



## March 2006 Newsletter

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### Backup Your Birth Control Day is March 21

Emergency contraception (EC) is still not a household word, and in fact, according to the Institute for Reproductive Health Access (the national research, education and training arm of [NARAL Pro-Choice New York](http://www.naral.org)):

- More than 60% of voters say they do not know about EC or any product that has been proven effective in preventing pregnancy when used within days after unprotected sex.
- Only a handful of women (6%) report ever using EC, largely because the public knows so little about back-up birth control.
- Researchers estimate that, even though few women know about EC, use of this back-up birth control option still prevented more than 50,000 abortions in 2000 alone.
- Nearly three-quarters of voters from all partisan backgrounds support legislation that would educate the public about EC.

Get involved in Backup Your Birth Control Day! Click on the logo below for more information.



### Report Finds Catholic Hospitals May Have EC Policies, but Lack Effective Communication and Enforcement

Catholics for Free Choice commissioned Ibis Reproductive Health to assess whether Catholic hospitals are complying with legislation requiring provision of emergency contraception (EC) to sexual assault survivors. The two-phase study consisted of a "mystery client" survey and a hospital policy survey conducted in 2005 among hospitals in California, New York, South Carolina and Washington. The mystery client results showed that 35% of staff answering calls in the emergency departments reported that EC was not available at their hospital under any circumstance. In general, referrals to other facilities were only given half of the time and frequently led to dead ends.

Although only 62% of participating hospitals treat sexual assault patients

the majority have a written EC protocol (76%), routinely provided EC counseling (95%), and offered EC (86%). Among hospitals that reported treating sexual assault patients, only 51% also indicated that EC was available, and the other half either misinformed callers or didn't know about the availability.

These study results clearly demonstrate a gap between hospital policy and staff knowledge/practices. Therefore, effective communication of hospital protocol is needed. Policymakers can also use this research to address gaps in EC legislation, such as the lack of enforcement mechanisms and the importance of making EC available at all hospitals, regardless of whether or not they treat sexual assault patients. [Read the full study.](#)

### Social Science Postdoctoral Fellowship in Abortion and Reproductive Health

We invite social scientists and public health researchers to apply for the second round of the Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health. The fellowship aims to support a cohort of new social science researchers who can work within their own disciplines to study abortion and reproductive health, and to produce and publicize research that informs policy and program design in abortion and reproductive health.

In addition to the two existing sites at Ibis and University of California San Francisco, we have added three new sites: Columbia University and the Guttmacher Institute in New York, and Johns Hopkins University in Baltimore. The fellowship will last for two years, and there will be one fellow per site. We are accepting applications online, and the deadline is March 31, 2006. [Get more information](#) about the fellowship and the application process.

## South Dakota Law Bans Most Abortions

The governor of South Dakota signed into law a ban on nearly all abortion in the state, setting up a court fight aimed at the challenging *Roe V. Wade*. The new law makes it a crime for doctors to perform an abortion unless the procedure is necessary to save a woman's life and makes no exception for cases of rape or incest. Under the measure, doctors could get up to five years in prison for performing an illegal abortion.

Planned Parenthood, which operates the state's only abortion clinic, immediately pledged to challenge the measure. That challenge could either be in court or by collecting petition signatures to refer the measure to a statewide vote in which voters would be asked to repeal the abortion ban.

Senators rejected pleas to add exceptions for incest, rape or the health of the pregnant woman. Gov. Mike Rounds issued a written statement saying he expects the law will be tied up in court for years and will not take effect unless the US Supreme Court upholds it. The Legislature passed the bill last month after supporters argued that the recent appointment of conservative justices John Roberts and Samuel Alito have made the US Supreme Court more likely to overturn *Roe v. Wade*. Senators rejected pleas to add exceptions for incest, rape or the health of the pregnant woman and instead voted, 23 to 12, to outlaw all abortions, except those to save the woman's life.

South Dakota's abortion ban is to take effect July 1, but a federal judge is likely to suspend it during an expected legal challenge.

## Young Women's Health and Sexuality in the Middle East/ North Africa

At the 2005 Middle East Studies Association annual meeting [Dr. Angel Foster](#) presented a paper entitled "Marriage, sexuality, and reproductive health: A survey of university students in Tunisia and Jordan." Dr. Foster provided an overview of the results from a portion of the young women's health and sexuality study and focused on the desired future family structure of unmarried university students. This paper was part of a larger session dedicated to marriage, kinship, and sexuality in the Middle East.



## Is Medication Abortion Permissible in Islam?

In January, Ibis Associate [Dr. Angel Foster](#) gave a lecture at the Center for the Population and Development Studies, Harvard School of Public Health entitled "Is medication abortion permissible in Islam: An analysis of Sunni positions on contraception and pregnancy termination." Through an evaluation of primary and secondary sources in both Arabic and in translation, interviews with Islamic legal scholars and physicians, and an assessment of factors influencing abortion policy throughout the region, Dr. Foster argued that the use of medication abortion is generally compatible with the Hanafi, Shafi, and Hanbali schools of Islamic law. However, Dr. Foster concluded that obstacles to the expansion of medication abortion services in the Muslim world reside largely in the complex intersection of political, social, economic, and religious-cultural factors rather than with Islamic jurisprudence. Dr. Foster's lecture was sponsored by the Group on Reproductive Health and Rights.



## March 8 is International Women's Day

International Women's Day (IWD) is an occasion marked by women's groups around the world. This date is also commemorated at the United Nations and is designated in many countries as a national holiday. For the 2006 IWD, Giving Women Power Over AIDS: A Traveling Photography Exhibit will be featuring [In Her Mother's Shoes](#), an award-winning story and photo essay by *The Seattle Times* about women and children in a world of AIDS. The Global Campaign for Microbicides transformed this remarkable photo-essay into a traveling exhibit so that others, too, can break through the disbelief, isolation and mind-numbing statistics that serve as a barrier to understanding AIDS globally. Massachusetts for Microbicides and the AIDS Action Committee of Massachusetts invite you to view this stunning exhibit throughout Massachusetts during March and April. Ibis and the Cervical Barriers Advancement Society (CBAS) will be hosting an exhibit at the ["From Abortion Rights to Social Justice" conference](#) (see Upcoming Events on page 4 for more information).



*In Her Mother's Shoes*

## Pharmacists' Knowledge and Perceptions of EC in Soweto and Johannesburg

Blanchard K, Harrison T. *International Family Planning Perspectives*. 2005;31(4):172-178.

**CONTEXT:** In South Africa, emergency contraceptive pills are available directly from pharmacies without a prescription, yet few studies have assessed pharmacists' knowledge of and attitudes toward the medication. **METHODS:** In-person interviews were conducted with 34 pharmacists practicing in Soweto and the Johannesburg Central Business District, from February through April 2003. The pharmacists provided data on their knowledge of emergency contraceptive pills and their attitudes toward providing the medication to women in specific situations. **RESULTS:** Nearly all pharmacists sold at least one of the two types of dedicated emergency contraceptive pills available in South Africa. Although most had

accurate knowledge about the method's dosing schedule, side effects and mechanism(s) of action, more than half erroneously believed that repeated use posed health risks. A large majority of pharmacists believed the pills should be available to rape victims, to single or married women and to women who had never given birth, but almost half did not think the pills should be given to women younger than 18, and a fourth said they would not give them to women with a late menstrual period. About one-third to half of pharmacists supported advance provision of the medication under certain circumstances. Most were willing to display promotional materials on emergency contraceptives in their pharmacies. **CONCLUSIONS:** Interventions aimed at educating pharmacists about the benefits of emergency contraceptive pills, especially for adolescents, are needed. Government and medical authorities should take advantage of pharmacists' willingness to display educational materials as a way to increase women's knowledge and use of the medication in South Africa. [Read entire article.](#)



## Emergency Contraception & Medicaid Toolkit for Advocates

We are pleased to announce the availability of **Emergency contraception & Medicaid: A state-by-state analysis and advocate's toolkit**. Ibis staff worked with colleagues from the Institute for Reproductive Health Access, the National Health Law Program and the National Latina Institute for Reproductive Health on the analysis, which provides an overview of prescription drug coverage under Medicaid and existing gaps in Medicaid coverage of prescription EC, and highlights steps that advocates can take to help remove barriers to EC access under Medicaid in their state. It also emphasizes strategies to ensure coverage of Plan B when it becomes available over-the-counter. [Click here for a PDF version](#) or for more information please [email Kate Schaffer](#).



## New Publications by Ibis Staff

- **Blanchard K, Harrison T.** [Pharmacists' Knowledge and Perceptions of Emergency Contraceptive Pills in Soweto and the Johannesburg Central Business District, South Africa](#). *International Family Planning Perspectives*. 2005;31(4):172-178.
- **Roth R.** [Reproductive Rights in Theory and Practice: The Meaning of Roe v. Wade for Women in Prison](#). *Posted by the Center for American Progress*, January 20, 2006.
- [Complying with the Law: How Catholic hospitals respond to state laws mandating the provision of emergency contraception to sexual assault patients](#). A study conducted by **Ibis Reproductive Health** for Catholics for a Free Choice. January 2006.
- Institute for Reproductive Health Access, National Health Law Program, National Latina Institute for Reproductive Health, **Ibis Reproductive Health**. [Emergency Contraception & Medicaid: A State-by-State Analysis and Advocate's Toolkit](#). November 2005.
- **Foster A, Rouhana A, Zubaidi H.** Medication abortion: A guide for health professionals. Cambridge, MA: Ibis Reproductive Health, 2005. [English](#) and [Arabic](#).

## Making Oral Contraceptives Over-the-Counter

The 4th meeting of the working group to make oral contraceptives (OCs) available over-the-counter (OTC) took place in Washington, DC on February 27. The meeting focused on working with professional organizations and consumer groups to raise awareness about the safety of OCs and the potential for OTC access. If you would like minutes or more information, please [email Kate Schaffer](#).

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## Upcoming Events

### Women, Action and the Media (WAM!) Conference

**March 31-April 2, 2006: Cambridge, MA**

Organized by the Massachusetts-based Center for New Words and co-sponsored by MIT's Program in Women's Studies, this conference will bring together journalists, authors, activists, bloggers, students, researchers and fed-up members of the general public to discuss and strategize on how to bring more progressive women's voices in the media in all of its various forms.

### International Health & Development Conference: Empowering Communities to Bridge Health Divides

**April 1-2, 2006: New Haven, CT (Yale University)**

Anyone interested in children's health, international health, medicine, health education, health promotion, public health, eye care, international service, nonprofits, or microenterprise should attend this conference. Session topics include Global Health in Discussion, Women's and Children's Health, Global Eye Care, Vision and Clinical Research, Community-Based Healthcare, and Cultural Competency.

### "From Abortion Rights to Social Justice: Building the Movement for Reproductive Freedom"

**April 7-9, 2006: Amherst, MA (Hampshire College)**

This conference is designed for campus and community activists as a place to "deepen your understanding of issues you already know about, expose yourself to new causes and connections, and unite with others who are passionate about working for social justice," and features speakers and activists from around the world. Ibis fellow Rachel Roth will participate in workshops on prisons and the criminalization of sexuality and reproduction, and Ibis staff Teresa Harrison and Julia Matthews will host an exhibit for International Women's Day.

### Microbicides 2006 Conference

**April 23-26, 2006: Cape Town, South Africa**

The biannual international Microbicides Conference will provide updates on recent microbicide research, provide a forum for the discussion of new developments in microbicide research (including basic science, clinical, social science, behavioral, community and advocacy issues), and present opportunities for knowledge-sharing between microbicide researchers, public health workers, communities and advocacy organizations.



To join the Ibis Reproductive Health mailing list, please email [admin@ibisreproductivehealth.org](mailto:admin@ibisreproductivehealth.org).

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