



## I. Introduction

By way of introduction, the European Centre for Law and Justice (ECLJ) is an international, Non-Governmental Organisation, dedicated to promoting and protecting human rights and to furthering the rule of law in international affairs. The ECLJ has held Special Consultative Status before the United Nations/ECOSOC since 2007<sup>1</sup>. ECLJ thanks the Working Group on Discrimination Against Women and Girls (“Working Group”) for the opportunity to submit this statement.

To aid in the development of its report on “women’s and girls’ sexual and reproductive health and rights in situation of crisis”<sup>2</sup> the Working Group has requested information regarding the “challenges faced in ensuring that women’s and girls’ sexual and reproductive rights are respected, protected and fulfilled in times of crisis, and are adequately prioritized.” Furthermore, the Working Group has specifically requested information on how different types of crisis contribute to negative reproductive health outcomes for women and girls.

In addressing this topic, it is important to define the terminology being used by the Working Group. While the term, “sexual and reproductive rights” was officially defined at the International Conference on Population and Development in Cairo (1994), since that time the term “sexual and reproductive rights” has most often been used as a term synonymous to “induced abortion”.

Further, the Working Group has quite broadly defined “crisis” as encompassing not only “international and non-international conflicts and occupied territories, natural disasters, man-made disasters, famine and pandemics,” but also

long-standing situations of crisis resulting from structural discrimination deeply embedded in histories of patriarchy, colonization, conquest and marginalization (such as in the case, for example, of indigenous women, Roma women and women of African descent), as well as other types of crisis based on the lived experiences of women, such as those induced by environmental factors, including the

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<sup>1</sup> Consultative Status for the European Centre for Law and Justice, U.N. DEP’T ECON. & SOC. AFF., <http://esango.un.org/civilsociety/consultativeStatusSummary.do?profileCode=3010> (last visited 23 Aug. 2020).

<sup>2</sup> CALL FOR SUBMISSIONS: WOMEN’S AND GIRLS’ SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS IN SITUATIONS OF CRISIS, WORKING GROUP ON DISCRIMINATION AGAINST WOMEN & GIRLS, *available at* <https://www.ohchr.org/EN/Issues/Women/WGWomen/Pages/SexualReproductiveHealthRights.aspx>.

toxification of the planet, land grabbing, political, social and economic crises, including the impact of austerity measures, refugee and migrant crises, displacement crises, and gang-related violence, among others.

With such a broad definition of “crisis,” a majority of women and girls world-wide should be covered by the report. Yet, abortion is a highly controversial topic all around the world, and there is no international consensus that it is morally good, desirable for women, “health care”, or that it is a “positive” health outcome for women and girls. In fact, vulnerable women and girls are often coerced into abortion, enhancing and contributing to the crises in which they may already find themselves.

As such, the ECLJ submits this report on the negative effects that pro-abortion efforts to push abortion on women and girls around the world have on the rights of those very same women and girls to be respected and protected from coercion, trauma, and violence.

## **II. Legality of Abortion World-Wide**

According to the Center for Reproductive Rights, abortion is accessible to women in 67 countries, with some gestational limitations, the most common of which is a limit on abortions after 12 weeks of pregnancy<sup>3</sup>. Fourteen countries allow abortion on “broad social or economic grounds”<sup>4</sup>; 56 countries “permit abortion to preserve” the mother’s life or health, including mental health; 39 countries permit abortion only where the mother’s life is at risk. Finally, 26 countries prohibit abortion altogether. Thus, out of the 202 countries discussed, a large majority – 121 countries – have strict limitations on abortion. The remaining 81 countries also have varying degrees of limitations on abortion.

Clearly, induced abortion is a controversial topic, and is not viewed favorably in a majority of countries. Moreover, abortion laws and regulations in specific countries are not clear cut, but are complicated and complex. In many countries where abortion is allowed more freely, there are still legal restrictions on government funding of abortion, as well as limits on the reasons for which a woman may have an abortion. As one report notes:

[t]he existence of multiple [abortion] laws for a given country is an additional aspect that contributes to the complexity of comparing abortion laws across countries. Some countries, for example, have enacted special, dedicated abortion laws, while others have developed public health codes or medical ethics codes containing certain provisions that clarify how to interpret an abortion law<sup>5</sup>.

What most countries do agree on is that the State has an interest, not only in protecting women and girls, but also in protecting the lives of all their citizens – including the unborn<sup>6</sup>. This interest is

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<sup>3</sup> *The World’s Abortion Laws*, CENTER FOR REPRODUCTIVE RIGHTS, <https://reproductiverights.org/worldabortionlaws> (last visited 29 Aug. 2020).

<sup>4</sup> *Id.*

<sup>5</sup> *World Population Policies 2017*, Department of Economic and Social Affairs, Population Division, ST/ESA/SER.A/447, United Nations, New York 2020, *available at* [https://www.un.org/en/development/desa/population/publications/pdf/policy/WPP2017/WPP2017\\_Report.pdf](https://www.un.org/en/development/desa/population/publications/pdf/policy/WPP2017/WPP2017_Report.pdf).

<sup>6</sup> *Id.*

enshrined in national and international documents alike, as well as through the legislation of individual countries.

For instance, the Universal Declaration of Human Rights recognizes that “the inherent dignity and . . . equal and inalienable rights of *all* members of the human family is the foundation of freedom, justice and peace in the world,” and that *[e]veryone* has the right to life . . .”<sup>7</sup>. Article 6 of the International Covenant on Civil and Political Rights likewise states that “*[e]very* human being has the inherent right to life. [And that this] right shall be protected by law”<sup>8</sup>. It is important to note that while many international treaties contain provisions for the protection and promotion of the right to life, not one contains a “right to abortion.”

In November 2019, the United States, on behalf of Brazil, Belarus, Egypt, Haiti, Hungary, Libya, Poland, Senegal, St. Lucia, and Uganda issued a joint statement on the Nairobi Summit highlighting an active agenda on the part of some within the United Nations to push abortion in disregard of the sovereign rights of each country. In that statement, the countries noted that “ambiguous terms and expressions, such a sexual and reproductive health and rights . . . do not enjoy international consensus,” and that “the use of the term . . . may be used to actively promote practices like abortion”<sup>9</sup>. The countries further noted that “[t]here is no international right to abortion”<sup>10</sup>. Moreover, the statement correctly noted that “[a]ny measures or changes related to abortion within the health system can only be determined at the national or local level according to the legislative process”<sup>11</sup>. Not through the efforts of pro-abortion advocates who push the funding of abortion through means such as humanitarian aid packages.

### **III. Abortion is Neither “Safe” Nor “Positive”**

Published research strongly indicates that abortion, rather than being safe – even safer than childbirth as most pro-abortion advocates falsely claim – is in fact more dangerous.

In Finland, for example, researchers drew upon national health care data to examine the pregnancy history of all women of childbearing age who died, for any reason, within one year of childbirth, abortion, or miscarriage, between the years of 1987 and 1994 (a total of nearly 10,000 women). The study found that, adjusting for age, women who had abortions were 3.5 times more likely to die within a year than women who carried to term<sup>12</sup>.

A subsequent study based upon Medicaid records in U.S. State, California, likewise found significantly higher mortality rates after abortion. The study linked abortion and childbirth records in 1989 with death certificates for the years 1989-97. This study found that, adjusting for age,

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<sup>7</sup> Universal Declaration of Human Rights preamble, Art. 3.

<sup>8</sup> International Covenant on Civil and Political Rights, Dec. 16, 1966, S. Treaty Doc. No. 95-20, 6 I.L.M. 368 (1967), 999 U.N.T.S. 171, art. 6.

<sup>9</sup> Joint Statement on Nairobi Summit, Nairobi, 25<sup>th</sup> Anniversary of the International Conference on Population & Development (14 Nov. 2019), *available at* <https://www.hhs.gov/about/agencies/oga/global-health-diplomacy/protecting-life-global-health-policy/joint-statement-on-the-nairobi-summit-on-the-icpd25.html>.

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

<sup>12</sup> Mika Gissler, et al., Pregnancy-associated deaths in Finland 1987-1994-definition problems and benefits of record linkage, 76 *Acta Obstetrica et Gynecologica Scandinavica* 651 (1997).

women who had an abortion were 62% more likely to die from any cause than women who gave birth<sup>13</sup>.

Yet another study, this one of nearly a half million Danish women, found that the risk of death after abortion was significantly higher than the risk of death after childbirth<sup>14</sup>. The study specifically examined both early (before 12 weeks' gestation) and late (after 12 weeks' gestation) abortions, and found statistically significantly higher death rates for both groups as compared to mortality after childbirth.

A more recent meta-analysis of nearly 1000 studies concluded that a woman's risk of premature death increases by 50% after having an abortion, and that this lethal effect lasts at least ten years<sup>15</sup>.

The Finland and California studies mentioned above both showed, *inter alia*, a heightened risk of suicide after abortion<sup>16</sup>. (The Danish study did not examine this aspect.) A British study found the same thing<sup>17</sup>. All these studies are consistent with the many studies documenting adverse emotional consequences after abortion<sup>18</sup>.

Of course, abortion can also cause physical harm, beyond the harm (i.e., death) to the unborn child. This can result directly from the procedure itself (e.g., perforation of the uterus, laceration of the cervix), from the deprivation of the health benefits of continuing pregnancy (e.g., eliminating the protective effect of a full-term pregnancy against breast cancer)<sup>19</sup>, or by masking other dangerous symptoms (e.g., a woman with an infection or an ectopic pregnancy may believe her symptoms are merely normal after-effects of abortion, leading her to delay seeking medical help)<sup>20</sup>.

Furthermore, another U.S. study revealed that

58.3% of the women reported aborting to make others happy, 73.8% disagreed that their decision to abort was entirely free from even subtle pressure from others to

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<sup>13</sup> David C. Reardon, et al., Deaths Associated with Pregnancy Outcome: A Record Linkage Study of Low Income Women, 95 SO. MED. J. 834 (2002).

<sup>14</sup> David C. Reardon & Priscilla K. Coleman, Short and Long Term Mortality Rates Associated with First Pregnancy Outcome: Population Register Based Study for Denmark 1980-2004, 18 MED. SCI. MON. 71 (2012).

<sup>15</sup> David C. Reardon & John M. Thorp, Pregnancy Associated Death in Record Linkage Studies Relative to Delivery, Termination of Pregnancy, and Natural Losses: A Systematic Review with a Narrative Synthesis and Metaanalysis, 5 Sage Open Medicine 1 (2017).

<sup>16</sup> See also Mika Gissler, et al., Suicides after Pregnancy in Finland: 1987-94: Register Linkage Study, 313 BRITISH MED. J. 1431 (1996) (suicide rate after induced abortion was six times higher than suicide rate after childbirth).

<sup>17</sup> Christopher L. Morgan, et al., Mental Health May Deteriorate as a Direct Effect of Induced Abortion, 314 BRITISH MED. J. 902 (Mar. 22, 1997) (letters section) (found suicide attempts more than four times as frequent after abortion than after childbirth).

<sup>18</sup> See David C. Reardon, Abortion Decisions and the Duty to Screen: Clinical, Ethical and Legal Implications of Predictive Risk Factors of Post-Abortion Maladjustment, 20 J. CONTEMP. HEALTH L. & POL'Y 33, 39 n.14 (2003) (citing nearly three dozen sources).

<sup>19</sup> See Justin D. Heminger, Big Abortion: What the Antiabortion Movement Can Learn from Big Tobacco, 54 CATH. U.L. REV. 1273, 1288-89 & nn.119 & 121 (2005).

<sup>20</sup> See generally *Physical Effects of Abortion: Fact Sheets, News, Articles, Links to Published Studies and More*, THE UNCHOICE, [www.theunchoice.com/physical.htm](http://www.theunchoice.com/physical.htm) (listing sequelae and referencing sources) (last visited 29 Aug. 2020).

abort, 28.4% aborted out of fear of losing their partner if they did not abort, 49.2% reported believing the fetus was a human being at the time of the abortion, 66% said they knew in their hearts that they were making a mistake when they underwent the abortion, 67.5% revealed that the abortion decision was one of the hardest decisions of their lives, and 33.2% felt emotionally connected to the fetus before the abortion<sup>21</sup>.

In that same study, the women were asked what positives stemmed from their decision to abort. Twenty-two percent of the women chose not to answer this question, while 31.6% responded by choosing the survey answer as “none”<sup>22</sup>.

When asked about the most significant negatives that had impacted them from the decision to abort, women listed the following:

- Took a life/loss of a life of lives
- Depression
- Guilt/Remorse
- Self-hatred/anger at self/self-loathing/feelings of worthlessness/unworthy of love
- Shame
- Addiction, alcohol or drug abuse
- Regret
- Self-destructive behaviors including promiscuity, self-punishment, and poor choices
- Low self-esteem
- Anxiety/fear
- Suicidal/suicidal thoughts/wanting to die/self-harm/dangerous risks/suicidal attempts<sup>23</sup>

All of these factors contribute to the negative and even devastating effects abortion has on women and girls.

#### **IV. Global Efforts to Push Abortion on Women and Girls in Times of Crisis**

As the Working Group highlighted in its questionnaire, crises take on many different forms around the world. Most recently, the world has been hit by a global pandemic—the COVID-19 pandemic. In areas around the globe already suffering from such things as violence, war, and poverty, the COVID-19 pandemic has hit especially hard.

For instance, the U.N. news agency published an article detailing the severe food crisis Yemen is currently facing. According to the news agency, “two million children require treatment for acute

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<sup>21</sup> Priscilla K. Coleman, Ph.D., et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences*, JOURNAL OF AMERICAN PHYSICIANS & SURGEONS, Vol. 22 No. 4, p. 115 (2017), available at <https://www.jpands.org/vol22no4/coleman.pdf>.

<sup>22</sup> *Id.*

<sup>23</sup> *Id.* at 116-17.

malnutrition ‘of which around 360,000 are at risk of dying without treatment<sup>24</sup>.’” Also according to the article, “There are 10 million people who are facing (an) acute food shortage . . .”<sup>25</sup>. Obviously, many of the vulnerable people and children in Yemen are women and girls.

Yet, the U.N. has failed to provide the aid needed to assist those in crisis. This is because some of the U.N. Commission on Population and Development’s 47 Member States insisted that the aid sent include coverage for abortions. Thus, abortion advocates demanded that in order to save hundreds of thousands of malnourished children in Yemen, the elective abortion of unborn children must also be funded. However, abortion is generally *illegal* in Yemen, and requiring the funding of such activity where illegal is a violation of State sovereignty.

This is far from the first time that abortion advocates have exploited vulnerable women and girls in an attempt to demand the funding of elective abortion. In fact, the U.N. Population Commission entered negotiations twice in the first six months of 2020 on aid packages concerning the COVID-19 pandemic and food crisis in Yemen. “In both cases the chair of the commission withdrew the draft agreements rather than accommodate [the] pro-life concerns” of some of the Commission’s Member States<sup>26</sup>.

Similarly, in May of 2020, the U.N. Global Humanitarian Response Plan (GHRP) required that “sexual and reproductive health services” – also known as “elective abortion” – be given the “same level of importance as food-insecurity, essential health care, malnutrition, shelter, and sanitation”<sup>27</sup>. In this instance, Member States had no input in the GHRP, and the language remained a part of the \$2 billion COVID-19 aid package.

While Member States had no vote in the matter and were unable to express their concern by prohibiting the inclusion of abortion funding in a pandemic aid package, they did still make their voices heard. In a May 2020 letter to the U.N. Secretary-General, the United States wrote:

The UN’s Global Humanitarian Response Plan (Global HRP), and its \$6.71 billion coordinated appeal, must remain focused on addressing the most urgent, concrete needs that are arising out of the pandemic.

Therefore, the UN should not use this crisis as an opportunity to advance access to abortion as an “essential service.” Unfortunately, the Global HRP does just this, by cynically placing the provision of “sexual and reproductive health services” on the same level of importance as food-insecurity, essential health care, malnutrition, shelter, and sanitation. Most egregious is that the Global HRP calls for the

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<sup>24</sup> *Waiting to Declare Famine ‘Will Be Too Late for Yemenis on Brink of Starvation’*, UN NEWS (10 July 2020), <https://news.un.org/en/story/2020/07/1068101>.

<sup>25</sup> *Id.*

<sup>26</sup> Lisa Correnti, *UN Commission Fails Again over Abortion and Anti-Sovereignty Language; Kenya Splinters African Group* (8 July 2020), [https://c-fam.org/turtle\\_bay/uncpd53-fails-to-adopt-covid-19-declaration-due-to-pro-abortion-and-anti-sovereignty-language-kenya-splinters-african-group/](https://c-fam.org/turtle_bay/uncpd53-fails-to-adopt-covid-19-declaration-due-to-pro-abortion-and-anti-sovereignty-language-kenya-splinters-african-group/).

<sup>27</sup> Press Release, *Acting Administrator John Barsa Letter to UN Secretary General Guterres*, USAID (18 May 2020), available at <https://www.usaid.gov/news-information/press-releases/may-18-2020-acting-administrator-john-barsa-un-secretary-general-antonio-guterres>.

widespread distribution of abortion-inducing drugs and abortion supplies, and for the promotion of abortion in local country settings.

Member States are deeply divided over the use of the term “sexual and reproductive health” and its derivatives, and it is among the most polarizing issues raised in UN negotiations. . . . Now is not the time to add unnecessary discord to the COVID-19 response<sup>28</sup>.

Nevertheless, adding unnecessary discord is exactly what some U.N. Member States have continued to insist upon; choosing to deny life-saving aid for nearly 10 million vulnerable and starving children and adults, rather than simply removing language that allocates some of that funding for abortion. Abortion advocates have even argued that too much of the foreign aid going to these countries is spent on necessities such as food and water, while funding and access to abortions are put aside<sup>29</sup>.

In its report *Overview of 2020 Funding Requirements: UNFPA Regional Syria Crisis/COVID-19 Response*, the United Nations Population Fund (UNFPA) stated that it needs \$137 million to “deliver[] life-saving sexual and reproductive health and gender based violence services to communities in need inside Syria and throughout the region”<sup>30</sup>. The report clearly indicates that UNFPA’s stated goal is to “work toward increasing the availability of and access to quality sexual and reproductive health services”<sup>31</sup>. This is yet another clear attempt to push elective abortion on vulnerable women and girls. Furthermore, as abortion is generally *illegal* in Syria, with exceptions for the life of the mother<sup>32</sup>, the UNFPA is again pushing abortion in disregard of the sovereign rights of each country.

#### IV. Global Providers of Abortion

Global abortion advocates and providers, such as the International Planned Parenthood Federation (IPPF) also use humanitarian crises, such as the humanitarian crises that occurred in Iraq and Syria following the rise of ISIS, to push for more funding and greater access to abortion in these countries<sup>33</sup>. Furthermore, abortion advocates have made it clear that many of these countries in crisis, such as Iraq and Syria, lack what they deem as “adequate” access to reproductive care. In order to push for abortion and reproductive care in these countries, international organisations such

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<sup>28</sup> *Id.*

<sup>29</sup> *U.N. Official: Syrian Women Seek Abortions and Suffer Rape Because of War*, USA TODAY (4 Feb. 2016), <https://www.usatoday.com/story/news/world/2016/02/04/un-official-syrian-women-and-girls-suffering-most/79815256/>.

<sup>30</sup> OVERVIEW OF 2020 FUNDING REQUIREMENTS: UNFPA REGIONAL SYRIA CRISIS / COVID-19 RESPONSE, UNITED NATIONS POPULATION FUND, available at [https://syria.unfpa.org/sites/default/files/pub-pdf/regional\\_syria\\_response\\_funding\\_overview\\_2020\\_-\\_en\\_-\\_23062020-2\\_1\\_0.pdf?\\_ga=2.157500986.1861721182.1598636566-1049048958.1598636566](https://syria.unfpa.org/sites/default/files/pub-pdf/regional_syria_response_funding_overview_2020_-_en_-_23062020-2_1_0.pdf?_ga=2.157500986.1861721182.1598636566-1049048958.1598636566) (last visited 29 Aug. 2020).

<sup>31</sup> *Id.*

<sup>32</sup> *The World’s Abortion Laws: Syria*, CENTER FOR REPRODUCTIVE RIGHTS, <https://reproductiverights.org/worldabortionlaws?country=SYR>, (last visited 29 Aug. 2020).

<sup>33</sup> *Syria: Sexual and Reproductive Health and Rights Must Be at the Heart of Response*, IPPF (15 March, 2016), <https://www.ippfen.org/blogs/syria-sexual-and-reproductive-health-and-rights-must-be-heart-response-strategies>.

as IPPF work and partner with organisations within these countries to expand their operations,<sup>34</sup> again defying state sovereignty.

Marie Stopes International and IPPF are the largest global abortion providers. Marie Stopes and IPPF, as well as numerous other NGOs active around the world in areas of crisis, have made it clear that providing abortion is central to their mission. In 2017, when President Donald Trump took office, he reinstated and expanded the Mexico City policy<sup>35</sup>, which was renamed the Protecting Life in Global Health Assistance (PLGHA) policy. This policy requires foreign NGOs that receive US government funding for family planning services to certify that they will not “perform or actively promote abortion as a method of family planning,” using funds from *any* source<sup>36</sup>. In March 2019, President Trump furthered his administration’s prolife agenda by prohibiting foreign NGOs from providing any financial support to other NGOs that perform or actively promote abortion<sup>37</sup>.

However, rather than agree to these terms to keep their funding and thus be able to provide other services to women and girls around the world, many NGOs made it clear that abortion is their main agenda by refusing to accept U.S. funding. In fact, IPPF issued a statement making it clear that despite its alleged commitment to protecting and improving “the lives of women, men and children around the world, IPPF and its partners in 170 countries” would not sign a policy that prohibited them from pushing abortion around the world<sup>38</sup>.

Unlike IPPF, Marie Stopes International, and a few other similarly minded NGOs, out of the 733 organizations whose funding was up for renewal under the new policy, 729 agreed to the rules and had their grants approved<sup>39</sup>. These NGOs were thus able to continue providing much needed aid to women and girls around the world.

## V. Examples of Harm Caused to Women and Girls by Pro-Abortion Agenda

Women and girls in crisis face many needs such as access to food, clean water, shelter, clothes, medicine, education, and protection from abuse, coercion, and exploitation. Pro-abortion advocates push abortion on these vulnerable women and girls under the guise of compassionate “health care”. Despite the claims of pro-abortion advocates, abortion is not a safe practice, nor does increased access to abortion provide a positive health outcome for women and girls. In fact,

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<sup>34</sup> CPD 47: *We Need UN Agencies to Increase Their Funds to Syria*, IPPF (16 April 2014), <https://www.ippfen.org/blogs/cpd-47-we-need-un-agencies-increase-their-funds-syria>.

<sup>35</sup> Press Release, *Presidential Memorandum Regarding the Mexico City Policy* (23 Jan. 2017), available at <https://www.whitehouse.gov/presidential-actions/presidential-memorandum-regarding-mexico-city-policy/>.

<sup>36</sup> *Review of the Implementation of the Protecting Life in Global Health Assistance Policy*, STATE.GOV, <https://www.state.gov/wp-content/uploads/2020/08/PLGHA-2019-Review-Final-8.17.2020-508.pdf> (last visited 30 Aug. 2020).

<sup>37</sup> Steven Ertelt, *Secretary of State Mike Pompeo: “We Will Not Subsidize the Killing of Unborn Babies”*, Life News (26 Mar. 2019, 5:59 PM), <https://www.lifenews.com/2019/03/26/secretary-of-state-mike-pompeo-we-will-not-subsidize-the-killing-of-unborn-babies/>.

<sup>38</sup> *Why We Will Not Sign the Global Gag Rule*, IPPF.ORG (23 Jan. 2017), <https://www.ippf.org/news/why-we-will-not-sign-global-gag-rule>.

<sup>39</sup> Matthew Lee, *US Says Abortion Gag Rule Cost Only 4 Organizations Funding*, ASSOCIATED PRESS (7 Feb. 2018), <https://apnews.com/f5472c575bee40fd8ded4efd7dbb94fd>.



abortion often causes further harm and trauma to women and girls, and is used as a tool by abusers to further exploit women and girls, and even to push a cultural preference for sons over daughters.

The Working Group listed “histories of patriarchy” as one of definitions of crisis that may contribute to negative reproductive health outcomes for women. The Guttmacher Institute found that “[s]on preference is a global phenomenon that has existed throughout history”<sup>40</sup>, and that “[t]oday, in some societies, son preference is so strong and sex-selective practices so common that, at the population level, the number of boys being born is much greater than the number of girls”<sup>41</sup>. The report also stated that “[t]his is notably the case in a number of South and East Asian countries, primarily India, China, Singapore, Taiwan, Hong Kong and South Korea”<sup>42</sup>.

The UNFPA itself estimates that “around 140 million women are believed to be ‘missing’ around the world – the result of son preference, including gender-biased sex selection, a form of discrimination”<sup>43</sup>. The UNFPA further noted that increased access to prenatal screenings and abortion have “accelerated sex-ratio imbalances at birth in parts of the world”<sup>44</sup>. Moreover, “[t]oday, gender-biased sex selection can take place before a pregnancy is established (for example, preimplantation sex determination and selection, or “sperm sorting” for in-vitro fertilization) or during pregnancy (sex-selective abortion)”, and this “technology has enabled an additional method for sex selection”<sup>45</sup>.

## A. India

In India, is abortion being used to aid in a cultural preference for sons over daughters and to selectively target unborn girls for extermination.

According another report, “[t]hroughout much of India, sons are often valued to carry on the family name and receive inheritance”<sup>46</sup>. In an increasingly Hindu-nationalist society, Hindu practices also factor into a family’s preference for sons over daughters: “According to traditional Hindu custom, important religious rituals such as the lighting the funeral pyre must be performed by a son to assure that parents have a good afterlife”<sup>47</sup>. As such, throughout India abortion is used to selectively target unborn girls – and even girls born have been targeted for infanticide, or femicide. The report goes on to state that while

[a]bortion is also widely available and easily accessible in India, . . . [a]t its root, sex-selective abortion arises from discriminatory attitudes towards women and

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<sup>40</sup> Sneha Barot, *A Problem-and-Solution Mismatch: Son Preference and Sex-Selective Abortion Bans*, GUTTMACHER INSTITUTE (16 May 2012), <https://www.guttmacher.org/gpr/2012/05/problem-and-solution-mismatch-son-preference-and-sex-selective-abortion-bans#>.

<sup>41</sup> *Id.*

<sup>42</sup> *Id.*

<sup>43</sup> *Gender-Biased Sex Selection*, UNITED NATIONS POPULATION FUND, <https://www.unfpa.org/gender-biased-sex-selection> (last visited 20 Aug. 2020).

<sup>44</sup> *Id.*

<sup>45</sup> *Id.*

<sup>46</sup> *Sex Selective Abortion in India*, POPULATION RESEARCH INSTITUTE, (July 2019), <https://www.pop.org/wp-content/uploads/2019/07/Sex-Selective-Abortion-Fact-Sheet-India-Final-1.pdf>.

<sup>47</sup> *Id.*

inequality between women and men in India. Women in India are often denied equal access to health care and education and are often excluded from decision-making in the family<sup>48</sup>.

Thus, “[w]omen are often coerced or forced into selectively aborting their daughters by relatives or spouses”<sup>49</sup>. Because of this, an estimated “15.8 million girls in India have been eliminated through sex-selective abortion and other forms of prenatal sex selection”<sup>50</sup>.

## B. China

Similarly, due to China’s one-child policy, women in China are subjected to coerced or forced abortions. These abortions have killed approximately 400 million unborn children in the past 40 years<sup>51</sup>, and created an extremely disproportionate sex-ratio – as many families aborted daughters because of a cultural preference for sons. Due the one-child policy and local regulation of birth, enormous fines were also imposed on the second or subsequent pregnancies. These fines sometimes amounted to as much as 6 times the annual household income from the previous year. Cumulatively, the fines brought in the equivalent of over two trillion U.S. dollars to local governments in China. As a result, in 2017 the China Academy of Social Science has estimated that by 2020 China will have 30 million more men than women<sup>52</sup>.

While China modified its one-child policy in December 2015 to transition to a two-child policy, “[w]omen in China found pregnant with an over-quota child continue to face severe penalties . . . [which] include, in many provinces, being forced to have an abortion”<sup>53</sup>. An “on-the-ground investigation in China has revealed, in certain locales the two-child policy is being just as rigorously enforced as the one-child policy was”<sup>54</sup>. One example of local rules governing the two-child policy comes from Hainan province, which proclaims:

Article 23: Those whose pregnancies do not conform to these Regulations, must promptly terminate their pregnancy. Those who still refuse to terminate their pregnancies after “persuasive education” will be dealt with according to the relevant provisions of these Regulations<sup>55</sup>.

第二十三条 不符合本条例规定怀孕的，应当及时终止妊娠。经说服教育仍拒绝终止妊娠的，按照本条例有关规定处理<sup>56</sup>。

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<sup>48</sup> *Id.*

<sup>49</sup> *Id.*

<sup>50</sup> *Id.*

<sup>51</sup> Justin Parkinson, *Five Numbers That Sum Up China’s One-Child Policy*, BBC NEWS MAGAZINE (29 Oct. 2015), <https://www.bbc.com/news/magazine-34666440>.

<sup>52</sup> Liu Jing, *30 Million Chinese Men to be Wifeless Over the Next 30 Years*, CHINA DAILY, [http://www.chinadaily.com.cn/china/2017-02/13/content\\_28183839.htm](http://www.chinadaily.com.cn/china/2017-02/13/content_28183839.htm) (last updated 13 Feb. 2017, 4:39 PM).

<sup>53</sup> Steven W. Mosher & Jonathan Abbamonte, *Forced Abortion Still Mandated Under China’s “Planned Birth” Laws*, POPULATION RESEARCH INSTITUTE (15 Jan. 2018), <https://www.pop.org/forced-abortion-still-mandated-chinas-planned-birth-laws/>.

<sup>54</sup> *Id.*

<sup>55</sup> *Id.*

<sup>56</sup> *Id.*

Several documentaries have exposed the horrific and brutal results of China's population control policies<sup>57</sup>. The producer of one such documentary stated that “[e]very woman has almost gone through a forced abortion or forced sterilization. . . . Sometimes the babies . . . they were born alive, and because of the policy and her job, she had to kill them after they were born alive, and she is really traumatized because of that”<sup>58</sup>.

India and China are merely two examples of how abortion can be and is used against women and girls around the world. These two countries are hardly alone in revealing the devastating, traumatic, and coercive nature of abortion.

## V. Conclusion

Women and girls around the world face a myriad of crises and challenges – and their needs should be met, not exploited. Abortion, or “sexual and reproductive health” as termed by many, is a tool often used to contribute to crisis, not aid in halting it. Thus, it is incumbent upon individual countries, international bodies, and organizations to focus on the real needs of women and girls in crisis, such as access to food, clean water, shelter, safety, etc.

As has been made clear above, pro-abortion advocates are exploiting humanitarian crises to further their agenda – an agenda not supported by a majority of countries. Guarding against the intrusion of pro-abortion agendas on state sovereignty is in no way contrary to international law which guarantees the right to life. In fact, international law obliges Member States not only to protect human life without discrimination, but also to prevent the use of abortion as an exploitive means, and to protect families. This includes the obligation of Member States to protect against the exploitation and coercion of vulnerable women and girls, and the obligation of each state to value the lives of the unborn.

In light of above, the ECLJ recommends measures of support for women facing unexpected pregnancies. This support, instead of being primarily or sometimes solely directed to “abortion services”, should be redirected for the funding of social and medical assistance for the follow-up of pregnancies, for births, health care and social help, in order to truly help women in situation of crisis.

Every human life, from conception to natural death, deserves to be protected because of its inherent worth and dignity.

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<sup>57</sup> For example, *One Child Nation*, <https://youtu.be/gMcJVOLwyD0>, and *It's a Girl*, <https://www.itsagirlmovie.com/watch-now/>.

<sup>58</sup> Caleb Parke, *Women 'Tied Like Pigs,' Forced Abortions Part of China's 'One-Child Policy,' Doc Shows*, FOX NEWS (8 Aug. 2019), <https://www.foxnews.com/world/women-one-child-china-policy-forced-abortion-sterilization-documentary>.