



Weekly News Review – 4 August 2017

A round-up of the week's most important, Africa-focused Family Planning and Reproductive Health reporting

Good work, but much more to do

New [Guttmacher Institute](#) research “estimates that the number of women of reproductive age in developing regions worldwide who have an unmet need for contraception... has improved but remains high at 214 million women... [who] account for 84% of all unintended pregnancies in developing regions. By satisfying this unmet need for modern contraception, the numbers of unintended pregnancies, unplanned births and abortions would drop by almost three-fourths... the health benefits of helping women to prevent unintended pregnancies are substantial. An estimated 308,000 women in developing countries will die from pregnancy-related causes this year, and 2.7 million babies will die in the first month of life”

The [WHO Africa biennial report](#) noted, “At 28%, the African Region has the lowest family planning coverage compared to other regions. The SDG target for maternal mortality is 70 deaths per 100,000 live births; countries in the African Region need to make significant efforts to achieve this target, from the 2015 average of 542/100,000. Increasing uptake of family planning, and providing better quality emergency obstetric care, will be crucial to reducing mortality.”

In Nigeria, two articles on the urgent need for family planning: to “[avert 400,000 deaths yearly](#)” and to “[prevent 11.7 million unwanted pregnancies in 2016 alone](#).” A commentary in [Reproductive Health](#) addresses the challenge and the opportunity: “Increasingly, the health and rights of adolescents are being recognized and prioritized on the global agenda. This presents us with a “never-before” opportunity to address adolescent contraception... From research evidence and programmatic experience, it is clear that we need to do things differently to meet their needs/fulfil their rights.”

A report from [Every Woman Every Child](#) (EWEC) underscores that “progress for women’s, children’s and adolescents’ health—while tremendous—remains partial and fragile.”

The [She Decides](#) fund announced that it had reached \$300 million, to address the “[population myopia](#)” of the US administration, [brightly analyzed by two University of Michigan professors](#).

Other positive news

Inspiring stories from [South Sudan](#) where resource-deprived clinics are nevertheless working to end fistula in the country, from a [Ugandan refugee camp](#) where despite the challenges maternal mortality is low, and from [Tanzania](#) where the work of one passionate midwife is making a difference. [South Africa](#) released figures on perinatal deaths, showing a nearly 7% drop in 2015. And an encouraging report from the UNFPA in western [Ethiopia](#), about a local organization’s efforts to get women to give birth in health facilities and to combat FGM and child marriage.

Abortion law debates are active around the world

The upper house of the [Chilean Chamber of Deputies](#) finally voted to change the country's complete prohibition of abortion, allowing for cases in which a woman's life is in danger, a fetus is unviable, or when a pregnancy results from rape. The law still requires approval of the nation's courts. Other Latin American countries have similarly harsh restrictions, creating the need for "abortion escorts" in [Ecuador](#) (where "insecure abortions represent 15.6 percent of all deaths in the country and are the fifth largest cause of death in general"), "threats to health and lives" in [Nicaragua](#), and the creation of the world's "first abortion refugee" from [El Salvador](#).

In [Ghana](#), an MP called for liberalized laws because of deaths caused by "black market" abortions. A religious synod in [Malawi](#) added its voice to the ongoing debate, proclaiming that legalizing abortion would be "unchristian". [South Africa's](#) laws give women real choice, yet one parliamentarian there wants to put on heavy restrictions after the 12th week of a pregnancy.

[Ireland's](#) laws came under the scrutiny of the UN Convention Against Torture, in particular the constitution's Eighth Amendment, saying "that the prohibition and criminalization of abortion subjected the women to cruel, inhuman and degrading treatment." ([Amnesty International](#) released a compelling video about the law's effects on women.) Across the Irish/Celtic Sea, [British attitudes](#) about abortion access are increasingly positive. "Data from the latest British Social Attitudes (BSA) survey reveals... near unanimous support (93%) for abortions when the woman's health is endangered, while clear majorities support it if the woman does not want the child (70%) or if the couple cannot afford any more children (65%)."

Abortion law developments in the US

Restrictive laws passed in the "[red state](#)" legislatures of Alabama, Arkansas, and [Tennessee](#) have been struck down or are under review by the courts. In [Alaska](#) restrictions were eased, while [Texas](#) passed an expansion of its reporting requirements for doctors performing abortions on minors, in the name of "public health".

The [hypocrisy of lip service paid to preserving women's health as a reason for abortion restriction](#) was laid bare by a new study "commissioned by the Center for Reproductive Rights and Ibis Reproductive Health [which] shows that there's an inverse correlation between a state's abortion restrictions and policies that actually support the health of women and children. Unsurprisingly, researchers also found that the more restrictions a state has on abortion, the poorer on average is that state's outcomes for women and children's health." That led NY Times columnist Paul Krugman to ask, "[If Americans Love Moms, Why Do We Let Them Die?](#)" and for a commentary in the BMJ to call it a [war on US women's reproductive rights](#).

Attitude adjustment

[An article in Quartz magazine questioned West African politicians](#) who recently "committed to allocate 5% of national budgets to family planning programs in order to cut birth rates in the region down to three children per woman by 2030, down from 5.6 children currently," stating that "African women, who should be at the heart of such family planning discussions, are rarely involved in the decision making process either at the policy level or at home. With so many young girls and women still being excluded from formal education, particularly in sub Saharan Africa, education will play a more important role in population control than enforced rules or even contraception." A comment from Kristen P. Patterson at PACE said the article missed "the point of rights-based voluntary family planning, which is to give girls and women autonomy over the course of their lives. Education goes hand-in-hand with comprehensive sexual and

reproductive health programs, as teens are able to remain in school when they have access to contraception.”

That debate is an example of the need to work on changing attitudes and using appropriate language, and how doing so can have important results. [In Nigeria, the government is working to change perceptions about family planning](#): that it cuts across all cultures and religions, that it benefits women and men, and that it does not arbitrarily restrict the number of children a couple can have. In Latin America, to promote contraceptives to teens, use humor and “[don't be boring.](#)” An excellent special edition of the Health and Human Rights journal looks at [the human rights aspects of abortion](#) and is worth a read.

These discussions are not new. [A look at the development of family planning activism in the 20th century](#) notes that similar debates have occurred throughout the reproductive rights movement. The conclusion: “At the risk of over-simplifying: the more people talked—sharing good and bad experiences with each other, expressing their concerns to nurses and doctors, and calling out the flawed logic and abuses they saw in some state and international programs—the more power they had to shape the twentieth-century family-planning agenda.”

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