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Understandings of Sexual and Reproductive Healthcare in the UN General Assembly

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Abstract

Accessing sexual and reproductive healthcare services is a crucial and basic need for women and girls worldwide, yet practical improvement of services and protections for access has been asymmetrical and slow. International level fora serve as a platform to define and prioritize issues, serving as agenda setting agents with the capability of shaping global standards and understandings. This study applies explanatory quantitative methods to define and understand how state sponsorship factors affect understandings of sexual and reproductive healthcare in the UN General Assembly. Through understanding how "frames" of sexual and reproductive (SRHC) are employed in UNGA resolutions within broader discussions of women and gender, this thesis examines the nexus between language framing within international policy and the potential explanatory capacity of state sponsorship characteristics. The findings of this study indicate statistically significant associations between the occurrence of theoretically derived "health", "security" and "rights" frames in contexts discussing SRHC, and sponsorship characteristics. These relationships point to an unexplored dimension of research into international agenda-setting bodies and the establishment of frames through which state actors understand and discuss key issues of sexual and reproductive healthcare.

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Table of Contents

<u>Chapter I: Introduction</u>

Defining Sexual and Reproductive Healthcare

For women and girls across the world, access to sexual and reproductive healthcare is an integral and necessary part of everyday life. Sexual and reproductive healthcare (SRHC) broadly refers to a state of complete physical, mental, and social well-being in all matters relating to the reproductive system (Hadi, 2017; World Health Organization [WHO], 2006), maintained through access to basic reproductive services such as ante and postnatal care, safe birth avenues, and access to contraception and family planning, alongside routine STD testing, cancer screening, and premenopausal care. Thus, SRHC is conceptually extensive in the specific issues and more general themes than it encompasses, both within the sphere of actual practiced healthcare, as well as with overlapping issues regarding legal rights, state involvement and legislation, standards of healthcare, cultural priorities and preferences, and socioeconomic elements. As an integral part of physical and mental health, SRHC is a critical topic to consider at the international level and within the context of global politics and agenda-setting bodies.

Since the 1960's, attention to SRHC at the international level has ebbed and flowed, with a multitude of independent organizations, international level conventions and meetings, and developments in international law emerging alongside international, regional, and national level efforts to advance and protect women's access to fundamental care. These advancements have been driven both at national and international levels, propelled by growing international discourse around human rights, the solidification of political and economic rights for women across the world, global health endemics like HIV/AIDS epidemic (Myer & Akugizibwe, 2009), and discourse shifts such as introduction of the Women, Peace, and Security (WPS) agenda in the UN (Kirby & Shepard, 2021; Davies & Harmen, 2020). The 1993 Declaration on the Elimination of All Forms of Violence Against Women (CEDAW), focused on gender-based violence, followed by the 1994 UN Conference on Population and Development, are credited with establishing women's reproductive health within the UN agenda, and as early catalysts for the entry of SRHC into international level discussions and agreements.

   While many states have advanced national legislation expanding and protecting women's access to SRHC, developments have been slow, asymmetrical, and inconsistent both in wealthy nations as well as in developing countries (Wallace et al., 2022; Ferreira et al., 2023). In 2020, 80 million women experienced an unwanted pregnancy, 800 women died every day globally from preventable causes related to pregnancy and childbirth, and 45% of abortions were conducted under unsafe and unhygienic conditions (World Health Organization [WHO], 2020) In the last decade, political shifts in national and international level spheres have led to the restriction and rollback of many reproductive freedoms in developed and wealthy nations (Davies & Harmen, 2020, p.1), and despite the 34% reduction in maternal mortality globally in the last four years (World Health Organization [WHO], 2024), women in developing countries still face a staggering lack of options and access to basic care for their reproductive and sexual health (Wallace et al., 2022). When considering government funding within wealthier nations for health research, diseases that predominantly affect women receive substantially less funding compared to health issues that have higher rates of instances in men (Smith, 2023). Funding statistics in the United States, Canada, and United Kingdom, for instance, historically demonstrate that funding schemes for cancer research overwhelmingly overlook diseases such as ovarian and cervical cancers, despite their high degree of lethality (ibid).

   These global inconsistencies demonstrate that developing a stronger understanding of how to best strengthen access to reproductive and sexual care undoubtedly has a place in studies of international relations, which is further reflected by the involvement of international bodies such as the UN and WHO in placing issues related to SRHC on global political agendas. Yet, the political controversy and diverging cultural perspectives on issues of sexual health, specifically contraception, abortion, and adolescent pregnancy, has rendered SRHC a difficult issue item on which to find strong international level support and agreement (Mitra, 2017). Despite the challenges of finding strong consensus on reproductive and sexual care in the international arena, issues of SRHC have remained visible on international level agendas and within global discussions. This thesis inquiries into the nature of these discourses at the international level to define and explore how the international community creates meaning and understanding of SRHC. This study specifically addresses the nexus between international agenda framing and women's sexual and reproductive healthcare. Using the UN General Assembly as a critical and

appropriate site of research, this study will explore the how issues of SRHC are framed within UNGA resolutions within broader discussions of women and gender.

The language that is used to discuss and frame agenda items in international arenas can often have strong implications for how norms and expectations are understood by state actors, shaping how they perceive responsibilities and acceptable behavior. Language and framing can also be impactful on the specific subtopics or issues that are included or excluded in discussions, or on external issues that a topic is linked to. This is a particularly important element in considering agendas relating to reproductive and sexual healthcare, as there are key themes of SRHC which have developed political and controversial standing at both international and domestic levels of decision making. Given the agenda-setting capabilities of international bodies, it is crucial to develop a stronger understanding of how different frames are employed at the international level for creating conceptualization and understanding of women and gender issues, specifically SRHC.

This thesis looks to language framing to provide this critical insight into constructed understandings of SRHC within the UN General Assembly. Analyzing frames is a commonly employed research method across a variety of disciplines (Entman, 1993; Lakoff & Johnson, 2003; Lindekilde, 2014; van Hulst & Yanow, 2016). In qualitative research, frame analysis relies on the identification of different narratives used to discuss a certain topic and an analysis of how these frames affect policy making as well as academic, political, and legal perceptions of an issue (Mayrhofer, 2020, p. 10). In a legal context, frames are understood as establishing a commonly understood language through picking favorable words, which can then be employed to influence discussions, decision making and consensus building, as well as policymaking (Wedeking, 2010, p. 618). Here, we take the selective favoring of certain words and language as a key element of frame construction and dissemination within UNGA resolution texts. Understanding how the international community employs frames when discussing SRHC provides the opportunity to analyze how certain elements of SRHC are highlighted or excluded from these dialogues, the language that states prefer to use in reference to SRHC, and the contexts in which SRHC is discussed.

The second key element of this study is that of state sponsorship. As discussed further in Chapters III and IV, state characteristics may explain state preferences on how international issues such as SRHC are discussed and framed within important international fora. Prior research demonstrates that analyzing UNGA resolution text offers a valid way of understanding state preferences (Seabra & Mesquita, 2022). Furthermore, past studies have established that state characteristics can be relevant for understanding elements of sponsorship and co-sponsorship within the UNGA (Finke, 2021). Thus, characteristics of states that sponsor UNGA resolutions, specifically regime type, domestic rule of law, and maternal mortality rate, will be taken as core indicators for understanding how state characteristics may serve as explanatory factors to how topics related to SRHC are framed within the international arena.

This thesis ultimately aims to define and explore the relationship between *sponsorship* of UNGA resolutions and the *framing* of topics concerning sexual and reproductive healthcare through language using quantitative text-as-data research methods. While there are a multitude of international-level issues concerning women, girls, and gender, this study specifically inquiries into the language around sexual and reproductive healthcare in international discussions on women and gender. We identify three distinguishable frames of understanding SRHC within current scholarship and research spheres, specifically a security, rights, and health frame, and locate these within UNGA resolutions in order to understand the relationship between sponsorship characteristics and framing of SRHC in international agenda setting contexts. Therefore, this thesis aims to address the following research question:

Do characteristics of sponsoring states influence framing of women's SRHC in international fora?

Previous research efforts on international organizations and their global political agendas have contributed their own findings to a broader corpus of literature and understanding. A 2021 comprehensive review tracking core pillars of the Women, Peace, and Security initiative points to a multitude of fractures in how this agenda has been carried out and reproduced at different levels of governance globally (Kirby & Shepard, 2021), demonstrating a lack of cohesion and consistency in how particularly controversial or politically divergent issues are passed from international bodies to the national level. The text-as-data research design employed by this

study within the context of the UNGA looks to past research that adopted similar ways of understanding state preferences through language within UN General Debate speech text (Baturo et al., 2017), the impact of sponsorship dynamics in the UNGA (Finke, 2020), and the role of issue framing more broadly in international politics (Mayrhofer, 2020; Joachim, 2003). A stronger understanding of how SRHC specifically is framed at the international level, and potential explanatory factors behind what understandings are reflected in resolution texts, will contribute to existing literature and research on both international organizations and actors as critical sites of constructing understandings and policies on global topics, as well as scholarship focused on advancements- or lack thereof - on improving access for women across the world to essential reproductive and sexual healthcare.

Chapter Outline

This study will attempt to quantify, describe, and explore the relationship between characteristics of state sponsors of UNGA resolutions and the frames employed in these texts. By using UNGA resolutions from ten sessions spanning from 2009 to 2020 we aim to disaggregate text discussing elements of SRHC and analyze the language used within these contexts. This study utilizes a primary dataset containing full-text UNGA resolutions from the ten sessions within this period, as well as three independent indicator values capturing the characteristics of the sponsor of each resolution. We first locate theoretically derived frames of SRHC within the text of UNGA resolutions and investigate the association between the occurrence of individual frames and sponsorship characteristics. We then employ exploratory methods to further identify topics and themes within UNGA texts. Our findings demonstrate several statistically significant relationships between characteristics of states sponsoring UNGA resolutions and the occurrence of specific frames of understanding SRHC. These results highlight both the salience of using "frames" to understand how actors construct and disseminate meaning around specific issues, as well as the existence within the UN of several different key understandings of SRHC.

The thesis will be structured as follows: Chapter II will first consider and explain three identifiable frames for SRHC within existing scholarship and their different constructions of understanding elements and issues related to SRHC. In Chapter III these frames will further be conceptualized within the UNGA, which will be assessed as an appropriate site of research for

understanding how international fora discuss and employ frames of SRHC. The three key indicators of interest relating to sponsorship will be identified within the theoretical conceptualization for understanding the effect of state sponsorship on framing of SRHC alongside the proposed hypotheses. These indicators will be operationalized as measurable independent variables in Chapter IV, where the data coding and collection will be discussed. Chapter V discusses the methodology and models of this study in more detail, the results of which are addressed in Chapter VI, which discusses key findings from the data analysis alongside the proposed hypotheses. Chapter VII will interpret and further investigate the findings of this study, discuss limitations and weaknesses, and propose avenues for future research on the topic of SRHC and language framing. Finally, Chapter VIII concludes this thesis with a brief summary of key findings and their significance.

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<u>Chapter II: Literature Review and Conceptual Framework</u>

The literature review conducted to inform the following research design and data collection finds that within current research and scholarship circles, there are three identifiable frameworks through which understandings of SRHC are constructed and explained: rights, security, and public health. While not mutually exclusive, these frameworks propose different arguments, prioritize different issue areas, and envision different approaches for how best to protect and advance SRHC, and thus serve as the theoretical basis for considering language within frames as a dependent variable of interest in understanding how international fora define and understand SRHC.

Framing

Frames are understood as concepts that are used to define and understand an issue, establishing scopes for discussion and action, and thus constructing "particular meanings concerning issues by their patterns of emphasis, interpretation, and exclusion" (Carragee & Roefs, 2004, p. 217). The inherently selective nature of frames has the consequence of highlighting certain aspects of an issue or topic while rendering other aspects secondary or irrelevant. Frames can be understood as having a degree of stability, as they create shared understanding and common language through which a variety of actors can understand and discuss an issue, yet they are also intrinsically unstable as actors can constantly attempt to reframe issues and problems when a current frame does not fit their preferences or is inadequate to understand an evolving issue (Mayrhofer, 2020, p. 10). Thus, frames are central for constructing narratives and understanding of issues, particularly within contexts concerning many diverse actors where a common understanding of a topic may not already be established or assumed. Within the context of international bodies, the frames employed to create common understanding of an issue are extremely important, as they have the potential to influence regional and national level dialogues and understandings of issue areas.

There are several distinct scholarly approaches to discussing and understanding international efforts to advance SRHC identified in this section. While there is overlap between the subsidiary topics and issue areas that each approach discusses, each focuses on distinguishably different elements SRHC, and thus understands different priorities, solutions, and

intersectionality between SRHC and other topics. This literature review will discuss the differences between each approach, highlighting key debates and definitions within each to provide context for the language and frames that this study will further investigate via text-as-data methods and analysis.

Security Frame

The security frame of SRHC considers women's lack of access to reproductive and sexual healthcare as an issue of human security and overwhelmingly addresses the lack of access to SRHC within conflict contexts. This frame predominantly understands the state as a provider or hindrance to human security on an individual level through its protection of lack thereof of access to SRHC (Davies, 2020, p. 381), as the security framework places responsibility on the state to consider individual level needs as legitimate and as a collective security problem (Pillai et al., 2017, p. 28). This differs from the human rights approach which views both states and international organizations as drivers of extended protections for access to SRHC. Thus, state provision of safety and security is the context through which access and service to SRHC are understood.

The security frame largely argues that the process of state securitization of SRHC, through understanding access to healthcare services as an issue of human security, aids in elevating reproductive health security within policy circles by ensuring political attention to an otherwise second-rate topic (Hudson, 2009, p. 53) , and that locating women's rights within security discourses reflects a larger trend of securitizing non-traditional security issues (ibid). The use of a security paradigm to advance SRHC largely originates in UNSCR 1325, the landmark resolution initiating the UN Women, Peace, and Security agenda, which emphasized the role of women in post-conflict reconstruction and reconciliation, and placed a large emphasis on the need to prevent gender-based violence against women and girls (UN Security Council, 2000). This resolution solidified elements of SRHC, namely sexual violence and exploitation of women and girls, into the UN agenda, and further established an understanding of these elements as an issue of population security.

Security-oriented scholarship perspectives place a large emphasis on sexual and gender-based violence as the driving factor behind the need for coordinated international policy and protection for women's access to SRHC services. Within conflict contexts, women suffer from

lack of access to health services such as family planning resources, testing and treatment of STDs, contraceptive services, and pre/post-natal care (Gizelis, 2021, p. 264). Refugee women and girls are particularly vulnerable populations to sexual trafficking and exploitation, gender-based violence, early pregnancy and marriage, and lack of access to resources to ensure safe pregnancy and delivery (Yousuf et al., 2020, p. 163). Exploitation and human trafficking are also identified within literature orienting SRHC through a broader lens of security as issues that specifically impact women and girls within contexts of state instability, and which are linked within literature to the broader topic of SRHC through the issue of gender-based and sexual violence (Pillai et al. , 2017; Kirby and Shepard, 2021; Ngozi et al., 2017). Unsafe abortion within conflict contexts is also a research focus throughout security-oriented literature, with several scholars noting how conflict affects women's choices regarding family planning and thus generates even more of a need for access to SRHC (Thomson & Pierson, 2018). These themes situate the issue of lack of access to SRHC largely within these contexts of conflict and violence which create a lack of safety and security for women and as a larger issue within the theme of security, both of the individual on the level of security from risk and well-being (King & Murray, 2001) and bodily freedom and safety (Bajpai, 2003), as well as the population and state level of security from conflict and threats.

Within UN resolutions and the WPS agenda, which are the primary international-level instruments discussed in security literature, reproductive rights are mentioned largely in relation to sexual violence and the need to protect and support vulnerable populations within contexts of instability and conflict (Yousuf et al., 2020; Addadzi-Koom & Efua, 2020; Davies & Harman, 2020). Thus, the security-oriented framework of SRHC understands access to sexual and reproductive care as intrinsically tied to violence and conflict, with the state as a central and determining actor in the provision of care in pursuit of maximizing individual and population security

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Human Rights Frame

A second framework within existing literature and research on SRHC is the rights-based frame. This scholarship focuses on how international and national agendas and policies use human rights and legal obligations as a driver to expand rights pertaining to SRHC, usually via internationally established and defined rights such as the right to privacy, the right to determine number and spacing of children, freedom from inhumane and ill treatment, and freedom from gender-based discrimination (Mitra, 2017, p. 150). This research largely focuses on and evaluates the implications of specific international and regional level judicial decisions, binding agreements, and international instruments which define aspects of SRHC and more broadly the rights of women.

Within the rights-based frame, a major thread of scholarship aims to understand how international law approaches the legality of abortion and protections for women seeking or obtaining abortion. This discussion is marked by general agreement around how international instruments reflect the lack of global consensus on the issue of legal abortion and contraception. Scholarship on this subtopic of SRHC agrees that international agendas have a strong tendency to defer to states regarding the legal right to abortion, thus giving states maximum freedom in terms of domestic abortion laws (Fine, 2017; Forman-Rabinovici & Sommer, 2018; Mitra, 2017). This is demonstrated in regional bodies such as the European Court of Human Rights, whose rulings have continued to avoid defining the extent to which the unborn are protected, as well as the CEDAW where specific rights are not outlined beyond general protections from gender-based discrimination (UN General Assembly, CEDAW, 1979). At the international level, legal protections pertaining to abortion and contraception are only specific towards states where abortion practices and contraception are already legal (Fine, 2017, p. 72), further demonstrating the lack of global consensus around standards for reproductive care and women's health.

Considering SRHC in general, the rights-based approach in literature overwhelmingly focuses on evaluating and analyzing how international-level agendas impact national level policy changes from a legal standpoint, emphasizing obligations and definitions included in international instruments and the legal implications on states of judicial rulings. While earlier UN documents make no direct reference to reproductive rights, later resolutions from the UNSC make explicit reference to reproductive rights within the broader context of individual rights. UNSC Resolution 2106 recognizes the importance of state provisions of reproductive health

services for survivors of sexual assault (UNSC, 2013), while Resolution 2122 notes the need of access to full SRHC for women affected by armed conflict (2013) . The 1979 Convention for the Elimination of Discrimination Against Women (CEDAW) further affirms women's rights to reproductive choice through framing women's rights broadly through the lens of right to freedom from discrimination and further linking reproductive healthcare to established legal norms.

A subset of existing scholarship centered around a rights-based understanding discusses efforts of international bodies to extend more protection to women regarding SRHC while navigating sovereignty concerns of member states. This is exemplified by the argument used by the World Health Organization against female genital mutilation (FGM), framing FGM as a violation of women and girl's human rights on the basis that it constitutes a form of discrimination based on gender (Boun et al., 2023, p. 52). Similarly, freedom from torture, inhumane, and degrading treatment is a frequently rationalized argument for advancing women's right to abortion (Khosla et al., 2017, p. 3). The legal approach in scholarship largely reflects efforts of scholars and policymakers to advance women's rights to SRHC through framing the topic through a legal avenue using already established international legal protections.

Overall, the human-rights frame demonstrates a large focus on international law and implications of legal bodies and texts. It understands SRHC as an issue of legal protection for human rights that can be best addressed through linking elements of SRHC to already established legal protections for basic human rights, particularly around sensitive or contentious issues. Furthermore, the human rights frame focuses on specific issues of abortion, contraception, and access to care for survivors of sexual violence via a legal approach that aims to advance international level legal protections for women and girls.

Health Frame

The last identifiable framework within scholarship on SRHC is that of the healthcare-oriented paradigm, which focuses on the provision of basic health services for women and is generally situated in IR research within the context of active and post-conflict situations. Scholarship that adopts the healthcare frame strongly focuses on elements of care for victims of sexual violence and the provision of women's healthcare services by expert/specialized third-party and non-state aid organizations.

Looking at international level institutions, there have been efforts to frame SRHC within the context of broader women's and public health. The WHO, defining "health" as 'a state of

complete physical, mental and social well-being (World Health Organization [WHO], 1947), has included abortion and other reproductive health services as part of an individual's fundamental right to healthcare, while the UN 1994 International Conference on Population and Development extended definitions of universal health access to include services related to reproductive rights, establishing that respect for the right to health cannot be separated from respect for reproductive healthcare (Cioffi et al., 2023, p. 520). These international level agendas and the subset of literature examining them thus situates elements pertaining to SRHC within broader understandings of public global health. Overwhelmingly, the association between public health and SRHC is understood in this frame within discussions of issue and practice-specific topics, such as leading causes of maternal death, STDs, and demand for skilled health personnel. Like the two previously identified frames, there is a notable concentration of scholarly efforts around the provision of healthcare to women living in environments of violence and instability, as evidenced by dominant framing of SRHC around discussions of themes and issue areas largely concentrated in regions characterized by either current or recent instability and violence.

In both research and policy circles, women's reproductive care is often found at the intersection of policy discussions regarding sexually transmitted diseases, in particular HIV/AIDs, hepatitis, and Human Papilloma Virus (HPV) as well as geographically concentrated in countries with a recent history of disease endemics (Pillai et al., 2017; Yousuf et al., 2020). Due to increased maternal mortality rates in many parts of Sub-Saharan Africa as a result of HIV/AIDS crises, policy approaches related to reproductive healthcare in developing nations have been largely viewed through the lens of disease management concerning horizontal transmission, disease screening, and cervical cancer care (Urassa et al, 1997). The increase of policy programs and interventions focused on the spread of HIV/AIDS in the early 2000s and the subsequent policy focus on disease transmission has not only broadened recognition that SRHC is a critical part of public health policies, but has also broadened the focus of interventions from the level of individual decision to solutions oriented towards broader public health (Mayrhofer, 2020; Myer & Akugizibwe, 2009). The resulting shift in discourse has both made discussions related to SRHC more mainstream within these geographical contexts and has further integrated specific issues of SRHC into public health agendas.

The impact of this shift in discourse and research within literature towards the inclusion of SRHC as a public health issue is most visible in research and scholarship geographically focused on Africa, specifically sub-Saharan Africa (Azuh et al., 2017; Myer & Akugizibwe, 2009; Urassa et al., 1997). Within these research contexts SRHC is explicitly recognized as access to healthcare services relating to reproductive health such as antenatal care, youth pregnancy, contraception, HIV and preventative vaccinations, and is frequently understood in parallel to challenges relating to gender norms, socioeconomic disparities, violence against women, and disruptions to SRHC as a result of conflict. The emphasis on preventing and treating HIV/AIDS within public health focused literature is central within existing research on global efforts to address sexual and reproductive healthcare needs.

Aside from the geographic focus on Africa and topical focus around HIV/AIDS, the inclusion of the SRHC agenda into broader research discussions on public health is reflected in international level discussions of more issue-specific topics. This has been mirrored since the early 2000s with the inclusion of issue specific topics into international level agendas, such as the UN Population Fund (UNFPA) 2003 agenda to end Obstetric Fistula, one of the most severe maternal morbidities. (Ruder & Emasu, 2022). The public health frame thus understands SRHC as a set of specific health issues often within the contexts of conflictual or failed states, and generally as an issue of the developing world, that is best remedied through public and global health-oriented policy aimed at expanding and strengthening the practical application of services.

Research gaps and the contributions of this study

Despite the plethora of available literature and research on sexual and reproductive health, there are several topical areas that are overwhelmingly represented in existing literature at the expense of others. Much of the aforementioned literature discusses sexual and reproductive healthcare as primarily an issue of abortion and its legal status. This is particularly true for research conducted through the rights-based approach. Literature focusing on security, rights, and health-based understandings all reflect a common conception of SHRC within a conflict or post conflict context, indicating a lack of more comprehensive scholarship that attempts to understand perspectives on SRHC from a more global level.

Furthermore, the majority of quantitative literature on SRHC within international level policy primarily considers the Women Peace and Security agenda as an indicator for how the

international community frames and understands SRHC policies (Kirby & Shepard, 2021; Davies & Harmen, 2020). This indicates a lack of research that considers different sources of international agreement aside from WPS, as well as a gap in consensus and understanding of how SRHC is framed in high level international discourses. Importantly, there is a lack of comprehensive review of UNGA or UN subsidiary body discourses or texts regarding women's reproductive health, despite its presence on international agendas for over twenty years. Recent scholarship on the UNGA has overwhelmingly focused on the importance of understanding voting preferences as an indicator of state preferences and policy alignment, leaving a notable gap in literature related to the actual language and framing tendencies within UNGA resolution texts. Additionally, while voting patterns have been measured in some scholarship on the UNGA, the element of state sponsorship, and the effect of different state characteristics on language used within resolutions, is an unexplored dimension of research on international fora. As discussed further in Chapter IV, these gaps leave a crucial need to develop an understanding of how this issue is framed at the international level, as global level agendas have implications for how actors perceive issues and pursue policies and solutions.

In summary, the identified frames represent three dominant and distinguishable approaches through which SRHC is understood and defined in existing research and literature. Each place SRHC as an issue within different broader topics, highlighting certain elements over others and understanding solutions to issues of access to reproductive care in different ways. These separate frameworks thus serve as the conceptual framework for how we may expect SRHC to be framed in high-level international fora like the UNGA by state actors with their own sets of characteristics and understandings. This study aims to contribute to existing knowledge of how SRHC is understood within international level discussions. As discussed, prior, the societal relevance of reproductive healthcare and its place within broader studies of politics and international relations is clear due to the relevance these issues have at an individual level of women's lived experience, as well as at the international level, as international organizations have clearly established SRHC as a global agenda item. The identified research gaps point to a need for a more comprehensive understanding at the international level of how global policymaking bodies and influencing actors define SRHC and advance related policies and ideas.

Chapter III: Theoretical Framework

The previously identified frames of SRHC within existing literature serve as input to the theoretical framework of analyzing language in UNGA resolution texts. These identifiable differences in how scholarship understands, defines, and discusses SRHC inform our hypotheses for how different sponsorship factors could affect how state actors choose to frame SRHC in UNGA resolutions. This chapter will outline the theoretical basis for using language to make meaning from UNGA texts, as well as the significance of three identified sponsorship characteristics: regime type, domestic rule of law, and national healthcare. Ultimately, this theoretical framework takes the frames of SRHC previously identified in Chapter II as indications of how actors create meaning and understanding regarding this topic. Investigating the prevalence of these frames within UNGA text thus provides an opportunity to understand what frames are used by states when discussing SRHC, how sponsorship characteristics may affect the frames that are used, and the meaning, understanding, and topical focus of sexual and reproductive healthcare that state sponsors choose to adopt and disseminate.

Language

The language around a certain topic or obligation can impact state perception of the issue and understanding of acceptable behavior (Linos & Pegram, 2016, p. 95), therefore having implications for state behavior and action on an agenda item. For instance, international negotiators often compromise and find consensus by using flexible and vague language, particularly when discussing controversial issues (ibid, p. 592), demonstrating how the type of specificity in language is linked to the topics at the center of discussion. This effect shows the need for more informed understanding of how states frame topics of SRHC through language, as it offers an opportunity to better common understandings and preferences towards SRHC and the implications these may have on developing relevant policy and actions.

Language is commonly used to inform how scholars conceptualize how certain issues or themes are "framed" and has been utilized within IR scholarship to examine framing of other issues within UN forums (Mayrhofer, 2020), while differences or shifts in specific language used to describe narratives, concepts, and topics can reflect emphasis of a certain frame (ibid, p. 25). Previous research conducted by Baturo et al. on UN General Debate speeches has demonstrated

how language within international fora can be used to understand state preferences on a variety of policies due to the role it fills as the legislative organ of the United Nations and its high degree of inclusivity for the international community (2017). Considering the importance of language within UN Resolutions due to its potential impact on norm perception and the expectations it sets for state behavior, we can expect that there may be identifiable and quantifiable variation in the language used in UNGA resolutions when discussing issues related to women, and more specifically SRHC.

Frames rely on the selection and use of specific words and arguments, through which a common language and understanding is created and established (Mayrhofer, 2020, p. 11). The centrality of specific keywords in the establishment and invocation of a particular frame leads this study to take language, that is, the use of specific keywords, as an indication of a frame of interest. Frame theory has been employed in broader fields of social science, such as studies of social movements, for "understanding the social production and dissemination of meaning" (Cian, 2023, p. 420) due to the role that framing plays in meaning construction. Framing provides an appropriate way of understanding language within resolutions as the UNGA functions as a representative discussion and decision-making forum. In the context of SRHC, the frames that actors choose to employ may be indicated by words pertaining to specific issues of reproductive health (i.e. pregnancy, certain diseases, or contraception), words pertaining to related topics (rights, development, harassment, abuse), or to specific actors and elements involved in SRHC, such as government bodies, healthcare professionals, and legal institutions. Following the identification of three central frames of SRHC in literature and scholarship, this study will explore if these frames are reflected in the language used by sponsoring states in the UNGA when discussing women and topics related to women.

The UN General Assembly as a site of research

In understanding the current state of research on SRHC, it is equally crucial to consider scholarship on the role of international bodies, specifically the UNGA, and its significance for global efforts to extend SRHC. The UNGA represents the only arena where states regularly and over an extended period of time have equally had the opportunity to express positions on important global issues (Bailey & Voeten, 2018, p. 53) . The UN was at the forefront of establishing SRHC as a relevant topic for international level discussion, contributing the global

articulation of reproductive rights principles established at the 1994 Cairo and 1995 Beijing conferences (Bracke, 2023, p. 811), which aided in finding international agreement around a definition of reproductive rights (ibid, p. 812).

Considering the impact that the UNGA collectively exerts on the global community, UNGA resolutions inherently impose a legal or political effect, despite their lack of legally binding capabilities (Johnson, 1955, p. 121). While resolutions from the UNGA do not impose legal obligations or constraints on international actors, they serve to recognize international norms, set institutional priorities, and establish acceptable and unacceptable behavior (Arias, 2024). These implications provide an incentive for states to be invested in the production of resolutions. Additionally, as the most representative organ of the UN, the UNGA reflects high level international consensus on globally salient issues, while UNGA resolutions carry weight on the basis of the quality, quantity, and strength of support from the international community behind them (Johnson, 1955, p. 117). As a universal diplomatic forum, the UNGA is capable of both exerting political influence on state's interstate and domestic practices as well as providing a forum where votes and statements made within the General Assembly can create expectations for state conduct. These avenues of shaping state expectations and behavior can be considered the UNGA's primary normative effect, characterized in IR theoretical literature as a "push/pull" effect (ibid, p. 118) , where states have been observed to change their foreign policy preferences towards international norms codified in UNGA resolutions. As one of the world's most important international organizations, UN organs, particularly the UNGA due to its representative nature, provide a source of norm diffusion through socialization, codification, and learning (Arias, 2024). Overall, for the purposes of addressing our core research question, the UNGA serves as an appropriate and critical site of international consensus building and agenda setting, where the resolutions passed by the body can be used to derive how state sponsors frame issues. Understanding how characteristics of sponsoring states may affect the framing of SRHC within the language of UN resolutions can offer more insight into what frames states prefer when seeking consensus and agreement within the context of international fora.

Sponsorship Characteristics and Hypotheses

Most resolutions submitted for consideration to the UN General Assembly are sponsored by a member state. This falls in the initial phase of the resolution process, where the sponsoring state (or main sponsor, if there are multiple co-sponsors), initiates and drafts a resolution text. Oftentimes, draft resolutions are spurred by request from a UNGA special committee, or other subsidiary UN bodies. In this way, UNGA resolutions mark the beginning of the general state-actor level discussion and discourse on issues, but also a critical juncture for topics where they may move from more technical and expert-level consideration to the political arena. Existing scholarship has demonstrated that regime type can impact policy preferences in the UNGA (Finke, 2021), and given that 80% of UN Resolutions are adopted by consensus without a formal vote (United Nations, 2022), state sponsorship of resolutions is an important characteristic of resolutions as well as a key indicator of state policy preferences. UNGA voting patterns and sponsorship of resolutions provides insight into how a state may want to be perceived by the international community, the international norms that it finds acceptable, and positions that it chooses to align itself with publicly (Mattes et al., 2015, p. 284; Bailey & Voeten, 2017). In this sense, sponsorship in the UNGA can serve as an informative action taken by state actors as it happens prior to any voting or coalition building actions. Additionally, sponsorship of a resolution escapes much of the push-pull dynamics and selection bias that occurs as states attempt to bolster favor prior to general assembly voting (Seabra & Mesquita, 2022, p. 5). Based on these characteristics, we can take UNGA resolutions to be an indication of a sponsoring state's preferences and understanding of a specific topic, and therefore consider whether the occurrence of certain frames is associated with certain characteristics of sponsoring states.

Regime Type

Given the centrality of sponsorship and co-sponsorship in the creation and shaping of UN resolutions, regime type of the sponsoring state can be considered to possibly influence the language and framing of policy issues, reflecting a state's preferences for how an agenda item is understood, what elements are highlighted, and what is excluded. Research specifically focused on co-sponsorship of UNGA resolutions has shown that regime type exerts an effect on state expression of preferences within the context of the UNGA (Finke, 2021). A country with strong democratic institutions may be more likely to choose language focused on rights-based arguments when discussing SRHC, such as emphasizing the right to SRHC as an essential

human right or framing certain aspects of SRHC from a legal, rights-based perspective. In contrast, sponsoring states with less robust democratic institutions may prefer framing SRHC away from a human-rights understanding and towards a security frame which reinforces their own control and emphasizes the centrality of the state as a provider of services. Thus, considering regime type to be an explanatory factor influencing framing of SRHC in the UNGA, we propose the following hypotheses:

Security	H_1	There will be a positive relationship between the strength of autocratic characteristics and the occurrence of security frames
Rights	H_2	There will be a positive relationship between democratic characteristics and the occurrence of rights frames

Rule of Law

A second explanatory factor related to sponsorship that this study will analyze is rule of law. Broadly speaking, rule of law fits into the general category of socially acceptable "norms of governance" within national contexts (Licht et al., 2007). As with other social norms, the establishment of rule of law depends on consistency within institutions and evolves over time to gain legitimacy on the level of individual perception as well as through formal institutionalism. Compared to other institutional elements that contribute to the protection of individual and social rights, rule of law as a principle is found widely across different cultural, religious, and ideological contexts (Peerenboom, 2004, p. 812). Considering the identification of a human-rights oriented frame within existing literature, understanding the relationship between a sponsoring state's strength of national rule of law offers the potential to explore whether stronger rule of law domestically affects the inclination of sponsors to adopt more human-rights oriented language when discussing SRHC. The intrinsic relationship between the establishment and protection of individual rights and rule of law is well established, as rule of law is seen as directly integral to the extension and protection of human rights (Peerenboom, 2004). At a national level, independent, functional judiciary bodies under a strong rule of law are essential in advancing and protecting humanitarian guarantees and human rights (Keith, 2002; Cross, 1999) Given the established relationship between the presence of strong national level rule of law and

protection for human rights, this study takes the rule of law of sponsoring states as a potentially important explanatory factor for the frame preference a state will have when discussing SRHC, and thus proposes the following hypothesis:

Rights	H₃	There will be a positive relationship between a sponsor's strength of rule of law characteristics and the occurrence of rights frames

Health Care

The final sponsorship characteristic that this thesis will examine addresses the public health frame identified previously in existing literature and research. The domestic context of a sponsor's national experience with public health could be an explanatory factor for the use of healthcare-oriented language to discuss SRHC in contexts revolving around women and gender. There is consensus in existing literature that weak national institutions influence the distribution of critical public services including health, which undermines maternal health and well-being due to lower quality and availability of care, shortage of skilled professionals, and greater risk of infection (Azuh et al., 2017; Giziles & Cao, 2021; Sejati et al., 2023). A state that has had experience with weaker healthcare systems may demonstrate policy preference towards framing issues within the paradigm of public health, particularly if there are preexisting policies and institutions focused around responding to public health crises such as epidemics or conflict-related complications. Thus, measures of a state's domestic healthcare system could reasonably be expected to influence how it conceives broadly of issues in the international arena as well as its preferences for how these issues are framed within international level forums. Therefore, we highlight following hypothesis that high maternal mortality rate, indicating domestic experiences with healthcare provision, may have a positive association with the frequency of the health frame.

Health	H₄	There will be a positive relationship between maternal mortality and the occurrence of the health frame

Chapter IV: Research Design

Case Selection

       This study will use UNGA resolutions from ten consecutive sessions (64-74) over the period from 2009 to 2020. This data is public and given the large number of resolutions passed each year can be expected to provide enough text data for a robust and well-powered study. Data methods like the dictionary analysis and topic modeling that will be applied require a significant amount of data to ensure that there are enough frequencies of keywords and identifiable topics to measure. The number of resolutions passed by the UNGA varies from session to session, but generally, in the 21st century, the UNGA passes anywhere from 200 to 400 resolutions each session. Beginning the case selection in 2009 is appropriate for the aims of this thesis for several reasons. With the introduction of the UN Women, Peace, and Security agenda in 2001, it can be expected that enough time will have passed for topics related to women to have become more mainstream in international forums. Previous research into the "mainstreaming" of certain themes and topics specifically within the UN demonstrate that the process for an issue to gain prominence on UN agendas, both in main organs as well as technical and subsidiary bodies, is a lengthy process (Oberleitner, 2008, p. 360). The inclusion and development of any issue area into global political agendas can be expected to span years, as developing common understandings, definitions, policy instruments, and consensus requires iterated dialogues and evolution of the topic through international and national levels of governance and advocacy (Jahan & Mumtaz, 1996, p. 826). The "mainstreaming" of the broader topic of human rights in the 1990's demonstrates the lengthy and complicated nature of integrating issue areas into global discussions and political arenas (Oberleitner, 2008). While human rights are an integral and overarching topic within international relations and politics today, scholarship from the early 21st century demonstrates that prior to 2009 there was still much reluctance in UN bodies to mainstream discussions around human rights, despite former Secretary-General Kofi Annan's call in 1997 to integrate human rights into all parts of the UN family (Oberleitner, 2008, p. 355).

       Using session 74 (2019-2020) as an end to the chosen period is reasonable and apt for this thesis due to the domination of the global COVID-19 pandemic in international agendas beginning in early 2020. While we may not necessarily expect this to lead to a complete

exclusion of SRHC from UNGA discussions, the demand for international level response to the global pandemic undoubtedly dominated international agendas and political discourses. It can be expected then that the focus of international organizations and organs such as the UNGA would experience a shift in agenda focus for the duration of the pandemic. Therefore, the period that this thesis will look at will be the ten UNGA sessions, 64-74, between 2009 and 2020.

Variable Conceptualization and Operationalization

       The main concepts of this research design are "sexual and reproductive healthcare" (SRHC), as defined in the introduction, and "framing". The dependent variable will be operationalized as measurable "frames" via text-as-data analysis, where the UNGA resolutions will be preprocessed to extract first keywords in context (KWIC) to identify parts of the text referring to issues concerning women and gender. Given the salience of SRHC to broader issues of women, girls, and gender, it is assumed that passages of text discussing SRHC will be situated within contexts more generally referencing topics of women and gender. Through identifying these keywords in the resolution texts, we can then apply dictionary methods to measure the frequency of each frame within all extracted passages. These frames, informed by the discussed literature, represent commonly held understandings of sexual and reproductive healthcare as well as the specific issues within SRHC that each frame prioritizes as indicated by the language used in resolution texts. Each frame is operationalized through constructed dictionaries that are then applied to extracted passages of text, which will allow for the creation of regression models to analyze the significance of possible associations between occurrences of each frame and independent sponsorship indicators. The final exploratory phase of data analysis will further investigate themes and topics in the entire UNGA resolution text corpus in order to potentially detect themes and topics related to women and gender that may diverge from the frames identified in existing literature.

The independent indicators are operationalized based on the three key characteristics of state sponsors identified in Chapter III that may serve as explanatory factors for frame occurrence. A classic Ordinary Least Squares (OLS) regression model will use these independent variables to understand if there is a relationship between different characteristics of the sponsoring state and frame occurrence, where the dependent variable will be measured as frame frequency. The second analysis using a linear probability model will measure occurrence as a binary variable. As discussed in Chapter III, each indicator of interest is selected based on its relevance to commonly invoked frames, human rights, security, and public health.

For the first indicator, *polity_2* , this study uses the V-Dem project Polity II index for regime type. This is a commonly used indicator that combines several polity measures indicating the presence or absence of distinctive sets of autocratic and democratic political characteristics for a state, such as the restriction of political competition, selection of chief executives from policy elites, existence of institutional constraints on executive power, and guarantees for civil liberties (V-Dem Codebook, 2024). The polity II index uses a conventional polity scoring index of -10 to 10 and provides data for all sponsoring countries within the ten selected UNGA sessions.

The second variable related to sponsorship will be a measure of each sponsoring state's rule of law, also sourced from the V-Dem project, which serves to operationalize the second identified explanatory variable, rule of law. In the V-Dem dataset, the rule of law index (v2x_rule) is measured as an interval from 0-1 and is formed by aggregating related indicators such as compliance with high courts, high court independence, impartial public administration, public sector theft, and legal transparency (V-Dem Codebook, 2024). As discussed in Chapter III, rule of law is intrinsically tied to the ability of a governing state to establish and protect individual rights. Considering that there is an established frame within research which understands SRHC within discussions of human rights, understanding the potential relationship between a sponsoring state's domestic rule of law and the use of a human rights frame when discussing SRHC could provide insight as to how different sponsors understand SRHC in the context of global politics.

Last, maternal mortality rate (MMR) per 100,000 births will serve as the third independent indicator, operationalizing the explanatory variable of national public health. This data, sourced from the World Bank, has been commonly used as an indicator for women's

reproductive health at the national level, and has been one of 15 key indicators identified by the World Health Organization since 1998 as a measure of a population's reproductive health. Prior studies in the field of global health have established links between MMR to other key healthcare indicators such as access to healthcare personnel (Sejati, 2023), lack of medical equipment and core resources (Urassa et al., 1997), and general availability of healthcare information. Moreover, MMR is a commonly used indicator for reflecting the status of population health and quality of life within states (Azuh et al., 2017). International level discussions about SRHC and maternal health tend to overwhelmingly characterize national level SRHC through rates of maternal mortality (Ruder & Emasu, 2022, p. 37). In this research design, MMR is used as an indicator to reflect the access of women per country to healthcare resources.

Taking together the three independent variables and the dependent variable of specific *frame*, this study will first explain whether these frames are present in UNGA resolution text. Next, further data analysis will examine the frequency of these frames alongside elements of sponsorship characteristics in order to understand the potential relationships between sponsorship factors and the occurrence of specific frames.

Data Coding and Preparation

In preparing the data for text-as-data analysis, all UNGA resolutions and their respective sponsors from UNGA sessions 64 to 74 are first extracted from the UN General Assembly Sponsorship dataset (Seabra & Mesquita, 2022). This data includes additional information such as main sponsor, date, session, number of co- sponsors, and the result of general assembly voting. The next data preparation step involves the manual removal of all duplicate resolutions and drafts from the data. Rather than including all versions of all draft resolutions, prior drafts were removed so that only the last rendition, including potential additions, were included in the final dataset, as we are only able to access final resolution texts in the UNGA resolution repository. The indicator values for each resolution for sponsor polity score (V-Dem dataset), maternal mortality rate (World Bank), and rule of law (V-Dem dataset) were then hand-coded in for each resolution by sponsoring state and year.

The final major data preparation step involved the removal of all resolutions originating in the First Special Committee. The remainder of resolutions, those originating in Plenary sessions and Special Committees 2-6 were kept. The rationale behind this rests on the topical

focus of the First Special Committee, which focuses specifically on issues of international security such as disarmament, nuclear and biological weapons, and material threats to peace (UN, 2024). A manual keyword search for "woman", "women", and "gender" in thirty UNGA First Committee resolutions in the selected sessions revealed a lack of topical overlap between the issues discussed in the special committee and issues related to SRHC. Therefore, these resolutions were removed due to their irrelevance to the focus and guiding research question of this study. In addition to the preparation of the master dataset for all resolutions and their respective sponsorship indicators, each resolution was downloaded in full-text PDF form from the UN repository and saved with the according "doc_id" as referenced in the master dataset.

The data coding and collection phase of this study thus concludes with a raw dataset of 1248 UNGA resolution texts, the main sponsor for each sourced from the Harvard UNGA Resolution Sponsorship dataset (Seabra & Mesquita, 2022) as well as manually coded sponsorship indicators for polity score, maternal mortality rate, and rule of law measure for each sponsor for the corresponding year that the resolution was brought before the Assembly. This primary dataset serves as the basis of data analysis for the remainder of the study.

<u>Chapter V: Methods</u>

The data analysis of the UNGA resolution text data utilizes several methods. The first phase identifies and isolates all the passages within the data that mention women/gender, as this study assumes that discussions around SRHC will be situated within more general contexts regarding women and gender. Following the extraction of relevant passages, dictionary methods are applied to measure the frequency of the theoretically derived frames of SRHC within the texts. The result of this phase of analysis will be frequency scores for each UNGA resolution indicating the presence of language pertaining to an identified frame. Next, these frequency scores are then taken alongside the independent variables of sponsorship (*rule_of_law, maternal_mortality, and polity_2)* to measure the association between the presence of frames in the text and sponsorship factors. Lastly, the exploratory phase of this research design will apply topic modeling data analysis methods to further investigate the themes and topics discussed generally in UNGA resolutions to further ascertain which issues related to women and gender are discussed in the UNGA.

Keyword-In-Context

Using the entire corpus of 1248 UNGA resolution documents, we apply preprocessing steps to first remove stop words, numbers, and punctuation from the corpus and find the top word frequencies (see Appendix A). Without filtering for specific words regarding women/gender, we find that there are no individual keywords relating to these topics in the top twenty words of the corpus. Next, the initial Keyword in Context (KWIC) data analysis is applied. This identifies all passages in the resolution texts that include a mention of several general words- woman, women, girl, and gender- to further identify parts of text discussing issues of SRHC, prior to the application of dictionary methods which will code the aforementioned frames and measure their occurrence within these isolated. The K value (the window of text before and after each mention that is included in the context) is determined via sampling twenty resolutions containing a mention to a keyword and determining how many words are necessary to capture the context and meaning of the passage. This study utilizes a window of 10 (**K = 10**) in order to capture the necessary pre and post context regarding mentions of general keywords. The KWIC code captures passages from 717 documents within the initial

corpus of UNGA resolution texts that contain a mention of keywords related to women and gender. This dataset, consisting of each captured resolution and the 10 words before and following each keyword mention, serves as the refined text data with we use to apply the following dictionary analysis method.

Dictionary Analysis

With the "context" corpus containing all passages that have a mention of "woman", "girl", or "gender" extracted from the initial corpus, specific dictionary analysis methods are employed to measure the frequency of the frames in contexts discussing women and gender issues. Three separate dictionaries informed by the conceptually derived frames in Chapter II are applied to the resolution text.

Dictionary Analysis Codebook

Security	"secur*", "sexual violence", "trafficking", "exploitation", "gender-based violence"
Rights	"abortion", "contraception", "rights", "discrimination", "torture"
Health	"health", "HIV", "AIDS", "pregnancy", "*natal", "disease*", "repro*"

Table I

Each dictionary - security, rights, and health - is created based on the conceptual framework identifying distinguishable and frequent frames in existing scholarship on sexual and reproductive healthcare. Applying these dictionaries to all UNGA resolutions that contain a mention of women/gender will result in a measurable frequency value indicating how often each frame occurs in each UNGA resolution within contexts discussing issues related to women and gender. As outlined in the literature review in Chapter II, there are three discernable frames through which scholarship and research discusses and understands SRHC. The security framework, focusing on women in conflict contexts, gender-based violence, and the role of the state as a protector is thus indicated by keywords of "trafficking", "exploitation", and "violence". The rights frame of SRHC, which is derived from existing literature that demonstrates an

overwhelming focus on the legality of abortion and contraception, and which situates lack of access to SRHC within the broader topic of gender discrimination, is thus coded with keywords relating to this topic. Last, the health frame, focusing on more specific issue areas related to reproductive care, is coded with keywords "pregnancy", "*natal", STDs, and HIV/AIDs, as these were frequently discussed issue areas in literature framing SRHC as an issue of public health. All of these terms represent specific understandings and conceptualizations of sexual and reproductive healthcare found in existing scholarship and research, thus by applying these dictionaries to all the texts containing a mention of women and gender, this phase of analysis measures the frequency of frames within the texts.

Using the context of text extracted from all resolutions containing keywords of interest, the above dictionaries are applied individually to the 717 UNGA resolutions containing mentions of the keywords in order to further understand what language is being used in these contexts. The result of this phase of data analysis are frequency counts for mentions of words contained in the above dictionaries in each text they appear. These frequency counts are then used to create a binary 0/1 variable, where 0 indicates no mention of a dictionary word in a given resolution, and 1 indicates a mention of a dictionary word. The operationalization of the dependent variable into a binary variable allows for the application of linear probability models in the later phase of data analysis. This fully operationalizes the frames as a measurable variable for further understanding the relationship between frame and sponsorship indicators.

Classic Ordinary Least Squares (OLS) Linear Regression Model

The first data analysis model utilized in this study is a classic OLS model, which is a statistical method used to estimate the relationship between one or more independent variables and a dependent variable of interest. In this case, the independent sponsorship indicators (polity score, maternal mortality, and rule of law) are taken as independent variables, and frame frequency in the text, as identified by the KWIC and dictionary analysis methods, is the dependent variable. The equation for this linear regression model is:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3$$

Where Y represents the dependent variable of frame frequency, β_0 represents the constant when $X = 0$, β_1-β_3 represent the coefficients to be estimated, and X_1-X_3 represent the independent

variables. The coefficients of each independent variable, which the model seeks to estimate, represent the change in the dependent variable, in this case frequency of frame occurrence, for a one-unit change in the corresponding independent variable. Thus, applying the classic OLS regression method to the primary dataset will provide estimations of the relationship between the dependent variable of frame frequency and the three indicators of interest related to the sponsoring country.

Linear Probability Model

In addition to a classic OLS regression, this study will also apply a linear probability model to understand the association between sponsorship factors and the probability of the occurrence of each frame. This will take frame frequency as a binary variable operationalized as 0 (no occurrence of a frame in the resolution text) or 1 (occurrence of a frame in the resolution text). The equation for the probability model is:

$$P(Y) = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3$$

Here, P (Y) represents the dependent variable of probability of a frame occurring in the text, β_0 represents the constant when X = 0, and $\beta_1 X_1$ - $\beta_3 X_3$ represent the coefficient values for each independent indicator. The coefficient values indicate the increase in probability that a frame will occur in a text given a one unit increase in the value of the independent variable.

Chapter VI: Results

Considering the four proposed hypotheses (see table II), this section analyzes the classic OLS and linear probability models that estimate the association between the independent indicators of interest and the frequency/probability of frame occurrence. A p value of " $p<0.1$ " will be used as the threshold for statistical significance.

Proposed Hypotheses

H_1	There will be a positive relationship between the strength of autocratic characteristics and the occurrence of security frames
H_2	There will be a positive relationship between the strength of democratic characteristics and the occurrence of rights frames
H_3	There will be a positive relationship between a sponsor's strength of rule of law characteristics and the occurrence of rights frames
H_4	There will be a positive relationship between maternal mortality rate and the occurrence of the health frame

Table II

Regression Tables

Classic OLS Model

	security	rights	health
polity_2	-0.072	-0.127	-0.049***
	(0.073)	(0.086)	(0.015)
rule_of_law	3.078*	5.331***	1.351***
	(1.596)	(1.883)	(0.328)
maternal_mortality	0.005**	0.009***	0.002***
	(0.002)	(0.003)	(0.0005)
Constant	0.364	0.574	-0.373**
	(0.823)	(0.971)	(0.169)
Observations	484	484	484
R2	0.016	0.033	0.063
Adjusted R2	0.009	0.027	0.057
Residual Std. Error (df = 480)	6.176	7.287	1.267
F Statistic (df = 3; 480)	2.537*	5.404***	10.776***
Note:		*p<0.1; **p<0.05; ***p<0.01	

Table III

Linear Prediction Model

	security_binary	rights_binary	health_binary
polity_2	-0.021***	-0.008	-0.009**
	(0.006)	(0.005)	(0.004)
rule_of_law	0.890***	0.171*	0.202**
	(0.121)	(0.103)	(0.097)
maternal_mortality	0.0003*	-0.0001	0.0005***
	(0.0002)	(0.0001)	(0.0001)
Constant	0.047	0.744***	0.055
	(0.062)	(0.053)	(0.050)
Observations	484	484	484
R2	0.127	0.009	0.027
Adjusted R2	0.122	0.003	0.021
Residual Std. Error. (df = 480)	0.468	0.399	0.377
F Statistic df = 3; 480)	(23.317***	1.429	4.373***
Note:		*p<0.1; **p<0.05; ***p<0.01	

Table IV

Regime Type

Looking first at the statistical results from the classic OLS model (see table III) measuring the association between *polity_2*, which represents the strength of a sponsoring state's democratic characteristics, and the frequency of frame occurrence, we find a statistically significant relationship between *polity_2* and frequency of the health frame. The coefficient indicates that for every increase in a sponsor's score (towards more democratic characteristics accounted for in the V-Dem index) there is an expected decrease in the occurrence of the health frame by -0.49 at a p-value of p<0.01, a high level of statistical significance. This indicates, based on the frequencies of the health frame, that sponsoring states with higher scores of democratic characteristics are associated with lower frequencies of the health frame.
The classic OLS model does not indicate significant association between *polity_2* and the frequency of the security or rights frame.

Considering the linear probability model, which examines the association between *polity_2* and the probability of frame occurrence as operationalized by the binary variable (see table IV), we find statistically significant relationships with both the security and health frames. The regression coefficients indicate that an increase in *polity_2* expects a decrease of -0.021 in the probability of the occurrence of the security frame, at a level of p<0.01. Thus, the model expects that the more democratic a sponsoring state is, the less likely that security frame will occur in the resolution text. *Polity_2* is modeled to be negatively associated with the probability of the occurrence of the health frame at an x-value of -0.009, expecting that the stronger a sponsoring state's democratic characteristics are, the less likely it is to invoke the health frame.

H_1, proposed in the theoretical framework, expects a positive relationship between the strength of autocratic characteristics and the occurrence of security frames. The linear probability model indicates that stronger democracy is a predictor for decrease in the probability of the use of the security, suggesting a positive relationship between autocracy and the occurrence of security-oriented language when discussing SRHC. The other hypothesis H_2 regarding the *polity_2* indicator expected a positive relationship between a sponsoring states *polity_2* score and the occurrence of the rights frame. Both the classic OLS and linear probability models fail to indicate any statistical significance between a sponsoring states *polity_2* score and the frequency or probability of the occurrence of the rights frame.

Rule of Law

The statistical results from the classic OLS model for the indicator *rule of law* show a statistically significant positive relationship between the strength of a sponsor's rule of law and the frequency of both the rights and health frames with a p-value of $p<0.001$, as well as the security frame with a p-value of $p<0.1$. Looking at the indicators, the model demonstrates for each one unit increase in a sponsor's rule of law, the frequency of the rights frame is expected to increase by 5.331, while the frequency of the health frame is expected to increase by 1.351.

The linear probability model predicts that stronger rule of law positively impacts the likelihood of the occurrence of the security frame in a resolution, with a coefficient value of 0.89, as well as a 0.2 increase in probability of the health frame occurring in a document.

The initial hypothesis H_3 posed concerning the *rule_of_law* indicator, as based on the theoretical and conceptual frameworks, expected a positive effect of a state's rule of law on the occurrence of the rights frame. Interpreting the results of the classic OLS model, we find that there is a highly statistically significant association between the strength of a sponsoring state's domestic rule of law and the frequencies of which the rights frame appears in its text. We do not, however, find evidence to support this in the linear probability model. Two additional associations of interest point to a positive relationship between a sponsor's *rule_of_law* score and the likelihood of occurrence of the security and health-based frames.

Maternal Mortality

The statistical results from the classic OLS regression for the *maternal_mortality* indicator suggests that maternal mortality rate is a statistically significant positive indicator for the frequency of all three frames, expecting that for each unit increase in maternal mortality, the frequency of "security" will increase by 0.005, "rights" by 0.009, and "health" by 0.002. This suggests the possibility that higher maternal mortality rate may be an indicator of more mentions in general of SRHC within contexts of women and gender. The results of the linear probability model show again that maternal mortality rate is a statistically significant indicator at the level of $p<0.01$ for the probability of the occurrence of the health frame, thus it expects an increase in maternal mortality to increase the likelihood of the use of the health frame by 0.0005.

The initial hypothesis H_4, which expected a positive relationship between maternal mortality and the occurrence of the health frame, is supported by both the classic OLS and the

linear probability model. As indicated by both regressions, the frequency of the health frame and the probability of its occurrence are expected to increase at a level of statistical significance when there is an increase in maternal mortality rate.

Multicollinearity Analysis

To further investigate the association between sponsorship indicators and the frequency of specific frames, we also conduct a diagnostic multicollinearity analysis. Multicollinearity analysis is performed to understand and estimate the degree of correlation between independent variables, as high correlation between independent variables can impact regression analysis. High levels of correlation between independent variables can lead to difficulties in interpreting coefficients, as changes in one variable could be associated with changes in another variable, therefore posing a problem in measuring and assessing the individual contribution and association between independent variables and the dependent variables. This is often reflected in the standard error score of a regression, which indicates the precision of the model. To measure multicollinearity, we use Pearson's correlation coefficient, which assesses the degree of correlation between each pair of independent variables.

The Pearson's coefficients (see Appendix C for full table and graph) indicate that there is low multicollinearity between the *polity_2* and *maternal_mortality* indicators, as well as between *rule_of_law* and *maternal_mortality*. We find a higher coefficient value of 0.77 between *polity_2* and *rule_of_law*. Looking at the standard error of both models, we find that the standard error of the classic OLS model for the security and rights regressions is quite high relative to the predicted coefficients. Examining this alongside the higher level of multicollinearity between the *polity_2* and *rule_of_law* indicators, we consider that the linear prediction model may provide better estimates of the true coefficient values.

<u>Chapter VII: Discussion</u>

Key Findings

        Overall, we find several associations of statistical significance based on both the classic OLS and linear probability models. We find evidence to support H_1 and H_4 based on statistically significant associations between the independent indicators and both the frequency and probability of frame occurrence. Both regressions also point to a preference for the health frame across all three indicators based on the frequency and probability of occurrences of this frame.

Hypothesis 1

        Considering H_1, the linear probability regression predicts a significant relationship between *polity_2* score - indicating the strength of a sponsor's democratic or autocratic characteristics - and the frequency of the security frame. The magnitude of this relationship indicated by the regression coefficient predicts that for every increase in a sponsor's democracy score, the probability of the security frame occurring decreases by -0.021. The R^2 and adjusted R^2 of this model also imply sensitivity of the probability the security frame will occur dependent on the independent indicators, with approximately 12% (adjusted R^2) of the variance in security frame occurrence being accounted for by the independent variables. The significance of this association is further supported by the high f-statistic of 21.317, indicating that explained variance in the model is higher than the unexplained variance. The linear probability model also points to significance between the *rule_of_law* indicator and the probability of occurrence of the security frame, with a higher regression coefficient of 0.89. This notably larger coefficient indicates a higher magnitude of association between these variables regarding the probability that the security frame will occur in resolutions sponsored by states with a higher rule of law score. These coefficients, taken along the higher R^2 and F-statistic values indicate a significant relationship between the sponsorship characteristic *polity_2* and the probability of the security frame occurring. This suggests evidence to support H_1 and points to a higher degree of sensitivity for the security frame dependent on independent state indicators.

Hypothesis 2

H2, expecting a positive relationship between a sponsor's strength of democratic characteristics and the occurrence of the rights frame, is not supported at a statistically significant level by the classic OLS or linear probability model. This study thus does not find evidence to support H2.

Hypothesis 3

Looking at H3, which expected a positive association between the *rule_of_law* indicator and the occurrence of the rights frame, the classic linear regression indicates that higher rule of law scores for sponsors are associated with higher frequencies of the rights frame, with a higher coefficient of 5.331, predicting that for each unit increase in a state's rule of law score, we can expect an increase of 5.331 in the frequency of the rights frame within resolution text. Based on this result, we could assess that a sponsor's rule of law score may have a strong effect on the frequency that the rights frame occurs within resolution text. However, this is not supported at a significant level by the linear probability model. Considering the high level of standard error in the classic OLS model, we thus conclude that there is not sufficient evidence to support the claim proposed by H3.

Hypothesis 4

Last, H4 is supported by the results of both the classic OLS and linear probability models, indicating a positive relationship between maternal mortality and both the frequency and probability of occurrence of the health frame. Considering the statistically significant coefficients, we could expect a resolution sponsored by a country with a higher rate of maternal mortality to be both more likely to use health framing than a country with lower rates of maternal mortality, as well as for the frequency of the health frame within resolution text to be higher. However, it must be noted that the lower coefficient values of 0.0005 (classic OLS) and 0.002 (linear probability) for both models indicate a small magnitude of effect, indicating that while maternal mortality is a statistically significant indicator for the frequency and likelihood of the health frame occurring, the value by which we would expect health occurrence to change depending on a unit increase or decrease in maternal mortality is quite low.

Looking across all three frames, the *health* frame was most frequently associated with the independent variables, as we find statistical significance for all three independent variables in

both models. There is a notably large effect between rule of law score and the frequency of the health frame at a coefficient value of 1.351, indicating that we could expect 1.351 more occurrences of the health frame within resolution text for every unit increase in a sponsor's rule of law score. This is also indicated in the linear prediction model, which expects that for every unit increase in a sponsor's rule of law score, we can expect a 20% increase in the probability that the health frame will occur within a resolution text. We see similarly significant associations for the *polity_2* indicator and the frequency/probability of the health frame, however, the low value of coefficients indicates a smaller magnitude of effect between a sponsoring state's regime type and the occurrence of the health frame. Additionally, the high F-statistic value of 10.776 in the classic OLS regression (see table III) indicates that the independent variables as a whole significantly explain the variation in the frequency of the occurrence of the health frame, suggesting that these sponsorship characteristics have a significant linear relationship with the frequency of health frame occurrences.

Interpretation and Discussion

The guiding research question posed by this study was: Do characteristics of sponsoring states influence framing of women's SRHC in international fora? The overarching goal of this thesis is to explore how SRHC is understood in UNGA resolutions and attempt to explain the relationships between theoretically derived frames and sponsorship characteristics. Interpreting the results from the classic and linear prediction models indicates that sponsor characteristics of regime type, rule of law strength, and maternal mortality rate are associated with changes in the frequency and occurrence of specific frames of sexual and reproductive healthcare at statistically significant levels.

Regime type, operationalized via polity_2 score, was statistically significant in the classic OLS model for decreases in the probability of both the security and health frames, indicating higher democracy levels predict a lower likelihood of these frames. Conversely, this could be interpreted as indicating that state sponsors with more autocratic characteristics are more likely to invoke security and health related language. H_1 expected this association between autocratic states and security-focused framing due to the preference for autocratic governments to understand SRHC as an issue of state provision and regime security. Rather than frame SRHC

within the context of human rights, it may be preferable for states with more autocratic tendencies to understand and discuss sexual and reproductive healthcare through a more security-oriented lens. The focus of security-oriented literature and research on the topic of sexual and reproductive healthcare indicates an understanding of SRHC from the perspective of state control and population security, overwhelmingly in contexts of conflict and institutional instability. Conversely, the rights frame within literature conceives of SRHC as a problem of crucial human rights, often advocating for legal changes and highlighting the importance of international norms and standards of human rights. Considering the indicated association between levels of autocratic characteristics and the occurrence of security-oriented language, this may indicate that autocratic states prefer to understand and discuss SRHC, within broader discussions of women and gender, using more security-oriented language that aligns more with their preferences of maintaining state authority and sovereignty from international level bodies, rather than adopting a rights oriented perspective that places emphasis on policy instruments that may be less preferable.

Addressing the fourth and final hypothesis, the classic linear model indicates maternal mortality to be the most important indicator of overall frequency of SRHC frames. H_4 predicted a positive relationship between increased maternal mortality rate and the occurrence of the health frame, which is additionally supported by the linear probability model coefficients. This could be attributed to states with higher rates of maternal mortality facing more general healthcare issues and public health emergencies in general, creating an understanding of SRHC through larger contexts and understandings of public health. Maternal mortality was also indicated to have a positive association with the frequency of the security and rights frames as well, indicating that higher maternal mortality rate is a strong overall indicator for the occurrence of all three frames in UNGA resolutions. This could be explained similarly to the higher frequency of the health frame, as state sponsors with a national experience with a public health crisis that affects maternal mortality rates may in general have a higher level of prioritization towards issues that fall under the scope of SRHC. Additionally, domestic experience with health crises and challenges may affect the inclination of sponsors with higher rates of maternal mortality to sponsor resolutions that pertain to elements of SRHC, thus raising the frequency of occurrence of all three frames due to a larger number of states with higher maternal mortality sponsoring resolutions generally related to elements of SRHC.

Outside of the proposed hypotheses, this thesis notably finds that there is an overall higher frequency and probability of the health frame for all three independent indicators. The classical linear model, with an overall higher and statistically significant F-statistic and relatively lower standard error value, suggests a strong relationship between a state's level of autocracy and the frequency of the health frame, while both models reflect statistically significant positive associations between both rule of law and maternal mortality rate and the probability and frequency of health frame occurrence. Given that sexual and reproductive healthcare is inherently and practically an issue of health, discussing the practical and topic-specific issues related to SRHC may be less politically contentious for actors when including discussions of SRHC within broader contexts of women and gender in UNGA resolutions.

Overall, we find our theoretically derived frames of SRHC within UNGA resolutions and assess that sponsorship characteristics can be explanatory factors in the framing of sexual and reproductive healthcare within UNGA resolutions. While these findings cannot capture a causal relationship due to their observational nature, the results of both models indicate that state characteristics which shape state preferences with international fora may influence how sponsoring states choose to understand and frame sexual and reproductive healthcare. Finally, we find an overall leaning within resolution texts towards preference for the health frame. The next section of exploratory analysis looks to further investigate UNGA resolution texts via the application of additional text-as-data methods to better understand the topics and potential frames that are detectable within UNGA resolutions.

Exploratory Analysis

Following the above models, we apply exploratory analysis to the text data to further explore discussions relating to women and gender within UNGA resolutions. In this section, topic modeling is applied to the "context" text specifically identified by the KWIC data methods to test the presence overall of the identified frames and to allow for the potential identification of themes in language which were not theoretically derived ex ante. The method used, structured topic modeling, is first applied to the text data containing all passages with a mention of the women/gender keywords with a k (number of themes) set to 10. The identifiable topics in table V are listed with their highest probability words (see Appendix D for full table).

Topic Modeling (K = 10)

Theme	Highest Prob. Words
International public safety and social rights	public, drug, nations, united, world, international, social, rights, safety
Global health	health, global, world, policy, organization, universal, states, international, member
Gender-based violence	humanitarian, women, violence, persons, trafficking, sexual, girls, nations
Public health challenges	world, organization, malaria, health, countries, systems, development, including, older
Gender and development	women, development, including, equality, empowerment, health, rural, access, girls
Gender equality	women, equality, nations, united, empowerment, development, including, gender, girls
Food and sustainability	food, united, organization, nations, including, agriculture, world, nutrition, sustainable
Protection of women and girls	child, including, rights, girls, states, education, human, women, health
Children, social care, and education	education, services, including, children, social, care, child, access, physical
Reproductive healthcare	obstetric, fistula, services, including, health, maternal, women, access, girls

Table V

Notably, three themes related to health (global health, public health challenges, and reproductive health) are distinguishable within the isolated passages. These results from the topic modeling indicate that health is indeed a dominant theme within broader discussions of women and gender. This supports the predictions made by both the classic OLS and linear probability models prior which indicate the health frame as the most strongly associated frame with the independent indicators, as all three measured sponsorship characteristics had strong and statistically significant coefficients with the frequency of health-oriented language. Understanding SRHC within the context of other health related issues, rather than framing as an issue of human security or human rights, may be preferable to states regardless of national characteristics simply because there is already discourse within the UNGA on other health related issues.

Another notable pattern in the top themes within resolution texts is the identification of five separate topics related to women. The topic modeling identifies gender-based violence, gender and development, gender equality, protection of women and girls, and reproductive healthcare as top themes within the UN resolution corpus. This suggests that issues related to women and gender are perceived as salient issues by UN member states and highlights the existence of several different topics under the broader theme of women and gender. Furthermore, these topics encompass similar issues identified within the literature on SRHC which informed the theoretical basis of this study. We see under the identified theme of "gender-based violence" a focus on exploitation, trafficking, and humanitarian crises, similar to the understanding of SRHC identified the "security" frame that were used to inform the dictionary analysis. We also find an identifiable category of "women's equality", which shares overlap with the theoretically derived "rights" frame, with a notable inclusion of "abortion" as a dominant word (see appendix D). These results support the theoretically derived frames identified in the literature, indicating that these understandings are reflected as distinguishable approaches within UNGA resolutions. Additionally, we find overlap between words informing these themes identified by the topic modeling and the keywords used to inform the applied dictionary analysis, suggesting soundness in the theoretically derived frames and the methods used to capture them within resolution texts.

Of particular interest to the conceptual and theoretical framework of this study is the clear identification of a reproductive healthcare topic. Looking at the highest probability words (see Appendix D), this theme encompasses both healthcare services and prevalent reproductive and maternal health issues such as obstetric fistula, childbearing services, and newborn care. This reaffirms the assumption that within broader discussions of women and gender, which formed the text-as-data basis of the dictionary analysis and regression models, sexual and reproductive healthcare is a central topic in UNGA resolutions. This finding via structured topic modeling thus confirms a central assumption made throughout this study that within broader discussions of women and gender, we find a substantial theme within UNGA resolutions concerning sexual and reproductive healthcare.

As the purpose of the structured topic modeling is to potentially detect themes and frames which were not identified ex ante, we see that women's development is also a noted theme within discussions of women and gender, indicating that this could be a frame of understanding and approaching SRHC not identified in current research efforts. Considering the extent of involvement of the UN and its subsidiary bodies in developmental work, this could be a worthwhile frame to investigate further. Lastly, gender-based violence against women and girls is clearly a prevalent and salient issue to member states as it is the third most common topic within this corpus of UNGA resolutions. This theme, identified in the topic modeling, includes sexual violence and human trafficking, which are both topics that were commonly found in security framing of sexual and reproductive healthcare in the previously discussed literature and research.

A final step to further discern how issues related to women and gender feature in UNGA resolutions reduces the number of identified topics to **K = 5**, again using structured topic modeling. These results (see table VI) further indicate that health topics are dominant within broader discussions on women and gender, even when reducing the number of top themes (see Appendix D for full list of scores). This supports the conclusion that states may prefer the health frame over the rights/security frames when discussing SRHC, as health topics account for two of the top five themes in UNGA resolutions, and we find strong recurrence of "health" related subtopics throughout both topic models investigating the passages of text referencing women and gender. The top five themes are very similar in their word scores to the K=10 model, with the

first four identified categories bearing similar top words. Importantly, we see the identification of a topic concerning "women's equality and health" in the fifth thematic category, which looking at the full word scores includes mentions of women, gender, obstetric fistula, and girls. This reaffirms the findings from the K=10 topic model that reproductive healthcare is a key topic within broader discussions of women and gender.

Topic Modeling (K = 5)

Topic	Highest Prob. Words
United nations	Nations, united, rights, social
Global health	Health, global, world, organization
Gender based violence	Child, women, violence
Public health challenges	Malaria, endemic, older, ageing
Women's equality and health	Women, equality, development

Table VI

Significance

      This study, which attempts to understand and explore how SRHC is understood in UNGA resolutions, and how framing is affected by characteristics of state sponsors, finds that there are statistically significant associations between independent variables measuring key state characteristics and the occurrence of three identified frames pertaining to SRHC. Based on both the results of the classic OLS and linear probability regression models, as well as the exploratory analysis using structured topic modeling this thesis also finds a demonstrated preference by state sponsors to discuss SRHC through the identified "health" frame. The frequency of health framing is positively associated with both higher maternal mortality rates, lower democratic scores, as well as higher ratings of rule of law for sponsors. The results of exploratory topic modeling support both the assumption that sexual and reproductive healthcare is a central topic within broader discussions of women and gender, as well as the centrality of the heath frame within contexts regarding women.

As discussed in Chapter III, frames rely on the use of specific words and arguments, through which actors can construct and establish a common understanding of a topic. The health frame, as defined and understood by this study, indicates the use of health-problem specific language, and a focus on services, pregnancy, ante/post-natal care, and HIV/AIDS, suggesting that when elements of sexual and reproductive healthcare are discussed in UNGA resolutions there is a more robust mention of these topics and a stronger understanding of SRHC as an issue within broader public health. Evaluating the initial hypotheses regarding explanatory factors and their association with the occurrence of frames, we find several statistically significant relationships indicating that sponsorship characteristics can affect the frames employed by sponsoring states when discussing SRHC. We find evidence to support the initial hypothesis that more autocratic state sponsors will be associated with higher occurrences of the security frame, that higher rule of law will be positively associated with the occurrence of the rights frame, and that higher rates of maternal mortality in sponsoring states will be positively associated with the occurrence of the health frame.

These findings do not establish causality, rather, they highlight that there are distinguishable frames of SRHC situated within broader discussions of women and gender in UNGA resolutions which are explained by state characteristics. This indicates that there identifiably different ways that states construct and disseminate understandings of sexual and reproductive healthcare. Considering the impact of frame establishment and construction discussed in Chapter III, different understandings of SRHC may have different implications for the policy choices that both states and international organizations pursue, meaning that certain elements of SRHC may be prioritized over others. In the case of SRHC being understood and established as an issue of public health, as suggested by the findings of this thesis, this may preempt actions and policies that would make efforts to bolster women's legal rights to services.

The significance of this study lies in the implications of language and framing on common understandings and actions at the international level. If states primarily view an issue area or topic through a certain frame, then the language that is used to construct, establish, and disseminate dialogue and information on that topic is likely to have an impact on the type of policies and actions that states do or do not take. Considering the importance of sexual and reproductive healthcare for women and girls across the globe, how states construct and share

understanding of this issue has real-world implications for shaping the related issue areas and problems that do or do not get international agreement and attention. The prevalence of the health frame indicates that states relate the topic of SRHC to the practical provision of services, alleviation of diseases, and as a broader issue within public health.

Validity and Limitations

One major consideration regarding the internal validity of this study is the potential for contextual ambiguity. It is possible that the parameter of K= 10 used in the KWIC application misses additional contextual words in certain samples. This could result in the exclusion of key words or phrases that could indicate key information about the occurrence of a frame within a given passage. Another notable challenge to internal validity is the selectivity of the keywords used within the application of dictionary methods, which could create limitations in the detection of all possible occurrences of frames. While these keywords were theoretically derived from the discussed literature which distinguished three frames, there is a possibility that additional keywords could be strong indicators of a frame but were not included.

The external validity of this study rests on its generalizability to other contexts, such as different sources of text data, different themes or topics, or different bodies of discussion and agenda-setting. Considering the generalizability of the methods employed to code and measure the independent and dependent variables, we assert that these methods could be applied to a multitude of text sources and agenda setting bodies. The use of similar text-as-data methods to UNGD speeches by Baturo et al. (2017), as well as their application to Women, Peace, and Security policy documents (Kirby & Shepard, 2021) demonstrates the applicability of text-as-data as a method to extract meaning from language used in international fora. However, it is important to consider that dictionary methods are inherently subjective, as decisions must be made as to the most important words to include, which challenges the generalizability of this study as different research designs may make different decisions about the to adopt when creating their own dictionaries.

A notable limitation of this study is the multitude of independent indicators that may shape both the decision of states in the UNGA to sponsor resolutions and the language that they use. For the purposes of this study, the three key indicators were selected because of the broad

state characteristics that they capture. However, accounting for and measuring a larger number and more comprehensive body of independent indicators would provide a more in-depth understanding of which indicators may affect state choices for framing SRHC within the UNGA. The focus of this research design around three key independent indicators creates a strong possibility of omitted variable bias, where significance detected between the dependent and independent variables may be caused by an independent indicator(s) not included here. Similarly, an additional limitation of this study is the restricted selection of UNGA resolutions which it examines. While ten sessions of resolutions provide sufficient data for this text-as-data analysis, a more comprehensive study that examines UNGA resolutions over a longer period may be able to account for both different frames that may have been more prevalent in the past, as well as potential changes in how states frame SRHC in the post-pandemic era.

A second limitation of this study concerns a central assumption that the detected frames within contexts discussing women and gender are referring to sexual and reproductive healthcare. This is a limitation that must be considered alongside the findings of this study as there is the potential that there is occurrence of frames identified within the text that could be discussing a related issue, not specifically SRHC. The KWIC method allows for the extraction of all passages concerning women and gender, while the application of dictionary methods theoretically derived from literature specifically discussing SRHC allows this research design to further isolate passages of text that are discussing keywords that are highly related to SRHC. The topic modeling captures reproductive health as a top thematic category within larger discussions of women and gender. However, without manual reading and coding of the text, there is the possibility that captured passages within the refined corpus are referencing related issues under the general topic of women and gender rather than topics specifically concerning SRHC.

Moreover, it is important to note that given the observational rather than experimental nature of this study, we cannot claim to establish causality. That is, while this study finds that sponsorship characteristics may be associated as explanatory factors to occurrences of frames, it does not establish that sponsorship characteristics cause occurrence of frames within resolution texts. The value of these conclusions rests in the information they can provide about how SRHC is understood by state actors within the context of the UNGA and the influence that state characteristics may have on the use of these understandings via the language used in resolution texts. Additionally, while state sponsorship of resolutions can be shown to demonstrate state

actor preferences and policy goals, this study does not account for the influence of co-sponsors or other factors that may affect the specific language and wording employed in texts.

Lastly, evaluating language as a dependent variable poses its own limitations and constraints for using any conclusions drawn from the text to inform future developments. Language and resources are dynamic and constantly evolving: While this study can make conclusions as to the relationship between sponsorship characteristics and framing in the UNGA over the period examined, these conclusions are limited in their application to understanding the current framing of SRHC, as there is a high possibility that language and discourse in the UNGA has shifted in the last five years.

Future Research

The conclusions of this study open the door for more extensive research into how language and framing are employed both within the UNGA as well as other high level international bodies and discourses. These findings point to the potential of sponsorship factors to be an indicator of how we might expect state actors to construct and disseminate meaning around specific issues. Domestic legislation on the legality and protection for certain elements of SRHC, such as contraception and abortion, recent legislative or judicial rulings, and broader socioeconomic factors are several characteristics of interest that could be further investigated. Additionally, other elements of state behavior within the UNGA, such as frequency of resolution sponsorship, characteristics of potential cosponsors, or number of draft renditions would also be appropriate and potentially consequential factors in the framing of topics within resolutions.

In addition to investigating other sponsorship characteristics that may be associated with particular understandings and framing of SRHC, further research on this topic could look to identify additional frames that were not established in this study. As highlighted by the results of the structured topic modeling, women and development is a prevalent topic within broader discussions of women and gender that was not established as a dependent variable. Other frames and collective understandings, potentially derived from an even wider set of literature and based on more recently emerging research, may provide a conceptual basis for the investigation of other frames. Additionally, investigating framing within other international level bodies outside

of the UN and its subsidiary agencies may also reveal different constructions of understanding SRHC that are not reflected in UN discourse.

Another potential research focus could consider recent shifts in the legal status of women and aspects of SRHC globally to examine if these changes are concurrent with shifts in language and framing of these topics within the UN. Research of this nature could investigate further if individual sponsorship characteristics affect framing of SRHC, or if perhaps more global level factors have a stronger association with the language that sponsors choose to employ. An assumption made by this study is that state sponsors utilize UNGA resolutions as a means of expressing preferences towards how a topic is understood and towards action that may be taken on that issue. While the theoretical framework of this study supports that assumption, it could be the case that more general and widespread discourses around SRHC, or other themes relating to women and gender, are more impactful on framing than individual state characteristics.

Lastly, as this study has noted the serious implications that framing can have on real-world policies and actions, future research could evaluate the association between effectiveness or consensus around adoption of UNGA resolutions and policies concerning SRHC and the language or frames employed within resolution texts.

Chapter VIII: Conclusion

This study examined UNGA resolutions from ten selected sessions between 2009 and 2020 in order to address the central research question: do sponsorship characteristics influence the framing of sexual and reproductive healthcare? Using text-as-data methods to extract and examine contexts discussing broader issues of women and gender, we find statistically significant associations between sponsor characteristics and the occurrence of security and health frames identified in existing literature and research concerning SRHC. Specifically, we find evidence supporting our initial hypotheses concerning autocratic regime types and the occurrence of security framing, and higher maternal mortality rates and occurrences of the health frame. We also assert the finding based on both linear models, supported by exploratory topic modeling methods, that the health frame representing constructed understandings of SRHC as an issue of public health is strongly associated with all three state sponsorship characteristics, indicating an overall preference within the UNGA for discussing elements of SRHC as matters of public health. In interpreting these results, we emphasize the implications that language has on shaping collective understanding and action towards issue areas within the UN General Assembly.

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Appendix A: Top Word Features

| 1	united	23003
2	nations	20886
3	international	20558
4	including	17193
5	development	15541
6	human	13343
7	rights	12164
8	states	11383
9	resolution	10622
`10	general	10348
11	sustainable	8019
12	national	7490
13	December	7455
14	also	7262
15	relevant	7240
16	implementation	7237
17	cooperation	7068
18	efforts	6820
19	humanitarian	6603
20	assembly	6467

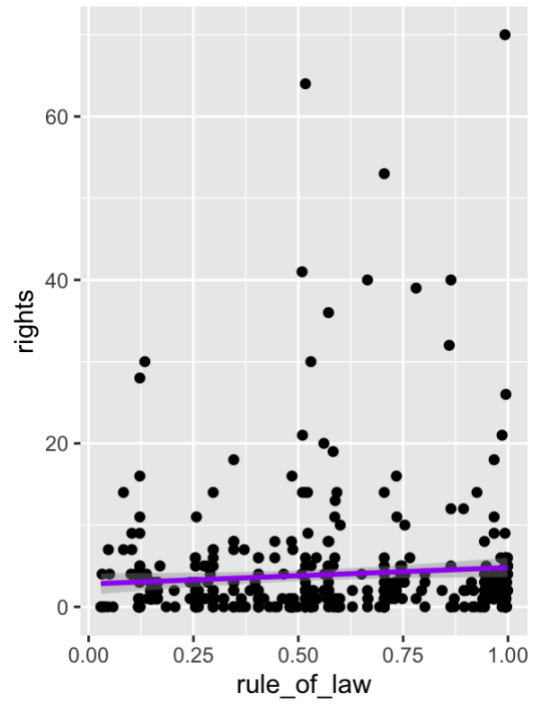# Appendix B: OLS Regression Plots
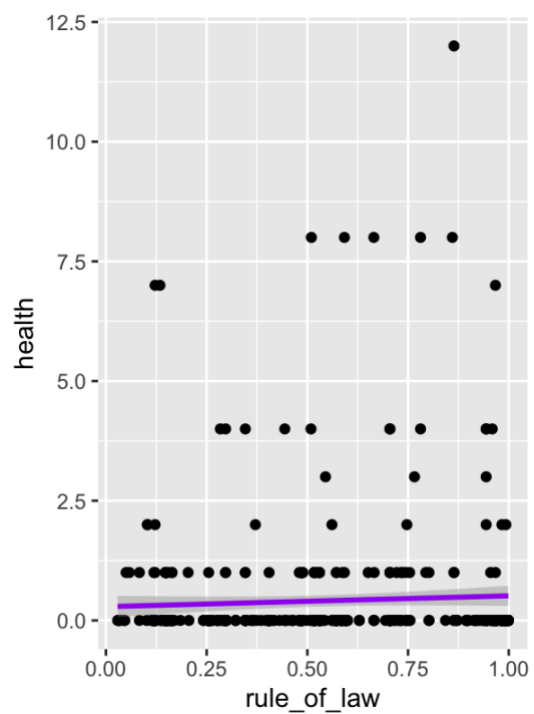
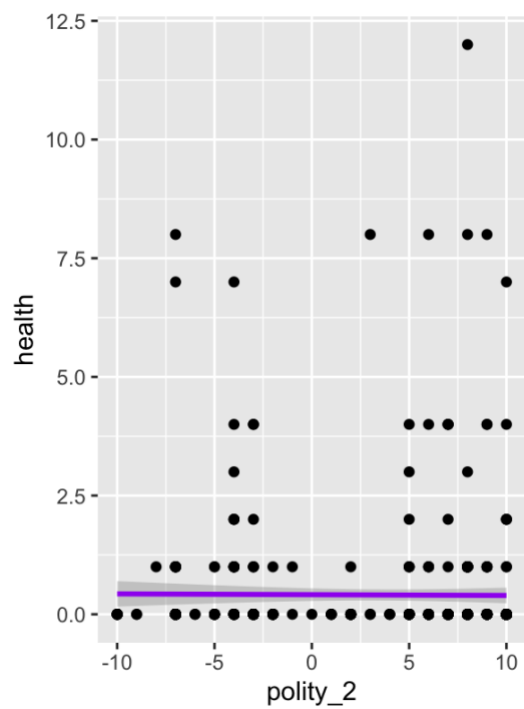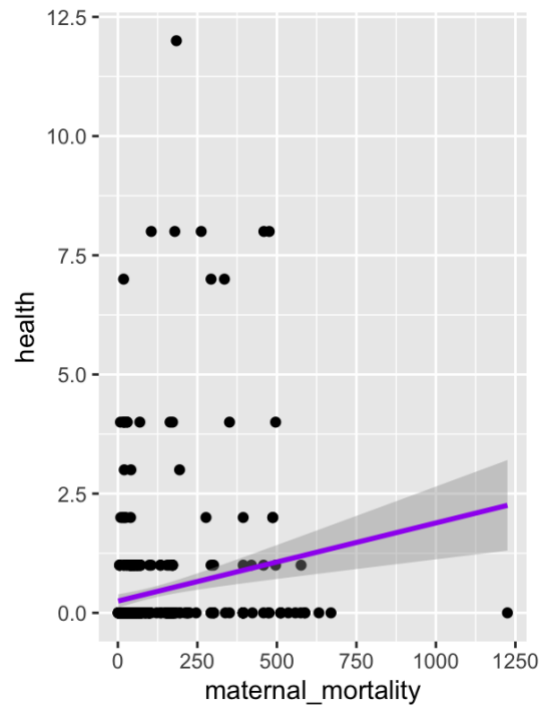*Independent indicators and "security" frame frequency*
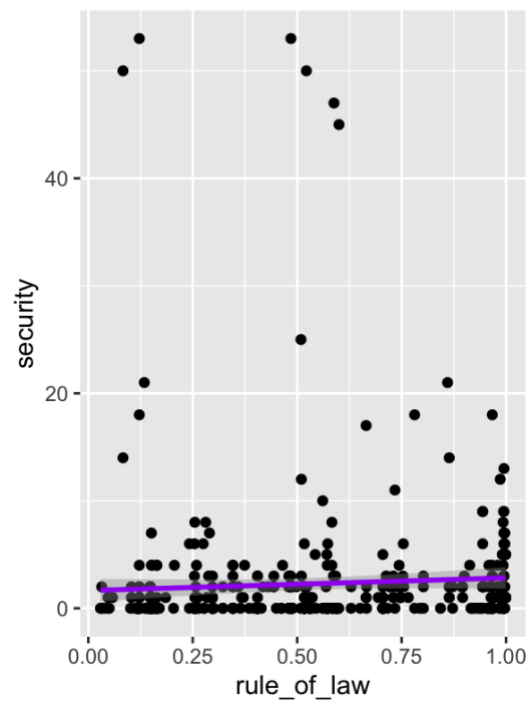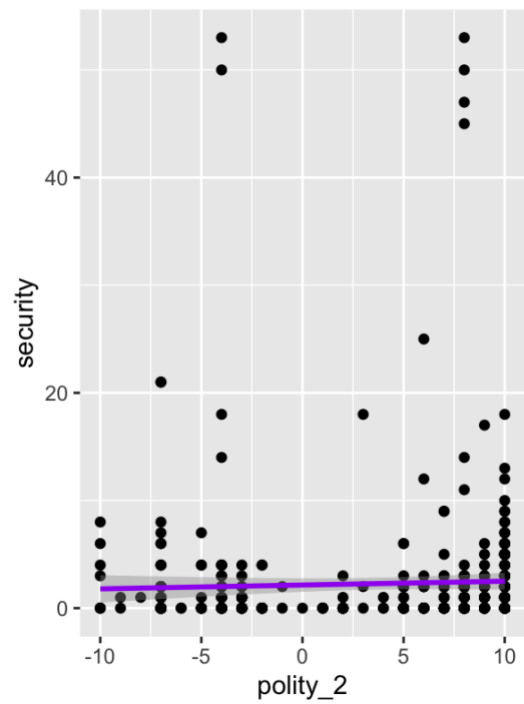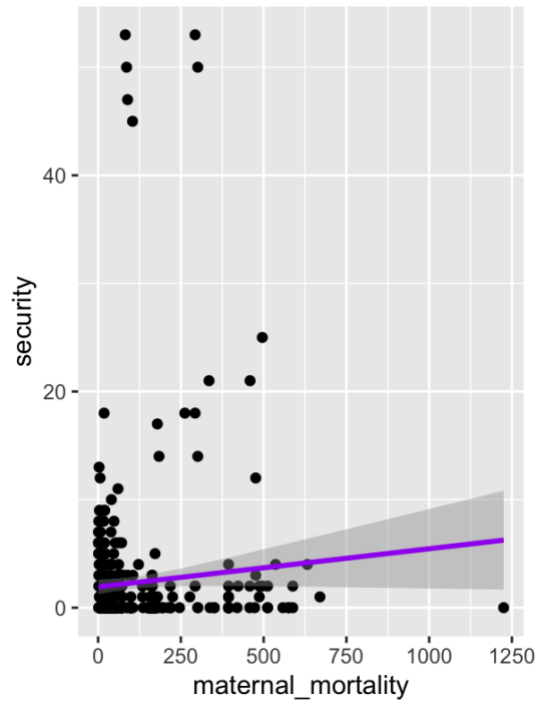
Independent indicators and "rights" frame frequency
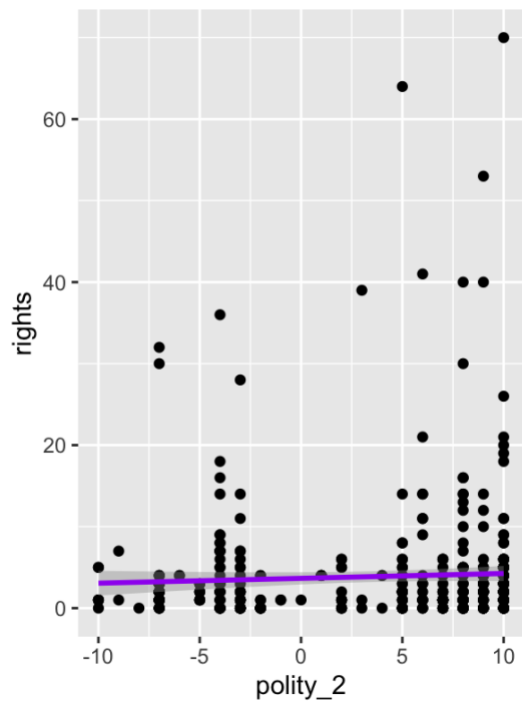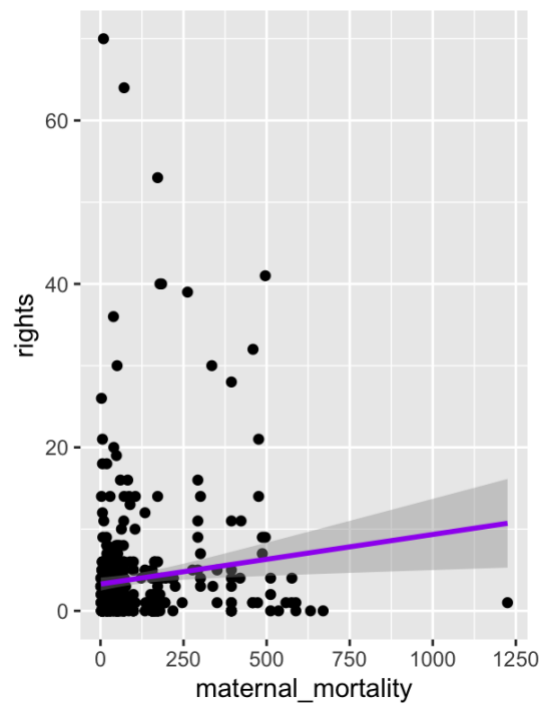
Independent indicators and "health" frame frequency

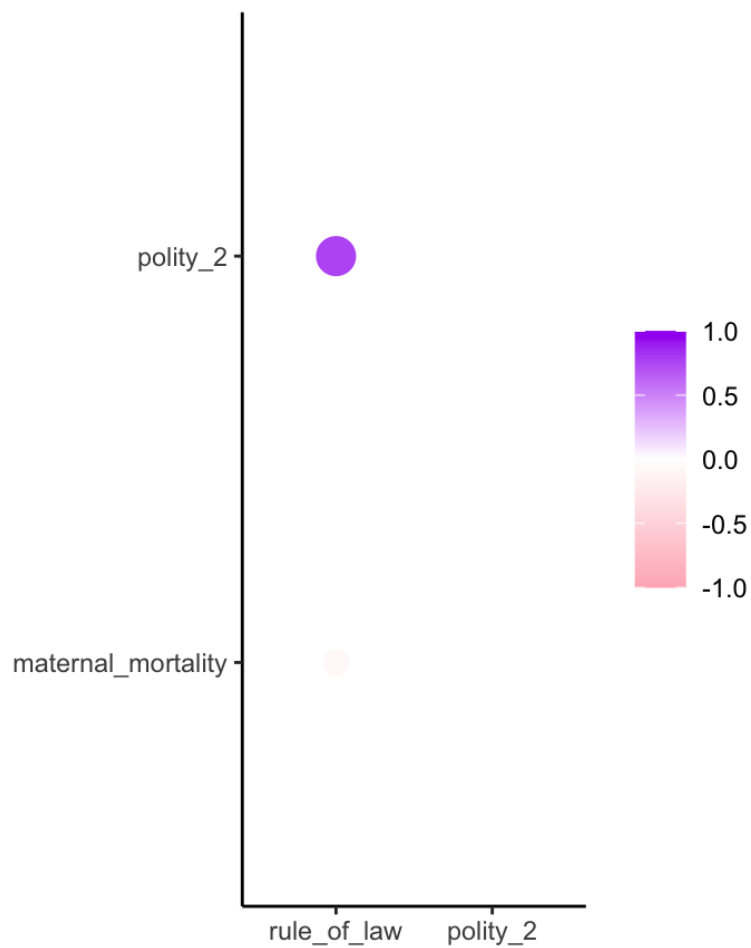# Appendix C: Multicollinearity

Pearson's Coefficients table

Indicator	Rule of law	Polity 2	Maternal Mortality
Rule of Law	X		
Polity 2	0.77	X	
Maternal Mortality	-0.24	0.01	X

Multicollinearity Plot of Independent Indicators

Appendix D: Topic Modelling Tables

K = 10 Topic Modelling

	Topic name	Highest Probability Words	FREX	Score
Topic 1	United Nations	public, drug, nations, united, world, international, social, rights, safety	substances, Afghanistan, drug, drugs, narcotics, crime, colour, religion, freedoms, language	drug, substances, drugs, narcotics, crime, board, minimizing, psychoactive, afghanistan, narcotic
Topic 2	Global Health	health, global, world, policy, organization, universal, states, international, member	foreign, policy, coverage, determinants, workforce, global, medicines, oslo, pandemic	foreign, coverage, determinants, universal, oslo, director, code
Topic 3	Gender-based Violence	humanitarian, women, violence, persons, trafficking, sexual, girls, nations	killing, disaster, humanitarian, trafficking, persons, criminal, victims, programming	trafficking, analysis, disaster, humanitarian, highlighting, killing, age-specific, programming, exploitation, age-sensitive
Topic 4	Public health challenges	world, organization, malaria, health, countries, systems, development, including, older	malaria-endemic, malaria, roll, older, ageing, resistance, back, see	malaria, malaria-endemic, roll, ageing, consolidating, struggle, artemisinin, older, ddt
Topic 5	Gender and development	women, development, including, equality, empowerment, health, rural, access, girls	rural, african, union, divide, africa, digital, ebola, expand, solemn, reliable	african, union, africa, rural, divide, budget, laboratory, women, ebola, solemn
Topic 6	Gender equality	women, equality, nations, united, empowerment, development, including, gender, girls	korea, un-women, entity, democratic, equality, empowerment, peace, accountability, advancement, established	korea, women, largest, constrained, equality, un-women, empowerment, abortions, democratic, gender
Topic 7	Food insecurity and sustainability	food, united, organization, nations, including, agriculture, world, nutrition, sustainable	degrading, inhuman, cruel, agriculture, food, agricultural, region, insecurity, marine, land	food, agriculture, cruel, degrading, inhuman, marine, malnutrition, preferences, twice, agricultural
Topic 8	Protection of women and girls	child, including, rights, girls, states, education, human, women, health	girl, female, genital, child, defenders, mutilation, principal, harmful, adolescent, relating	girl, child, genital, principal, representing, households,, mutilation, infection
Topic 9	Children, social care, and education	education, services, including, children, social, care, child, access, physical	palestine, afghan, disorders, bullying, attacks, schools, migrant, ameliorating, plight	afghan, palestine, child, ameliorating, plight, interests, bullying, pornography, disorders

Topic 10	Reproductive healthcare	obstetric, fistula, services, including, health, maternal, women, access, girls	fistula, obstetric, supplies, childbearing, newborn, maternal, repair, early, inadequate, proportion	fistula, obstetric, childbearing, inaccessible, maternal, treat, geographically, newborn, complications, repair

K = 5 Topic Modelling

	Topic Name	Highest Probability Words	FREX	Score
Topic 1	United nations	Nations United Rights social	Substances Afghanistan Narcotics afghan	Drug Substances Desirous Narcotics crime
Topic 2	Global health	Health Global World organization	Foreign Antimicrobial policy	Foreign Coverage medicines
Topic 3	Gender based violence	Child Violence women	Exploitation Killing Trafficking Investigate girl	Girls Trafficking Sexual Girls humanitarian
Topic 4	Public health challenges	World Organization Malaria health	Malaria Endemic Older ageing	Malaria Endemic Older ageing
Topic 5	Women's health	Women Equality development	Obstetric fistula Women Girls gender	Obstetric fistula Women Girls gender