Weekly News Review – week ending 3 November 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 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.)

Education, Education, Education

Sex education programs can be the first steps towards greater usage of family planning methods throughout people’s lives. And families using those methods “are less likely to end up in poverty.”

Across Africa, Social Behavior Change Communications (SBCC) projects aimed at youth have shown effectiveness, reaching youth where they work, live and play, and in “vulnerable” locations. Several case studies presented by the Health Communication Capacity Collaborative (HC3) provide examples from Benin (two of them), Kenya, and Madagascar (two of them). Another project in Madagascar looks at a "whole-school approach" to sexuality education, as a strategy to “radically improve” access to reproductive education. Population Services International (PSI) worries that “Tanzania’s youth don’t relate to family planning” and has expanded its Adolescents 360 project to expand outreach based on feedback from teenage girls. The solutions focus on changing how adolescents feel about contraception – not only how they think about it. This aligns well with the goal of human-centered design to build empathy. A similar approach to give adolescents their own voice was taken in a project in Sierra Leone. UNFPA in Somalia is stepping up “youth friendly” reproductive health services in a place where they are “non-existent, preventing young women and men from accessing such vital care at the appropriate time.” A study published by PLOS One looks at how ethnographic factors affect family planning uptake in three districts in Ghana and concludes, “Health teams working to improve sexual and reproductive health care must find suitable context strategies that effectively work to improve women reproductive care needs at their operational level.”

In Malawi, the health minister is encouraging faith based institutions “to open up and speak on issues like sexual reproductive health (SRH),” calling it a “a key step in ensuring that Malawi has a well-managed and healthy population.” That’s in contrast to the debate in Namibia about Comprehensive Sexuality Education (CSE), where “a section of the Namibian ecumenical society has expressed its reservations against what they perceive as sex education in school, especially at primary level… Yet in this secular era, teachers cannot, must not and should not be expected to approach such a matter purely from a religious point of view.” Mozambican women from Tete received information and access to contraceptive methods, and were urged to
use them, during the province’s National Health Week. In Nigeria, achieving the country’s family planning goals requires addressing cultural barriers, because education is a big factor in reducing maternal mortality; the MTN Foundation and Action Health Incorporated each have outreach initiatives to increase use of family planning methods; and 59 health workers in Bauchi state were urged to “mobilize women to embrace child spacing” to reduce maternal and child mortality rates. Rwanda is addressing the issue by “creating a platform that avails information on sexual reproductive health,” using technology called ‘Mobile For Reproductive Health’ (M4RH).

One Family Planning High Impact Practices brief released on using mass media channels notes they “can influence individual behaviors by providing accurate information, building self-efficacy, and promoting attitudes and social norms that support healthy reproductive behaviors.”

Sometimes education and outreach can’t achieve their goals on their own, as in Uganda where a reluctance to have vasectomies and “too-small condoms” were cited as issues.

In California, “the Healthy Youth Act mandates that sexual education in the state include information on abortion, consent, sexual assault, and harassment. When it was passed, [in 2015] California was also the only state that required sex education be medically accurate, age-appropriate, LGBT-friendly, and culturally-inclusive.” It has been a success.

The lack of education on these matters has terrible real-world effects, as in a story about “the slow march to unsafe abortion” from Malawi and another about a schoolgirl death from unsafe abortion in Lesotho.

African Abortion Debates

Rwanda is considering changing its penal code to remove a judicial barrier to safe abortion, which “will save lives of people who would have otherwise ended up in illegal procedures,” according to an advocate for the change. A judge in Uganda, where the High Teenage Pregnancy is a Set Back to Uganda’s Middle Income Drive, is urging, “Don’t criminalise women who abort.” Marie Stopes International has been criticized in Kenya for a staff visit to a Catholic-sponsored secondary school promote family planning, “having drawn so much ire that a civil society now wants the health ministry to de-register it altogether… And on the provision of abortion services, which appears to be in contravention of the Constitution, [they] said they were abiding by the law.”

US Abortion Threats at a Fever Pitch

In the Federal government: The Department of Health and Human Service’s strategic plan for 2018 “protects Americans at every stage of life, beginning at conception,” three words which could “render all abortions illegal, and could also criminalize most forms of contraception, with the exception of condoms.” HHS also is about to release a notice of funding for the Title X program, which annually awards $280 million in grants to clinics around the country for providing birth control and other family planning services to about 4 million Americans, most of them low-income. Some Title X recipients — especially clinics that provide abortions — are nervously awaiting the notice, which could bar them from using non-taxpayer dollars to offer abortions, restrict the types of contraception Title X will cover or shift the program’s focus from birth control to abstinence.” The head of the HHS’s Office of Refugee Resettlement “confirmed
reports that he has visited pregnant minors in his custody to persuade them to carry unwanted pregnancies.”

In legislatures: The tax bill that was introduced in Congress includes a provision that explicitly states unborn children are eligible for tax-advantaged 529 college savings plans, strengthening the argument that unborn children should be treated as people and given equal protection under the law. Congress held hearings on “The Heartbeat Protection Act” which would prohibit all abortions after six weeks. Another bill was introduced that would impose taxes on bonds, which are normally tax-free, which are used to provide facilities owned by abortion providers. These bills will “bring back coat hanger abortions.” The administration’s controversial nominee to be ambassador-at-large for global women’s issues, a prominent conservative activist, nevertheless decided to criticize fellow Republicans. A Republican New York Congressman was greeted by silent protestors wearing “Handmaids' Tale” attire. The Ohio legislature passed a bill banning abortion after a Down syndrome diagnosis. Wisconsin is considering a bill that would prohibit state health insurance programs from covering abortions for state workers.

In the courts: Two national advocacy groups filed a federal lawsuit challenging a rule change by the Trump administration allowing more employers to opt out of no-cost birth control for workers. The administration is considering disciplinary action against the ACLU lawyers who fought for the right of an under-aged undocumented teenager to have an abortion. In California, a judge struck down a law requiring “pregnancy crisis centers” to give information about abortion availability as a violation of free speech. The ruling will be appealed. In Texas, where an editorial in The American Journal of Public Health “sounds alarms” over cuts to family planning, a challenge to a law banning D&E procedures is going to trial. Planned Parenthood is suing the state of Missouri over a portion of its new abortion law involving requirements for administering abortion pills. In Florida, a man convicted of killing an abortion doctor in 1993 was denied parole and will serve his sentence until 2043.

In political races: Abortion stances making headlines in Michigan, Alabama, New Jersey, West Virginia, and in Ohio, where the governor asks naively, on abortion, “why can’t we agree to disagree,” ignoring all of the proposed restrictions listed above.

On the positive side of the struggle, a new abortion clinic is about to open in South Bend, Indiana. An abortion provider in Maryland who was driven from his clinic is vowing to re-open. And a woman provider was sick of the stigma of her work and defiantly had a coat hanger and the words “Never Again” tattooed on her arm.

Two philosophical arguments: One philosopher argues that providing contraception and abortion access should be agreeable to conservatives who want to reduce welfare and poverty: “1) Anyone on welfare should be eligible for free contraception materials (condoms and/or pills). Consider this an investment in reducing future welfare rolls. 2) Anyone on welfare is eligible for a free voluntary sterilization procedure. A further investment in reducing welfare rolls. 3) Women who conceive while receiving welfare payments will have a once-in-a-lifetime opportunity to get a free abortion. Welfare payments will not be increased for the parent(s) of any children conceived while they are on welfare.” The conservative Federalist proclaims “The abortion-rights Left seeks to frighten pro-choice women into believing that... Republicans will force women to undergo pregnancy or resort to back-alley abortions., [and the] equally absurd the notion that... overturning of Roe v. Wade, will render all, or even most, abortions illegal,” insisting that Congress and legislatures will assure rights, based on jurisdiction and political will.
It’s a possibility noted by the liberal *Nation*, which asks, “Can Cities Save Our Reproductive Rights from the Grabby Hands of Donald Trump?”

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