PURITY PLEDGES, UNPLANNED PREGNANCY, AND THE MANY FAILURES OF ABSTINENCE-ONLY SEX EDUCATION
What was the most transformative invention of the past 1,000 years? The printing press? Penicillin? The Internet?

Here’s my candidate: modern contraception.

For the first time in human history, women don’t need to spend decades wondering if their lives are about to be transformed, disrupted, or even possibly ruined by unplanned pregnancy. And, although men don’t get pregnant, we play a role and need to take responsibility.

Innovations related to sanitation and general public health triggered the population explosion some 200 years ago. While we still face daunting challenges due to population growth, it is important to note that the global fertility rate has dropped by 50 percent over the past few decades. This simply couldn’t have happened without birth control pills and other contraceptive methods.

Birth control pills can work quite well. But we humans are far from perfect. One study of women using the Pill—99 percent of whom were high school graduates—reported that participants missed taking an average of 4.7 pills per month. Properly used, birth control pills are an excellent way to prevent unplanned pregnancy. But, in the real world, 9 percent of women using them will get pregnant within one year. Condoms can also be effective, but it’s no secret that many men fail to use them consistently.

There’s another way to prevent pregnancy that is 20 times more effective than birth control pills. It’s called LARC, which stands for long-acting reversible contraception. LARC includes intrauterine devices (IUDs) and implants—both of which address our all-too-human inconsistency.

A pilot program in Colorado, funded by the Susan Thompson Buffett Foundation, resulted in a 40-percent statewide drop in the teen birth rate and 35 percent fewer abortions between 2009 and 2013. Legislative high jinks resulted in a 2015 failure to fund continuation of the program. A key opponent, State Sen. Kevin Lundberg, wildly and falsely claimed that LARCs could be responsible for Colorado “stopping a small child from implanting.” Lundberg has no healthcare training, but he did co-found the Christian Home Educators of Colorado.

Fortunately, wiser heads have since prevailed. Gov. Hickenlooper signed this year’s budget—which provides $2.5 million for LARC funding—into law on April 27.

A 40-percent reduction in unplanned births in the U.S. could well put us on the pathway to zero population growth, based on recent trends. LARC can make that happen.

We don’t need a miracle. We just need common sense to prevail. Which may be a miracle of sorts in these crazy times.

John Seager
john@popconnect.org

Bruce Bridgeman, 1944-2016
Dr. Bruce Bridgeman was an internationally renowned neuroscientist whose interests ranged from music to cycling to sailing to population challenges—and were exceeded only by his good-heartedness. As a dedicated member of ZPG/Population Connection, Bruce kindly invited me to speak to his UC Santa Cruz class. A former student aptly described Bruce as “the quintessential scientist . . . you will be utterly fascinated by his view of the world.” He made our world a better place and will be missed.

—John Seager
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Cover Photo
The Purity Ring, worn by virgins and ‘second chance virgins,’ symbolizes one’s promise to remain chaste before marriage. (Photo by Marvi Lacar/Getty Images)
Editor’s Note

We don’t expect kids to know how to play the piano, do pre-calculus, or drive a car without first being taught. That would be ridiculous. But for some reason, we expect them to figure out how to have safe, respectful, consensual sex all on their own. And we expect them to suddenly and magically have the information they need to protect themselves and respect their partners when the decision to have sex is made (for “purity” pushers—ideally on their wedding night).

But sexual health and sexual intimacy are complicated issues, with many variables (gender identity, sexual orientation, disability, history of abuse, etc.), and they need to be taught just like chemistry, physics, and foreign language.

And yet, only 21 states plus D.C. require any form of sex education in public schools, and only 18 of those states require that the teachings include medically accurate information about contraceptives. In the majority of our country’s states, sex education is a total free-for-all, taught, in many cases, according to the whims of unqualified instructors who blatantly lie about the effectiveness of contraception, including condoms, and condemn sexually active students to a life of shame, or worse.

President Obama struck all funding for abstinence-only education ($85 million in 2016) from his 2017 budget, but his budget has been ignored by Republicans in Congress and will probably be rejected when it is finally debated (October 1, the start of the fiscal year, is the deadline).

Meanwhile, there is no permanent federal funding stream for comprehensive sex education, although $176 million was provided for medically accurate, age-appropriate programs in 2016 through the Teen Pregnancy Prevention Program (TPP) and the Personal Responsibility Education Program (PREP). The President’s 2017 budget calls for an increase in TPP and an extension of PREP for another five years.

Some members of Congress are working to add a dedicated funding stream to medically accurate sex education. Sen. Cory Booker (D-NJ) and Rep. Barbara Lee (D-CA) introduced the Real Education for Healthy Youth Act (H.R.1706* and S.2765**) in 2015. The companion bills would require the Department of Health and Human Services to award competitive grants for: (1) comprehensive sex education for adolescents; (2) comprehensive sex education provided by institutions of higher education; and (3) training faculty and staff to teach comprehensive sex education to elementary and secondary school students. These bills haven’t seen any action in months, however.

This issue of our magazine explores the failures of sex education for American kids and teens, and also examines the effectiveness of “purity” pledges—promises made by kids, to their parents and to God, that they will not have sex until marriage. You can probably guess how effective those pledges end up being.

Sex is one of humanity’s primary biological imperatives. It is as necessary to the survival of our species as eating nutritious food and steering clear of large predators on the open savannah. By making it into something dirty and shameful, we make it less safe and less enjoyable, and that should be considered the most shameful thing of all.


Marian Starkey
marian@popconnect.org
I am enjoying your journal, and learning a number of shocking facts about difficulties that women face in getting access to abortions in Latin America—and Texas too, for that matter. Your colored map was an eye opener.

Also, I used your article about Burundi to write a letter to the *Guardian Weekly*, which published it.

Linda Agerbak
Arlington, Massachusetts

Regarding the letter from Kathy Darrow in the June issue: Earlier this year, I read about a male birth control device that sounded good enough to me that I have remembered the story for six months (Bimek, invented by German carpenter Clemens Bimek: www.bimek.com). It might even pass muster with the religious nutbags who worry about ANY female birth control taking the life of an “unborn child.”

Thanks for the Zika virus stories; I fear that we are watching a slow-motion biological disaster unfold. It is difficult to imagine the sorrow that the families of the Zika babies will bear.

Nancy Lowell
Tampa, Florida

Just wanted to say that I loved the pictures of proud and happy fathers and grandfathers in the June issue. While it is of utmost importance to educate mothers, it is also important to recognize the emotional involvement of fathers.

Carol Fleishauer
Baraboo, Wisconsin

The statement (June 2016, p. 11) that Latin America’s population would drop by 10-11 million if all births were postponed for a year would only be true if the birth rate and the death rate were identical. That is far from the case. The birthrate is 18.5 per thousand, or 11.7 million births in a population of 634-35 million. The death rate is 5.9 per thousand, or 3.7 million deaths. Thus, if one ignores migration, the population decline would be 3.7 million, not 10-11 million.

Philip Russell
Austin, Texas

You are absolutely right that the phraseology of the sentence in question was misleading (as it was a reprint, we were powerless to alter it). What it should have said was that the population would grow by 10-11 million fewer people each year if births dropped to zero.

I recently learned about your organization through a mailer you sent with a petition to President Obama. First, thank you for the work you do. I work and volunteer as an environmental advocate and activist and studied ecology in graduate school. As such, I am very familiar with the concept of carrying capacity and the impacts of human population growth on our natural resources.

I believe dispelling and eliminating societal and religious expectations that everyone have kids could go a long way toward combating rapid population growth. Along with the freedom to choose when and how many kids to have, people also need to know they have a choice to not have kids at all.

Elizabeth Wiles
Morgantown, West Virginia
## GENERAL REQUIREMENTS: SEX & HIV EDUCATION

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Source: "Sex and HIV Education" State Policies In Brief, March 1, 2016, Guttmacher Institute
Design by Rebecca Dodelin
### CONTENT REQUIREMENTS FOR SEX* AND HIV EDUCATION

#### WHEN PROVIDED, SEX EDUCATION MUST

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| TOTAL          | 18+DC         | 37         | 19                                     | 13                 | 13                             | 20+DC            | 21                       | 11                   |

- ●: Sex education typically includes discussion of STIs.
- †: Sex education is not mandatory, but health education is required and it includes medically accurate information on abstinence.
- ‡: Sex education “shall not be medically inaccurate.”
- Ω: Localities may include topics such as contraception or STIs only with permission from the State Department of Education.
- ♦: Sex education is required if the pregnancy rate for 15-17-year-old teens is at least 19.5 or higher.
- ■: State also prohibits teachers from responding to students’ spontaneous questions in ways that conflict with the law’s requirements.
- ◆: If HIV education is taught in Arizona it cannot “promote” a “homosexual lifestyle” or portray homosexuality in a positive manner. Mandated HIV education in Oklahoma teaches that among other behaviors, “homosexual activity” is considered to be “responsible for contact with the AIDS virus.”

Source: “Sex and HIV Education” State Policies In Brief, March 1, 2016, Guttmacher Institute
Maryland Contraceptive Equity Act
Under the Maryland Contraceptive Equity Act, signed into law by Gov. Larry Hogan in May, Maryland will improve access to birth control via the following requirements:

• Insurers will cover over-the-counter contraceptives (such as Plan B) at no cost to the insured.
• Insurers will cover the full cost of vasectomy, prohibiting out-of-pocket costs to the patient.
• Insurers will no longer be able to require consumers to obtain approval of coverage before obtaining LARC* methods, including IUDs.
• Women will be able to obtain six months’ worth of birth control pills at one time.

Vermont Birth Control Benefits Improving
Gov. Peter Shumlin signed a bill that will broaden contraceptive access to both women and men in Vermont. Vasectomy will be covered by insurers, without copay, and women will be able to obtain 12 months of hormonal contraceptives during one visit. Most provisions of the bill will take effect in October.

Abortion Rates Declining in Developed Countries
A study conducted by the World Health Organization (WHO) and the Guttmacher Institute, and published in The Lancet, found that the abortion rate is decreasing around the world. The global abortion rate fell from 1990 to 2014, from 40 to 35. That’s largely due to an even larger drop in developed countries, from 46 to 27. The rate in developing countries barely changed, from 39 to 37.

The difference in rates of abortion incidence between developed and developing countries is directly correlated with contraceptive use, according to Gilda Sedgh, a lead researcher at the Guttmacher Institute who was involved in the study. Dr. Sedgh said that about 16 million of the estimated 56 million abortions each year occur in countries where it is entirely illegal or prohibited except to save a woman’s life.

The annual number of abortions increased at the global level, from 50 million in 1990 to 56 million in 2014, due to population growth.

Around the world, about a quarter of pregnancies end in abortion. That percentage dropped from 39 percent to 28 percent in developed countries, but rose to 24 percent from 21 percent in the developing world during the period from 1990 to 2014.

The level of unmet need for modern contraception is estimated at 26 percent in the developing world; rates tend to be around 10 percent or below in developed countries.

Myanmar to Improve Birth Control Access
Women in Myanmar will now be able to receive contraceptive implants through the public health system at no cost if they cannot afford the typical $100 fee. The implant lasts for 3-5 years and is reversible, making it an attractive option for women who may want more children at some point in the future. Currently, only 4.8 percent of women in Myanmar are using a LARC method (IUD or implant).

Nearly 20 percent of women in Myanmar have an unmet need for family planning, and abortion is illegal, except to save a woman’s life. Predictably, unsafe abortion makes up 20-35 percent of maternal deaths, according to Dr. Hla Mya Thway Einda, the Director of the Health Promotion Division at the Department of Public Health in Myanmar. The maternal mortality ratio is 200 maternal deaths per 100,000 live births.

The Myanmar government has pledged to increase its contraceptive prevalence rate from 41 percent to above 60 percent in the next four years. It aims to improve the contraceptive method mix across the country by increasing the use of LARC methods and decentralizing the distribution of contraceptives to individual country districts.

* LARC: long-acting reversible contraception
** abortions per 1,000 women of childbearing age
The government is working with UNFPA and other international and local NGOs to implement the improvements.

**Supreme Court Rules Against TRAP*** Laws in Texas**

In a landmark 5-3 decision in June, the Supreme Court reversed a 2013 decision by the Fifth U.S. Circuit Court of Appeals that permitted Texas TRAP laws to “protect women’s health.”

*Whole Woman’s Health v. Hellerstedt* reverses a Texas law that required expensive and unnecessary building modifications for abortion clinics, and hospital admitting privileges for physicians performing abortion services. These costly and often impossible requirements have led to the closure of 21 abortion clinics in Texas.

The court ruled that an alleged concern for women’s health was not sufficient cause to trample women’s constitutional right to an abortion.

**Condoms and Teen Pregnancy in the U.S.**

According to a working paper (as opposed to a peer-reviewed, published study) issued in June, condoms distributed in schools may not reduce teen pregnancy rates.

In the past couple of years, 484 schools in 22 districts across 12 states implemented condom distribution programs for students. Counseling was required in two-thirds of the schools before condoms were handed out.

The schools with these programs saw roughly two additional births per 1,000 teens—the increase was higher when students could get condoms without counseling. Gonorrhea rates for women went up at participating schools as well.

The researchers have no definitive answers for why condom distribution and rising pregnancy and gonorrhea rates are correlated in their study sample, but they hypothesize that it could be that some teens engaged in riskier behaviors once they were using protection, or that some girls may have stopped using more effective hormonal birth control methods in favor of the free condoms.

**Supreme Court Rejects Pharmacy Petition**

The Supreme Court denied a petition presented by pharmacy chain Stormans, Inc., (doing business as Ralph’s Thriftway in Olympia, Washington) for a hearing of its claim that a Washington State birth control rule violates their freedom of religion. The chain and two individual pharmacists employed there had refused to stock emergency contraception because they believe the pills are abortifacients—a 2007 Washington law, however, says they must deliver all FDA-approved drugs to customers. The Ninth Circuit Court of Appeals denied their claims in July 2015, citing the importance of urgency in distributing emergency contraception to consumers after unprotected sex. Because the Supreme Court denied their petition, the 2015 lower court decision stands.

The law does allow pharmacists who object to filling certain prescriptions to ask a fellow pharmacist in the same pharmacy to fill the prescription.

**Planned Parenthood Sting Operatives’ Felony Charges Dropped**

David Daleiden, 27, and Sandra Merritt, 63, the two anti-abortion activists who created undercover videos in April 2015, purporting to show employees of Planned Parenthood Gulf Coast in Houston attempting to sell fetal tissue, have had their felony charges dismissed.

The judge ruled that the grand jury overstepped its authority during an extension of the investigation, since it had been tasked only with investigating the claims against Planned Parenthood.

The pair, under the auspices of the Center for Medical Progress, were indicted in January after releasing a series of highly edited videos in which they falsely claimed to be buyers of tissue for medical research. They forged official identification documents, lied about their employment, and invented a fake company called Biomax Procurement Services.
As a professor of molecular biology at the University of California, San Diego, Dr. Saier incorporates population growth into his course “Human Impact on the Environment,” where he distributes Population Connection magazines and frequently invites Population Connection President John Seager to lecture, enlightening hundreds of students each year with population concepts. Milton sponsors the student group “Human and Earth Rights Organization,” or HERO, inspiring these student leaders to reach out to the community and local schools with messages on population growth and the environment. Supporters since 2002, Milton and Jeanne Saier offer core program support through the President’s Circle.

“...I concluded that the primary problem facing mankind was the environment, and the environmental problems we face in large measure are due to our huge and increasing human population.”

A writer, producer, and sustainability consultant in Los Angeles, Cyndi joined Population Connection in 2000 and became a member of the President's Circle in 2015. Cyndi served as a volunteer judge for PopEd’s “World of 7 Billion” Student Video Contest, an annual event garnering thousands of student entries from around the country and world. “Some of the kids clearly have a passion for this issue—they are so impressive and inspiring,” she said. “I hope the contest made a strong impression on them and will inform their work and life decisions. I feel privileged to be associated with all of your dedicated activists!”

“As a lifelong environmentalist, I feel great concern around the future of our Earth and its resilience in the face of our ever-increasing exploitation of its resources. Thanks to my association with Population Connection, I have been able to further my exploration of how this issue is inextricably connected to overpopulation.”
“I am very concerned about global warming. Population growth is one of the greatest, most neglected reasons for global warming. I also support equality for all women, and protection for all women and children through organizations like Population Connection, which are devoted to trying to make sure that women have FULL choice in what their lives are to be like.”

Dr. Bennett, Professor Emeritus at the University of Arkansas, has dedicated much of his life to encouraging young people to think critically about the state of our world. Dick established a fund at Population Connection to raise awareness in Arkansas about global population growth, by sponsoring Population Education teacher training workshops and by bringing university students to advocate on Capitol Hill during our annual Capitol Hill Days event. Dick has long recognized the link between population growth and other issues that concern him, from peacemaking, to social justice, to global warming. He joined Population Connection in 2014 and enrolled in the President’s Circle last year.

Members since 1994, Dorothy and Andy Leong contributed appreciated stock inherited from Andy’s beloved Aunt Rebecca to establish a Charitable Gift Annuity with Population Connection. We are grateful to the Leongs and recognize them as new members of The ZPG Society in 2015.

“We invested in our own future as retirees, and also in the future of our society and our precious planet. It feels very good to see this happen while we are alive.”

We are proud to feature these supporters in our 2015 Annual Report. To view the full report, please go to www.popconnect.org/report.

Supporters like you amplify Population Connection’s messages on global population growth. You’re contributing your time and resources, sparking conversations, distributing population resources, and more. You’re part of a movement half a million strong! We thank you wholeheartedly for your generosity.

Design by Rebecca Dodelin
Even Fewer Kids Are Learning Basic Things About Sex Ed

By Tara Culp-Ressler | Originally published by ThinkProgress

The United States, which has the highest teen pregnancy rate in the developed world, isn’t exactly known for its top-notch sexual health resources. But a new study suggests that our country’s sex ed has gotten even worse in recent years.

Even fewer teens are now getting basic sex ed information, like formal instruction about how to use birth control, according to researchers at the Guttmacher Institute who compared sexual health data over a seven-year period.

The researchers compared data collected by the Centers for Disease Control and Prevention (CDC) during two of the agency’s survey periods: the 2006–2010 survey and 2011–2013 survey. These surveys included questions for teens about whether they ever received formal sex education materials—like how to prevent sexually transmitted infections, how to say no to sex, how to put on a condom, and how to use different methods of contraception—before they turned 18.

In the 2006-2010 survey period, 70 percent of girls and 61 percent of boys said they had received some information about birth control methods. But in the later survey period, those numbers dropped to 60 percent among girls and 55 percent among boys.

As time passed, fewer girls also reported receiving any formal education on how to prevent STDs and how to say no to sex. These declines were particularly acute in rural areas of the country, where teens already struggle with higher rates of unintended pregnancies.

The study’s lead researcher, Laura Duberstein Lindberg, characterized the declines in sex ed instruction as “distressing.” She also pointed out that this data fits into a bigger pattern in the United States. Over the past two decades, the number of teens receiving formal instruction about birth control has been steadily declining, and abstinence-only classes that don’t include accurate information about sexual health have persisted.

“The United States is moving in the wrong direction,” said Leslie Kantor, the vice president of education at Planned Parenthood, the nation’s largest sex ed provider. “Sex education can make a real difference in adolescents’ overall health and well-being. The fact that young people are being deprived of information critical to their sexual health is unacceptable.”

Only 21 states and the District of Columbia currently require sex education and HIV education to be taught in public schools. An even fewer number, 18, explicitly require information about
contraception in the classroom. On the other end of the spectrum, 37 states mandate that schools should focus on lessons about abstinence.

There’s a lot of evidence that providing teens with accurate information about sex ed helps them make healthier choices. Sex ed classes are actually linked to a delay in sexual activity—suggesting that, instead of spurring teens to become more sexually active, talking to them about sex actually helps them make more thoughtful decisions about their bodies.

“We need to right the ship, get back on track, and make sure all students receive quality sex education that prepares them to make informed and healthy decisions,” said Debra Hauser, the president of Advocates for Youth, a nonprofit group focusing on the reproductive health issues that are important to young people.

Mason Green, 17, hugs his girlfriend, Erica Smith, 14, (both from Rye, Colorado) after they both signed a pledge to remain chaste until marriage. Friends Kemi Wofford, 15, (Pueblo) and Jess Briscoe, 13, (Pueblo) embrace after they made the same pledge at a youth event held at the New Life Church in Colorado Springs. The event was sponsored by several state religious groups and encouraged young people to be abstinent before marriage. (Photo By Lyn Alweis/The Denver Post via Getty Images)
The Unintended Consequences

By Olga Khazan
Originally published by The Atlantic

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.

Liane Gazmeo, 16, signs her ‘True Love Waits’ commitment certificate during a purity ring ceremony at the Full Life Assembly of God in Franklin, Tennessee. The ceremony involves teenage boys and girls (and their parents) who take a pledge to abstain from sex before marriage. The participants complete five classes before graduating in the ceremony, where they receive a certificate and a ring as a symbol of their promise to God and their parents. (Photo by Marvi Lacar/Getty Images)
of Purity Pledges
Teen birth and pregnancy rates have been in a free fall, and there are a few commonly held explanations why. One is that more teens are using the morning-after pill and long-acting reversible contraceptives, or LARCs. The economy might have played a role, since the decline in teen births accelerated during the recession. Finally, only 44 percent of unmarried teen girls now say they’ve had sex, down from 51 percent in 1988.

Teens are having less sex, and that’s good news for pregnancy- and STD-prevention. But paradoxically, while it’s good for teens not to have sex, new research suggests it might be bad for them to promise not to.

As of 2002, about one in eight teens, or 12 percent, pledged to be sexually abstinent until marriage. Some studies have found that taking virginity pledges does indeed lead teens to delay sex and have fewer overall sex partners. But since...
Steve Clark reads the ‘Purity Covering and Covenant’ to his fiancé’s daughter, Ashley Avery, 17, in Colorado Springs, Colorado. (Photo by Marvi Lacar/Getty Images)
Arriana Riley, 14, cries during a Christian concert at the Destiny World Church in Austell, Georgia. (Photo by Marvi Lacar/Getty Images)
just 3 percent of Americans wait until marriage to have sex, the majority of these “pledge takers” become “pledge breakers,” as Anthony Paik, a sociologist at the University of Massachusetts, Amherst, explains in his new study, which was published in the Journal of Marriage and Family.

Paik wanted to see what happens if and when these teens break their pledges. He and his co-authors relied on interviews with thousands of teens conducted as part of the National Longitudinal Study of Adolescent Health in 2002 and 2008. The results showed that women who did or did not take abstinence pledges were equally likely to get HPV—about 27 percent of each group would eventually contract the virus, which causes genital warts. Among women who had multiple sexual partners, however, pledge breakers were more likely to get HPV.

The results were even more striking for out-of-wedlock pregnancy: About 18 percent of the girls who had never taken virginity pledges became pregnant within six years after they began having sex. Meanwhile, 30 percent of those who had taken a pledge—and broken it—got pregnant while not married.

Paik explains this in part through the phenomenon of “cultural lag”—the idea that people might reject certain values faster than they update the actions supporting those values. In this case, the pledge breakers abandoned the idea that they should be virgins until marriage, but unlike people who never made the pledges, they didn't use birth control and condoms, Paik theorized. (Many sex ed programs and cultures that promote abstinence only until marriage also teach that contraceptives are ineffective.)

“Our research indicates that abstinence pledging can have unintended negative consequences by increasing the likelihood of HPV and non-marital pregnancies, the majority of which are unintended,” Paik said in a statement. “Abstinence-only sex education policy is widespread at the state and local levels and may return at the federal level, and this policy approach may be contributing to the decreased sexual and reproductive health of girls and young women.”

That doesn't mean that people who have a genuine motivation to save themselves for marriage shouldn't do so. A previous study found that the key to a virginity pledge’s success seems to be the pledger’s level of religious commitment. Devout pledgers had fewer sexual partners, but pledgers who weren't very religious engaged in riskier sexual behaviors than those who didn't pledge.

Perhaps that’s why the vow in True Love Waits, the original virginity-pledge program, reads the way it does: “I make a commitment to God, myself, my family, my friends, my future mate, and my future children to a lifetime of purity, including sexual abstinence, from this day until the day I enter a Biblical marriage relationship.”
At 8:30 a.m. on a bright Monday morning on the Upper West Side of Manhattan, a dozen students line up at the front of their morning class, debating how much communication between sexual partners is required to use a diaphragm, that dome-shaped contraceptive of yesteryear that covers the cervix. The students, each holding a different birth control device (the female condom, the patch, the vaginal ring), are ninth graders at Opportunity Charter School, where 84 percent of kids are eligible for free or reduced-price lunch.

Their teacher, Shanda Holt, had asked them to create a spectrum across the classroom, from the contraceptive that requires the least amount of communication between partners to the one that requires the most. They are now fidgeting with their assigned safeguards, waiting to explain their case.

“If you put tape on the patch, does it do anything?” asks a girl on the far right. Holt holds up a sample patch, showing how it sticks tightly to the body, smacking her hands together to demonstrate. “So water doesn’t affect it at all?” another girl asks, nearly joking, but with clear interest. “What if you shower?” someone shouts out.

“I beg you to take a shower,” Holt teases, and then she goes on to explain that water does not, in fact, alter the efficacy of the patch.

The back-and-forth is lighthearted, but in fact much is riding on the students’ informal questions and Holt’s easy responses. The curriculum is part of the Carrera Adolescent Pregnancy Prevention Program, a long-term intervention intended to reduce pregnancy among the most marginalized kids in the United States.

Birth control access, public funding for prenatal and postnatal care, and data-driven programs like Carrera are easily overlooked as political controversies come and go. But these topics form the core of reproductive health in this country. With that in mind, I went to see this unorthodox pregnancy prevention program in action. By coupling interactive sex education with a host of social services, the program has successfully cut teen pregnancy by 40 percent in the communities it serves. And for a country that spends at least $9.4 billion a year on costs associated with teen pregnancy, that’s a big deal.

In the last 25 years, the national teen birth rate has fallen by 61 percent, but it varies widely by class and race. The teen birth rate among black and Hispanic teens, for example, was more than twice that of white teens in 2014. Public health experts often talk about teen pregnancy as a shorthand for poverty.

“Reducing unplanned pregnancy helps improve other important issues facing our nation,” argues Ginny Ehrlich, the CEO of The National Campaign to Prevent Teen and Unplanned Pregnancy. She notes that lower teen pregnancy rates lead to “less poverty, more economic opportunity, better educational attainment, healthier children and families, and the empowerment of women and girls.”

But the question of how to lower teen pregnancy rates, for the general population but also for the most marginalized kids in society, has remained knotty. Abstinence-only education doesn’t work, but what does? Distributing condoms in school? Funding comprehensive sex ed classes? Making it easier for minors to obtain emergency contraception?

Michael Carrera, who has a doctorate in education with a specialization in adolescent sexuality, has an answer. He founded his namesake program after teaching a sex ed class at the Children’s Aid Society in the 1970s, and seeing discouraging results.

“I was talking to them about sexuality and sexual expression and decision making and acquiring services. And they were walking in with earaches, headaches, toothaches, asthma, obesity, mental health problems, family fragmentation, abuse, neglect,” Carrera told me one morning in his office in Harlem. “So it was a thud. My alignment was off.”

Still a project of the Children’s Aid Society, the Carrera program grew in response to that misalignment. Made up of seven components, the program
teaches kids how to use birth control, but also addresses the earaches, the toothaches, the mental health problems, and the neglect that Carrera saw early on. Students get assigned social workers; work with tutors outside of class; get vision screening and glasses at no cost, as well as medical care and dental services; write resumes; and set up bank accounts.

The key insight behind the program is that it’s not enough to give kids the devices that prevent pregnancy; they must also have a stake in the future, a compelling alternative to getting pregnant. The whole thing makes traditional sex ed classes, and their condom-on-banana demonstrations, look feeble in comparison.

Data shows that the Carrera program is remarkably effective at achieving its goal. After three years in the program, girls were 40 percent less likely to have ever been pregnant and 50 percent less likely to have given birth, according to a multi-site, randomized controlled trial of the program in six states between 1997 and 2004. (On the other hand, while the program has a significant effect on female participants, it had no measurable effect on decreasing the likelihood that a male participant would cause a pregnancy or father a child.) Participants were also 16 percent more likely than the control group to have had some work experience. After seven years in the program, a follow-up report at the six New York City sites showed that participants were 30 percent more likely to have graduated from high school or obtained a GED. For every dollar spent, Carrera calculates that nearly $10 are saved down the line.

The main drawback to the program is that it requires a lot of time and money upfront. The cost per child is $3,200 in the first year for an incoming sixth grade class of 100 students, and Carrera puts the cost at $2,400 to $2,600 per child when the program is at scale in a particular school.

“I would say to critics that this is where money is best spent,” reports Leonard Goldberg, the founder of Opportunity Charter School, which partnered with Carrera in 2008. “It’s best spent in the schools. It’s best spent when children are young.” He cited the money that must be spent at the other end of pregnancy, to fund the foster care system, the prisons and jails, and the emergency rooms that spring up when young people have children but no opportunities.

Allison Mutzel, the middle school principal who started as a teacher at the school, says she depends on the Carrera program’s additional support, especially to “teach boys in the heat of spring,” as she puts it. She’s seen students get braces and eyeglasses, medical help for diabetes, in-class tutors, emergency counselors. As an educator of kids aged 10 to 14, I asked her if she ever thought the program, or at least the sex ed component, began too soon. “Oh no,” she said. “It could start much earlier.”
Baby Blues: Rural Myanmar’s Desperate
Large Families in the Poorest Regions Suffer Poor Health and Nutrition,

By Charlotte England in Chin State | Originally published by The Guardian

People carry a woman with emergency maternal complications through the Chin mountain range in Myanmar. (Photo by Min Zaw/Photoshare)
Need for Family Planning Services
But Access to Contraception and Maternal Care Is Limited.

Ngun Bil Sung has been helping women give birth for 32 years, ever since she had a dream in which she was called by God to deliver babies.

Although she has no formal training, the 67-year-old from Chin State, an isolated, mountainous, and devoutly Christian region of Myanmar, estimates she has safely delivered 1,500 babies, including her own.

But now she believes villagers in what is considered to be the poorest region of the country need access to family planning advice and contraception. “For families here to survive, both the mother and the father need to work on the farm. But if they keep having babies constantly, women can't work at all, and it's very difficult for the family to provide.”

Ngun Bil Sung says that a third of the women she sees in the nine villages she visits are not leaving enough space between births. Many women are old or very young, making their pregnancies higher risk; and she’s witnessed the consequences of some desperate and dangerous illegal abortions.

About 40 percent of women in Myanmar use contraception, but in Chin State the figure is closer to 3 percent. Meanwhile, Myanmar has the second highest maternal mortality rate in Southeast Asia, with 87 percent of those deaths occurring in rural areas. Unsafe abortion is the third leading cause of maternal death. Abortion is illegal in Myanmar, except to save a woman’s life.

Women in Chin State have more babies than elsewhere in Myanmar, and evidence suggests they struggle to support them: children in the state have the lowest health and nutritional levels in the country. The region also has the lowest rate in the country of births attended by a trained attendant and of births in a health facility, at under 40 percent and under 5 percent respectively.
But improving access to family planning services is an uphill battle. Many people believe using contraception defies God’s wishes and promotes promiscuity. The logistics of reaching people are also tough. Roads are frequently little more than dirt paths, just wide enough for a motorcycle to navigate, and many of those were washed away last summer during severe flooding and landslides. There is almost no mobile phone reception outside the towns, and a myriad of languages are spoken in the region, the local dialect changing from one hillside to the next.

“To be able to serve the Chin community, it’s clearly more expensive per head per visit [than elsewhere],” says Dr. Sid Naing, country director of Marie Stopes International (MSI) Myanmar, which opened seven branches in Chin as part of an expansion into three remote regions in 2014.

Between September 2014 and March 2016, Marie Stopes has seen 13,725 people in the state.

Nun Thiam, a 28-year-old government midwife working in a local village, regularly encounters women who say they don’t want to have more children, but their husbands won’t let them use contraception.

“Women keep having babies so they can’t work any more,” she says. “It becomes their duty to look after the children, while the husbands go to the farm and become the sole provider of the family, so they are stuck in an inferior role. As they keep having babies their role gets lower and lower, to the point where they have to listen to everything their husband says.”

Dr. Henri Za Lal Lian, the MSI center manager in Falam township, which is encouraging more men to attend education sessions, says, “The husbands are still the key players in their household, so male involvement is critical.”

Sex before marriage is also a taboo in Chin State. Unmarried people who are sexually active are often too afraid to buy contraceptives in pharmacies, where other people might see them. MSI staff will discreetly deliver condoms and emergency contraception to people in Falam who phone and ask for supplies or advice.
Sex education is not taught in Myanmar schools, so many people have little knowledge of the options available and no concept of safe sex. Women, in particular, are often just told by their parents to stay away from men once they reach puberty.

“It’s important for young women like me to have knowledge before they become sexually active, so that they can protect themselves,” says Helen Leng Zun Rem, a 26-year-old staff member at MSI in Falam, who says some of her peers have become pregnant unintentionally. “The things I have learned in my job will really help me in the future.”

But things are slowly improving.

Za Lal Lian has been working with religious leaders to challenge attitudes to family planning and says the organization’s relationship with the church has improved since the branch first opened. He says the number of clients visiting the Falam office and attending outreach sessions in villages has risen significantly since some pastors began letting Marie Stopes use their churches for reproductive health education sessions, and some have actively encouraged people to access services.

Improved coordination with government health workers has enabled him to develop a schedule that focuses on Falam in the rainy season and further afield when it is drier.

But funding for family planning services is a problem.

MSI’s offices in Chin are supported by the 3MDG fund, a pooled multi-donor fund managed by the UN, but funding will end in December. Naing hopes the government will be able to step in. It has vowed to prioritize healthcare, including introducing a roadmap to universal health coverage by 2030.

But, he says, “our health sector is in transition. We are not sure for the moment which way the country is going.”

Za Lal Lian adds, “While I have much respect for government health workers … [the public sector is] still very much understaffed. If we stop being here it will be a terrible loss for the villagers.”
In June and July, things heated up for family planning supporters. While the Supreme Court made some definitive pronouncements, committees in the House and the Senate struggled, and then failed, to find common ground.

**Supreme Court Strikes Down Texas Abortion Rules**

On June 27, the Supreme Court handed down its decision in the *Whole Woman’s Health v. Hellerstedt* case, which challenged two parts of a sweeping Texas abortion law. That law, known as HB 2, was one of a string of so-called TRAP laws (Targeted Regulation of Abortion Providers) enacted across the nation over the past few years. Such laws are generally passed under the guise of improving women’s health, but have the effect of making it more difficult for providers to operate. They also impose rules on abortion clinics and providers that do not apply in other, similar healthcare settings.

The provisions at issue in the Hellerstedt case required all clinics in Texas to meet the standards of ambulatory surgical centers and required all abortion providers to have admitting privileges with a local hospital. While the state insisted that it sought only to protect the lives of women seeking abortions, clinic advocates pointed out that the state had offered no evidence that the regulations in question did anything to advance that goal. Rather, they argued, the new rules served only to put clinics out of business and prevent women from accessing abortion care.

Both sides relied heavily on the Supreme Court’s prior ruling in *Planned Parenthood v. Casey*, which held that states may regulate abortion as long as those regulations do not create an “undue burden” by having the “purpose or effect” of putting “substantial obstacles in the path of a woman seeking an abortion before the fetus attains viability.” The Casey ruling, however, did not outline exactly what it would take for a burden to be “undue,” or how “substantial” an obstacle had to be.

In a 5-3 decision, the court struck down both requirements. In his opinion for the majority, Justice Stephen Breyer wrote that because the obstacles imposed by the Texas statute significantly outweighed any medical benefit offered, the restrictions constituted an undue burden, and were therefore unconstitutional.

It was an enormous victory for women across the country. It reaffirmed the core holding of *Roe v. Wade* and clarified the previously vague standard set by the Casey decision. Going forward, it also offers strong guidelines for courts to use in evaluating future challenges to state-level abortion restrictions. In a concurring opinion, Justice Ruth Bader Ginsburg wrote, “So long as this Court adheres to *Roe v. Wade* … and [*Planned Parenthood v. Casey*] … Targeted Regulation of Abortion Providers laws like H. B. 2 that ‘do little or nothing for health, but rather strew impediments to abortion’ … cannot survive judicial inspection.”

—Justice Ruth Bader Ginsburg

The ruling has had enormous and near-immediate effects on similar laws in multiple states. In the days following the decision, the court quietly nullified related laws in Wisconsin and Mississippi. In Alabama, Attorney General Luther Strange announced that his office would drop its defense of the state’s clinic rules, saying that “in light of the Supreme Court ruling,” there was “no good faith argument” that the law was constitutional. In Indiana, where several new restrictions were set to take effect on July 1, a federal judge blocked the provisions from doing so, stating that the law was unlikely, in her view, to survive a constitutional challenge. Planned Parenthood and other reproductive rights
groups have already announced plans to campaign for the repeal of TRAP laws in Arizona, Florida, Michigan, Missouri, Pennsylvania, Tennessee, and Virginia, along with restrictions in Texas that were not challenged in the Hellerstedt case.

**Senate and House Committees Pass Competing Bills**

A day after the Senate failed to pass a bill to combat the Zika virus (due to a fight over the exclusion of—you guessed it—family planning), the Senate Appropriations Committee handed a win to supporters of family planning when it marked up the Fiscal Year 2017 State Department/Foreign Operations funding bill. While the original bill eliminated all funding for the United Nations Population Fund (UNFPA) and reinstated the Global Gag Rule, the outcome was quite a bit more positive than that scenario would suggest. Sen. Jeanne Shaheen (D-NH) offered an amendment that restored funding to UNFPA and called for a permanent repeal of the Gag Rule. Because family planning supporters have a majority in the committee, the amendment passed 17-13. All Democrats voted in favor of the amendment, along with Republican Senators Collins, Kirk, and Murkowski.

In the House, however, there was no such bipartisanship. The House Appropriations Committee, for the sixth year in a row, offered an initial bill that capped funding for family planning at $461 million (a $146.5 million cut from current levels), reinstated the Global Gag Rule, and barred any U.S. contribution to UNFPA.

The ranking Democrat on the panel, Rep. Nita Lowey (D-NY) cited the attacks on family planning as only one part of a long list of problems with the proposal. She then offered a sort of Democratic mega-amendment, striking large parts of the bill and replacing them with alternate language. The family planning-specific portions of this amendment included the following provisions:

- increasing funding for family planning to meet the President’s budget request of $585 million;
- removing the reinstatement of the Global Gag Rule and replacing it with a permanent repeal; and
- adding a $35 million contribution to UNFPA.

Given the breadth of the amendment, it unsurprisingly failed, 20-29, on a party-line vote. Rep. Tim Ryan (D-OH) then offered a much narrower amendment specifically aimed at restoring funding for family planning. His amendment increased funding to the President’s budget request and funded UNFPA solely for the purchase of contraceptive supplies and to combat the Zika virus. His amendment also failed 20-29, again along party lines. Finally, Rep. Rosa DeLauro (D-CT) offered an extremely narrow amendment, providing $37.5 million in funding for UNFPA to be used only for:

- providing reproductive healthcare in emergencies;
- purchasing contraceptive supplies;
- programs aimed at preventing and treating obstetric fistula;
- opposing coercive practices; and
- programs to end child marriage and female genital mutilation.

Rep. Charlie Dent (R-PA) joined Democrats on this one, but the amendment still failed 20-28 (Rep. Sanford Bishop (D-GA) was absent for this last vote, accounting for the change in tally). It is unlikely that either bill will come to the floor before the end of the Fiscal Year, and it remains to be seen if the chambers will even be able to pass an omnibus spending bill, as has happened in previous years. The upcoming campaign season and November election already have members talking about the need for a continuing resolution to keep the government open until after the election. We will keep you up to date on events as they occur.
Cats and reproductive rights are Amanda Patton’s two primary passions, and, using the internet’s obsession with funny felines, she was able to combine the two and start a locally minded online social movement. Pro-Choice Cats (prochoicecats.com), the organization she founded, is an advocacy group that raises awareness for abortion rights and access in Columbus, Ohio. Through social media, sales of her products (t-shirts, cross-stitch art, stickers, etc.), and word of mouth, Amanda raised enough money to support a pro-choice billboard in Columbus—strategically placed along the only route to the Ohio Statehouse. The billboard first made its appearance in November 2015, receiving a lot of support as well as a lot of backlash (anti-choice groups would park their slogan-covered trailer under the billboard in protest).

“Our main point was to send the message to our state legislators that there are pro-choice people in the community paying attention and voting.” Amanda hopes to put the billboard back up in September when legislators return from their summer break. “Our aim this year will be to spread the word about being pro-choice and throwing this in front of the face of the state legislators so that they can’t ignore us.”

Amanda attended Capitol Hill Days 2016 after attending a Population Connection-sponsored documentary screening in Ohio. At the end of her Capitol Hill Days experience, she lobbied her elected officials—Rep. Steve Stivers (R-OH) and Sen. Sherrod Brown (D-OH). Amanda left Capitol Hill Days with a greater understanding of how much the Helms Amendment and the Global Gag Rule hurt women in developing countries.

For Amanda, Population Connection wasn’t a first introduction to reproductive rights or social and political activism. After receiving her BA in Communications from the University of Toledo in 2010, Amanda moved to Columbus to begin working as a Legislative Fellow for the Ohio Legislative Service Commission. “I was assigned to work within the offices of four Senate Republicans and that was when I learned so much about the conservative strategy to limit abortion access,” Amanda explained. “After nine months, I was so appalled by the Republican strategy that I left the fellowship early.”

In 2014, Amanda received a photo of anti-choice protesters harassing women outside of a Toledo abortion clinic. Shocked and outraged, she found herself inspired to protect women seeking reproductive healthcare. Soon after, Amanda began volunteering at the Founder’s Women’s Health Center—the last independent abortion provider in Columbus. “My friends and I would walk patients from their cars to the front door of the clinic to help them feel safe in the face of the aggressive anti-choice protesters. After a few months, I quit my job in the tech industry and began working inside Founder’s as a patient advocate.” Amanda’s commitment as an ally of choice has opened her eyes to the struggles of reproductive healthcare clinics.

Still, Amanda felt she hadn’t done enough for the women in her
community. “Over time,” Amanda explained, “it became clear that the current laws are not enough to hold these aggressive protesters accountable for their actions.” In March, Amanda approached Elizabeth Brown of the Columbus City Council to ask if she would introduce a clinic protection ordinance. A few weeks later, Amanda got a call saying that the Columbus City Council had worked with NARAL Pro-Choice Ohio and Planned Parenthood to draft an ordinance that would increase protection for patients, volunteers, and employees of Founder’s Women’s Health Center, without limiting protesters’ right to the First Amendment.

Shortly after, the ordinance passed. Brave women who had suffered verbal harassment and physical trauma at the hands of protesters outside of clinics offered statements and stories to support the clinic protection ordinance. In some instances, Amanda recalls, women—patients and volunteers alike—were grabbed, had their clothing yanked, were followed to their cars, and were aggressively shoved. In one case, when a victim was asked if she wanted to press charges with the police for harassment, she declined because she did not want it publicized that she had been at an abortion clinic. Ultimately, the appalling stories of these victims helped to pass the clinic protection ordinance.

Amanda says, “It shows that Columbus City Council takes the harassment of patients and staff seriously. It gives our police the tools they need to address harassment outside of clinics. And it increases the penalty for disorderly conduct within 15 feet of a reproductive health clinic.” The ordinance makes it a first-degree misdemeanor for anyone to block or obstruct a person from entering or exiting a reproductive health-care facility. Violation of the ordinance carries a penalty of up to six months in jail and a $1,000 fine.

As Amanda continues her work with Pro-Choice Cats, she hopes to make a lasting change in her community. By using her political background to anticipate the anti-choice agenda and her personal experiences advocating for patients to relate to their circumstances, she has overcome countless roadblocks to help women access reproductive healthcare.

“A big motivator is seeing people want to take our rights away,” Amanda said. With the support of her allies and fans of Pro-Choice Cats, Amanda will continue to defend those rights and fight for improved access to the full range of reproductive healthcare services in Ohio and—as a constituent lobbyist—across the country and world.
While aspects of population issues come up in a variety of high school courses from biology and economics to world history, there are two courses in particular that provide in-depth study of population concepts and impacts. Advanced Placement Environmental Science (APES) and Advanced Placement Human Geography (APHG) each focus on population literacy for 4-5 weeks of the school year, and both courses are gaining in popularity. A combined 298,000 students were enrolled in these classes last school year, up 12 percent from the previous year. PopEd has a wealth of resources for these classes and is continuing to develop more to meet the needs of AP teachers.

Each summer The College Board, which develops the AP course outlines and administers the exams, sponsors teacher institutes nationwide to prepare new and experienced educators to teach the courses. Several of PopEd’s volunteer trainers have been facilitators of these AP Institutes in Texas in recent years. That gave us the idea to reach out to other facilitators to offer our materials and encourage them to demonstrate PopEd activities to Institute participants. This summer, PopEd resources are being used in 80 AP Summer Institutes in 28 states. Thanks to the generous support of Population Connection members, we provide AP Institute attendees with curriculum CDs, World Population maps, and online support.

**What are APES and APHG?**

Advanced Placement courses have been offered in high schools since the mid-1950s. The idea behind them is to begin preparing teens with college-level content while they are still in high school. What started as a handful of courses has grown to over 30 with an enrollment of nearly 2.5 million students each year.

APES was first offered in 1998 and is now in 5,801 U.S. schools. According to The College Board, the stated goal of the course is to “provide students with the scientific principles, concepts, and methodologies required to understand the interrelationships of the natural world, to identify and analyze environmental problems both natural and human-made, to evaluate the relative risks associated with these problems, and to examine alternative solutions for resolving or preventing them.”

Population is one of seven topics explored in APES. Beginning with an understanding of population ecology and carrying capacity, the course transitions to human population dynamics, strategies for sustainability, and impacts of population growth (including hunger, disease, economic effects, resource use, and habitat destruction).

APHG covers many of the same topics as APES but within a social studies perspective. First offered in 2001, APHG is now in 4,279 U.S. schools and is one of the fastest growing AP courses, quadrupling in enrollment over the past decade. In some states, including Florida, it has become the recommended ninth grade social studies course for college-bound students. The course aims to “make students more geo-literate, more engaged in contemporary global issues, and more multicultural in their viewpoints.”

In addition to covering human population dynamics (past and present), APHG addresses a number of social and environmental topics related to population trends: global food supply issues, sustainability, roles of women in agriculture and the labor force, industrialization, imbalances in consumption patterns, energy use, resource conservation, environmental justice, and urbanization. The population unit also addresses topics of migration, including refugees and the push-pull factors that influence immigration trends.
PopEd Enhances AP Courses

As rigorous, college-preparatory courses, APES and APHG are heavily dependent on one of several textbooks. Even so, teachers welcome interactive, engaging lesson plans that can capture their students’ interest and supplement the textbook. That’s where PopEd comes in. Many of our popular teaching activities incorporate the AP course topics in ways that are memorable and encourage thoughtful discussion. Global simulations, concept mapping, group problem-solving and interactive media enhance the course experience, while still preparing students for the final exam.

Susan Hollier began using PopEd materials first as a teacher in The Woodlands, Texas, and then as a College Board Consultant for APHG. “Through the activities, cartograms, and eye-catching Population Connection DVD, students begin to understand the important role they play in making our world a better place,” she writes. Over the past 16 years, Susan has facilitated 51 APHG Institutes for over 1,100 teachers in Texas, all incorporating PopEd activities.

Lili Monk, an APHG teacher in Bethesda, Maryland, started using PopEd materials last summer as an Institute facilitator and is now a convert. According to Lili, “Issues like overpopulation, unequal distribution of resources among world regions, and family planning become more easily understood when following the Population Connection lessons.” This summer, she is incorporating the lessons into AP Institutes she is leading in Maryland, Pennsylvania, and South Carolina.

PopEd has also been able to reach AP students directly through our World of 7 Billion Video Contest. Many of the students who submit videos first learn about the contest in their AP classes. A growing number of teachers use the video challenges each year as a classroom assignment. As a result, our staff now selects the annual contest topics to complement course frameworks for both APES and APHG. Brian Cherniak, an APES teacher from Everett, Washington, has assigned the video challenges the past three years. “It’s a great way to tie in sustainability, environmental issues, and population growth,” he writes, “and a great way for students to demonstrate their understanding as well as do research.”

With hundreds of thousands of students taking APES and APHG, an ever-growing number of young people are becoming population literate. Combining PopEd’s thoughtful, interactive lessons with the substantive APES and APHG course outlines is a dynamic way to prepare a new generation of voters, community members, and leaders on critical global challenges.
I’LL NEVER ALLOW MY DAUGHTER TO TAKE A SEX EDUCATION CLASS

...OR MY DAUGHTER.
Population growth is certainly not the only cause of the unprecedented movement of people around the globe, nor of the 65 million displaced people that the UN drew attention to on World Refugee Day earlier this week. War, climate change, and corruption also contribute to sometimes catastrophic economic insecurity. But population pressures are an important part of the story. They can both drive development and be a barrier to it. Giving women and girls the power to choose for themselves when they get pregnant is thus not only a fundamental human right, but a big part of the solution.

Next month marks the halfway stage of the Family Planning 2020 initiative, an attempt to get 120 million more women and girls in 69 countries using contraception, that was launched at a London conference in 2012. According to the UN’s population fund, there are twice that number who would like to be able to avoid getting pregnant if they could. But cost, availability, and lack of knowledge as well as, in some countries, cultural taboos and social pressures that make pregnancy even for young teenagers a desirable objective, all contribute to making it impossible. Breaking down the barriers that stop women and girls having the right to choose should be at the heart of every development project.

The same is true in refugee camps, one of the least safe places in the world for girls and young women. An unwanted pregnancy is one more nightmare for a displaced woman; campaigners argue that contraception and access to safe abortion should be treated with the same urgency as water, food, and shelter.

[The scale of the task of breaking down the barriers that stop women from exercising their own fertility] being a universal right is daunting. But for women and girls everywhere, it must become a development priority.

—June 21, 2016

Every year, 6.6 million American women become pregnant, and half of these pregnancies are unintended. That 50-percent rate hasn't changed over the last 20 years.

More than likely, they are not using oral contraception because access is limited, and the best way to improve those numbers is by making hormonal birth control—nearly 100-percent effective when used properly—available over the counter.

Three states (California, Oregon, and Washington) have already taken this step, and six others are considering it—not just because pharmacy shelves are loaded with items that are far more hazardous to their customers’ health, such as Tylenol and Star Magazine, but because they recognize the logic of moving the pill over the counter.

First, it would improve access, especially when a woman cannot get to a doctor regularly. There is a CVS or RiteAid in every town, and getting birth control over the counter is far easier than leaving work or waiting for a doctor’s appointment.

Even if a low-wage woman isn’t Medicaid eligible, she will still save money by skipping the obligatory doctor visit and going to the pharmacy instead.

A 2009 study of 2,725 pharmacists showed “strong interest, comfort level, and capability” in dispensing birth control, and “combined with a documented demand for direct pharmacy access from patients,” it made a convincing case that over-the-counter access is needed.

Twenty years ago, there were 700 drugs that required a doctor’s visit that you can get over the counter today—including Zantac, Rogaine, and the nicotine patch. It’s time to add the pill to that list.

—May 6, 2016
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.