Weekly News Review – week ending 27 October 2017

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

(The Center for International Reproductive Health Training (CIRHT) at the University of Michigan seeks to reduce maternal mortality and morbidity from unsafe abortion in developing countries through pre-service training in evidenced based medical contraception and comprehensive abortion care for medical and midwifery students. This weekly news review is one way we hope to keep an ongoing conversation with our partners and the global reproductive health community. Hyperlinks in the text lead to relevant articles. A full list of articles, many of which are not mentioned in the review, can be found at the bottom of the document.)

Child Marriage and Reproductive Rights

A high-level meeting to accelerate action against child marriage in West and Central Africa convened in Senegal, to agree on tangible steps toward ending the practice for good. Per UNFPA, child marriage “is a severe violation of human rights affecting almost 15 million girls worldwide each year. It robs girls of their childhood, puts them at risk of physical and sexual violence, often forces them to drop-out of school and frequently leads to early pregnancy.”

The World Bank estimates that ending child marriage would boost West and Central African economies: “By 2030, the annual benefit from ending child marriage could reach well above $60 billion; by 2030 governments would also see a benefit of $5 billion annually due to reduced under-five mortality and stunting, both seen as related to early childbearing.”

Inspiring stories by Reuters about Kenya’s Peris Tobiko who escaped her father’s attempts to make her a child bride and became an MP to “defend the girl child” and profiles of girls from Niger, Guinea and Sierra Leone stepping in to end the practice.

Those contrast with a terrible story from Uganda about “girls forced into child marriage because they can't afford sanitary pads.” And according to the 2016 Uganda Demographic and Health Survey (UDHS), “49 per cent of women between age 20 and 24 got married before their 18th birthday. Child marriage is one of the most significant, albeit not exclusive drivers of teenage pregnancy.”

Sierra Leone’s first lady has “a sure-fire strategy to tackle child marriage - she visits elders across the land and urges them to wield influence and prolong the nation’s childhood. ‘I'm a hands-on woman,’ Sia Nyama Koroma told the Thomson Reuters Foundation. ‘I go myself, leave my comfort zone, and travel the length and breadth of Sierra Leone with my team.’”

Zimbabwe has drafted a bill barring child marriage. It is also being addressed at training in Namibia against violating girl’s rights with “harmful cultural practices.”

Action is urgent. UNICEF reports at current rates of reduction, it will take over 100 years to end child marriage in West and Central Africa.
International Implications of US policy

In what one observer has called “Trump’s war on African women,” the bite of the administration’s imposition of the Global Gag Rule is already having negative effects in Kenya (“a death warrant”) and Uganda (“likely to increase maternal deaths”) and “has hit healthcare [across] Africa.” Human Rights Watch sums up the deleterious effects of the so-called “Protecting Life in Global Health Assistance Policy” in a letter to Secretary of State Rex Tillerson in advance of its 6-month review in November:

- Lack of information about the policy and overreach in implementation
- Reductions of key sexual and reproductive health services from well-established organizations that cannot easily be replaced
- Loss of training and technical support to government clinics providing safe and legal abortion care, including under circumstances permissible under the policy, and post-abortion care
- Concerns from healthcare providers about the likelihood of increased unsafe abortions and associated maternal deaths
- Weakening of partnerships and coalitions working to end maternal mortality
- Negative impacts for PEPFAR’s work with key populations.

The Department of Health and Human Services is making “discriminating against reproductive rights central to its mission”, including vigorous promotion of the “calendar method” (“25% ineffective”), “wrongly thinking that fertility awareness will help teenagers avoid pregnancy”. In addition to the health and autonomy issues, the attack on family planning is “an attack on women’s economic well-being.”

A division of HHS, the Office of Refugee Resettlement, got involved in abortion politics for the first time, attempting to deny an underage undocumented girl from obtaining an abortion. After weeks of decisions and appeals, a US court finally allowed the girl to control her own destiny. The girl, called in court documents “Jane Doe”, wrote a statement afterwards thanking her ACLU lawyers and the judge, and wondering why “People I don’t even know are trying to make me change my mind. I made my decision and that is between me and God. Through all of this, I have never changed my mind.”

The government is helped in its anti-abortion work throughout Latin America and the Caribbean by US groups pouring millions of dollars into campaigns. These attempts fly in the face of calls from the Inter-American Commission on Human Rights for better access to reproductive health services and as the UN Office of the High Commission for Human Rights urged Paraguay to review its legislation and decriminalize abortion for cases of incest, rape and foetal deformations.

The US abortion rate “dropped 25% in just five years”, and access to birth control could accelerate the decline, leading one columnist to ask, “Seriously, Why Do Conservatives Hate Birth Control?” “Uber for birth control” is expanding in conservative states, opening a new front in war over contraception. A new campaign called Keep Birth Control Copay Free, encourages women to send the president an invoice for how much they might spend on contraception without the birth control mandate in place. Planned Parenthood is unveiling a nationwide campaign to promote birth control.
Other domestic abortion debates, legislative battles and court decisions in California (does the disclosure law violate free speech?), Ohio (committee passes ban on abortion after Down Syndrome diagnosis), Indiana (Congresswoman tried to lock opening of family planning clinic), Maine (access to abortions done by advanced nurse clinicians will help women), Iowa (state supreme court puts state’s abortion waiting period on hold), Missouri (new abortion restrictions take effect), Pennsylvania (In the face of Trump rollback, lawmakers push to expand access to contraceptives), Tennessee (“harder than ever” to get an abortion), Florida (ballot proposal draws concern from abortion-rights backers), Alabama (Federal judge strikes down two abortion restrictions) and Oklahoma (women retain their right to “evidence-based treatment”). A Congressional committee will hold hearings on a “heartbeat abortion ban.”

Do we really have to contemplate “a post-Roe future”?

Contraception

A report out this week shows that Contraceptive Drugs and Devices Market will Surpass US$ 35.7 Billion by 2024. The WHO reminds us that human rights play a role in providing contraception services and programs. So how to get them to the right people at the right time?

PATH launched a new subcutaneous DMPA Access Collaborative, including programs in Malawi (improved continuation rates) and a Self-Injection Best Practices Project in Uganda. In Zimbabwe one article asks if women prefer male condoms. DKT is training 1,000 healthcare providers in IUD provision in Nigeria, where one of every 13 births worldwide will occur by 2050, according to UNICEF.

Investing in adolescent health can help avoid 30 million cases of unwanted pregnancies, according to The Lancet, and that education can come through many means — from their pediatricians, from rural mobile clinics (as in DRC) or mobile reproductive health services (in Rwanda). In Burkina Faso, health workers are being trained to integrate gender equality into their SHRH outreach.

The Evangelical Association of Malawi, where a conference of “faith communities taking action on sexual and reproductive health and rights” took place, said lack of appreciation for family planning by the clergy has led to rapid population increase in the country and a threat to the country’s development, causing “swelling maternal deaths [and] high levels of poverty due to large families that come as a result of ignoring contraceptives.” Though one commenter in Ghana asserted that access to contraceptives, and therefore a lack of abstinence, will “necessarily lead to problems of marital infidelity and related chaos in society.”

But really, the best way is to #AskHer.

Discussion points

Vox did a focus group with men who had voted for Trump in Virginia and found that though they were anti-abortion, they did have nuanced and showed some flexibility about the circumstances for a woman’s choice. “Some anti-abortion laws have ‘absolutely no practical real-life value,’ one man said.”

When religion is used against reproductive rights, it can be hard to get the facts across. “Rather than focusing on what we believe, reproductive justice advocates should instead turn to what we know…” The fact is, it is far safer to have an abortion in this country than it is to give birth to a
child, and safer still to prevent an unintended pregnancy from happening in the first place. More women in the U.S. die of pregnancy-related complications than any other industrialized country and this gap is even more extreme for adolescents. Sadly, the U.S. also holds first place among these nations for our teen pregnancy rates... Women’s experience preventing pregnancy is also powerful evidence. Contrary to the administration’s claim that the exemptions won’t impact those most “at risk,” unintended pregnancy does not discriminate.”

In an important area, US facts and figures are sorely lacking. “Data collection on maternal deaths is so flawed and under-funded that the federal government no longer even publishes an official death rate,” according to ProPublica.

The religious debate continues in Nigeria, where some feel family planning has no place in Islam, though religious leaders are increasingly promoting it. Two other religious arguments against access: The “Pro Abundant Life” approach to emphasize “marriage as both a deterrent to abortion and as a source of hope after life is chosen.” And “The atheist’s case against abortion: respect for human rights.”

Science fiction author and comedian Patrick S. Tomlinson caused a tweetstorm when he challenged one of the central notions used by ‘pro-lifers’ that life begins at conception, and that therefore, a human embryo holds the same value as a human child. His scenario: “You are in a fertility clinic when the fire alarm goes off. Before you escape, you have the option to save either a five-year-old child who is pleading for help, or a container of 1000 viable human embryos. Do you A) save the child, or B) save the thousand embryos?” he asks. “A human child is worth more than a thousand embryos. Or ten thousand. Or a million. Because they are not the same, not morally, not ethically, not biologically.”

Genetic testing of embryos also “creates an ethical morass.”

So much discussion remains about reducing stigma. One exhibit in Oxford is using clothing design to reduce stigma. A reminder of why it’s important comes from South Africa and the story of a woman who drank steel wool and brandy to try to induce an abortion rather than go to a hospital, “because of stigma.”

Global scan

FP2020 released a video highlighting the work at the 2017 Family Planning Summit. Ontario passed a law, and activists in the UK are working, to make it illegal to confront people outside abortion clinics. It is 50 years since the Abortion Act was passed in the UK, but “the service is in crisis.” (One clinic was closed because its employees reported being pressured into “encouraging women to go through with a termination.”) Women in Scotland will be allowed to take the abortion pill at home. Legal challenges to Northern Ireland’s abortion law are reaching the courts.

Poland “says ‘no’ to international treaties on abortion.” “Greying China” is looking at dropping all limits on birth control. India is looking at expanding legal abortion access to 24 weeks. The country “ranks as one of the highest in the number of reported adolescent pregnancies,” perhaps because “thanks to lack of education, young Indian girls are unaware of their sexual and reproductive rights.” Men in Hyderabad are not having vasectomies, even with a cash incentive, because they are afraid of “losing their libido.” Failure to provide reproductive health
services, including family planning, to Pakistan’s poorest women, is the country’s “maternal death shame.”

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