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### An Evaluation of Family Planning Initiatives in Developing Nations

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# An Evaluation of Family Planning Initiatives in Developing Nations

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A Thesis

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DePauw University  
Class of 2020

Honor Scholar Program

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by  
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Sponsored by Dr. Marcia McKelligan

Committee Members: Dr. Jessica Mejía and Dr. Jason Fuller

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## Preface

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This thesis will greatly differ from the modern western view of human life. I defend a different definition of the good from that held by many readers. In the preface, I present the assumptions I will be making in the thesis. First, my argument supposes that there is a teleology<sup>1</sup> of both the human person and society. This means that there is a purpose, or a particular end, for which individual human beings are designed to achieve. Likewise, there is a related purpose for society which coincides with human purpose at the individual level. My position can be described as a natural law philosophical approach. Natural law premises are not conclusions deduced by theological premises; theology aids natural law but does not show natural law's intelligibility or practicality.<sup>2</sup> Without presupposing the reader assumes any theology, I approach the paper with non-theological premises.

I reject utilitarianism, the doctrine that actions are right insofar as they maximize utility. Utilitarianism fails insofar as we view ourselves as moral beings with moral limits. In utilitarianism, we cannot understand best consequences unless we answer (at least) three things: a) what things are good and bad, b) whose good (i.e. which individuals or groups) we should aim to maximize; and c) whether actions, policies, etc. are made right or wrong by their actual consequences or by their foreseeable consequences.<sup>3</sup> Some utilitarians answer these questions with hedonism, the view that pleasure is the only thing that is intrinsically valuable. I reject hedonism and I reject that the most valuable parts of life are measured in utility or pleasure. I value the virtues i.e: justice, fortitude, prudence, temperance, charity, etcetera. I value the inherent dignity of the human person.

<sup>1</sup> Teleology: (from Greek *telos*, "end," and *logos*, "reason"), explanation by reference to some purpose, end, goal, or

<sup>2</sup> David Novak, "Does Natural Law Need Theology," *First Things*, November 2019.

<sup>3</sup> Steven Nathanson, "Act and Rule Utilitarianism," *Internet Encyclopedia of Philosophy*.

Human dignity is the intrinsic value of human beings. Something is intrinsically valuable if it is valuable for its own sake. My view is that all human beings have intrinsic human dignity starting when life begins at conception until life ends in natural death. Human dignity can be threatened or disregarded, but the intrinsic human dignity is never separated from a human being.

The measure of an action, institution, or policy is whether or not it enhances or threatens the dignity of the human person. People whose lives are afflicted with suffering and impoverishment have unchanging human dignity that is worth respecting and enhancing, even if the suffering or impoverishment is an affront to that dignity. My view is that honoring human dignity trumps all other goals, including the reduction of poverty. In my view, “the good” for which we search is defined by teleological purpose and buttressed by objective morality. I endorse that actions ought to be evaluated by objective morality guided by the principle that all human beings have value in and of themselves. In fact, “the good life” necessarily includes honoring the dignity of human life.

## Introduction

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“Women—in the United States of America, by the way—have a right to control their own bodies and make reproductive decisions. And the Mexico City agreement, which denies American aid to those organizations around the world that allow women to have abortions or even get involved in birth control, to me is totally absurd. So I think especially in poor countries around the world, where women do not necessarily want to have large numbers of babies and where they can have the opportunity through birth control to control the number of kids they have: something I very, very strongly support.”<sup>4</sup>

—Bernie Sanders, U.S. Senator and 2020 Presidential Candidate, speaking on CNN Democratic Presidential Town Hall in September 2019

“One of the critical issues of African demography is that this is not chosen fertility...I always say, please present me the lady who decided, being perfectly educated, to have seven, eight, nine children.”<sup>5</sup>

—Emmanuel Macron, President of France, speaking at the Gates Foundation’s Goalkeepers Event near the United Nations General Assembly in New York

“My name is Mette Gjerskov, I am from the Danish parliament. I’m a former minister. I have been to Africa, and I know that there are different countries...I have spoken to a lot of African women. My lesson learned from being from a colonialistic society is “do no harm.” Allow people to make their own choices...I think we should allow them (African women) to decide for themselves. That includes freely decide over their own body, their own sexuality, when, and how many babies they want, if they want contraception, if they want abortion. We don’t have to put it on anybody else. So if you want to make sure that you don’t start a new colonization, let people make their own choices, decide over their own body.”

—Mette Gjerskov, Danish parliament member, speaking at a United Nations side event in 2016<sup>6</sup>

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<sup>4</sup> “Bernie Backs Using Taxpayer Money To Fund Abortions In Other Countries To Control Population Growth,” Youtube Video, 1:28, Posted by “GOP War Room,” September 4, 2019.

<sup>5</sup> Patrick Wintour, “Emmanuel Macron: More Choice Would Mean Fewer Children in Africa,” *The Guardian*, September 26, 2018.

<sup>6</sup> “Best Practices for Maternal Health in Africa: Q&A Session (United Nations Side Event),” Youtube Video, 5:54, Posted by Obianuju Ekeocha, April 2, 2016.



In this thesis I will argue that public health policies that provide abortion or artificial contraception to women in developing countries need to be reconsidered. The policies to which I refer include but are not limited to private funding, government foreign aid, NGO groundwork, political lobbying, and advocacy. First I will show the prominent affinity in public life toward the modern western view of human sexuality and reproduction. Next I will demonstrate that expanding contraception and abortion to developing nations is not a universally-held goal, view, or value. Focusing on Africa, I will provide evidence that pro-contraceptive and pro-abortive policies are not helpful to women in African countries and harm them in both physical and non-physical ways. I will conclude that the modern view of human sexuality is antithetical to the flourishing of African women and arguably neocolonial in principle. Then I will offer an alternative view of suffering which creates both philosophical and practical support for my view.

In Section I, I will discuss prominent voices in the global health sphere that are known for humanitarianism, including the United Nations Human Rights Committee, the World Health Organization, and The Bill and Melinda Gates Foundation. In Section II, I will evaluate the consequences of the efforts to expand abortion and artificial contraception to developing nations, particularly in Africa. The third section will contend that these efforts are antithetical to African recipients. In the fourth section, I will offer an alternative view of suffering, consistent with the previous arguments, that may aid the achievement of a truly flourishing human life. In the fifth section I will address objections.

## I. Organizations With Abortion Agendas: The United Nations Human Rights Committee, The World Health Organization, and The Bill and Melinda Gates Foundation

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### Introduction

In this section I will discuss the United Nations Human Rights Committee, the World Health Organization, and The Bill and Melinda Gates Foundation. All three entities are known for universality and humanitarian moral values. From private foundation to multilateral United Nations agencies, all three of these massive and well-funded organizations promote the expansion of both contraception and abortion in developing countries. First I will discuss the United Nations Human Rights Committee's recent assertion that abortion is a human right, which is contradictory to their foundational values.

### The International Covenant on Civil and Political Rights: General Comment 36

The United Nations (UN) was created in 1945 and is based on the idea of multilateralism and universal humanitarian values. The United Nations is a long-time champion of human rights, including their adoption of the Universal Declaration of Human Rights in 1948. In recent years, the United Nations Human Rights Committee (HRC) has suddenly declared that the right to life includes a woman's right to seek safe abortion. While some people support this view, it is neither an objective fact nor a universal expression of moral values.

The International Covenant on Civil and Political Rights (ICCPR) is one of the most widely adopted United Nations human rights treaties, drafted in 1954 and signed in 1966. The multilateral treaty outlines civil and political rights for all 172 state parties that have adopted the treaty and thus are bound by international law to observe the treaty's terms. The Human Rights

Committee's sole duty is to monitor the ICCPR and report how well state parties are implementing the rights defined in the document. The committee is composed of 18 persons who, according to its website, "are persons of high moral character and recognized competence in the field of human rights."<sup>7</sup> In 2018, the committee declared via General Comment No. 36 that safe abortion services are a human right.

A general comment is a committee's official statement reinterpreting or further clarifying previously written documents. In 2018, the Human Rights Committee adopted General Comment No. 36 to elaborate on their interpretation of the ICCPR's Article 6, which addresses the universal right to life as defined by the United Nations. General Comment No. 36 added 'paragraph 8' to the 70 paragraphs that compose Article 6. This new eighth paragraph declares that state parties must provide women access to safe abortion.<sup>8</sup> The paragraph contains the following descriptive statements: "While state parties may attempt to regulate voluntary abortions, the regulations must not interfere with a pregnant woman's right to life, nor with any other rights granted to her in the rest of the Covenant."<sup>9</sup> Abortion restrictions must not subject women to physical or mental pain or suffering, nor arbitrarily interfere with their privacy.<sup>10</sup> State parties must provide abortion to the extent that a woman does not endure substantial pain or suffering, and provide it to women in the case of rape, incest, or in the case of inviability.<sup>11</sup> A state party may not regulate abortion to the extent that any woman has to undertake an unsafe abortion and must decriminalize both women who undergo abortion and medical providers of

<sup>7</sup> "Human Rights Committee: Membership," *United Nations Human Rights Office of the High Commissioner*, Accessed April 27, 2020.

<sup>8</sup> Human Rights Comm., 120th Sess., General Comment No. 36 on article 6 (1) of the International Covenant on Civil and Political Rights, on the Right to Life, ¶8.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

abortion.”<sup>12</sup> This paragraph prohibits conscientious objection to abortion, as it is a barrier to abortion access.<sup>13</sup> It declares that state parties should prevent the stigmatization of abortion and also provide post-abortion healthcare on a confidential basis.<sup>14</sup>

In General Comment No. 36 the Human Rights Committee gives the apparent evaluation that human fetuses do not have a right to life by asserting that women have a universal right to seek abortion. The new eighth paragraph appears to create logical contradictions within Article 6, as the article is titled “Right to Life” while promoting abortion of prenatal life. General comments are not legally binding, but guidelines given in a general comment have the capacity to inspire hard power in the form of written law.<sup>15</sup> At the very least, general comments, like any statement or statistic published by the United Nations, have normative influence. It is important for all of the ICCPR’s state parties to take heed in the contentious assertions made in paragraph 8 because they are legally bound to follow the ICCPR.

With the introduction of General Comment No. 36, the word “life” within the ICCPR seems to be used in contradictory ways. Both before and after General Comment No. 36 was adopted, the ICCPR contained and continues to contain several sentences that contradict the new pro-abortion paragraph. For example, Paragraph 61 prohibits femicide: “Femicide, which constitutes an extreme form of gender-based violence, is a particularly grave form of assault on the right to life.”<sup>16</sup> This is justified in the preceding sentence which states “Any deprivation of life based on discrimination in law or fact is ipso facto arbitrary.”<sup>17</sup> In these statements, the

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Langvad, Stid and Marite Decker, “The Purpose and Use of UN Treaty Body General Comments,” *European Network on Independent Living*

<sup>16</sup> Human Rights Comm., 120th Sess., General Comment No. 36 on article 6 (1) of the International Covenant on Civil and Political Rights, on the Right to Life, ¶8.

<sup>17</sup> Ibid, ¶61.

Human Rights Committee prohibits discrimination based on sex: explicitly femicide. Femicide is the intentional killing of females because they are females.

Some abortions are sex-selective, which is a method of femicide. By stating that abortion is a woman's human right, the ICCPR now considers the femicide of unborn girls to be a human right. But according to other sections in Article 6, the United Nations states that sex-selective abortion is wrong because it is gender-based violence. There appears to be a strange double standard of morality in the ICCPR. According to their conclusions, if the unborn child were to be aborted for a different reason, like if she were conceived in rape, or for the mental health of the mother, the Human Rights Committee would not consider this abortion to be violent. In fact, the abortion would be considered a human right. It appears that the current modifications to the ICCPR assign arbitrary judgments of value to unborn human lives.

The contradictory new paragraph in Article 6 is anti-science. It is logically inconsistent because in order to respect human life, one must respect all human life, including fetal human life. The very document that protects the right to life, described as “the prerequisite for the enjoyment of all other human rights” by Yuval Shany, Chair of the Human Rights Committee,<sup>18</sup> now claims that the right to life includes the right to end the life of living fetuses. As stated by the Human Rights Committee: the right to life is “the supreme right from which no derogation is permitted even in time of public emergency,” and “a right which cannot be understood in a restrictive manner.”<sup>19</sup> On the contrary to the right to abortion added in General Comment No. 36, the Human Rights Committee grants that every human person has the right to life: “Every human

<sup>18</sup> Office of the High Commissioner. “UN Human Rights Committee publishes new general comment on the ‘right to life.’” [www.ohchr.org](http://www.ohchr.org).

<sup>19</sup> Human Rights Comm., 120th Sess., General Comment No. 36 on article 6(2) of the International Covenant on Civil and Political Rights, on the Right to Life. ¶2.

being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”<sup>20</sup>

There exists no previous statement or sentiment in the document that would suggest the “right to seek safe abortion” is an idea compatible with the rest of the document. There is zero mention of abortion in the ICCPR, let alone a “right” to abortion. According to the Population Research Institute, abortion is not recognized as a human right, nor mentioned, in either any international treaty or customary international law.<sup>21</sup>

The ICCPR actually expresses in multiple tenets that unborn children ought to be protected. Article 6(5) states that the death penalty may not be performed on persons below eighteen years of age nor pregnant women.<sup>22</sup> The purpose of prohibiting the death penalty on pregnant women is not to coddle pregnant women because they are pregnant, nor to protect a ‘potential life’: the document prohibits the death penalty on pregnant women because it is wrong to kill an innocent child, for no reason other than the sake of the child.<sup>23</sup> More anti-abortion principles that existed in the document before the general comment are found in Article 7, which prohibits cruel and inhumane treatment: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

General Comment 36 warns that states may regulate abortion, but not to the extent that a woman has to seek an unsafe abortion. This is vague. There is no objective definition of “unsafe abortion.” More importantly, as the Population Research Institute cleverly points out, a woman’s decision to undertake an “unsafe abortion” is not caused by positive law designed to protect

<sup>20</sup> Ibid.

<sup>21</sup> Abbamonte, Jonathan. “Comment on Draft General Comment No. 36 on Article 6 of the ICCPR—The Right to Life.” *Population Research Institute*. 2017.

<sup>22</sup> International Covenant on Civil and Political Rights (ICCPR), art. 6(5), December 16, 1966, 999 U.N.T.S. 171.

<sup>23</sup> Abbamonte, “Comment on Draft General Comment No. 36,” *Population Research Institute*. 2017.

unborn children any more than laws prohibiting stealing “force” unscrupulous actors to undertake “unsafe” activities to take ownership to which they are not legally entitled.<sup>24</sup>

Another ethical implication of imposing pro-abortion guidelines upon 172 countries is that not all of the state parties view abortion as ethical or legal.<sup>25</sup> Currently, a majority of state parties to the ICCPR and a firm majority of UN-recognized states (56%) have not legalized abortion under even the minimum cases stipulated by the Human Rights Committee.<sup>26</sup> Far fewer states have legalized abortion out of sense of legal obligation. In fact, several states fervently pushed back against General Comment 36, including Japan, Australia, Malta, Poland, and Norway. As stated by the PRI, the Human Rights Committee has no right nor authority to recommend that state parties legalize abortion under any circumstances.<sup>27</sup>

I discuss the United Nations Human Rights Committee’s General Comment No. 36 because certainly, the Human Rights Committee is trusted across the world to provide objective information and to be a strong advocate of human rights. Their claims about human rights will be heard and respected because of their highly-regarded status. If the Human Rights Committee causes nations to think they should legalize abortion domestically, it is probable that developed countries may think it helpful, or even their duty, to push abortion in the name of “expanding human rights” to the areas of the world that struggle to provide basic needs to their citizens in the first place. Next I will discuss the ways that the World Health Organization publicized strong affinity for abortion during the 2020 COVID-19 pandemic.

<sup>24</sup> Abbamonte, Jonathan. “Comment on Draft General Comment No. 36 on Article 6 of the ICCPR—The Right to Life.” *Population Research Institute*. 2017.

<sup>25</sup> A list of all comments from states, UN organizations, academia and other professionals can be accessed here: <https://www.ohchr.org/EN/HRBodies/CCPR/Pages/GC36-Article6Righttolife.aspx>

<sup>26</sup> Jonathan Abbamonte, *United Nations Human Rights Committee Pressures Ireland to Legalize Abortion*, *Population Research Institute*, June 30, 2017.

<sup>27</sup> Abbamonte, Jonathan. “Comment on Draft General Comment No. 36,” *Population Research Institute*. 2017.

## The World Health Organization, COVID-19, and Abortion

The World Health Organization (WHO) is the specialized agency of the United Nations responsible for international health. The World Health Organization openly promotes abortion for women's health. The WHO's views are significant to my thesis because this group is also a powerful, leading, and trusted voice in the global health conversation. As it pertains to this thesis, the WHO's statements have the propensity to affect or even reconfigure the world's basic perception of what health means. Thus their stances on abortion affect the world's view of human reproduction and fetal life.

The World Health Organization has a team called the Maternal and Perinatal Health and Preventing Unsafe Abortion Team. The name of the team, "Preventing Unsafe Abortion," makes it clear that the WHO prioritizes ending "unsafe abortion." However, the term "unsafe abortion" is ambiguous. It is contestable to pro-life people because the fetus always dies during a "successful" abortion, so abortion is always unsafe for the child. All abortions, legal or not, present serious health risks to the mother. While no other medical procedure is so commonly referred to as either "safe" or "unsafe," I purport that the distinction in terminology exists because abortion advocates have to convince the public that abortion is a good thing. However, the term "unsafe abortion" usually refers to abortion procedures that result in deadly complications for the woman.

In late March 2020, the pro-abortion journal *Sexual Reproductive Health Matters* hosted an online webinar featuring the WHO's "Ending Unsafe Abortion" team. The team's medical officers discussed how to maintain abortion access and contraception availability worldwide



during the 2020 COVID-19 pandemic. During the webinar, WHO medical officer Antonella Lavalanet said that abortion should be considered an essential service during the pandemic.<sup>28</sup>

Responding to the WHO medical officers on the Unsafe Abortion Team, an article on LifeSiteNews writes that the WHO puts abortion on the same level as medical services for women planning to give birth to their children, or who have real gynaecological complaints.<sup>29</sup> In situations where medical systems battling COVID-19 were not prioritizing abortion, the WHO supported that women can and should abort their babies on their own, at home: “...In light of depleting commodities and restrictions with entering health facilities, we say that women can manage their own safe abortions using mifepristone and misoprostol up until 12 weeks, where individuals have a source of accurate information and access to a provider should they need it or want it,” the WHO medical officer, Lavalanet, said during the webinar.<sup>30</sup>

Another example of the World Health Organization’s partiality to abortion is their connection with the International Federation of Gynecology and Obstetrics, or FIGO. The WHO’s Unsafe Abortion team attends a world congress held every several years by FIGO where thousands of delegates discuss women’s health. The International Federation of Gynecology and Obstetrics (FIGO), created in 1954, joins obstetrical and gynecological associations from all over the world. It is in official relations with the World Health Organization and a consultative status with the United Nations.<sup>31</sup> Their vision is to “achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives.”<sup>32</sup> To demonstrate

<sup>28</sup> “WEBINAR - COVID-19: What implications for sexual and reproductive health and rights globally?” Youtube video. Posted by Sexual and Reproductive Health Matters. March 27, 2020.

<sup>29</sup> “World Health Organization: Abortion ‘Essential’ During Coronavirus Pandemic,” *LifeSiteNews*, April 21, 2020.

<sup>30</sup> Ibid.

<sup>31</sup> “FIGO Vision, Mission, and Commitments,” International Federation of Gynecology and Obstetrics, Accessed April 24, 2020.

<sup>32</sup> Ibid.

FIGO's views on abortion and briefly contrast them to my own, I include a quote from Dr. Jeanne Conroy, president elect of the federation in 2018 stating the federation's views of abortion: "Abortion access is critical. Women need access or we will see more unintended pregnancies, more maternal mortality and more unsafe abortion." This is a platitude I will dismantle later in the thesis.

Like the United Nations, even the name of the World Health Organization suggests that the globally-influential entity promotes extremely universal values of good health and wellness. Yet the World Health Organization is not as universal as one may think because it is highly supportive of abortion. As I continue the thesis I will argue that global pro-abortion policies, including those of the World Health Organization, ought to be reconsidered. I offer that the World Health Organization is one of the leading global health voices to be critiqued for its view of human reproduction.

## The Bill and Melinda Gates Foundation

The Bill and Melinda Gates Foundation, also known as The Gates Foundation, is the largest private philanthropic foundation in the world with \$46.8 billion in assets as of 2020.<sup>33</sup> It is arguably the most well known and "do good" charitable foundation known today. Supporting work in 138 countries,<sup>34</sup> The Bill and Melinda Gates Foundation is a leading, principal actor in today's global health realm. It is important to evaluate The Bill and Melinda Gates Foundation's global health policy because this copiously wealthy foundation has absolutely tremendous influence over the way that the world views the politics of global health, poverty, and human development.

<sup>33</sup> "Foundation Fact Sheet," Bill and Melinda Gates Foundation, Accessed April 8, 2020.

<sup>34</sup> Ibid.

Since 2000, the Bill and Melinda Gates Foundation has expanded artificial contraception to developing nations around the world. Among HIV, education, and agriculture, family planning is one of the foundation's top priority areas.<sup>35</sup> The Gates Foundation's 2020 goal is "To bring access to high-quality contraceptive information, services, and supplies to an additional 120 million women and girls in the poorest countries by 2020 without coercion or discrimination, with the longer-term goal of universal access to voluntary family planning."<sup>36</sup> At the Global Family Planning Summit in London in 2017, the Gates family announced that they planned to funnel \$375 million into population control efforts over the next four years. The Gates Foundation has caused mass dissemination of contraception in developing nations.<sup>37</sup>

In the past, Melinda Gates had distanced her family planning advocacy from the global abortion lobby, but in 2018 she co-chaired a Gender Equality Council at the United Nations G7 that called for public funding for abortion, abortion as a component of humanitarian assistance, and the withdrawal of the Trump administration's expanded Mexico City Policy blocking aid funding to international abortion groups.<sup>38</sup> As of at least 2020, Bill and Melinda Gates give grants to NGOs that provide abortion.<sup>39</sup> According to public statements, Bill and Melinda Gates support abortion so that women in developing nations may be empowered, participate in the work force, and ultimately reduce poverty.

<sup>35</sup> Dr. Rebecca Oas, "Bill Gates Thinks There Are Too Many Africans/Calls For Population Control," *Center for Family and Human Rights*, October 12, 2018.

<sup>36</sup> "What We Do: Family Planning Strategic Overview," Bill and Melinda Gates Foundation, Accessed April 8, 2020.

<sup>37</sup> "What We Do: Family Planning Strategic Overview," Bill and Melinda Gates Foundation, 2020.

<sup>38</sup> Oas, "Bill Gates Thinks There Are Too Many Africans," 2018.

<sup>39</sup> Bilger, Micaiah. "Bill and Melinda Gates Will Push Population Control On 120 Million More Women by 2020." *Life Site News*. February 21, 2017.

In an interview in 2017,<sup>40</sup> Bloomberg Businessweek Editor-in-Chief Megan Murphy asked Melinda Gates about the rule changes to Title X that United States President Donald Trump would be making, which upon implementation would prevent United States foreign aid money from being funneled into abortion services abroad. Melinda Gates said in the interview: “When I think about our values as Americans, when I think about what we care about, or the dignity of life, we care about that—but we also care about peace and security, and if we want peace and security in the United States, making these investments in the developing world is what allows people to stay where they are; they want a better life in their own community.” Having been asked about the rule change which bars U.S. foreign aid from being used for abortion, the second clause in Mrs. Gates’ answer indicates that she believes making “investments” in abortion and artificial contraception is more important than the dignity of life. She states that abortion protects people in the developing countries, allows them to stay where they are, and to have better lives in their communities. Contrary to my view, Mrs. Gates does not say that the dignity of life is of supreme value; but that peace and security are more important.

In the Gates’ view, artificial contraception and abortion save governments more money in the long run. The Gates Foundation’s website writes: “Every dollar spent on family planning can save governments up to 6 dollars that can be spent on improving health, housing, water, sanitation, and other public services.”<sup>41</sup> Melinda Gates stated in the Bloomberg interview: “In the United States, less than 1% of Americans know that poverty has been cut in half in the last 25

<sup>40</sup> Melinda Gates interviewed by Megan Murph. “Melinda Gates ‘Concerned’ by Trump Move to End Abortion Funding Abroad,” Youtube video, 3:46, Posted By Bloomberg, February 14, 2017.

<sup>41</sup> “What We Do: Family Planning Strategic Overview,” Bill and Melinda Gates Foundation, Accessed April 8, 2020.

years. We want people to understand that these investments we make, that we ask our government to make, are making a profound difference in the developing world.”<sup>42</sup>

Melinda Gates encourages mass circulation of artificial contraception because it allows women to space the birth of children further apart, in the same way she spaced her three children apart.<sup>43</sup> She believes that doing this gives children better lives and increases women’s productivity in the labor market. Melinda Gates has proclaimed her belief that contraception empowers women, including herself.<sup>44</sup> She is extremely vocal about her opportunity to have spaced her three children apart by two years each and she uses her zeal for contraception to propel similar contraceptive goals across the world.

As of 2020, the homepage of the Bill and Melinda Gates Foundation website has slogans that read, “All lives have equal value,” “Ensure More Children and Young People Survive and Thrive,” “Inspire People to Take Action to Change the World,” and “Philanthropy Built on People and Partnerships.” These slogans sound extremely universally positive. I contend that the Gates’ values of human sexuality are not universal and even highly contestable. Bill and Melinda Gates’ worldview shown in their reproductive policy differs from my view of human life. The Gates certainly value health and security, but at an extremely high cost. The Gates view unborn babies and big families in developing nations to be threatening to that poverty reduction goal. Even though poverty reduction is good, in my view the termination of fetal life for any goal, including the reduction of poverty or the protection of “peace and security,” is purely utilitarian. It destructs the intrinsically valuable individual human life for utility; the feeling of security among those who have been born. The Gates’ worldview degrades the sacredness of human life,

<sup>42</sup> “Melinda Gates ‘Concerned’ by Trump Move to End Abortion Funding Abroad,” Bloomberg, 2017.

<sup>43</sup> Bilger, Micaiah. “Bill and Melinda Gates Will Push Population Control On 120 Million More Women by 2020.” Life Site News. February 21, 2017.

<sup>44</sup> Bohon, Dave “Melinda Gates Commits \$375 Million for Population Control, Abortion.” *The New American*. July 19, 2017.

which even those who do not believe all human life is valuable should take heed in because utilitarianism has no moral or practical limit for who is to be deemed the most inconvenient part of society. Using utility, convenience, or any qualitative or quantitative measurement of poverty to evaluate and determine who is worthy of living is an endangerment to every human being. While today it may be the unborn, tomorrow it may be the disabled, the elderly, the unattractive, or the unintelligent. I also view the promotion of artificial contraception to a society for the purpose of either population control, autonomy, or “liberation,” to be antithetical to the purpose of the human family and of society at large. Later in the thesis I will use consequentialist criteria to demonstrate the harmful effects that the Gates’ values and policies have on their recipients.

To look past benign slogans and put aside expected personal affinity is to realize that NGOs are often political entities in spite of their claims to be universally humanitarian. In *Making and Unmaking Public Health in Africa*, Ruth J. Prince writes: “Despite their avowedly nonpolitical and humanitarian stance, NGOs are political actors whose presence and activities have reconfigured the politics of health provision, development, and ultimately statehood and citizenship.”<sup>45</sup> Dissecting The Bill and Melinda Gates Foundation’s sexual health objectives is to learn that the Gates Foundation is not value-neutral and is disagreeable to people with more conservative views of human sexuality. As advocates of contraception and abortion, the Gates use their powerfully wealthy foundation to presuppose a highly liberal view of human sexuality onto women in developing nations. In Section II, I will demonstrate how The Bill and Melinda Gates Foundation, as well as multitudinous multilateral global NGOs and federations, redefine individual and societal meaning to the communities they serve.

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<sup>45</sup> Ruth J. Prince and Rebecca Marsland, *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives* (Athens, Ohio: Ohio University Press, 2013) 26.

## Conclusion

In Section I, I provided evidence that leading global health voices like the United Nations, the World Health Organization, and The Bill and Melinda Gates Foundation are grand advocates of abortion at the global level. While they use generic language of universal good values to give the impression of having the good life at heart, I will argue in Section II that their views on abortion and contraception are misguided. Prioritizing the dignity of the human person and viewing “the good life” much differently leads one to reconstruct the precedent policies concerning human sexuality and reproduction.

## II. Forcing Abortion and Contraception Onto Africa

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### Introduction

As discussed in section I, the United Nations, the World Health Organization, and The Gates Foundation are not specifically “reproduction” (or anti-reproduction, I argue) organizations, but still largely contribute to the global expansion of abortion services and provision of artificial contraception. In addition to these groups, non-governmental organizations (NGOs) that exist almost specifically for the promotion of abortion services include International Planned Parenthood Federation, Ipas, Marie Stopes International, Human Rights Watch, The Guttmacher Institute, Center for Reproductive Rights, Global Fund for Women, Sexual Rights Initiative, and the Population Council.

The reasons vary as to why certain NGOs and the other humanitarian groups view the introduction of abortion and contraception to be so important. Discussing the validity of their arguments falls outside of the scope of this thesis. However, many activists feel passionately that abortion is a human right of which women are denied and in need of liberation. The rights-based view of abortion is commonly referred to as “reproductive justice.” Another view, promoted by groups like The Gates Foundation, is that fewer children will equal less poverty. Whatever the reason for global abortion advocacy, developing countries are the targets of mass influx of contraceptive devices and abortion lobbying. While the reproductive advocates target all developing countries with abortion and contraception, for the rest of the thesis I will focus on the impact of these policies in African countries.

The United Nations Population Fund website states that African women’s high fertility rates are a result of a lack of human rights: “Human rights also include sexual and reproductive



rights – yet many people cannot freely decide the number, spacing or timing of their children.”<sup>46</sup>

The United Nations Population Fund states that African women may ameliorate their record-high fertility rates through artificial contraception or abortion.<sup>47</sup> While these types of claims are actuated into policies in African nations, they also morph into platitudes in the west. The efforts to plant a modern, secular view of human sexuality into developing countries are not minor. These goals are genuine passions, life goals, and careers for many well-intended people. The results have been prolific.

## Contraception

By preventing pregnancy as a natural result of sex, contraception curbs and limits total fertility rate, or TFR, the metric that demographers use to measure the number of children who would be born per woman (or per 1,000 women) if she were to pass through the childbearing years bearing children according to a current schedule of age-specific fertility rates.<sup>48</sup>

The diffusion of contraceptive devices to women in African countries has been enormous. Between 2012 and 2016, Melinda Gates’ contraception campaign resulted in 30.2 million new contraceptive users worldwide including 13 million users in Africa.<sup>49</sup> In 2014 alone, over 77,000,000 units of unspecified birth control pills were collectively donated to African countries by the United Nations Population Fund, United States Agency for International Development, the International Planned Parenthood Fund, Marie Stopes International,

<sup>46</sup> “Human Rights Overview,” United Nations Population Fund, Accessed April 8, 2020.

<sup>47</sup> Dr. Kabir Ahmed et al., *Contraceptives and Condoms for Family Planning and STI and HIV Prevention: External Procurement Support Report 2014* (New York: UNFPA, 2014)

<sup>48</sup> “Total Fertility Rate.” Total fertility rate - MEASURE Evaluation, January 26, 2017.

<sup>49</sup> “FP 2020 Momentum at the Midpoint,” 2015-2016 Progress Report, Family Planning 2020.

Population Services International, the German-government development bank Kreditanstalt für Wiederaufbau, and the British Department for International Development.<sup>50</sup>

If one has never considered that circulating contraceptive devices in developing countries may be problematic, I will present the first concern. Providing contraceptive devices like IUDs and other implants to women in developing nations is not generally a safe option for them. Due to the disparity of doctors in Africa<sup>51</sup>, most women in Africa do not attend regular doctor visits like most women in the west. These women do not have the resources to deal with the health consequences of artificial contraceptives. Artificial contraception presents deleterious health threats to women in the developed world, so providing it to women with little to no access to medical care is reckless. The side effects disclosed by the fine print inserts that come with most contraceptive drugs and devices include blood clots, sinusitis, nausea, migraines, cardiovascular diseases, ovarian cysts, heavier periods, depression, anxiety, weight gain, hair loss, uterine perforation, pelvic inflammatory disease, osteoporosis, breast cancer, and death. There is little to no evidence that contraception providers in developing nations disclose these side effects to the recipients, nor that the recipients give informed consent to these risks. It is exploitative to give a flawed and sometimes lethal device to an individual without informing her of the risks. Nigerian author Obianuju Ekeocha writes:

“The pro-contraceptive media blitz that will accompany (contraceptives) will not tell Africans the whole truth about them. They will not be told about their failure rates, adverse side effects, and the increased risks of cancer and heart disease. They will not be told that the promiscuity itself is the leading cause of sexually transmitted diseases, which hormonal contraceptives such as the pill and the patch do nothing to prevent.”<sup>52</sup>

-Obianuju Ekeocha, *Target Africa*

<sup>50</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 50.

<sup>51</sup> Gehrman, Elizabeth. “Wanted: Doctors for Africa,” *The Harvard Gazette*, October 28, 2009.

<sup>52</sup> Ekeocha, *Target Africa*. 42.

The exploitation of women who are provided artificial contraception is not discussed by the organizations dispensing it. For example, Norplant was a female contraceptive implant in the 1990s, the size of a matchstick to be implanted in women's arms. Covered in silicone, the implant released a hormone into the bloodstream to prevent pregnancy for up to 5 years. It was put on the market in 1991. Norplant had risky side effects such as major weight gain, severe headaches, vision loss, ovarian cysts, depression, prolonged menstrual bleeding, anemia, and cystic acne. The manufacturer did not publicize the side effects, and within about four years, approximately 50,000 American women obtained lawyers to sue the manufacturer.<sup>53</sup> After years of litigation in the United States, in 1999 the Norplant manufacturer offered cash settlements to 36,000 American women who claimed they kept using the drug because they were not warned about the side effects. Norplant was removed from the United Kingdom in 1999. But the distribution of Norplant was not discontinued in Egypt, Ghana, Kenya, Nigeria, Zambia, Rwanda, Malawi, Madagascar, Tanzania, South Africa, Zimbabwe, Burkina Faso, and more African countries.<sup>54</sup> Ekeocha writes that of course women in these countries experienced the side effects too, but they were uninformed, will not receive compensation, and will not get to file a class action suit like the women in America did.<sup>55</sup> The organizations that continued to distribute Norplant in Africa when it was publically known to be hazardous to the point of recall demonstrate a radically different view about Western women's versus African women's value of life.

<sup>53</sup> Sharon Cohen, "Norplant Lawsuits Flourish Along With Women's Reports of Problems," *The Los Angeles Times*, October 8, 1995.

<sup>54</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 48.

<sup>55</sup> Ekeocha, *Target Africa*. 48.

## Moral Qualms with Contraception and *Humanae Vitae*

Ekeocha explains in *Target Africa* that Catholic African women strictly adhere to *Humanae Vitae*, the 1968 encyclical by Pope Paul VI asserting that according to Catholic theology, the use of contraception is immoral. Ekeocha underscores the way Catholic African women have been undermined:

“Unlike Gates and other Catholic women in the developed western world, African Catholic women tend to regard highly Pope Paul VI’s encyclical *Humanae Vitae*. African women, in all humility, have heard, understood, and accepted the precious words of the prophetic pope. Women with little education and material wealth have embraced what the average Vogue- and Cosmo-reading woman in the United States has refused to understand: that when sex and marriage and children are separated, promiscuity, divorce, abortion, prostitution and pornography spread as never before. Contraception brings about not greater respect and freedom for women, said Pope Paul VI, but less.”

-Obianuju Ekeocha, *Target Africa*, p. 41

Lots of people, particularly practicing Catholics, do not view contraception to be morally acceptable. The marital covenant in Catholic theology requires openness to procreation to be present for authentic marital love. Aside from using natural family planning, whether or not the couple will ever procreate, as well as the timing of procreation, is ultimately left up to God per the Catholic view. Whether or not women are Catholic and whether or not women believe in God, there are coherent philosophical dangers of artificial contraception, echoed by Obianuju Ekeocha in the quote above. Michael Pakaluk also explains the philosophical dangers of contraception:

“In theoretical terms, the essence of contraception is the idea that man is autonomous and a law unto himself, and he can define the meaning of the marriage act as he wills. He does not need to subordinate his decisions to nature or to God. There is no objective meaning, which he must try to construe and abide by. Thus, there cannot be a right or wrong in the technology of controlling births—right because respecting nature, wrong

because exploiting nature.” -Michael Pakaluk, “The Link Between Contraception and Abortion,” *First Things*<sup>56</sup>

*Humanae Vitae* incenses a lot of Americans, including self-identified Catholics. In fact, Melinda Gates, who considers herself Catholic, hopes the Catholic Church will change its centuries-old position against the moral permissibility of contraception.<sup>57</sup> In the National Catholic Reporter Jamie Manson writes, “Those who believe that that church’s ban on artificial contraceptives does not matter need to hear this wake-up call: Untold numbers of women and children have died, will die, and are dying right now as a direct consequence of *Humanae Vitae*.” She cites the United Nations Population Fund: “According to a 2016 report by the United Nations Population Fund titled ‘Religion, Women’s Health and Rights,’ each year globally there are 290,000 maternal deaths, 74 million unintended pregnancies and 3 million newborn deaths.” I reject Manson’s accusation that these numbers are explained by or because of *Humanae Vitae* because it is a textbook example of confirmation bias. It is incredibly illogical and dishonest to blankly blame unspecified “suffering,” including death, on the Catholic teaching that contraception separates sex from its purpose to procreate. There is no link between the two. However, today this view is absorbed by people who may have anger against the Catholic Church or simply do not profess it to be true. Several people with these types of views compose the population of reproductive justice advocates working for International Planned Parenthood Fund, Marie Stopes International, The Gates Foundation, etcetera. No matter how many people feel that it is true, claims like Manson’s are incorrect to claim that maternal mortality or newborn death are caused by either lack of contraception or a teaching about contraception.

<sup>56</sup> Michael Pakaluk, “The Link Between Contraception and Abortion,” *First Things*, January 23, 2018.

<sup>57</sup> Melinda Gates, *The Moment of Life: How Empowering Women Changes the World*, New York City, Flatiron Books, 2019.

## Contraception Buttresses the Ideological Justification for Abortion

While my opponents who hold the Gates view may affirm that contraception helps to reduce abortion, using artificial contraception in the first place creates a philosophical space for justifying abortion. The contraceptive mindset does not warrant pregnancy.

The Gates Foundation's view appears to be that unintended pregnancies are undesirable as their website says: "Increasing access to contraceptives and family planning will result in fewer unintended pregnancies."<sup>58</sup> Yet contraception contributes to the philosophical justification of labeling unplanned pregnancies as such. Contraception does fail often. An estimated 33 million contraceptive users worldwide are expected to experience accidental pregnancy annually while using contraception.<sup>59</sup> Some unintended pregnancies end up as births, but also many unintended pregnancies are terminated by induced abortions.<sup>60</sup> Combined with the inconsistency of contraceptive devices, the mindset that already separates sex from procreation naturally results in a regretful view of the pregnancy that naturally follows from sex. Michael Pakaluk strongly asserts: "The fruit of contraception is abortion."<sup>61</sup> The provision of contraception begs the provision of abortion services.

The connection between contraception and abortion is evident in the succession of abortion laws in multiple countries. As contraception has grown in prevalence in Africa, so have the United Nations and western forces pressured African governments to loosen abortion laws.<sup>62</sup> With the mass dissemination of artificial contraceptives over the last decades, it is not random that the UN Human Rights Committee recently added the "right to seek safe abortion" to the

<sup>58</sup> "What We Do: Family Planning Strategy Overview," The Gates Foundation, Accessed April 28, 2020.

<sup>59</sup> "Safe Abortion: Technical and Policy Guidance for Health Systems," World Health Organization, Department of Reproductive Health and Research. 2012.

<sup>60</sup> Ibid.

<sup>61</sup> Michael Pakaluk, "The Link Between Contraception and Abortion," *First Things*, 2018.

<sup>62</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 99.

International Covenant for Civil and Political Rights. Contraception and abortion mutually reinforce one another. The termination of unwanted unborn babies will always make more sense in a pro-contraceptive setting, which presupposes the lack of desire to conceive a baby in the first place. Michael Pakaluk describes the connection between contraception and abortion in global aid:

“The connection between contraception and abortion shows up in ostensibly compassionate social justice initiatives. If poor women or women in developing countries can get power over their lives, and freedom from men, only by having total control over the means and conditions of conception, then they must equally have total control over whether conception leads to a child they must take care of. All the NGOs that distribute contraception consider abortion a necessary backstop to contraception. They will say this secretly, while publicly they lament the necessity. If pressed, they will rationalize their support of abortion as an unintended side-effect of their promotion of contraception—as if to say that they cannot be held responsible for what nature has rigged in such a prejudicial manner. If there is a necessary connection between contraception and abortion, then nature is to blame for it.” —Michael Pakaluk, “The Link Between Contraception and Abortion”<sup>63</sup>

## Maternal Mortality

High rates of maternal mortality are an albatross to health progress in Africa. Maternal mortality refers to death by pregnancy-related causes. Maternal mortality rate (MMR) is the measure of the annual number of female deaths per 100,000 live births due to any pregnancy-related cause.<sup>64</sup> Approximately 529,000 women die from pregnancy-related causes annually and almost all (99%) of maternal deaths occur in developing nations.<sup>65</sup> Africa is known for high maternal mortality rates, as 47 out of the top 50 countries with the highest maternal mortality

<sup>63</sup> Michael Pakaluk, “The Link Between Contraception and Abortion,” 2018.

<sup>64</sup> Nour, Nawal. An introduction to maternal mortality. *Reviews in obstetrics & gynecology*, 1(2), 77–81. 2008. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2505173/>

<sup>65</sup> Nour, An introduction to maternal mortality, 2008.

rates are in Africa.<sup>66</sup> Global health initiatives should unequivocally and categorically prioritize the amelioration of maternal mortality to the highest degree. Maternal mortality has major relevance to this thesis because Africa’s high maternal mortality rates are used to justify the existence of some “unmet need” for both contraception and abortion. I will argue that these are over-simplified and erroneous solutions that do not target the cause of maternal mortality.

### Abortion and Maternal Mortality

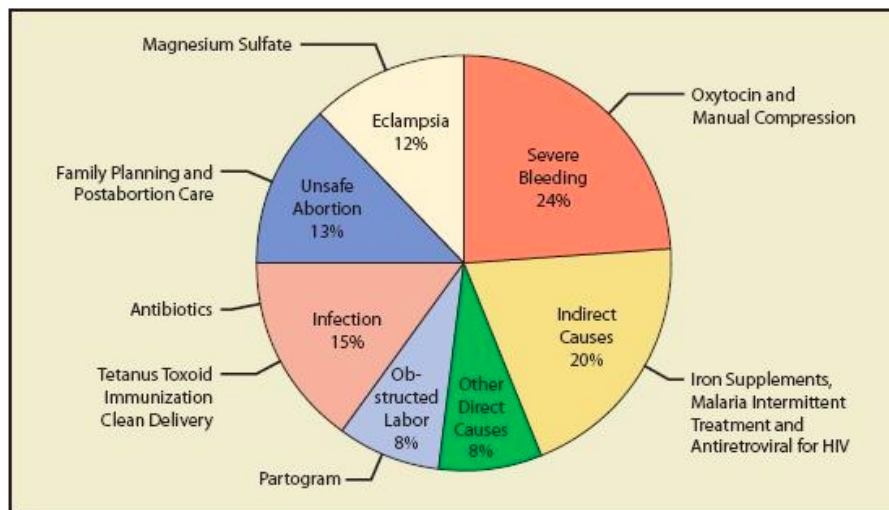
Around 15% of maternal deaths occur when women have abortions in developing nations.<sup>67</sup> Literature suggest that legalizing and implementing “safe abortion” will lower these maternal mortality rates. Dr. Nawal Nour publishes seven leading causes of maternal mortality in the figure below.

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<sup>66</sup> “Country Comparison: Maternal Mortality Rate.” Accessed January 1, 2020.

<sup>67</sup> Nour, An introduction to maternal mortality, 2008.





Evidence-based interventions for major causes of maternal mortality. Other direct causes include ectopic pregnancy, embolism, and anesthesia-related complications. Indirect causes include anemia, malaria, and heart disease. Reproduced from USAID From the American People. Maternal and Child Health Web site. [http://www.usaid.gov/our\\_work/global\\_health/mch/mh/techareas/maternal\\_mortality.html](http://www.usaid.gov/our_work/global_health/mch/mh/techareas/maternal_mortality.html).

According to the figure, the seven leading causes of maternal death that compose the pie chart are severe bleeding (24%), indirect causes (20%), infection (15%), unsafe abortion (13%), eclampsia (12%), obstructed labor (8%), and other direct causes (8%). Outside of the pie chart are suggested solutions to amend the respective maternal death causes. Nour recommends family planning and postabortion care as the solution to 13% of maternal deaths caused by unsafe abortion, equivalent to 68,000 deaths annually. While Nour does not directly suggest “safe abortion” as the solution to the cause of 13% of deaths, he labels the death causation as “unsafe abortion.” From this, it is sensible to assume that the author views “safe abortion,” or abortions where the mother does not die, to be an antidote to these 13% of maternal deaths.

I argue that expanding abortion to developing countries is unhelpful in solving the root cause of maternal death. I propose an alternative way to interpret the developing world’s issue that is labeled as “unsafe abortion” in the west. If women did not seek abortion in the first place, the 13% of maternal deaths by unsafe abortion would be no longer. It may be commonly

repeated that this portion of maternal deaths must be ameliorated with quote-on-quote “safe” abortion procedures, but this approach is unhelpful at fixing the real reason women seek abortion.

The World Health Organization (WHO) reiterates similar data: its maternal mortality webpage as of 2019 also lists “unsafe abortion” among the other leading causes of maternal death. The WHO’s antidote is: “To avoid maternal deaths, it is also vital to prevent unwanted pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care.”<sup>68</sup> The United Nations Children’s Fund (UNICEF) maternal mortality web page provides the same evaluation and prescription: “Hypertensive disorders of pregnancy, especially eclampsia, as well as sepsis, embolism and complications of unsafe abortion also claim a substantial number of lives.”<sup>69</sup>

Despite the misguided evaluation of how to prevent deaths from abortion, Nour’s study contains a comprehensive understanding of the causes of maternal mortality. Nour describes three delays that result in maternal mortality in resource-poor regions. First, there is a delay on the part of the mother, family, or community when they fail to recognize a life-threatening condition. Most deaths occur during labor or in the first 24 hours postpartum making it hard to recognize an emergency when most births in developing countries occur at home with unskilled attendants.<sup>70</sup> The second delay is the delay in reaching healthcare facilities, which may be obstructed because of location, road conditions, or lack of transportation.<sup>71</sup> Many villages do not have access to paved roads and many families do not have access to vehicles. The third delay

<sup>68</sup> “Maternal Mortality,” *World Health Organization*, September 19, 2019.

<sup>69</sup> “Maternal Mortality,” *data.unicef.org*, Accessed April 27, 2020.

<sup>70</sup> Nour, *An introduction to maternal mortality*, 2008.

<sup>71</sup> Nour, *An introduction to maternal mortality*, 2008.

occurs at the healthcare facility as women receive inadequate care or inefficient treatment.<sup>72</sup>

Resource-poor nations may not have the technology or services necessary to provide critical care to hemorrhaging, infected, or seizing patients.<sup>73</sup> Omissions in treatment, incorrect treatment and a lack of supplies contribute to maternal mortality.<sup>74</sup>

Almost all literature clearly identifies that most maternal deaths can be prevented if births are attended by a trained midwife who is regularly supervised, has proper equipment and supplies, and can refer women in a timely manner to emergency obstetric care when complications are diagnosed. Complications require prompt access to quality obstetric services equipped with life-saving drugs, including antibiotics, and the ability to provide blood transfusions needed to perform Caesarean sections or other surgical interventions.<sup>75</sup>

## Contraception and Maternal Mortality

While contraception is clearly not the same thing as abortion, I also challenge the view that contraception is a logical or efficient approach to decrease deaths from “unsafe abortions.” Contraception may prevent pregnancies from occurring, but if a woman uses it and becomes pregnant anyway, having used contraception does not change the likelihood that she will seek abortion. A woman’s cause of death is seldom because she was pregnant too often. Her cause of death is a result of poor birthing conditions and lack of obstetric care in most African countries.

My view is not echoed by the United Nations or the World Health Organization. The United Nations Population Fund (UNFPA) 2014 “External Procurement Support Report on Contraceptives” reports: “Thousands of lives are being lost every year due to pregnancy-related

<sup>72</sup> Nour, An introduction to maternal mortality, 2008.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid.

<sup>75</sup> “Maternal Mortality,” data.unicef.org, Accessed April 27, 2020.

causes as a result of the inability to meet the unmet need for family planning,”<sup>76</sup> and “Taking into account that Africa is the region with the highest maternal mortality ratio, the highest HIV prevalence and highest fertility rate; increased investment in the procurement of contraceptives and condoms in Africa is critical.”<sup>77</sup> The UNFPA, among other entities, claims that contraception is the most effective way of curbing maternal mortality, HIV prevalence, and lowering fertility rates. While high maternal mortality is an issue where rectification is due, it is indefensibly used to contrive the alleged need for contraception, also known as the “unmet need.” First, contraception is a cure for neither HIV nor maternal mortality.

The most common sense way to ameliorate maternal mortality is to strategically target the main cause of death.<sup>78</sup> It does not make the most sense, nor is it kind to women, to address maternal mortality by mitigating or stopping pregnancy or birth rates. The west promulgates the false connection that because too many women die from childbirth, they should be prevented from getting pregnant. The idea that contraception, by lowering total fertility rate, will curb maternal mortality, is an over-simplified solution that is easily debunked by reviewing the actual leading causes of maternal mortality.

Maternal mortality is not caused simply by birth, but by avoidable complications like hemorrhage, hypertension, infection, eclampsia, and sepsis. Efforts to save maternal lives should be directed toward fortifying healthcare systems in areas such as blood-transfusion services, sepsis treatment, and hypertension management.<sup>79</sup> Nigerian pro-life author Obianuju Ekeocha writes that more than half of the deaths caused by bleeding occur in sub-Saharan Africa, which

<sup>76</sup> Dr. Kabir Ahmed, Dr. Sukanta Sarker, Jennie Greaney, Sandra Novo, “Contraceptives and Condoms for Family Planning and STI & HIV Prevention: External Procurement Support Report 2014,” p. 19, United Nations Population Fund.

<sup>77</sup> Ibid, p. 14.

<sup>78</sup> Nour, An introduction to maternal mortality, 2008.

<sup>79</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 103.

has some of the most inadequate blood-transfusion services in the world— “a fact that receives little attention in the fight against maternal death.”<sup>80</sup> Ekeocha powerfully writes in *Target Africa*, “There is no telling how many lives could be saved if even a fraction of the billions of dollars spent by Western donors on contraception and abortion in Africa were directed toward improving the quality of obstetric care.”

A philosophical analysis of combating maternal mortality with abortion fosters some jarring existential questions about the value of human life. Providing abortion in order to lower maternal mortality kills one category of humans because their existence negatively impacts another category (women). Sacrificing the unborn for the sake of lowering maternal mortality—especially when nothing is being done about obstetric care, is an arbitrary and utilitarian value judgment that the mother’s life is more important than her unborn baby. Choosing abortion to reduce maternal mortality is to make the conclusion that women’s lives are categorically more valuable than their unborn children.

R. R. Reno writes in “Say ‘No’ to Death’s Dominion” that shutting down all community gatherings in response to the 2020 coronavirus outbreak is “to pander to death’s dominion.”<sup>81</sup> He personally identifies something “demonic” about being willing to do anything to save lives, especially compromising the parts of life that help us live a dignified life. While my argument against abortion and contraception does not involve demons or other spiritual components, it is reasonable to argue that denying women blood transfusions, but encouraging them to have abortions in order to live, is at odds with the basic human instinct to preserve our closest members of human family. It is at odds with human strength and resilience against the inevitable fate of death that will eventually take us all. Lastly, as I have stated, this proposed solution to

<sup>80</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 104.

<sup>81</sup> R. R. Reno, “Say ‘No’ To Death’s Dominion,” *First Things*, March 23, 2020.

maternal mortality is very anti-woman. Choosing not to improve obstetric care and telling women that they must kill their children to survive, sends a strong message that women and their biological contributions to humanity, respectively, are disposable.

## Abortion as an Elixir

Advocates of legalizing abortion in African nations state that abortion is a reproductive right restricted by barriers. For example, in 2012 the World Health Organization released a publication listing barriers to abortion titled “Safe Abortion: Technical and Policy Guidance for Health Systems.” However, these barriers may mean that a democratic country has not legalized abortion because the majority of the citizens believe abortion is morally wrong.

Obianuju Ekeocha writes that pro-abortion lobbyists resort to legal battles to demand abortion in African countries. For example, the Center for Reproductive Rights (CRR) is an organization founded in the U.S. with headquarters in New York. In 2015, the Kenyan government decided to preclude abortion training for healthcare workers, so the director of medical services in Kenya revoked the national manual called Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion.<sup>82</sup> In response to Kenya’s sovereign decision, the Center for Reproductive Rights filed a lawsuit against the Kenyan Attorney General, the Ministry of Health, and the director of medical services.<sup>83</sup> The CRR’s regional director accused Kenya of allowing thousands of women in their country to die or suffer from unsafe abortion.<sup>84</sup>

Abortion is introduced to African countries in stealthy and deceptive ways. The media tends not to publicize law changes that expand abortion. In 2013 in Imo, Nigeria, a bill titled

<sup>82</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018 143.

<sup>83</sup> Ibid.

<sup>84</sup> Ibid.

“Imo State Law of Nigeria Violence Against Persons (Prohibition) Law No. 12” was passed and silently signed by Governor Rochas Okorocha in the attempt to stop domestic violence. In Ekeocha’s words, the “abortion liberalization law within the violence-prohibition law” laid hidden in section 40. This section stated that every woman should have the right to enjoy reproductive rights including the right to medical abortion. The support for the bill did not come from Nigerians, but rather from the Women’s Global Network for Reproductive Rights (WGNRR), funded by the Swedish Development Agency, the Norwegian Agency for Development Cooperation, the Danish International Development Agency, the Danish Ministry of Foreign Affairs, the Ford Foundation, and many other Western donors.<sup>85</sup> The WGNRR then encouraged other states in Nigeria and countries throughout Africa to review their laws and policies for ways to advance sexual and reproductive rights for women and girls, including access to abortion. Meanwhile, the people of Imo recognized the bill as a manifestation of anti-life values injected into their pro-life society. Men, women, and children protested in the streets. They demanded that the governor immediately repeal the sections of the new law that legalized abortion. A few days later the governor repealed the law and apologized to the Nigerian people.<sup>86</sup>

Another example of American meddling, in Kenya, comes from the International Planned Parenthood Federation of America and Hilary Clinton.<sup>87</sup> In 2009, Laurie Rubiner, Planned Parenthood’s Vice President of Public Policy and Advocacy, emailed former Secretary of State Hilary Clinton, asking her to use her influence to stop the Kenyan government from adding a fetal-personhood amendment to its constitution:

I understand you are going to Kenya next week...I wanted to flag an issue for you because I know it is near and dear to your heart. Kenya has one of the strictest anti-abortion laws in Africa—it is illegal unless a woman’s life is at risk and criminalizes both the woman and the

<sup>85</sup> Ekeocha, *Target Africa*, 106.

<sup>86</sup> Ekeocha, *Target Africa*, 106.

<sup>87</sup> Ekeocha, *Target Africa*, 140.

provider...Kenya is restarting a long-stalled constitutional review process and they hope to produce a final Constitution by next year. Religious groups are on a concerted crusade to include new language in the Constitution which would codify that “life begins at conception.”...For a country trying to regain the momentum of stability and success it enjoyed until recently, such a policy imposition would be a regression for women’s rights and for the country writ large...I went to Kenya last month to work with the coalition that has formed to strategize against the Constitutional amendment and to work toward a less restrictive abortion law...If there is any way that you could draw attention to this issue when you are in Kenya, you would be even more of my personal hero than you already are..It is our hope that if Kenya knows the world is watching they may be more careful in how they proceed.”<sup>88</sup>

This correspondence is one of many pieces of evidence of an attempt by pro-abortion lobbyists to manipulate the democratic process in Kenya. The threat is menacing. Rubiner, completely disregarding not only the sovereignty of the Kenyan government but also the rights of Kenyans to have their own beliefs about abortion, tells Clinton that Planned Parenthood hopes that Kenya will be “careful” if they know “the world is watching.” As if the United States’ Secretary of State would be an arbiter of punishment if Kenya’s abortion laws are not liberal enough.

Obianuju Ekeocha explains in *Target Africa* how African leaders are vulnerable to abortion lobbying from wealthy Western donors for multiple reasons. First of all, the high maternal mortality rate in African nations is an Achilles heel for African governmental leaders. When Western lobbyists tell African leaders that legalizing abortion will reduce maternal mortality, they feel obliged to take this to heart because they want to reduce the mortality rate. Secondly, immense financial temptations accompany the lobbying efforts for abortion. African nations receive from Europe and the U.S. about \$43 million in aid every year, mostly from Western government-aid agencies.<sup>89</sup>

“If an American research organization, such as the Guttmacher Institute, posits that legal abortion will reduce maternal mortality rates, African leaders are likely to heed whatever recommendations they make, even at the cost of eclipsing their own beliefs about abortion. This

<sup>88</sup> Laura Rubiner to Hillary Clinton, July 31, 2009, Unclassified U.S. Department of State Case No. F-2014-20439, Doc. No. Co5764008, July 31, 2015, Hillary Clinton Email Archive, Wikileaks.

<sup>89</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 22.



obedience is due to the African disposition, from the days of colonialism, to look up to the white man.” -Obianuju Ekeocha, *Target Africa*

### III. A Forced Vision of the Good Life

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#### Introduction

This section will discuss African viewpoints on life and reproduction that are alternative to the modern secular view. These views are upended by abortion and even contraception.

#### Kano, Nigeria

This section will discuss David Rain's socio-demographic findings from a 1997 study on women's stress and reproductive patterns in Kano State, Nigeria. In northern Nigeria, Islamic social tradition is extremely ingrained into Kano's culture. Kano relies on a traditional agricultural system, manually operated industrial production, and hundreds of years of farming practices.<sup>90</sup> In Rain's study, Islamic scholar Ibrahim Niass is quoted discussing the western world's impact on Islamic values: "Western civilization is doing more harm than good and might destroy our spiritual beliefs in the future. We must not follow it for if we do we will be led astray and find ourselves among the insignificant people."

Kano, Nigeria has attracted attention from researchers due to its intricate hierarchical social orders.<sup>91</sup> Kano is socially significant for the extreme extent to which men and women work separately; the region exhibits one of the most delineated cases of gender seclusion in all of Sub-Saharan Africa.<sup>92</sup> The predominant culture in Kano is the Hausa culture, which is mostly located in northern Nigeria and southern Niger, the country with the highest number of desired children (9.1) according to a 2010 USAID report.<sup>93</sup> Rain observed that Hausa women go directly

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<sup>90</sup> Rain, David. "The Women of Kano: Internalized Stress and the Conditions of Reproduction, Northern Nigeria." *GeoJournal* 43, no. 2 (1997): 175-87.

<sup>91</sup> Ibid.

<sup>92</sup> Ibid.

<sup>93</sup> "Fertility Rate, Total (Births Per Woman)—Sub-Saharan Africa." data.worldbank.org. Accessed January 1, 2019.

from their childhood homes to their husband's home. They begin bearing children from their late teens or early twenties, into their forties.

Rain writes that women in Kano work, "like all African women," and Hausa women particularly partake in income activities that do not require leaving the house. Female cloistering, an Islamic practice called *purdah*, restricts Hausa women from leaving their homes during daylight hours. Rain writes that a woman's labor in the Hausa home effectively doubles that household's income.<sup>94</sup> Hausa women conduct marketing and trade by buying and selling cooked food and their children help them to deliver the products. They sell clothing made from spun cotton and embroidery. Children are an important part of this work, too, because women rely on them to be runners. The enrollment of children into primary school is even seen as a detrimental threat to the woman's economic share and cuts her connection to the outside world if *purdah* is enforced.<sup>95</sup> Rain describes women's reliance on their children as a dependence, specifically calling it a "reproductive trap."<sup>96</sup>

As of 1997 and still occurring today, most children in Kano State are born at home and pregnant mothers are encouraged to return to their parents' home at 7 months of pregnancy to deliver the baby there.<sup>97</sup> Due to the value of *kunya*, or modesty, women are discouraged from making loud noises in response to contractions, or to show emotion during or after the birth.<sup>98</sup> Most births attended by midwives are achieved without medication, and the blades used for episiotomies, umbilical cord cutting, and epiglottis removal are usually not sterilized and have been known to cause infection.<sup>99</sup> While neonatal mortality rates are similar in both northern

<sup>94</sup> Rain, David, "The Woman of Kano." 1997.

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

<sup>97</sup> Ibid.

<sup>98</sup> Ibid.

<sup>99</sup> Ibid.

Nigeria and southern Nigeria, where births are attended by more formally-trained personnel, child mortality is twice as high in northern Nigeria than in southern Nigeria.<sup>100</sup>

Rain's study concludes an interesting observation about infant mortality in Kano. Reviewing a sample of 152 Kano women, 139 of them gave birth to 833 children out of which 244 children did not survive.<sup>101</sup> Only 14.5% of women who gave birth did not experience child death.<sup>102</sup> In the study Rain separates the women into five groups based on how many children they individually had given birth to, observing that the women who had non-surviving children had already experienced one, two, or three child deaths. This indicates that infant or child death does not prevent women from getting pregnant again and again, even if the subsequent pregnancies result in subsequent child death. There appears to be a strong will to continue having children. While childhood death is a tragedy that certainly burdens the society, it does not result in women ceasing the desire to have more children. Economic reasons may explain this.

In Kano, characteristic of other parts of Nigeria and Africa as a whole, a woman's life is centered on caring for her children.<sup>103</sup> Her married life is often spent pregnant and nursing until she can no longer bear children anymore.<sup>104</sup> Thus most children have many siblings, albeit high infant mortality rates, and small children can be seen carrying even younger children on their backs.<sup>105</sup>

This study in Kano, Nigeria centers on one of the most fertile parts of Africa: northern Nigeria. Rain notes that a woman's role in local mercantilism doubles the household income, and she usually relies on having children to help her with it. Rain suggests that primary education

<sup>100</sup> Rain, David, "The Woman of Kano." 1997.

<sup>101</sup> Ibid.

<sup>102</sup> Ibid.

<sup>103</sup> Ibid.

<sup>104</sup> Ibid.

<sup>105</sup> Ibid.

may impede the mother's economic success and societal role. I do not promote children being denied primary education. However this study does not seem to suggest that having fewer children is either wanted or helpful in Hausa culture. Children in Hausa culture provide women a window to the outside world that is darkened by Islamic tradition. Rain comments on how women are not easily able to put long-term goals ahead of short-term goals:

“This results in pro-natalism at the household level, where women feel they must produce many children in order to remain viable, either as co-wives or as food producers. As a result, very few women choose not to be mothers, and there is no norm for the working childless woman. Infertile women are often divorced and cast out by their husbands, or forced into professions like water-carrying or prostitution.”<sup>106</sup>

My evaluation of this data is that higher quality obstetric care is needed to lower the astronomically high maternal mortality rate in Kano, Nigeria and other African nations with this problem. Children in Hausa culture ought to receive primary education so that they may receive the opportunity to advance their parents in economic opportunity. I understand that women's reliance on their children for economic support makes this a complicated issue. Based on Rain's study of Hausa culture in Kano, neither contraception nor abortion appear to be helpful solutions to these women. Whether or not traditional Muslim culture is oppressive to women, and for the purpose of my argument it certainly may be oppressive to their liberty, severing their fertility would be to cut off not only their economic opportunity but also a cornerstone of their most precious values. Abortion has the same impact. Not only is introducing contraception or abortion into a community like that of the Hausa people destructive to their livelihoods and culture, but also it is neocolonialistic in principle. The next section will discuss the term “neocolonialism.”

<sup>106</sup> Rain, David, “The Woman of Kano.” 1997.

## The Value of Life to Africans According to Obianuju Ekeocha

Obianuju Ekeocha is a Nigerian biomedical scientist who works to defend paramount African values, specifically the sanctity of life, dignity of family, and sacredness of marriage. Founder of nonprofit *Culture of Life Africa*, she publicly speaks out against the western-enforced idea that abortion and contraception are wanted or needed in African nations. In her 2018 book *Target Africa*, Ekeocha argues that there is a new form of colonization—ideological colonization—going on in Africa today: “I call these Western meddlers ‘neocolonial masters’ of the twenty-first century because, much like the colonials of the nineteenth and twentieth centuries, they have taken strategic positions to advise, direct, persuade, and thereby control other nations and destroy cultures and institutions of the countries they claim to be helping.”<sup>107</sup> Ekeocha’s conclusion is that providing abortion and contraception to women is “antithetical to the heart, mind, and soul of Africa.” Addressing “Extensive contraception programs, HIV-prevention campaigns, youth-empowerment projects, and maternal health initiatives—all of which are based on the assumption that there are no relevant natural, ethical, or cultural norms for sexual behavior or even fixed biological facts concerning sexual identity,”<sup>108</sup> Ekeocha exposes abortion lobbyists for imposing their harmful ways onto pro-life, pro-marriage, and pro-family African nations.

Having involvement with the United Nations herself, Obianuju Ekeocha spoke about the United Nations in an interview:

“Even though they are a group of nations, the United Nations, I still believe that as an institution, they are more aligned to the most liberal, or the most progressive, western countries. Even though it is the UN that is supposed to be equal, when you get in there and see how things are run, that the most respect is given to the wealthiest countries, and of course the wealthiest countries are western, and someone like the Gates or the Ford Foundation, those individuals who

<sup>107</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 138.

<sup>108</sup> Ekeocha, *Target Africa*. 38.

are philanthropists with so much money, are very much respected in those circles. So the UN does everything or most things in order to align properly with those western countries. They are funded, they help all these agencies like the UNFPA, even UNICEF, they go out and propagate some of these horrible things.”

## African Women Birth the Most Children—Because They Want To

African women give birth to more children than women in any other part of the world. According to Ekeocha, African women are the most fertile because they value children highly and want to procreate. As of 2017, the latest year for which data is available, the World Bank reports that the average total fertility rate (TFR) across the world was 2.4 children, while the average total fertility rate in sub-Saharan Africa was 4.8 children.<sup>109</sup> This heightened fertility rate in Africa is viewed as a problem by prominent western voices like the World Health Organization, Bill and Melinda Gates, and Emmanuel Macron, to name just a few.

A United States Agency for International Development (USAID) report in 2010 shows evidence that African women want to have high numbers of children. This report asked people from multiple countries how many children they want. Aligned with the World Bank data that concludes sub-Saharan Africans are the most fertile, the USAID report concludes that the desired number of children is highest in Sub-Saharan Africa, particularly western and central Africa.<sup>110</sup> The range of desired children goes from 4.8 children in Ghana to 9.1 children in Niger and 9.2 children in Chad, averaging 6.1 desired children across the entire region.<sup>111</sup> While few countries show declining wanted fertility rates such as Ghana, Senegal, Togo, and Liberia, the dominant pattern is no change in wanted fertility rates. In Niger, there is no indication of unwanted

<sup>109</sup> “Fertility Rate, Total (Births Per Woman)—Sub-Saharan Africa.” data.worldbank.org. Accessed January 1, 2019.

<sup>110</sup> Westoff, Charles. “Desired Number of Children: 2000-2008.” DHS Comparative Reports 25. DHS.org.

<sup>111</sup> Ibid.

fertility. There is evidence that African women aren't only the most fertile women, but they also want to be fertile.

Obianuju Ekeocha testifies that African women desire to have many children. In *Target Africa* she estimates that growing up in Nigeria, she witnessed roughly twelve births every year of her life by guessing that a female relative or close friend gave birth around once every month. Ekeocha also spent five years working in a Nigerian health clinic. In her Nigerian town, all new babies are welcomed into the world with a special song translatable to "Glory to God in the highest." Her continual experience in Nigeria with new life is that it is precious, celebrated, and universally desired. Children in her country are given names that mean "there is life," "God owns life," "God sustains life," "Life is supreme," and more. She writes that being around so many mothers and babies, she has heard women complain about many things but she has never heard a woman complain about her born or unborn baby. Revealingly, Ekeocha writes that she had never heard a woman claim to experience postpartum depression until moving to Europe. Her observation does not suggest that postpartum depression does not occur in Africa, which Ekeocha acknowledges: "The condition might have been underdiagnosed or hidden, but I never witnessed it, even with the relatively high birth rate around me."<sup>112</sup> Her observation does suggest that there is a more joyful association with children in Nigeria than in wealthier western nations where postpartum depression is more common.

It is likely that much of the desire for children in African countries comes from a deeply ingrained religious perspective that children are objectively good, as they are gifts from a good and loving God. Religion is extremely holistic and ingrained into the hearts and minds of the vast majority of people in Africa. Jacob Olupona, professor of indigenous African religions at

<sup>112</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 40.



Harvard Divinity School, writes in *The Harvard Gazette* that for many Africans, religion can never be separated from culture, society, or environment. “It is a way of life, and it can never be separated from the public sphere. Religion informs everything in traditional African society, including political art, marriage, health, diet, dress, economics, and death.” While there are vast traditional African religions, most people in Africa today practice either Christianity or Islam. Catholicism is growing rampantly throughout Africa. According to Vatican statistics, Africa has the fastest rate of Catholic baptisms in the world.<sup>113</sup> Ekeocha’s testimony in *Target Africa* about the Nigerian attitude around human reproduction as a native Nigerian herself is consistent with the observation that religion is inherently connected to every aspect of life in Africa. Her experience in Nigeria as a practicing Catholic is consistent with the Catholic view of human reproduction—that life begins at conception, is a gift from God, and is worthy of the utmost respect because human lives have inherent dignity. This may be why the attitude around new life is so joyous. Ekeocha says, “Children are always a firm symbol of hope, a promise of life continuing, and a reason to strive for a bright future.”<sup>114</sup> If this is correct, then enforcing birth control or abortion on people who believe children are blessings from God is encouraging them to behave in ways that violate their own ethics, metaphysics, and theology. As Ekeocha puts it, it is a form of ideological brainwashing. I evaluate that it is more than ideological: It is a debasement of the very values that compose entire lives.

Data show that African nations view abortion to be morally impermissible. The Pew Research Center study “Global Morality” in 2013 asked 40,117 respondents in forty countries what they think about abortion as a moral issue. 92% of Ghanains, 88% of Ugandans, 82% of Kenyans, 80% of Nigerians, and 77% of Tunisians report they consider abortion to be morally

<sup>113</sup> San Martín, Inés, “Vatican statistics confirm the Catholic future is in Africa.” *Crux*, April 6, 2017.

<sup>114</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 40.

wrong. This contrasts starkly with the respondents from developed western nations. Out of the individuals surveyed, 14% of the French, 19% of the Germans, 25% of the British, 26% of Canadians, and 49% of Americans disapproved of abortion. Obianuju Ekeocha writes on this discrepancy: “Perhaps Africans tend to oppose abortion because safely bringing healthy babies into the world is more difficult in Africa than in developed countries.”<sup>115</sup> For the most part, African countries’ disagreement with abortion is reflected in their laws. Almost 80% of African countries have some sort of law prohibiting or restricting abortion. South Africa and Tunisia have legalized abortion on demand. Yet the citizens of these countries do not feel that it is moral. 61% of South Africans and 77% of Tunisians find abortion to be morally impermissible.

## Conclusion

Even if we do not share the same religious beliefs, values, or the same level of spiritual devotion that the women in Nigeria cherish, we must rethink the assumptions westerners hold about autonomy, empowerment, and reproductive justice. Clearly women who view children as part of God’s will for their life, or as a worthy cultural value, do not share the view that the number of children needs to be minimized. They do not share the concept of “reproductive justice,” “autonomy, or “My body, my choice.” Responding to the Danish parliament member Mette Gjernskov at the United Nations in 2016, Ekeocha said:

“I’d like to address the Danish lady who had spoken about comparing African women not having the right to choose what to do with her body, and it being colonization. It’s actually quite amazing how you were able to twist that into shape, into that thought. I am from a tribe called the Ibo tribe in Nigeria. If I tried to translate in my native tongue what it means for a woman to choose what to do ‘with her body,’ I couldn’t. Most of the African native languages don’t even have a way of phrasing abortion to mean anything good. As communities of people, and as societies, where it actually then becomes colonization, neocolonization, is that people from the western world come to Africa and try to give us these kinds of language that we could never

<sup>115</sup> Ekeocha, Obianuju. *Target Africa*. San Francisco, Ignatius Press. 2018. 44.

translate into our native tongue. They tell us that it actually can mean something for a woman to do something with her body which isn't really morally bad. The first thing we have to think of and remember is that communities, culturally, most of the African communities, actually believe by tradition and by cultural standards that abortion is a direct attack on human life. So for anybody to convince an African woman that abortion is good, you first of all have to tell her that what her parents and her grandparents taught her is actually wrong. You are going to have to tell her that they have always been wrong in their thinking, and that, madam, is colonization.”<sup>116</sup>

Women who want to birth all of the children they conceive for no other reason than the desire to do so should be respected for their view. Perverting a culture's or a woman's personal high value of her fertility is an unscrupulous, immoral attack; an extremely low blow from the western world.

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<sup>116</sup> Obianuju Ekeocha responding to Mette Gjerskov. “Best practices for maternal health in Africa Q&A Session (United Nations Side Event),” Youtube video, 5:54, Posted by Obianuju Ekeocha, April 2, 2016.

## IV. An Alternative View of Suffering

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### Introduction

I give global “reproductive justice” advocates the benefit of the doubt by guessing that most of them do not promote abortion and artificial contraception to the developing world in order to cause harm or defile humanity. I recognize that many of them are compassionate people who want to reduce suffering. My address to those who make efforts to disseminate artificial hormones and abort preborn children in developing nations is that these actions are misguided.

It is not foolish to generalize that an average woman’s life in a developing country contains more inconveniences than an average woman’s life in the developed world. In fact it would be an accurate assumption about the sobering realities of the state of the developing world. In response to readers who are incensed by their objection that my argument will cause certain women to have much harder lives, I will now state that I ardently believe we should desire to alleviate suffering and especially to prevent unnecessary suffering. To want to lower maternal mortality, empower women, end oppression of women, and reduce serious poverty are good desires that we ought to feel. These are worthy goals that most people share, from the individuals who work for the International Planned Parenthood Federation, to the individuals who work to defund and close the International Planned Parenthood Federation. However both parties share diametrically opposed views of how to accomplish these shared humanitarian goals, and I argue that the latter party has a better idea of how to achieve them. Authentic humanitarianism is executed in a dignified manner with the true understanding of human nature and moral law.

## Eliminating the Sufferer

Fr. Shenan J. Boquet refers to Bill and Melinda Gates' understanding of global charity as "a grossly oversimplified or erroneous understanding of human nature and human rights."<sup>117</sup>

Under the illogical explanation of reducing poverty, the Gates' reproductive policies prescribe what is referred to by many pro-life people as the "culture of death." The term "culture of death" refers to a mentality in which anti-life actions are considered important to society for any reason, whether the reason be success, utility, a solution to poverty, or an exercise of autonomy.

The "culture of death" does not heal human suffering—it may temporarily assuage or mask it—but "culture of death" policies worsen suffering by pitting the human species against itself. Rather than targeting the origin of the suffering, the "culture of death" mentality actually eliminates the sufferer. For example, suicide feeds into the "culture of death." Instead of combatting suffering by accepting it and committing to persevere no matter what, the "culture of death" pro-suicide approach is to terminate the sufferer's life. Suicide does nothing to help the sufferer ascend or defeat the suffering because it just eliminates the person. Suicide means that death wins against the victory and redemption of suffering. Similarly, abortion plays a role in the "culture of death." Pregnancy and childbirth bring a lot of suffering, certainly even high risk of death in developing countries. Like suicide, abortion's simple elimination of the child is a perfunctory and cowardly way of availing the mother of the very suffering that literally gives life to the world. Rather than approaching the bitter difficulties with perseverance, which is victory over death, abortion exterminates a category of persons. This thesis is not a matter of just encouraging women to persevere, and especially not to accept the injustices that do need

<sup>117</sup> Fr. Shenan J. Boquet, "How the Gates Foundations Harms, Not Helps Human Development," *Human Life International*, June 24, 2019.

rectification such as marital abuse, but rather it is a recommendation to combat suffering in a moral way. Wesley Smith pinpoints how we can combat suffering:

“Once avoiding suffering becomes the primary purpose of society, it too easily mutates into license for eliminating the sufferer. More, the meaning of “preventing suffering” itself becomes elastic. Thus, we increasingly hear advocacy for ending the lives of cognitively devastated patients, not because they are in pain, but to relieve the anguish of their families...So, how should society best continue the struggle against “the worst of evils?” Rather than a headlong neurotic flight from pain, it seems to me that we should instead refocus our energies and emphases. By all means, combat suffering—but do so morally, by recommitting ourselves to the higher calling of righteousness and virtue as the “defining ends of human action, and therefore of human societies.”

-Wesley J. Smith, “Our Neurotic View of Suffering”<sup>118</sup>

I argue that we need not the “culture of death,” nor its policies, because they approach preventable suffering in a cowardly way by eliminating the sufferer. Handling suffering in a moral way produces better outcomes for us, anyway: We tend to be happier when we do what our teleological purposes have already programmed, and anti-life policies are not teleological to humans. Anti-life culture likens the human race to the inferior species that lack rationality, a characteristic that is part of the beauty of the human experience. Rationality lends us a creativity and mental resilience to endure and redeem suffering, which animals lack. Human dignity asserts that when trouble comes, we do not take human beings outside and put them out of misery like horses. Unlike our pets, we do not and should not measure the value of our lives by how much pleasure or pain we experience. This would be akin to hedonism, a doctrine that insinuates we should eliminate the sufferer because only pleasure has intrinsic value.

<sup>118</sup> Wesley J. Smith, “Our Neurotic View of Suffering,” *First Things*, August 24, 2012.

## Good Human Life is Dignified

Part of living “the good life” as a human person is to mitigate adversity in a moral way. This is an exercise of our dignity. The power we gain manipulating natural law, whether it is manipulating conception, or especially ending the lives of children in the womb, likens us to the species who do not have dignity nor the ability to comprehend the concept of dignity. Animals are not morally accountable for their savage instincts. The lions devour their young, which is akin to what we do by aborting human children to endure life’s difficulties.

Avoiding suffering at the cost of human dignity is not noble or rewarding. This was demonstrated very evidently by Aldous Huxley in *Brave New World*, a fictional novel about a dystopian society that completely evades any surmisable level of suffering by operating under policies that numb oneself and avoid any and all aspects of dignified work or adult responsibility. Rather, perhaps because of the teleology of the human person, valuing the dignity of human life to the highest degree and acting in a dignified manner is noble and rewarding. This is evident in stories about brave people who embrace suffering and are able to come out of it on the side of dignified life; a single mother who sacrifices her own desires so that her children may live and have a good life, or a man who dies saving the life of an innocent child in a burning building. These examples speak truth about the dignified human condition: that life can be born from accepted, necessary suffering. In doing this we enhance our own dignity and give life to others.

Reducing poverty is a deeply good act, but like any other good, worthy goal, there are fixed moral limits on what may be done to achieve it. Fortunately it is possible to reduce poverty, lower maternal mortality, and empower women in ways that contribute to the true good of the person and of society. Long-term reform of obstetric care through government and NGO funding and policy may not be quite as “easy,” or as much of a “quick fix,” as spreading contraception

and abortion, but this option is more dignified than eliminating the sufferer. It is noble to empower women to be good mothers, not to practically sterilize them in ways that physically harm them or violate their moral principles.

Empowering women to be good mothers, ensuring children get primary education, improving health infrastructure, and stimulating developing economies are life-giving, humanitarian acts that target the origin of the unnecessary human suffering that exists globally. Only the human race is capable of responding to hardship in selfless and logical ways—this is what I mean by acting in a dignified manner. It is more indicative of the dignity of the human person that an NGO invests in reforming obstetric care than it is to reduce the amount of pregnancies that happen anyway. It is more unique to human ability to financially lift a Malian family out of poverty so that they may provide for their children than to tell a mother she must abort her sixth baby to afford food for her first five. We need to rethink not only the way we address humanitarianism, but also about what it means to live a good human life.



## V. Objections

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1. *No longer using contraception will result in more women getting pregnant, giving way to higher birth rates. More women will suffer from maternal health complications, especially until maternal care is improved. Lack of abortion will have a similar effect. There will be a general increase in human suffering.*

My view likely adds human suffering to the world that would not exist otherwise. If women no longer use artificial contraception, more women will get pregnant. If every human fetus is carried to term instead of aborted, then more women will experience birth complications including death. There may be a higher infant death rate per year because there will be more infants. And if every human fetus is carried to term, there will be more sibling rivalry in the bigger families produced by the world without abortion.

Human dignity necessarily implies that the pain and suffering that ensues from preserving innocent human life is always worth the effort. Because human dignity and value is intrinsic, the inconvenience caused by her existence does not affect the worth of an individual person. This view is not just protective for the human fetus in question's sake. This view respects the dignity of both the unborn child and humanity as a whole. As Leon R. Kass writes, "There is, finally, no opposition between the dignity of human being (or the sanctity of human life) and the dignity of being human. Each rests on the other."<sup>119</sup> I do not abandon my view for some hypothetical geographic location where every infant dies before the age of 1, or where every person is drafted for war when they turn 18. Whatever the suffering, the objection that more births will equal more people experiencing suffering is anti-natalist. Anti-natalism is the ideology that the suffering in life is so bad that sentient human life is unworthy of being born. Sometimes anti-natalism goes as far as to morally oblige aborting human fetuses before the point of sentience. If I had not already

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<sup>119</sup> "Defending Human Dignity," An essay by Leon R. Kass in *Human Dignity and Bioethics: Essays Commissioned by the President's Council on Bioethics*, March 2008, Washington D.C., 326.

rejected anti-natalism because I view intrinsically valuable human life to begin at conception, I reject anti-natalism because suffering does not change this intrinsic value, suffering is subjective, and most people across cultures report that their lives are above neutral in happiness.<sup>120</sup>

It is possible that some proponents of my argument appear cavalier about the topic of suffering. I do not invalidate the challenges that accompany pregnancy or motherhood, especially in locations with little to no proper obstetric or gynecological care. I do not flippantly approach extreme health disparities, threats of maternal death, or any general plight that haunts the populations to which I refer.

By my antagonists' standards as well as my own, the deprivation of adequate maternal care in certain developing countries is abhorrent. As I have stated, abortion and artificial contraception do not fix this, but their advocates twist the language so that abortion and contraception seem to appear like "band aids" for real maternal health issues. If we quit using these "band aids" for inadequate obstetric care, we expose the need for immense reform in the developing world. Maternal mortality and neonatal, or infant, mortality do not have to remain problems in the developing world if entities like The Gates Foundation or the World Health Organization were to use the money and resources that currently go toward abortion for the use of improving healthcare in developing countries. After all, western countries such as the U.S. have the highest levels of obstetric care and thus the maternal mortality prevalence is extremely low.

<sup>120</sup> "Anti-natalism: David Benetar is Wrong," Declan Leary, *National Review*, May 29, 2019.

2. *Many women do not seek abortions for selfish reasons. Some women are in desperate situations and have to resort to illegal measures if abortion is not legalized where they live.*

I affirm that there are plenty of cases in which women in both developed and developing nations obtain illegal abortion services. Obianuju Ekeocha acknowledges in *Target Africa* that illegal abortions happen in her home of Nigeria. Due to the clandestine nature of an illegal act, there is no sufficient documentation of the real number of illegal abortions performed in any country.

It is important to recognize that women who have abortions, especially those who feel they must seek abortion (and especially those who feel they must seek abortion illicitly) are victims of severe oppression. Sadly, every day women all over the globe are put in tumultuous situations in which they believe they have no choice other than to kill their unborn child. Surely women are convinced, threatened, or coerced by abusive boyfriends, husbands, parents, in-laws, and other sources that the only way to handle an unplanned pregnancy is abortion. Perhaps even married women with planned pregnancies face similar threats. The reasons may be social pressure, financial restraint, or pure relational abuse. These women ought to be viewed sympathetically but more importantly, given authentic support, beginning with not killing the human life inside of them. Providing abortion directly or through a foreign aid does not remove or erase the recipients' plight. Life is always empowering and for many women, their children are a sort of "saving grace" in their difficult lives.

3. *Do I maintain my position after considering women with abusive husbands? In some African cultures such as those in Mali, children become the property of the father. If a woman has children with her abusive husbands, she will have another tie with him making it harder to leave.*

It is misguided to attempt to solve a domestic abuse issue by destroying what gives meaning to most women's lives. The human person is more sacred than even the liberty of escaping abuse and a child's death is not justified by leverage to evade it. I am more sympathetic to conceding a woman's use of contraception in this situation, however I will add that while contraception may appear to alleviate a woman from such a trapped life, it also may contribute to her abuse if sex and procreation are separated. I support the ending of abusive marriages although I acknowledge the difficulty of doing so in some cultures.

4. *It is not healthy for women to continually be pregnant without sufficient time spacing each pregnant apart.*

Research shows that pregnancies spaced less than six months between one another put the child and the mother at risk for issues like low birth weight or premature birth. I promote natural family planning, or NFP, as an antidote to this concern. Natural family planning is non-artificial and if followed correctly, can be up to 99% effective.<sup>121</sup> NFP "respects and promotes the natural integrity of the sexual act, the health and well-being of the woman's body, the nature of marriage as oriented towards procreation, the intimate cooperation of husband and wife, and the moral truth about sexuality."<sup>122</sup>

<sup>121</sup> "Natural family planning (fertility awareness)." [www.nhs.uk](http://www.nhs.uk) Accessed April 27, 2020.

<sup>122</sup> Fr. Shenan J. Boquet, "How the Gates Foundations Harms, Not Helps Human Development," *Human Life International*, June 24, 2019.

5. *Certainly there are women in Africa, or non-African developing nations, who believe that abortion and contraception are good.*

My view is too practical not to think it probable that some women in developing nations disagree with my thesis. There is no way of ensuring my thesis speaks to the opinions of every woman who lives in a developing nation and it is highly unlikely that it does. Surely there are plenty of women in Africa who want to use artificial contraception and even women who want to have abortions. Even if every African did warmly invite abortion and contraception, it is still imperative to consider that these measures are not the good. They do not assuage the target of maternal health issues and most of all, they are destructive to the dignity of humankind.

## VI. Conclusion

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In this thesis I offer a different view of the multinational and multi-billion dollar efforts that provide women in developing countries with access to artificial contraceptive devices and access to abort their preborn children. I assert that the most mainstream voices in the global health discussion offer reproductive policies that view human life in a way that is unhelpful to human flourishing. Their flawed worldview places high value on lowering extreme poverty at the cost of respecting human life from conception to natural death, which threatens, but does not extinguish, the dignity of the human person.

Using consequentialist criteria, I conclude that prioritizing human dignity leads us to rethink reproductive policies. Namely, NGO intervention and global assistance should not consist of providing abortion or artificial contraception to women in developing nations. These global interventions must be reoriented to align with moral law and a true understanding of human nature.

The moral foundation of this thesis holds without theism, but theism is intellectually consistent with my argument. Thomas Joseph White writes in a *First Things* article titled, “The Metaphysics of Democracy,” “A culture that cannot name God ceases to be able to name evil for what it is, and loses capacity to name the ultimate good that can unite the aims of human beings to one another.” The conclusion that God exists allows us to define both good and evil. Moreover, fixed moral philosophy buttressed by theological foundations provides purpose and meaning to humanitarianism.

The Gates Foundation website has a page listing areas the foundation does not fund. The last item on the list is “Projects that exclusively serve religious purposes.”<sup>123</sup> Lots of religious organizations provide humanitarian services, so the Gates’ exemption of religious-based projects excludes a grand amount of projects. Given the results of the secular approach to humanitarianism, my final suggestion in this thesis is that perhaps, leaving out God from humanitarianism causes us to befuddle what is truly meant by “the good.”

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<sup>123</sup> “What We Do Not Fund,” The Gates Foundation, Accessed April 8, 2020.

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