

POPULATION CONNECTION

Volume 48, Issue 4
December 2016



**CONSERVATION
IN UGANDA,
FOR PEOPLE AND
WILDLIFE ALIKE**



President's Note

As I write this, I'm still trying to process this most disturbing—even terrifying—of elections. Since President-elect Trump has never served in any public office and has made all manner of contradictory statements, it's hard to know just how events will unfold. There is, however, every indication that vital population programs may be eviscerated. We will not stand idly by.

Most people don't seem to know that we've made more progress on meeting the population challenge than on many other issues of similar global magnitude, including poverty, civil conflict, and the environment.

When I was born in 1950, the average woman around the world had five children. Today, she has half that many. Since replacement rate fertility is 2.1 children per woman (in a low-mortality society), we're 86 percent of the way to that milestone from where we were at my birth. Four of the six inhabited continents are at or below replacement rate fertility, and Asia is just barely above, at 2.2 children per woman. Only Africa is well above that level.

In 1950, the average American woman had 3.3 children. Today she has just 1.9, and we've been at or below replacement rate for more than four decades. In Mexico—historically our largest immigrant-sending country—family size plummeted from 6.7 children in 1970 to just 2.2 today. Immigration from Mexico is now at net zero.

While mass media and digital communications make a difference, when it comes to something as personal as reproductive

health, it's vital to build trust. The truism "People don't care how much you know until they know how much you care" hits the nail on the head. Building trust often involves personal interaction. That's why it's so important for our Population Education department to work with teachers who care deeply about educating the next generation. And it's why well-staffed local clinics are just as important in Richmond as they are in Rwanda. Now, they may be shuttered.

We haven't met all of the world's population challenges. Not by a long shot. And with 45 percent of American births still unplanned, we've got a long way to go here at home as well. Now, there is a real risk that decades of hard work may be destroyed by the new Congress and the next president.

Bottom line: We know what works. Remove barriers to contraception, while affirming women's rights, and population challenges evaporate. It's as simple as it is difficult—especially since our nation will now be run by retrograde politicians who refuse to accept that population challenges are very real.

As tides rise and species disappear forever, this is no time to throw up our hands. We must persist.



John Seager
john@popconnect.org



We thank the Earth Policy Institute (EPI) for its generous donation of nearly \$70,000 in September. EPI, led by the energetic and prolific Lester Brown, analyzed data in novel ways to make connections between different environmental challenges and our growing human population. From 2001 until it closed its doors in June 2015, EPI staff worked with Lester to produce eleven books and countless fact sheets and data briefs. EPI designated Population Connection as the recipient of its remaining funds (\$68,950.93) after all organizational obligations were finalized. Lester Brown has done so much for this field, and we will continue to honor his legacy through the work this donation makes possible.



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Cover Photo

Female mountain gorilla with baby in Bwindi Impenetrable Forest National Park, Uganda.

© Andrey Gudkov | Dreamstime.com



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Editor's Note

The 1988 film *Gorillas in the Mist* was my introduction to Uganda's mountain gorillas, as I'm sure is the case for many fellow Americans. Dian Fossey's work with the gorillas from 1963 until her unsolved murder in 1985 was humbling, inspiring, even heroic. I never expected to meet someone in person whose life's work was so similar.

When I saw wildlife veterinarian Dr. Gladys Kalema-Zikusoka speak at an event in Washington, D.C. several years ago, I was awestruck. Gladys founded the organization Conservation Through Public Health (CTPH) in 2003 in her native Uganda, and has become a leader in the One Health Initiative to unite human and veterinarian medicine and environmental science. Driven by a desire to protect the health of the mountain gorillas that she's worked with since 1996, she also started working with the people who live on the forest's outskirts and who were transmitting diseases to the apes that sometimes proved fatal. Addressing human and wildlife health has made both groups healthier, and bringing family planning education and services to the people bordering the park has slowed human population growth and wildlife habitat destruction.

We were fortunate to be able to bring Gladys to Washington, D.C. to be our keynote speaker at Capitol Hill Days 2015. And we admire the work of CTPH so much that after Gladys spoke at our event, Population Connection offered to fund a position at CTPH for another employee, so that they could expand their programmatic and advocacy work. Dr. Dianah Nalwanga-Wabwire has since become the organization's program manager. Before starting at CTPH in March, Dianah worked for Nature Uganda for ten years. She has a masters degree in conservation biology from the University of Cape Town and a PhD in the same subject from Makerere University, Uganda's largest university. She will use her expertise to connect the dots between CTPH's conservation and public health efforts.

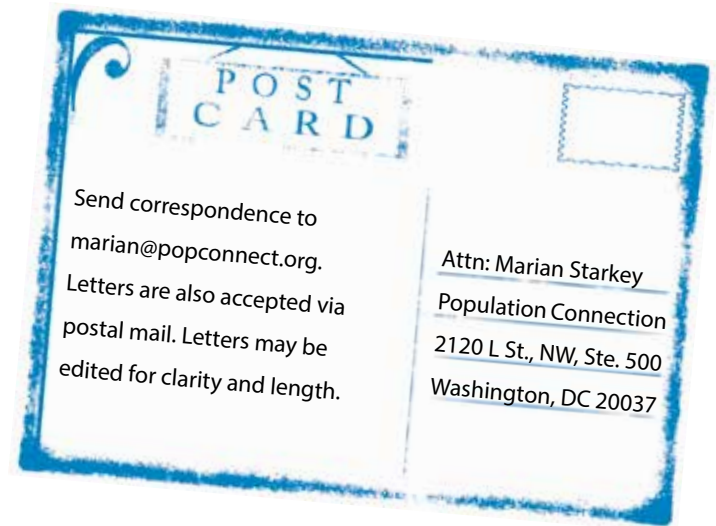
Rebecca Harrington, our National Field Director, took advantage of this newfound partnership and visited the CTPH headquarters and field sites in Uganda in June. An account of her incredible trip is featured in this issue, beginning on page 14. Rounding out the international exchange, Dianah will be joining us in the spring for Capitol Hill Days 2017 and for some additional East Coast grassroots events.

We've formed another valuable partnership with Lisa Shannon, a writer and human rights activist with a decade of experience collecting women's stories in conflict-torn settings around the world. Lisa says, "My work has always been driven by a few core principles: stepping up for human beings who have been essentially written off, and encouraging regular folks to discover their own power by doing the same, despite discomfort and fear. The 'secret sauce' is always empathy, and the route to empathy is story."

Storytelling is, indeed, an extremely influential component of effective advocacy work, so we are indebted to Gladys, Dianah, and Lisa for sharing their stories and their work with Population Connection members and supporters. Most of us don't know what it's like to live life among gorillas or to bear witness to people suffering in the most precarious situations, but through the storytelling of those who do know, we can all become more empathetic in our own lives, stepping up to support the most vulnerable: those who've been essentially written off.

Marian Starkey
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Letters to the Editor



It was interesting to note that almost all the Purity Pledge parties, balls, ceremonies, and pictures seem to focus on young women, while forgetting the other half of the baby-making equation.

Where are the programs where the mothers or fathers and SONS engage in dialogue about sexual abstinence, and teach their sons that “no means no,” and what constitutes rape?

Instead, we have Brock Turner’s father brushing off his son’s sexual assault on an unconscious woman behind a dumpster as “20 minutes of action.”

Karen Brown, RN, PhD
Albuquerque, New Mexico

I submit that even though the laws restricting sex ed are antiquated and counterproductive on many levels and need to be changed, we need to also look at the attitudes students bring to class, which can undermine even the best program.

I recently taught a lesson to my students about condoms and HIV prevention. After giving sound medical advice for condom use I told the class to go and get a condom and hold it in their hand to get familiar with it. One girl yelled, “Yew! Condoms cause cancer!”

Patrick M. DeVuono
West Hollywood, California

Re: “The Unintended Consequences of Purity Pledges,” by Olga Khazan, September 2016

“A new study suggests teens who vow to be sexually abstinent until marriage—and then break that vow—are more likely to

wind up pregnant than those who never took the pledge to begin with.”

I’m a statistician. There’s phony logic involved in this study. I don’t think there’s any way to find out, for sure, whether these pledges are useful or not. It’s not possible, for example, to do a study where the pledgers and the non-pledgers are chosen at random. Pledgers would appear to have a more religious background than the general student population. Whether the pledge itself makes some difference would be extremely difficult to determine.

David Hanson
Vestal, New York

I never think reports on teen pregnancy are sufficient, so thank you for EVERYTHING you do. As adults we need to continue the job of child rearing when children reach adolescence. However, talking about human anatomy is only one component—we can’t dismiss our own stories about teen love, lust, and broken hearts. Ask anyone. They would tell those stories as if they happened yesterday. Share them with your children. Imagine helping to prevent a premature pregnancy, before it becomes a birth.

Diane Postoian
Providence, Rhode Island

I usually don’t have time to read your magazines when they arrive in the mail, but I always eventually get to them. And when I do, they always leave me feeling good because they give me hope that someone is doing something to improve the world! Thank you so much for keeping me posted.

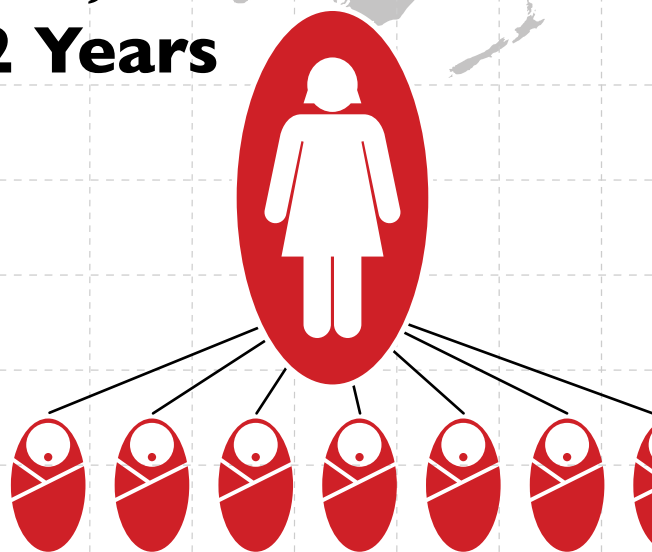
Bev Minn
Bandon, Oregon



UGANDA:

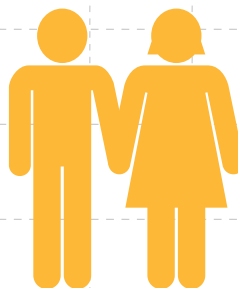
Population 40 Million, and Doubling Every 22 Years

- More than half the population is 15 or younger.
- 30% of households do not use an improved source of drinking water.
- Only 16% of households have an improved sanitation facility.
- Only 15% of households have electricity.



The total fertility rate is 6.2 children per woman.

Rural women have **almost twice as many** children as urban women.



The “ideal” number of children for women and men ages 15-49 is 5 and 6, respectively.

Source: Uganda Bureau of Statistics (UBOS) and ICF International, Inc., 2012. Uganda Demographic and Health Survey 2011. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International, Inc.

Country population and doubling time source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision.



24%

of women
ages 15-19
are already mothers
or pregnant with their
first child.



Only
26%

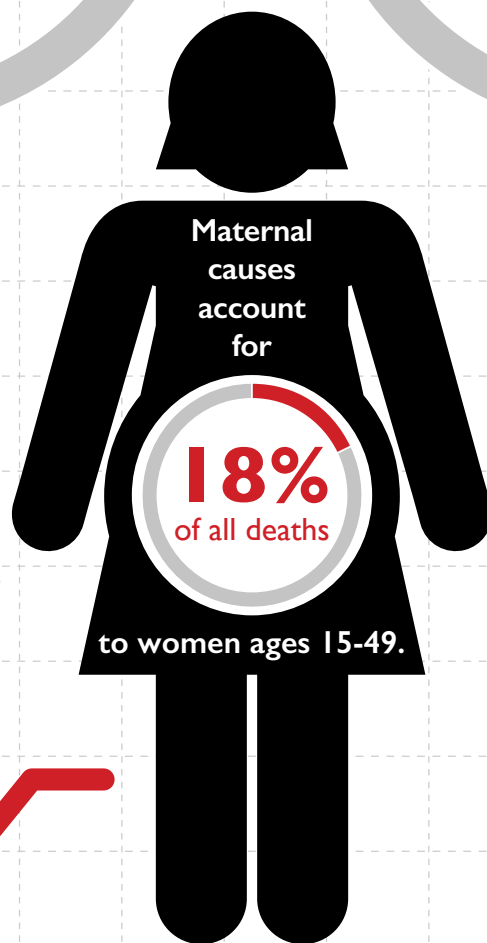
of married women
use a modern method
of contraception.



34%

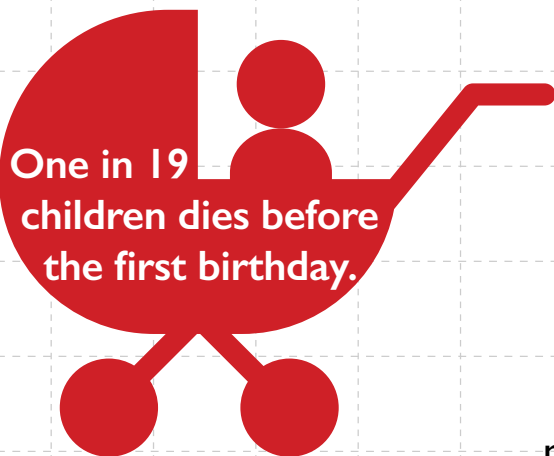
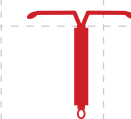
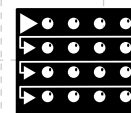


of currently
married women
have an **unmet**
need for
family planning.



The government is
the major provider
of contraceptive
methods for

47%
of modern
contraceptive
users.



One in 11 children dies
before the fifth birthday.

There are
438
maternal deaths
for every
100,000 live births.

39%

of women ages 20-49
gave birth by age 18,
and

63%
by age 20.



IN THE NEWS

Most of Global Population Breathing Polluted Air

A new study by the World Health Organization (WHO) analyzed the outdoor air in 3,000 places worldwide, measuring different types of particulate matter. The researchers concluded that 92 percent of people on Earth are breathing substandard air.

They found that in 2012 one in nine deaths was related to air pollution—outdoor air pollution caused the deaths of 3 million people and indoor air pollution caused the deaths of 3.5 million more. Lower and middle income countries accounted for 87 percent of those 6.5 million deaths. The United States had 38,043 air-pollution-related deaths in 2012.

The study did not look at nitrogen oxides or ozone, so these findings are likely conservative.

Arkansas Must Reimburse Planned Parenthood for Medicaid Services

U.S. District Judge Kristine Baker issued a preliminary injunction in September preventing the state of Arkansas from refusing to reimburse Planned Parenthood for services provided to Medicaid patients.

Republican Gov. Asa Hutchinson terminated Planned Parenthood's Medicaid contract last year because of the highly edited fetal tissue sting videos recorded

and disseminated by the Center for Medical Progress.

Three Planned Parenthood patients sued and won, and the judge extended the order to all Planned Parenthood Medicaid patients. The state has made an appeal to the 8th U.S. Circuit Court of Appeals over the ruling regarding the three patients who sued.

Polish Women Carry Out Influential Strike Against Proposed Abortion Ban

Women in Poland shut down a proposed anti-abortion law by staging a massive strike on October 3. "Black Monday" called for women to skip work and school, and refuse to do household or childcare-related duties for one day. Instead, they were asked to dress in black, do acts of public service, and stage protests in their communities. Activists estimate that at least hundreds of thousands, and maybe up to 6 million, Polish women participated. Protests were also held in other European cities as a show of solidarity.

Three days later, after the ruling Law and Justice party (PiS) withdrew its support for the legislation, the lower house of Parliament voted against the measure, 352 to 58.

The proposed law was the result of a citizens' initiative that collected 450,000 signatures. It would have outlawed abortion with no exceptions. Abortion has

already been prohibited in Poland since 1993, except when the woman's life is threatened, the fetus has severe complications, or the pregnancy is a result of rape or incest—which must be confirmed by a prosecutor.

The new law would have carried a jail sentence of five years for women who had abortions and would also potentially send doctors who provided abortions to jail. Even the Catholic bishops in Poland viewed the law as too punitive—they didn't support the proposed jail time.

Between 1,000 and 2,000 legal abortions occur each year in Poland. Estimates put the number of illegal abortions between 10,000 and 150,000.

Obama Administration Acts to Protect Planned Parenthood Funding

Through the Department of Health and Human Services (HHS), the Obama Administration proposed a new rule in September that would prohibit states from refusing federal Title X Family Planning Program funding to providers that offer abortion services (even though, under the Hyde Amendment, Title X dollars already cannot be used to provide abortion services). According to the new rule, funds would be awarded based on a provider's ability to effectively perform services, rather than whether the provider offers abortion services.

Title X subsidizes birth control, cancer screenings, and testing and treatment for STIs for approximately 5 million patients a year—mostly women—91 percent of whom are low income.

The rule, announced on September 7, underwent a 30-day public comment period. The Department of Health and Human Services is now reviewing those comments before making a decision.

Global Wildlife Populations Declining Rapidly

According to the new *Living Planet Report*, published in October by WWF, global wildlife populations are in steep decline:

- Between 1970 and 2012, global wildlife populations declined by 58 percent, with the greatest losses in freshwater environments.
- If current trends continue to 2020, vertebrate populations may decline by 67 percent from 1970.
- In 2012, the equivalent of 1.6 Earths was needed to provide the natural resources and services humanity consumed in one year.
- The majority of Earth's land area is now modified by humans.

The greatest threats, according to the report, are habitat loss and degradation, species overexploitation, pollution, invasive species and disease, and climate change. The report is available for download at wwf.panda.org.

Male Birth Control Study Halted Early Due to “Mild to Moderate” Side Effects

There has been much joking online about a study testing male birth control ending early because of side effects that women have endured for fifty years. The two-hormone (progestogen and testosterone) injection for men was designed to suppress the production of new sperm and to be fully reversible.

The researchers gave men a shot every eight weeks, in ten study sites around the world (two sites each in Australia, Germany, and the United Kingdom and one site each in Chile, India, Indonesia, and Italy).

The results, published at the end of October in *The Journal of Clinical Endocrinology and Metabolism*, are hopeful in that the contraceptive effects and reversibility of the shot are very good. During the 56 weeks that the study ran, only four of the 266 male participants impregnated their partners, for a 98.43 percent effectiveness rate.

The side effects—acne, injection site pain, increased libido, and mood disorders—were enough to make 20 men discontinue the regimen. They were also enough to end the study early, after two independent safety committees reached different conclusions on the safety of the trial. Most of the reported side effects were classified as mild (91 percent, with 99 percent being either mild

or moderate). Curiously, the Indonesian participants reported side effects at a much higher rate than participants in the other sites.

At the end of the study, even after learning that it was ending early, 75 percent of participants said they would use this method of birth control if it became available to them outside the trial.

Postpartum LARCs for Medicaid Patients

Traditionally, women on Medicaid have had to wait until their six-week postpartum visit to get an IUD or implant. This is because of the way Medicaid bundles the cost of all birth-related services—including postpartum contraception—into one reimbursement. But the reimbursement wasn't nearly enough to cover the actual cost of the device and insertion, so hospitals were refusing to provide it because it cost them money. Now, 17 states have changed their coding procedures (unbundling birth-related costs and contraceptive costs to reflect the actual costs of each) so that Medicaid patients can get long-acting reversible contraceptives (LARCs) before they leave the hospital after having a baby.

South Carolina was the first state to make the change, in 2012, and between 2013 and 2015, LARC use there increased among women on Medicaid from 10.5 percent to 14.2 percent, saving the state \$1.7 million in Medicaid births.



RECOGNIZING MEMBERS OF THE ZPG SOCIETY

Population Connection's ZPG Society honors those who have included Population Connection in their estate plans. We are grateful to our ZPG Society members for their generosity and far-sightedness. **Thank you!**

If you aren't yet a member of our ZPG Society, have you considered becoming one? The simplest way for you to ensure that your dedication to Population Connection's mission continues well into the future is through a gift—a bequest—in your will. You can create a bequest by adding just one sentence to your will. And that sentence can make the difference of a lifetime!

Contact Shauna Scherer at shauna@popconnect.org or (202) 974-7730 for more information.

Sample Bequest Language:

After fulfilling all other provisions, I give, devise, and bequeath ____% of the remainder of my estate [or \$____ if a specific amount] to Population Connection (Tax ID # 94-1703155), a charitable corporation currently located at 2120 L Street, NW, Suite 500, Washington, D.C. 20037.

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Why Uganda's Teenage Girls Could Hold the Key to Its Prosperity

Article and photos by Howard LaFranchi | The Christian Science Monitor

To achieve middle-income status, Uganda must cut its birth rate sharply and quickly, experts say, as well as foster educational opportunities for adolescent girls.

Gomba, Uganda — Farming is not the future that Prossy Nakalema envisioned for herself when she graduated from high school earlier this year—an accomplishment that remains more extraordinary than mundane for girls in this East African country.

A stylish 18-year-old whose woven braids match her pink and black outfit, Ms. Nakalema dreams of going to college, getting a good job, and putting off what most of the young women around her accept as the normal future: a string of babies to tend to by one's mid-twenties.

But her family has no extra income to send her on to college, and her

months-long job hunt has come up dry, so Prossy is stuck on her family's small plot not far from the shores of Lake Victoria. With every day, she feels her hopes of overcoming a future of young motherhood and subsistence farming receding.

"I'm just digging," she says of her daily farming chores. "Digging, and that's it."

Nakalema's plight—and the challenge it illustrates of the untapped potential of young women and girls—is just one of the problems that Uganda faces as it struggles to lift itself from least-developed status into the ranks of Africa's middle-income countries. As in other

places, corruption and inefficient public institutions—poor and inadequate schools, a deteriorating health system—are part of what holds Uganda back.

But Uganda faces a particular impediment: a stubbornly high birth rate, and the prospect of seeing a population of 38 million nearly triple by 2050. That's because the average young Ugandan woman like Nakalema is still producing nearly six children, a fertility rate only surpassed by a handful of poorer African countries.*

With an extraordinary 70 percent of the population under 25—and more than one-third under 10—Uganda has no chance of achieving middle-income

* Agencies collect and analyze their demographic data differently, so these figures are slightly divergent from those reported in Pop Facts on page 4 of this issue.



Prossy Nakalema stops by a “pop-up” family planning information day in Gomba district southwest of Kampala.

status unless birth rates are cut sharply, and quickly, experts say.

“No country on Earth has ever become a middle-income country with this level of population growth,” says Mark Meassick, mission director in Uganda for USAID, the U.S. government’s humanitarian and development assistance agency. “It will not happen.”

Official Dialogue Is Shifting

The government of President Yoweri Museveni is showing some signs of shifting away from a traditional “the more babies the better” outlook on population growth. Mr. Museveni, who has been in power for 30 years, has for the first time made a series of commitments under the United Nations’ family planning agenda.

Issues like birth control, adolescent birth rates, and the role of women and girls in economic development are inching into

the government’s public dialogue. That is a milestone for this deeply religious (85 percent Christian) and socially conservative country perhaps best known for a harsh 2014 anti-homosexuality law.

“Just the fact that we Catholics are now talking about family planning is progress enough,” says Ronald Kasyaba, a doctor and officer with the Uganda Catholic Medical Bureau, a major provider of health services in the country.

Also wielding strong influence in Uganda are the powerful American conservative Christian groups that feed skepticism about international family planning efforts, often by associating those efforts with abortion, which remains illegal in Uganda.

But others warn that attitudes and behavior are not changing nearly fast enough to permit Uganda’s economic rise

to the level of a country like next-door neighbor Kenya, whose lower-middle-income status Ugandans aspire to.

“The government is evolving on family planning, but not fast enough,” says Mr. Meassick. “There’s still the idea that the more children, the more consumers of Ugandan products, the better.”

Foreign Donors Fund Family Planning Activities

The evolution in official thinking on family planning and population growth has not translated into more robust budgetary support for related programs and services.

Instead, what has developed is an unspoken division of labor under which foreign aid donors, including the U.S., underwrite the lion’s share of the country’s family planning activities—everything from urban clinics to rural “pop-up”



Prossy Namukwaya with her husband, Abdu Nasuba, and their five children—four of their own and the child of her deceased sister—in front of their two-room house in Kayunga, Uganda. The family is struggling to increase their income to afford to keep three of the children in school.

services offering consultations and medical procedures to prevent pregnancies. The government, meanwhile, focuses on economic development through large infrastructure projects like dams, major highways, and even a new railroad.

“We are making progress. The declining fertility rate from 7.1 in 2001 to 5.8 now tells you we’re going in the right direction,” says Jackson Chekweko, executive director of Reproductive Health Uganda, a nongovernmental reproductive health services and policy advocacy organization in Kampala. “But the government is still leaving family planning to the [foreign] donors,” he says “because they know the donors will do it.”

Visiting Uganda’s reproductive health clinics—many carrying the distinctive logo of their principle source of funding, USAID—or walking Kampala’s slums with community outreach volunteers is

enough to make one realize that attitudes are nevertheless changing.

Women still talk about hiding an interest in contraception from a resistant husband, or wonder about rumors they hear that using a birth control method will leave them unable to bear children later. But the large crowds that flock to family planning consultation days in rural areas suggest Ugandan women are by and large a few steps ahead of the government.

“Having more children than you can afford to keep in school is no longer modern,” says Harriet Nakiganda, a mother of twins who had a tubal ligation and now volunteers at a rural clinic in Gomba district southwest of Kampala.

Teen Pregnancies Remain High

A primary focus of Uganda’s family planning efforts is on adolescent girls

who many say hold the key to success in the country’s race to defuse the ticking population bomb. But by many measures the statistics on adolescent girls in Uganda are worrisome.

Teen marriages and teen pregnancies remain high even by regional standards, while many economists warn that the sharp drop-off of girls’ enrollment in school after primary education will continue to impede Uganda’s rise out of least-developed status.

“Fifty-nine percent of school dropouts are due to unwanted pregnancy,” says Frederic Mubiru, project manager in Kampala for FHI 360, an international human development organization. “It’s all girls, and it’s a significant number.”

Another warning sign for Uganda is the recent spike in the number of adolescent girls testing positive for HIV—indeed,

adolescent girls comprise the only population group in the country experiencing a rise, rather than a decline, in HIV infections.

One explanation for the rise, experts say, is the growing phenomenon of girls with few skills and poor economic prospects turning to older men or “sugar daddies” to support them and their families.

Such worrisome trends underscore the urgency for Uganda of ramping up its attention to adolescent girls and young women—to make it possible for high school graduates like Prossy Nakalema to go to high school and on to college, put off having children, and play a role in building the country’s prosperity.

Keeping Children in School

Another key to Uganda’s aspirations for rising to middle-income status will be

mothers like Prossy Namukwaya**, who farms alongside her husband on their small plot of land in Kayunga district east of Kampala. Women in Kayunga, a largely rural district with a large Muslim population, still have an average of seven children.

Ms. Namukwaya and her husband, Abdu Nasuba, have managed to keep three of their four children in school. But now they’ve taken in the child of a sister of Namukwaya who recently died. While they want the children to stay in school until they graduate, they are not sure how long they can keep paying the bills.

“I want them in school, the girls and the boys, but I’m not sure how long we could afford it on the crops,” she says, referring

** Not the same Prossy profiled in the first section of the article.

to the corn and beans she has always grown.

And so the couple with five kids in a typical two-room earthen hut have each recently added a new activity they hope will generate new income for the family: he, making bricks, she, raising eucalyptus seedlings for sale to nearby tree nurseries.

“My goal was always to space my children so I would have time to add some income to our family and give our children a better life,” she says. Gesturing to the modest rows of spring-green seedlings behind her, she says, “I’m hoping those little trees will help us keep our children in school.”

Reporting for this story took place while the reporter was on a UN Foundation Press Fellowship.







Uganda's Mountain Gorillas and Their Human Neighbors:

One Health in Bwindi Impenetrable Forest

By Rebecca Harrington

Suddenly, a group of gorillas—adults and their babies— surround us on all sides, munching on leaves and climbing trees. We hear movement above, and a large tree branch hits me in the arm. Surely, I'm about to be killed by the very gorillas I've traveled across the globe to see. I then realize that the branch was knocked down by a large silverback, who is simply letting us know that we are in his territory and that we had better respect that fact. With the message received and our hearts racing, we go back to staring, awestruck, at these incredible creatures. The silverback and his family go back to their business, healthy, content, and protected in the pristine forest that is their home.

Ten hours west of Kampala, Uganda, driving on dusty, uneven roads, lies the lush Bwindi Impenetrable Forest. The mountainous rainforest is home to 340 mountain gorillas—half the world's mountain gorilla population. The road to Bwindi is jammed with honking cars weaving at breakneck speeds around potholes; people selling Stoney ginger beer, meat kabobs, and grilled maize; pedestrians; and animals. Vendors

shout, trash smolders in small piles, and minibus drivers offer customers rides while barely rolling to a stop. Children run alongside the roads—sometimes supervised, sometimes not; sometimes wearing shoes, sometimes not.

Conservation Through Public Health

One organization is largely responsible for keeping Bwindi's mountain gorillas healthy and safe from their human

neighbors. Conservation Through Public Health (CTPH) is a small NGO—founded and led by Dr. Gladys Kalema-Zikusoka—working to preserve gorilla and human health in communities fringing on protected areas in Uganda, Kenya, Rwanda, and the Democratic Republic of Congo. Gladys is a veterinarian first and foremost (she is Uganda's first wildlife veterinarian), but came to realize through her work in Bwindi that in order to keep her beloved



gorillas in good health, the humans who lived in the small villages bordering Bwindi Impenetrable Forest also needed to be healthy.

When CTPH was founded in 2003, population density was very high in the Bwindi communities—200–300 people per square kilometer—and hygiene was poor. In tracking a scabies outbreak that had killed a baby gorilla in 1996, Gladys and her team determined that humans were responsible for the disease. Gorillas were coming into contact with dirty clothing on scarecrows while venturing into gardens to scavenge. They were also becoming ill with intestinal diseases from stepping in infected human waste. With education about handwashing and dish drying (which wards off waterborne bacteria) and the installation of additional pit latrines, human health—and therefore gorilla health—has improved in the communities of Bwindi.

CTPH's Village Health and Conservation Teams (VHCTs)—made up of native Ugandans and managed by Alex Ngabirano, who is originally from Bwindi himself—work to educate their communities about the importance of hygiene and sanitation, family planning (important, in part, to slow the expansion of human settlements), and conservation of the forestland that is an extension of communities' backyards. Gladys realized early on that all of these efforts are essential components of protecting wildlife, and that progress in each area required improvement in the other two.

Humans weren't only threatening gorillas through disease transmission—they



were also tearing down their habitat, using the forest for farmland and firewood. There were unfortunate instances of gorilla poaching, as well. CTPH has worked closely with the Uganda Wildlife Authority (UWA) to develop strategies to reduce pilfering of wood and other natural resources from the forest, including installing boundary markers throughout the forest, alerting community members to where the national park begins and ends. UWA and the local communities struck a deal in which the Wildlife Authority shares firewood and edible plants with the communities and contributes 20 percent of gorilla permit fees they collect to encourage residents to protect the gorillas that now bring them tourism income. Employment opportunities have increased for local communities, as police officers and park

rangers are needed to patrol the forest. UWA also planted tea and chili plants along the edge of properties. These crops are inedible to all animals, so their presence keeps wildlife away, reducing human-gorilla encounters.

For the tourism industry's part, there are now strict requirements for anyone who wants to gorilla track. People must keep a distance of at least seven meters, and if a tourist has any trace of respiratory or intestinal illness on the day they're scheduled to visit the gorillas, they're required to skip the adventure.

Local Leaders Improve Trust

Despite desperate poverty in much of the country, examples of generosity, kindness, and hard work abound in Uganda. Sam Rugaba—a CTPH volunteer leader and

Opposite: Dr. Gladys Kalema-Zikusoka and Population, Health, and Environment Field Assistant Alex Ngabirano demonstrate the “gorilla conservation through public health message” to visitors at CTPH's Gorilla Research Clinic at their camp in Bwindi.

Above, left to right: Alex Ngabirano, Dianah Nalwanga-Wabwire, Dr. Gladys Kalema-Zikusoka, Rebecca Harrington, Sam Rugaba, and Gladys's youngest son, Tendo Zikusoka at Sam's home in Bujengwe Parish.

the chairman of livestock, sanitation, and family planning programs for the organization in Bujengwe Parish—is one of those examples. He proudly takes us on a tour of his village, with stops at the primary school, cattle pasture, and his home, where he warmly welcomes us to chat more about the ongoing programs in the community. Sam carries himself like the leader that he is: He's tall, holds a walking stick, and his presence is gentle and kind, yet commanding. He displays the utmost respect for those in his community—the headmaster of the school, the children, and the people walking up and down the hill who pass us on our tour.

Elected to be a volunteer leader for his village in Bujengwe, Sam built the trust of his fellow community members during his work distributing anti-malarial drugs as part of a government immunization effort from 2001–2005. A teacher by trade, Sam begins the tour of his village at the primary school, where we meet the sweetest children. We visit three classrooms—all small and dusty, with benches for sitting and simple notebooks for writing. As we enter the first classroom, the students stand and in perfect unison sing us a greeting song, welcoming us to their school. Their smiling faces and gentle voices are what stand out in the room—not the simple surroundings. We then visit the “baby class,” where children as young as three are also eager to say hello to our group. The novelty of seeing a *muzungu*—a white person—makes the children excited, but part of their exuberance, Gladys explains, is simply that “they are happy to be alive.”

Carrying One Child in the Stomach, and One on the Back

According to Sam, since the CTPH program started in Bujengwe, 70 percent of the women in the parish are using birth control (only 26 percent of

married women are using birth control at the country level)—most of them choosing Depo-Provera. The popularity of the shot, only needed every 12 weeks, is attributed to it being undetectable—and for the same reason, the copper IUD is gaining in popularity.

Sam tells me that the women in his community are very appreciative of the program, and that planning their families has eliminated the “dilemma of carrying one child in the stomach, and one on the back.”

Much of this regional success can be credited to the dedicated work of CTPH volunteer leaders like Sam and Peace, who oversees programs in a different village in Bujengwe. Peace shows us the mechanics of giving the shot, and then shows us the logbook where she records each woman's name, date of shot, and date of future shot. Her warm demeanor helps me understand why upwards of 20 women in her village seek out her services each month.

After the demo, she shows us the energy-saving cookstove she and her husband own—and the pot of *ebihamba* (beans, in Rukiga—the local language spoken by villagers in the Bwindi communities) bubbling away on it. Although the boiling pot makes the room almost unbearably hot, I stay nearby to enjoy the delicious smell.

Persistent Stockouts

While Sam and Peace are reaching out to their neighbors through a community-based distribution program, others are providing healthcare in more formal settings in the Bwindi community.

Elizabeth Kukunda is a midwife at Kayonza Health Center and provides a variety of maternal healthcare services to



Peace demonstrates how to give a Depo-Provera shot at her home in Bujengwe Parish, while Gladys, Dianah, and Rebecca watch.

the women who come to the center. She most enjoys working in the maternity ward and is especially inspired by “delivering and handing over a live baby to the mother.”

Elizabeth is kind, generous with her time, and straightforward. She was motivated to become a midwife because she “felt a spirit of serving and saving people's lives from [her] beloved Aunt Jane.” She tells us that there has been a birth control pill stockout since July 2015, a full year earlier.* Sam also mentions the stockouts,

* When we follow up a few months later, Elizabeth tells me Kayonza has started to receive small deliveries of pills from the Ministry of Health, but she isn't sure when the supply will start flowing regularly again.



Life and Preventable Death in Rural Uganda

which happen when the Ministry of Health runs out of birth control supplies, resulting in no deliveries to the pharmacies, clinics, and hospitals that normally carry them. When pills and Depo-Provera are both in stock, they are the two most popular birth control options for women who visit the health center; with the absence of pills, Depo is the go-to choice.

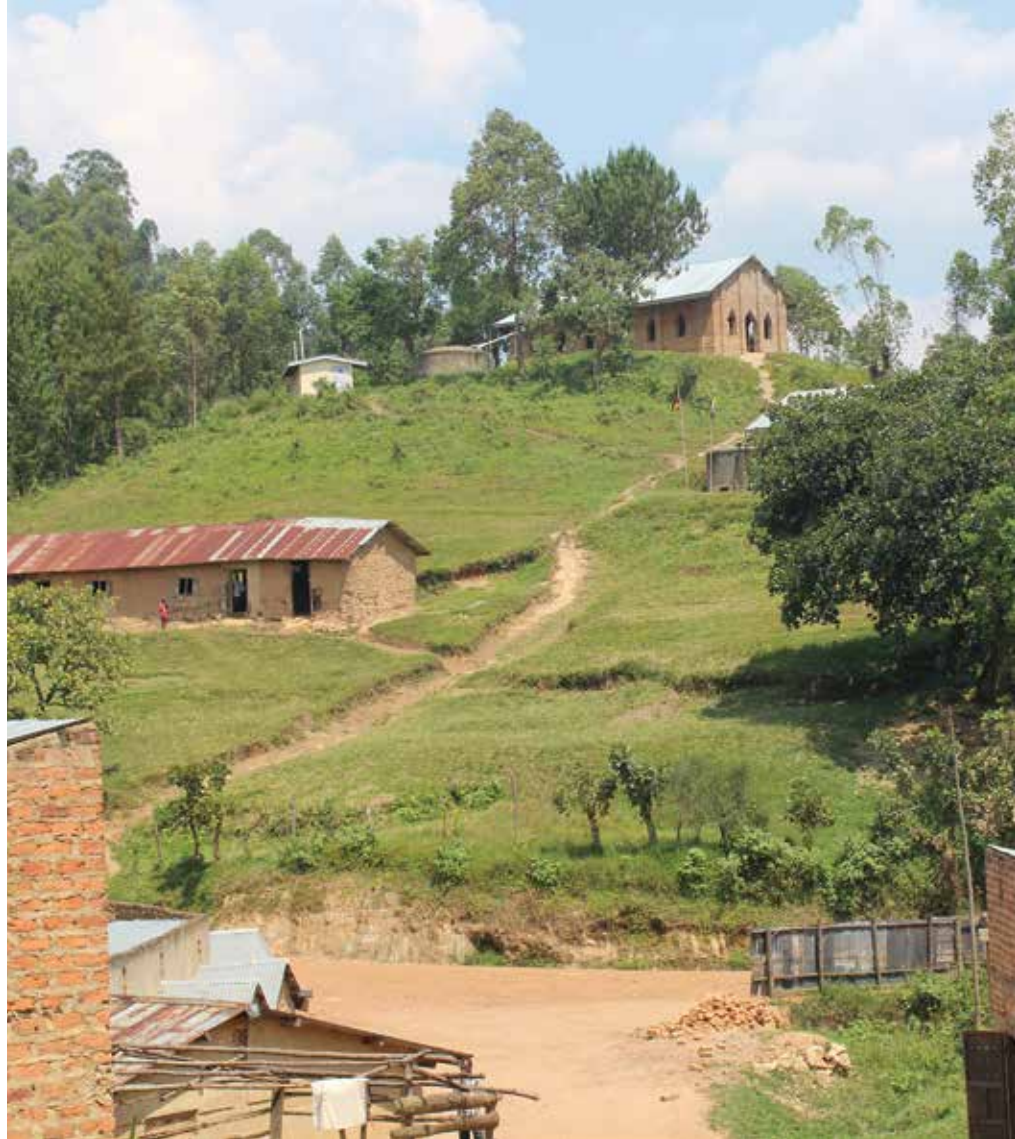
Additionally, six out of ten women who visit Kayonza Health Center have switched to the IUD, a shift attributed to “sensitization” within the community through health talks given about family planning during antenatal clinics, as well as in outpatient departments. This is coupled with education and

Standing in a simple home deep in the hills of Bwindi, the gaping divide in global health and wealth smacks me in the face. I’m at the home of a family about to hold a funeral for their two-month-old baby, who died last night of a variety of complications—a death that would have been entirely preventable in the developed world. As I stand in the doorway willing away tears and making myself as small as possible, the incredibly graceful mother sits on her bed, next to a small coffin holding her deceased child. Gladys, in her steady, competent way, holds her hands and asks what happened to the child. The grief-stricken mother calmly tells Gladys that the baby hadn’t been well from birth, and had eventually developed a cough that wouldn’t go away. The child developed diarrhea, which was followed by constipation, and though the family had made a trip to the local clinic, there was nothing the nurse there could do to save the baby. This is a tragic, but common story in Uganda’s rural regions.

discussion at churches and other gathering places in the community, and the support of CTPH's Village Health and Conservation Teams.

Though rapid human population growth is still straining the forest's natural resources and breadth of gorilla habitat, CTPH's family planning programs have, in effect, slowed the destruction of the forest. There has been a twelve-fold increase in new birth control users in Bujengwe and Mukono parishes since the programs started. There are fewer deaths and injuries from close encounters between gorillas and humans, and communities have better relationships with park rangers.

The holistic approach that Conservation Through Public Health takes toward gorilla health will be the lasting legacy of Dr. Gladys Kalema-Zikusoka. The benefits to the people of the Bwindi communities will be felt for generations as well. One health for one shared planet.



Above: Sam Rugaba's village in Bujengwe Parish. Below: Students at the primary school in Sam's village in Bujengwe Parish.





Conservation Through Public Health is a supporter of the One Health Initiative and a partner of the One Health Commission.

One Health Initiative

Mission Statement:

Recognizing that human health (including mental health via the human-animal bond phenomenon), animal health, and ecosystem health are inextricably linked, One Health seeks to promote, improve, and defend the health and well-being of all species by enhancing cooperation and collaboration between physicians, veterinarians, and other scientific health and environmental professionals and by promoting strengths in leadership and management to achieve these goals.

Vision Statement:

One Health (formerly called One Medicine) is dedicated to improving the lives of all species—human and animal—through the integration of human medicine, veterinary medicine, and environmental science.

One Health Commission (501(c)(3) organization)

Charter:

To 'Educate' and 'Create' networks to improve health outcomes and well-being of humans, animals, and plants and to promote environmental resilience through a collaborative, global One Health approach.



Dr. Stanley Henshaw's Acceptance Speech:

Society of Family Planning 2015 Lifetime Achievement Award



Stanley Henshaw, PhD, serves as a consultant to numerous nonprofit organizations, including the Guttmacher Institute, from which he retired after 34 years in 2013. He has authored or co-authored more than 125 articles, book chapters, and encyclopedia entries, principally on abortion statistics, teenage pregnancy rates, and family planning services. Dr. Henshaw published the first detailed report of unintended pregnancy and abortion rates in relation to women's demographic characteristics in the United States.

Dr. Henshaw has served as an expert witness in more than 20 federal court challenges to restrictive abortion laws, most recently in Alabama and Wisconsin against requirements that physicians providing abortions have local hospital privileges. Other cases concerned parental involvement for

minors, waiting periods, Medicaid payment for abortion, and a requirement that second-trimester abortions be performed in hospitals.

He has been concerned about population growth since the early 1960s, even before Paul Ehrlich's *The Population Bomb* was published. It never made sense to him that humanity could keep expanding exponentially without someday reaching an environmental crisis. His abortion and family planning studies were motivated by the desire to reduce the burden of unwanted children on society and the planet. Availability of the full spectrum of reproductive health services reduces population growth by allowing couples to space their children and limit family size. Writing his presentation for the Society of Family Planning reenergized his concern about the population problem and led him to Population Connection. He became a member in 2015.

Dr. Henshaw has been honored with the Association of Reproductive Health Professionals' 2008 Alan F. Guttmacher Lectureship and the 2006 Carl S. Shultz Award in Recognition of Outstanding Contributions to the Field of Family Planning and Reproductive Health from the American Public Health Association's Population, Family Planning, and Reproductive Health Section. He also received the 2004 Ipas Champion of Reproductive Health Award and the National Abortion Federation's 2000 Christopher Tietze Humanitarian Award.

Dr. Henshaw received his A.B. in physics from Harvard College, and his PhD in sociology from Columbia University.



Today I would like to talk about a topic of great concern to me: the environment, the future of the planet. Think about this: What will happen when all peoples of the world have achieved a standard of living equal to that of ours in the United States today? People in developing countries aspire to a high standard of living, as they have every right to do. I am sure you know that the gross national product of China has been rising at more than 7 percent per year. It is also rising almost as rapidly in other developing areas, including India, Southeast Asia, Latin America, Africa—pretty much everywhere.

So what will it mean if their standard of living is as high as ours? What about motor vehicles? The world will have five times as many motor vehicles as it has now. Worldwide electricity production will increase by a factor of four if per capita consumption is to equal that of the U.S. The production of meat will have to triple, which means the production of grain will have to expand enormously. The same with minerals like iron, copper, potash for fertilizer, and others.

But wait, the problem is actually worse. The world population is now 7.3 billion [7.4 billion in 2016] and is growing at the rate of 1.1 percent per year. At that rate of growth, the world's population will increase by 41 percent in 30 years, which most of you will be alive to witness. By the year 2100, at present rates, the population will increase by 165 percent, to 19 billion.

Take Nigeria, for example. The current population growth rate is 2.7 percent per year. Compared to 1980–1985, the growth rate is actually higher even though the birth rate is slightly lower. This is because people are living longer. The population in 2015 is estimated at 182 million. If Nigeria continues to grow at 2.7 percent per year,

the population will be over 400 million in 30 years. By 2100, the population will be 1.8 billion. Take the Philippines. The current population is about 101 million and the current growth rate is 1.7 percent per year. At this rate, the population will be 167 million in 30 years and 422 million in 2100.

The United States is also growing. At current rates, today's population of 322 million will grow to 400 million in 30 years and 600 million in 2100. Most of this growth is from immigration, so to that extent it doesn't add to the world's population.

Already, overpopulation is a problem in many countries. Rwanda, for example, is the most densely populated country in Africa. It is generally believed that the tribal conflict that resulted in genocide was motivated by competition for land on which to grow food. Burundi is on the verge of a civil war, basically for the same reason.

So if current rates of growth continue, 30 years from now, to raise standards of living to the U.S. level, the world will need seven times as many motor vehicles as it has now, six times as much electricity production, four times as much meat, and comparable increases in other natural resources.

So what can be done? Obviously developed countries will have to learn to live with fewer motor vehicles, less energy consumption, less meat, and fewer natural resources per capita. We will need to find ways to utilize more renewable resources and find substitutes for depleted minerals. Technological advances will help but will require a huge investment in research. The changes will be difficult and painful. Despite our efforts, global climate change will continue and may well accelerate. And there will continue to be a large income gap between poorer and richer countries.

But there is one important change that will make the problem less severe than I have described—a change that is not difficult or painful, costs little, and improves people's lives. That change is increasing contraceptive use, which reduces family size and population growth. This change is already taking place, though at a slow pace. Based on past trends, the UN predicts that contraceptive use will grow worldwide, especially in countries that now have high fertility rates. The United Nations estimates that increased contraceptive use will result in world population growth of 29 percent in 30 years, not the 41 percent if current growth rates continue. By 2100, the world population will be 11 billion, not the 19 billion that would result if current growth rates continue. But 11 billion is still a huge number, and we can do better.

Worldwide, there are about 150 million women in developing countries who do not want to get pregnant but are not using any contraceptive method, and another 75 million who are using less effective methods. Many more women would undoubtedly want to postpone or end childbearing if they were fully informed about contraception and knew it to be safe, convenient to use, and easy to access. The Guttmacher Institute estimates that if all unmet need for contraceptive services was met, there would be 21 million fewer unplanned births and 24 million fewer abortions each year.

But isn't contraception readily available to most women? After all, there have been family planning programs in developing countries for 50 years or more. The answer is *no*, for a couple of reasons. First, virtually all programs make only a few contraceptive methods available. Often they focus on only one or two methods. In India, for example, among couples using any method of contraception, 67 percent are using sterilization, and virtually none

are using the injectable or implant. Only 10 percent are using a reversible modern method other than the condom even though many young women would like to postpone their next birth. Historically, the family planning program in India focused almost exclusively on sterilization in furtherance of a population control program. Today, other methods are sometimes available, but the emphasis is still on sterilization.

In Indonesia, the pattern is very different. Only 5 percent of users rely on sterilization, while 52 percent use the injectable and 22 percent use the pill. Similarly, in Bangladesh, only 7 percent use sterilization. Many women in these and other countries want to have no more children, but most are not offered permanent contraception or even the IUD.

And in many countries, couples rely heavily on traditional methods, mainly withdrawal. This is the case for two-thirds of users in Albania, Azerbaijan, Bosnia, Macedonia, and Serbia, all former Communist countries where modern contraceptives were not readily available. More than one-third of couples use traditional methods in a range of other countries, including Bolivia, Congo, Greece, Italy, Libya, Nigeria, the Philippines, Turkey, and others. Although highly motivated couples can use these methods effectively, in some countries they result in high abortion rates.

The differences among these countries cannot be because the women are that different from each other. To a large extent, they reflect the history of their family planning programs and current differences between the contraceptive delivery systems. If a method is not available or providers are not trained in its use, women

cannot use it. As you know, for any given woman, one method is likely to be more compatible with her needs than other methods. If that method isn't available, she may go without. If a woman wants to postpone her next birth but the only methods available are permanent, she will risk a mistimed pregnancy. In populations where couples want a large family, as in much of Africa, women may appreciate a way to postpone the next birth but not a way to end childbearing. My point is that women need to have available and to understand the benefits of the full range of contraceptive methods.

The second way that many family planning programs are inadequate is that barriers of cost, distance, and convenience remain. We have seen how even in the United States, until recently the high cost of the IUD has prevented its use by many women for whom it is the optimal method. The situation is much worse in most developing countries. Many women can't afford services from the private sector. Family planning clinics often run out of supplies because of inefficiency or cost constraints. For a woman with no means of transportation, a relatively short distance to a service provider can be an insurmountable barrier.

So what can be done? The Guttmacher Institute estimates that the cost of serving all women in developing countries who need modern family planning services at \$5.3 billion per year in addition to what is being spent now. The actual cost might be more if we want to make every method truly accessible without barriers, but even double the cost—\$11 billion—is a tiny amount to the world economy, or even to the U.S. economy. This amounts to less than 2 percent of our defense budget. And this is much less than the cost of other

measures to protect the environment, such as building windmills or replacing coal-fired power plants. And it would prevent abortions as well as unintended births. Because it would reduce health, education, and other expenditures on children, it would save money for developing countries. One economist has estimated that one dollar spent on family planning services would ultimately save \$120. This may be high, but the point is that family planning services save more than they cost.

Of course, developing family planning programs is not always simply a matter of providing the funding, and we must be mindful of the enormous amount we have learned from past mistakes and successes. The most effective programs are in countries where they have strong government support. In Bangladesh, an active government program with foreign assistance has brought contraceptive use to 61 percent. The fertility rate has fallen from 6.9 children per woman in 1970-1975 to 2.2 today, barely above replacement level. In India, with a less-intensive government sponsored family planning program, the fertility rate has fallen to about 2.5 children per woman. In Rwanda, government policy and a vigorous program have increased contraceptive use from 4 percent in 2000 to 44 percent in 2011.

One of the most important lessons we have learned is that coercion or the appearance of coercion in a program, besides being considered unethical by many, can result in devastating backlash, as happened in India in the 1970s. Family planning workers should not be compensated according to the number of contraceptive acceptors they recruit—for example, the number of IUDs inserted or sterilizations performed. Fortunately, most people want to control their fertility when given the information

and opportunity, and many couples will adopt family planning without coercion. The desire for smaller families is growing in response to economic changes, especially the shortage of productive land and the need to educate children so they can participate in the modern economy. Of course, attitudes and values must change, but over time this is possible. In China, as recently as the 1960s, the desire for large families was considered a fundamental value that would never change. Today, educated urban Chinese women think it is a little strange to want more than one child. Countries such as Bangladesh have been successful without the use of coercion. They have had remarkable success with information and ready availability of contraceptive services and supplies, although even in these countries not all methods are offered everywhere.

There will be groups that oppose family planning for religious reasons or because they want the population of their particular social group to increase. They believe a higher population will enhance their group's influence in their region or in the world. They will argue that outside groups are trying to reduce their fertility for self-interested reasons. In reality, it may be in the interest of such groups to provide education, nutrition, and healthcare to a smaller number of children, but they may not see it that way. Every effort should be made to gain the support of local leaders.

Opponents may ask why richer countries are giving full support to family planning when what low-income areas really need is clean water or other basics. One answer is that family planning will make it easier to provide clean water and other necessities to a smaller population in the future. And, in addition, reduced population growth will benefit the entire world, not just the

particular country. Family planning programs must be prepared to answer these kinds of questions and overcome or work around resistance. They must also provide information and education to counter the false rumors and misinformation that often crop up about contraceptive methods. And the programs must provide long-term follow-up care so that women are assured that they will be treated for side effects and can have their IUD or implant removed on request.

Above all, programs must make it clear that they are giving people options, giving them what they want, not pressuring them to have fewer children.

In addition to supporting family planning programs, governments of wealthy countries need to finance research to develop contraceptives that are effective, convenient, less reliant on trained medical personnel, and have fewer side effects. Industry is spending relatively little on such research, so the money must come from public sources. For example, injectables are popular in some countries because they are effective and confidential. What about an injectable that lasts a year? Or an IUD that lasts until menopause and takes the place of sterilization while being reversible?

Of course, abortion liberalization and funding can also make an important contribution to helping women and couples have only the children they want. A majority of developing countries with low fertility rates allow abortion on request. However, even where abortion rates are high, contraception contributes more than abortion to limiting fertility.

I know it is politically incorrect to talk about reducing population growth or even

to discuss the effect of population on the environment. This is because, historically, population concerns have been associated with coercive policies. But it is an obvious fact that population increase along with inevitable economic growth are contributing to climate disruption, the rise in the sea level, the destruction of forests, the extinction of thousands of species, and possibly to food shortages. We can develop policies to slow population growth without resorting to compulsion or pressure. Voluntary family planning is the most cost-effective way to slow the degradation of the environment, and enormous change is possible without coercion or even incentives. The goal is not to discriminate against people in developing countries; it is to give them something that people in wealthier countries already have: control over their fertility.

We need to change the perception that it is politically incorrect or demeaning to high-fertility cultures to talk about the cost to the environment of population growth and to explain that this cost can be reduced by inexpensive, ethical, voluntary family planning programs. Of course, there are other strong reasons to support family planning: It increases the status and economic well-being of women, reduces food insecurity, makes resources available for education, and improves the health and survival of children. But there are also environmental benefits that may appeal to interest groups and policymakers for whom the status of women is a low priority.

So my message is that what you are doing—promoting family planning and developing better contraceptive methods—is helping not just the individuals you serve but also helping the planet. Keep up the good work.





Election 2016: A Dismal Outcome for Family Planning

By Stacie Murphy

We held off on finalizing this issue of *Population Connection* magazine until the absolute last minute so that we'd be able to include the results of the 2016 election.

Those results are ... not encouraging.

Republican nominee Donald Trump is now President-elect of the United States. Anti-choice crusader Mike Pence is Vice President-elect. Final numbers on House and Senate were not available by the print deadline for this issue, but although we believe we have made gains in both chambers, it is clear that anti-family planning forces will continue to control Congress.

We can expect to see a near-immediate reinstatement of the Global Gag Rule, as well as an end to United States contributions to the United Nations Population Fund (UNFPA). We'll have to wait to see what President Trump's proposed federal budget looks like, but no one should be optimistic about his foreign aid plans.

The Affordable Care Act—and its contraceptive coverage guarantees—are in real jeopardy. And the new President-elect has explicitly promised to appoint Supreme Court justices who will overturn *Roe v. Wade*. We know he'll get to appoint at least one.

Make no mistake, we're not giving up. But the fight we now face is not one to advance a progressive agenda for women and families around the world; it's to protect our hard-won gains against an intentional and determined assault by an explicitly hostile Congress and White House.

The battle begins now.

ELECTION 2016 THE TUNNEL AT THE END OF THE LIGHT

CoHEN ©2016



Life-Saving Change

By Rebecca Harrington

If I can run on one leg, that shows people that they, too, can do something to help.” These are the words of a Congolese woman named Generose, a survivor of unspeakable torture at the hands of the Hutu militia. We’ve been working with her friend Lisa Shannon, an American writer and human rights activist, for the past year on our *Fix on Day One* campaign to reinterpret the Helms Amendment.

Despite having had her leg cut off above the knee in an atrocious attack by terrorists, Generose attended Run for Congo Women—an effort that Lisa founded to raise funds for Congolese women affected by war and conflict through the organization Women for Women International. In a show of incredible strength, Generose actually ran, on one leg, supported by crutches, for nearly a mile of the 30-mile race. The money raised by Run for Congo Women (most of the races are in the United States, where fundraising races are common, as opposed to in Congo, where Lisa’s bewildered friends remarked, “People here don’t run for exercise.”) goes toward job training and emotional and financial support for vulnerable women in Congo.

Lisa joined us at several of our East Coast grassroots events this fall, as we

continued to engage activists around the country in our Helms campaign. She brought the harms of the policy to life by sharing the stories she’s collected in her decade of working closely with women in Congo, Iraq, and Somalia. As Lisa shared these powerful and horrific stories of human suffering, we saw the wheels turning in the minds of activists, as they began to understand how the lives of women in conflict settings in developing countries can be made even worse by the funding policies of the United States. When a woman is raped by a gang of rebels and becomes pregnant, U.S. policy says she must carry the pregnancy to term—under the current interpretation of the Helms Amendment, our foreign aid will not pay for safe abortions for women who are victims of rape, including rape that is inflicted as a weapon of war. Women who bear the children of the enemy are often shunned from their communities, making the initial rape a lifelong trauma to endure.

Our *Fix on Day One* campaign aims to reinterpret the Helms Amendment to allow for U.S. funding of abortion in cases of rape, incest, and threat to the woman’s health. Our longer-term goal is to repeal the policy altogether.

Advocacy Training in Ohio

Fix on Day One is a joint project with our sister organization, the Population Connection Action Fund. Throughout the fall, as part of the campaign, we hosted a number of advocacy training events across the country.

In early October, for instance, we held panel discussions and advocacy trainings in Cleveland and Columbus. The Global Health Initiative (GHI) at The Ohio State University (OSU) in Columbus organized 30 students to join us for back-to-back lobby and bird-dogging trainings. Bird-dogging is the act of asking elected officials or political candidates pointed questions on the record (one of our activists in Iowa got Hillary Clinton on camera earlier this year voicing support for fixing the Helms Amendment). In this contentious election season, students were eager to learn how they could engage in a meaningful way with the politicians who are regularly visiting their campuses.

After training the students, we asked for volunteers to practice their newly acquired bird-dogging skills through a role playing session. To break the ice, Lisa shared the story of a protest she led with her mother and a fellow activist. Alarmed by pushback to a bill being

True to my own personal “theory of change,” the more I heard devastating stories of girls and women, the more connected I felt to them, sparking passion to do more. I try to share these stories, and serve as “chief encourager” to amazing young leaders I’ve met on college campuses at Population Connection events.

—Lisa Shannon

considered in the California legislature to restrict the use of conflict minerals in consumer products (which would result in less than a one-cent loss per product), the three women went to the branch of Intel in Portland, Oregon and then drove to the headquarters of Apple, Hewlett Packard, and Intel in Silicon Valley. They showed up at each company with a huge jar containing 45,000 pennies—representing the number of lives lost each month in the conflict in Congo. If the executives in charge didn’t think that Congolese lives were worth saving with their own money, the three women wanted them to know that they would pay the difference.

Lisa and hundreds of other activists followed up the in-person protest by flooding the Facebook pages of companies that would be affected by and senators who were on the fence about the bill. Despite going up against tech

industry lobbyists who were much better funded and more experienced at swaying votes, Lisa’s effort resulted in the Conflict Minerals Trade Act of California being passed, intact.

Lisa’s openness about her own nervousness and uncertainty during the penny protest put the GHI students at ease and reminded them of the power of their own voices as voters and activists. The very next day, students put their training to use at meetings with the offices of Sen. Sherrod Brown and Rep. Joyce Beatty. The students made the case for increasing the U.S. investment in international family planning to \$1 billion, investing greater support in the United Nations Population Fund (UNFPA), and issuing a permanent repeal of the Global Gag Rule. Increasing our contribution toward international family planning to \$1 billion (from \$638 million in 2015) would cost just one dollar per American per

year—100 pennies that could save tens of thousands of lives (47,000 women die each year from unsafe abortions, many of them self-administered).

Making the Political Personal in New Hampshire

At another bird-dogging training, at the University of New Hampshire—co-hosted by the university’s Vox group (Planned Parenthood’s student chapter) and the Planned Parenthood of Northern New England Action Fund—the crowd was inspired, but shy at first. After hearing Lisa’s Silicon Valley story, however, an ROTC student did an impassioned mock visit, drawing on his military background to challenge the “senator” on his stance denying women in conflict settings safe abortions. He used his experience to personalize his message, which is an extremely effective strategy.

These events and so many others that we sponsor around the country demonstrate to young people just how influential their voices can be when used effectively. We are proud to be a leader in training college students as citizen lobbyists and we are optimistic that our work with our grassroots will help make the policy changes we need to achieve universal access to reproductive health!



Population Education for All: Introducing Our New Online Graduate Course

By Elizabeth Black, Professional Development Coordinator

Where can you find a Pakistan-based AP Human Geography teacher, a New York college-level biology instructor, a Canadian middle school teacher, and a New Mexico outdoor educator all studying population issues together? Only in Population Education's newest educational endeavor—an online graduate course offered through a partnership with the University of Missouri-Kansas City (UMKC). The course, which launched in mid-October, introduces educators to PopEd activities and lesson plans that they can use with their students, and also encourages them to investigate a host of global challenges exacerbated by population growth.

Why an Online Course?

Every summer, PopEd hosts educators from across the country to participate in a leadership institute that prepares them to facilitate workshops throughout the United States. At the 2015 institute, a new trainer, Dr. Sandra Hamar, raised the idea of an online course for teachers who were unable to attend a workshop in person. "While at the workshop in Nebraska, it dawned on me that the materials and lessons were perfect for any practicing teacher, so why not develop an online course for graduate credit that teachers could take?" she

recalls. PopEd staff had already been brainstorming different ways to offer professional development to teachers in hard-to-reach areas. Online learning offered the opportunity to reach more educators while allowing them to learn when it suited their schedule.

Developing the Course

Once we decided to develop a course, we sought out an instructor and a university partner. UMKC is one of the nation's leaders in online education, accredited in most states for students to earn graduate credit. For an instructor, we looked to our PopEd trainers network and put out a call for applicants with online instruction experience and a strong command of the course content. From an impressive group of applicants, we selected Dr. Gail Luera, Associate Professor of Science Education at the University of Michigan-Dearborn. Prof. Luera's academic background in sustainability education and her experience working in both K-12 and nonformal education settings impressed the approval committee at UMKC.

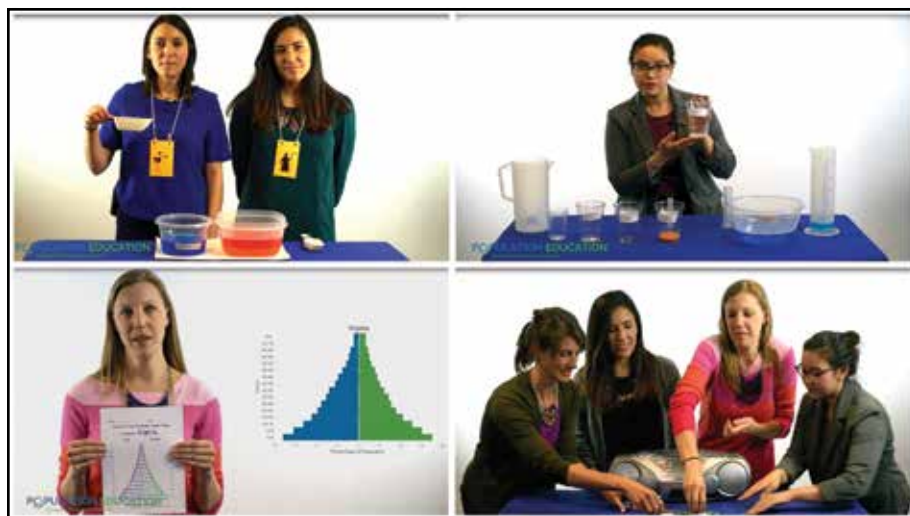
The course, *Making the Population Connection: Exploring the Human-Environmental Nexus in Today's Middle and High School Classroom*, is designed for secondary science and social studies

teachers. It aims to increase their knowledge of population issues and provide them with a variety of hands-on, standards-aligned activities and resources that can be applied to classroom instruction. Participants learn the fundamentals of demographic and environmental studies by exploring factors that influence human population growth, global development, distribution of natural resources, and environmental well-being. Through the study of contemporary theories, analysis of case studies, interactive discussion, and classroom application, students acquire the resources they need to integrate demographic and environmental studies into their classrooms. Educators taking the course have the choice to earn one graduate credit through UMKC or 45 professional development hours (4.5 Continuing Education Units) that they can use toward their teaching license renewal.

The course is asynchronous, which means students can work at their own pace, but it is also highly interactive. There are online discussion boards, weekly journals, polls, surveys, and a final project—all built to provide teachers with meaningful peer-to-peer interaction and instructor feedback. Dr. Luera employs the Teaching for Understanding model as the course's educational framework.

Teaching for Understanding challenges students to be more than just passive recipients of information. They are tasked with using their experience and unique background knowledge to contribute to their own learning and the learning of their peers.

Course participants explore population issues through a variety of mediums. There are carefully selected readings from organizations like the United Nations Environment Program and publications such as *Scientific American* and *The New York Times*. Participants are introduced to information about demographic trends through the Population Reference Bureau's excellent video series, *Distilled Demographics*, and are further exposed to the impact humans have on the environment by watching portions of National Geographic documentaries. Students taking the course also have access to 19 short videos that form PopEd's new Activity Video Library. These videos feature PopEd staff providing step-by-step demonstrations of a variety of the organization's most popular lessons. Altogether, the skillfully curated multimedia resources available to course participants leave them prepared to enhance their own classroom instruction.



Stills from demonstrations in the Activity Video Library

Looking into the Future

Population Education's first venture into the world of online learning has been met with excitement from both its network of trainers and the educators who are taking the inaugural course. Dr. Hamar was delighted to see her idea launch. "Way to go for listening and responding to what today's classroom teachers need: opportunities to learn about exciting, relevant, and valuable lessons that they can put into practice immediately, a doable format for their busy lives, and graduate credit towards their license renewal!"

Enrollees have also expressed their eagerness to learn more about population issues and how to integrate PopEd lessons into their classrooms. "I'm new to teaching AP Environmental Science and am looking forward to finding and exploring some current, engaging activities or lessons that are based on data," shared Anne Mortimer, a high school science teacher from Washington State. "I know from previous experience that Population Education does some great work, and I'm excited to be a part of this course. I hope to create some worthwhile lessons for my classes."

PopEd and UMKC plan to continue this partnership in 2017, offering the course each semester and in the summer. For enrollment information, please contact Elizabeth Black at eblack@popconnect.org.

CARTOON



The New York Times

Opponents of Planned Parenthood in recent years have cut funding to the organization that goes through the Title X Family Planning Program, which provides federal money for services like contraception, testing for sexually transmitted infections, and cancer screenings. (Like all federal programs, it is largely barred from paying for abortions.) State and local governments distribute that money to health care providers, and at least 14 states took actions to cut the share they direct to Planned Parenthood.

State efforts to strip Planned Parenthood of Title X funds have hurt low-income residents, who are likely to depend on Planned Parenthood clinics for free or low-cost health services. In New Hampshire, for instance, the state's Executive Council voted in 2011 not to renew Planned Parenthood's contract under Title X, leaving parts of the state with no federally funded family planning services until the Department of Health and Human Services stepped in with an emergency grant three months later. Fortunately, the council voted in June to restore funding.

In 2011, Texas cut its state family planning budget and changed the way it allocated Title X funds to significantly reduce grants to Planned Parenthood and other "abortion-affiliated providers." More than 75 clinics, a third operated by Planned Parenthood, closed as a result.

Some state lawmakers have argued that community health centers can easily provide the same family planning services that Planned Parenthood offers. But a study published this year found that providers focused on reproductive health care, like Planned Parenthood, offered a wider range of family planning services and higher quality care than centers without an emphasis on reproductive health.

—September 9, 2016

The Boston Globe

Donald Trump, who rolled to an astonishing victory in the presidential election, laid waste to conventional wisdom, the polling industry, his opponents, the truth, and almost every remaining rule of decency left in American politics. Regrettably, it worked.

Now all must live with the consequences. The president-elect will immediately face challenges containing the forces that he has unleashed. If, as he vowed, Trump wants to make America great again, his first and most urgent task is to make it civil again.

The surge in turnout by Hispanic voters, while not enough to stop Trump, was vivid evidence of the impact his rhetoric has had on American society.

To put it charitably, Trump did nothing during the campaign to suggest he has the skills to heal a divided nation. As our president-elect, he will have to demonstrate a grace that has remained elusive, and make clear that he understands his job from this day on is to overcome divisions, not exacerbate them.

He will also need to do what he never did during the campaign: put together a coherent plan for his government, starting with a Cabinet. He was rightly shunned by most Republicans during the campaign, but now he will need their help to give substance to his vague promises to make everything great.

This outcome is not one that this page welcomes. Trump looks like a disaster in the making; all Americans can do now is pray that he proves his skeptics wrong.

—November 9, 2016



Recognizing our past, preparing for the future.

Throughout your lifetime, you've aimed for zero population growth. Your bequest will ensure that your lifelong commitment endures. Your support will help us every step of the way. Thank you for your commitment to a people and planet in balance!

WHAT WILL YOUR LEGACY BE?

The simplest way for you to ensure that your dedication to Population Connection's mission continues well into the future is through a gift—a bequest—in your will. You can create a bequest by adding just one sentence to your will. And that sentence can make the difference of a lifetime.

There are many creative ways to help Population Connection achieve zero population growth. You aren't limited to giving cash—you can give real estate, stocks, your 401(k), or even life insurance.

If you do remember Population Connection in your estate plan, please let us know! We'll be happy to invite you to join the ranks of the dedicated members in our ZPG Society.



Sample Bequest Language:

After fulfilling all other provisions, I give, devise, and bequeath ____% of the remainder of my estate [or \$____ if a specific amount] to Population Connection [Tax ID # 94-1703155], a charitable corporation currently located at 2120 L Street, NW, Suite 500, Washington, DC 20037.

www.popconnect.org/legacy