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KENYA: Schoolgirls to face compulsory tests for pregnancy and FGM

Girls in Narok County will be made to reveal identities of babies' fathers and tell police about female genital mutilation

By Rebecca Ratcliffe

The Guardian (04.01.2019) - <https://bit.ly/2saO2YU> - Plans to subject schoolgirls in Kenya to mandatory tests for female genital mutilation and pregnancy are a violation of victims' privacy, campaigners have warned.

All girls returning to school this week in Narok, Kenya, will be examined at local health facilities as part of a countywide crackdown.

Girls found to have undergone FGM, which is illegal, will be required to give a police statement. Those who are pregnant will be asked to identify the man involved, according to George Natembeya, the Narok County commissioner.

Narok County has the highest teenage pregnancy rates in Kenya, while FGM is prevalent among the Maasai community. But campaigners say the tests are humiliating for girls, do not tackle the root causes of teenage pregnancy, and are unlikely to improve prosecution rates for FGM.

"One of the biggest gaps in the prosecution of FGM cases is lack of evidence. It's not [a lack of] evidence of girls being cut, but evidence of the actual act," said Felister Gitonga, programme officer of an Equality Now team devoted to ending harmful practices.

Gitonga said that the county's efforts to tackle FGM were welcome, but added: "We need a different strategy ensuring we respect the girls' right to privacy and also that we have a clear plan of what we do with the information."

“When we find out that a girl has gone through FGM, what will be the consequences? Will there be psycho-social support? Or does this mean that she will be denied permission to go to school?”

Mandatory examinations risked further victimising girls who have experienced abuse, warned Gitonga.

All forms of FGM were criminalised in Kenya in 2011, as was discrimination against of women who have not undergone the procedure. Failing to report a case to the authorities was also made unlawful, together with aiding the performance of FGM or taking a Kenyan woman abroad to perform the procedure.

The practice is becoming less prevalent across the country, where one in five women and girls aged 15 to 49 have undergone FGM.

Campaigners say tackling FGM is crucial to stopping teenage pregnancies and child marriage. “For girls who have undergone FGM, the community believes that those girls become a woman. Therefore every other violation that happens at that point happens [after] the FGM,” said Gitonga. “If they are having sex even with older men the community does not recognise it as defilement.”

In Narok, four in 10 girls become pregnant as teenagers, according to Kenya’s most recent demographic and health survey, produced in 2014.

Efforts to reduce teen pregnancies will fail unless gender-based violence and poverty are addressed, added Gitonga.

“For girls living in informal settlements, it is very hard; there is a risk of sexual violence. Sometimes they have to do sex work to help with educating their siblings. So you need to understand their situation,” she said. “You can’t just punish people for getting pregnant.”

EGYPT: Experts urge government to rethink two-child population strategy

Medics say limiting families not the answer for a country where a baby is born every 15 seconds

By Ruth Michaelson

The Guardian (03.01.2019) - <https://bit.ly/2LWnN1A> - In the cramped office of New Cairo hospital’s family planning clinic, Safah Hosny sets a box overflowing with contraceptives next to the visitors’ ledger on a small desk.

There are eight condoms for one Egyptian pound, about 4p, or ampoules of injectable birth control, for just under 9p. A contraceptive implant lasting three years costs 22p, while copper IUDs – the most popular form of birth control on offer according to Dr Hosny – cost 17p.

The low prices, far less than in any Egyptian pharmacy, are due to subsidies provided by Egypt’s health ministry, as clinics like Dr Hosny’s are on the frontline of Egypt’s battle against an exploding birthrate. A government programme called “two is enough” has been launched to encourage people to limit family size. From this month, the prime

minister, Mostafa Madbouly recently announced, the government will cease to provide financial support to a family after their second child.

The five-year, \$19m (£15m) programme comprises a poster campaign as well as growing a network of mobile and fixed family planning clinics across Egypt. Posters covering the walls of Egypt's metro show an Egyptian 50-pound note, worth about £2.20, torn into five. "Would you rather divide this into five, or into two?" it asks.

But the price and availability of contraceptives at clinics like that in New Cairo hospital belie a wider issue: that Egypt has a long way to go in persuading its people.

"Sometimes patients arrive here knowing absolutely nothing about contraception, so I have to explain all the different methods," says Hosny. "Then [the woman] chooses, with her husband's permission. Her husband is normally here for the first visit, and witnesses her signing a consent form which shows she understands, but then she is alone for the follow-up appointments."

Hosny says the clinic is happy to serve unmarried women. "For unmarried women I suggest the pill or injections," she says, pulling out a slide of contraceptive pills.

Population size is now regarded as such a crisis by the government that President Abdel-Fatah al-Sisi declared at a 2017 conference: "We have two real challenges facing our country: terrorism and overpopulation."

Egypt now has more than 104 million people, including 94.8 million inside the country. A baby is born every 15 seconds in the country, meaning it ranks 13th in terms of global population. This has placed strain on already scarce resources such as water, and could amplify existing problems for families already struggling to put food on the table following a 2016 financial crisis that led Egypt to devalue its currency and sparked rising inflation. According to Egypt's official statistics agency, the Central Agency for Public Mobilisation and Statistics, 27.8% of Egyptians live below the poverty line.

Yet "two is enough" risks failing to target the things that could make a real difference when families, particularly those from Egypt's working class, are deciding to have children. The campaign will increase sex education for some medical professionals, but will not begin a programme of sex education in schools, currently non-existent. It also ignores options for women with unwanted pregnancies, with abortion seen as a legal grey area in Egypt.

"I think it has to be multi-disciplinary thing," says Dr Hussein S Gohar, an obstetrician and gynaecologist at the Yosri Gohar hospital in Cairo. "You have to start in schools to educate young kids about sex education, contraception and the hazards for themselves, as well as the future of the population explosion. Then they have to target people about to get married, and married people. But if you're going to make legislation punishing them for a third child, then you have to provide an exit route for them, by allowing medical termination or even abortion clinics."

The heart of the problem, according to Gohar, means thinking about what motivates people to have large families in Egypt. "You need to change the mentality of the people and how they see things rather than just telling them what to do," he said. "You can't just go to people once every few months and say the population is too large and there's not enough water so you need to have a smaller family."

Dr Ahmed Fathy, an obstetrician and gynaecologist at New Cairo hospital, agrees. "For poorer families, it's not about whether a child is a gift from God, but rather [that] extra children are a method of income," he explains. "If you're a family with a farm, extra

workers cost more money. But if you have more children, one can look after the animals, another can look after the machines, and another can tend to the plants.”

The Egyptian government’s best efforts may also fail to reach more conservative doctors in rural areas, who are more likely to convey the message to patients that every child is a blessing, or to limit information about contraception. “The fact is that in every country, the government can’t cover the entire spectrum,” says Dr Natalia Kanem, head of the UN Population Fund, which has partnered with Egyptian ministries for the “two is enough” campaign. “Private providers can misinform, or even perform so-called medical female genital mutilation. Our job is to flood real information here to counter the myths.”

A mushrooming and overwhelmingly young population disadvantages young women according to Kanem, who cites the fact that 62% of the Egyptian population is aged 29 or younger. “If you have a young population, those young people tend to have children young as their mothers were young, so you see an acceleration,” she says. “Unless women are able to make a conscious decision to have a child later, to marry later.

“When girls are left behind, half the population is left behind.”

CANADA: End forced sterilizations of Indigenous women

By Nickita Longman

The Washington Post (4.12.2018) - <https://wapo.st/2G2uH69> - Last month 60 Indigenous women sued the Saskatoon Health Region, the province of Saskatchewan, the Canadian government and medical professionals for their experiences with coerced, forced or pressured sterilization in Saskatchewan over the course of 20 to 25 years. The procedures, which occurred from about the 1930s to as recently as 2017, targeted Indigenous women specifically. Each claimant is filing for \$7 million in compensation, citing psychological and physical damage since the procedures.

While some women do not recall giving consent for sterilization, others say they consented because of post-delivery exhaustion and persistence from health staff. Some women state that they were unclear about the permanent damage such procedures would have or were told that the sterilization could be reversed later. Others cite that health officials leveraged the procedure as a means to be able to see their newborn children immediately after birth.

This is plainly an act of genocide and should not be labeled as anything less, in accordance with Article II of the United Nations convention on genocide which prohibits “imposing measures intended to prevent birth within a group.”

In November 2015, two Indigenous women contacted local media to tell their personal experiences with the sterilization procedure within the Saskatoon Health Region. Brenda Pelletier reported that after providing consent post-birth, she had done so to relieve the badgering and pestering of health staff. Once on the operating table, the exhausted mother once again contested the operation, but the procedure was carried out despite her protest.

In an interview on Oct. 27, 2017, Alisa Lombard, a lawyer with Maurice Law who filed the statements, posed the question: Where would our communities be if not for the coerced or forced sterilization of our women? The procedures have larger implications for our community and its ability to thrive and work toward self-determination.

Sen. Yvonne Boyer, a Métis lawyer and former nurse who has conducted an external review on tubal ligations in the Saskatoon Health Region, has suggested that if this happened in Saskatoon, it has likely also happened in other cities on the prairies where the Indigenous population is dense. The government of Canada has had a long history of violence and oppression against Indigenous people, and this is especially true on the prairies. Saskatchewan in particular has one of the highest incarceration rates of Indigenous people of any province in Canada; most victims of police shootings in Saskatchewan were Indigenous; it also has one of the highest rates of missing and murdered Indigenous women and girls, and alarming rates of poverty, including child poverty, both on and off reserve.

The harm of ongoing colonization, including theft of land, resources and children, is no secret on the Canadian prairies. It should be noted that the child welfare system is big business in Canada. As it stands, there are more Indigenous children in the government's care than there were at the height of Canada's infamous residential school era. In fact, Saskatchewan hosted the last of the residential school closures as recently as 1996. Is sterilization the government's attempt at addressing the very social conditions it has created over time? Is forced sterilization of Indigenous women the Canadian state's most reasonable solution to a population living in enforced poverty?

The Canadian government, the province of Saskatchewan and the Saskatoon Health Region have remained complicit in yet another form of contemporary genocide under the guise of eugenic ideology. It has attempted the erasure of Indigenous motherhood and in turn has limited the growth of the Indigenous nation. In the House of Commons on Nov. 21, Prime Minister Justin Trudeau said the "coerced sterilization of some Indigenous women is a serious violation of human rights" and acknowledged the systemic discrimination and racism that Indigenous people face within the health care system. But at this time, the Liberal government has not taken concrete action as it continues to sidestep the nation-to-nation relationship with Indigenous people it promised in its platform.

Sen. Boyer has called for a nationwide review; Lombard, the lawyer, has delivered her findings in Geneva to the U.N. Committee Against Torture. Before the lawsuit cases hit the courtroom in 2019, the physicians performing these procedures, as well as the nurses and social workers who are assisting by pressuring for consent, should be prevented from practicing medicine. All levels of government need to immediately address this issue and ban sterilization without free, prior and informed consent from each patient.

Forced, coerced or pressured sterilization of Indigenous women breaches the United Nations Declaration on the Rights of Indigenous Peoples' definition of "free, prior, and informed consent," which in Canada is often cited in relation to land. It is important to note that in many Indigenous traditions, the land is viewed as mothering. The ravaging of the land and water in the name of colonization and capitalism has devastating effects on the living. It stunts our growth and, in some cases, our survival. This same lens can be used when understanding the damaging effects that sterilization can have on a woman physically.

UK: 'Landmark' £200m to improve contraceptive access in Africa and Asia

Funding comes as figures show international efforts to expand family planning services by 2020 are falling far short of targets

By Liz Ford

The Guardian (13.11.2018) - <https://bit.ly/2B4BV4P> - The UK government has launched a £200m programme to increase the availability of contraceptives in 27 countries across Africa and Asia, in what has been described as a "landmark" investment.

The women's integrated sexual health (Wish) programme from the Department for International Development will expand services to young and poorer women, and aims to support an estimated six million couples a year. The International Planned Parenthood Federation (IPPF) and Marie Stopes International are to implement the programme.

The announcement comes as figures published this week show that international efforts to expand family planning services to millions more women and girls in some of the world's poorest countries by 2020 will fall short.

Simon Cooke, chief executive of Marie Stopes International, said through the DfID funding "we and our partners will be able to bring quality sexual and reproductive health services to millions of women in some of the world's poorest and most marginalised communities. For many, it will be their first chance to access any kind of contraception, empowering them to stay in education, forge a career, stay healthy and pursue their hopes and dreams for the future.

"With this landmark investment in women and girls, the UK government is creating the right conditions to drive multiple other areas of development."

IPPF's director general, Dr Alvaro Bermejo, said the programme would transform lives. "This is a significant investment and a deep commitment to putting women at the heart of healthcare. Women and girls – of all ages, places, income and education – must have access to high quality, voluntary family planning care and information."

The announcement came on Tuesday at the fifth international conference on family planning, held in Rwanda. More than 3,700 delegates from 110 countries are meeting in Kigali to discuss ways to expand services to the estimated 214 million women and girls in poorer nations who want to avoid pregnancy but cannot access modern contraceptives.

Global efforts to speed up and increase access to services have been galvanised in recent years, specifically since the launch of the Family Planning 2020 (FP2020) global partnership six years ago. But stigma, gender inequalities and lack of funds continue to be roadblocks.

According to FP2020, an estimated 317 million women and girls in the world's poorest countries are now using a modern form of contraception, 46 million more than in 2012.

However, in its report published this week, it admitted the figure was way short of its target to reach an extra 120 million women in 69 target countries by 2020.

"Looking at projected trends, the hill is simply too steep to climb in the two short years remaining in this initiative."

While donor funding has increased slightly this year – from \$1.2bn in 2016 to \$1.27bn – it is still below the 2014 figures of \$1.43bn. According to the report, Donald Trump's reintroduction of an expanded Mexico City policy (known as the "global gag rule"), which blocks US funding to organisations whose work touches on abortion, is having an impact on funding, as is his defunding of the UN Population Fund, which the report says will "imperil" a number of programmes.

A central theme of this year's conference is increasing services to young people and about 600 young delegates are attending.

Figures published by the Guttmacher Institute this week show that an estimated 36 million 15- to 19-year-old girls and women in developing countries are married or sexually active, but about 20 million are not using modern contraceptives.

It added that about half of the 9.6 million pregnancies among this age group are unplanned, and complications in pregnancy and childbirth are now this cohort's biggest killer.

Priscilla Nabatanzi, a youth project officer for Reproductive Health Uganda, said it was important that young people were listened to, which means including them in the design and implementation of programmes.

"Adults think they know what young people want because they were young once. But each one of us has a unique story. People think we are confused and don't know what we want. But we do know what we want," she said.

EL SALVADOR: Woman who bore rapist's baby faces 20 years in jail

Imelda Cortez, 20, faces trial in country where abortion is illegal under all circumstances

By Nina Lakhani

The Guardian (12.11.2018) - <https://bit.ly/2Pq5MNQ> - A rape victim is facing 20 years in jail charged with attempted murder, after she gave birth to her abuser's baby in a latrine in El Salvador.

In a case that highlights the rigidity of the country's abortion laws, Imelda Cortez, 20, from an impoverished rural family in San Miguel, has been in custody since April 2017 after giving birth to a baby girl fathered by her abusive elderly stepfather.

Cortez was rushed to hospital after her mother discovered her in severe pain and bleeding heavily. The emergency room doctor suspected an abortion and called the police. Officers found the baby healthy and alive.

Cortez had been abused by her 70-year-old stepfather since she was 12 years old and said she had no idea she was pregnant. The baby survived, but Cortez was charged with attempted murder, denied bail and sent to jail after a week in hospital.

"This is the most extreme, scandalous injustice against a woman I've ever seen," said Bertha María Deleón, one of Cortez's defence lawyers. "The state has repeatedly violated Imelda's rights as a victim; she's deeply affected but denied psychological attention."

Abortion is illegal in all circumstances in El Salvador and the total ban has led to aggressive persecution of women.

Like Cortez, most are poor, single rural-dwellers convicted on tenuous evidence after having a gynaecological complication such as a miscarriage or stillbirth. In many cases, the women did not realise they were pregnant.

This pattern of prosecutions targeting a particular demographic suggests a discriminatory state policy which violates multiple human rights, according to Paula Avila-Guillen, director of Latin America Initiatives at the New York based Women's Equality Centre.

Cortez's case is a stark illustration of how the law criminalises victims.

While Cortez was in hospital, her stepfather visited her, threatening to kill her, her siblings and her mother if she reported the abuse. Another patient overheard and told a nurse, who called the police.

At first, prosecutors accused Cortez of inventing the abuse to justify her crime, until a DNA test confirmed the baby's paternity. Her stepfather is yet to be charged.

The criminal trial against Cortez opens today, with a ruling by the three judges expected within a week.

A psychological evaluation detected cognitive and emotional deficits consistent with abuse and trauma, yet Cortez has received no psychological support since being detained 18 months ago. She has never been allowed to hold her baby daughter.

"When you thought nothing could be crueller in El Salvador, you get Imelda's case, which shows the fierce determination of prosecutors to go after poor women regardless of the circumstances and evidence. By shackling these women to hospital beds and sending them to prison, it sends a strong message: if you're poor, it's not safe to seek healthcare," said Paula Avila-Guillen.

Abortion was criminalised in El Salvador 21 years ago, by legislators from across the political spectrum. Hopes have plummeted of the ban being relaxed to allow abortion in cases of rape or human trafficking, when the foetus is unviable, or to protect the pregnant woman's life.

A parliamentary bill, drawn up almost two years ago amid a groundswell of public and medical support for reform, remains stuck at the committee stage, with no hope of a vote as political parties gear up for next year's general election.

Yet campaigners refuse to give up. Five women wrongly imprisoned for murder – Teodora del Carmen Vásquez, Mayra Figueroa, Elsy Rivera, Katherine Mazariego and Maria Lopez – have been freed so far this year after dogged campaigning by domestic and international human rights groups.

A further 24 women known to activists are still serving 15 to 30 years in jail. Cortez is one of four awaiting trial or, in the case of Evelyn Hernández, a new ruling after her 2017 guilty verdict was recently overturned.

INDIA: UN report says infant mortality rates lowest in five years, four-fold decline in gender gap in girl child survival

Opindia (18.09.2018) - <https://bit.ly/2MLB4sn> - The number of infant deaths reported in India for the year 2017 is the lowest in five years. According to reports, the United Nations Inter-Agency Group for Child Mortality Estimation (UNIGME) has stated in its report that 8,02,000 infants died in India in the year 2017, the lowest in five years.

The UNIGME report states that in 2016, 8,60,000 infants had died in India. Yasmeen Ali Haque, the UNICEF representative in India has stated, " India continues to show an impressive decline in child mortality deaths, with its share of global under-five deaths for the first time equalling its share of childbirths."

Yasmeen Ali Haque also reportedly stated that the efforts for improving institutional delivery along with a countrywide scale-up of newborn care units joined with robust immunisation drives have been instrumental in achieving the feat. According to reports, India's infant mortality rate was 44 per 1000 live childbirths. In 2017, the gender-specific mortality rate has come down to 39 per 1000 live male childbirths and 40 per 1000 live female childbirths. Haque added that the four-fold decline in the gender gap in the survival of girl children is even more heartening.

In 2012, a UN report had stated that the gender gap in child mortality in India is far worse than the global average in developing countries and as girls have biological advantages over boys for better adaptability and resistance to diseases, the child mortality rate of 56 boys for every 100 girls dying suggests a disturbing socio-cultural trend of neglect and lack of care for the girl child.

The recent UNIGME report states that globally a total of 6.3 million children had died in 2017, 1 in every 5 seconds. Most of these deaths were due to preventable causes. A majority of these deaths, 5.4 million is among children below 5-years of age. Laurence Chandy, the director of data, research and policy in UNICEF has stated that simple measures like access to clean water, sanitation, electricity and vaccines can drastically reduce the numbers. Chandy added that over half of the 5.4 deaths among children below five had occurred in sub-Saharan Africa and a further 30% In South Asia.

The UNIGME report states that most children under 5 die due to preventable causes like complications during birth, pneumonia, diarrhoea, neonatal sepsis and malaria. The report also stated that for children everywhere, the riskiest period is the first month after birth. 2.5 million of the 5.4 million deaths under were of infants in their first month. Even within countries, rural areas show a 50% higher rate in neonatal deaths than urban areas.

In India, the recent increase in awareness over sanitation and the government's drive to ensure toilets in every household is widely considered a strong factor in bringing down death rates among the population. A recent WHO report had stated that over 3 lakh deaths due to sanitation-related diseases were prevented in India due to the government's push for Swachh Bharat Mission. In Uttar Pradesh, an aggressive immunisation and awareness programme called Dasatk has been able to significantly bring down deaths due to Japanese Encephalitis. UNICEF India had praised UP CM Yogi Adityanath's government recently for successfully immunising every child in the state against Japanese Encephalitis.

TANZANIA: 'Don't use birth control,' Tanzania's President tells women in the country

By Stephanie Busari

CNN (11.09.2018) - <https://cnn.it/2OcPCmp> - Tanzania's President John Magufuli has told women in the East African nation to stop taking birth control pills because the country needs more people, according to local media reports.

"Women can now give up contraceptive methods," Magufuli said.

"Those going for family planning are lazy ... they are afraid they will not be able to feed their children. They do not want to work hard to feed a large family and that is why they opt for birth controls and end up with one or two children only," he said at a public rally on Sunday.

He was quoted in a local newspaper, *The Citizen*, as saying that those advocating for birth control were foreign and had sinister motives.

Magufuli urged citizens to keep reproducing as the government was investing in maternal health and opening new district hospitals.

The United Nations Population Fund (UNFPA) representative for Tanzania, Jacqueline Mahon, was present when Magufuli made his comments, reports said.

CNN has reached out to the UNFPA for comment but did not immediately receive a response.

"I have traveled to Europe and I have seen the effects of birth control. In some countries they are now struggling with declining population. They have no labor force," the *Citizen* newspaper quoted him as saying.

Tanzania's population is around 53 million people, and 70% of them living on less than \$2 a day, according to a 2015 World Bank report.

"You have cattle. You are big farmers. You can feed your children. Why then resort to birth control?" he asked. "This is my opinion, I see no reason to control births in Tanzania," Magufuli, who has two children, said.

Opposition MP Cecil Mwambe criticized the President's comments, saying they were against the country's health policy.

President Magufuli is known as 'The Bulldozer' for his tough stance against corruption and his hardline policies, which include denying education to schoolgirls who become pregnant.

In another development, the speaker of the Tanzanian parliament banned female lawmakers from wearing fake nails and eyelashes in parliament.

"With the powers vested in me by the Constitution of the United Republic of Tanzania, I now ban all MPs with false eyelashes and false finger nails from stepping into Parliament," Job Ndugai said, a day after Magufuli's comments.

The new rules also ban women MPs from wearing short dresses and jeans. Female visitors to parliament are also expected to adhere to the dress code.

GUATEMALA: Discriminatory law puts at risk the lives and rights of thousands of women, girls and LGBTI people

Amnesty International (05.09.2018) - <https://bit.ly/2PHn5Wm> - Guatemala's Congress must reject proposed law 5272, also known as the "Law for the Protection of Life and Family," because it would violate the rights of thousands of women, girls and LGBTI, Amnesty International said today.

"This bill actually threatens what it claims to protect: life and families," said Erika Guevara-Rosas, Amnesty International Director for the Americas.

"We demand that the Guatemalan Congress reject this absurd bill that puts at risk the lives and the rights of women, girls and LGBTI people, and that it dedicate its resources to protecting them through laws and policies that guarantee real equality."

Among other concerning changes, the bill would modify the penal code to criminalize miscarriages, impose prison sentences on women who suffer them and impose prison sentences on anyone who "promotes or facilitates access to abortion." These regulations put at risk the lives of women and girls and their access to medical services.

Guatemalan law currently permits abortion only when pregnancies threaten the lives of women and girls. This violates their reproductive autonomy. The criminalization of abortion, miscarriages and providing information about abortion services violates the rights of women, girls and people who can become pregnant. The Guatemalan government must completely decriminalize abortion and guarantee access to legal and safe abortion as well as information about abortion services.

The bill also directly discriminates against LGBTI people by expressly prohibiting same-sex marriage and legal recognition for same sex couples, and by proposing a discriminatory and excluding definition of family.

Furthermore, the bill dangerously formulates a supposed "right" to "not accept sexual diversity or gender ideology as normal," effectively legalizing discrimination that may foment violence against LGBTI people.

The bill also violates the rights of children to have access to comprehensive sex education because it prohibits "teaching sexual conduct that differs from heterosexuality as normal."

In the context of persistent discrimination and negative reactions to gender equality and the rights of women, girls and LGBTI people, it is vital that Guatemala not promote damaging stereotypes and that the country guarantee the right of all people not to face discrimination, including for their sexual orientation or gender identity.

Additional information

The World Health Organization (WHO) as well as the UN Human Rights Committee have recognized the causal link between maternal mortality and laws that restrict or criminalize abortion. The WHO has stated that restriction of access to legal abortion does

not decrease the need for abortion, and likely increases the number of women who seek illegal and unsafe abortions. This leads to higher morbidity and mortality rates and creates social inequities.

According to international treaties that Guatemala has signed, the Guatemalan government is obligated to guarantee people's rights without discrimination, including discrimination based on sexual orientation or gender identity.

In its recent observations about the Guatemalan government, the Human Rights Committee highlighted its concern about discrimination and violence motivated by victims' sexual orientation or gender identity, the criminalization of abortion and miscarriage and a lack of adequate reproductive health services. It demands that the Guatemalan government "ensure unimpeded access to sexual and reproductive health services, emergency contraceptives and comprehensive sex education for men, women, boys and girls throughout the country."

For its part, the UN Committee on the Rights of the Child expressly recommended that the Guatemalan government "ensure that sexual and reproductive health education is part of the mandatory school curriculum, and that it is developed with the involvement of adolescent girls and boys, with special attention paid to preventing early pregnancy and sexually transmitted infections."

The bill 5272 was presented before Congress on 27 April 2017. On 28 August 2018 it was approved for a second reading. It now needs a third reading in a plenary session, which could take place in the next few days, and if it is approved there it will proceed to final article-by-article approval.

SOUTH KOREA: Women, doctors protest new South Korea abortion restrictions

Debate intensifies over anti-abortion law and women's reproductive autonomy.

By Wooyoung Lee

UPI (30.08.2018) - <https://bit.ly/2N5cfNc> - SEOUL - Women's rights groups and doctors have expressed fury over the government's decision to classify surgical abortions as "unethical," fueling debate on women's reproductive freedom in a conservative country with one of the world's lowest fertility rates.

Seoul's Ministry of Health and Welfare announced Aug. 17 a revised Medical Act, which lists surgical abortions as an unethical medical practice, along with sexual abuse, using unauthorized medicine, reusing single-use devices and ghost surgery (in which one doctor substitutes for another, without the patient's knowledge), among others.

Doctors would be suspended for one month in violation of the revised law as it takes effect this month.

Obstetricians have condemned the revisions, saying it portrays them as potential "criminals." Many are refusing to conduct any surgical abortion unless the ministry withdraws the new law.

"We refuse to be punished under the revised law, which fails to recognize the reality, in which surgical abortions are unavoidably carried out for so many reasons," a group of obstetricians and gynecologists said in a statement Tuesday.

In response to the immediate backlash, the health ministry decided Thursday to postpone implementing the one-month suspension.

A Seoul-based women's rights group, BWAVE, has criticized the government and doctors.

"The government has made it more difficult for women to have an abortion to raise the nation's fertility rate," the group said. "Doctors have taken women's health and life as a hostage for their own benefits."

The group staged a protest in Seoul on Saturday, calling for the termination of the current anti-abortion law and demanding women's reproductive freedom.

Doctors and women's rights groups have pointed out that the government's move to toughen punishment for abortion would limit women's access to safe abortion services.

"This could encourage unsafe, illegal surgical abortions underground," Lee Chung-hoon, head of the Korean Association of Obstetricians and Gynecologists told UPI.

Lee said the current law is too outdated to recognize circumstances women face in choosing abortion and therefore fails to respect women's reproductive autonomy.

"The law allows abortion in very limited cases that only cover a very slim percentage of surgical abortions being carried out today," Lee said.

South Korea allows selective abortion only in cases such as those involving rape and incest and fetal abnormalities.

"It's too selective to recognize various cases that need surgical abortions. If a fetus has a genetic disorder, the current law doesn't allow surgical abortions, but only for cases where parents hold the same genetic disorder," Lee said.

South Korea's fertility rate dropped to a record low of 1.05 last year, with a total of 357,800 babies born, a 12 percent drop from 2016. The total fertility rate in the second quarter of this year was 0.97, according to Statistics Korea.

In April, a Seoul-based think tank on women's issues conducted an online survey of women who had abortions or considered having one.

More than 30 percent said they decided to have an abortion as they were not financially ready to raise a child and 20 percent said they needed to continue study or work. Some 12 percent of respondents said they didn't want to marry because of pregnancy.

The survey, conducted by the Korean Women's Development Institute, also found that 77 percent of women supported legalizing abortion while 23 percent were against it.

Another survey by the health ministry and the graduate school of public health at Yonsei University in 2010 found that 77 percent of women surveyed decided to have an abortion because of unwanted pregnancy and concerns of being single and pregnant. Those who had an abortion due to fetal abnormalities consisted of 20 percent.

The ministry's latest survey to date found there were more than 168,000 cases of surgical abortions in 2010, down from some 350,000 cases in 2005.

The debate between pro-choice and anti-abortion advocates has been ongoing since the Constitutional Court sided with abortion restrictions in its 2012 ruling.

The court is expected to rule on the law once again later in the year in a case filed by a doctor who was criminally charged for carrying out abortions upon patients' requests.

Earlier this month, a group of some 400 women's rights activists and scholars submitted a petition to scrap the law.

"Keeping the anti-abortion law threatens women's health and life and breaches women's reproductive freedom," the group said in its statement.

USA: Why Women's Equality Day was different this year

Activists and politicians used August 26th to combat Brett Kavanaugh's nomination to the Supreme Court

By Tessa Stuart

Rolling Stone (27.08.2018) - <https://rol.st/2otQZIH> - It took 42 years for the United States to ratify the 19th Amendment, enshrining a woman's right to vote. Between the time it was first introduced to Congress in 1878 and when it actually became law in 1920, the Panama Canal was built, nine states joined the union and World War I occurred.

But if that seems like a long time, consider this: It's been 46 years since the introduction of the Equal Rights Amendment, which, to this day, remains one state short of the required three-quarters majority needed for ratification.

If passed, the ERA would finally guarantee women equal rights with men.

In the 1970s, when the fight over the ERA was still fresh, New York Congresswoman Bella Abzug wrote a bill declaring August 26th Women's Equality Day. This year on August 26th, women and their allies around the country used the occasion to protest President Trump's nomination of Brett Kavanaugh to the Supreme Court.

Kavanaugh has indicated in rulings and past remarks that he believes *Roe v. Wade* was wrongly decided. Kavanaugh has assured pro-choice Senator Susan Collins (R-ME) that *Roe* is "settled law." But that's little comfort for women whose reproductive freedom is at stake, particularly when considering the fact that President Trump has loudly declared he would appoint judges who would overturn the ruling protecting abortion.

At protests in New York, Los Angeles and dozens of other cities and towns across the country, women spoke out forcefully in defense of reproductive rights. They were cheered on by lawmakers like Rep. Jan Schakowsky (D-IL), who tweeted, "With a SCOTUS nominee threatening to undo decades of progress and do away with some of our most fundamental rights, the need to continue the movement that won us the right to vote 80 years ago could not be clearer or more pressing." She was joined by Rep. Brenda Lawrence (D-MI), who tweeted, ".@realDonaldTrump has said women should face 'punishment' for exercising their constitutional right to abortion. Now, with Kavanaugh's

nomination, this nightmare could become a reality. On #WomensEqualityDay & every day we must #StopKavanaugh & protect women's right to choose!

A number of rumored 2020 presidential hopefuls chimed in as well.

Sen. Kamala Harris (D-CA) chided the GOP for scheduling nomination hearings nearly two months months ahead of the date the National Archives said Kavanaugh's documents would be ready for release. Sen. Kirsten Gillibrand (D-NY) tweeted Saturday, "I won't let Kavanaugh overturn Roe v. Wade and undermine every step we've taken toward equality in this country. I've been fighting his confirmation from day one, and I'm not going to let up. But neither can you. I need you to stay strong, stay determined and keep fighting."

Trump antagonist and Stormy Daniels lawyer Michael Avenatti also chimed in, tweeting, "The Equal Rights Amendment has been in limbo far too long. It is frankly shocking that it has yet to be ratified after all of these years. The time has come to change this. Women deserve equal rights across the board, especially equal pay! #Basta"

The president did not acknowledge the day on his own Twitter feed.

IRELAND: Pope Francis greeted by protests, following child sex scandals, abortion rights fight

The pontiff finds an Ireland marked by social change, less deference to Catholic Church

By Casey Quinlan

Think Progress (26.08.2018) - <https://bit.ly/2okkhD0> - Pope Francis is in Ireland this weekend for the first papal visit since Pope John Paul II's in 1979. As the Pontiff might quickly have gleaned from the protests joined by thousands of demonstrators, things have changed since then with Ireland's Catholic faithful.

For one thing, there is less far deference to officials in the Church hierarchy, after a determined fight by women in Ireland for reproductive rights. And the Catholic Church in Ireland and abroad has been rocked by multiple sexual abuse scandals, including a recent report involving over 1,000 victims in Pennsylvania.

According to the Independent, some people have refused to attend events presided over by Pope Francis in silent protest and "disavowal" of the church's "stranglehold" on culture and government in Ireland.

Other protesters gathered at Dublin Castle after Pope Francis' arrival on Saturday to demonstrate against child sex abuse in the Catholic Church. Margaret McGuckin, herself a survivor of sexual violence, said she wanted the church to know survivors were still making their voices heard.

"The Pope now needs to stand up to the plate and do something for the survivors. We need redress, we need the church held to account," McGuckin told the Independent.

The share of young people who identify as Catholics is now much lower than in previous generations. In 2015, Ireland voted to legalize same-sex marriage. Its Prime Minister Leo Varadkar, who is gay, welcomed Pope Francis to the country on Saturday.

Earlier this year, Ireland voted overwhelmingly to repeal its near-total ban on abortion, with two in three Irish voters approving to legalize it. A 1990s case of a girl who had been raped and sought an abortion outside of the country, and who was only allowed access to the procedure after she became suicidal, started a national discussion about abortion. In 2012, a woman died of a cardiac arrest after doctors refused to perform an abortion, even though physicians knew she expected a miscarriage — a horrifying incident which gained national attention.

Meanwhile, just this month, a Pennsylvania grand jury report detailed abuse that spanned several decades and accused more than 300 priests of sexually abusing children across six Roman Catholic dioceses.

There were reportedly more than 1,000 victims, and those are just the victims who were willing to come forward. Cardinal Sean O'Malley of Boston, the head of Pope Francis' Pontifical Commission for the Protection of Minors, canceled his visit to Dublin so that he could look into investigations into alleged sexual misconduct in Boston that were separate from the grand jury report.

Questions swirl around what Pope Francis himself knows about sexual abuse within the church. A letter from Archbishop Carlo Maria Viganò alleges that he told Pope Francis about sexual abuse allegations against former D.C. archbishop Cardinal Theodore McCarrick and that the Pope did nothing.

"In this extremely dramatic moment for the universal Church, he must acknowledge his mistakes and, in keeping with the proclaimed principle of zero tolerance, Pope Francis must be the first to set a good example to Cardinals and Bishops who covered up McCarrick's abuses and resign along with all of them," Archbishop Carlo Maria Viganò wrote.

In a huge demonstration on Sunday, people protested the Pope's visit at the Garden of Remembrance in Dublin.

Other protests involved people tying baby shoes with black mourning ribbon to the railings of former Magdalene laundries, according to Dublin Live. These church-run institutions were for "fallen women" and they experienced abuse and ill treatment in these laundries. In the 1990s, a mass grave was discovered on the grounds of one of the laundries.

Another group called We Are Church also held a protest on Dublin's Ha'penny Bridge — tying blue ribbons and rainbow flags to the bridge — and said the church must accept female priests, welcome LGBTQ members, and truly confront its sexual abuse problem.

Pope Francis acknowledged abuse allegations and said to lawmakers and diplomats in Dublin on Saturday, "I cannot fail to acknowledge the grave scandal caused in Ireland by the abuse of young people by members of the church charged with responsibility for their protection and education."

But survivors of sexual abuse and other critics of the church's handling of sexual abuse have said his remarks were not enough and that he didn't provide any indication of what steps the church would take on the issue. According to the Washington Post, Mark Vincent Healy, an Irish victim of church sexual abuse, the pope's speech was "empty."

"I was with a group of survivors, and they were all upset with the statements as being ineffectual," Healy told the Post.

ARGENTINA: Abortion Bill fails, but movement takes hold across Latin America

Analysts say movement's rise is changing the region in ways that would have been impossible just years ago

The Irish Times (12.08.2018) - <https://bit.ly/2MOgAQQ> - They narrowly lost the vote. But as supporters of a Bill to legalise abortion in Argentina began to shake off a stinging defeat in the Senate last Thursday, they took consolation in having galvanised a reproductive-rights movement across Latin America and began to consider how to redirect their activism.

A coalition of young female lawmakers who stunned the political establishment by putting abortion rights at the top of the legislative agenda this year seemed to be on the verge of a historic victory with the Bill. But intense lobbying by Catholic Church leaders and staunch opposition in conservative northern provinces persuaded enough senators to vote against it.

After a 17-hour hearing, the Bill was defeated early on Thursday by a vote of 38-31, with two abstentions. "We will no longer be silent and we won't let them win," said Jimena Del Potro, a 33-year-old designer who fought back tears as she spoke. "Abortion will be legal soon. Very soon."

Despite the setback, many proponents marvelled that Argentine lawmakers had come so close to passing the measure, which would have allowed abortion during the first 14 weeks of pregnancy and fractured the near-total prohibition on abortion in Latin America.

Demonstrators

The measure had already been approved in the lower chamber of Congress. Current law allows abortions only in cases of rape or when a mother's life is in danger. The Bill energised hundreds of thousands of demonstrators across Argentina in a women's rights movement known as Ni Una Menos – Not One Less – and enthused women from Brazil to Mexico.

"What Argentina did was mobilise young women and create the memory that we almost won," said Debora Diniz, an anthropologist at the University of Brasília who helped write a petition now before Brazil's supreme court that challenges the constitutionality of its anti-abortion laws.

"They changed the way we talk about abortion," Diniz said. "It's not just feminists, intellectuals. It's young women, your daughter, your sister."

Ninety-seven per cent of Latin American women live in countries that ban abortion or allow it only in rare instances. Only Uruguay, Cuba, Guyana and Mexico City allow any woman to have an early-term abortion.

Priority

"Abortion rights was a priority and it will be deeply discouraging to have come this far and fail," said Benjamin Gedan, an Argentina expert at the Woodrow Wilson International Center for Scholars in Washington. But he said women's rights advocates already had achieved successes, such as the passage of a law that seeks to have an equal number of male and female lawmakers.

"If we make a list of the things we've gained and the things we've lost, the list of things we've gained is much bigger," said Eburne Cárdenas, a lawyer at the Centre for Legal and Social Studies, a human rights group in Argentina that favours legal abortion. "Sooner or later, this will be law."

President Mauricio Macri of Argentina opposed the Bill, but said he would have signed it. After the vote, administration officials said they planned to ease abortion penalties in an overhaul of the penal code that will be presented on August 21st. Women getting abortions can be charged with a crime and imprisoned under the current law, although that happens very rarely.

The penal code changes had been in the works for some time, but they appeared to reflect Macri's realisation that the reproductive-rights movement in Argentina was now an established force.

"The women's movement mobilised all regions of Argentina; it was intergenerational and exceeded everybody's expectations," said Françoise Girard, the president of the International Women's Health Coalition, which supports legal abortion. "The new generation of teenage girls who came out in such numbers will not be stopped."

Violent death

The organised movement that pushed the Bill started in 2015 with the brutal murder of a pregnant 14-year-old girl by her teenage boyfriend. Her mother claimed the boyfriend's family didn't want her to have the baby. A journalist, Marcela Ojeda, despairing over yet another woman's violent death, posted a tweet: "Aren't we going to raise our voice? They're killing us."

Her anger struck a chord. Within weeks, hundreds of thousands of demonstrators marched across Argentina, after organising on social media around the hashtag #NiUnaMenos. The slogan spread to neighbouring countries, including Mexico, Peru, Chile and Colombia, where it was used to denounce violence against women, demand reproductive rights and draw attention to related causes.

Analysts said the movement's improbable rise already had begun to change the region in ways that would have been impossible just years ago. The campaign is credited with inspiring debate on a variety of women's issues, including domestic violence, a subject that has long been taboo.

Ahead of the vote, supporters rallied in Uruguay, Brazil and neighbouring Chile, where they gathered in front of the Argentine embassy in Santiago, chanting and wearing the green handkerchiefs that symbolised the movement. Many couped their disappointment at the outcome in Argentina with optimism.

"When you undergo a process like this, you must keep fighting," said Susana Chávez, an activist in Lima, Peru, who directs the Centre for the Promotion and Defence of Sexual and Reproductive Rights, a nongovernmental group. She said activists were already planning a march in Lima on Saturday.

Public outcry

The abortion debate in Mexico has been accompanied by a public outcry over violence against women and a renewed push for gender equality, led mostly by women's and human rights groups. Last autumn, protests under the Ni Una Menos banner in at least five Mexican cities demanded an end to violence against women. The protests were a

response to the rape and murder of Mara Castillo, a college student, after a taxi ride in the city of Puebla.

In El Salvador, which bans abortion under all circumstances, two Bills were proposed in Congress this spring that were pushed by women's rights groups and their allies, opening debate on the issue for the first time.

For Argentina, the debate over abortion tugged at the country's sense of self. It is the birthplace of Pope Francis, who recently denounced abortion as the "white glove" equivalent of the Nazi-era eugenics programme. But the country in recent years has inched away from a close church-state relationship.

In 2010, Argentina became the first country in Latin America to allow gay couples to wed – a move the church fought with a vigour similar to its battle against abortion. Francis, then the archbishop of Buenos Aires, called that Bill a "destructive attack on God's plan."

'Very emotional'

The church had many allies in the abortion debate, including women who spent hours outside Congress in the Argentine winter cold as the debate got under way on Wednesday night. Many expressed relief at the result. "It was a very emotional day," said María Curutchet, a 34-year-old lawyer. "We were out in huge numbers and showed that we will defend the two lives, no matter the cost."

Some prominent female political leaders also came out against the measure, including vice-president Gabriela Michetti. But Macri's health minister, Adolfo Rubinstein, testified in Congress in favour of legalisation and estimated that some 354,000 clandestine abortions are carried out every year in the country.

Complications as a result of those abortions are the single leading cause of maternal deaths in the country, according to Mariana Romero, a researcher at the Centre for the Study of State and Society, a nonprofit organisation.

While the measure failed in the Senate, it made some inroads. Among the senators who voted for it was Cristina Kirchner, who as president had opposed legalising abortion. "The ones who made me change my mind were the thousands and thousands of girls who took to the streets," she said.

TURKEY: Refugee child marriages drive adolescent pregnancies underground

UNFPA (26.07.2018) – <https://bit.ly/2OR9PyM> - "Even today, we saw a 17 year old who is pregnant and already has a child," said midwife Neval, sitting in the Devtesti Centre, a women's and girls' safe space in Sanliurfa, Turkey.

Some 475,000 Syrian refugees have sought safe haven in the desert city, about an hour's drive from the Syrian border. Many are mired in poverty and struggling to rebuild their lives. Some have resorted to marrying off their underage daughters.

These girls are at high risk of becoming pregnant early – even before their bodies are ready. "Sometimes we see girls who are 14 or 15 who are pregnant," Neval said.

"We pay special attention to pregnant teens," she added. "We ask them to come more frequently. They are more fragile."

Vulnerable, Malnourished

Child marriage is both a harmful traditional practice and an economic coping mechanism for parents straining to care for their children.

The practice is closely linked to teen pregnancy; in developing countries, nine out of 10 births to adolescent girls take place within a marriage or union.

These pregnancies can be dangerous. Globally, complications of pregnancy and childbirth are the leading cause of death for girls aged 15 to 19.

And it is often the most vulnerable girls – those who are poorly educated, deeply impoverished, without knowledge of their human rights – who are most at risk of child marriage.

Their health is commonly neglected until they become pregnant, said Huda, a long-time midwife working at the Hayati Harrani Centre. The centre is one of four UNFPA-operated women's and girls' safe spaces in Sanliurfa funded by European Union Civil Protection and Humanitarian Aid Operations (ECHO).

"Among child brides, the number one problem we see is malnutrition," she explained. "These girls don't go to the doctor regularly. Their condition is usually first detected at their appointment with the midwife after they are pregnant."

Malnourishment – including anaemia – increases risks for both pregnant girls and their developing fetuses.

Going Underground

Studies show that child marriage is increasing among some Syrian refugee communities.

It is hard to know just how pervasive the phenomenon is among refugees in Turkey, however. Many marriages are unregistered.

And midwives say fear is driving child marriages – and the resulting pregnancies – underground.

They, and other staff at the women's and girls' centres, are required to report marriages among girls under 16 to the Turkish authorities.

"We see three to four [child brides] per month," Huda told UNFPA. "We know the number is higher, but they don't want to get caught so they don't show up in the health centre."

"Before, we had many patients who were children," Neval explained. "In the last few months, there has been a visible decline because they have to fill out a form with their age. Word got around, and pregnant girls are afraid to come."

But without proper maternal health care, pregnant girls face even greater risks.

"Many don't give birth in public health facilities. They may go to private hospitals, but I don't know how they manage to pay for this. Some probably give birth at home," said Huda.

The four women's and girls' centres in Sanliurfa are part of UNFPA's support to the Ministry of Health as it addresses the refugee crisis.

The centres, run together with Harran University, provide more than sexual and reproductive health services to refugees. They also offer counselling, information on health and human rights, language classes and other services. Many of the staff members are themselves Syrian refugees.

When staff do encounter child brides, they direct the girls to social workers. "Aside from seeing the midwife or doctor for check-ups, these girls are referred for social services, also provided at the centre," Huda said.

Health outreach workers, called health mediators, also frequently discover child brides when visiting refugee families. "UNFPA's health mediators often learn about child brides and check on them," said Fatima Al Hamad, a health mediator at Hayati Harrani.

They inform the girls about their rights – including the right to marry a person of their choice, with full consent and without coercion or fear – and encourage them to visit the women's and girls' centres for services and information. Pregnant teens are also urged to seek proper maternal care.

But health workers say they worry about all the girls they simply cannot reach.

"They need special attention," Huda said, "but our hands are tied because so few come for care."

ARGENTINA: Lawmakers in marathon abortion debate

Lawmakers in Argentina spent Wednesday afternoon and the entire night debating whether to allow women to have abortions in the first 14 weeks of pregnancy.

BBC (14.06.2018) - <https://bbc.in/2MrAvoU> - A vote on a draft bill is due to be held in the lower house later on Thursday.

Deputies have been split almost evenly in the highly divisive debate and the result could go either way.

If approved, the bill will still have to go to the Senate.

President Mauricio Macri is strongly opposed to the bill but has said that he would not veto it if it was passed by Congress.

Abortion is currently illegal in Argentina, except in cases of rape or when the life or health of the woman is at risk. Women seeking abortions also have to apply to a judge for permission, which critics say can unnecessarily delay the procedure.

Divided, but not along party lines

Lawmakers for and against the bill had five minutes each to outline their position and try to sway deputies from the other side.

President Macri had told members of his party to vote according to their conscience.

The debate was rare in Argentine politics in that it was not divided along party lines, but that there were opponents and supporters both on the left and the right.

Before the session started at 11:30 local time on Wednesday (14:30 GMT), more than a dozen lawmakers had said that they were still undecided.

It is these that the lawmakers speaking are trying to convince. More than 200 took to the podium in the first 19 hours of the debate.

Axel Kicillof of the Justicialist Party urged his colleagues to "give women the right to decide over their bodies".

But Mario Horacio Arce of the Radical Civic Union argued that the bill would be unconstitutional.

"The national constitution does not distinguish between different phases of pregnancy, it protects life from the moment of conception," he said.

Silvia Martínez, also of the Radical Civic Union, disagreed: "This is a great opportunity. I ask you to reflect, let's not tell women making these demands 'no'."

The divisions inside the chamber were mirrored on the streets outside, where opponents and supporters gathered for all-night vigils.

Police had earlier erected barricades to keep the two sides apart but that did not prevent the occasional shouting match.

Growing momentum

The vote comes a year after lawmakers in neighbouring Chile approved lifting that country's total ban on abortions.

The momentum in favour of a change in the law in Argentina has grown over the past months and was further boosted by the overwhelming vote for overturning the abortion ban in Ireland.

There have been huge marches backing the bill led by #NiUnaMenos (#NotOneLess), a movement first created to fight violence against women but which has since expanded across much of Latin America to stand up for women's rights.

Tens of thousands of people have shown their support by wearing green handkerchiefs but there has also been stiff opposition led by the Catholic Church.

Non-governmental organisations say an estimated 500,000 abortions a year are carried out clandestinely, often in conditions which pose a health risk for women and girls.

In most of Latin America there are tight restrictions on abortions and in some countries such as the Dominican Republic, El Salvador and Honduras there is a total ban.

If Argentina were to pass the bill it would be the most populous nation in the region to lift restrictions on abortions.

SOUTH KOREA: Decriminalize abortion

Court case could end risk of prison, recognize women's rights

Human Rights Watch (23.05.2018) - <https://bit.ly/2s1HzzM> - Criminalization of abortion is incompatible with South Korea's human rights obligations, Human Rights Watch said today in an amicus brief to the Constitutional Court of Korea. The court will hear a case on May 24, 2018, involving the country's laws on abortion. The court should decriminalize abortion, and authorities should ensure that safe and legal abortion is accessible.

South Korea's laws provide that procuring or providing an abortion in most circumstances is a crime. A woman who undergoes an abortion risks a prison sentence of up to a year or a fine of up to 2 million won (US\$1,850). Healthcare workers who provide abortions can face up to two years in prison, though there are exceptions in cases of rape or incest if the pregnancy is between blood relatives who cannot marry legally, if continuing the pregnancy is likely to jeopardize the woman's health, or if the woman or her spouse has certain hereditary or communicable diseases. Married women must have their spouse's permission for an abortion.

"South Korean women are being denied reproductive choices that should be their right," said Liesl Gerntholtz, women's rights director. "South Korea should remove all penalties for women who seek an abortion and their medical providers, and ensure access to safe, legal abortion."

International human rights treaties require governments to respect women's reproductive and other human rights. Authoritative interpretations of these treaties by United Nations experts have said that governments should eliminate criminal penalties for abortion and take steps to ensure that legal abortion is accessible. The experts also have said that other barriers to abortion should be removed, including requirements for spousal consent.

The criminalization of abortion in South Korea negatively affects many human rights, Human Rights Watch said. The amicus brief to the Constitutional Court analyzes its impact on women's rights to life, health, nondiscrimination and equality, privacy, information, and freedom from cruel, inhuman, or degrading treatment, as well as the right to decide the number and spacing of their children.

UN human rights bodies and experts have criticized South Korea's punitive restrictions on abortion and have urged the government to modify these laws. In December 2017, a report by the UN working group on the Universal Periodic Review (UPR) of human rights conditions for South Korea said that it should "[r]espect reproductive rights of women, which include decriminalization of abortions" and "[r]emove all penalties for women who seek abortion, and for doctors and other medical personnel involved in providing these services."

In March 2018, the UN Committee on the Elimination of Discrimination against Women urged South Korea to "legalize abortion in cases of rape, incest, threats to the life and/or health of the pregnant woman, or severe fetal impairment, and to decriminalize it in all other cases, remove punitive measures for women who undergo abortion, and provide women with access to quality post-abortion care, especially in cases of complications resulting from unsafe abortions." The UN Committee on Economic, Social and Cultural Rights (CESCR) made similar recommendations in 2017, as did the Committee on the Rights of the Child (CRC) in 2012.

Unsafe abortions pose a grave threat to the health of women and girls. According to a 2017 report by the World Health Organization (WHO) and the Guttmacher Institute, 25 million unsafe abortions occurred every year between 2010 and 2014. The WHO has noted that the removal of restrictions on abortion results in reduction of maternal mortality.

"South Korea's Constitutional Court should protect women's health and safety by ruling in accordance with international law," Gernholtz said. "Decisions about abortion belong to a pregnant woman, without penalty or interference by the government or anyone else."

EL SALVADOR: Woman freed after 15 years in jail for abortion

A 34-year-old woman in El Salvador has been freed after spending 15 years in jail for having an abortion.

BBC (14.03.2018) - <http://bbc.in/2pcDOoZ> - Maira Verónica Figueroa Marroquín was released after her 30-year sentence for aggravated murder was reduced.

Abortion is banned in El Salvador, a predominantly Roman Catholic nation, in any circumstances.

Ms Figueroa always maintained her innocence. She said she suffered a stillbirth in a house where she was working as a maid in 2003.

She was taken to hospital, arrested and eventually sentenced for inducing an abortion.

Her parents, as well as journalists and activists, were outside the prison in Ilopango, near the capital San Salvador, to welcome her.

"I am happy to be with my family," she said.

"I want to study law to understand what happened to me and help other women," she added.

"I'm going to start again and make up for lost time."

Ms Figueroa is the second woman this year to have her sentence for abortion reduced by the Supreme Court.

Teodora Vásquez, 35, had her sentenced commuted a month ago.

She spent 10 years in jail after her baby was found dead and she was sentenced for murder.

Complete ban on abortions

El Salvador is one of a handful of countries in the world where abortions are completely banned and carry heavy sentences.

The punishment is up to eight years in jail but in many cases in which the foetus or newborn has died, the charge is changed to one of aggravated homicide, which carries a minimum sentence of 30 years.

While El Salvador is not alone in Latin America in having a total ban on abortions, the country is particularly strict in the way it enforces it. Doctors have to inform the authorities if they think a woman has tried to end her pregnancy. If they fail to report such cases, they too could face long sentences in jail.

Human rights groups say this results in a criminalisation of miscarriages and medical emergencies, with more than 100 convicted of abortion-related crimes in El Salvador since 2000.

INDIA: Youth take on tribal elders to end virginity test of brides

By Roli Srivastava

Thomson Reuters Foundation (06.02.2018) - <http://tmsnrt.rs/2Bf345x> - Vivek Tamaichikar didn't think of food and festivities when he started planning for his marriage this year in western India. He instead started a campaign against the virginity test that elders would impose on his bride.

The couple are members of the nomadic Kanjarbhat tribe, which is spread across states including Maharashtra. Members follow caste councils, comprised of elders who dictate rules including rituals performed on wedding nights.

Newlyweds are asked to consummate the marriage while elders sit outside their room.

The bride is first checked by women for any wounds she could possibly bleed from, and the groom is allowed into the room only after that.

Afterward, he tells the council if his wife was a virgin - a verdict that hinges on whether or not she bled during sex.

Young women who fail this test may be abandoned or face a "social boycott", even though Maharashtra has banned village councils from imposing such penalties.

Tamaichikar, 28, said his family told him that he and his bride would be ostracised by the community if they refused the test.

"I realised the societal pressure was huge and decided to speak publicly against it," Tamaichikar told the Thomson Reuters Foundation.

Childhood memories of a woman who failed the virginity test also contributed to his decision.

"I remember enjoying my cousin's marriage party one night, and seeing her being beaten up the next morning," he said.

Unelected caste councils hold sway in various communities in India, delivering judgements and punishments to those defying their rules. India's Supreme Court in 2011 described one such council in northern India as a "kangaroo court".

Nandini Jadhav of Maharashtra Andhashraddha Nirmoolan Samiti, which campaigns against superstitious practices, said the advocacy group has been fighting virginity tests for five years.

"Even women do not see anything wrong in checking a girl's virginity," said Jadhav, adding that more young men are now speaking out.

"The message is reaching a wider set of people." Tamaichikar's group has expanded from about half a dozen young members to about 60 since he started it in December.

This is the first time members of his community - where even doctors have obeyed the council's rules - are speaking against the ritual. "At least the doctors could have explained to the community that the virginity test was not scientific," Tamaichikar said. "But they didn't, fearing a boycott."

POLAND: Why Polish women are rallying for reproductive rights

By Agnieszka Pikulicka-Wilczewska

Al Jazeera (17.01.2018) - <http://bit.ly/2DbPkXq> - On Wednesday, women across Poland plan to protest against attempts to further restrict access to abortion.

Polish Women's Strike, the organiser, is a coalition of women's rights groups, pro-democracy initiatives and individuals mobilising through social media, and expects thousands to join in at least 50 cities.

In what has become something of a symbol of such protests in Poland, which is ruled by the anti-abortion Law and Justice party, the women plan to march dressed in black clothing.

"Deja Vu Polish Women on Strike", the banner under which the current wave of protests is taking place, is the result of a January 10 vote in the lower chamber of the parliament.

Then, legislators chose to send a bill introduced by the Life and Family Foundation group to ban the abortion of sick fetuses for more work by parliamentary commissions.

On the same day, parliament rejected a bill titled Save Women, proposed by women's rights groups, to liberalise abortion.

That measure advocated legalising abortion until the twelfth week of pregnancy and introducing sex education in schools, access to free contraception and prescription-free emergency contraception. It also included a ban on picket protests by the so-called pro-life movement displaying graphic images of fetuses, in close proximity to hospitals and schools.

Abortion in Poland is illegal except in cases of rape, when there is irreparable damage to the fetus, and if the pregnancy jeopardises a woman's life.

The current law was introduced in 1993 following the fall of communism.

Some members of the liberal opposition voted against the recent bill to liberalise abortion; nine more votes in favour would have helped the measure enter the committee stage.

Aleksandra is among the women who will protest on Wednesday.

"Until recently, I rarely participated in such demonstrations," she told Al Jazeera. "But the situation has changed, as the discussion about women's rights has shifted right and the old-fashioned vision of women's role in society is gaining ground."

'We have to act'

Many women feel betrayed by the opposition.

"We're showing that we know that a complete abortion ban is on the table in Poland," Marta Lempart of the Polish Women's Strike told Al Jazeera. "After the rejection of the Save Women bill, we feel that we are on our own and we have to act."

The demonstrations are part of a wider women's rights movement, which grew out of Black Protest - a series of rallies against a ban on abortion in September 2016 proposed in a bill by the Ordo Iuris foundation, a Christian NGO.

Then, demonstrators wore black clothes and some carried black umbrellas, metal hangers or red gloves.

"When in 2015, the [right-wing] Law and Justice [party] came to power and began - quickly and brutally - to change the institutional landscape, destroying democracy, a mass grassroots mobilisation began," said Elzbieta Korolczuk, a Polish sociologist from Sodertorn University in Sweden.

"From the beginning, it was clear that women constitute large part of this movement, as they realised that the quality of democracy will have an impact on their rights," she told Al Jazeera.

The decision by Law and Justice to cut down state subsidies for IVF and the fact that pro-life movements have support among the ruling party have spurred activism.

In 2016, Ordo Iuris gathered signatures under a citizen initiative for a bill which would ban abortion in all the cases currently allowed. The group backed five-year prison sentences for women who decided to end their pregnancy.

"Importantly, the [Ordo Iuris] bill referred to the 'murder of an unborn child' which would have effectively eliminated prenatal diagnosis, as some methods it uses may cause miscarriage," Korolczuk said.

"The percentage of such cases is small - between one and three - but the danger exists. Thus, many doctors stated that if the bill is voted through, they would not continue with prenatal tests as they would risk up to three years of imprisonment."

The Ordo Iuris bill replicated El Salvador and Nicaragua laws, where women who miscarry often serve prison sentences, charged with murder.

"This caused a huge outrage of women, including those who were not in favour of legalisation, but felt that the bill violated their dignity and agency," Korolczuk said.

Mass mobilisation

A women's strike on October 3, 2016 in response to Ordo Iuris' proposal, which was rejected in the end, was supported by the opposition which saw the bill as part of a wider attack against progressive forces.

Almost 100,000 people rallied, according to police statistics, with attendance also high in small towns where people are less likely to express their political views due to fear of exclusion.

In neighbouring countries, women face fewer constraints in terms of reproductive rights.

In Czech Republic, Slovakia, Lithuania, Ukraine and the Baltic states, abortion is legal, although not infrequently politicised.

"When it comes to the scale of women's involvement and the power of the movement, Poland is a positive exception," said Korolczuk, the sociologist. "Maybe because we have something to fight for, the movement is very diverse, strong and capable of large scale mobilisation."

WORLD: Family planning is key to a healthy society

HRWF (26.09.2017) – Today is [World Contraception Day](#) which highlights the right to family planning and the benefits it brings to society. As part of the [UN's Sustainable Development Goals](#), family planning is important because it provides women with the means to decide if, when, and how many children they will have. In addition, unplanned pregnancies and maternal deaths are prevented, the rate of abortion decreases, the risk of STDs (including HIV/AIDS) for both men and women is lowered, teen pregnancy diminishes, girls and women are more likely to receive an education, and more women join the workforce.

"Family planning is central to gender equality and women's empowerment, and it is a key factor in reducing poverty," says the United Nations Population Fund.

You can read more about the work that UNFPA is doing [here](#).

PHILIPPINES: Filipino women struggle for birth control

Malaysian Digest (15.03.2017) - <http://bit.ly/2mrGJHN> - Philippine President Duterte wants more Filipino women to have access to contraceptives, which reportedly will run out in the Philippines by 2020 unless a Supreme Court order is overturned. Ana P. Santos reports.

In January, Philippine President Rodrigo Duterte issued an executive order calling for the full implementation of the so-called Reproductive Health Law that would give an estimated 6 million women in need access to birth control. According to government data, an estimated 2 million of those women are poor and require government assistance to access contraceptives.

But unless the Supreme Court lifts its temporary restraining order (TRO) on the registration of contraceptives, the Philippines may run out by 2020.

"Of course, we welcome the president's support, but it is not enough," Romeo Dongeto, head of advocacy group Philippine Legislators' Committee on Population and Development (PLCPD), told DW.

In 2015, the Philippine Supreme Court issued the TRO preventing the Department of Health (DOH) from procuring, selling and distributing the contraceptive implant, Implanon. The order was issued in response to a petition filed by anti-abortion groups that claimed it caused abortions.

When the DOH appealed for the lifting of the order, the Supreme Court rejected the motion and in August 2016 effectively expanded its effect when it put the renewal of licenses on hold for other contraceptives.

"To date, the most serious challenge to the implementation of the Reproductive Health Law is the Supreme Court's temporary restraining order, which would result in contraceptive stock-out in the country if it remains unsolved, affecting more than 13 million Filipino women," said Dongeto.

A presidential executive order cannot overturn the Supreme Court order as the executive and judicial are equal branches of government.

Public health emergency

The imposition of the TRO for more than 18 months has had a drastic effect on reproductive health and government health officials warned that if it remains in force, the increasing number of unplanned pregnancies and maternal deaths could reach the scale of a public health emergency.

"Since 2015, when the TRO was first imposed, we estimate that half a million unintended pregnancies have occurred," Juan Antonio Perez, executive director of the Commission on Population (POPCOM), said at a press conference.

Based on the Philippines' current maternal mortality ratios, POPCOM projects that these pregnancies will result in 1,000 maternal deaths every year.

"That is the equivalent of three jumbo jets of pregnant women dying every year," said Perez. "It would be equivalent to a public health emergency if the Supreme Court does not lift its TRO."

According to a United Nations report, the Philippines topped the regional list of Asian countries with high numbers of teen pregnancies. Globally, teen pregnancy rates have declined over the past two decades, except in the Philippines.

Gradual decrease in supply

Despite efforts by both public and private healthcare providers, the Philippines faces a worsening atmosphere for expectant mothers. According to 2012 government figures, 220 out of 100,000 Filipino women died during their pregnancy, a considerable increase from two years earlier. Health workers attribute that statistic in part to multiple births by one woman, within short periods of time.

At one of Likhaan's clinics in the Tonsuya slum of northern Manila, 19-year old Jessa, tells the story of her mother, who died last year during childbirth.

"It was the 11th time she was pregnant," Jessa says, while wiping back tears. "She went into labor at home, but something went wrong. My father took her to the hospital, but it was too late. The baby died too."

Jessa says she first came to the clinic for prenatal care because she was afraid that she too might die during her own pregnancy. She thinks that birth control could have saved her mother's life.

Opposition continues

When the new law takes effect on March 31st, it will be the culmination of a nearly 16-year long battle, between health advocates and the Catholic Church and their respective sympathizers in the Philippines parliament. The Archdiocese of Manila has been an outspoken critic of the legislation, claiming that it will encourage promiscuity and lead to more out of wedlock pregnancies.

For many of the church's supporters, the fight for moral control of the Philippines isn't over yet. Some Catholic-affiliated groups have even gone as far as to petition the nation's Supreme Court to repeal the law.

Melgar isn't bothered by the continued opposition. She's confident that now that family planning is a legally protected right, it's here to stay.

"There are elements here that will forever ideologically and politically oppose reproductive rights," she says.

For now, Melgar says Likhaan and her clinics will work to educate young women about their rights and also tackle other pressing gender issues, like domestic violence.

AFGHANISTAN: Maternal death rates in Afghanistan may be worse than previously thought

Unpublished research from the UN Population Fund suggests the country's maternal mortality figures may be higher than reported

By Sune Engel Rasmussen

The Guardian (30.01.2017) - <http://bit.ly/2kQrN4X> - For years, declining death rates among pregnant women have been hailed as one of the great gains of foreign aid in Afghanistan.

In reality, however, Afghan women dying in pregnancy or childbirth may be more than twice as high as numbers provided by donors would suggest.

Since 2010, published figures have shown maternal mortality rates at 327 for every 100,000 live births, a significant drop from 1,600 in 2002. Yet recent surveys give a different picture.

In one unpublished study, the Afghan government found an average level of maternal deaths between 800 and 1,200 for every 100,000 live births, according to aid workers in Kabul who have seen the research.

If accurate, this would mean that women in Afghanistan – despite more than 15 years of international aid aimed at improving maternal mortality figures – may be dying from maternal complications at rates similar to those found in Somalia and Chad, and only surpassed by South Sudan.

In another review, the UN Population Fund (UNFPA) found as many as 1,800 maternal deaths a year in the remote Afghan province of Ghor. Nine out of 11 provinces had higher death rates than the number normally used by donors.

Both the UNFPA mortality numbers and the government's own survey have yet to be released. A spokesman for the ministry of public health said the survey was not ready to be publicised yet, and declined to discuss findings.

The country's emphasis on training midwives in recent years is slowly building numbers. Yet, despite this improved capacity, driving up numbers of health personnel is only half the solution, according to Bannet Ndyabang, UNFPA's Afghanistan representative: "Training is not the only thing. They have to be deployed in the areas where they are needed. It doesn't matter that you have health centres if they're not staffed with skilled personnel. [Midwives and nurses] have to be given incentives to work in rural areas."

One reason for the discrepancy in the figures is a lack of reliable data. Collecting such information in Afghanistan is notoriously difficult. Worsening security prevents even officials from the ministry of public health, let alone foreigners, from travelling to rural areas.

In a recent audit of \$1.5bn (£1.2bn) donated by the US to Afghan healthcare, the Special Inspector General for Afghanistan Reconstruction – the US congressional watchdog – criticised the use of unreliable data to prop up claims of progress in Afghanistan.

According to Sigar, "missions are required to be transparent and communicate 'any limitations in data quality so that achievements can be honestly assessed'. In all cases Sigar reviewed, USAid did not disclose data limitations."

Sigar said similarly selective data use lay behind USAid claims that life expectancy in Afghanistan has risen by 22 years. More recent surveys by the World Health Organization show relatively modest increases of six and eight years for men and women respectively.

A USAid spokesperson said: "In Afghanistan, a country suffering from decades of conflict, reliable health and population data is scarce and difficult to obtain. USAid strives to use the best available data for programming decisions and invests to improve data quality for measuring progress. This commitment includes our continued support for independent nationwide surveys on the state of the health sector. These surveys, and the methodology they use, are publicly available."

More reliable data is available, however.

While numbers used by international donors were based on samples from three of the 360 districts in existence at the time, the UNFPA survey was much more extensive, covering 70% of households in 11 of the country's 34 provinces.

The UNFPA did not survey southern and eastern provinces, where rates are almost certainly high because conflict and poor infrastructure make healthcare inaccessible to millions of women.

In addition, a 2013 study by the Institute for Health Metrics and Evaluation at the University of Washington reported 885 annual maternal deaths in Afghanistan. According to the researchers, that was an increase of 24% on a decade earlier.

In Afghanistan, reality often conflicts with official statistics. The UK government, for instance, claims that 85% of Afghans are now covered by basic health services.

Yet, in a 2014 Médecins Sans Frontières report, four out of five Afghans said they did not use their closest public clinic because they believed the quality of services and availability of staff was so poor. According to the UN Office for the Coordination of Humanitarian Affairs, 9 million Afghans are without access to basic health services.

Healthcare has also been a key priority for the British government in Afghanistan, though it's not clear exactly how much money goes specifically to reducing mortality among pregnant women.

Since 2002, the UK has provided more than \$1.7bn (£1.4bn) to the Afghanistan Reconstruction Trust Fund, which allocates a significant portion to healthcare. Healthcare for mothers is a key priority, the UK embassy in Kabul said.

In a country where reliable data is so elusive, a stronger focus on monitoring progress, and further investment in it, is desperately needed, or the benefits of the large amount of aid going into healthcare will remain unclear.

Other reading:

[**Afghanistan: The Shame of Having Daughters**](#)

USA: How the US global gag rule threatens health clinics across Kenya and Uganda

Campaigners warn Trump's reinstatement of a policy cutting aid to organisations who offer abortion services will devastate family planning provision

By Murithi Mutiga

The Guardian (24.01.2017) - <http://bit.ly/2j9uQUF> - Each day she sets out to speak to young girls about family planning, Elizabeth Akoth, 23, sees how myths about the use of contraceptives are entrenched in her western Kenyan community.

When she explains the various methods they can use to prevent unintended pregnancies, they ask searching questions such as, "Is it true drugs offered for family planning can lead to death?" and "Do they even work?"

Akoth and her fellow peer educators in Homa Bay, a town on the shores of Lake Victoria, have educated dozens of girls on the family planning options available to them, undoubtedly saving many from the unintended pregnancies that often force girls to drop out of school.

But their work may well grind to a halt following the re-imposition by the Trump administration of the global gag rule, a policy that cuts funding to foreign organisations if they provide abortion information, referrals or services, or if they engage in any advocacy on abortion rights with their own funds. Organisations are offered the choice to stop offering these services and still receive funding, or to continue and lose financial support.

Campaigners say the policy will have a devastating impact on millions in many developing countries.

"This blocks access to sexual and reproductive health services in the poorest and hardest to reach communities where we are currently changing lives," says Tewodros Melesse, director general of the International Planned Parenthood Federation (IPPF). "We can't support something which tries to restrict people's choices or take them away. The global gag rule undermines those human rights, so IPPF cannot sign the policy."

Ending this US aid, which currently stands at \$600m (£474m), will result in cuts to funding for sexual and reproductive health services in at least 30 countries where IPPF partner organisations work.

Campaigners say this will have a negative effect on the most vulnerable groups that benefit from family planning advice: teenage girls.

About 16 million girls aged 15 to 19, and one million girls under the age of 15, give birth every year, according to the World Health Organization. The majority of these girls live in low- and middle-income countries. Globally, complications during pregnancy and childbirth are the second leading cause of death for girls aged between 15 and 19.

Girls who become pregnant in their teens face considerable stigma and are often forced to drop out of school, spelling a life marked by early marriage and low-skilled jobs. This has a larger economic cost to countries as they lose out on the income an educated young woman would have earned if she had finished school.

Babies born to adolescent mothers also face a substantially higher risk of dying young than those born to women aged 20 to 24, the WHO finds.

Bernard Washiaka, programme manager for Family Health Options Kenya, one of the country's main providers of sexual and reproductive health services, says an end to its programmes would have a major effect on many women and young girls.

"We live in a patriarchal, male-dominated society and the advice and information we offer helps to empower girls," he says. "They can enjoy their sexuality while avoiding unintended pregnancy and sexually transmitted diseases. The services are entirely voluntary and based on the decisions of the girls, but we have seen the impact they] have ... Girls are able to stay in school for a longer which opens up a world of opportunity."

Washiaka, whose organisation's primary outreach tool is deploying trained peer educators such as Akoth, said there is a risk of returning to the situation of the 80s and 90s, when the implementation of the global gag rule by successive Republican administrations caused the closure of numerous clinics in many underserved communities in Kenya.

Other programmes that may face closure include a pilot initiative in Uganda that distributes Sayana Press, a three-month injectable contraceptive that combines the drug

and needle in one unit. The contraceptive can be distributed easily across communities and be self-administered at home.

Uganda has one of the highest fertility rates and youngest populations in the world; almost half of Ugandans are under the age of 15 and 78% of the population is younger than 30. Millions of Ugandans living in rural communities do not have access to family planning facilities and Jackson Chekweko, executive director of Reproductive Health Uganda, told the Guardian that the organisation would have to end many of its activities if USAid terminates financial assistance.

“As well as reaching more people with family planning services, we need to give women more choices about the form of contraception they want. Sayana Press does that,” he says.

Family Health Options Kenya is lobbying local government administrations to allocate funds for family planning from their health budgets. But, says Washiaka, they face a difficult battle because county administrators have to cater for numerous health challenges with a limited budget.

“We will also have to lobby non-traditional donors, such as the Japanese aid agency [Jica] and the Swedish aid agency [Sida]. The alternative is to leave our young children facing a bleak future.”

Further reading:

[Gag me: Trump's anti-abortion executive order](#)

[Dutch Government Wants to Counter Trump With Abortion Funds](#)

[7 Ways to Make Your Voice Heard Following the Women's March](#)

USA: Abortion rate is lowest since Roe v Wade – but contraception access may go

Study finds strong indication contraception access linked to abortion fall; Republican Affordable Care Act repeal would end easier access to birth control

By Molly Redden

The rate of abortion in the US reached a lower level in 2014 than in any other year since the procedure first became legal, a study has found, a decline that appears to be due to the widespread use of contraception producing a drop in unintended pregnancies.

Nineteen percent of pregnancies ended in abortion in 2014 – the lowest abortion rate since the supreme court handed down Roe v Wade in 1973, legalizing the procedure – and the number of abortions between 2011 and 2014 also fell, by 12%.

But the researchers found strong indications to link the decline in the abortion rate to the wider availability of highly effective contraception – which could be imperiled by efforts to repeal Obamacare by the incoming Republican administration.

The study appears in the latest issue of Guttmacher Institute’s scholarly journal, Perspectives on Sexual and Reproductive Health, and was conducted by two of the institute’s researchers, Rachel K Jones and Jenna Jerman.

The researchers made an estimate of the number of abortions by surveying local health department data and abortion clinics, which may be hampered by clinics that did not respond. Guttmacher is a thinktank that supports access to reproductive care, but its data is widely trusted by supporters and opponents of abortion rights alike.

The decline in the abortion rate was greatest in the midwest, south and north-east. Abortion is still a common procedure – in 2014, Jones and Jerman estimate, US women had 926,200 abortions – but there were nevertheless shifts in how abortions were performed. The number performed with medication, which is only effective early in a pregnancy, rose 7% to account for 31% of abortions outside a hospital setting.

There are competing theories to explain the decline in the abortion rate. The drop coincided with the enactment of the Affordable Care Act (ACA), which made more effective and expensive methods of contraception, such as IUDs, available to millions more women for no “copay” or prescription charge. But the decline also aligned with a historic spike in new, state-level abortion restrictions.

Some data – such as trends in contraception usage – that could help determine the reasons for the decline are not yet available for 2014. Still, the researchers predicted that the drop in the abortion rate had less to do with new restrictions than with changes in contraception usage and a reduction in unintended pregnancies.

One clue is that more than 60% of the decline in the abortion rate took place in states that had not enacted new hurdles to getting the procedure.

If the drop is due to contraception, it would have alarming implications for Republicans’ breakneck campaign to repeal the ACA. The law says that most health insurance plans must cover a broad range of contraceptive drugs and devices at no copay – the so-called contraception mandate. Public health advocates have credited this provision with an explosion in women’s access to more affordable and more effective birth control.

Between the fall of 2012 and spring 2014, a separate Guttmacher study found, the share of privately insured women who had no copay for contraception quadrupled. By 2015, the federal Department of Health and Human Services (HHS) found, 55.6 million US women had access to FDA-approved methods of contraception without a copay.

If Republicans were to repeal Obamacare, it is not clear that their replacement would contain a similar provision. Tom Price, Trump’s nominee to lead the HHS, has put forth several proposals for an Obamacare replacement that do not contain a contraception mandate.

Separately, the vice-president-elect, Mike Pence, has proposed issuing a rule, through the HHS, that would allow business owners to refuse to cover contraception if doing so violates religious beliefs.

“Their agenda ... could stop or reverse progress in empowering women to meet their childbearing goals, including by avoiding unintended pregnancy,” Joerg Dreweke, of Guttmacher, wrote in a policy brief accompanying the new study.

“There is strong evidence from recent abortion declines that supporting women’s decision-making across the spectrum of reproductive healthcare is very much compatible with reducing abortion incidence.”

The Guttmacher researchers found less evidence to link the decline in abortions or to new abortion restrictions. About 38% of the decline in the number of abortions was observed

in 22 states that had enacted new restrictions significant enough to potentially impact women's access to abortion.

These included laws that imposed extra counseling for an abortion. But only eight of those 22 states had abortion declines that outranked the national average, and four states – Arkansas, Michigan, Mississippi and North Carolina – actually saw an increase in their abortion rates.

There was, however, one type of abortion restriction that seemed to cause a decline in the abortion rate. These were laws that placed medically unnecessary regulations on abortion clinics in order to shut them down.

The number of abortion clinics fell by 6% between 2011 and 2014, and the loss of access appeared to be linked with a decrease in abortions – although it could not account for the entire declines observed in those states. In June 2016, the supreme court ruled these kinds of laws to be unconstitutional.

On Tuesday, groups opposed to abortion linked the decline in the rate and number of abortions to laws that impose new restrictions. Clarke Forsythe, the acting president of the legal group Americans United for Life, said in a statement that those laws were a factor.

“Another factor in lowering the number of abortions is the power of beautiful pictures of life inside the womb, through ultrasound,” he said. “Such pictures are worth more than a thousand words when it comes to helping people understand whose lives are on the line.”

“Although Planned Parenthood and the abortion industry wants to say that this is a contraception story, the fact is, contraception has been around since the 1950s,” added Kristi Hamrick, a spokeswoman for AUL.

The decline in the abortion rate from 2011 to 2014 continues a long downward trend. The US also saw its abortion rate drop between 2008 and 2011, driven, according to Guttmacher, by a steep decline in unintended pregnancies, probably explained by improvements in the use of contraception. As the abortion rate fell, the birth rate did not rise commensurately.

In particular, the rise of the use of highly effective, long-acting, reversible contraception, such as IUDs, might account for the drop in abortions.

Further reading:

[Abortion Could Be Outlawed in 33 States if Roe v Wade Overturned: Report](#)

FRANCE: French abortion bill would outlaw 'moral' pressure

By David Roach

BRNow.org (09.12.2016) - <http://bit.ly/2iOBPji> - A bill passed by France's Senate Dec. 7 that bans websites distributing "false information" about abortion could be used, pro-life

activists say, to criminalize legitimate attempts to dissuade women from terminating their pregnancies.

The bill was approved 173-126, according to news reports, and must return to the lower house of parliament, the National Assembly, for final approval before advancing to Socialist President Francois Hollande.

The measure would extend to the internet a 1993 law outlawing "interference" with abortions through distribution of falsehood, according to the news website France 24.

Violation of the law would be punishable by two years in prison and a \$31,800 fine, CNS News reported.

Among other provisions, the bill would outlaw "trying to prevent" abortions by "disseminating or transmitting" electronic statements "looking to intentionally mislead" regarding the "characteristics or the medical consequences of a voluntary interruption of pregnancy," according to a translation posted by the conservative publication National Review.

When conservatives objected to the bill's original text, it was amended to outlaw "misinformation," suggesting accurate pro-life activism may still be permitted, the National Review stated.

Yet Grégor Puppincq of the European Centre for Law and Justice said misinformation is not all the bill bans. Its accompanying vague ban of "moral and psychological pressures" may "prohibit the church from publishing its position on abortion," he said.

"Publishing the Christian teaching that abortion is a crime could be seen as putting pressure on people," Puppincq said according to the Washington Free Beacon. "The simple sharing of information that might upset moral conscience could be sufficient to constitute a crime."

Puppincq added, "If you teach that [abortion] is a sin, [that] teaching itself" might be "sufficient for prosecution."

The law is aimed at least in part, according to CNS News, at the pro-life website IVG.net, which comes up in internet searches for "IVG", the French acronym for "voluntary interruption of pregnancy." IVG.net asserts that abortion carries medical and psychological risks.

The government website on abortion, ivg.gouv.fr, uses the slogan, "Abortion, your right," and mentions no risks associated with the procedure, World News Service reported previously. See related report.

Lawmakers clashed in debate leading up to the Senate's vote, France 24 reported.

Socialist Family Minister Laurence Rossignol said "freedom of expression should not be confused with manipulating minds," adding, "Thirty years ago militants chained themselves to abortion clinics ... today their successors are continuing this fight on the web."

Bruno Retailleau of the more conservative Les Républicains party said the bill is "totally against freedom of expression" while Health Minister Marisol Touraine, arguing in support of the bill, denounced a "cultural climate that tends to make women feel guilty" for seeking abortions.

A final vote on the measure in the National Assembly is expected in the coming weeks.

Further reading:

[French MPs vote to ban abortion websites that intimidate women](#)
[French politicians move to criminalize anti-abortion information](#)

USA: House joins Senate in approving heartbeat abortion bill

By Catherine Candisky, Randy Ludlow & Jim Siegel

The Columbus Dispatch (06.12.2016) - <http://bit.ly/2h3N7pc> - The election of Donald Trump emboldened majority Republicans in the Ohio General Assembly to pass the strictest abortion law in the nation Tuesday.

In a surprise move in the final days of the lame-duck session, the Senate and House adopted the Heartbeat Bill — long sought by some abortion opponents — to outlaw abortions once a fetal heartbeat can be detected, generally about six weeks into pregnancy.

Previous attempts to pass the bill failed over concerns that it would be ruled unconstitutional in the federal courts, as have similar laws in two other states.

"A new president, new Supreme Court appointees change the dynamic, and there was consensus in our caucus to move forward," said Senate President Keith Faber, R-Celina, when asked why the measure suddenly surfaced to the shock of objecting Democrats.

"I think it has a better chance than it did before," Faber said of the bill's chances of surviving a constitutional review by the courts.

Ohio Democratic Women's Caucus Chair Kathy DiCristofaro said "this bill — which was tacked on as a last-minute amendment to a child abuse prevention bill — makes no exceptions for rape or incest victims. It is cruel and plainly unconstitutional — but it seems like Ohio Republicans don't care about the Constitution. Trump's vision for America is already alive and well in the Buckeye State."

Janet Porter, president of Faith2Action who has pushed for passage of the bill for years, sometimes with harsh tactics including protests at members' homes, said, "it's a brand-new day with a Trump-appointed Supreme Court and we are very hopeful ... we will see babies with beating hearts protected again."

In the Senate, Faber engineered passage of the Heartbeat Bill by a 21-10 vote after it was added to an unrelated House-passed bill. House Bill 493 then returned to the House Tuesday night where representatives held an emotional debate and voted 56-39 accept Senate amendments. In past years, the House has twice approved the ban, but it failed to clear the Senate.

With both sides using personal stories and observations, Republicans argued for saving lives, while Democrats argued to protect the sovereignty of a woman's body.

Sen. Kris Jordan, R-Ostrander, introduced the amendment in the Senate, saying, "This is just flat out the right thing to do. It affords the most important liberty of all – the opportunity to live."

The vote came over the protests of minority Senate Democrats, whose objections were repeatedly turned aside by Faber.

Sen. Minority Leader Joe Schiavoni, D-Boardman, said the amendment violated Senate rules by not being filed in a timely manner prior to session. Schiavoni predicted any such law banning abortions after a fetal heartbeat is detected will be found unconstitutional.

The bill would make it a fifth-degree felony, punishable by up to one year in prison, for a physician to perform an abortion without checking for a fetal heartbeat or performing the procedure after it can be detected. The doctor also could face a civil lawsuit from the mother and disciplinary action.

While several states have considered fetal heartbeat abortion bans, only two passed it, Arkansas and North Dakota. The laws in both states were later found to be unconstitutional by the 8th U.S. Circuit Court of Appeals and declared illegal. The U.S. Supreme Court declined to hear appeals.

Officials of NARAL Pro-Choice Ohio were stunned. The group issued a statement saying, "The unconstitutional six-week abortion ban, known as the 'Heartbeat Bill,' would block access to safe and legal abortion before most women even know they're pregnant. The amendment has no exceptions in the bill for rape, incest, or to protect the health of the woman and would criminalize doctors who perform abortion procedures, regardless of the reason."

Executive Director Kellie Copeland added, "Clearly this bill's supporters are hoping that President-elect Trump will have the chance to pack the U.S. Supreme Court with justices poised to overturn *Roe vs. Wade*. We must prevent that from happening to protect women's lives."

Prior to the House vote, Emmalee Kalmbach, spokeswoman for Gov. John Kasich, declined to comment on the bill. However, Kasich said on several occasions in the past two years he opposed the Heartbeat Bill, primarily because of constitutional concerns. The governor could line-item veto the abortion language since it contains a \$100,000 appropriation to create the Joint Legislative Committee on Adoption Promotion.

Ohio Right to Life President Michael Gonidakis said his organization is neutral on the bill and has been pushing for separate legislation to ban abortions after 20 weeks of pregnancy, which was added last-minute to a House committee Tuesday and also could get a vote this week.

"Our ultimate goal is to overturn *Roe v. Wade* and we feel the 20-week ban is the best (legal) strategy," he said. "There is a reason no other state has a Heartbeat Bill."

Supporting the bill marks a change in stance for Faber. In February 2015, Faber questioned why, if the Heartbeat Bill is unlikely to be upheld by the courts, lawmakers would pass a bill waiting six weeks to prohibit abortion instead of just banning it outright.

"If life begins at conception, then why are you picking a date where it's OK to kill babies?" Faber said in 2015.

In the Senate, Republicans Bill Coley of West Chester, Gayle Manning of North Ridgeville and Bill Seitz of Cincinnati joined all Democrats in voting against the amendment. Coley

said it will waste millions in taxpayer dollars on legal fees for a bill with no chance of becoming law.

Seven House Republicans voted against the measure, including Reps. Mike Duffey of Worthington, Cheryl Grossman of Grove City and Stephanie Kunze of Hilliard.

About 30 peaceful protestors demonstrated outside the Governor's Residence in Bexley Tuesday night in opposition to the bill.

IRELAND: Irish parliament could decide on abortion referendum by end-2017

Reuters (25.10.2016) - <http://reut.rs/2eFtksd> - Ireland's parliament could be in a position to decide on whether to hold a referendum to repeal restrictive abortion laws by the end of next year if a citizens' assembly recommends a vote should be held to widen access.

Regulations in the once stridently Catholic Ireland are among the strictest in the world and Prime Minister Enda Kenny this month called together 99 members of the public to advise government on the politically-divisive issue.

The assembly has been asked to deliver its report in the first half of 2017 and the government said on Tuesday that a parliamentary committee due to be set up to respond would be convened immediately and have six months to do so.

If a referendum is recommended, a vote would then be needed in parliament to set one up, potentially paving the way for a plebiscite in 2018.

Activists who marched in their thousands last month to seek the abolition of the eighth amendment of the constitution, which enshrines an equal right to life of the mother and her unborn child, have pressured the government not to delay a decision.

Abortion has long been a controversial topic in Ireland where a complete ban was only lifted in 2013 when terminations were allowed if a mother's life is in danger. Anti-abortion supporters demand no further changes to safeguard all life.

The timetable set out by the government on Tuesday was in response to opposition attempts to provide for a referendum immediately that threatened a split among the minority coalition government.

HUNGARY/POLAND: How Hungary and Poland have silenced women and stifled human rights

By Andrea Peto and Weronika Grzebalska

Huffington Post (14.10.2016) - <http://huff.to/2dpYUse> - In the women's movement in Central Europe, there are few moments to celebrate. Polish women successfully preventing a total ban on abortion from coming into law recently was one of them.

While we may praise the success of Polish women's "black protest" - where women across the country went on strike and dressed in black to mourn the loss of their reproductive rights - one troubling question remains unanswered.

Why did an EU member state even consider forcing women to carry deformed fetuses and imprisoning doctors for terminating pregnancies?

The popular view voiced by the Polish opposition - that the governing Law and Justice Party (PiS) wants to bring back the Middle Ages - is insufficient. It relies on the "backlash" narrative of women's emancipation, which sees nations making linear progress towards equality, interrupted by setbacks that can be overcome by joint action.

Luckily, joint action worked in this case. But if progressive groups do not understand the new challenges posed to women's rights by the illiberal states of Central Europe, future progress may be elusive.

The polypore state

In recent years, Hungary and Poland have experienced a series of radical institutional changes aimed at a second transition from liberal to illiberal democracy.

The emergent regimes of Viktor Orbán in Hungary and Beata Szydło in Poland do not represent a revival of authoritarianism, but a new form of governance. This new system stems from the failures of globalisation and neoliberalism, which created states that are weak for the strong, and strong for the weak.

To describe the modus operandi of these new regimes, we have coined a new term: the "polypore" state.

A polypore is a parasitic fungus that feeds on rotting trees, contributing to their decay.

In the same way, the governments of Poland and Hungary feed on the vital resources of their liberal predecessors, and produce a fully dependent state structure in return.

This style of government involves appropriating the institutions, mechanisms and funding channels of the European liberal democratic project.

One widely publicised example in Hungary was a controversial 2011 anti-abortion poster campaign. The campaign was launched as part of a government work-life balance project and as such was funded from the EU employment and social solidarity program, ironically called PROGRESS.

The "polypore state" divests resources from the already existing secular and modernist civil society sector towards the illiberal base, to secure and enlarge it. This year in Poland, the Ministry of Justice denied funding to several progressive women's and children's rights NGOs. As noted by the Commissioner for Human Rights, the funds were instead granted to Catholic organisations such as Caritas.

Just as the polypore fungus usually attacks already damaged trees, illiberal regimes rise to power in the context of democratic standards weakened by the financial, security and migration crises.

In Central Europe, post-1989 regime transformation gave preference to economic reform measures over civic and social ones. Liberal norms and practices have never been fully embedded in these societies. This creates a paradoxical situation where illiberal forces have flourished amid an unfinished liberal revolution.

There are three key tenets of this type of government that need to be understood to account for its success: parallel civil society, security narratives, and the family.

Parallel civil society

The goal of illiberal regimes in Central Europe is to transform post-communist infrastructure to benefit the new ruling elite and its voter base.

The key aspect of this transformation is replacing previous civil society and human rights organisations with pro-government NGOs, which support the state's agenda. While the new groups seemingly have the same profile and target group as the previous ones, they operate within a blatantly different framework that is predominantly religious and anti-modernist.

For instance, there are two key women's NGOs in Hungary that deal with the role of fathers in families and work-life balance: the long-established, liberal Jol-let and the newly founded, conservative Harom Kiralyfi. Recently only the latter has received significant state funding for its projects.

Thus the NGO sector is transformed by the distribution of EU and state funding to groups that share the governments' ideology, leaving progressive organisations reliant on increasingly scarce foreign donations and largely unable to influence domestic policy.

Security narratives

To legitimise their disregard for a plural civil society, illiberal governments use the language of security. Human rights groups are framed as foreign-steered and potentially dangerous for national sovereignty.

Gender equality, open society and minority rights are portrayed as an existential threat to the survival of the nation. In 2013, Orbán ordered an investigation into certain Norwegian-funded NGOs, including the Roma Press Centre and Women for Women against Violence, which were accused of being "paid political activists who are trying to help foreign interests".

The investigation has since been resolved, but not without significant damage being inflicted on many NGOs.

In this context, human rights issues become depoliticised - and advocacy groups are presented as state enemies rather than democratic adversaries.

Privileging family over women's rights

Hungary and Poland use nationalist ideas about the family to attack human rights, emphasising the rights and interests of "traditional" families over those of individuals and minorities.

Fidesz and PiS, the Hungarian and Polish ruling parties respectively, have both introduced the concept of "family mainstreaming" as central to their policy making. In EU and UN policy literature, family mainstreaming is presented as a tool to identify the impact of policies on families and strengthen the functions of the family. In the hands of illiberal

actors, it's become an alternative to women's rights and an instrument for promoting "traditional" values.

Women's issues are gradually substituted with family issues, and institutions responsible for gender equality are replaced with ones dealing with family and demography. In Hungary, the highest coordinating government body for gender equality, the Council of Equal Opportunity of Men and Women, has not convened since 2010, and its portfolio has been delegated to the Demographic Roundtable.

This is not a backlash

If not properly recognised, illiberal states can have seriously detrimental consequences for the rights of women and minorities. When the state appropriates previously existing democratic structures, it shuts down opportunities for resistance.

Underfunded, demonised, and operating outside a system of liberal checks and balances, feminists and progressive NGOs are unable to influence government policy through previously existing channels - advocacy, consultations or media.

Illiberalism is not a backlash, after which one can go back to business as usual, but a new form of governance. Sadly, this means the recent success of the women's protests in Poland might be impossible to sustain.

POLAND: Abortion turmoil: trading women's rights for political goals

Social Europe (05.10.2016) - <http://bit.ly/2e1BApg> - In summarizing the results of last year's parliamentary elections in Poland I briefly mentioned that "*the rule of Catholic conservatives might stand in opposition to respecting the rights of women*". It took less than a year for this prophecy to come true. Thousands of women in Poland are joining Black Protests to demonstrate against the newest radical anti-abortion law proposal.

Then and now: Unsatisfying "abortion compromise"

During the Communist regime, and particularly from the 1960s, abortion was available on request. After 1989, the Polish transformation embraced reproductive rights too. Despite the determination of women's organizations and owing to the massive influence of the Catholic Church, access to legal abortion was limited.

Polish abortion law today is one of the most restrictive in Europe. Termination of pregnancy is possible when the woman's life or health is endangered, when the pregnancy is the result of a criminal act or when the fetus is seriously malformed. In reality the situation is much more complicated. Polish doctors are granted a conscience clause that allows them not to provide certain medical services, like abortion, owing to their religion or beliefs. According to Polish law, a doctor unable to perform the procedure should refer the patient to another facility. As a result, many patients seeking help find it too late.

According to official statistics of the Ministry of Health, the number of legal abortions in 2015 was less than 2000, whereas it is estimated that abortion carried out underground together with "abortion tourism" to other countries, such as Germany or Slovakia, add up

to 150,000 cases a year. This discrepancy has a very clear class dimension: limited access to legal abortion clearly excludes the poorest from safe procedures.

Reheating the abortion debate

The so-called "abortion compromise" reached in the 1990s is far from ideal: it has ever since been contested both by pro-choice organizations and the pro-life lobby allied with the Catholic Church. After the change of regime in Poland last year, the latter seem to have gathered momentum. In September 2016, two alternative civil law proposals on accessibility of abortion were voted on in the Sejm, the Polish parliament. A liberal draft submitted by [Save Women initiative](#) demanding free access to abortion, introduction of sexual education and refunding contraception was rejected. An alternative project called "Stop abortion", submitted by [Ordo Iuris foundation](#) was referred to a relevant committee for advancing the dossier. Should this proposal pass, women will be punished with a prison sentence for having an abortion and any case of miscarriage will be investigated. The protection of pre-natal life will force women to give birth even if they were raped or they are carrying lethally damaged fetuses. As a result, some life-saving medical interventions, such as ante-natal screenings or fetal surgery, might have to be given up in practice because of potential penal consequences if they cause miscarriage. Some standard procedures, like terminating ectopic or molar pregnancies, will be performed only when life-threatening conditions finally occur. To sum up, such a law would not only become one of the most restrictive in the world, sending Polish women back in time to Ceausescu's Romania, but it also seems defective owing to the introduction of imprecise terms that might in practice face medical staff with a dramatic choice: risking a prison sentence or saving lives.

Two sides of the barricade

This threat to women's rights has caused a massive public outcry. The non-parliamentary Razem Party launched a [Black Protest](#) that went viral, not only on the Internet but also in the streets. Many celebrities became actively engaged. Women's general strike was called for October 3rd, inspired by the legendary action of Icelandic women in 1975. This is very symbolic, illustrating clearly the throwback happening in Poland now: a second wave feminism-style flash mob is still up-to-date there, in the 21st century.

The pro-choice protest has reached the European Parliament that is staging a debate (today) on current developments in Poland. Human rights organizations, like Amnesty International, warn against "a dangerous backward step for women and girls". Meanwhile, the streets in Poland have been the scene of constant unrest since October 2015 when the PiS party took over again. So, the question arises: can this female wave of anger make any impression on those in power?

It is important to remember that, however loud it seems, the protest movement represents only a part of the society. Not all women feel represented: it was Joanna Banasiuk, a woman, that delivered the "Stop abortion" project to the Sejm. It was also women MPs that supported the abortion ban. The Catholic Church in Poland is officially demanding that every life is protected. So far, none of the Polish doctors' associations has taken an official stance.

The heated debate has become vulgarized, detached from the very particular draft law in question. The disastrous quality of that debate was lately laid bare in a talk show, when seven *male* politicians discussed abortion as well as by the irreverent comment of Witold Waszczykowski, the Minister of Foreign Affairs, who reacted to the women's strike by saying: "Let them play".

Instrumentalising women's rights for political profits

Women's bodies have once more become battlefields. The question arises: why reheating this debate now? According to the polls, less than a third of Poles is in favour of liberalization of the current abortion law, whereas only one in ten is in favour of increasing the restrictions. Most of society backs the status quo. A conspiracy theory has it that the abortion debate coincided with the debate over CETA, a free-trade agreement between *Canada* and the European Union. That agreement is strongly rejected by the Polish farmers and the right-wing national camp. A more realistic view is that the current abortion dispute might be a PiS strategy to deepen divisions within Polish society in order to keep their supporters mobilized. Last but not least, the most trivial explanation is that the PiS party is paying back electoral debts to their civil society backups, pro-life and Catholic organizations being among its pillars. Meanwhile, after nearly 100 000 people went on the streets on Monday in the latest black protests, Polish PM, Beata Szydło, called for cooling down the emotions, simultaneously scolding her colleagues for sarcastic comments and distancing the party from the anti-abortion project. Some say, however, that this female revolution might be the key to overcome conservative government led by a woman.

WORLD: Sexual health gets little attention in a crisis, with devastating results

By Tewodros Melesse

The Guardian (22.05.2016) - <http://bit.ly/1Tq4gYe> - about 125 million people are affected by crises. A quarter of those people are female and of reproductive age – and women are 14 times more likely than men to die in a crisis.

On Monday global thinkers, activists and politicians will come together for the world humanitarian summit in Istanbul to tackle some of these issues. It's time for them and us to act as the world faces the largest refugee crisis since the second world war.

One thing often overlooked when a conflict, natural disaster, or crisis strikes is a comprehensive and responsive approach to health. Sexual and reproductive health often gets little attention, with devastating consequences. That's why we will be pushing these issues during a special session at the summit.

Reproductive health issues are compounded during a crisis. About 60% of preventable maternal deaths take place in crises and fragile settings.

We know that, when a woman in need of care and protection has travelled for days to reach a shelter or camp, she will often arrive to find no doctor or sterile equipment. We also know that in times of crisis, girls are more likely to be married off at a young age, and women and girls are at increased risk of trafficking and rape.

The International Planned Parenthood Federation (IPPF) focuses on these issues. We make sure that the "dignity kits" we give women and girls in our care contain not only the essentials, such as underwear and sanitary towels, but also items like a sarong, so they can cover themselves while changing in the camp – crucial if they have no tent. Small things like this can protect women and girls from violence.

Longer-term, we work with women and girls to build their resilience and help them take part in decision-making processes in refugee settings. We see tackling gender norms as a vital part of the services we offer.

From experience, we know that the demand for sexual and reproductive healthcare is much higher than normal in crisis situations. These are essential services and must form part of any humanitarian response.

There is already a life-saving package for delivering sexual and reproductive health, recognised by the UN and other agencies.

We need to ensure that there is a coordinated response to provide sexual and reproductive healthcare on the ground, one which has the same status as other humanitarian responses such as those surrounding food, shelter, water and sanitation.

We urge governments to include reproductive health in their own humanitarian response delivery. Donor governments need to ensure that services are more equitably distributed between conflict zones and natural disasters.

We will continue to hold the banner for sexual and reproductive rights to be given the status they deserve to ensure that the rights of women and girls, boys and men are protected.

A comprehensive response that includes sexual and reproductive health will help people to rebuild their lives after their worlds are turned upside down.

WORLD: 'Completely failing women': Why the Zika epidemic is really a women's rights crisis

By Alia Dharssi

National Post (20.05.2016) - <http://bit.ly/22lvAXW> - Doctor Melania Amorim works at the heart of the Zika epidemic, delivering babies in Campina Grande in northeastern Brazil. Of the 59 babies affected by Zika that have been born at the public hospital where she is an obstetrician, one was stillborn and eight died within 48 hours. Most of those that survived are extremely disabled with deformed arms, atrophied brains or other abnormalities.

"I chose to be an obstetrician because I wanted to be involved with life. Suddenly, you are involved with malformations, where the result is death," said Amorim, looking sadly into the distance as she spoke on the sidelines of Women Deliver, the world's largest women's rights conference, in Copenhagen, Denmark, on Thursday. "... But if it's necessary, I have to be (there). I have to be with the mothers."

Even as the Zika crisis has been deemed safe enough for the 2016 Rio Olympics and Brazil has been commended for responding to it swiftly, Amorim and other medical experts contend that the Brazilian government, as well as the world, is not paying enough attention to the connection between Zika, women's rights and family planning. In doing so, it may be missing a root cause of the virus' spread and its destructive consequences.

"Instead of talking about how to save women and how to protect women and how to advance women's rights, we're obsessed with killing mosquitos," said Suzanne Ehlers, president and chief executive officer of Population Action International, which promotes

access to contraception and reproductive health-care for women worldwide, at a Women Deliver panel on the issue.

“We need leadership in acknowledging that girls need information about sexuality and they need access to contraceptive services,” said Venkatraman Chandra-Mouli, who works on adolescent sexual and reproductive health at the World Health Organization, at another Women Deliver event.

Zika has been reported in 60 countries and WHO expects to see up to four million cases in Latin America in 2016. There were between 500,000 and 1.5 million cases in Brazil alone in 2015. The virus, which can cause deformations in newborns if contracted by their mother during pregnancy, has been linked to more than 1,300 confirmed cases of microcephaly, thousands more suspected ones and thousands of cases of other types of brain damage.

For Amorim, the Brazilian government’s focus on killing the breed of mosquitos that carries the virus, as well as the Brazilian government’s recommendations that pregnant women wear long, dark clothing, use insect repellent and watch their homes, is too narrow to save the majority of babies that develop microcephaly.

That’s because more than three-quarters are born to the poor, according to a survey conducted by the Brazilian government. Many of the pregnant women that Amorim sees live in shanty towns that lack basic sanitation and a regular clean water supply, but have open sewers. These settlements are a breeding ground for mosquitos likely to carry Zika.

At the same time, the women are often too poor to buy repellent or new long-sleeved clothing to protect themselves — if they get the memo saying they should do so. In the midst of Brazil’s national political crises, there’s been no effort to make sure that key messages about Zika get to the poorest, said Debora Diniz, a law professor at the University of Brasilia who has made a documentary on Zika.

Repellent also hasn’t been made available to those who can’t afford it, she notes.

Meanwhile, recommendations from Brazil and other Latin American governments that urge women to avoid becoming pregnant for up to two years fundamentally misunderstand social dynamics, according to some working on women’s issues in the region.

“We’re talking about my ability to decide if, when, where, how to engage in sexual intercourse,” said Lucia Berro Pizarossa, who researches sexual and reproductive rights in Latin America as a part of her doctoral research at the University of Groningen. She noted there are high rates of sexual violence against women in Latin America, while 23 million of those who are in intimate relationships and want contraception cannot access it. According to the United Nations Population Fund, the situation is so dire that if the demand for contraception were met, the region would see a decline in unsafe abortions by 64 per cent.

The Zika crisis has been accompanied by calls to liberalize abortion laws in Brazil, where terminating a pregnancy is illegal except in cases of rape, when the mother’s life is at risk or if the child wouldn’t survive. But some politicians are looking to stiffen them and, with the impeachment proceedings of Brazil’s first female president, Dilma Rousseff, things are looking down for women. Brazil’s new leader, Michel Temer, picked an all-male cabinet and eliminated the ministry of women, racial equality and human rights.

Diniz is working on taking a case to Brazil’s supreme court to demand access to abortion for women whose pregnancies are tainted by Zika and raise other human rights concerns

related to the virus. The demands she is making, along with others at a bioethics institute she co-founded, include that the government meet regulations that say health care is guaranteed to all Brazilians and should be within 50 kilometres of their home. Diniz met one pregnant woman who was affected by Zika and had to drive five hours for medical attention.

"Zika is a virus, but the underlying situation that is completely failing women is this public health and human rights crisis," Pizzarossa said.

Poor health-care systems, as well as the failure to include family planning in public health care, disproportionately affects women and girls, said Ehlers, adding that things stand to worsen the more Zika spreads to developing countries with poor health care.

"The world community should have learned the lessons at the time of Ebola — that when you have weak primary health-care systems, what doesn't have to be a crisis quickly turns into a crisis," she said.

As political leaders grapple with Zika, prioritizing mosquito eradication over the rights of women and access to healthcare, babies will continue to die in the arms of Amorim and the mothers she works with.

"There are a lot of funerals, a lot of funerals of little babies," Amorim said.

USA: The contraceptive conundrum: The costly component of the Affordable Care Act for BYU students

By Lauren Vidler

HRWF (17.05.2016) - Some students at Brigham Young University (BYU), a private religious university in Utah, are faced with fines up to hundreds of dollars come tax season, as their school health plan is no longer adequate according to the federal standard.

As of August 31, 2015, BYU health insurances provided by Deseret Mutual, no longer qualifies as "minimum essential coverage" under the Affordable Care Act (ACA). The student plan does not comply with the provision of federal law requiring contraceptive coverage.

The US Federal government added a female contraception mandate to the ACA, believing that companies which covered prescription drugs to their employees but didn't provide birth control were discriminating on the basis of sex. Contraceptive provision is not only a right of the woman but lack of affordable birth-control options can have far reaching consequences for society.

BYU's students, agree to abide by an Honor Code that prohibits premarital sex due to religious beliefs. However, according to the most recent available statistics from 2014, around one in four BYU students are married.

The Church of Jesus Christ of Latter-day Saints (LDS Church), which owns and operates the school of roughly 30,000, leaves it up to married couples in the Mormon faith to make their own choices on contraception. The LDS church does not prohibit the use of birth-control but rather states "The decision of how many children to have and when to have them is a private matter for the husband and wife." Yet, the church's own insurer,

which covers all LDS Church employees — including BYU faculty — does not cover family-planning devices or medication.

Exclusions under the policy include family planning, including contraception, birth control devices, and/or sterilisation procedures, unless the patient meets “Deseret Mutual’s current medical criteria”. According to a source, in order to qualify for sterilisation or birth control, he and his wife had to have had five children, “the golden number” so to speak. No religious doctrine has been found to support such a threshold, with official church statements stating, “Decisions about birth control and the consequences of those decisions rest solely with each married couple.”

In 2012, the UN boldly declared access to contraception a human right, pressing that everyone should be able to determine when and if to have children. Providing a woman freedom to exercise her reproductive rights, can provide access and availability to other rights, such as the right to education. The report states, “Today, family planning is almost universally recognised as an intrinsic right”.

The LDS church does not object to birth control on religious or moral grounds as some faiths do. But for several religious employers, providing access to contraception is contrary to religious beliefs or in some instances, immoral. Employers so minded have argued, they are being forced to choose between obeying their moral conscience and obeying the law of the land, and as such are suffering a violation of freedom of religion or belief.

Of the estimated 10,000 students covered under the school health insurance policy, not all will have to pay fines. But many, including international students— who have limited choice when it comes to health insurance— and students above the poverty line or those in three person families, face governmental penalties and depend upon non-profits for their contraceptive needs.

BYU is not the only religious school to fall short in failing to provide family-planning and contraceptive options. The University of Notre Dame and Catholic University, in Washington D.C., are amongst a number of religious schools challenging the federal regulations on religious grounds. This issue brings to light the tension between freedom of religion and belief and women’s rights, which are often thought to have competing values.

USA: Supreme Court dodges major decision on Obamacare birth control

By Lawrence Hurley

Reuters (17.05.2016) - <http://reut.rs/1OvRFLy> - The ideologically deadlocked Supreme Court on Monday failed to resolve a major case involving the Obamacare law's mandatory birth control coverage, telling lower courts to reconsider the matter after tossing out their rulings favoring President Barack Obama.

With four conservative justices and four liberals, the court did not rule on the merits of the legal challenge by nonprofit Christian employers who objected to the 2010 healthcare law's requirement that they provide female workers with medical insurance paying for contraceptives.

The court's action avoided a possible 4-4 split that would have affirmed the lower-court rulings. The justices, shorthanded following February's death of conservative Justice

Antonin Scalia, threw out seven rulings by federal appeals courts around the country that had backed the Obama administration.

The justices handed at least a short-term victory to the religious employers, primarily Roman Catholic organizations.

The decision suggested a possible compromise for the lower courts that would allow women to get contraception coverage without violating the religious rights of employers, by having the government arrange coverage directly with health insurers rather than requiring employers to sign off on it.

"The court expresses no view on the merits of the cases. In particular, the court does not decide whether petitioners' religious exercise has been substantially burdened," the unsigned ruling stated.

In a separate order, the court sent six other pending cases on the same issue back to lower courts, including two in which the religious employers prevailed.

Among the employers challenging the contraception mandate were the Roman Catholic archdioceses of Washington and Pittsburgh, the Little Sisters of the Poor order of nuns, and Christian colleges.

"We are pleased that the court confirms that there is a path forward that recognizes our religious liberty, yet we also recognize that this struggle will continue," said Cardinal Donald Wuerl, archbishop of Washington.

The justices in previous decisions since 2012 had fended off other major conservative challenges to Obamacare, considered Obama's signature domestic policy achievement.

Obama, following the court's action, reiterated his demand that the U.S. Senate confirm Merrick Garland, his nominee to replace Scalia.

"I won't speculate as to why they punted, but my suspicion is if we had nine Supreme Court justices instead of eight there might have been a different outcome," Obama told the online media outlet BuzzFeed.

'Seamless access'

"We are disappointed that the court did not resolve once and for all whether the religious beliefs of religiously affiliated nonprofit employers can block women's seamless access to birth control," Gretchen Borchelt of the National Women's Law Center added.

The dispute before the justices focused on whether nonprofit entities that oppose the contraception mandate on religious grounds can object under a 1993 U.S. law called the Religious Freedom Restoration Act to a compromise measure offered by the Obama administration.

The Christian employers challenged the 2013 compromise that let organizations opposed to providing insurance covering contraception to comply with the law without actually paying for the coverage.

Under the compromise, employers can certify they are opting out of the requirement by signing a form and submitting it to the government. The government then asks insurers to pay the cost of contraceptives.

The court's decision, with no justices issuing a dissent, declined to decide whether the accommodation violated the employers' religious rights by forcing them to authorize the contraception coverage even if they are not paying for it.

Sonia Sotomayor, joined by fellow liberal justice Ruth Bader Ginsburg, wrote a concurring opinion stressing the narrow nature of the decision. Lower courts should not view the ruling "as signals of where this court stands," Sotomayor wrote.

The court told the lower courts to consider modified positions that the government and the employers have taken following a request by the justices after oral arguments in March for the two sides to outline possible compromises.

The administration had conceded there may be an alternative way of providing birth control coverage without requiring employers to sign off on it.

For their part, the employers said their religious rights would not be infringed upon if the government required coverage to be supplied by their private insurer as long as they do not have to take any action seen as endorsing it.

The Christian employers call birth control immoral and assert that the federal government should not force religious believers to pick between following their faith and following the law.

TANZANIA: Women face high rates of abortion-related deaths

By Donald G. McNeil Jr.

NY Times (25.04.2016) - <http://nyti.ms/1WnWy11> - Unsafe abortions kill many Tanzanian women, according to a recent study, but the deaths result from several factors and women in some regions die much more often than others.

Birth control is hard to get, and public health clinics lack trained staff and vacuum aspiration kits used to perform abortions. In addition, the legality of abortion is ambiguous, forcing many women to try to do it themselves or see illegal abortion providers. Of one million unintended pregnancies in 2013, the study found, 39 percent ended in abortion.

The study, done by the Guttmacher Institute, Tanzania's national medical research institute and the country's leading medical school, and published in PLOS One, was based on surveys of hospitals and clinics and interviews with Tanzanian doctors.

Although Tanzania ratified the African Union's 2005 Maputo Protocol on women's rights — which endorsed abortion rights — and also recognizes colonial-era British case law permitting abortion in some circumstances, national law mandates 14-year sentences for anyone "unlawfully" performing an abortion and seven years for women who try to make themselves miscarry — but without defining "unlawfully," said Sarah C. Keogh, a Guttmacher Institute researcher and the study's lead author.

Women have been prosecuted under it, she said.

The notion that two doctors must approve an abortion to make it legal "is just a rumor, but widely believed," Dr. Keogh said. "As is the rumor that it's just illegal, full stop."

Tanzania's abortion rate — 36 per 1,000 women — is typical for East Africa. But abortions and related deaths are nearly five times higher for women in the north, near Lake Victoria, and in the southern highlands, than for women living on the island of Zanzibar. Zanzibar is 98 percent Muslim; polygamy is common and extramarital sex is taboo, so unplanned pregnancies are rare, Dr. Keogh said.

Abortion laws, she added, are clearer in nearby countries like Uganda, Kenya and Rwanda.

POLAND: The polish church and government open new attack on women's reproductive rights

Social Europe (06.04.2016) - <http://bit.ly/209Q9W3> - As the crisis around changes implemented to Poland's Constitutional Tribunal continues, the ruling Law and Justice Party (PiS) has opened up a new conflict through an attack on the reproductive rights of women. This is significant as it would not only mean making abortion completely illegal in Poland, but also shows how the country is moving further away from being a democratic, secular state. The hierarchy of the Polish Catholic Church is directly intervening in a major political issue and dictating how the government should act. This has caused an immediate reaction amongst those opposed to the tightening of the abortion law, with thousands already taking to the streets in protest.

Poland already has one of the most restrictive and repressive abortion laws in Europe. Abortion was made illegal in 1993, in a move that was ludicrously described as a 'compromise'. It banned abortion in all but three circumstances: where there is a high probability of severe and irreversible damage to the foetus or where it will have an incurable life-threatening disease; where a pregnancy threatens the woman's life or health; or where the pregnancy is the result of a criminal act.

This draconian abortion law has inevitably resulted in huge numbers of Polish women either being forced to undergo illegal abortions in Poland or travel abroad to have their pregnancies terminated. It is obviously the least well off women – unable to travel abroad – who most often have to have illegal 'backstreet' abortions in Poland. It is estimated that around 150,000 illegal abortions take place in the country each year, which carry significant health risks. The fact that women whose lives are at risk or have become pregnant due to rape would now no longer be able to have a legal and safe abortion, or that a woman could be prosecuted for having had a miscarriage that is deemed to be her fault, highlights the barbarity of the current proposal to completely outlaw abortion.

The Church in power

The second alarming factor in this situation is that the proposal has come directly from the top of the Catholic Church that is now directing government policy on this crucial issue. The Presidium of the Polish Catholic Bishops' Conference issued a statement last week that Poland should not halt at the present 'compromise' on abortion, but move towards a total ban. This statement was then read out in churches throughout Poland on Sunday. This has concurred with an action being run by the 'Stop Abortion' campaign to

collect signatures in order to put forward a citizens' bill to parliament to completely outlaw abortion in the country.

The Prime Minister, Beata Szydło, has said that she personally supports a complete ban on abortion. Even more disturbingly, the leader of PiS (and de facto the most powerful politician in Poland) has stated that as a Catholic he has to support the decisions of the Bishops, and that although his parliamentary group would have a free vote he was sure that the vast majority would vote for the bill.

Although support for the legalisation of abortion has waned during the past two decades, a large majority of Polish society is against it being completely banned (80% when it threatens the life of the mother, 73% when the pregnancy is the result of rape; 53% when the child would be born ill or handicapped). However, the Polish government is now clothing itself in a cape of religious morality that cannot be questioned. As they are believers in the Catholic faith, they must simply do as the Church dictates. This moves Poland further away from a form of government based upon the opinions of the majority, and towards one that is run according to the ideology and decisions of a religious institution.

The claim by leading members of PiS that they are simply following their faith through obeying the decisions of the Catholic Church is misleading. For example, the Pope last year made a strong statement urging action on climate change, arguing that it 'is a problem which can no longer be left to a future generation' Meanwhile, the present Minister of the Environment is someone who in the past has claimed that climate change is not a threat and the government has recently announced a drastic increase in logging in the country's unique [Białowieża](#) forest.

Likewise, Pope Francis has repeatedly called for help for refugees during the present crisis, stating that all religious communities should aid and give shelter to refugees. However, the present Polish government has been one of the most hostile to refugees and, after the recent terrorist attacks in Brussels, it quickly announced that it would no longer take the quota of refugees that it had agreed previously with the EU. Therefore, whilst the conservative right in Poland is now talking about the 'rights of children' it is turning a blind eye to those refugee children being washed up on the shores of southern Europe, or the estimated 10,000 refugee children that have gone missing in Europe since the crisis began.

This blatant attack on the reproductive rights of women has been met with strong resistance. On Saturday (2 April), the left-wing party Razem organised protests around the country, including a demonstration of around 7,000 in front of the parliament. The atmosphere was defiant, with protestors holding up coat hangers as a symbol of the brutality of illegal abortions. A coalition of women's groups and other organisations has been formed to protest against the government's proposal, with a large demonstration planned in Warsaw this Saturday (9 April). Already, solidarity protests have been organised in other countries, with the Young Labour Women organisation also holding a picket in front of the Polish embassy in London this Saturday.

This aggressive move by PiS and the hierarchy of the Catholic Church is another sign of the anti-democratic and socially regressive nature of the present government. If it goes ahead with its stated intention to support the project to completely ban abortion in Poland, then the divisions and conflicts within the country will only intensify. The fight to defend women's reproductive rights from further erosion in Poland is part of a wider movement to oppose a government that is becoming increasingly authoritarian and regressive.

