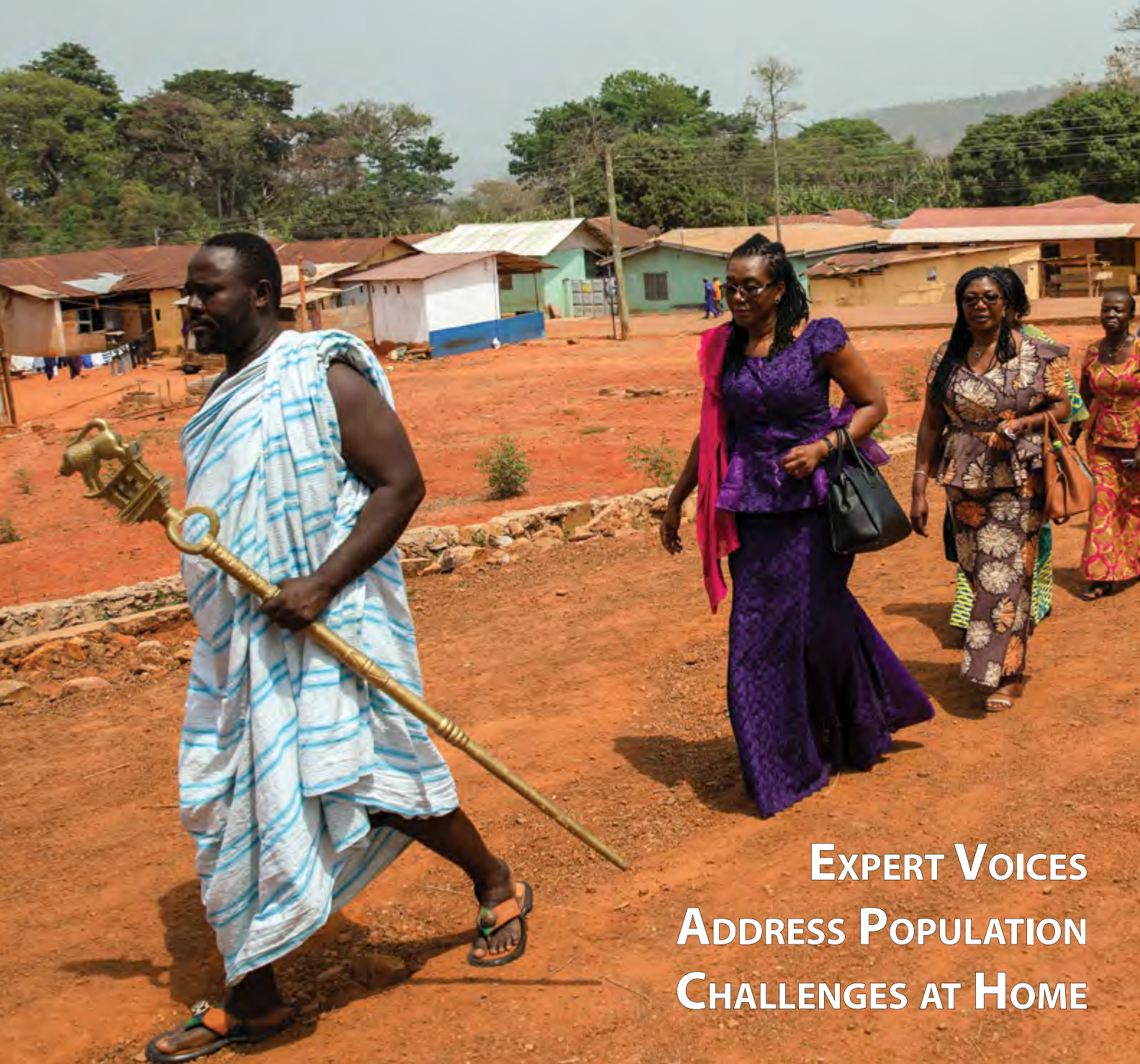


POPULATION CONNECTION

Volume 52, Issue 3
September 2020



EXPERT VOICES
ADDRESS POPULATION
CHALLENGES AT HOME



President's Note

When asked what brings about political change, former British Prime Minister Harold Macmillan has often been cited as replying, “Events, dear boy. Events.” Looking past its peculiar phrasing and dubious provenance, there is truth here. More than 200 years of rapid population growth can be thought of as an event. The shocking election of Donald Trump was an event. The onset of the COVID-19 pandemic scourge was an event. The horrifying murder of George Floyd was an event. All have had profound consequences and have changed the way we view our world.

Mr. Floyd’s murder opened many eyes, mine included, to 400 years of history that I knew about, but didn’t fully understand as a white male born into the upper middle class. While our nation seeks to come to grips with deeply rooted racism, as a population organization, we need to widen the public frame still further when it comes to racial justice. We need to raise awareness that, here in the U.S., women of color have higher rates of unplanned pregnancy than white women. As the only major nation on earth without universal health care, people of color—who tend to earn less—are disproportionately deprived of access to medical services. As Dr. Martin Luther King, Jr, pointed out more than 50 years ago, “There is scarcely anything more tragic in human life than a child who is not wanted.” This is a population issue. It’s also a racial justice issue.

We should also raise up voices from the Global South such as those included in this issue of our magazine. They see a rapidly growing population as an issue of justice, indeed one of survival. Dr. Alex Ezech points out on page 12, “If the rate of population growth slows down, there will be more resources to invest in each African’s health, education, and opportunity—in other words, in a good life.” Those who claim it’s off limits to talk about the impacts of population growth are ignoring a profoundly damaging fact of modern life. We won’t be silenced.

We can all benefit from a less-crowded world in which every child is planned and has the opportunity to become a healthy, productive citizen. That world is within reach, but won’t just happen. Like racial justice, it requires conscious prolonged effort.

No one can change the past, but a former Population Connection board member observed that if we want a different future, we must change the now. That means breaking down the barriers that prevent women and couples from planning their families. One way or another, we need to chart a better course for our overheated, beleaguered planet.

John Seager
john@popconnect.org



John R. Bermingham, who died of natural causes in May, at 96, was a pioneer in the best sense of the word. Early on, his love of the outdoors led him west to Colorado. Thrice elected to the State Senate, he wrote the first state law in our nation legalizing abortion some six years before *Roe v. Wade*.

A tireless advocate and generous donor on behalf of population stabilization, John served on our national board. Meeting with John both during and long after his board tenure was both treat and challenge. A graduate of Yale University and Columbia Law School, a former federal prosecutor, and former Colorado Land Commissioner, he had the sharpest of minds. Into his 80s, he taught courses on sustainability at the University of Denver.

It was an honor to count John as a friend. He was a brilliant, tireless advocate for defending our natural resources and on behalf of inalienable reproductive rights. I will miss the indefatigable intellect which he dedicated to a better, safer, less-crowded world.

Board Chair

Estelle Raboni, MPH, MCHES

Board of Directors

Aaron S. Allen, PhD

Rodrigo Barillas, MD, MBA

Andreea Creanga, MD, PhD

Amy Dickson

Katie Ferman, MNA

Bryce Hach, MS (Secretary)

Mark Hathaway, MD, MPH

Padgett Kelly, PhD

Bob Pettapiece, EdD (Treasurer)

Dara Purvis, JD (Vice Chair)

Mary Beth Weinberger

Kevin Whaley, PhD

President and CEO

John Seager

john@popconnect.org

Editor

Marian Starkey, MSc

marian@popconnect.org

Population Connection (ISSN 2331-0529)

Population Connection is the national grassroots population organization that educates young people and advocates progressive action to stabilize world population at a level that can be sustained by Earth's resources.

Annual membership (\$25) includes a one-year subscription to *Population Connection* magazine. Population Connection is a 501(c)3 non-profit organization. As such, contributions, bequests, and gifts are fully tax-deductible in accordance with current laws.

Population Connection

2120 L Street, NW, Suite 500

Washington, DC 20037

(202) 332-2200 • (800) 767-1956

info@popconnect.org

populationconnection.org

populationeducation.org

popconnect.org/magazine-archives

Features

12 Empowering Women Lies at the Center of Controlling Population Growth in Africa

By Alex Ezeh

14 We Know What Works, So Let's Do It: Support Voluntary Family Planning

By Pape Amadou Gaye

18 The 'Cradle Catholic' Promoting Family Planning in Ghana

By Kwasi Gyamfi Asiedu



Cover Image: Dr. Leticia Adelaide Appiah, second from left, departs after speaking to local girls on the importance of avoiding teen pregnancy in Adumasa, Ghana, on February 27, 2020. In Ghana, 14 percent of adolescent girls are pregnant or are already mothers.

Departments

- 2 Editor's Note
- 3 Letters to the Editor
- 4 Pop Facts
- 8 In the News
- 10 Membership Engagement
- 24 Washington View
- 26 Field & Outreach
- 28 PopEd
- 32 Cartoon
- 33 Editorial Excerpts





Editor's Note

As our country contends with its hideously violent and unjust history (and present, as recent incidents illuminate) toward Black people, we should also be examining our national attitude toward equity and inclusion abroad—especially in the poorest countries on earth, most of which happen to be located in sub-Saharan Africa.

—Equity in the form of opportunity to live healthy, productive, fulfilling lives—and at the very least, the ability to survive illnesses and injuries that cause far too many preventable deaths in poor settings, and

—Inclusion in the form of having a voice at the table when it comes to matters that directly affect people's own lives in marginalized and vulnerable settings around the world

Instead, we have a U.S. government suppressing foreign health organizations through manipulative funding policies that restrict their free speech, deny their patients health care that they desperately want, and result in the needless deaths of far too many. There is simply no arguing against the fact that the Global Gag Rule and the Helms Amendment are oppressive policies that steal the voices of health workers at aid-dependent organizations in poor countries, and steal patients' lives far too often as well.

Another area where we tend to assume we know better than the people our foreign assistance actually serves is around discussions of population growth. Because of ugly practices in the name of eugenics—a concept popularized in England in the late 19th century and readily adopted by many in high-ranking positions in the U.S. government and in the medical and

scientific fields—Americans are sometimes wary of population stabilization messaging, fearing there's a draconian subtext, given past abuses in the United States, and in certain other countries, including China, India, Peru, and Vietnam.

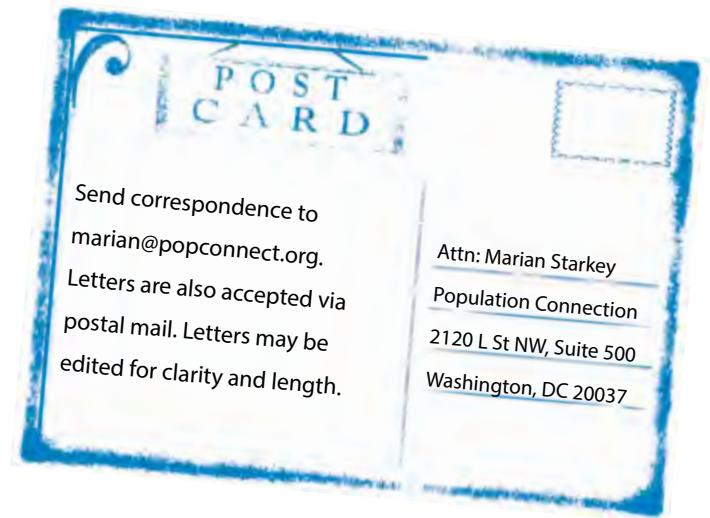
But to assume that these negative feelings experienced by Americans are shared by people in the least developed countries on earth, living the everyday effects of rapid population growth, is just as bullish as assuming that we should be in charge of whether the aid we provide can be received by organizations that provide abortion counseling, referrals, or services, with their own, non-U.S. money.

As anyone from high-fertility regions can confirm, population concerns are very real at the national, local, and even household level. In this issue, we hear from people who know from firsthand experience just how important it is to stabilize population in their home countries. Pape Gaye, of Senegal, is the head of IntraHealth International and has worked in over 40 countries on international health and development efforts over his decades-long career. Alex Ezeh, of Kenya, is a professor and researcher with 30 years of experience focusing on population, health, education, and development. And Leticia Adelaide Appiah is a Ghanaian medical doctor and the head of Ghana's National Population Council.

Discussions about population growth tend not to be perceived the same way in high-fertility countries—many of which have official population policies—as they are here in the United States. History will judge us poorly if we allow intolerable past practices to prevent us from addressing current population challenges.

Marian Starkey
marian@popconnect.org

Letters to the Editor



I just read the June issue of *Population Connection*—it was fantastic and full of information that is so needed. Thank you so much for all your work and continuous efforts to educate. Thank you also for an excellent editorial!

I wonder if it is possible to receive additional copies that I could share with our environmental educators so that they can start to include this information in their workshops. It would be great if you could go ahead and send at least a dozen copies of the magazine. There are several organizations and environmental leaders in Ohio that I want to make sure read your publication.

Cathy Knoop
PopEd Teacher Trainer

A particularly outstanding issue of *Population Connection* on COVID-19. It's not really about exotic animals—it's about greedy, oblivious humans. Thanks for this crucial focus on yet another consequence of *Homo sapiens'* failure to understand and embrace our responsibility to the health and future of the planet.

Anna Lawson
Former Population Connection Board Member

Thanks for the excellent job in connecting the risk of pandemics to the growth of human populations, loss of wildlife habitat, and factory farming. "What we have to do," however, is significantly more than providing reproductive control (contraception/abortion rights) and treating animals with more "respect." Your issue side-stepped a critical problem we must address: Our eating habits are already unsustainable, even if we could achieve zero population growth today. Climate change, pollution, and habitat loss are a major consequence, multiplying the devastation from population growth.

If we could educate our citizens to stop eating meat, fish, and dairy products and switch to plant-based diets, farmers could feed the earth's population without devastating habitats, using a fraction of today's agricultural lands. Moreover, such an evolution would substantially reduce the risk of pandemics, the leading diet-associated diseases (diabetes, hypertension, stroke, heart disease, cancer), greenhouse gases (from decreased methane production and reduced use of energy and fertilizers by agriculture), fresh water consumption, and pollution.

Fortunately, there is a growing appreciation in the medical and scientific community that for the vast majority of people, and for the planet, plant-based diets are healthier. And of course, for livestock and wildlife, the benefit is a lifesaver. As Albert Einstein once said, "Nothing will benefit human health and increase the chances for survival of life on earth as much as evolution to a vegetarian diet." The time has come to do so, while we still have some life (and wildlife) to save.

David B. Bingham, MD
Former ZPG Board Member

I just finished reading your June 2020 issue of *Population Connection*, and I doubt if I have ever read a more important and scary set of articles about the connection between overpopulation and the welfare of *Homo sapiens*.

Katherine Franklin

Excellent issue (June) of the magazine. The article by John Vidal was certainly worthy of republishing. Keep up the good work.

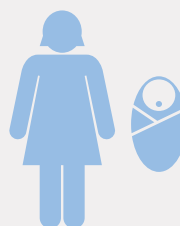
Henry Hammond

World Fertility & Family Planning: 2020

1990

The global fertility rate declined from 3.2 live births per woman in 1990 to 2.5 in 2019.

In **sub-Saharan Africa**, the region with the highest fertility levels, **total fertility fell** from 6.3 births per woman in 1990 to 4.6 in 2019.



Over the same period, **fertility levels also declined in:**

Northern Africa & Western Asia

4.4

2.9

Latin America & the Caribbean

3.3

2.0

Central & Southern Asia

4.3

2.4

Oceania (excluding Australia & New Zealand)

4.5

3.4

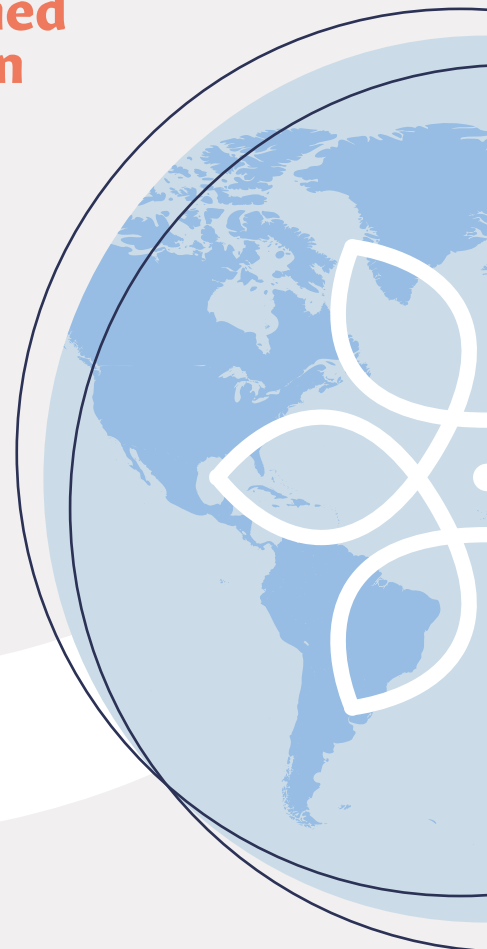
Eastern & South-Eastern Asia

2.5

1.8

In Australia and New Zealand and in Europe and Northern America, fertility in 1990 was already below 2.0 live births per woman, and it remained so in 2019, with an average of 1.8 births per woman in Australia and New Zealand and 1.7 in Europe and Northern America.

2019



Although fertility in 2019 was higher in **sub-Saharan Africa** compared to other regions, a number of countries in this region have seen large declines in total fertility in recent years.

Between 2010 and 2019,
7 of the 10 countries with the

largest reductions in the total fertility rate

were in **sub-Saharan Africa: Chad,
Ethiopia, Kenya, Malawi, Sierra Leone,
Somalia, and Uganda.**

Globally in 2019,

44 percent of women of reproductive age were using a modern method of contraception.

Although use of modern contraception in 2019 was lower in **sub-Saharan Africa** compared to other regions, a number of countries in this region have seen a significant increase in recent years. All 10 countries with the

largest increases in the use of modern contraception

between 2010 and 2019 are found in **sub-Saharan Africa: Burkina Faso, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Senegal, Sierra Leone, and Uganda.**

World Fertility & Family Planning: 2020

Highlights from the United Nations

Contraception for Health and Gender Equity

Contraception assists couples and individuals to achieve their reproductive goals and enables them to **exercise the right to have children by choice**. The growing use of contraceptive methods has resulted in **improvements in health-related outcomes** such as reductions in unintended and high-risk pregnancies, and in maternal and infant mortality, as well as in **improvements in schooling and economic outcomes**, especially for girls and women.

Economic and Development Benefits of Contraception

Beyond the impacts of contraceptive use at the individual level, there are benefits at the population level. From a macroeconomic perspective, **reductions in fertility enhance economic growth** as a result of reduced numbers of dependent children and youth relative to the population of working age and an increased number of women participating in paid labor. **Continued rapid population growth presents challenges for achieving the 2030 Agenda for Sustainable Development**, particularly in sub-Saharan Africa where countries must provide health care services, education, and eventually employment opportunities for growing numbers of children and young people.

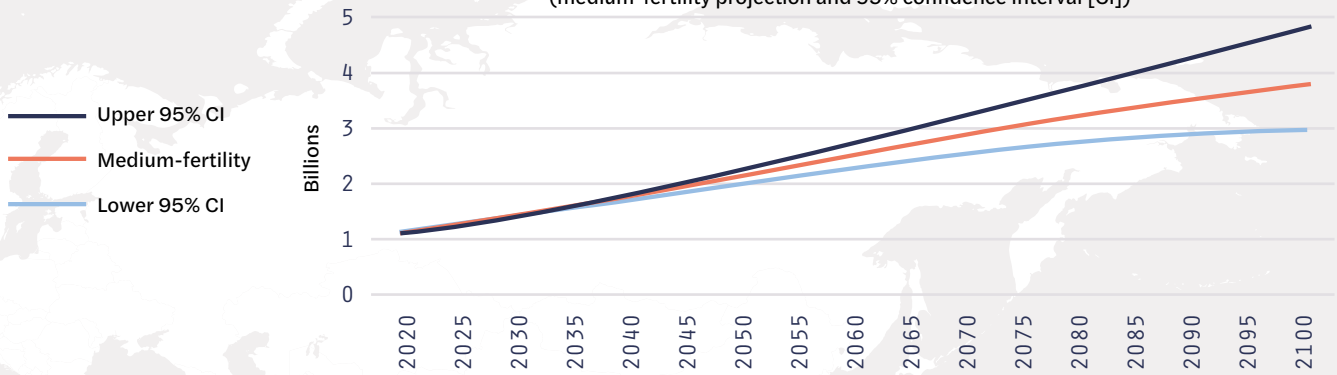
Family Planning Return on Investment

Resources for development are limited, and advocates often characterize **family planning programs as a cost-effective investment**, creating ripple effects across many development sectors, beyond the immediate health benefits to the user and her family. A number of studies by economists and demographers have made a **strong economic case for family planning's return on investment**, by estimating the financial impacts. Some of the wider impacts of family planning programs work through the fact that **contraceptive use reduces fertility, which in turn slows population growth in the long run**.

Excerpts from:

United Nations Department of Economic and Social Affairs, Population Division (2020). *World Fertility and Family Planning 2020: Highlights* (holding by Population Connection)

Population Projections for Sub-Saharan Africa
(medium-fertility projection and 95% confidence interval [CI])



Sustained Population Growth in Sub-Saharan Africa

Of the eight regions, **only sub-Saharan Africa is projected to sustain rapid population growth through the end of the century**, according to the medium-variant projection. Sub-Saharan Africa is projected to become the most populous of the regions around 2062, surpassing both Eastern and South-Eastern Asia, and Central and Southern Asia in size. **The medium-variant projection foresees a population for sub-Saharan Africa in 2100 of 3.8 billion; the 95 percent prediction interval around this projection extends from 3.0 to 4.8 billion.**

Impact of Contraceptive Use on Population Growth

Whether sub-Saharan Africa reaches a population in 2100 at the lower or upper end of the 95 percent prediction interval (from 3.0 to 4.8 billion) is largely determined by what will happen to fertility rates, and this has relevance for the future development prospects for this region. Therefore, it is important to understand the impact of contraceptive use on future fertility rates and population growth. **Support for family planning will be especially important for sub-Saharan Africa, because programs to expand access to contraceptives must keep pace with population growth, just to maintain current levels of coverage.**

Future Global Population Growth

In countries experiencing rapid population growth, the future reductions in fertility depicted in the medium-variant projection of the United Nations seem likely to occur if there is continued progress in all facets of development, including further reductions in child mortality, increased levels of education in particular for women and girls, increased urbanization, women's empowerment and growing labor force participation, and expanded access to reproductive health care services including for family planning. Further improvements in access to family planning information and services will enable women and couples to achieve their desired family size. **If the international community does not follow through on its commitment to ensure that all men and women are informed and have access to safe, effective, affordable, and acceptable methods of family planning of their choice, then future fertility declines may occur more slowly, and future population growth may be faster than what is depicted in the medium variant. Conversely, an accelerated expansion in access to family planning information and services could result in a more rapid fertility decline and a smaller global population in the future than projected under the medium variant.**



IN THE NEWS

By Stacie Murphy, Director of Congressional Relations

Billions Will Suffer as Climate Warms

A new study in the *Proceedings of the National Academy of Sciences* warns that as the earth's average temperature rises, increasing numbers of people will be living in climate conditions most similar to those seen in the Sahara Desert today. The study's authors concluded that 50 years from now, depending on population growth and how extensively the world embraces climate mitigation strategies, up to 3.5 billion people could be living in places so hot they would historically have been considered uninhabitable by humans.

Though the consequences are likely to be felt more heavily in less developed countries, the United States is not immune. A separate study published by the American Geophysical Union indicates that the number of Americans exposed each year to extreme climate conditions—including dangerous heat waves, droughts, and flooding—could rise to more than 160 million by 2050.

Abortion in the States

Abortion rights advocates are fighting new attacks in multiple states. Tennessee has become the most recent state to pass a so-called “heartbeat bill” banning abortion at only six weeks gestation—well before many people even know they're pregnant. Meanwhile, the Mississippi legislature has passed a ban on abortions

based on “race, sex, or genetics,” framing it as an attempt to combat “discrimination.” Iowa, after seeing its 72-hour waiting period defeated in court two years ago, is taking another bite at the apple with a 24-hour waiting period bill. Anti-choice advocates in both Colorado and Michigan are pinning their hopes on ballot initiatives. Colorado voters will be asked to vote in November on a 22-week ban. Michiganders, however, will have to wait to find out if they'll get to vote on their own measure—the state has given proponents extra time to collect the necessary number of valid signatures required to place the issue on the ballot after their first attempt failed.

Virginia, at least, has gone in a different direction. The state's Reproductive Health Protection Act went into effect on July 1. Passed by the state legislature after Democrats took control of both chambers in last year's elections, the measure repeals a host of restrictions, including an ultrasound requirement, a 24-hour waiting period, state-mandated counseling, and the requirement that most facilities performing abortions meet the same standards as hospitals. It also allows nurse practitioners to provide abortions.

No Country on Track to Meet 2025 Nutrition Targets

The 2020 Global Nutrition Report, an independent assessment of the state of global nutrition, has found that

malnutrition remains a pressing global concern, with some 1 in 9 people around the world hungry or undernourished. Almost a quarter of all children under five experience stunted growth due to lack of adequate nutrition, and no country is on track to meet 2025 targets set in 2013. The report highlights wealth inequities and inadequate health systems as the main contributors to the crisis and calls for increased investment in food and nutrition at both the national and global levels.

China's Treatment of Uighurs May Constitute Genocide

In a new report published by the Jamestown Foundation, China scholar Dr. Adrian Zenz charges that China's treatment of ethnic Uighurs—specifically coercive reproductive policies aimed at Uighur women—may constitute genocide under Article II, Section D of the UN Convention on the Prevention and Punishment of the Crime of Genocide.

More than a million Uighurs—an ethnic minority group from China's officially autonomous Xinjiang province—are believed to be held in “re-education” camps in the region, which is north of Tibet near the Kyrgyzstan border. Over the past five years, population growth among Uighurs in the region has plummeted—most rapidly in rural areas, contrary to the expected pattern identified in essentially every other

instance of demographic transition and lending credence to claims of coercive practices by the government. Internees have reported being sterilized without their consent, coerced into accepting birth control implants, and even forced into submitting to unwanted abortions. Government data shows that in 2018, Xinjiang accounted for 80 percent of all IUD placements, even though the region contains only 1.8 percent of China's population.

China denies the report, calling it “baseless.” The country had also previously denied the existence of the camps, before reversing course and claiming they were a necessary national security measure.

Abortion Restrictions Increase Costs, Have No Effect on Safety

Abortion rights advocates have long maintained that state laws requiring abortions be performed in ambulatory surgical facilities rather than office or clinic-based settings are not focused on patient safety, but rather are designed to make the procedure more expensive and difficult to access. A new study published in the *American Journal of Obstetrics and Gynecology* lends weight to that view.

Researchers examined more than 50,000 abortions occurring between 2011 and 2014. Eighty-nine percent were performed in office-based settings, while 11 percent took place in ambulatory

surgical centers. Controlling for length of gestation and patient demographics, the researchers found that abortions performed in ambulatory surgical centers were significantly more expensive than those offered in office settings but showed no difference in the rate of complications requiring follow-up care.

Mass Extinctions Accelerating

A new study in the *Proceedings of the National Academy of Sciences* warns that Earth's mass extinction crisis is worsening. Scientists have identified 543 terrestrial vertebrate species that have gone extinct since 1900, and another 515 that are “on the brink” of extinction. Under the “background extinction rate” covering the past 2 million years, it would have taken 11,700 years for 1,058 terrestrial vertebrate species to go extinct.

The study's authors write, “The growing human population, increasing rates of consumption, and projected growth in the future can only accelerate the rapid disappearance of species, now a stream, to a rushing torrent—a problem for survival that only human beings have the power to alleviate.”

FDA Approves New Non-Hormonal Contraceptive

In mid-May, the Food and Drug Administration (FDA) gave final approval to Phexxi, a contraceptive gel designed to maintain vaginal pH at a level

inhospitable to sperm. The gel comes in pre-loaded applicators and must be inserted into the vagina no longer than one hour before intercourse. In a study of 1,400 women ages 18–35, Phexxi was shown to be around 86 percent effective at preventing pregnancy over an average of seven menstrual cycles—roughly as effective as male condoms, but less effective than the most common hormonal methods. Phexxi is expected to be available to consumers in September.

U.S. Birth Rate Hits Lowest Level in 35 Years

Data from the U.S. Centers for Disease Control (CDC) show that in 2019, for the fifth year in a row, the U.S. birth rate declined. It is now at the lowest level in 35 years. Last year, there were 3,745,540 births to women ages 15–44—a 1 percent decrease from 2018. The total fertility rate was 1.71 births per woman—a record low. Birth rates decreased among almost every age group, including a 5 percent decline in teen births. One noteworthy exception: women in their 40s, whose birth rates continue to increase as American women delay childbearing in favor of education and career opportunities. There is little expectation that 2020 will reverse the trend. Researchers at The Brookings Institution predict that amid the COVID-19 pandemic and resulting economic uncertainty, next year may see 300,000–500,000 fewer births than would otherwise be predicted.

VERY VIRTUAL (FOR NOW)

Since the outbreak of COVID-19 earlier this year, **Membership Relations** has shifted gears, transitioning all in-person events to virtual gatherings. As we self-isolate, we still want to provide our members with engaging opportunities with our organization. Thank you all for your participation and support as we've made the transition. We look forward to seeing you at future events, whenever it's safe again to congregate!

VIRTUAL EARTH DAY

We kicked off our virtual events by celebrating the **50th anniversary of Earth Day** with our first ever Earth Day Challenge! Leading up to Earth Day, over 90 participants signed up to follow daily tasks that help decrease our collective impact on the environment such as saying no to single-use plastic and reducing water usage.

Our **Earth Day Challenge** included the opportunity to watch live presentations by President John Seager and Communications Manager Hannah Evans. John discussed how population growth and pandemics are interwoven, and Hannah highlighted the connections between climate change and population growth. Collectively, over 120 members tuned in for these livestreams!





Hannah Evans



John Seager

SUMMER SPEAKER SERIES

At the end of May, we started our **Summer Speaker Series**, hosting Zoom calls with experts in the fields of conservation, reproductive health care, and reproductive rights.

To kick off the series, our sister organization, Population Connection Action Fund, sponsored Senior Vice President for Media and Government Relations Brian Dixon in his discussion “The State of Advocacy for U.S. Investments in International Family Planning Programs.” Over 50 participants tuned in to hear Brian speak about current U.S. policies that place barriers on access to reproductive health care in the developing world. Brian focused specifically on our #Fight4HER campaign, which is working to permanently repeal the Global Gag Rule.

Our second speaker was **Dr. Gladys Kalema-Zikusoka, Founder and CEO of Conservation Through Public Health**. Her presentation, “Responding to COVID-19 Through a One Health Approach to Gorilla Conservation,” discussed improving the health and livelihoods in and around protected areas of Uganda by promoting the peaceful coexistence of people, gorillas, and livestock.

The third session of our speaker series was with **Drs. Rodrigo Barillas and Michelle Dubon of WINGS Guatemala**, which provides quality reproductive health education and services to underserved, primarily rural Guatemalan youth, women, and men. Their talk, “WINGS Guatemala in the Time of COVID-19,” shed light on how their organization has adapted during the past several months to continue meeting the needs of the communities they serve.

All of the presentations are available to watch on our website, at populationconnection.org/getinvolved



If you have questions about these events or are interested in how you can get involved, please feel free to reach out to us at engage@popconnect.org!

Empowering Women Lies at the Center of Controlling Population Growth in Africa

By Alex Ezeh, Dornsife Professor of Global Health, Drexel University | Originally published by The Conversation on September 20, 2018

I think about the future of my continent in terms of three questions: Are Africans healthy? Do they have access to a good education? And do they have opportunities to apply their skills?

Millions more Africans have been able to answer yes to these questions in recent years. But there's an elephant in the room. One of the keys to keeping this progress going is slowing down the rapid rates of population growth in parts of the continent. But population issues are so difficult to talk about that the development community has been ignoring them for years.

Population growth is a controversial topic because, in the not-too-distant past, some countries tried to control population growth with abusive, coercive policies, including forced sterilization. Now, human rights are again at the center of the discussion about family planning, where they belong. But as part of repairing the wounds created by this history, population was removed from the development vocabulary altogether.

For the sake of Africa's future, we should bring it back. Based on current trends, Africa as a whole is projected to double in size by 2050. Between 2050 and 2100, according to the United Nations, it could almost double again. In that case, the continent would have to quadruple its

efforts just to maintain the current level of investment in health and education, which is too low already.

But if the rate of population growth slows down, there will be more resources to invest in each African's health, education, and opportunity—in other words, in a good life.

To be very clear: The goal of family planning programs is not to hit population targets; on the contrary, it's to empower women so that they can exercise their fundamental right to choose the number of children they will have, when, and with whom. Fortunately, empowering couples to make decisions about their lives also improves Africa's future by changing the population growth scenario across the continent.

Scenarios

Some relatively simple future scenarios for sub-Saharan Africa have been modeled to consider how various family planning-related investments might affect population growth. These have been built using data from the Track20 Project. The project monitors global progress in extending access to modern contraceptives to an additional 120 million women in the world's 69 poorest countries by 2020.

Let's examine the data.

●

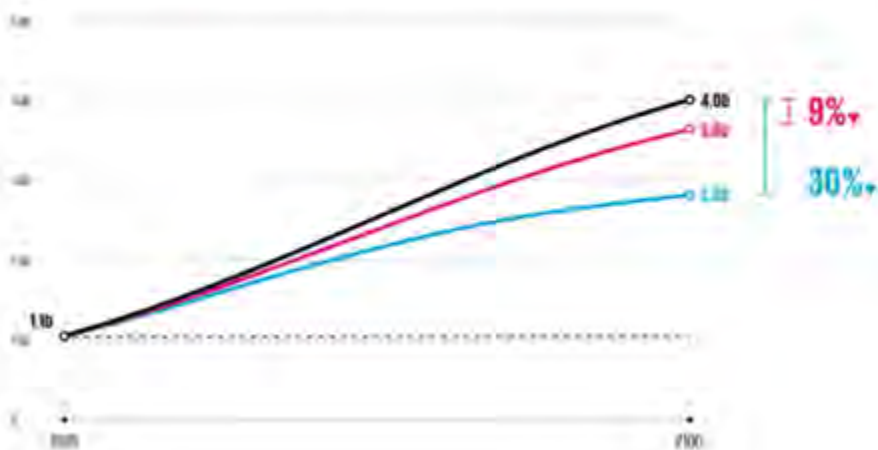
[I]f the rate of population growth slows down, there will be more resources to invest in each African's health, education, and opportunity—in other words, in a good life.

●

Wanted fertility: The black line [in the graph, opposite] represents sub-Saharan Africa's population to 2100 based on estimates by the United Nations Population Division. The blue line represents its population to 2100 if every woman had only the number of children she wanted. Currently, women in the region have an average of 0.7 more children than they want. If that number went down to zero

PROJECTED POPULATION IN SUB-SAHARAN AFRICA

● U.N. projection ● If there's a shift away from early births ● If all unwanted fertility is addressed



over the next five years, the population in 2100 could change by 30 percent.

Education: Another link between empowerment and population growth is the transformative impact of secondary education for girls. Educated girls tend to work more, earn more, expand their horizons, marry and start having children later, have fewer children, and invest more in each child. Their children, in turn, tend to follow similar patterns, so the effect of graduating one girl sustains itself for generations. Though the impact of education is sweeping, our model looks at just one narrow aspect of it: a shift in the age at which women give birth to their first child.

The pink line represents sub-Saharan Africa's population if every woman's first birth were delayed by an average of approximately two years. The average age at first birth for women in Africa is significantly lower than in any other region. Currently, it is 20 or younger in half of African countries. This scenario doesn't have anything to do with women having fewer children. It just has to do with when they start having them.

Consider this thought experiment. If every woman started having children at age 15, then in 60 years you'd have four generations ($60/15=4$). But if every woman started having children at age 20, then in 60 years you'd have three generations ($60/20=3$). Even if those women had the same number of children in each generation, the total population would be one-quarter smaller in the latter scenario. To be conservative, we assumed a less substantial delay in our model. Still, it changes the projected population by nearly 10 percent.

All well-meaning Africans will support sending girls to school and giving them access to information about family planning and contraceptives when they ask for them.

And I hope we will stop shying away from also pointing out that empowered women make millions of individual decisions that add up to a better demographic situation for themselves, for their children, and for Africa.

Alex Ezeh joined the African Population and Health Research Center (APHRC) in 1998 (then a program of the Population Council in Nairobi) as a Senior Research Fellow. In 2000, he was appointed APHRC's Interim Director and charged with the responsibility of leading its transition into an autonomous institution.

Having successfully led this transition, he was appointed APHRC's Executive Director in 2001, and has steered the institution to phenomenal growth to date. He is also the Director of the Consortium for Advanced Research Training in Africa (CARTA) and Honorary Professor of Public Health at the University of the Witwatersrand, South Africa. Alex holds a PhD in Demography (University of Pennsylvania, 1993), Master of Arts degree in Demography from the same University (1991), and a Master of Science degree in Sociology (University of Ibadan, Nigeria).

Prior to joining APHRC, Alex worked at ORC/Macro International where he provided technical assistance to governmental and non-governmental institutions in several African countries in the design and conduct of Demographic and Health Surveys. Alex has more than 25 years of experience working in the population and public health fields and has authored numerous scientific publications covering a broad range of fields including population and reproductive health, urban health, health metrics, and education. He also currently serves on the boards and committees of several international public health organizations including the World Health Organization, PATH, International Union for the Scientific Study of Population, University of Witwatersrand School of Public Health in South Africa, and the Wellcome Trust.

We Know What Works, So Let's Do It: Support Voluntary Family Planning

By Pape Amadou Gaye, President Emeritus, IntraHealth International

A family planning patient in Senegal shows off her new contraceptive implant | Photo by Clément Tardif for IntraHealth International



I grew up in Senegal, a country in the Sahel region in West Africa. Senegal is what we in the global health community might call “pronatalist,” meaning that people prefer large families and tend to use contraception for spacing, rather than limiting births. Contraception was, and often still is, difficult to come by, and many women die as a result of childbirth complications. Even more often, their newborns die.

According to the World Bank, women in Senegal have a 1 in 65 lifetime risk of dying

from pregnancy-related causes, with the figure even more dire for poor women. For every instance of maternal mortality, there are 20 instances of serious morbidity (e.g. obstetric fistula, anemia, uterine prolapse). Women increasingly want and use contraception, but many still cannot access it—one in four Senegalese women has an unmet need for contraception. If all unmet need were met, maternal mortality would be reduced by 30 percent. Yet, with the COVID-19 pandemic, access to health services has become even more challenging.

After over 30 years working in global health and development, including 15 years leading IntraHealth International, a U.S. organization with programs in 44 countries, I have become convinced that family planning remains one of the most critical development activities for the well-being of people—and the planet. My passion for and commitment to family planning grew even stronger because of its double benefit: Family planning improves the health of women and children while at the same time contributing to the long-term sustainability

of development programs. And there is arguably no more cost-effective intervention for the environment than increased access to voluntary family planning.

Access to modern contraception has become a widely recognized human right and, increasingly, across the globe, contraceptive use has become an informed individual choice. Yet data regarding world population growth seem to suggest that international family planning programs have not performed as well as they could have. After all, when the birth control pill was approved by the U.S. Food and Drug Administration in 1960, the world's population was 3 billion. On the first World Population Day in 1989, it had just crossed 5 billion. Now, in 2020, it has climbed to 7.8 billion, and is projected to rise to 9.7 billion in 2050 and 10.9 billion in 2100.

But consider this: In 1965, when the United States Agency for International Development (USAID) established its Office of Population, only 9 percent of married women in low- and middle-income regions used modern contraception. These women had more than six children on average. In 2019, 24 percent of women in low-income countries used modern contraception, and they had an average of 4.4 children each. In middle-income countries in 2019, 45 percent of women used modern contraception, and they had an average of 2.3 children each—not much higher than replacement rate!

Recent developments only ensure that progress continues (assuming adequate funding). Renewed global leadership catalyzed by the FP2020 movement, the development of new contraceptive technologies such as the self-injectable Sayana Press, robust involvement of the private sector, and new players such as social

entrepreneurs have all contributed to creating new momentum. I am encouraged by high-impact service delivery practices such as community-based provision of methods, contraceptive social marketing, and task sharing by lower-level health professionals and lay workers. In addition, the increasing availability of digital solutions for training and information sharing is allowing countries to achieve faster, more sustainable progress in their family planning programs.

I am also very encouraged by recent progress coming out of the Ouagadougou Partnership, a coalition of government officials, religious leaders, civil society members, and youth representatives from nine francophone West African countries—Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo—working in collaboration with donors to improve family planning outcomes in the region. During 2011–2020, the Partnership doubled the number of new users of modern contraceptive methods by adding 3.8 million users in the region.

Further, nongovernmental organizations like IntraHealth International have continued to advocate for investments in family planning as essential for human and economic development. And the message is resonating. High contraceptive access and use in rapidly developing middle-income countries continues to be a “virtuous circle,” helping generate their economic growth and development, which in turn has fueled increasing adoption of contraception. And global megatrends such as rapid urbanization, women's greater education and empowerment, and the spread of social media are continuing to drive a desire for smaller families and greater adoption and use of modern contraceptive methods by women of all ages, family size,

Family planning improves the health of women and children while at the same time contributing to the long-term sustainability of development programs. And there is arguably no more cost-effective intervention for the environment than increased access to voluntary family planning.

income levels, and place of residence. In turn, this has enabled greater investment per child, and greater women's health and family well-being.

Demographic Dividend

The fiscal benefits for countries with robust family planning programs are huge. As more people than ever make the transition from large families and short lives to smaller families and longer lives, we're reminded that health, family size, and prosperity are irrevocably intertwined.

Part of this is due to a phenomenon called the demographic dividend, and this is how it works: After a period of lowering fertility in a population (such as when modern contraceptives enter the picture, and women and families begin choosing to have fewer children), there is a window of opportunity during which the number of working-age adults grows faster than the number of non-working-age people who depend upon them. If a country has properly planned (for instance, by making sure there are enough jobs available for these working-age adults), it can take advantage of this window by growing its economy, freeing up resources, and using them to meet other pressing needs.

Look at what the Asian tiger economies have accomplished by creating a demographic dividend through strong, voluntary family planning programs. Indonesia, Thailand, and Singapore, for example, have created favorable policy environments, relaxed the laws that were holding their programs back, and invested greatly in their community health workforces. Thailand has essentially destigmatized family planning and made it a mainstream way of life. Many of these countries put line items in their budgets to buy contraceptives—that is domestic investment.

While countries are currently focused on the COVID-19 pandemic, they are also paying greater attention to strengthening

their health care systems. This is a good time to start emphasizing the many benefits of leveraging the demographic dividend so that more countries can enjoy the health and fiscal benefits of family planning. This is a moment of rare opportunity because many low-income countries are economically poised to become middle-income countries. The African continent, for instance, has been the fastest-growing economy in the world. Countries that have long fallen behind are now ready to hear an economic argument for family planning.

Family Planning as an Investment

Family planning and slower population growth have a positive impact on nearly all 17 of the United Nations Sustainable Development Goals (SDGs):

1. No poverty
2. Zero hunger
3. Good health and well-being
4. Quality education
5. Gender equality
6. Clean water and sanitation
7. Affordable and clean energy
8. Decent work and economic growth
9. Industry, innovation, and infrastructure
10. Reduced inequalities
11. Sustainable cities and communities
12. Responsible consumption and production
13. Climate action
14. Life below water
15. Life on land
16. Peace, justice, and strong institutions
17. Partnerships for the goals

The international family planning community knows “what works.” Political will and adequate financial and human resources to enable wider provision of family planning services have been

lacking, however. More than 218 million women want to prevent pregnancy, but have an unmet need for modern contraceptives. And the poorer they are, the less likely they are to have access to them. This has a devastating generational ripple effect, which keeps the cycle of poverty going. On the other hand, women who have access to contraceptives tend to be healthier, get more education, and have a better shot at earning wages. And so do their children.

In the U.S., the broad bipartisan support for population assistance that once existed in Congress has fallen away in the face of abortion politics and partisan political rancor. This change has taken place despite longstanding prohibitions on U.S. financial support for abortion services, and the fact that abortion almost always represents, in some sense, “failed family planning.”

Action Needed

If you are concerned about climate change, support voluntary family planning programs. If it bothers you that 10 percent of the global population live in extreme poverty on less than \$1.90 per day, support voluntary family planning programs. If you oppose abortion or want to reduce it, support voluntary family planning programs. If you are worried about political instability, support voluntary family planning programs. If unconscionably high maternal mortality in low-income countries disturbs you, support voluntary family planning.

Let Congress know that voluntary family planning programs should be a global health and development priority and that the U.S. should fund them fully. It's the highest-impact, most cost-effective investment we can make.



DONATE YOUR VEHICLE

**WE MAKE IT EASY.
YOU MAKE A DIFFERENCE.**

A simple and impactful solution for an
unwanted vehicle

HOW IT WORKS

1.



Call us or
visit us online

2.



Schedule your
free pick-up

3.



Receive a tax receipt
for your donation

**Easy Process
Free Pick-Up
Tax-Deductible**

Consult your tax advisor



TO LEARN MORE CALL OR VISIT US ONLINE

855-500-7433 • careasy.org/nonprofit/population-connection

The 'Cradle Catholic' Promoting Family Planning in Ghana

Article by Kwasi Gyamfi Asiedu | Photos by Francis Kokoroko | Originally published by The New York Times on May 22, 2020



"I think God has a sense of humor," Dr. Leticia Adelaide Appiah said of her advocacy of family planning. "To let a Catholic do this is bizarre."

Dr. Leticia Adelaide Appiah is determined to slow her conservative country's birth rate by any means, including contraception. Not everyone is pleased.



On the last Sunday before Lent, Dr. Leticia Adelaide Appiah was up early and the first to be ready for Mass in her home, a government bungalow in the affluent Cantonments neighborhood of Accra, the capital of Ghana.

Christ the King Catholic Church, opposite Ghana's presidential palace, is a six-minute drive away, and in the days before coronavirus restrictions caused churches to shut, she was also a regular at weekday Masses.

Dr. Appiah's 77-year-old mother, Susanna Kankam, said of her daughter: "She is a cradle Catholic. We baptized her two weeks after she was born."

Catholicism is a central part of Dr. Appiah's identity, yet in her line of work, she is actively defying one of the Vatican's longstanding doctrines, which "condemns as always unlawful the use of means which directly prevent conception."

In her position as the executive director of the National Population Council in Ghana, she is the constitutionally mandated, independent, public health official responsible for advising the government on all matters of population.

Concerned that out-of-control population growth will curb her country's development, the self-described "terrible introvert" has become Ghana's advocate in chief for contraceptive use and family planning since her appointment in 2016.

Managing fertility is a serious issue in Ghana, where the population has soared to about 30 million, from around 12 million in 1984, and where only 20 percent of reproductive-age women or their partners use a modern family planning method.

In light of that, the Roman Catholic Church's recommendation that couples practice natural family planning, in which they have sexual intercourse only when the woman is not ovulating, does not sit well with Dr. Appiah.

"The problem with the Catholic faith is that because we have named the product contraception, we think that it is against life and we think that it causes abortion," Dr. Appiah, 55, said at an after-Mass lunch with friends.

For that stance, she has been described as the "Antichrist" by one priest, she said, and "had some people saying that 'She has no children, so she is envious of us.'"

In fact, Dr. Appiah has three daughters, Suzzie Owiredua Aidoo, 31; Tracy Asomani Wiafe, 24; and Sharon Adelaide Asomani Wiafe, 21. (She is reticent about her family life, saying only that she is currently married, but not to the father of her children.)

The Catholic Church has a large footprint in Ghana, including in education and in medical services. In those spaces, she “wouldn’t even dare to talk about the other side of it,” meaning artificial contraception, said the Rev. Lazarus Anondee, secretary general of the Ghana Catholic Bishops’ Conference, adding that she “will speak the Catholic way.”

But Dr. Appiah says she believes that her advocacy work has divine backing, too. “I think God has a sense of humor,” she said with a chuckle. “To let a Catholic do this is bizarre.”

She acknowledges that the criticisms “will hit you a little, you’d be a bit low

but then you go for Mass in the morning, and you talk to God and ask Him, ‘Do you really want me to do this?’”

In fact, Dr. Appiah herself is uneasy about the word contraception. It puts a lot of people off, she said, adding that she preferred “planception.”

Babies “are not byproducts of entertainment, they are supposed to be planned for,” she said, reflecting her belief that, in addition to health matters, family planning was also an important aspect of women’s economic empowerment.

Dr. Appiah was born in Accra in 1964, to royalty on both sides of the family. Her

father was an important chief, called a paramount chief, in eastern Ghana, while her mother, who became an elementary-school principal, is a member of a royal family in a different part of the country.

From a young age, she had a good idea of what she would do in the future, she said. She did well in school, she recalled, “and if you were a woman, then, of course, it is medicine.”

But her academic success was not always celebrated. As a teenager, she had an awakening when she transferred from a girls’ school to the prestigious coed Achimota School to complete her secondary education.

“If you happen to beat the boys in math and physics and get the prizes, then you become a ‘witch,’” she said. “Men don’t take it lightly when women are excelling.”

She overcame that, however, to earn a scholarship to study medicine in what was then the Soviet Union. When she arrived in Donetsk, in eastern Ukraine, in 1985, Mikhail S. Gorbachev was newly in place as the Soviet leader and she said she still fondly remembered his television broadcasts about *perestroika*, the political and economic reforms that were aimed at revamping the sluggish economy.

On hospital rounds in Ukraine, the happiest place was the labor ward, she said. “It was flowers; it was laughter; it was joy,” she recalled. “You could see that these babies were surrounded by love and happiness.”

She returned home in 1993 with the idea of training as a gynecologist, but arriving in Ghana, she said she experienced “the rudest shock of my life.”



Dr. Appiah, front right, with her daughters, from left: Sharon Adelaide Asomani Wiafe, Tracy Asomani Wiafe and Suzzie Owiredua Aidoo, at Dr. Appiah's home in Cantonments, Accra.

Listening to Dr. Appiah speak about the importance of avoiding teenage pregnancy, in Adumasa, southern Ghana, in February. In Ghana, 14 percent of adolescent girls are already mothers or pregnant with their first child.

Managing fertility is a serious issue in Ghana, where the population has soared to about 30 million, from around 12 million in 1984, and where only 20 percent of reproductive-age women or their partners use a modern family planning method.

The maternity wards in Ghana bore little resemblance to those in Ukraine. “Babies were born and their fathers wouldn’t even come,” she said. “They were abandoned, and the babies would come back months after delivery, malnourished.”

The stark differences went beyond the wards. The fertility rate in Ghana was at least several times higher than the approximately 1.5 births for the average Ukrainian woman in the 1990s.

Dr. Appiah’s mother had two daughters with her father, but as a tribal chief, her father had many more children with his seven other wives.

“We were so many, so you don’t even feel like royalty,” she said with a belly laugh. “My father was very busy populating the country.”

The jolt of returning to Ghana inspired her to change her specialization from gynecology to public health.

She obtained a master’s degree in public health in 2003 and rose through the ranks to become the health director of a large district of Accra. She completed a doctorate in 2018 in public health, conducting research into long-acting reversible contraceptives.

Since Dr. Appiah assumed her current post, she has proposed that free family planning services be included in the state’s health insurance package and provided to new mothers before they are discharged from the hospital. Those measures have yet to be approved, but a trial of free family planning services is underway in six districts in Ghana.



Dr. Appiah after a church service in Accra. Her advocacy of family planning, including artificial contraception, has brought her into conflict with the Roman Catholic Church.

But some of her other proposals have not been received as well, such as limiting couples to three children and prohibiting benefits like free public education for any additional children.

“The government should pay only for up to three children because after three, maternal mortality increases,” she said. “The subsequent ones, the people pay full cost recovery.” She emphasized that this policy should be adopted only after free family planning had been made available to everyone.

The plan has been met with outrage in some quarters. “The proposal is as impractical as it is fascist,” said Nii Moi Thompson, the former director general of the National Development Planning Commission of Ghana. “Family planning is good, for those who need it, but it

shouldn’t be misused for such an abominable agenda.”

But perhaps Dr. Appiah’s greatest challenge has been the introduction of a program called Comprehensive Sexuality Education in Ghana’s schools. It was set to begin last fall until a misinformation campaign with links to American evangelical groups contributed to the government’s withdrawing it.

The president of the Ghana Pentecostal and Charismatic Council, the Rev. Paul Yaw Frimpong-Manso, described the curriculum as “comprehensive satanic engagement” that would introduce school children to homosexuality. In Ghana, homosexuality is illegal.

The program would have introduced concepts like consent and gender equality,

while putting a greater focus on safe sex and contraceptive use rather than abstinence in a bid to reduce the high teenage motherhood rate. In Ghana, 14 percent of adolescent women are already mothers or pregnant with their first child.

So far, the Catholic Church has not reprimanded Dr. Appiah, but that may change when she meets with bishops after coronavirus restrictions on gatherings are lifted.

She waved away the possibility that she could be excommunicated. “They can’t excommunicate me because I am not going anywhere,” she says. “I was born as a Catholic and I will die as a Catholic.”



POPULATION CHALLENGES AND A CHANGING CLIMATE

Population growth contributes to climate change because each additional person causes emissions—especially in high- and middle-income countries. Rapid population growth in low-resource settings increases climate vulnerability and endangers more people who lack the resources necessary to readily adapt and recover.

Slowing population growth through rights-based interventions (e.g. increasing access to voluntary family planning) has profound implications for lowering emissions, improving climate adaptation outcomes, and meeting global sustainable development goals.

TEACHING POPULATION AND CLIMATE CHANGE IN COLLEGE

By including population trends and dynamics in secondary-level climate education, we can prepare tomorrow's professionals to work toward cost-effective, rights-based solutions to climate change—namely, voluntary family planning and girls' education.

DOWNLOAD OUR MATERIALS AND CONTACT US ABOUT PRESENTING TO YOUR CLASS

Download our free resources at POPULATIONCONNECTION.ORG/CLIMATE-CHANGE/COLLEGE-UNIVERSITY-RESOURCES/
Contact: Hannah Evans, Communications Manager, at CLIMATE@POPULATIONCONNECTION.ORG





Countdown to November Begins

By Stacie Murphy, Director of Congressional Relations

With coronavirus cases continuing to surge nationwide, a faltering economy, and an election on the horizon, there are a great many demands on legislators' time and attention. Nevertheless, both supporters and opponents of U.S. family planning programs—at every level of government—continue to make time for this fight.

A Win and a Loss: SCOTUS Decisions Announced

On June 29, the Supreme Court, in a 5–4 decision, struck down the Louisiana abortion law at the heart of the *June Medical Services v. Russo* case. The Court ruled that the measure, which was identical to a Texas law ruled unconstitutional in the 2016 *Whole Woman's Health v. Hellerstedt* decision, violated the precedent set in that case. Chief Justice John Roberts, who dissented in *Hellerstedt*, wrote the new decision, and stated bluntly that although he still believed the earlier case had been “wrongly decided,” the principle of *stare decisis* required him to declare the Louisiana law similarly void. It is a win for reproductive rights supporters, but make no mistake: This is only a temporary victory. Language from Roberts's decision makes it clear he ruled as he did only reluctantly. Abortion access remains strongly threatened by

this Court. It's only a matter of time before another case reaches the docket, and we're highly unlikely to get a second reprieve.

The Court amply demonstrated that fact in the other major reproductive rights case of the session. On July 8, the Court ruled, 7–2, that the Trump administration does have the authority to exempt any employer claiming a religious or moral objection to contraception from covering it as part of employee health care plans. Justices Ruth Bader Ginsburg and Sonia Sotomayor dissented from the ruling, with Ginsburg writing, “In accommodating claims of religious freedom, this Court has taken a balanced approach, one that does not allow the religious beliefs of some to overwhelm the rights and interests of others who do not share those beliefs. ... Today, for the first time, the Court casts totally aside countervailing rights and interests in its zeal to secure religious rights to the *n*th degree.”

House Bill to Repeal Helms Amendment

On July 29, Rep. Jan Schakowsky (D-IL-9), along with Reps. Nita Lowey (D-NY-17), Barbara Lee (D-CA-13), Jackie Speier (D-CA-14), Diana DeGette (D-CO-1), Ayanna

Pressley (D-MA-7), and Norma Torres (D-CA-35), introduced the Abortion is Health Care Everywhere Act in the House of Representatives. The bill would repeal the Helms Amendment, which bars U.S. funding for abortion services overseas.

Passed in 1973 as an amendment to the Foreign Assistance Act, the Helms Amendment states that “no foreign assistance funds may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.” The policy has always been interpreted as an outright ban on abortion for any reason, including in cases of rape, incest, or life-threatening pregnancy complications.

Every year, there are an estimated 35 million unsafe abortions worldwide. They lead to millions of injuries and up to 31,000 maternal deaths. The Helms Amendment makes this crisis worse, preventing millions of people around the world from having access to safe, legal abortion and denying them access to care they want and need.

It is long past time to repeal this policy and allow the use of U.S. funds to support access to safe abortion everywhere. This bill is an important first step.

House Appropriations Process Begins

On July 9, the House Appropriations Committee passed the FY 2021 State and Foreign Operations appropriations bill. The bill contains multiple excellent provisions aimed at strengthening our international family planning programs. It calls for \$750 million for our bilateral programs—\$513 million above the administration's budget request—and a \$175 million increase over the FY 2020 enacted level. It also includes \$55.5 million for the United Nations Population Fund (UNFPA)—\$23 million above the FY 2020 enacted level—although because the administration has invoked the Kemp-Kasten provision again this year (see below), that money will be redirected to other global health programs. Finally, the bill included the operative language of the Global Health, Empowerment, and Rights (HER) Act, which would permanently repeal the Global Gag Rule.

The committee rejected an amendment from Rep. Hal Rogers (R-KY-5) to strike the positive family planning language from the bill by a vote of 29–21, along party lines.

On July 24, the bill came to the House floor as part of a so-called “minibus,” a

small package of multiple appropriations bills bundled together. It passed, 223–187.

As of our press deadline, there was no word on whether or when the Senate might take up the bill. With negotiations on additional coronavirus relief packages and the desire of most members to get out on the campaign trail in the fall, most observers expect the final outcome will be a Continuing Resolution extending funding at current levels until after the November election.

Trump Administration Snubs International Organizations

At the end of June, for the fourth consecutive year, the Trump administration announced that it would invoke a measure known as the Kemp-Kasten Amendment to deny U.S. funding to UNFPA.

Kemp-Kasten states that funds may not be made available to “any organization or program which, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization.” Numerous investigations over the years have failed to uncover any evidence that UNFPA does any such thing. Nonetheless, hostile administrations have used the broad

discretion given to them by the provision to deny funding to the organization.

Additionally, the Trump administration has continued to wage its war on international reproductive health and rights by asking the UN to remove references to reproductive health from its pandemic relief plan, arguing that it “does not rise to the same level of importance” as other priorities. Global health experts disagree.

Finally, on July 6, the Trump administration formally notified the World Health Organization (WHO) of its intent to withdraw from the organization. Donald Trump has repeatedly criticized what he says are the failures of the WHO to respond to the coronavirus pandemic and stated that he believes the WHO is being controlled by China. WHO rules allow any country to withdraw after giving one year of notice and paying any outstanding dues. At the end of June, the U.S. owed approximately \$198 million in dues to the organization, which Trump, in keeping with his long history of defaulting on his debts, currently insists he will not pay.

Whether or not this plan ultimately comes to fruition will depend—as will so many other things—on the outcome of the November presidential election.



Pandemic Persists, But So Does #Fight4HER

By Samia Noor, Stanback Grassroots Mobilization Fellow

COVID-19 has posed new, immense challenges for nearly everyone around the world. While we reckon with the serious health implications of the global pandemic, right-wing politicians are exploiting the crisis to advance their anti-abortion agenda. Several states across the country have used the pandemic to put forward dangerous abortion bans. Outside of the United States, COVID-19 is wreaking havoc on health care systems already strained by funding cuts under Trump's Global Gag Rule.

We know that the fight for reproductive health and rights around the world is more important now than ever. Over the past several months, our staff, organizers, and activists have integrated new ways to push forward in the #Fight4HER while maintaining the health and safety of our communities. Most notably, we launched a completely online version of our annual Summer of HER program, designed to train activists on crucial advocacy and activist skills to build power for reproductive health and rights around the world. From our monthly national volunteer calls to digital advocacy workshops to virtual global reproductive rights meme parties—our activists aren't letting COVID-19 slow down the momentum of our movement.

Summer of HER

In 2018, we launched our first-ever Summer of HER organizing program—a 10-week field project working in nine target states—designed to give fellows the tools they need to mobilize action for global reproductive health and rights. In 2018 and 2019, fellows learned how to educate their communities about the impacts of U.S. funding policies on access to health care around the world, collect petitions calling on Congress to repeal the Global Gag Rule, effectively engage on social media, and plan high-visibility events that garner the attention of leading decision-makers.

In light of COVID-19, we decided to take this year's program online. We have 118 fellows participating in our digital Summer of HER program—our largest cohort yet—who are phone banking, engaging on social media, and circulating petitions. They are also tapping into their personal networks—a tactic called relational organizing. Our fellows have made over 1,500 personal contacts, urging their friends and family to take action for reproductive health and rights around the world. The Summer of HER program will culminate with virtual Health, Empowerment, and Rights summits to engage fellows' broader communities in the #Fight4HER.

National Volunteer Calls

In May and June, over 300 activists from across the country joined our monthly national volunteer calls to hear from reproductive health and rights experts.

Congressman Ami Bera (D-CA-7) and our Director of Congressional Relations, Stacie Murphy, joined our May national volunteer call to talk about Trump's Global Gag Rule and the Global HER Act that would repeal it permanently.

Three guest speakers joined our June national volunteer call: Maya Hart of SisterSong discussed the principles of reproductive justice and how it is connected with racial justice and reproductive rights. Activists then heard from Melvine Ouyo, #Fight4HER advocate from Kenya, and Dickson Okong'o, Executive Director of STRETCHERS Youth, who discussed how Trump's Global Gag Rule and COVID-19 have been impacting communities in Kenya.

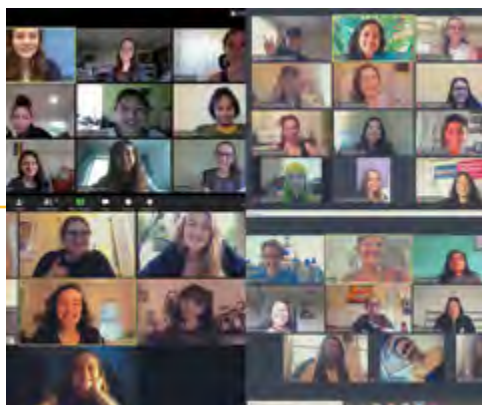
Our activists are working hard to shift their work to a digital platform and reach as many people as possible. As the pandemic persists, #Fight4HER will continue to use digital activism to push forward a progressive agenda that prioritizes access to reproductive health care around the world.

Congressman Ami Bera (CA-7) talks with over 150 participants at the May volunteer call



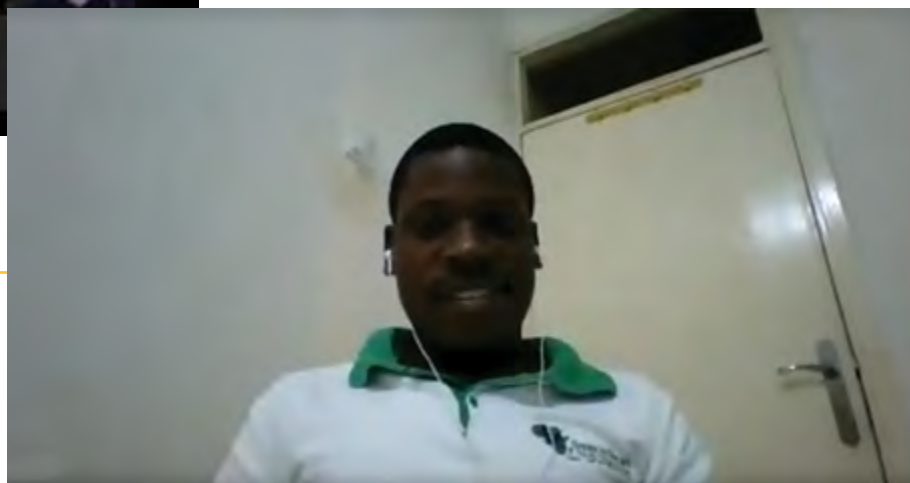
Far Right: Our organizing staff welcomes fellows to the Summer of HER program

Right: Fellows connect with their cohort at their first mixer to kick off their summer program



Above: North Carolina fellows learn about relational organizing in their communities

Right: Dickson Okong'o speaks to over 140 activists about the impacts of the Global Gag Rule in Kenya during the June National Volunteer Call





Winners of the 2020 World of 7 Billion International Student Video Contest Announced

By Isabelle Rios, Student Engagement Specialist

Eighteen talented middle and high school students have taken a top spot in the 2019–2020 World of 7 Billion student video contest for their videos about the effects of human population growth on climate resiliency, economic opportunities, and water systems. The winners tackled topics ranging from microfinance and urban sanitation systems to climate justice and overfishing.

Students were challenged with educating viewers about their chosen topic and how it relates to human population growth. They were asked to include at least one idea for a sustainable solution. “These students showed a sophisticated grasp of some really complex issues, as well as innovative ideas,” said John Seager, President of Population Connection.

More than 5,000 students in grades 6–12, from 35 countries and 46 U.S. states and territories, participated in this year’s competition, which ran from September 2019 until the close of submissions in late February 2020. A panel of 41 judges—including college and high school educators, filmmakers, and topic experts—selected the winners.

“This is a great project for stimulating students’ research, writing, and video production skills on some of the biggest challenges facing the world. That’s why so many science and social studies teachers are including it in their lesson plans each year,” added Pam Wasserman, Population Connection Senior Vice President for Education.

Sign up today to receive updates and information on the 2020–2021 contest as it becomes available:

worldof7billion.org/student-video-contest/

Honorable Mentions, High School

“Climate Migrants”

Tripp Myers, Hunter Hamer, and Owen Kleis
Gilman School
Baltimore, Maryland

“The Unjust Killer”

Rana Duan
Dulles High School
Sugar Land, Texas

“Take Action Against Wealth Inequality”

Nyi Lin Htet Zin
Ayeyarwaddy International School
Mandalay, Myanmar

“Urban Greenhouse Grocery Stores”

Isabelle Job and Sophie Jeffery
Pingree School
Wenham, Massachusetts

“Agricultural Pollution”

Lilli Goodrich
McNeil High School
Austin, Texas

“Sustaining Water Systems—Your Dangerous Waste”

Rebecca Possidel, Samantha Ramirez, and Denise Rubinstein
Valley Stream South High School
Valley Stream, New York



Improving Climate Resiliency



1st Place, High School

"Cover Crops Against Climate Change"

Lexis Sablan

Tiyan High School, Barrigada, Guam

Lexis was born and raised on the small island of Guam. She decided to focus on agricultural productivity "because the ever growing population is expected to exacerbate world hunger." She said, "What had surprised me was the projected 70 percent growth of agricultural productivity needed to keep up with the population in the next decades." She loves to mentor and inspire young kids, having taught her own robotics and coding classes and being an aid for a Girl Scout's STEM camp. After high school, Lexis wants to attend Carnegie Mellon University to study computer science and software engineering. "I believe the future is in technology and I want to do my part in advancing the tech world and making it accessible to everyone."

1st Place, Middle School

"Helping Climate Migrants"

Ruth Mekuria

Wildwood School, Los Angeles, California

Ruth decided to focus on climate migrants as her topic because she sees it as an important issue that the world needs to do something about. "I thought that it was so sad people had to move because of it. Climate change is affecting people in a major way," she said. Her solution centered around civic engagement—specifically, voting and demonstrations to urge policymakers to take action on climate change and help climate migrants. "I wanted to do a simple solution that we all could do," she said, noting that influencing lawmakers is important. Ruth enjoys painting, drawing, ice-skating, and playing piano. Her favorite class at school is math. "I really like how there is a definite answer. And I like solving problems."



2nd Place, High School

"Sick of Climate Change"

Emma Chestnut

Jersey Village High School, Jersey Village, Texas

2nd Place, Middle School

"Ruminant Livestock & Climate Change"

Jensen Coonradt

Bednarcik Middle School, Aurora, Illinois



Ensuring Economic Opportunities



1st Place, High School

"When We Help Women"

Sophia Greenberg
Coppell High School, Coppell, Texas

Sophia tapped her art skills in creating the images seen in her video. She reflected on her strategy for formulating her video's message, saying, "I wanted to get the message across quickly and wanted the viewer to be interested throughout the video." This was Sophia's first award for a project, and she identifies needing to be concise and incorporating clear messaging as the most challenging part of the process. Sophia enjoys serving as liaison of the Coppell High School Arts Council. She is also a Girl Scout, enjoys the outdoors, and has recently gotten into gardening. She has a vegetable plot at home with lots of tomatoes and is currently trying to determine how to grow a full tomato from seed-to-harvest without a bird or squirrel getting to it first!

1st Place, Middle School

"Breaking Free from the Cycle of Poverty"

Annika Chan and Emmy Yand
Eastside Preparatory School, Kirkland, Washington

Annika and Emmy were inspired to submit a video after learning this year about the Girl Effect, a non-profit organization that believes girls are able to lift their countries out of poverty if given the opportunity. They did not know much about population and its impacts on the world prior to conducting research, and they were very surprised to learn how many people there are living on earth. Annika would love to see "Protecting Ocean Wildlife" as a future video contest topic, a subject that she has a personal connection with. She has over 50 fish in her home aquarium and enjoys spending extra time with them while practicing social distancing due to COVID-19. Emmy is a dancer, and they both enjoy art and watching anime to pass the time.



2nd Place, High School

"Microfinance—People Empowering People"

Tyler Martire and Pearson Harrington
Gilman School, Baltimore, Maryland

2nd Place, Middle School

"We're Not Off the Hook Yet"

Ava Varasno, Mae Curiale, and Luna Espinosa DeRosas
North Shore Middle School, Glen Head, New York

Sustaining Water Systems



1st Place, High School

"Sanitation Infrastructure"

Bryan Nguyen

Arnold O. Beckman High School, Irvine, California

Bryan decided to create a video to address water systems because of his interest in public health—especially now, as we're seeing how the spread of disease impacts the global population. While researching global sanitation, Bryan made the connection between the spread of infectious diseases and population density. His research also highlighted the global need for populations to work together to achieve sustainability. "We only have one planet, so we all need to work together by aiding and assisting each other." In addition to filmmaking, Bryan's artistic pursuits include piano, which he has been playing for over 12 years. In the fall, he hopes to begin his public health studies at University of California, Irvine.

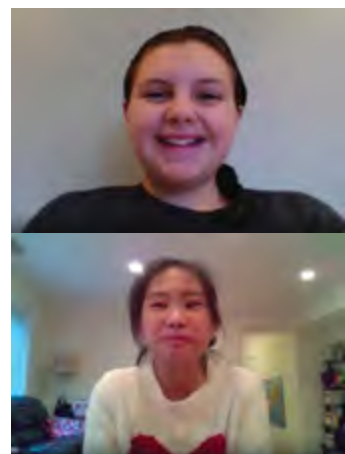
1st Place, Middle School

"Waste Disposal"

Devin Sullivan and Kai-Yu Zhang

Edith C. Baker School, Brookline, Massachusetts

For Devin and Kai-Yu (who declined to be interviewed for this piece), their decision to research and ultimately create a video about waste disposal was inspired by curiosity. Devin said, "I felt like I didn't know that much about water systems and where garbage and recycling actually goes and ends up." While researching for the video, Devin discovered that our large—and growing—population contributes mass amounts of waste at the global scale. Devin said, "Working on a project and [doing] research helps me learn so much [better] than just reading." In the future she hopes to learn more about agriculture. Devin plays softball and basketball and likes to cook in her spare time.



2nd Place, High School

"Anti-Plastic Party"

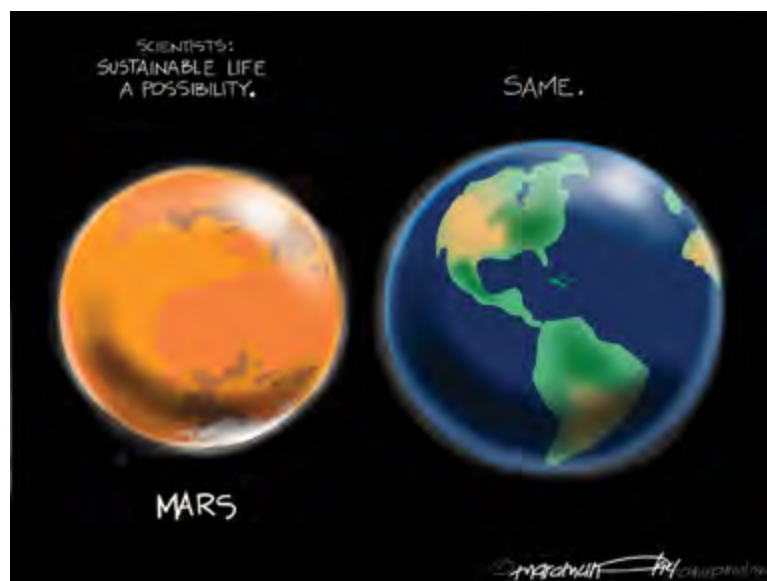
Raenelle Torres, Glenna Curioso, Riko Mizuta, and Scarlet Ramelb
Hawaii Technology Academy, Waipahu, Hawaii

2nd Place, Middle School

"Global Effects of Agricultural Pollution"

Rishika Pillai and Anuncy Jesayen
Coppell Middle School East, Coppell, Texas

CARTOON



Printed with permission from cartoonist Marc S. Murphy

Los Angeles Times

The Supreme Court struck down an onerous and unnecessary Louisiana restriction on abortion, offering a striking rebuke to the state for passing the same version of a law the high court ruled was unconstitutional four years ago.

In a 5-4 decision in *June Medical Services L.L.C. vs. Russo*, the court found that the Louisiana law requiring doctors who perform abortions to have admitting privileges at nearby hospitals provided no health benefits to women and would drastically curtail access to the procedure, most likely leaving one clinic and one doctor in the state to provide abortions.

Justice Stephen G. Breyer, writing the principal opinion, made it clear in his opening sentence that the Louisiana law was “almost word-for-word identical” to the Texas law that the court struck down in the *Whole Woman’s Health vs. Hellerstedt* case four years ago. ...

The Supreme Court has, yet again, made clear that it rejects the pretext that these laws are intended to protect women’s health. Nothing could be farther from the truth. All these laws do—and the court has said this—is make it profoundly difficult to get an extremely safe and legal procedure. And that burden of difficulty falls hardest on those with the least means—poor women and women of color and those who live in rural areas. ...

It’s appalling that nearly 50 years since the passage of *Roe vs. Wade* guaranteed a right to a safe, legal abortion—and after landmark Supreme Court cases in 1992 and 2016 reaffirmed that decision—women are still fighting to preserve their legal right to an abortion. The Women’s Health Protection Act would guarantee a right to abortion and bar the onerous restrictions various states have placed on providers and patients. But that faces an uphill climb in Congress. We expect the courts everywhere to stop these attempts in their tracks—and that is exactly what the Supreme Court did Tuesday.

—June 29, 2020

The New York Times

Well, that didn’t take long.

Only days after surprising the nation by striking down a strict anti-abortion law in Louisiana, the Supreme Court under Chief Justice John Roberts reminded Americans once again that it is no friend to reproductive rights, or to the vast majority of women who will use some form of birth control in their lifetime.

In a decision Wednesday, the justices dealt another blow to the birth control mandate under the Affordable Care Act. In the wake of the 7-to-2 ruling in *Little Sisters of the Poor v. Pennsylvania*, “between 70,500 and 126,400 women would immediately lose access to no-cost contraceptive services,” Justice Ruth Bader Ginsburg noted in her dissent, citing a government estimate. ...

It bears reminding that the cost of birth control can be significant, and that many women rely on it not just to prevent pregnancy but to treat medical issues. Sometimes, the contraceptive method that works best—or the only one a person can tolerate—costs many hundreds of dollars without insurance coverage.

It also bears reminding that the Trump administration has been attacking both the A.C.A. and access to birth control since the moment President Trump took office. On the latter front, its most successful effort before this week was to gut the nation’s decades-old family planning program, called Title X, in an explicit effort to cripple Planned Parenthood. All of the administration’s efforts on this front have most directly affected poor women and women of color. ...

It’s hard to imagine the conservative justices of this court, especially, allowing employers to claim a moral exemption and require their employees to pay out of pocket for, say, a treatment for COVID-19. That sounds absurd. And yet, when it comes to birth control, such state interference with personal health decisions is considered a legitimate matter for public debate.

— July 8, 2020



★★★★★
CHARITY NAVIGATOR
Four Star Charity

THE GIFT OF A LIFETIME

YOU CAN SUPPORT POPULATION
CONNECTION'S MISSION WELL INTO
THE FUTURE ... SIMPLY BY INCLUDING
US IN YOUR ESTATE PLAN.

- After taking care of your loved ones, leave a remainder gift to Population Connection in your will.
- Designate Population Connection as the beneficiary of your retirement plan.
- Establish a Charitable Gift Annuity to receive payments for life that will never change, no matter how long you live or whether the stock market fluctuates.



© 2009 Min Zaw, Courtesy of Photoshare