Weekly News Review – week ending 13 October 2017

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

Girls

Voices from across the reproductive justice world on the International Day of the Girl (or “Girl Child”) called for action, including the need to educate adolescent girls as the “key to tackling global poverty” and “secure a triple benefit for society”; an increase in contraception access to improve the economy (“Step one: Improve access to birth control. Step two: Decrease the wage gap. Step three: Increase GDP”); and efforts to help young women avoid unplanned pregnancies which will also help them stay in school longer—allowing them to have better job opportunities. Women Deliver president and CEO Katja Iversen asks “Want to deliver on the promises of UHC? Invest in girls’ and women’s health and rights.”

The day gave an opportunity to highlight the need to end child marriage, “a major barrier to progress” for girls around the world.” In Ghana “Girls not Brides” called for the government to step up investments: “Girls who marry as children are deprived of their fundamental rights to health, education and safety. Neither physically nor emotionally ready to become wives and mothers, child brides are at greater risk of experiencing dangerous complications in pregnancy and childbirth, contracting HIV/AIDS and suffering domestic violence.” In Uganda, where “25 per cent of adolescents aged between 15 and 19 have begun childbearing,” Action for Community Development continuously monitors imperiled girls, while Justice and Rights Associates works to enforce laws protecting girls from arranged marriages, to increase education and access to contraception, and to liberalize abortion laws. The Maternal Health Task Force notes, “Globally, one in nine girls marries before age 15, and about one in three marries before age 18. The majority of these child marriages occur in South Asia and sub-Saharan Africa. In Guinea…”more than 50% of girls marry early, despite the fact that the legal minimum age of consent for marriage in Guinea is 18 years old,” leading for another call to “recognize child marriage as a maternal and women’s health issue.” Jhpiego uses the example of a 14-year-old Kenyan girl who wats to be a nurse to emphasize that “Girls are more likely to delay marriage and pregnancy if they are educated.” In Sierra Leone, Equality Now is calling for an “end to stigma and discriminatory policy against pregnant girls”, stating “Pregnancy is Not a Contagious Disease.” Perhaps a precedent comes from India, where the Supreme Court ruled sex with child bride is rape.

Tanzania’s Katavi region has a “worrisome” trend in teenage pregnancy, with a prevalence of 45% and used the Day of the Girl to launch “The Life of Every Girl in Katavi Counts…Let Us Work Together,” campaign. Namibia has a high national rate of teenage pregnancy at 19%, prompting adaption of the WHO Global Medical Eligibility Wheel (MET) for contraceptive use.

The fight against FGM received attention, including release of a series of videos produced by PRB. Uganda touts its tough FGM laws which “keep numbers down, but hotspots are still rampant.” Al Jazeera had an expose of the Embera indigenous tribe in Colombia, one of the few
communities in Latin America that practices FGM. The movement towards menstrual equity also got an airing—preventing any health, education or economic consequences for the 800 million girls and women who have their period each day worldwide.

UNFPA reminds that though “girls today enjoy better life prospects than previous generations in many ways,” nevertheless extra attention during crises is required, as “disasters and conflict can make a bad situation even worse for girls.” The Kenyan “Empower girls: Emergency response and resilience planning” initiative is addressing those needs in a cross-sectoral campaign.

UNFPA also gives voice to five girls who speak out on inequality. Refinery29 presents a slideshow about women in Tanzania and Uganda whose lives were changed by access to contraception. If the words and thoughts aren’t enough, have a look at the Global Goals video remake of Beyoncé’s “Freedom.”

Reproductive Rights

Reproductive justice includes protecting and educating girls and adolescents. An essay in The Conversation posits: “There’s a clear link… between the state of a country’s democracy and the reproductive rights of its female citizens.”

Yet another study that shows that restricting access to birth control causes long-term problems for women and children, in this case because of drastic price hikes in Chile a decade ago: Children conceived of these unplanned pregnancies are more likely to have health problems before and after birth, the study found, with year-to-year increases in the number of fetal deaths, the number of underweight births, and the number of infant deaths that exceed the increase of the overall birth rate.

It is currently an issue in the Masaka district in Uganda, where despite government outreach efforts (activists are demanding more access), contraception uptake levels are low and unsafe abortion rates are increasing.

In Brazil, in reaction to the Zika virus outbreak, a recent study found “a marked disparity between social strata on control over reproductive intentions. Given the alarm around fetal transmission of Zika and adverse birth outcomes, both high- and low-socioeconomic status (SES) women expressed desires to postpone pregnancy during the Zika epidemic—but only wealthier women had confidence in their ability to do so.”

Abortion access debates in Zambia, Zimbabwe, Kenya, and Malawi, with speculation about whether other Latin American countries will follow the example of Chile (answer: “unlikely”), and the anticipation of a referendum on Ireland’s law next year (“a strong desire to change abortion access”). In Armenia, where 114 boys are born to every 100 girls, a new law calls for enforcement of a prohibition on sex-selective abortions.

A fear that the UK may see “US-style abortion battles” because of intimidation is countered by a Labour MP who is proposing that abortion-center protestors can be stopped by the police in the same way as drunk and disorderly cases. Ontario has introduced a law that creates safe zones around clinics.

Reproductive and sexual health initiatives need to consider “queer women” and the transgender community.
To maintain reproductive health programs requires funding, and many countries are still making plans for how to deal with the loss of funding from imposition of the Global Gag Rule. State Department officials got a grilling about the cuts in a Congressional hearing. Kenya is bracing to adopt new ways of financing social services; Nigeria is recommitting to increasing its family planning budget; philanthropies around the world are responding to the need, though Inside Philanthropy repeats “even the deepest-pocketed funders can’t close the financing gaps that could open because of the GGR and budget cutbacks proposed by the Trump administration.” Dutch minister Lilianne Ploumen, who established the “She Decides” movement, reaffirmed her commitment against polices which “fly in the face of every notion of women’s independence and bodily integrity.”

While the Center for American Progress affirms that in theory “immigration justice is reproductive justice”, in practice an unaccompanied teenage immigrant who entered Texas illegally is being prevented from having an abortion, though it is legal in the state.

Domestically, the Trump administration officially defined life as beginning at conception, which some critics say “ignores science”, and took a number of actions that could restrict access to contraception, including allowing an opt-out of contraception insurance coverage for companies with “moral objections,” with one commentator warning “not to take the free pill for granted.”

The legal battle will look at the question: “When does respect for religious freedom require relieving some people of the obligation to obey rules that everyone else has to follow?” A rabbi who heads Concerned Clergy for Choice makes the argument that, “with nearly nine in 10 women using contraception at some point in their lives, it is clear that contraception is basic health care. And, as pastors to people facing medical matters, we also recognize that it is for the individual to set the course of their personal lives, not their employers.” A student from California State University states simply, “Keep your moral beliefs out of my reproductive rights.”

Whatever the moral arguments may be, the resounding criticism of the administration’s policy is that family planning cuts will cause increase the abortion rate, which seems at odds with its “Pro-Life” protestations. The government also warned it would be investigating more stringently compliance with the Hyde Amendment to prevent any government money from going towards abortions, and is “interfering” with abortion access for women in Federal care.

Various lawsuits around the US may “dramatically expand access to the abortion pill” and overturned restrictions in Oklahoma (again), while the Missouri Supreme Court will hear the case of a Satanist suing for her abortion rights. Politically, the abortion issue had repercussions in Michigan, Illinois, Alabama, New Jersey, Wisconsin and on various “red state Democrats”.

Process

Processes and systems affect delivery of family planning commodities and services. In Ethiopia, former health minister Dr. Admasu Kesete describes how “an army” of community health workers was deployed to save mothers’ lives. University of Michigan colleague Cheryl Moyer has been working in Ghana for ten years, with communities, regional health directors and decision-makers in the capitol to identify the clinical, social and cultural reasons for maternal and infant mortality there and then design specific interventions.” With the collapse in the price of oil, Angola has had to redesign its contraceptive marketplace, encouraging fair market competition and putting consumers at the center.
K4Health released an update to its Community-based Family Planning guidelines. The Challenge Initiative made its case for its “business unusual” approach in Nigeria. The MHTF blog looks at “Reaching the Farthest Behind: Maternal Health Innovations at the Facility Level”, including ways to empower patients and nurses, use data and improve training, and find new financing vehicles. MHTF also looked at the range of factors preventing birth companions from assisting women in delivery, across cultures and systems.

Gathering data about maternal death and response can be a “tall order in resource-poor settings,” but FP High Impact Practices looks at increasing use of digital health systems to achieve time and resource efficiencies. Kenya’s Tharaka Nithi County Initiates Data Monitoring to Track and Strengthen Community-based Distribution of DMPA, and in Malawi Self-injection of DPMA-SC leads to improved continuation rates.

A new group in Nigeria will be closely tracking the family planning budget in Lagos, and Coca Cola launched a Safe Birth Initiative in Cote d’Ivoire and Nigeria, one aspect of which is a focus on maintenance and repair of donated medical equipment.

Any system is only as good as the people who implement it, and Huffington Post gives us 30 Gorgeous Photos That Give Midwives The Credit They Deserve, and MSN Australia looks at A day in the life of an abortion nurse.

And if things don’t always go to plan, have a look at The Flub, where Adolescents 360 publishes a blog about “missteps and failures”, with the goal of “improving access to and use of modern contraceptives for adolescents around the world.”

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