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FAMILY PLANNING: MYTH, REALITY,
AND THE LIFESAVING POWER OF CHOICE

Presentation by Mary Krane Derr, All Our Lives Cofounder & Board Member
November 2012 Call to Action Conference, "Justice Rising," Louisville, KY, USA

- ✓ Family Planning Freedom Is A Universal Human Right.
- ✓ Family Planning Freedom Saves Lives.
- ✓ Pregnancy Prevention *Choice* Is Not Violence Against the Already-Born.
- ✓ Pregnancy *Prevention* Choice Is Not Violence Against the Unborn.
- ✓ Natural Family Planning Is A Good Answer for *Some*, But Not All.
- ✓ What You Can Do to Advocate for Family Planning Freedom!

Extra: "Why Lila Rose Doesn't Even Speak for Pro-life Feminists" (reprint from Fem2pt0).

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FAMILY PLANNING FREEDOM IS A UNIVERSAL HUMAN RIGHT.

- A. Affirmed, since 1968, by over 35 crucial documents of the universal human rights movement. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979).
- Convention on the Rights of the Child (1989), which acknowledges value of prenatal lives, by the way.
 - Cairo International Conference on Population and Development (1994).
 - Millennium Development Goals.
- B. Encompasses:
- Diverse ways to prevent, achieve or space pregnancies, ranging from male and female sterilization, hormonal contraceptives, IUDs, barrier methods like condoms, and natural family planning/fertility awareness methods (NFP/FAM) to infertility treatment & seeking nonbiological parenthood.
 - Consent based on sufficient information about method(s): its effectiveness, mechanism of action, proper use, and potential health benefits and risks. Social power to act upon this information.
 - Freedom to use/not use any particular method. Protects those with religious beliefs restricting them to NFP/FAM & abstinence as much as anyone else. Freedom from sexual assault & contraceptive sabotage.
- C. NOT about:
- Abortion, the termination of a prenatal life following conception.
 - ✓ UNFPA, the United Nations Population Fund, expressly “*does not support or promote abortion as a method of family planning.*”
 - ✓ US governmental family planning programs, whether foreign (USAID) or domestic (Title X), draw this same bright line.
- D. Empowers women to:
- ✓ Plan childbearing for when they are healthiest & most able to care for children (if they prefer to seek out biological motherhood).
 - ✓ Forego conception altogether (if that is their choice).
 - ✓ Select the safest, most effective method(s) for their own personal circumstances.

International Conference on Family Planning, 15-18 November 2009, “Kampala, Uganda: Reaffirmation of Global Family Planning Commitments”
<http://www.fpconference2009.org/167401.html>; UNFPA: Ensuring That Every Pregnancy Is Wanted
<http://www.unfpa.org/rh/planning.htm>; Roni Caryn Rabin, “Report Details Sabotage of Birth Control,” New York Times, February 15, 2011,
http://www.nytimes.com/2011/02/15/health/research/15pregnant.html?_r=0

FAMILY PLANNING FREEDOM SAVES LIVES.

A. Annually & globally, modern, voluntary family planning methods prevent...

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

...not counting the millions of illnesses and deaths prevented through male--and (currently) a much fewer number of female--condoms.

B. Yet huge numbers of women globally want but cannot access modern, voluntary fp methods.

- Approximately 215 million, mostly in the Two-Thirds World. Problems:

--Lack of free/affordable basic health services.

--Lack of integration between family planning & other health services.

--Shortfalls in funding and logistical supply chains (focus of London Family Planning Summit/Melinda Gates).

- Figure may not include women in wealthier countries facing “hidden access” issues because of poverty and/or other discriminated-against status (race/ethnicity, immigration status, disability, sexual orientation, for example).

Examples: LGBT youth --higher unintended pregnancy rates; sex education & family planning programs often overlook their needs. Native American women living on reservations: more vulnerable to rape, less ability to access emergency contraceptives. My personal story as a woman with disabilities, whose health plan refused to pay for the best & safest method, even though it was lifesaving.

C. Lifesaving effects of expanding contraceptive access

- Among the 215 million unserved/underserved mostly in the Two Thirds World, 90% of doubly unsafe abortions (i.e., lethal for both mother & child) could be prevented.
- Among the unserved/underserved in the US: Universal free contraception could reduce US abortion rate as much as 71%.

UNFPA Fact Sheet: “Contraceptives Save Lives,”

http://www.unfpa.org/webdav/site/global/shared/safemotherhood/docs/contraceptives_factsheet_en.pdf ; 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 ; Reproductive Health Supplies Coalition: Hand to Hand Campaign, <http://www.rhsupplies.org/handtohand-campaign/handtohand-campaign.html> ; Lis Maurer, “LGB Youth and Unplanned Pregnancies,” The Prevention Researcher (June 24, 2011), <http://blog.tpronline.org/?p=1315> ; Elsa Ulen, “Despite High Incidence of Rape, Native Women Denied Right to Plan B,” <http://indiancountrytodaymedianetwork.com/2012/03/09/despite-high-incidence-of-rape-native-women-denied-right-to-plan-b-101640> ; Marysia, “A Horrifying Message for All Women, But Especially Women With Pregnancy Risks,”

<http://www.allourlives.org/a-horrifying-message-for-all-women-but-especially-women-with-pregnancy-risks/> ; Salynn Boyles, “Abortion Rates Fall When Birth Control Is Free,” <http://www.webmd.com/sex/birth-control/news/20121004/abortion-rates-fall-birth-control-free> ; John Cleland et al., “Family Planning: The Unfinished Agenda,” *The Lancet*, 18 November 2006.

PREGNANCY PREVENTION *CHOICE* IS NOT VIOLENCE AGAINST THE ALREADY-BORN

A. *Not* eugenics or population control.

1. Voluntary pregnancy prevention is to eugenics & population control as consensual sex is to rape. *Antidote* to human rights violations like China's one-child policy.
2. No denying the long & shameful history of eugenics & population control in the US & elsewhere.

Examples: Rampant sterilization abuse (people w/ disabilities, the poor, people of color or from "suspect" white ethnicities.) Puerto Rico: unethical experimentation to develop the Pill. US Catholics: traumatic, sometimes unspoken & unhealed collective memory of reproductive coercion.

3. But family planning freedom originated in 19th century US as response to the sexual & reproductive abuses of slavery, the legal & cultural "ownership" of women & girls by fathers, husbands, slavemasters. Woman's right to *her own* body as antidote to denial of sex education, rape, abortion, infanticide. Sarah Grimke. Even someone so eugenicist as Margaret Sanger.

B. *Not* a war against women and nature.

1. Pregnancy: natural, healthy function of many women's bodies. Like an athletic accomplishment; not something all must do. Not all women want to or can be athletes; could even be dangerous, life threatening. Even those who can & want to be athletes; should have jurisdiction over their athletic careers. And why is family planning freedom "unnatural" but a restrictive "choice" between abstinence and childbearing every nine months is "natural" and not just as much a creation through human agency?
2. Natural/unnatural distinction re family planning supports exaggerated or outright false claims about women's health & environmental effects of contraceptives, especially the pill. Most methods; little/ no question of any such ill effects.

2a. "The Pill Kills!"

- COCs (combined oral contraceptives) = one of the most thoroughly studied medications.
- Lower-dose formulations have replaced the original high-dose versions of the pill = much safer.
- Along w/ benefits, all drugs have health risks, & side effects. But why is it only that drugs which allow women to have nonprocreative sex get the rap? Family planning freedom = fully informed consent about the pill or any other methods, availability of other prevention choices for women who want them, or who for medical reasons cannot use the pill, or can only use it w/ caution.
- Cancer: Reduces risk for ovarian & endometrial; protective effect grows with years of pill use. Slightly ups risk of breast cancer; this rise disappears 10+ years after stopping pill. Women who do develop breast cancer detect it earlier. Increase in cervical cancer risk: likely b/c sexually active women more likely to contract HPV. Increases risk of benign liver tumors; unclear whether tied to malignant ones.
- Blood clots, heart attack, stroke: Known risk, but extremely rare.
- Cancers & cardiovascular fatalities related to the pill reduced further by provision of other, safer, family planning methods to women w/ histories of or risk factors for these problems.

2b. "The Pill Kills the Environment!"

- Endocrine disruptors = global health crisis for people & animals.
- But...do pill users really pee gender-trashing hormones into the water supply?
- Or does this claim merely express anxieties re contraception & breakdown of "traditional" gender categories, paranoia like that re fluoride or forced hormonal contraception in the water?
- (review)The pill: "Negligible" contributor to potentially endocrine disrupting compounds in water; most from industrial agriculture runoff (e.g. pesticides). Pill opponents don't scrutinize more prevalent compounds whose purpose is not enabling women to prevent pregnancy, nor labor & animal abuses & eco harms of factory farming.
- Better filtration at water treatment plants = part of possible solutions.

Bianca I. Laureano, "Why I'm Not Celebrating the Pill" (May 14, 2010) <http://www.rhrealitycheck.org/blog/2010/05/11/celebrating-pill> ; Edwin Black, *War Against the Weak* (Thunder's Mouth Press, 2004) ; Mary Krane Derr, Rachel MacNair, & Linda Naranjo-Huebl, *ProLife Feminism Yesterday and Today, Second Expanded Edition* (FNSA/Xlibris, 2005); Mary Krane Derr, "Activism Through the Centuries," in Rachel MacNair and Stephen Zunes, *Consistently Opposing Killing* (Praeger, 2008); National Cancer Institute/National Institutes of Health, "Oral Contraceptives and Cancer Risk" (March 21, 2012), <http://www.cancer.gov/cancertopics/factsheet/Risk/oral-contraceptives> ; World Health Organization, K4Health, and USAID, *Family Planning: A Global Handbook for Providers* (2011), available at www.fphandbook.org ; Natural Resources Defense Council: Endocrine Disruptors, www.nrdc.org/health/effects/gendoc.asp ; Association of Reproductive Health Professionals: Kirsten Moore, Kimberly Inez McGuire, Rivka Gordon, and Tracey J. Woodruff, "Birth Control Hormones in Water: Separating Myth from Fact," *Contraception* (August 2011), www.arhp.org/publications-and-resources/contraception-journal/august-2011

PREGNANCY PREVENTION CHOICE IS NOT VIOLENCE AGAINST THE UNBORN.

A. No one disputes that most methods work *prior* to 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...

B. But hormonal contraceptives & IUDs, the disputed methods that somehow take the rap for all contraception, are overwhelmingly *not* “abortifacients” by *anyone’s* definition of when pregnancy or life begins.

1. Purported mechanism of action: hinder implantation of newly conceived prenatal life form.
2. Actual mechanisms of action (scientific evidence): prevent conception (fusion of sperm and egg). Talking here about current methods.
 - Estrogen-progestin (combined oral contraceptives, injectables, patches, vaginal rings): Inhibit ovulation; hinder sperm transport into uterus & fallopian tubes.
 - Progestin-only pills, injectables, implants: Thicken cervical mucus to inhibit sperm movement; prevent ovulation.
 - Levonorgestrel (Plan B type) emergency contraceptives: Prevent ovulation; hinder sperm transport. Positive evidence that it has no way to hinder implantation.
 - Ulipristal acetate (ella type) ECs: Also hinders ovulation. Not as well studied as Plan B type ECs, but currently no evidence that, at recommended dosage, it can hinder implantation or cause miscarriage of already implanted embryo.
 - Copper-T IUD: Makes the uterus and fallopian tubes toxic to sperm cells and damages them before they can reach the egg.

Possible exceptions:

- Copper T IUD inserted as EC: Also causes toxicity to sperm, but may also, theoretically, interfere with implantation.
- Levonorgestrel-releasing (Mirena type) IUD: Creates toxicity to sperm, disrupts ovulation--likely the main or only mechanisms of action. But also thins the endometrium, the uterine lining, so theoretically could hinder implantation, although the endometrium does not thicken unless ovulation occurs.

C. Expanded family planning access *reduces* unintended pregnancies and abortions (contra “contraceptive mentality.”).

One wide-scale example from the scientific evidence: During the 1990s, when more & better contraceptives were introduced into the former Soviet-occupied nations, abortion rates quickly fell by 25% to 50%.

Small-scale: On average, a couple who do not use any pregnancy prevention method have an 85% chance of conception. Depending on the method, family planning can reduce this figure to anywhere between 26% (cervical caps, women w/ previous births) to 0.05% (implant) (correct & consistent use rates), with most methods skewing towards the lower figure. Greater availability of contraceptives does not increase incidence of intercourse.

Exception? If availability of contraception doesn’t keep pace with people’s desire/need for smaller family sizes, abortion rate may go up, temporarily, but decline when programming catches up. Solution: Scale up family planning programs in anticipation of such an increase in abortion rate. In other words, more contraception does result in fewer unintended pregnancies & abortions.

Many women w/ unintended pregnancies through birth control failure do **not** have abortions (53% in US).

World Health Organization, K4Health, and USAID, *Family Planning: A Global Handbook for Providers* (2011), available at www.fphandbook.org ; All Our Lives: Emergency Contraception—The Facts Every Pro-life Advocate Should Know (April 2012), www.allourlives.org/resources/factsheets-and-presentations/ ; International Consortium for Emergency Contraception: The Intrauterine Device (IUD) for Emergency Contraception ;(September 2012), www.emergencycontraception.org/publications/PDFs/IUD_FactSheet_2012.pdf ; All Our Lives: Jen Roth, “World Contraception Day 2012,” www.allourlives.org/world-contraception-day-2012/ ; Martha Kempner, “If You Give It, They’ll Be Tramps: An Offensive, False, But Oft-Repeated Argument About Reproductive Health Technologies” (October 18, 2012), www.rhrealitycheck.org/article/2012/10/18/you-give-it-theyll-be-tramps-an-offensive-argument-that-gets-repeated-and-debunk ; All Our Lives: Family Planning Freedom Is Pro-life, www.allourlives.org/resources/factsheets-and-presentations/

NATURAL FAMILY PLANNING IS A GOOD ANSWER FOR *SOME*, BUT NOT ALL.

- A. Current NFP/FAM (Natural Family Planning/Fertility Awareness Methods): more user-friendly, far more effective than the old rhythm method, for both practitioners in high and low material resource settings.

<u>METHOD</u>	<u>CORRECT-CONSISTENT USE RATE</u>	<u>TYPICAL USE RATE</u>
Old calendar rhythm	92%	75%
Standard Days (Cycle Beads)	95%	88%
Basal Body Temperature	99%	
Ovulation	97%	
Sympto-Thermal	99.6%	as high as 97% to 99%
Lactational Amenorrhea (LAM)	99.1%	98%

- Rates for current NFP/FAM compare favorably with conventional forms of birth control.
- Most unintended pregnancies: From nonobservance of method rules, especially unprotected penis-in-vagina sex during the woman's fertile phase.

- B. NFP/FAM generally work best for those who are:

- ✓ Motivated to practice them correctly & consistently. Can be successfully learned & practiced thus in both high material resource & low material resource settings.
- ✓ Willing to abstain from penis-in-vagina sex (more effective) or use barrier methods (less effective) during the fertile period.
- ✓ In a cooperative, nonviolent, mutually monogamous relationship.

- C. NFP/FAM (or NFP/FAM alone) may not be right for:

- Women going through puberty or menopause (can use, but with caution).
- Those not motivated or able to correctly, consistently practice them, especially to abstain from penis-in-vagina sex (more effective)/use barrier methods (less effective) during the fertile phase.
- Women experiencing domestic violence, which often includes rape and contraceptive sabotage.
- Individuals and couples at risk of contracting sexually transmitted infections like HIV/AIDS.
- Women who have medical conditions or take medications that can interfere with the signs of the infertile and fertile phases. Examples: some endocrine diseases, certain psychiatric and anti-seizure drugs.
- Those who need and prefer permanent methods or reversible methods with even higher effectiveness rates than any kind of NFP/FAM.

“Alcohol consumption, late nights or oversleeping, disrupted sleep, travel, time zone differences, holidays, shift work, stress, illness, gynecologic disorders and medications can all lead to inaccurate basal temperature measurement.”
—Pallone & Bergus (2009)

World Health Organization, K4Health, and USAID, *Family Planning: A Global Handbook for Providers* (2011), available at www.fphandbook.org ; Stephen R. Pallone and George R. Bergus, “Fertility Awareness Based Methods: Another Option for Family Planning,” *Journal of the American Board of Family Medicine* (March-April 2009), <http://www.jabfm.org/content/22/2/147.full> ; CycleBeads: Prevent or Avoid Pregnancy, <http://www.cyclebeads.com/how-to-prevent-pregnancy>

WHAT YOU CAN DO TO ADVOCATE FOR FAMILY PLANNING FREEDOM!

- ✓ To help you challenge the myths, whenever & wherever you encounter them, try All Our Lives' free resources:
 - These handouts.
 - Materials on the All Our Lives website, such as blog posts and factsheets, as well as our Power Point slide presentation, Family Planning Freedom Is Pro-life (English)/ La planificación familiar libre es pro-vida (Español), available at www.allourlives.org/resources/factsheets-and-presentations/
- ✓ Join our Facebook group (www.facebook.com/all.our.lives) or follow our website (www.allourlives.org) or Twitter account (@all_our_lives) to receive & respond to action alerts.
- ✓ Learn from other informative, sound websites on family planning issues, such as:
 - *Family Planning, A Global Handbook for Providers*, www.fphandbook.org (materials in English, Arabic, Chichewa, Farsi, French, Hindi, Portuguese, Romanian, Russian, Spanish, Swahili, & Tajik)
 - Global Female Condom Day, www.nationalfccoalition.org/
 - CycleBeads, www.cyclebeads.com
 - Taking Charge of Your Fertility, www.tcoyf.com
 - Men Can Stop Rape, www.mencanstoprape.org/
 - kNOw MORE, www.knowmoresaymore.org/ (about partner violence & reproductive coercion)

Now...let's talk.....





society's issues + women's voices

Why Lila Rose Doesn't Even Speak for Pro-Life Feminists

April 16, 2012 Written by [All Our Lives Board](#)

Lila Rose, founder of the controversial anti-abortion group Live Action, recently penned an article on Politico entitled "[Battle Hymn of the Anti-Abortion Feminist.](#)" ("). As board members of [All Our Lives](#), an unapologetically feminist organization whose (interfaith, nonsectarian, secular) mission is to alleviate the societal problems responsible for so many abortions, we are outraged by Rose's presumption that she speaks for us. Starting with that militaristic title. Whether it is Rose's or an editor's doing, we feel it is contradictory to cast a *prolife* stance in such terms, especially just days after an attempted abortion clinic bombing in Wisconsin. But the rest of the "Battle Hymn" is unquestionably Rose's. She points out that "women are not a monolith" and notes the absence of the "anti-abortion feminist" voice from recent public discourse about health care. True enough...so why does Rose then proceed to shut out every possible voice that identifies as prolife feminist and yet does not conform to her troubling take on what prolife feminism is?

She bashes "liberal" women's purported "eager embrace" of "the role of victim, advancing the idea that women are casualties of a 'war on women.'" She situates herself within a group of women who "reject" what she mischaracterizes as "both the anti-male feminism of the 1960s and the 'girls gone wild' mentality that's pervasive today."

Women like Rose do not simply disagree with prochoice feminists over abortion, a complex matter on which thoughtful and compassionate people can and do differ. Rather, they find "the idea of artificial birth control as 'preventive care'...deeply insulting." They abhor contraception as an enemy of "authentic womanhood" and "true emancipation," blaming it for ever more abortions, broken relationships, and objectification and exploitation of the female sex. They keep "shaking their heads" at Sandra Fluke's alleged intrusion upon the "religious liberty" of Catholic universities, even as they let off Rush Limbaugh's "said in jest" fulminations against her with a slap on the wrist.

But to hear Rose's "Battle Hymn," you would never know about the long, deep, still-living herstory—going back to the suffragists—of feminists who oppose abortion both as prenatal lifetaking and as the result of injustices against women, such as the denial of sex education and voluntary family planning rights, the incidence of gender-based violence, and the stigma slapped upon single mothers. One of us (Mary Krane Derr) helped to document this often neglected, still unfolding herstory in the print anthology *ProLife Feminism Yesterday and Today, Second Expanded Edition*, as well as in the recent Fem2pt0 blog post "[Susan B. Anthony Was Slutshamed, Too!](#)"

Our vision of prolife feminism has no quarrel with anyone's right to choose abstinence or natural family planning/fertility awareness *for themselves*. But Rose's notion of prolife feminism has no room for something at the very core of ours: women's right to universal, informed, voluntary access to *all* available family planning methods and the actual social power to carry out their preferences. Not only is this a right of inestimable value for its own sake; it is indispensable to preventing and reducing unintended pregnancies and abortions in every nation on Earth.

Lila Rose's ideal, contraceptive-free world would not be a paradise of gender equality. It would be a place where women's sovereignty over *their own* bodies was even more fragile and imperiled than it is now. It would have escalating rates of maternal, prenatal, and postnatal child mortality, including the mortality of fetuses and women from induced abortion. Is it any wonder, then, that we assert a very different vision of prolife feminism—and object vigorously to Rose's complete overlooking of our existence?

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