Family planning: a political issue

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After a decade of stagnation, support for family planning might be gaining momentum. Between 1998 and 2009, donor financing for family planning languished (rising only from US$722·8 million to $748·0 million and reaching a low of $393·5 million in 2006), even though total donor funding for global health nearly tripled.[1,2] Decreases in fertility and increases in prevalence of contraceptive use in several countries stalled.[3] However, since the late 2000s, the Gates Foundation, the UK, and other donors have augmented funding,[4–6] and several low-income countries have renewed their efforts to support family planning programmes.[7,8]

Papers in *The Lancet* Series on Family Planning[9–13] provide several good reasons why family planning deserves support, including to address the unmet need of an estimated 215 million women[14] who would like to limit or space births but who are not using contraception. However, prospects for rekindling attention will depend on more than good arguments and evidence on benefits such as averting maternal mortality. Organised family planning, like many global health initiatives,[15] is a political issue with both support and opposition, with consequences for how programmes have been designed and undertaken.[7,16,17] For example, state-sponsored initiatives have faced objections from the Catholic Church on the ethics of fertility control and suspicion from minority groups over the aims of fertility reduction. Additionally, initiatives have sparked debates among proponents over what their primary aims should be: slowing population growth—which we term an ecological rationale because of the concern for the aggregate effects on society of individual behaviour—or the rationale of advancing women's rights and health. The most recent surge in support for family planning could provoke similar objections and debates.

In this Viewpoint, we discuss past and present political debates surrounding organised family planning. We highlight three levels of politics: (1) national—discussions within low-income countries about the value and appropriate role of governments in provision of family planning; (2) global—deliberation surrounding the proper role of donors and experts from high-income countries; and (3) internal—debates among the core proponents of family planning, including demographers and women's health advocates, on why and which services should be made available. We propose that at each of these levels some political trends bode well for the future provision of family planning services whereas others do not, but that ignoring potential disagreement is counter productive: to sustain momentum, proponents of family planning will need to anticipate and appreciate objections and prepare strategies to address these.

National politics

Many countries adopted public and private family planning programmes between 1960 and 1990. Some provoked political reactions, including religious objections, revealing disagreements over the appropriate roles of governments and civil society organisations in the provision of these services. After independence in 1980, Zimbabwe gained recognition for its effective family planning programme; however, initially, African nationalists took a hostile position to family planning, arguing that it was part of a conspiracy to control the black population.[18] In the 1990s, the Indian Government abandoned numerical targets for new contraceptive acceptors partly in response to pressure from women's groups.[19] This decision followed several decades of suspicion surrounding the national family planning programme—a legacy of an effort by the Indira Gandhi regime to sterilise men for population objectives, which in 1977 resulted in the fall of her government.[20] In Kenya, probirth tribal politics and religious concerns shaped opposition to government efforts to slow population growth in the 1960s and 1970s.[7] In Rwanda, in the wake of the 1994 genocide, there was political resistance to family planning; the government, responding to latent demand by Rwandan women for voluntary family planning, surmounted objections in the 2000s by making a convincing case that the provision of these services would facilitate poverty alleviation.[8] In each of these cases, groups have struggled over competing ideas of the role of contraception in society, influenced by both national and global politics.[21]

Global politics

Donors and experts from high-income countries have influenced adoption of national policy. From the end of World War 2 until the 1980s, bilateral and multilateral donors, foundations, and population experts in the USA and Europe identified a potential problem in rapid population growth and encouraged the governments of low-income countries to create family planning programmes to lower fertility.[22] The US Government, concerned that rapid population growth in low-income countries might lead to political instability,[23] contributed well over 50% of the global funds for population and family planning programmes from the late 1960s until the late 1990s.[24] Because of global influence and national policy decisions, by 1994 most low-income countries outside sub-Saharan Africa had adopted voluntary family planning programmes.[24] The perceived value of slowing population growth has also gained acceptance, as by 2009 nearly all of the governments of the lowest income countries regarded their rates of population growth as too high—evidence of the spread of an acceptance of the value of slowing population growth.[25]

These global efforts led to some controversy. The Holy See, continuing longstanding opposition, issued a decree in 1969 opposing any form of artificial contraception, and in some countries with a powerful Catholic Church there were strong reactions against family planning.[24] At a global population conference in Bucharest, Romania, in 1974, when the US delegation suggested that low-income countries should establish targets for lowering growth rates, a large group of low-income countries expressed reservations; they were concerned instead about economic inequality between the high-income and low-income countries, and argued that "development is the best contraceptive".[17] A decade later, at a 1984 population conference in Mexico City, Mexico, the USA reversed its position to become a critic because the Reagan administration argued that population growth had a neutral effect on economic development.[26] This change was in line with the arguments of several economists and demographers who reasoned that reducing fertility was not necessary for economic growth.[22,27] The US criticism was also grounded in domestic disagreements over abortion: in what became known as the Mexico City Policy, the USA began restricting non-governmental organisations in low-income countries that received US Government family planning funding from engaging in abortion-related activities, even with their own funds.[28]

The formulation of the Millennium Development Goals (MDGs) also involved controversy about family planning. In 2001, objectives on family planning and other reproductive health services were deliberately left out of the MDGs, influenced by political developments within the USA and G-77—the group of non-aligned nation states.[29] With support from The Holy See, conservative members of the G-77 objected to the inclusion of reproductive health in the Millennium Development Report—a document published in 2000 that formed the basis for the goals. Leadership in the UN Secretariat went along with this exclusion because they wanted a document and set of goals that would gain the approval of the world's nation states. By 2001, when the MDGs were formulated, the Bush administration had come to power in the USA with strong support from social conservatives, further reducing the likelihood that reproductive health would be included in the MDGs.[29]

Recent trends among donors from high-income countries and UN agencies have been more positive for family planning. The head of the UN Population Fund and leaders in several countries led a successful push in 2005 for inclusion in the MDGs of a target for universal access to reproductive health.[29] In 2010, the USA, UK, Australia, and the Gates Foundation announced a 5-year alliance that includes a primary goal of reducing the unmet need for family planning by 100 million women,[30] with the aim of reaching MDGs 4 and 5 on child and maternal survival. This move is part of an augmented commitment for family planning, in particular on the part of the Gates Foundation and the UK Government[4,5] who will host a summit in London in July, 2012, that is designed to generate additional commitment and resources for family planning. The French Government has also emerged as a supporter of family planning; it pledged €100 million over the next 5 years at a regional conference on family planning in Burkina Faso in February, 2011.[6]

However, even these most recent developments mask ongoing differences among funders and within donor countries about why and whether these services should be supported. The Gates Foundation and the Governments of the USA and the UK explicitly invoke ecological alongside rights-based arguments as justification for increasing funding for family planning.[4,5,30] By contrast, several Nordic donors are suspicious of ecological rationales and avoid mention of family planning in their funding strategies in favour of an exclusive focus on the sexual and reproductive health and rights of women.[31] A divide about the appropriateness of international support for family planning also exists within the USA itself. Reversing a decade-long stagnation in funding from the USA that occurred under the Bush administration, the Obama administration has augmented family planning assistance.[32] Should the Republicans regain control of the presidency in 2013, another reversal is likely.

Internal politics

Long-standing differences over the reasons that family planning services should be offered exist also among the demographers, women's health advocates, and other individuals who are the main proponents for family planning.[33,34] These differences are the same as those among donors from high-income countries. Some individuals emphasise ecological concerns: the effect of the reproductive behaviour of individuals on the structure and economic vitality of societies, with an emphasis on the aggregate social good created in slowing rapid population growth. Others emphasise rights concerns: the rights of women to control their reproduction (some of these proponents reject the term "family planning" because they believe it implies these issues are relevant only for families, and not for women as individuals).[35] Among those proponents who emphasise rights, most believe that the adverse consequences of rapid population growth—if indeed there are adverse consequences—will be taken care of naturally as individuals are afforded control over their own reproduction.

Tensions between these two sets of rationales and the individuals who hold them emerged most starkly in the decade surrounding the 1994 International Conference on Population and Development (ICPD) in Cairo, Egypt, when women's rights and health groups from high-income and low-income countries challenged the dominance of ecological rationales that had, until then, formed the primary basis for the creation of family

planning programmes.[33,35] They called for a broader agenda focused on reproductive health and rights, of which family planning was only one component. These ideas that emerged from the Cairo conference influenced reproductive health policy in countries throughout Latin America and in some countries in south Asia.[24]

We undertook interviews with leaders in this field, which revealed that these tensions persist, even if they are not as strident as in the past. 18 interviews with these leaders were done between 2010 and 2012 (panel), with a view to understanding present points of agreement and disagreement. The persistence of differences is revealed most clearly in contrasting interpretations of the legacy of the ICPD.

Several individuals, including leaders of women's groups and foundation officials who shaped the conference agenda, view the legacy of Cairo in positive terms (interviews I12, I15, and I16):

> "It refreshed the field and put women at the centre… making it legitimate to say you can't just think about family planning or contraception in a vacuum." (I12)

A prominent scholar and participant in the pre-Cairo discussions argued that the conference did not go far enough in setting aside discourse surrounding the topic of slowing population growth:

> "It left intact a strategic agreement between the international women's health movement activists and the population field…It came out against the use of incentives but not against the setting of national demographic targets for reducing population growth… When you introduce that demographic imperative, it can really distort the delivery of services." (I16)

The scholar, referring to those who support slower population growth as "neo-Malthusians", added that at Cairo there was:

> "…a big fissure in the movement between those people who thought we've got to challenge the neo-Malthusians' ideas and those that thought strategically we shouldn't because the fundamentalist right was a bigger enemy than the neo-Malthusians."

Other individuals, including demographers and leaders of aid agencies that have provided support to family planning, expressed ambivalence on the conference's legacy (I3, I4, I6, I7, I8, I10, I11, I13, and I17). One demographer from a multilateral agency worried about a loss of focus:

> "Reproductive health has many, many priorities. Some people say 19…it's just a kitchen sink strategy." (I7)

But called for the move to an emphasis on individual rights:

> "Legitimate, needed, a correction from the excesses of the past, especially the Indian programme and the Chinese programme."

Still others—scholars and practitioners with a long-standing concern for population growth—viewed the conference's legacy mainly in negative terms because they believed it led to a neglect of family planning and slowing population growth (I9, I14):

> "If we had a way to measure the burden of suffering among women, it's probably greater since Cairo than before…women who might otherwise have been helped not to have unintended pregnancies continued to have those unintended pregnancies. I think that's one of the saddest things in the world." (I14)

This person added:

> "Demographic momentum is an unforgiving process."

Notwithstanding these differences, many leaders in the field see consensus emerging, particularly around the notion of unmet need. This same scholar noted:

> "If you want to focus on building bridges, then the very simple bridge is the slogan of meeting the unmet need for family planning. That is going to take you everywhere you need except for a small number of very difficult countries in Africa and Afghanistan." (I14)

A social demographer agreed, but expressed some misgivings:

> "As weak as the concept is, nobody wants to throw it out because everybody can get behind it. The Achilles Heel is that to transform women into contraceptive users will likely require other changes in their knowledge and behaviour, beyond what a supply-side effort can provide." (I18)

Another perceived area of convergence is a widespread acknowledgment, including among those who advance ecological arguments, that rights must be central to any programme (I3, I4, I6, I7, I8, I9, I10, and I14). As one demographer noted:

> "It's hard to see given the current environment that programmes that are not voluntary could emerge…I agree that we have to be vigilant, but enough people are watching to ensure programmes will be voluntary." (I6)

Convergence with those supporting ecological rationales is evident also in the growing numbers of individuals associated with women's rights groups who accept the legitimacy of raising concerns about the effect of population factors on the welfare of individuals (I12, I15, and I16).

One emerging argument for family planning that is being used to bring proponents together might prove simultaneously expedient and unsatisfactory to both groups. A central driving force of the latest efforts is the claim that the provision of family planning is necessary to achieve several of the MDGs, particularly those on child and maternal survival.[4–6,30] Making this argument might be in part an effort to de-politicise a political

***Panel:* Organisational affiliations of people interviewed**

We interviewed individuals who work or had worked for the following organisations: the UN Population Fund (UNFPA), the Latin American Population Association, the African Population and Health Research Center, the National School of Statistics (ENCE) in the Brazil Department of the Census (IBGE), WHO, the World Bank, the International Planned Parenthood Federation, the International Women's Health Coalition, Population Action International, Population Council, Family Health International, Venture Strategies for Health and Development, the United States Agency for International Development, the Bill and Melinda Gates Foundation, William and Flora Hewlett Foundation, David and Lucile Packard Foundation, the University of California, Berkeley, and five other academic institutions.

issue: advancing family planning often provokes objections whereas reducing child and maternal mortality rarely does. Yet these MDG rationales do not address some of the fundamental reasons the core proponents support the provision of family planning and other reproductive health services. Specifically, those who advance ecological arguments seek to promote development through slower population growth, and those who advance rights arguments seek to facilitate the basic right of women to control their own bodies. Neither aim appears in the MDGs.

Anticipating objections

The recent increase in support for family planning, of which this *Lancet* Series and the London Family Planning Summit[36] in July, 2012, are elements, is the latest in a succession of efforts dating from just after World War 2 to ensure that women and men in low-income countries have access to means for controlling their fertility. Previous calls for action have sparked national and global opposition and amplified differences among core proponents. Political winds might be aligning this time, and this newest attempt might result in the completion of an unfinished agenda for universal access to family planning and other reproductive health services. There are several reasons to believe that the agenda will advance: many African governments express support for programmes; global donors have pledged new resources; several proponents are aligning around the unmet need argument; and *The Lancet* has decided to publish a Series on family planning, which is not only a scientific but also a political act. Conversely, recent momentum could be interrupted as objections re-surface, and in 10 years *The Lancet* might feel compelled to publish another series with precisely the same call for action, in advance of a global summit in Abuja, New Delhi, or Brasilia. Momentum will be more likely if proponents: (1) manage disagreements among themselves, clarifying whether their differences are inherent or simply have been presented as such; (2) appreciate and consider long-standing sensitivities about organised family planning among some civil society organisations and governments from low-income countries; (3) recognise that rationales and evidence are insufficient to advance the provision of these services; and (4) develop strategies that acknowledge and address the political nature of the issue.

Contributors

JS and KQ developed the research idea, gathered and analysed the data, undertook the interviews, and co-wrote the report.

Conflicts of interest

We declare that we have no conflicts of interest.

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