

Can abortion rights be integrated into the Women, Peace and Security agenda?

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Abstract: Reproductive rights are an under-theorised aspect of the Women, Peace and Security (WPS) agenda, most clearly typified in United Nations Security Council resolution (UNSCR) 1325 and successive resolutions. Yet reproductive rights are central to women's security, health and human rights. Although they feature in the 2015 Global Study on 1325, there is less reference to reproductive rights, and to abortion specifically, in the suite of UNSC resolutions themselves, nor the National Actions Plans (NAPs - policy documents created by individual countries to outline their implementation plan for 1325). Through content analysis of all resolutions and NAPs produced to date, this article asks where abortion is in the WPS agenda. It argues that the growing centrality of the WPS agenda to women's rights in transitioning societies means that a lack of focus on abortion will marginalise the topic and stifle the development of liberal legalisation.

Key words: abortion, UNSCR 1325, WPS agenda, reproductive rights, CEDAW

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Introduction

United Nations Security Council Resolution 1325 (UNSCR1325), and the broader Women, Peace and Security (WPS) agenda, has grown to dominate the global women's rights movement within conflict and post-conflict societies. The WPS agenda is rapidly becoming one of the – if not *the* - key international mechanisms to further women's rights in conflict and post-conflict environments. Yet, in spite of this broad reach, women's reproductive rights play little role within the text of the successive United Nations Security Council Resolutions (SCRs), nor the broader WPS agenda. Reproductive rights, especially abortion, are a fundamental component of women's human rights. If 1325 is now a dominant force within the global women's rights movement, its silence on reproductive rights is worrying.

As Laura Sjoberg writes, a key part of feminist international relations is about expanding and reconceptualising what we mean by security: “security threats include not only war and international violence, but also domestic violence, rape, poverty, gender subordination, and ecological destruction” (2010, 4). The idea that sexual violence and rape are conflict and security issues has clearly been extended in the successive WPS SCRs (in particular, Resolutions 1820, 1888, 1960 and 2106), yet the notion that victims of rape might require abortion or reproductive care is pointedly absent. Reproductive rights concern bodily integrity, physical security, and have health and economic effects – why have they not been embraced by the WPS agenda?

This paper looks specifically at the issue of abortion, asking where it lies within the WPS agenda, and what the relative silence on this issue means in the context of the global fight for reproductive rights. The article begins by outlining why abortion is a key issue for gender security and specifically women's citizenship in conflicted societies. It then considers the lack of reference to abortion through content analysis of both successive resolutions on WPS since

1325, and the National Action Plans developed by countries to implement the agenda. Firstly, however, it briefly considers the history and development of the WPS agenda.

The United Nations Security Council and the WPS agenda

The WPS agenda addresses the inclusion of women and brings a gendered perspective to post-conflict reconciliation and peacebuilding, aiming to tackle the root causes of gender inequality which conflict exacerbates and entrenches. It is largely addressed through multiple successive resolutions of the United Nations Security Council (UNSC), further details of which are provided below, which aim to enshrine women's rights and needs into the work of UN agencies, and the broader rhetoric and actions of the international community. In 2015, a Global Study on the implementation of 1325 commissioned by the Secretary-General ("Preventing Conflict, Transforming Justice, Securing the Peace") cemented the WPS agenda within the UN's discourse and pointed the way forward for greater inclusion of women's rights within UN peacebuilding architecture.

The WPS is also furthered through other sectors of the international community beyond the SCRs or UN bodies. The WPS agenda has had substantial uptake at the national level. Countries were initially slow to enact NAPs after the adoption of the resolution (Denmark was the first country with a NAP in 2005), yet they are increasingly used by countries to frame their approach to the WPS agenda. Currently, 60 countries have a National Action Plan (NAP) detailing how they will implement UNSCR1325 within their national and international security strategies (peacewomen, 2016). This NAP process assists countries in identifying priorities and resources, determining their responsibilities, and committing to action. Countries can periodically revisit NAPs to assess strengths and weaknesses and add strategic areas.

National Action Plans are largely outward looking, with Western European countries being leaders in their development. NAPs are constructed with the input of key stakeholders including expert policy-makers, academics and civil society; low-income countries have been

supported by the UN and its bodies in the creation of country NAPs. However, there is a lack of information and documentation of NAP creation processes which leaves a gap in understanding how countries develop priority concerns and take account of country-specific contexts. Indeed, as illustrated below, the NAPs produced to date are vastly different in terms of the policy areas that they choose to focus on.

As outlined above, the WPS agenda is focussed around several broadly defined themes or pillars, leaving scope when constructing a NAP for countries to concentrate on particular concerns. Miller et al (2014) cite the examples of Bosnia-Herzegovina and Cyprus. Whilst in Bosnia-Herzegovina the issue of human trafficking is a key area, in Cyprus addressing ethnic differences on the island is a main concern (Miller et al, 2014). Indeed, the three South American countries to adopt NAPs (Chile, Paraguay and Argentina) all largely focus on women's participation in peacekeeping forces and peace processes, whereas many African NAPs reference female genital mutilation (FGM), sexual violence and HIV care (see for example Guinea-Bassau, 2010; Kenya, 2016; Liberia, 2009). Accordingly, each country has scope to interpret the pillars of 1325 widely and contextually.

Beyond the national level, the WPS has also grown to include many key institutions in the international community. Indeed, the importance of the WPS agenda for women's rights is exemplified through its growing relationship with the Convention Against the Discrimination of Women (CEDAW). The Committee on the Elimination of All Forms of Discrimination against Women (which assesses countries' implementation of CEDAW) adopted General Recommendation No. 30 on women in conflict prevention, conflict and post-conflict situations in October 2013 which set out and affirmed the Convention's linkages with the UNSC's WPS agenda. NATO has also adopted implementation plans on the WPS agenda (NATO, 2014), although this may be seen as providing the organisation with 'added value', rather than a

systemic change in outlook (Wright, 2016). The EU institutions also have commitments regarding 1325, although have been slower to situate themselves as key players in this role (Guerrina and Wright, 2016). The WPS agenda is therefore a broad reaching enterprise, which is now expanding its reach beyond UN institutions to become integrated into the work of other members of the global community.

Reproductive rights within the conflict/post-conflict context

Why do reproductive rights, and abortion, deserve especial attention within the context of the WPS agenda? The terms ‘reproductive rights’ or ‘reproductive health’ are often used to refer to the broader remit of rights around reproduction. Although widespread within the academic and grey literature, reproductive rights can often mean very different things in different contexts. For example, if a country with liberal abortion laws such as Finland refers to reproductive health/rights in a NAP it could be assumed to include abortion. However, if the Republic of Ireland (which has some of the most restrictive abortion laws in the world) does the same, it could be assumed to exclude abortion. The term ‘reproductive rights’ can be used in a depoliticised manner, deliberately employed to obscure any specific reference to its more controversial aspects (such as abortion). Yet the framework of reproductive rights (and more recently ‘reproductive justice’) is also claimed by feminist activists and scholars, to highlight the ways in which the full spectrum of sexual and reproductive needs (of which abortion is of central importance, but also includes contraception, maternal care etc.) are both interconnected and interdependent, and linked to broader issues of equality, social justice and individual health (Fried, 1990). Indeed, the World Health Organisation adopt such a definition. They believe that *‘reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so’* (WHO, 2016). It is this more consciously politicised

usage that we employ here, one which acknowledges both the centrality of abortion, but also the broader framework of reproductive rights in which it needs to be understood.

Within the feminist literature on post-conflict societies and governance, reproductive rights have been afforded less attention (for exceptions see O'Rourke, 2013; Waylen, 2007), although have been given more focussed consideration in the health and development sphere (see for example Austin et al, 2008; Busza, 1999). In their consideration of post-conflict law reform, however, Ní Aoláin et al argue that “ignoring” them is to “fundamentally disengage from the core rudiments of women’s lives that predict the quality, status, and autonomy of that lived life from girlhood through maturity to old age” (2011, 221). As such, they maintain that reproductive rights are a “crude but effective measure” (Ibid, 220) for explaining how gender-friendly a post-conflict society has become: “reproductive rights capacity and access is one of the core benchmarks that we suggest requires consistent inclusion to measure the full and transformative effect of transition from conflict to peace for women” (Ibid, 222). A broader, feminist understanding of post-conflict transformation thus requires an appreciation of reproductive rights.

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 (Busza and Lush, 1999). Literature has particularly noted the effects of conflict on displaced women (Halvorsen, 1995) including a steady increase in both births and abortions in refugee camps (Mann, 1994), the prohibition of contraceptive and abortion services by religious relief organisations (Wulf, 1994) and displacement affecting women’s desired family size (Potts, 1980). In addition, the increase of systemic sexual violence in conflict has implications for the need to access abortion services. As such, it is clear that abortion is a gendered security issue for women in conflicted societies.

Yet, 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 within gendered post-conflict literature, with only the issue of forced abortion receiving particular attention (Askin, 2002; Cahn, 2006). The lack of reference to abortion as a gendered security issue may be in part due to the lack of connections between peace-building, gender equality, development and security both in academia and in policy (Hendricks, 2012). In addition to the separation of the development and peace-building spheres, the increased moral conservatism within societies emerging from violent conflict can also influence discussion of reproductive rights (Meintjes et al, 2001). Within this type of traditional frame, abortion is often positioned as too divisive or contentious for women to advocate for, in particular when there are other, less controversial issues on the agenda (O'Rourke, 2013). Coupled with narrow conceptions of demilitarisation and institutions of governance (often based on power-sharing which by their nature tend to minimise alternative identity concerns (Kennedy et al, 2016), post-conflict societies are shaped in a way which minimises or silences gendered concerns.

Feminist theorists of security point out that gender security should not be a fixed concept but one that is defined contextually and that enables women to articulate their perceptions of insecurity and re-imaginings of security (McLeod, 2013). From this space security can be redefined from the bottom up resulting in relevant change which improves life for ordinary citizens (Byrne, 2009; Licht, 2006). It is clear that restrictive abortion laws and lack of abortion access is a security issue for women globally, particularly in societies in conflict and emerging from violent conflict (Centre for Reproductive Rights, 2015). Accordingly, abortion must be addressed as a gender security issue which is crucial for the WPS agenda.

The politics of global reproductive rights

Within global policy, access to safe abortion is understood as a fundamental component of women's healthcare. On an international level, greater restrictions on the procedure do not mean fewer abortions: in Africa, the abortion rate is 29 per 1,000 women of childbearing age and in Latin America it is 32 per 1,000, both regions where the procedure is illegal in the vast majority of countries. Yet in Western Europe the rate is 12 per 1,000, a region with generally liberal abortion laws (Guttmacher Institute, 2015). In countries where the practice is illegal, abortions are generally unsafe, and often take place at great risk to the woman's health. In 2008, 47,000 women died from unsafe abortions, and approximately 13% of maternal deaths were due to unsafe abortion (Guttmacher Institute, 2015). In light of this knowledge, the World Health Organisation (WHO) is clearly committed to eliminating unsafe abortion:

Whether abortion is legally restricted or not, the likelihood that a woman will have an abortion for an unintended pregnancy is about the same. Legal restrictions on abortion do not result in fewer abortions, nor do they result in significant increases in birth rates. However, a lack of legal access to abortion services is likely to increase the number of women seeking illegal and unsafe abortions, leading to increased morbidity and mortality (WHO, 2015, 2).

Within international health policy, abortion is thus understood as a fundamental component of women's health services.

In spite of this strong commitment to safe abortion practice in global policy, within the domestic politics of the permanent members of the Security Council,ⁱ reproductive rights, and abortion especially, are subject to very different laws and attitudes. In the United Kingdom, the government is proactive in its position on abortion and development policy. The Department of International Development of the United Kingdom (DFID), in its policy regarding reproductive rights for its work in the developing world, is distinctly liberal on the issue of

abortion. 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: “Our 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” (DFID, 2010, 10). In countries that have “decided that abortion is permitted”, DFID aims to offer a range of services to support this position, including being involved in training health professionals in abortion techniques, providing post-abortion care and providing drugs and equipment to facilities (Ibid, 12). Furthermore, in situations where abortion is “permitted only on limited or highly restricted grounds”, DFID will:

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 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 in circumstances where the existing law and policy are contributing to high maternal mortality and morbidity; and to regional or international initiatives that are working to prevent unsafe abortion. (Ibid, 12)

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. Indeed, research from the Guttmacher Institute argues that the UK has adopted an “unapologetic policy position on safe and unsafe abortion” (Barot, 2013, 27). The UK clearly champions access to safe abortion within its broader development work.

Turning to the USA, another permanent member of the SC, however, the picture is very different. US foreign policy with regards to abortion is framed by the 1973 Helms Amendment, which forbids “the performance of abortions as a method of family planning or to motivate or coerce any person to practise abortions.” In practice, this amendment has had a “chilling impact” (Barot, 2013, 9) on USAID practice abroad, strictly limiting its ability both to provide full healthcare coverage for women, and also to help those suffering from the effects of incomplete or unsafe abortion: whilst USAID will train health professionals to conduct vacuum aspiration abortions, it will not provide funds to purchase the equipment necessary for this procedure (Ibid, 11). This situation was compounded further by the implementation of the 1984 Mexico City (“Global Gag”) rule during the Reagan and George W. Bush presidencies (rescinded under Clinton and Obama but reinstated by Trump), that prohibited any federal funding going to bodies that promote or deliver abortions, even in cases where this service is not provided for by US funds. It thus forced bodies to choose between continuing to provide abortion services, or their US funding.

Beyond these two states, other permanent members of the SC have liberal domestic abortion laws. France and Russia have abortion on request until the 12th week of pregnancy whilst in China, abortion is legal and is a government service available on request for women and, along with virtually universal access to contraception, was a common way for China to accommodate its one-child policy (Centre for Reproductive Rights, 2015). The very different policies on abortion and development adopted by various member states reminds us that the documents discussed below are political compromises from the outset. Both the SC resolutions and the NAPs that follow in their wake are the result of negotiations between states that have very different domestic policies on issues of central concern to women.

Furthermore, in a global context, sexual and reproductive rights have become increasingly depoliticised. There is no explicit reference to sexual rights in either the Millennium Development Goals (Crossette, 2005; Ely Yamin and Boulanger, 2014) or the Sustainable Development Goals, with a sense among key practitioners and experts that the global movement around reproductive health has “stalled” (Austveg, 2011). This is also reflected in the relative absence that the United Nations Population Fund (UNFPA) plays in the below narrative around the successive UNSC resolutions. UNFPA has clearly embraced the discourse and concepts behind the WPS agenda, but in the sense that it is following, rather than helping to create, this agenda. UNFPA’s language tends to echo the overwhelming focus that the WPS agenda has on gender-based violence (UNFPA, 2005).

Methodology

In order to gain clearer conceptualisation of how the WPS agenda has understood abortion rights, we now turn to look at the successive resolutions from the UNSCR on WPS from the initial resolution 1325 in 2000, to resolution 2422 in 2015. Content analysis was conducted on the text of each resolution, to clarify where, or if, they used any of the following terms – *reproductive rights*, *reproductive health*, or *abortion*. As noted above, we are mindful that a country’s own laws on abortion may reflect whether it considers abortion a factor of reproductive health.ⁱⁱ We then go on to consider whether the NAPs provide any focus on reproductive health and more specifically, abortion. This is again done through content analysis, where the text of each NAP was coded for its mention of *reproductive rights*, *reproductive health* and *abortion*. The results are presented in Table 2 below.

We employ similar coding to Miller et al (2014) in their categorisation of NAPs based on whether the NAP does not mention either term (NM); mentions them but not specifically (M/NS); or mentions them with specific reference (M/S). “Not mentioned” means that there

was no reference in the NAP. “Non-specific” means that there was reference, but details were lacking. “Specific” means that the NAP clearly expressed details relating to abortion or reproductive health. The majority of NAP’s are available online and in English; where an English translation was not available the authors translated the text.

United Nations Security Council Resolutions

<Table 1 ‘WPS Resolutions’ about here>

The issue of reproductive rights receives scarce consideration in any of the successive WPS resolutions. The original resolution 1325, enacted in 2000, carries no particular reference to reproductive rights. Based on the four ‘pillars’ (protection, participation, prevention and relief and recovery), its focus is largely three pronged: 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 resolution makes particular reference to the “special needs of women and girls” and “different needs of female and male ex-combatants”. This largely biological understanding of gender presents a means by which later resolutions could, if they wish, address reproductive rights.

The next resolution, 1820, did not come into force until 2008 and signals the shift in the WPS to focus on sexual violence. It “demands the immediate and complete cessation by all parties to armed conflict of all acts of sexual violence against civilians with immediate effect”. It also “notes that rape and other forms of sexual violence can constitute a war crime” and “stresses the need for the exclusion of sexual violence crimes from amnesty provisions in the contest of conflict resolution processes”. The resolution focuses more on punishment and protection, rather than how to care for women who have been sexually abused or raped.

This focus on sexual violence is reiterated in several successive resolutions. Resolution 1888 (2009) largely echoes the language of 1820. It underlines greater efforts to formalise work

against sexual violence, making reference to the inter-agency initiative “United Nations Action Against Sexual Violence in Conflict” and also greater efforts to helping victims – “engage in a holistic national approach to address sexual violence in armed conflict, including ... responsiveness to victims”. It also establishes the SRSP on sexual violence in conflict.

Resolutions 1960 and 2106 again echo this. 1960, enacted in 2010, calls for greater monitoring, analysis and data collection around sexual violence on the part of the Secretary General. 2106 (2013) opens again with the same lines on sexual violence yet goes further to initiate the role of Women Protection Advisers (WPAs). This Resolution also references the role of civil society and provides greater emphasis on helping victims.

Furthermore, Resolution 2106 contains an explicit reference to reproductive rights. Importantly, they 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, an livelihood support and other multi-sectoral services for survivors of sexual violence, taking into account the specific needs of persons with disabilities”

The most recent developments in WPS, 2122 (2013) and 2422 (2015) are less explicitly focused on sexual violence. 2122 calls for the “consistent implementation of resolution 1325 in its own work and intends to focus more attention on women leadership and participation in conflict resolution and peacebuilding”. It 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”. It also acknowledges the importance of gender experts within the UN, and largely echoes and reinforces the emphasis and message of the original resolution.

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” (UNSCR 2122 (2013), preamble).

2422 (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:

“Urges Member States and the United Nations system to ensure the participation and leadership of women and women’s organizations in developing strategies to counter terrorism and violent extremism which can be conducive to terrorism”

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

<Table 2 ‘NAP’s and Reproductive Rights’ about here>

As demonstrated in Table 2, ‘reproductive rights/health’ is mentioned in approximately half (27) of the 60 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, 2013), the development of ‘trauma-informed services and sexual and reproductive healthcare’ for

survivors of sexual violence (USA, 2011) and providing ‘HIV/AIDS services and treatment’ (Kenya, 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 that this is a reference to the procedure. Macedonia’s NAP (2013) also states that gender needs entail the ‘existence of a legal framework for equal rights, 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 are vague in their reference to the issue. 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 (“Improved performance of the different actors involved in combating gender based violence”) that the authors have looked at various pieces of research which cite the restrictions in the law against abortion. However, there is no more detail to indicate how or if this will be challenged.

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 a strange omission. This also highlights the continued conservatism with regards to women’s

bodily autonomy and reproductive agency. The fact that many 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 may highlight the fact that states are hesitant to back particularly controversial matters, particularly within the WPS agenda which is created outside the development sphere and within the 'harder' political sphere of the UN Security Council.

Discussion

The successive UNSC resolutions have been heralded by many feminist academics as groundbreaking and emancipatory pieces of international law which put women at the centre of the peace-building and security agenda (Cohn et al, 2004), and which are foundational to the broader WPS agenda. However, academic analysis of the language of the resolutions has highlighted the presentation of women and men within traditional gender roles and a binary-dualistic relationship (Pratt & Richter-Devroe, 2011; Shepherd, 2008). The WPS agenda has been criticised by feminists for adopting a largely biological understanding of gender, often centred around women and girls and their need for 'protection'. This language relies on the feminization of peace and the natural assumption that women are weak and vulnerable during conflict (Otto, 2006). As Gibbings (2011) argues further, this peaceful understanding created by the resolution also acts as a form of exclusion: there can be no "angry women" allowed within UN structures, such that "little space exists for more critical interventions in public forums beyond these essentialised visions of gender" (2011, 534). This conservative representation of women within the WPS resolutions and language – where women's agency is limited to their role as peaceful and conciliatory agents, and in which women are often understood to be victims in need of protection - is reiterated and reinforced through the absence of reproductive rights in the language of the WPS agenda. As illustrated above, in the SCRs

reproductive health is only discussed in the context of women's victimisation and assault. The idea that women might *actively* hold rights as far as reproduction is concerned is strikingly absent. Within the WPS agenda, abortion can only be seen in the context of women as the victims of sexual violence, and thus in need of protection from the further injustice of being forced to carry a pregnancy. Viewed this way, the situation bears resemblance to much of feminist theory's understanding of the conservative understanding of many conflicts (Enloe, 2005; Reardon, 1996): women as passive onlookers, who need protection, or indeed to be saved, from the violence of war. Ignoring reproductive rights in the WPS agenda robs women of an important aspect of their agency, whilst denying them a key element of health provision.

When reproductive rights are mentioned (albeit fleetingly) in resolution 2106, this is largely in relation to sexual violence and the need to protect and support survivors. Ní Aoláin (2015) argues that the WPS agenda has been reduced to the issue of sexual violence in conflict, to the extent that this now dominates the broader framework. She argues that the agenda's "motif" has increasingly become "the battered, female sexual body". For her, the agenda is now "tunnelling...into sexual violence and in particular penetrative sexual harm". She further argues that the "hijacking/narrowing/funnelling" of the WPS agenda is "*politically comfortable ... for states*". Abortion and reproductive rights, when they are briefly discussed in the key WPS texts, become an extension of this focus on sexual violence. There is not a more fundamental discussion regarding the role that reproductive rights can play in women's bodily security and the protection of their human rights. If 1325 has been increasingly "narrowed" to focus on sexual violence, then reproductive rights stand in the shadows of sexual violence – women can be understood as the *victims* of sexual crime, but not the *owners* of sexual rights. Even set against the backdrop of the increasing focus on sexual violence, any active consideration of reproductive rights within the WPS agenda appears difficult to achieve.

Extending this cross-national policy agenda to include reproductive rights is, as the synopsis of UK and US development policy and the relative absence of reproductive rights from the WPS framework shows, difficult. The diversity of national policies on abortion within the permanent members of the SC alone shows that abortion will never be a “politically comfortable” topic for the WPS agenda. In this sense, looking at the WPS texts from the perspective of abortion reminds us that the agenda’s silence on abortion is a clear compromise between different states’ attitude to the issue. The UK has been a key supporter of abortion rights in its development work, but this is not replicated in work which references WPS. During negotiations for Resolution 2106 (2013) France argued that omitting the option of abortion from the medical treatment provided to girls and women raped in war violates their rights, as war victims, to comprehensive, non-discriminatory medical care under the Geneva Conventions (Global Justice Centre, 2013). However, Guatemala used its veto in the Security Council to exclude the term abortion from the document as its own laws on abortion remain incredibly restrictive. These contrasts and tensions on national abortion laws and foreign policy between member states mean that the issue will always struggle to be addressed in the text of resolutions. A consideration of the language of the WPS agenda from the perspective of abortion rights ultimately reminds us that these are fundamentally *political* documents – the result of complex negotiations between varied and competing interests between state parties. As such, the necessity for compromise involves the exclusion of the most controversial element. As O’Rourke writes, “the narrow gendered terms” (2013, 205) within which peace agreements unfold are often clear – a consideration of reproductive rights within the WPS agenda illustrates that even when women are the central focus of international agreements, the ‘narrowness’ of what can be agreed upon (or even discussed) is still clear.

Whilst this paints a relatively bleak picture for reproductive rights in the WPS agenda, hope may be found in the Global Study (2015), which goes much further in arguing for abortion care as part of the broader remit of the WPS agenda. The Study acknowledges that “Access to safe abortion and post-abortion care is a lifesaving part of comprehensive reproductive health care.” (77) Indeed, the Study goes to the extent of framing abortion as a distinctive women’s right, using international legal standards as a reference point:

“In conflict and post-conflict setting, where pregnancy is particularly dangerous and is often the result of sexual violence, access to safe abortion is especially important.

Exclusion of one medical service, abortion, from the comprehensive medical care provided to the wounded and sick in armed conflict, where such service is only needed by one gender, is a violation not only of the right to medical care but also of the prohibition on “adverse distinction” found in Common Article 3, the Additional Protocols to the Geneva Conventions and customary in international law.”

This language of the Global Study is strong, but is in stark contrast to the relative lack of inclusion of reproductive rights in the resolutions themselves. Does the Global Study suggest that reproductive rights will become more prominent in the WPS agenda? And does this provide enough of a basis for NGOs and activists to use the language of the WPS to move on reproductive rights? Indeed, the language of the WPS documents perhaps still provides room for manoeuvre, especially for the work of nationally based advocacy groups. In this sense, feminist international relations work on the idea of norms and norm translation is key (Zwingel, 2005, 2012), suggesting that these subtle shifts in language may provide frameworks that can be manipulated and expanded upon by advocacy bodies.

Furthermore, the growing relationship between CEDAW and the WPS agenda may provide a suitable framework for reproductive health and abortion to be addressed. UN Women (2015)

note that both General Resolution 30 and the WPS resolutions have implications for access to safe abortion in conflict and post-conflict settings, highlighting in particular that UNSCR 2122 (2013) calls for “access to the full range of sexual and reproductive health services, including regarding pregnancies resulting from rape, without discrimination.” The report notes that General Recommendation 30 addresses the issue of safe abortion more directly, understanding sexual and reproductive health care to include access to information, family planning services, maternal health services; safe abortion services; and post-abortion care (GR30, para 52(c)). Accordingly, reading the WPS agenda in tandem with CEDAW can facilitate wider understandings of women’s needs and rights in conflict and post-conflict situations, with potential implications for abortion rights.

Conclusion

The WPS agenda is at once growing more influential (in terms of the number of states adopting NAPs, and the continuing roll-out of further SC resolutions), yet simultaneously more limited (when we consider its increasing and relatively narrow focus on sexual violence in conflict.ⁱⁱⁱ) Within the text of the initial resolution 1325 and the successive resolutions, reproductive rights are referenced in terms of health and lack specific reference to abortion. Abortion is not addressed in any of the resolutions, and is given little substantial attention in any of the NAPs. The main inclusion of reproductive rights is in the Global Study. In the historical narrative of the WPS agenda, this is a very late inclusion, and does not reflect the language of the resolutions, nor the focus of individual states.

This near-absence of a discussion of abortion, and reproductive rights more generally, is problematic for women’s rights, not only in the immediate aftermath of conflict, but as peace agreements and periods of transitional justice become more solidified. When are reproductive rights to be considered in politics or development policy? Where do reproductive rights ‘fit’ in

post-conflict policy - if not in the post-conflict transitional moment, then when? If not in the language of the WPS agenda, then where? With 1325 and the WPS agenda now so dominant in women's legal and civil society activism, abortion and reproductive rights are not a significant part of the key mechanism being used to deliver on women's rights.

The absence of a discussion of abortion reinforces the conservative picture of women that many have argued runs through the WPS agenda. Reproductive health (and it is pointedly *health*, not *rights*) can only become part of the WPS discussion in reference to women's assault and victimisation. Recourse to abortion is not understood as an active obligation vis-à-vis international treaty and human rights obligations, but only in the context of protecting vulnerable women. This stripping of a rights based understanding of reproduction robs women of their agency and control over a fundamental aspect of their existence.

A consideration of abortion within the context of the WPS agenda ultimately reminds us of its political framework. It represents a compromise between a variety of state interests and foreign policies, and not a catch-all feminist band-aid to the problems of women in societies emerging from conflict. As such, we are reminded of the continual need, not only to challenge the agenda, but to work with it to create a more just and equitable framework for peace for women. The norms and language inherent in the agenda may yet provide a vehicle for global reproductive rights activists.

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ⁱ The Security Council has 5 permanent members; China, France, the Russian Federation, the United Kingdom, and the United States, along with ten elected members with two-year terms.

ⁱⁱ Global abortion laws are illustrated in this map created by the Centre for Reproductive Rights.
<http://worldabortionlaws.com/> (Last accessed 16.01.17).

ⁱⁱⁱ A focus which is reiterated by countries such as the UK’s centrality on sexual violence in their foreign and development policy – the Preventing Sexual Violence in Conflict initiative.