as agents with individual rights. This pushes back against the dominant understanding that has been the central critique of feminist scholars and activists against 1325: that its primary portrayal of women is as victims of conflict, not agents. An increased emphasis on rights can help to create an understanding of women not solely in terms of their need for protection, but rather as being in control of their own lives.

20 Ibid., 10.

21 Ibid., 6.

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