

Family Planning Freedom Is Pro-life: Ten Good Reasons Why

presented by





Our Definition of “Prolife”

Respect in deed that:

- Encompasses both the lives of women and children, as well as men’s lives.
- Covers all phases of the life cycle – before, during, and ever after birth, starting at conception but hardly ending there.
- Is grounded in universal human rights and nonviolence towards all.
- Can be practiced by people of all religions and no religion.



Ten Good Reasons Why Family Planning Freedom Is Prolife

1. It prevents millions of maternal and child deaths every year.
2. It measurably reduces abortion rates.
3. It is a critical solution to the overlapping injustices of violence against women and abortion.
4. Contraceptives truly prevent rather than take lives.
5. Contraception can be and is widely practiced without a “contraceptive mentality.”



Ten Good Reasons Why Family Planning Freedom Is Prolife

6. Some contraceptives help prevent HIV/AIDS.
7. Most abortion opponents favor contraception.
8. Family planning freedom is a recognized universal human right, one that encompasses all prevention methods...
9. ...and includes the freedom to bear a child.
10. Contraception secures the sexual/reproductive and life rights of people with disabilities.



1.

**Family Planning Freedom
Prevents Millions of Maternal
and Child Deaths Every Year.**



Every year, around the world, access to modern, voluntary family planning methods prevents:

- 112.3 million induced abortions.
- 21.94 million miscarriages.
- 1.17 million newborn deaths.
- 230,000 maternal deaths.

Family planning freedom empowers women to:

- Plan their childbearing for when they are healthiest & most able to care for children.
- Forego conception altogether (for those wish it).
- Select the safest, most effective method(s) for their own personal circumstances.

*(Guttmacher Institute & UNFPA, "Adding It Up: The Costs & Benefits of Investing in Family Planning & Maternal & Newborn Health," 2009, page 18,
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/adding_it_up_report.pdf)*



- # women globally who want but cannot access modern, voluntary family planning methods: 215 million, mostly in the Two Thirds World.
- # abortions prevented if 100 million of these women have access by 2015: 54 million.
- # global maternal deaths from abortion (along with accompanying prenatal deaths) preventable by making family planning available to this gravely unserved population: 90 %.

(John Cleland et al., "Family Planning: The Unfinished Agenda," The Lancet, 18 November 2006; Reproductive Health Supplies Coalition: Hand to Hand Campaign, <http://www.rhsupplies.org/handtohand-campaign/handtohand-campaign.html>;

UNFPA Fact Sheet: "Contraceptives Save Lives,"

http://www.unfpa.org/webdav/site/global/shared/safemotherhood/docs/contraceptives_factsheet_en.pdf)



2.

**Family Planning Freedom
Measurably Reduces Abortion
Rates.**



World's highest abortion rates:

- Vietnam and Cuba.

Family planning access = extremely limited.

World's lowest:

- Netherlands and Belgium.

Family planning access = excellent.

(Family Health International: "Increasing Contraception Reduces Abortions,"

http://www.fhi.org/en/RH/Pubs/Network/v21_4/NWvol21-4abortcontraception.htm



Dramatically improved contraceptive quality and access:

- Over the 1990s, reduced once-astronomical abortion rates of formerly Soviet-dominated nations between 25% and 50%.
- Created similar effect in Bangladesh.

(Family Health International: "Increasing Contraception Reduces Abortions,"
http://www.fhi.org/en/RH/Pubs/Network/v21_4/NWvol21-4abortcontraception.htm)



Only one known kind of exception to
“contraception reduces abortion”:

- Problem: When the desire/need for smaller families outstrips the availability of family planning.
- Solution: A planned scaleup of services that stays ahead of growing demand.
- In other words, the solution is more, not less, contraceptive access.

(Family Health International: “Increasing Contraception Reduces Abortions,”
http://www.fhi.org/en/RH/Pubs/Network/v21_4/NWvol21-4abortcontraception.htm)



3.

**Family Planning Freedom Is a
Critical Solution to the
Overlapping Injustices of
Violence Against Women and
Abortion.**



1 in 3 women worldwide are subjected to gender-based violence, including intimate partner violence (IPV), which may involve:

- Sexual assault and contraceptive sabotage--thus heightened risk for/ incidence of unintended pregnancies.
- Inhospitable circumstances for women to continue pregnancies and raise the children.
- Outright, directly forced abortions.
- Insistence that pregnancies continue, while withholding necessary supports; motive of control and domination rather than concern for mother and baby.
- Homicide of mother and/or child.

(UNWomen: "Facts and Figures on VAW," http://www.unifem.org/gender_issues/violence_against_women/facts_figures.php ;

Family Violence Prevention Fund: The Facts on Reproductive Health and Partner Abuse,

<http://www.knowmoresaymore.org/wp-content/uploads/2008/07/factsheet-on-rh-and-dv-nov-2010.pdf> ;

V. Escribà-Agüir et al., "Violence in the Lives of Women in Italy Who Have an Elective Abortion," *Women's Health Issues* [September/October 2009], <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756423/>)



- # abused pregnant women who experience unintended pregnancies: 40%, compared to 8% of non-abused women.

(Family Violence Prevention Fund: “The Facts on Reproductive Health and Partner Abuse,”
<http://www.knowmoresaymore.org/wp-content/uploads/2008/07/factsheet-on-rh-and-dv-nov-2010.pdf>)

- Link between IPV and induced abortion identified by studies from many countries (including Australia, Bangladesh, Cameroon, Italy, & the US).
- Some of these also link IPV and miscarriage.

(PubMed.gov, <http://www.pubmed.gov> [search terms = “intimate partner violence abortion”] or “violence against women abortion”]



- Rates of IPV against women who have abortions as high as 39.4%.
- Especially high among women who have had more than one abortion.

(V. Escribà-Agüir et al., "Violence in the Lives of Women in Italy Who Have an Elective Abortion," Women's Health Issues [September/October 2009], <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756423/>)

- Abusive men: 80% more likely than non-abusive to be involved in aborted pregnancies.

(J.G. Silverman et al., "Male Perpetration of Intimate Partner Violence and Involvement in Abortions and Abortion-Related Conflict," American Journal of Public Health [August 2010].)



Through IPV and reproductive coercion screening, family planning workers can help women:

- Identify abusive behaviors in their partners.
- Recognize that women have a right to make their own decisions about family planning.
- Learn how to protect themselves and their children (unborn & born) from harm.

In one pilot study's screening and harm reduction intervention:

- 71% reduction in risk of unintended pregnancy among family planning clients.
- Many clients ended relationships they named as unhealthy or unsafe.

(E. Miller et al., "Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy," Contraception [April 2010], <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2896047/> ; E. Miller et al., "A Family Planning Clinic Partner Violence Intervention to Reduce Risk Associated With Reproductive Coercion," Contraception [March 2011], prepublication version available at http://www.thenationalcampaign.org/policymakers/pdf/reproductive_coercion.pdf).



4.

**Contraceptives Truly Prevent
Rather Than Take Lives.**



Most methods unquestionably work by preventing conception.

- Male sterilization
- Female sterilization
- Female condoms
- Male condoms
- Diaphragms
- Cervical caps
- Spermicides
- Natural family planning/
Fertility awareness methods
(NFP/FAM)
- Abstinence
- Sexual practices other than
penis-in-vagina (PIV) sex
- Any combinations of the
above

("Family Planning: A Global Handbook for Providers," <http://www.fphandbook.org/>)



Often dismissed as abortifacient (supposedly hinder implantation of already-conceived embryos):

- Combined Oral Contraceptives (COCs), Injectables, Patch, and Ring
- Progestin-Only Pills (POPs) and Injectables
- Emergency Contraception (EC)
- IUDs (Intrauterine Devices)



Combined estrogen-progestin and progestin-only hormonal contraceptives

- Include “the pill,” various injectables, implants, patches and rings.
- All highly effectively both hinder ovulation and thicken cervical mucus, so that sperm cannot pass through.
- No evidence to date that any of these hinder implantation.

*(World Health Organization: “Expert Opinion on House Bill 4643 on Abortive Substances and Devices in the Philippines,” 7 November 2006 ,
http://www.likhaan.org/sites/default/files/pdf/expert_opinion_on_house_bill_4643_on_abortive_substances_and_devices_in_the_philippines_7nov06.pdf)*



Emergency Contraception: Levonorgestrel-only or Plan B type

- Recommended by the World Health Organization.
- Can be used up to 72 hours after unprotected intercourse.
- Definitely prevents or delays ovulation.
- Possibly also hinders sperm function and transport.
- Direct experimental evidence shows: no mechanism for interfering with implantation.
- Will not harm already conceived prenatal life.
- Can help victims of sexual assault and contraceptive sabotage and other women prevent unintended pregnancies and abortions.

(International Federation of Gynecology and Obstetrics/FIGO and the International Consortium on Emergency Contraception: "Mechanism of Action-March 2011," http://www.cecinfo.org/publications/PDFs/policy/MOA_ENG_2011.pdf;

World Health Organization: "Emergency Contraception Fact Sheet," <http://www.who.int/mediacentre/factsheets/fs244/en/>.)



Emergency Contraception: Ulipristal or ella/ellaone type

- Can be used up to 120 hours after unprotected intercourse.
- Suppresses ovulation if taken near beginning of fertile window.
- If taken closer to time of ovulation, inhibits follicular rupture, thus delaying ovulation.
- Available evidence: No post-fertilization effect found at the dosage used for EC, although more study is needed.
- Caution: Should not be taken by women who have already conceived. Pregnancy is tested for before administration, but may be undetected. Safety for the baby in this circumstance has not been evaluated.

(AF Glasier et al., "Ulipristal Acetate Versus Levonorgestrel for Emergency Contraception," *Lancet* [13 February 2010], <http://ec.princeton.edu/news/Glasier%202010%20-%20UPA.pdf>; K. Gemzell-Danielsson et al., "Emergency Contraception: Potential Role of Ulipristal Acetate," *International Journal of Women's Health* [2010], <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2971744/>).



IUDs (Intrauterine Devices)

- Paragard type (Copper T) or Mirena type (levonorgestrel-releasing).
- Current medical consensus: No experimental evidence that either type works by interfering with implantation.
- Plenty of direct experimental evidence: Both types highly effectively damage sperm and thicken cervical mucus, thus hindering sperm transport.
- Mirena-type IUDs: May also inhibit binding of sperm with egg cells.

(PH Bednarek et al., "Safety, Efficacy and Patient Acceptability of the Contraceptive and Non-Contraceptive Uses of the LNG-IUS," International Journal of Women's Health [2009]. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2971715/>; Robert A. Hatcher et al., Contraceptive Technology, Chapter 7 [Arden Media, 2008]).



5.
Contraception Can Be and Is
Widely
Practiced Without a
“Contraceptive Mentality.”



“Contraceptive Mentality”

Opponents of contraception claim it increases abortions because:

- Its users allegedly have an “anti-child mindset”;
- Feel entitled not to have children;
- And thus will have abortions if their contraceptives do not prevent pregnancies as intended.

(See, for example, <http://www.mb.com.ph/articles/272017/a-contraceptive-mentality> and <http://thatmarriedcouple.blogspot.com/2010/02/what-is-contraceptive-mentality.html>)

This does not explain a substantial number of pregnancy outcomes!



Counterevidence from the US:

- About 49% – just over 3 million – pregnancies per year are unintended.
- About 1.49 million of those pregnancies happened to birth control users.
- Over 790,000 – 53% – of *those* pregnancies did *not* end in abortion.

(LB Finer et al., "Disparities in Rates of Unintended Pregnancy In the United States, 1994 and 2001," New York: The Alan Guttmacher Institute [2006], <http://www.guttmacher.org/pubs/psrh/full/3809006.pdf> ; RK Jones et al., "Contraceptive Use Among U.S. Women Having Abortions in 2000-2001," Perspectives on Sexual and Reproductive Health [2002], <http://www.guttmacher.org/pubs/journals/3429402.html>).



Every day in the United States:

- More than 2100 women choose life for children they conceived despite their use of “artificial” family planning.
- How many more would if people who express respect for unborn lives also respected the lives, needs, and freedoms of people who choose to use contraceptives?



6.

**Some Contraceptives Help
Prevent HIV/AIDS.**



Methods that provide protection against HIV/AIDS

- Latex and polyurethane male condoms
- Female condoms
- Dental dams (not contraceptive, but allow for safer sex)



Male condoms especially have prevented millions of new infections:

- In countries as different from one another as Brazil, Uganda, Thailand and the Netherlands.
- Including infections of pregnant women and their unborn babies. Pregnant women who are HIV-positive may face strong pressures towards abortion or grave illness and premature death from the virus itself.

(UNAIDS: "Condoms and HIV Prevention,"

http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/basedocument/2009/20090318_position_paper_condoms_en.pdf

"Family Planning: A Global Handbook for Providers, Chapter 21," <http://www.fphandbook.org/>.)



7.

**Most Abortion Opponents
Favor Contraception.**



Polling data from US (the nation with one of the world's most polarized abortion debates):

- 80% of self-identified pro-lifers support women's right of access to contraception.
- 77% support Title X, the publicly-funded family planning program for low-income Americans.

(National Family Planning & Reproductive Health Association [US]: "Family Planning Facts: Poll Finds Support for Access to Contraception," http://www.nfprha.org/main/family_planning.cfm?Category=Public_Support&Section=Access_Poll)



8.

**Family Planning Freedom Is a
Universal Human Right - One
Encompassing All Prevention
Methods.**



Since 1968, family planning freedom has been a right affirmed by over 35 crucial documents of the universal human rights movement, including:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979).
- Convention on the Rights of the Child (1989).
- Forced population control challenging Cairo International Conference on Population and Development (1994).

(International Conference on Family Planning, 15-18 November 2009, "Kampala, Uganda: Reaffirmation of Global Family Planning Commitments" <http://www.fpconference2009.org/167401.html>)



As stated in universal human rights documents,
family planning freedom:

- Protects against coercion to use or not use certain method(s).
- Protects both people with religious beliefs that restrict them to certain methods, like abstinence or natural family planning, and those whose beliefs include the full range of conception prevention techniques.

(International Conference on Family Planning, 15-18 November 2009, "Kampala, Uganda: Reaffirmation of Global Family Planning Commitments" <http://www.fpconference2009.org/167401.html>)



9.

**Family Planning Freedom Is a
Universal Human Right –
One That Includes the
Freedom to Bear a Child.**



- Logic of family planning freedom – everyone has the right to choose for themselves whether/when to seek conception – also applies to people who want to bear children.
- In a society that respected family planning freedom-coerced sterilization, other forced contraception, and abortion would be recognized as the human rights violations they are.



10.

**Contraceptive Freedom Secures
Sexual and Reproductive Rights
of People with Disabilities.**



Sexual and Reproductive Rights of People with Disabilities

- Disability rights slogan: "Nothing About Us, Without Us."
 - People with disabilities (PWDs) have long fought for their right to make their own decisions regarding their lives.
- VOLUNTARY contraception, NOT eugenics.
- VOLUNTARY seeking of parenthood, NOT "mandatory motherhood."



- People with disabilities have the same human rights as all other humans:
 - Including life and sexual/reproductive rights.
 - Including right to voluntary family planning (= seeking out or avoiding conception as one chooses).
- Women with disabilities face “double discrimination.”

(Articles 6, 10 & 23, United Nations Convention on the Rights of Persons With Disabilities,
<http://www.un.org/disabilities/default.asp?id=283>)



Coercive restriction to abstinence or NFP/FAM interferes with PWDs' life and sexual/reproductive rights because:

- Such coercion violates *anybody's* human rights.
- Pregnancy can be risky, even life-threatening, for *some* women with disabilities, and for any children they might conceive.
- NFP/FAM is ineffective and medically inadvisable for women with certain medical conditions or medications.
- Enforced lifelong abstinence:
 - Interferes with personal development & healthy relationships, including marriage.
 - Reinforces stereotypes of PWDs as either asexual or possessed of monstrous, rapacious sexuality that needs to be forcibly curbed – the same prejudice that leads to sterilization abuse and pressures to abort upon PWDs.



A Frequently Asked Question

Q: But don't you know that no family planning method is 100% effective?

A: Yes. And this is *not* a reason to:

- Take prenatal lives.
- Leave people in the dark about contraceptives, or deny access and funding.
- Scare anyone out of having sex at all or using any methods other than NFP/FAM.



This IS a reason to:

- ✓ Better teach correct and consistent use of existing methods, most of which can have very high effectiveness rates.
- ✓ Foster nonviolent, equal relationships.
- ✓ Challenge the heterosexist belief that only penis-vagina sex counts as “real sex.”
- ✓ Wholly support—before, during, and ever after birth—all people, born and unborn, involved in unintended pregnancies.
- ✓ Research new and better means of prevention.



Agree That Family Planning Freedom Is Prolife? Join Us!

Website: www.allourlives.org
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Twitter: [@all_our_lives](https://twitter.com/all_our_lives)



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