Weekly News Review – 8 September 2017

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

Youth

Family planning programs can only be judged to be effective when young people around the world fully embrace them. Across Africa, youth SRHR engagement programs are working to educate, change perceptions, and give access to commodities and technology that will allow adolescents to make their own decisions.

**Jeune S3 in Cameroon** works “to ensure that young people (including the most marginalized and vulnerable populations - especially girls between the ages of 10 and 14) are able, motivated and have the opportunity to make informed choices.” **DRC** launched a national platform for engaging youth in family planning decision-making. The consequences are enormous: According to **Life for African Mothers, in Liberia** in 2015 the maternal mortality rate was the world’s worst at 1,072 per 100,000 births, much of it due to teen pregnancy. **Pathfinder** notes that 23 million adolescents need contraception but don’t have it and that the leading cause of death for girls 15-19 is complications in pregnancy and childbirth. An insight in the **Population Reference Bureau’s World Data Report** says young married women face barriers as well: “Challenges and barriers unique to younger women slow progress in several countries. Age-restrictive policies, social pressures, and provider bias limit knowledge about available options and access to appropriate methods, leading to higher rates of contraceptive failure and discontinuation after short periods.”

One way to get adolescents interested is to be able to tell, and hear, stories about personal experiences, which is embodied in a “**FP INFOcus**” video project initiated by a Health Communication Capacity Collaborative (HC3) in Nigeria. **Youth Against Abortion stigma in Ghana** has a similar project.

On FGM, a constant threat to adolescent well-being, one article looks at how some Kenyan girls need to “**escape at dawn**” to avoid the procedure, and another from Somalia features a girl whose mother “still thinks FGM was good for me.” In Tanzania, in the Geita district, girls’ “**monthly nightmare**” forces them out of class, though two other districts excel on menstruation hygiene in schools. One South African Op-Ed notes that girls can miss up to 50 days of class per year, and urges “**bloody conversations**”; at Wits University, the student newspaper says that to **improve sexual health**, “Let’s talk about vaginas.”

Improving youth SRHR requires sustained engagement, according to **120 Under 40** leader **Burcu Bozkurt**. “If our health care systems are failing youth on family planning, it’s probably because youth have been left out of the conversation for far too long.” One report notes that four million more young women will **use the private sector for contraception** by 2020.

**Guttmacher** released its latest **fact sheet on adolescent sexual and reproductive health in the United States**. “Adolescents and young adults need access to comprehensive and non-
stigmatizing information about sexual and reproductive health, support networks to have the pregnancies they want, and high-quality, affordable and confidential contraceptive services and abortion services to avoid the pregnancies they do not want.”

Ten years after the film “Juno” was released, a look back at what its portrayal of a teen pregnancy had on young women: “Juno gave millennial women the possibility of hope, strength and humility amid adversity, something that has since led to more honest portrayals of unexpected pregnancy in film and television... Fast forward to today and US laws on reproductive rights have taken a misogynistic turn.”

Reproductive health access and empowerment

Improved reproductive health has effects throughout a woman’s life, as noted in several recent studies: It accelerates economic empowerment, effects overall health, and has an impact on women who place high importance on career success.

The WHO looks at some African nations which are investing in family planning services to reduce fertility rates, “improve economic development and their population’s health,” including Ethiopia and Zimbabwe. A Nigerian think tank concludes that family planning produces “better families, people and nations.” The UNFPA gives an example in its story about a South Sudanese woman who was able to “decide for myself” and embrace family planning to pursue her teaching career.

So many barriers to access... Zambians on the whole have access to family planning, but the Daily Mail in Lusaka tells the story of a rural woman, representing many, who lacks “a voice to confront their husbands and convince them to allow them to take up family planning methods.” Egypt is undertaking a massive program and will deploy 12,000 family planning advocates to 18 rural provinces. But they will encounter cultural resistance: “Besides people in rural areas viewing large families as a source of economic strength, there is also resistance to birth control due to a belief that it is unlawful in Islam to aim to conceive a specific number of children.” In DRC, “violence and fear” can limit access in some provinces, and in Malawi, a sex worker blames a “lack of privacy.”

Dr. Willie Parker, board chair of Physicians for Reproductive Health, says opponents of abortion on moral grounds are relying on “patriarchal custom that has been placed inside of religion, but it is not rooted in any unequivocal theological understanding about reproduction or abortion.”

News Deeply portrayed 9 experts who are doing the hard work to advance family planning around the world.

Now that Kate Middleton has announced she is pregnant again, “Having Kids”, the family planning organization that sent an open letter urging the royal couple to reconsider having a third child, has now sent them a congratulatory message. All of these efforts are about individual choices and their consequences. But one British midwife, dealing with a September surge in births, is urging people to “stop having sex at Christmas.”

US funding
A surprising turn of events in the Senate, where the Appropriations Committee allocated $11 billion more to the State Department, including funding for international family planning, and an additional $2 billion for the NIH. Of course, that is but one step in the budget battle, and does not obviate the need to remain vigilant. The Administration policy still targets UNFPA, meaning “people living in some of the world’s most difficult and dangerous situations face an uncertain future.” People for the American Way warns that one Trump judicial nominee “poses a grave threat to reproductive rights.” The fight to defund Planned Parenthood did not die with the failed Obamacare reform, as conservative groups are “re-igniting” their efforts. Amid continuing arguments that both the abortion rate and teen pregnancy are likely to go up with defunding, and cutting sex education programs, PP won the important Lasker Award for Public Service “for providing essential health services and reproductive care to millions of women for more than a century.” The videographer that released fraudulent videos about PP was ordered to pay $200,000 to the National Abortion Federation. One effort to support PP is an ongoing Kickstarter project (through 15 September) to create a themed comics collection.

The closure of abortion clinics in rural America represents the creation of “reproductive health deserts”, in a report from Pro Publica which “shows that more than half of the country’s rural counties now don’t have hospitals with obstetric services.” And women of color are being hit the hardest.

The humanitarian response to Hurricane Harvey included an offer of free abortion care from Whole Woman’s Health, and Anu Kumar of Ipas encouraged emergency relief agencies to be in accordance with the UN’s “Minimal Initial Service Package.” The MISP calls for a series of actions to meet the immediate needs of disaster victims. The plan encourages authorities to address reproductive health issues, including sexual violence, emergency obstetric care and HIV...[availability of] reproductive health kits that can be easily deployed during a disaster...including oral and injectable contraception, emergency contraception, condoms, a rape treatment kit, an IUD kit and manual vacuum aspirators for delivery, among other things.”

State be state, restriction battles are taking divergent paths: moves for more access and availability in California, Nebraska, Hawaii, Illinois, and Wisconsin; continued threats in DC, Kentucky (though some “women ministers are preaching abortion rights”), Missouri and Alabama (where a minor girl had to get Court of Civil Appeals permission to have an abortion).

International politics

Conservative British MP Jacob Rees-Mogg, who is spoken about as a potential new leader and potential prime minister, has described abortion, under any circumstances, as “morally indefensible”, though he says his views would not affect the law, which allows for abortion. Medical professionals in Northern Ireland were told they will not face prosecution if they refer women to clinics in England and Wales for abortions, in a “a significant clarification of the law.” With word of a potential referendum on abortion rights in Ireland, one side calls for reproductive justice while an opponent calls the committee examining the constitutional ban on abortion “extremely partisan.” An Australia pregnant prisoner diagnosed with schizophrenia, who had applied to terminate her high-risk twin pregnancy, was denied by a tribunal, because it felt she did not have the mental “capacity to make the decision.” In India, where “gender equality can help manage population growth”, the government has been lauded for launching new contraceptives, and the Supreme Court allowed a 13-year-old rape victim to terminate at 31 weeks. Abortion is a topic in the New Zealand election, as Labor leader Jacinda Ardern’s
commitment to decriminalize abortion “has already sparked controversy,” including a discussion of the right to abort for diagnosed disabilities. Sri Lankan bishops condemned moves to legalize abortion. In Canada, there remains some confusion as each province takes its own approach to funding Mifegymiso.

Research and resources

University of Michigan researchers from the School of Nursing and Medical School examined certified nurse midwives’ and certified midwives’ involvement with providing immediate postpartum long-acting reversible contraception (LARC) and found an opportunity “to enhance the immediate postpartum LARC-related knowledge and skills of the midwife workforce. They also suggest that logistic and institutional barriers to immediate postpartum LARC access must be removed in order to make this evidence-based reproductive health service available to all women who desire it.”

British doctors revealed a breakthrough, discovering genes linked to premature birth. The ObG Project published “key definitions for diagnosing Preeclampsia.” Ipas released promising new evidence on the safe use of medical abortion by women and health volunteers.

And one University of Wisconsin scientist who experienced two miscarriages with his wife looked at “the universal cost of sex,” wondering why the process of sexual reproduction, with such a high error rate, has persisted across species. He concluded, “Despite the huge disadvantage of high offspring loss, a majority of species still reproduce sexually. This is likely because of the great advantages it provides, namely increasing genetic diversity, which helps species adapt and survive. ‘You can’t get the advantages of sex, without the disadvantages of sex,’ [Dan] Levitis says. ‘In that way, pregnancy loss can be seen as a cost of sexual reproduction.’”

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