The Dilemma of past Success: Insiders' Views on the Future of the International Family Planning Movement
Author(s): Ann K. Blanc and Amy O. Tsui
Source: *Studies in Family Planning*, Vol. 36, No. 4 (Dec., 2005), pp. 263-276
Published by: Population Council
Stable URL: http://www.jstor.org/stable/4148958
Accessed: 07-03-2016 19:14 UTC

REFERENCES

The Dilemma of Past Success: Insiders' Views on the Future of the International Family Planning Movement

Ann K. Blanc and Amy O. Tsui

Many observers believe that the international family planning movement has played a significant role in reducing fertility levels and slowing population growth in the developing world. Yet the perceived success of family planning programs recently has led some researchers to formulate questions about their relevance and future place on the development policy agenda. Within a framework derived from the sociological literature on social movements, we use interviews and focus-group discussions with insiders in the field of population studies to examine current perspectives on the status and future of the family planning movement, factors contributing to its declining international visibility, and possible responses from the family planning field. Informants cited four possible courses of action for the movement: (1) forming strategic alliances with other movements, specifically HIV/AIDS prevention; (2) redefining the family planning message to mobilize and strengthen support; (3) improving service delivery to broaden public acceptance and contraceptive method use; and (4) nurturing new leadership. The future course of the movement—whether it be one of cooptation by overlapping movements or revitalization—requires waiting until its full history can be written. (STUDIES IN FAMILY PLANNING 2005; 36[4]: 263–276)

The unprecedented increase and the more recent slowing of global population growth are viewed by some observers as among the most important social phenomena of the latter half of the twentieth century (Harkavy 1995; Caldwell et al. 2002; Birdsall and Sinding 2003). The international family planning movement is believed by many to have played a significant role in the reduction of fertility levels in the developing world (Bongaarts et al. 1990; Bulatao 1998; Feyisetan and Casterline 2000; Caldwell et al. 2002; Seltzer 2002). At present, the vast majority of developing-country governments provide direct support to family planning programs, and 58 percent of these countries consider the current fertility level of their country to be too high (United Nations 2004). Three-fifths of women of reproductive age residing in developing countries—or more than 500 million women—are currently using some form of contraception (United Nations 2003). Yet the perceived success of family planning programs in reducing fertility and slowing population growth has led to recent questions about their future relevance and place in the development policy agenda (Sinding 2000; Demeny 2003; Nicholson-Lord 2003; Gillespie 2004).

Eleven years have passed since the last major international population conference was held. In the context of slowing population growth and an apparent change in international development concerns, an examination of the future of the family planning movement is opportune. We use interviews and focus-group discussions with insiders in the population field—senior-level leaders and junior- to mid-level professionals—to examine current perspectives on the status and future of the family planning movement, the factors contributing to its declining international visibility, and possible responses from the family planning field. We situate our discussion in the sociological literature on social movements structured around a theoretical framework proposed by Mauss (1975) and drawing on more recent work on globalization and transnational networks (Frank et al. 1999; Jacobson 2000; Meyer and Jepperson 2000).

"Social movement," as the term is used here, refers to the collective action undertaken by individuals, groups, and organizations that embrace a common ideology and

At the time that this study was written, Ann K. Blanc was President, Blancroft Research International, New York. She is now Program Officer, the John D. and Catherine T. MacArthur Foundation, 140 South Dearborn Street, Chicago, IL 60640. E-mail: ablanc@macfound.org. Amy O. Tsui is Director, Bill and Melinda Gates Institute for Population and Reproductive Health and Professor, Population and Family Health Sciences Department, Johns Hopkins Bloomberg School of Public Health, Baltimore.

seek to achieve particular goals. The literature of social movements has recently focused on the pre-eminent importance of the cultural framing of social problems, usually by movement leaders, as well as on the role of political opportunity and organizational resources (Barrett and Kurzman 2004). When the common construction of social problems evolves ideologically and diffuses across national borders through linked activist networks (Keck and Sikkink 1998) and participant organizations, movements are able to attain global status (an example is the contemporary movement to mitigate the HIV / AIDS pandemic). We suggest that the international family planning movement was fueled by the diffusion of a belief in the damaging consequences of excess fertility and rapid population growth.

The "Natural History" of the Family Planning Movement

Mauss (1975) outlines five typical stages in the "natural history" of a social movement. These stages describe the process of evolution through which a movement normally passes as it interacts with the social environment. The stages are: (1) incipiency; (2) coalescence; (3) institutionalization; (4) fragmentation; and (5) demise. The rate and intensity at which social movements pass through these stages vary with the competing pressures of repression and cooptation. An important feature of this theoretical perspective is that it regards social problems as socially defined. Thus, a social problem exists because it is defined collectively as such, and movements to solve it come to an end when the social problem is no longer perceived to be a threat, regardless of whether or not actual conditions have changed.

The incipient stage of a social movement is characterized by an increasing general concern about a problem. This concern generates efforts that are not well organized, that lack established leadership, and that lack an established identity for the problem. In the case of the international family planning movement, concern about the rapid growth of world population, and particularly about growth in developing countries, arose in the 1950s when large declines in mortality first became evident. Reliable statistics on the demographic situation in the developing world were increasingly available and led to the belief among the Western intellectual and philanthropic elite that there was a need to do something about it. This early concern about rapid population growth was rooted in the belief that such growth would impede economic development in poor countries. At the same time, birth-control advocates in the United States led an effort to internationalize the family planning movement and bring contraceptive services to women in developing countries (Hodgson and Watkins 1997). The development of new contraceptives—the pill, the intrauterine device, and new sterilization techniques—provided the technology to put fertility control within the reach of poor and largely illiterate populations (Caldwell et al. 2002).

By the mid-1960s, the international family planning movement had reached the coalescence stage. This stage is marked by the appearance of a core set of leaders and organizations with goals exclusively devoted to the success of the movement and an outer ring of active individuals and organizations that publicly support the movement. These individuals and organizations are motivated by a perception that the actions underway are not sufficient to address the problem. By the mid-1960s, rapid population growth had come to be viewed as an impending crisis, a perception inspiring numerous calls to increased action. The messages of the coalescing movement were clear: lower rates of population growth are desirable, population stabilization is a long-term goal, and family planning programs are likely to help achieve these goals. Although many were initially reluctant, a substantial number of national governments eventually adopted explicit policies calling for slower population growth and created family planning programs that were intended to supply contraceptive information and services (Hodgson and Watkins 1997; Barrett and Tsui 1999).

The institutionalization stage constitutes the apex of a social movement; it is the stage at which the movement enjoys a large base of supporters, has plentiful resources, is organized and coordinated with a well-developed division of labor, and has gained respectability. It is also the stage at which the movement participates in the political process, and legislation is passed that addresses the problem that the movement has defined. For the international family planning movement, this stage was reached during the 1970s and 1980s, a period of sustained and significant effort. Large numbers of developing countries initiated or strengthened government-supported family planning programs, and a range of nongovernmental organizations (NGOs), both international and local, were providing family planning services throughout the developing world. The United Nations Fund for Population Activities (UNFPA) was established in 1969 and became a major locus of family planning support. Donor support expanded throughout this period, enabling the training of large numbers of population scientists and family planning program managers (Menken et al. 2002). Numerous NGOs engaged in recruiting supporters of the movement and lobbying in

the United States and other Western countries to encourage the expansion of government involvement in population issues abroad.

In the mid-1980s, however, as an increasing number of developing countries began to experience fertility declines, the demographic rationale for family planning began to lose strength. Years after the adoption of antinatalist policies and the establishment of family planning programs, little solid evidence had emerged that rapid population growth was unambiguously associated with slower economic growth. Feminist health advocates also began to voice concerns about the side effects of hormonal contraceptives on women's health and to raise ethical questions about the use of demographic targets and material incentives in government population programs.

Events of the 1990s were particularly influential in altering the course of the family planning movement. A major shift occurred at the International Conference on Population and Development (ICPD) in Cairo in 1994. Reacting to charges of coercion in some family planning programs, the increasing promotion of contraceptive methods that were perceived as limiting women's control of their bodies, and inadequate and inaccessible contraceptive services for women, feminist health advocates at the ICPD promoted a broader population agenda (Germain 2000). This agenda emphasized the welfare of individual women and the achievement of their sexual and reproductive health and rights. Gender equity was embraced as a separate development goal (Finkle and McIntosh 2002). The words "population problem" do not even appear in the Programme of Action adopted at the conference (Hodgson and Watkins 1997). The policy messages emanating from these events were more complex and subtle than those generated by earlier neo-Malthusian concerns, and a new group of leaders emerged as the objectives of the movement changed.

The influence of an international network of NGOs was exceptionally important in altering the population agenda during this period. The participation of a broad coalition of NGOs consisting mainly of organizations involved in reproductive health and rights and women's empowerment is generally credited with shaping the Cairo agenda and, as a result, the direction of the family planning movement. The coalition included significant representation from developing-country NGOs. The expansion of the role of NGOs in policy development at the international level is not unique to the family planning movement. Indeed, the role of NGOs has become the subject of relatively new areas of political science and sociology that focus on "transnational social movements" (see, for example, Keck and Sikkink 1998; Tarrow 2001; and Barrett and Kurzman 2004). Some of this work has suggested that members of transnational social movements can act both as brokers of temporary coalitions with international or state institutions and as organizers against the policies of the same institutions. The coalition of NGOs that participated in the Cairo conference appears to have played both roles (Luke and Watkins 2002).

These developments in the international family planning movement are characteristic of a social movement in the fragmentation stage. Typically, this stage is reached after a movement has had a period of success and respectability. The sympathetic public and some active supporters come to believe that "the problem" has largely been solved. Those who remain in the movement are divided about its direction; some are committed to continuing to pursue the original goals that are now viewed by others, who want to modify or add new objectives, as obsolete.

Although an initial burst of activity and a spike in donor funding occurred immediately following the ICPD, since then both developing and donor countries' investments have fallen far short of the commitments made in 1994 (Singh et al. 2003; UNFPA 2004). International attention has been focused instead on the Millennium Development Goals (MDGs) that were adopted unanimously by the member states of the United Nations in 2000. Although central to the achievement of a number of the MDGs, contraceptive practice, and, more broadly, improved reproductive health are not explicitly included among the goals. Moreover, the priorities of the World Bank and International Monetary Fund have shifted to focus almost exclusively on poverty reduction. The implicit assumption of this shift is that policy and program effort is most effectively directed at reducing poverty and that programs providing specific services such as family planning are unnecessary.

According to Mauss, the demise stage of a social movement is seldom recognized by those involved in the movement. On the contrary, they may define demise as "success" because most of the movement's goals have been achieved, or this stage may be defined as a temporary setback for an otherwise still vital movement. We examine below the question of whether the international family planning movement has now reached the demise stage and what its prospects are for the future.

Interviews and Focus Groups

We conducted key-informant interviews and focus-group discussions to obtain the views of a range of influential actors and opinion leaders in the family planning field as it is broadly defined. Twenty-seven in-depth inter-

views were conducted either in person or by telephone during the spring and summer of 2003. Interviews were conducted by the authors and two research assistants during which detailed notes were taken. To select interviewees, we stratified an extensive list of potential informants according to their stance on the family planning movement and purposively selected interviewees who represented a range of opinions. Additional criteria for selection reflected a desire to include people working in senior positions in the relevant spectrum of institutions in developed and developing countries. Thus, the interviewees included developing-country program managers, senior staff of national and international nongovernmental and donor organizations, and well-known researchers. We classified 16 of the informants as in favor of family planning programs and 11 as either neutral or opposed to them. Fifteen work in the United States and 12 work in a developing country (China, Egypt, Guatemala, India, Kenya, Mexico, Nigeria, Peru, Thailand, and Zimbabwe). Thirteen are developing-country nationals and 13 are female. Eight are current or former heads of national or international NGOs. The vast majority of key informants have had 20 or more years of experience working in family planning or an allied field.

Two focus-group discussions were conducted at the 2003 Annual Meeting of the Population Association of America (PAA) held in Minneapolis. Invitations were extended to a sample of junior and mid-level population professionals from developing countries listed on the PAA program, and 12 participated. The countries represented were India, Mongolia, Nigeria, Pakistan, Sudan, and Thailand. The discussions were recorded and later transcribed.

For both sets of respondents, we provided the following broad definition of the term "family planning": the provision of contraceptive information and services; the capacity of organizations to formulate policy and promote and deliver services; the allocation of financial, material, and human resources for family planning by international donors and national governments and local agencies, and for research opportunities. All respondents were assured that the interviews would be confidential and that they would be identified only by their sex, by whether they were from a developed or developing country, and by their role in the population field.

The Changing Visibility of Family Planning

The interviews revealed a consensus among the key informants and focus-group participants that family planning has lost visibility on the international development agenda in recent years. The closing of the population programs of a number of private foundations that were long-time supporters of training and research was cited as evidence of declining interest. The elimination of the family planning program of Great Britain's foreign assistance agency (DFID) was also mentioned, as was the decline in the population budget (although small) in the United States Agency for International Development (USAID). Many viewed this loss of visibility as unfortunate but likely to continue. A few informants working in international agencies asserted that the family planning movement has become less visible because it has become more controversial.

> When you hesitate to say the words "family planning," something is happening. When you say "reproductive health" and have to be careful, something is happening. (Male, more developed country [MDC])

> Family planning has become stigmatized. Big chunks of the global power structure think it's morally suspect. (Female, MDC)

Although a consensus emerged that family planning has become less visible on the international scene, this perception did not always apply to individual developing countries. Indeed, a number of respondents cited examples in their own and other countries of recently renewed interest in, and sometimes controversy about, family planning. A quick search for recent articles and editorials on population issues in developing-country news sources yielded several appearing within just a few days of each other, corroborating the view that such issues are still current and still considered newsworthy in these countries (see, for example, Ayodele 2004; Cayon 2004; Kavuma 2004; Musallam 2004; Roy 2004). The topics of these internationally available news reports included, for example, the relationship between population growth and poverty in Uganda, the installation of condom vending machines in public places in India, and the issuing by Muslim leaders in the Philippines of a *fatwah* allowing couples to practice family planning.

The majority of informants believed that in the developing world as a whole, women's motivation to control their fertility is so strong and the social norm of family planning so well established that contraceptive use will continue to rise (albeit more slowly) no matter what happens to family planning programs. Clearly, some countries will be exceptions to this trend, however. For example, recent results from the 2003 Kenya Demographic and Health Survey that show no increase in contraceptive prevalence (and a slight increase in fertility)

since 1998 have been the subject of great interest, especially because Kenya was one of the first countries in sub-Saharan Africa to experience a decline in fertility (CBS et al. 2004). Some informants agreed, nevertheless, that "the demand problem is largely solved" (male, MDC) and that the demographic transition is "well along and inevitable in its eventual completion" (male, MDC). As one researcher said, "People know what's out there; it's not necessary to motivate" (female, MDC).

A number of informants expressed concern that backsliding in contraceptive use is possible if international and national commitment to family planning wavers. According to one developing-country informant, "Fertility has declined because there is family planning, and it will not continue to decline without family planning" (male, less developed country [LDC]). A similar view was expressed by two senior staff members of donor agencies:

> People assume that family planning will keep going by itself, [that] the demand is there. But you can't leave it to the private sector; people can't afford it. It's a burden, and an IUD could be a month's salary. . . . [There is] still a mentality among economists that babies are commodities like refrigerators. But the difference is that you don't have to make an effort every month not to buy a refrigerator. It's not like buying refrigerators. [Family planning] requires government intervention. (Male, MDC)

> The great fear is that just as we are poised to declare victory, we may be losing focus, and commitment could suffer a major setback. (Male, MDC)

Informants attributed the loss of visibility of family planning to four main factors: a declining sense of urgency about population growth and its consequences, competing health and development priorities, rising political conservatism, and a lack of leadership. These factors are considered in turn below.

Loss of the Sense of Urgency

Some informants believe that the loss of the sense of urgency about rapid population growth is the result of a fundamental misunderstanding among policymakers and donors about population growth and momentum. This misunderstanding has a number of components. The first is the assumption that once fertility decline begins, its linear descent to below-replacement levels is inevitable. Yet a number of authors have argued that little reason can be found to support the belief that the future will simply be an extrapolation of the present (Caldwell et al. 2002; Harbison and Robinson 2002; Morgan 2003).

The very low fertility now evident in many European and Asian countries (for example, Italy, Singapore, South Korea, and Spain) has led to the perception that "demographers are looking at the wrong problem" (male, MDC). Demographers are perceived, incorrectly, to be concerned primarily with high fertility. That population size will continue to increase long after fertility reaches replacement level (as a result of population momentum) and that current cohorts of young people are larger than previous cohorts are also concepts thought to be lost on many policymakers.

Several respondents suggested that the sense of urgency about family planning has declined as a result of donor fatigue and the perception that "it's been done." According to one informant, a widely held view is that "family planning is now on auto-pilot, and we don't need to be concerned about it. One of the reasons that this perception is [commonly held] is because family planning has been a success" (male, MDC). Another informant suggested that family planning was suffering from the "dilemma of past success" (female, MDC).

Overall, respondents felt that the family planning movement now lacks a clear purpose, that its post-Cairo direction is diffuse and unfocused. In the opinion of one informant, the shift from macro-level concerns about population growth to individual reproductive health concerns has caused the field to become less visible and less compelling because individual concerns in the health field have "so much competition" (male, MDC). A few of the researchers interviewed suggested, moreover, that the field has become less visible partly because many of the important research questions have been answered. At the same time, a number of respondents mentioned that little solid research has been conducted on the benefits of family planning to buttress arguments for continued investment in programs and, specifically, that only weak evidence has emerged concerning the connection between population growth and economic growth.

A common misunderstanding, according to informants working in sub-Saharan Africa, is that mortality due to HIV/AIDS is negating the need for family planning. Informants have observed this perception among policymakers and at the community level. Two informants had nearly identical observations:

> In some communities, people are saying, "If we're dying, why should we be using family planning services?" (Female, LDC)

> When you discuss family planning, you get shut off. People say, "Why should we worry about family planning when people are dying, children are dying?" (Male, LDC)

Some respondents mentioned the potential of breakthroughs in contraceptive technology to spur growth in contraceptive use and bring renewed attention to family planning. Disagreement was found among respondents on this matter. Some pointed to the potential of microbicides or of a temporary male contraceptive method to increase use, whereas others suggested that the introduction of new methods would not change contraceptive prevalence greatly at this point.

Several respondents asserted that family planning programs remain important for addressing inequities in access to services. Several mentioned specific underserved populations, including the Mayan population in Guatemala, the northern and rural population in India, minority groups in Thailand, and the poor everywhere. Although clearly the private sector will become more critical in service provision, respondents pointed to an obligation to safeguard the right of those who cannot afford private-sector services to plan their families.

A common theme in some responses was that, subsequent to ICPD, the importance of family planning has been lost as policy and programmatic focus has shifted to the broader domain of reproductive health. Not all respondents viewed this loss as a negative development; some argued that "hiding" family planning within the less controversial and politically safer arena of reproductive health is a good idea. Others pointed out that family planning programs ultimately will benefit from and be more effective in integrated programs. Others, however, thought that the integration of family planning services with other reproductive health services indicates that providing access to family planning has become a lower priority for national governments and donors. Furthermore, they noted that integrated reproductive health programs do not have the same strong advocates within the donor community and in developing countries that family planning programs once had.

> In the post-Cairo world, I don't have problems making family planning part of reproductive health, but when reproductive health becomes too big, family planning gets lost. The trouble is that it's no longer a focused program. It's difficult for donors to see, to manage, and to implement. (Male, MDC)

> Family planning is an important component, but it lost its attractiveness when reproductive health emerged. Reproductive health is the right approach, but especially with donor fatigue and the need to maintain vitality, the field may have lost because of the new rhetoric. (Female, LDC)

> Since ICPD, family planning is only a component of reproductive health and not necessarily the most important one. The idea that women's empowerment must precede fertility decline has gotten in the way. It's led people to believe that it's more important to work on improving women's empowerment than on providing family planning. (Male, LDC)

Competing Priorities

Mauss observed that natural fragmentation typically occurs after a movement has enjoyed a period of success and respectability. One source of fragmentation is competing priorities or opportunities that draw many active supporters and leaders away from the core of a social movement after a while. Indeed, the competing priorities of other development issues was the second major reason respondents cited to explain the diminishing visibility of family planning on the international scene. Among these issues, the one mentioned most frequently by respondents was the HIV/AIDS pandemic, which is seen as competing directly with family planning for donor funding and health-system resources.

Respondents generally agreed that collaboration between family planning programs and HIV/AIDS prevention and treatment programs seems natural and appropriate. Yet, many noted a distinct lack of collaboration between the two fields.

> Those in both fields haven't been able to articulate the overlap between the two arenas; instead of working in a parallel way, they compete. (Female, LDC)

> [T]here doesn't seem to be any impetus for HIV/family planning integration from the HIV side. (Female, MDC)

Moreover, many respondents felt that, compared with the magnitude of the HIV/AIDS pandemic, family planning seems much less compelling and less urgent. Participants suggested that, in an environment of limited resources, increasing support for HIV/AIDS programs has overwhelmed support for family planning programs. One informant complained that "the Cairo agenda has been left in the backwash of MDG enthusiasm and AIDS" (male, MDC). Other respondents expressed similar concerns:

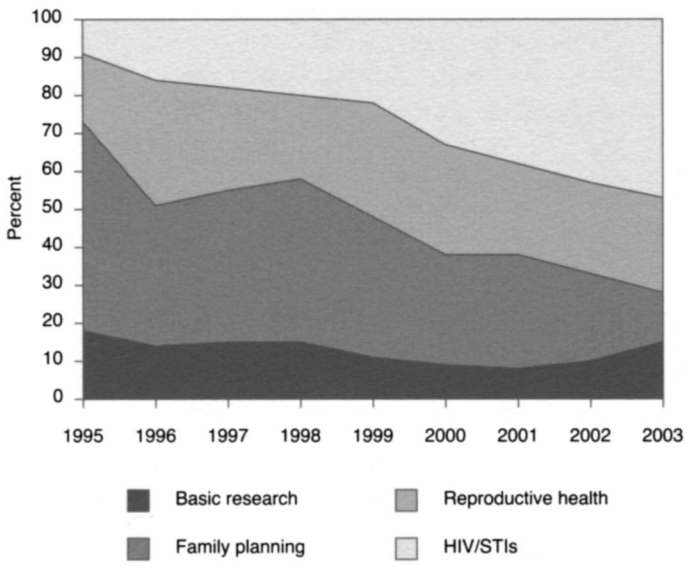
As a funding priority, AIDS stands out in a class of its own. What is left for all the other programs? (Male, LDC)

HIV is the 800-pound gorilla, so it often gets its own category in resource allocations. We could all throw up our hands and say, "The money is going to HIV—let's all hope for the best." But that would be a great disservice to the field. In the long run, there's a real need for the field to have some institutions that focus on reproductive health. (Female, MDC)

The increasing dominance of HIV/AIDS-prevention efforts in overall population assistance cited by respondents is evident in Figure 1, which shows that the share of donor expenditures for family planning programs has declined rapidly since about 1998, whereas the share allotted to HIV/AIDS prevention has more than doubled during the same period.[1] In absolute dollars, the amount expended for family planning decreased from $US 723 million in 1995 to $US 461 million in 2003, a decline of 36 percent, compared with expenditures for HIV/AIDS that increased thirteen-fold during the same period (UNFPA 2004).

Respondents noted that the attention being paid to HIV/AIDS prevention has drawn attention and funding away from other areas of public health, particularly child survival. Other concerns that informants saw as competing for funding with family planning included safe motherhood and aging (in some developing countries). They also mentioned the downturn in the global economy that began around 2001 as creating the necessity for donors, particularly private foundations and some developed-country governments, to make difficult choices about the use of their limited resources.

Figure 1 Percent distribution of total population-assistance expenditures, by categories, 1995–2003



Sources: UNFPA 2004:29; United Nations 2005: 10.

The Rise of Political Conservatism

Informants frequently cited the rise of political conservatism as a repressive development contributing to the declining visibility of family planning. In Mauss's framework, this change reflects the fragmentation stage, during which a movement loses its ability to maintain cohesion, cooperation, and compliance.

Although informants recognized USAID as the major donor in the field of family planning, many mentioned the negative impact of recent US government policies concerning family planning programs in developing countries. This impact was a topic of discussion in both focus groups. Some informants asserted that the political Right in the United States has succeeded in spreading a message that equates family planning with abortion, undermining its legitimacy among some groups.

The problem in the US is almost invariably this: You can't just be for family planning; you must be for abortion. And you can't really be for abortion; you must be for abortion rights. And you can't be against abortion; you must be against sexuality. This is really a recent development. (Male, MDC)

Moreover, the reinstatement of the "global gag rule" by the Bush administration was seen by some informants as undermining the family planning activities of NGOs. This policy prohibits US support for family planning from being provided to foreign NGOs that use funding from any other source to provide abortion services (except in cases in which continued pregnancy constitutes a threat to the mother's life or where pregnancy is the result of rape or incest). Organizations that refuse to comply with these restrictions lose access to contraceptive commodities donated by the US government. Furthermore, US NGOs cannot furnish assistance to noncompliant foreign NGOs (Nowels 2003).

Developing countries are trying to do their best, but donors have not fulfilled their commitment to the field. The US policy is a chilling wind blowing around the world. What happens in America can infect and affect what happens

around the world. This [happens] not just by putting restrictions on funding, but also by changing attitudes. (Male, LDC)

The US has a tremendous influence, both psychologically and financially, on family planning programs. (Female, MDC)

Recently published reports and commentaries on the topic of the global gag rule provide examples of several countries in which this policy was implemented and resulted in a decline in available services and contraceptive commodities (Mayhew 2002; PAI 2003; Hwang and Stewart 2004). Paradoxically, the implementation of the policy and its consequences have raised the visibility of family planning internationally as newspapers and other popular media report on the controversy surrounding the policy and its aftermath (for example, see *The New York Times* 2001 and Itano 2003).

Among the focus-group participants, a clear perception was voiced that US politics dominates international aid and that donors, not recipient-country governments or their citizens, often drive funding priorities.

The government of the US dictates the situation—what funding is going to be like. (Female, focus group [FG] 2)

It's easy for policymakers to side with America, [to] keep following what's happening in the US. If America doesn't want it, why should you introduce it? (Female, FG2)

Because we're receiving money, we can't voice the needs of the people. There's no clear articulation of the people's needs. (Male, FG1)

Donor priorities are more politically driven than population driven. The sources of money change as politics change. (Male, FG1)

In a number of countries, including Mexico, Peru, and the Philippines, the influence of religious conservatism on attitudes concerning contraception is rising. Informants depicted the voice of the Church as growing louder, although many commented that the laity seemed to be able to separate their practice of contraception from their faith.

In Latin America, the role of the Church is also important. It hasn't changed substantially and has remained extremely active. . . . It appears, however, that people are able to separate Catholicism and contraception in their minds: they attend church, but they also practice contraception. (Female, LDC)

[T]he Church still has a huge influence in its communities. This definitely affects contraceptive prevalence. (Male, LDC)

Lack of Leadership

When asked about the adequacy and capacity of leadership in the family planning movement, many respondents asserted that family planning had lost visibility among young people who, in years past, were attracted to the movement because it was identified with addressing an important social problem. They are now attracted to fields that are perceived as dealing with more urgent problems, such as HIV/AIDS prevention, safe motherhood, and poverty alleviation. Respondents saw the family planning movement as lacking the new leaders who are needed if it is to move forward and as saddled with a cadre of older leaders who maintain outdated views. Some older, experienced leaders who formerly worked in the family planning field are now working on AIDS, safe motherhood, and other public health issues. Informants cited as contributing to the field's decline the lack of funding for advanced training in the subfields that traditionally have produced family planning leaders, such as demography and public health training in contraceptive service provision. A few informants pointed to the strong opposition from abortion opponents as a disincentive to work in the family planning field.

[P]eople who are potential leaders can look at the issue and say, "Life is short. Do I want to get involved in a really rough-and-tumble battle?" These people play very tough politics. (Male, MDC)

Among institutions, UNFPA was singled out by several respondents for moving away from its leadership role in family planning and contributing to the declining visibility of the field within the United Nations system and internationally.

Even UNFPA is no longer a family planning organization. (Female, LDC)

UNFPA has strayed away from its main agenda. (Male, LDC)

There is no real leadership. UNFPA is a disaster; everyone is focused on HIV/AIDS. (Male, MDC)

A number of informants suggested that the decentralization of health systems has shifted the locus of leadership to the district level in many developing countries.

Some felt that as planning and budgeting for health services are decentralized, family planning is unlikely to receive the attention and resources that it received under centralized systems with strong family planning leaders.

> Family planning programs are now in the hands of governors and municipalities, where resources are limited and the focus is often on other programs, such as immunization. For example, in Mexico, there is no longer access to free contraceptives since family planning is no longer a priority. (Female, LDC)

Potential Future Steps for the Movement

Mauss defined "demise" as the final stage of a social movement, noting that this stage is often not recognized by those within the movement. The stage may even be perceived by insiders as "success" if the movement is seen to have achieved its major goals. Through social cooptation or repression processes, in which the state can play a formidable role, a social movement may become moribund or fragmented or engage with newly emerging movements. Two variations of a movement's demise with implications for its legacy are revitalization, wherein a near-moribund movement after some time experiences a new flare of activity, often in response to the work of relevant interest groups, and "overlaps," wherein a sequel movement assumes some of the activity of the earlier one. Overlapping movements tend to share common objectives and respond similarly to environmental changes more often than do movements undergoing revivals.

Current research on transnational relations suggests the importance of social movements, transnational networks, and international nongovernmental organizations as distinct structural features of collective social change that can influence differentially the pace of growth and decline of international social policy (Tarrow 2001; Loseke and Best 2003; Barrett and Kurzman 2004). These three components affect the ways in which movements conclude or transform themselves into sequelae by institutionalizing activist networks, incentives and resources, and interaction opportunities.

Although they recognized the diminishing visibility of the family planning field, not all of the study's key informants viewed the movement as having reached a stage of demise. When asked how they perceived the future of family planning and its potential actions, their comments and ideas focused on four themes: (1) forming strategic alliances with other movements, in particular HIV/AIDS prevention; (2) redefining or repositioning the family planning message in order to mobilize and strengthen support, especially from the donor community; (3) improving existing services; and (4) nurturing and inspiring new individual and institutional leaders to encourage and enable developing countries to assume future responsibility for the movement. Comments from the key informants and focus-group participants implied that a transnational community for family planning is in place and that either a revitalization of family planning or overlapping movements could emerge in the future.

Forming Synergistic Alliances

Many interviewees commented about the importance of aligning the family planning field with emerging priorities accorded to HIV/AIDS prevention, safe motherhood, poverty reduction, and gender development, as means for expanding its base of support and redefining the field for the twenty-first century. A number of informants commented on the need to develop evidence-based and cogent rationales to link the field to global HIV/AIDS-prevention efforts and to safe motherhood. Some cited the need for evidence from multicountry research showing that risky sexual behaviors, infection transmission, and risky pregnancies could be prevented with contraceptive practice as an entry point for dialogue with other fields. At the same time, many informants recognized that members of their own family planning networks were already engaging in the HIV/AIDS and safe motherhood initiatives as a means of financial survival.

> If you look at the billions spent on AIDS and look at the outcomes achieved—[little success]—this is a thing that can help family planning programs come alive again. Family planning can have a unique opportunity to position itself as contributing to the fight against AIDS, at least in the Africa region. It could cause new attention to be paid to family planning in some ways. (Male, LDC)

> We need to determine the magnitude of maternal mortality and establish an entry point for family planning based on that figure. (Female, LDC)

Others noted the close behavioral connection of HIV/AIDS prevention to family planning and reproductive health more generally as a strong basis for building such an alliance. The dual risk of an unwanted pregnancy and sexually transmitted infection was frequently mentioned as a reason for a natural partnership between the family planning and HIV/AIDS-prevention fields. The

fundamental role of sexual activity for both conception and infection risk cannot be underestimated as an epidemiologic influence on the future course of the family planning movement. Some saw the understanding of how contraceptive practice related to environmental degradation, economic growth, and family formation as requiring in-depth technical knowledge and skills. In contrast, they were more readily able to frame sexual activity as a common behavioral connection for both family planning and HIV / AIDS actors.

> The AIDS epidemic is affecting family planning severely in Africa. . . . [R]esources and attention are being diverted, but there are still needs for family planning service. . . . It's the same act that results in pregnancy as well as disease, so both family planning and AIDS can and should be handled together. (Male, MDC)

> When [family planning] is part of reproductive health, and we try to reduce AIDS, the abortion rate, teenage pregnancy, in the past 20–30 years, family planning is still the leading policy initiative. These efforts have the benefit of what we've done in the past. (Male, LDC)

Redefining the Message

Informants frequently mentioned the need to redefine and reposition the message of family planning to mobilize support among policy and program decisionmakers who have entered the field in the past ten years. Because neither family planning nor reproductive health is an explicit objective of the Millennium Development Goals, respondents from advocacy organizations commented often on the loss of focus. Suggestions for recasting of the central message of family planning revolved around several subthemes: (1) addressing an unfinished agenda of unmet contraceptive need, unwanted fertility, stalled fertility decline, and commodity security; (2) highlighting the benefits of family planning for preventing abortion and improving women's status and health; and (3) demonstrating how uniform access to contraceptive services can reduce social inequity. One such effort materialized in February 2005 in the form of a conference in West Africa, "Repositioning Family Planning" (Advance Africa 2005), which highlighted unmet need for family planning among more than 100 million women worldwide and demonstrated that levels of unmet need are highest in sub-Saharan Africa.

> Fertility declines may well stall, and this will be a widespread phenomenon. (Male, MDC)

> [It's] not clear what the cause is, but levels of unmet need are high and growing in some countries. People may not be getting family planning services; resources may be lacking. People in Africa often prefer injectables and pills, but programs are promoting condoms, so they're not meeting the needs and preferences of people. (Male, LDC)

> I don't think family planning is sold enough in terms of reducing abortion. The pro-lifers don't look at it that way or don't understand. As contraceptive use goes up, the abortion rate goes down. Someone who is against abortion, why wouldn't they support family planning? These are the same people who are fighting for human rights. I see them as not fighting for women's rights. (Female, MDC)

Several informants, primarily ones from developing countries, commented upon the significance of family planning for social and economic development. These informants cited the risks of increased poverty, poor health, and higher mortality as consequences of high fertility and population growth rates. Developing-country informants were also the strongest articulators of the need to redefine the family planning message in order to preserve the field.

> [I see] a strong need to repackage family planning to make the messages relevant to development and poverty alleviation. (Female, LDC)

> The population theme is both a threat and an opportunity. It needs to be better utilized, not for Malthusian reasons, but in order to rise above poverty. (Female, LDC)

> I don't think that any field of development has experienced such success. I don't look at success in purely demographic terms. In measuring success, I speak of the final emergence of the woman from behind the mother. Women are finally having roles besides being mothers. (Male, LDC)

Improving Contraceptive Service Delivery

Many informants remarked upon the need to improve the capacity and functions of family planning programs. These improvements were seen as a means to increase support for family planning programs and contraceptive prevalence.

> We must work so they have better access. . . . [O]rganizations need to be strengthened and in-

corporated into health services. . . . [T]he logistics and delivery system at the country level is not working. (Male, LDC)

Much more can be done. By doing the basics, what we know how to do, we could see a 15–20 percent increase in contraceptive prevalence in a three-to-five-year period in many places around the world. (Male, MDC)

Interestingly, among participants, furthering advancements in contraceptive technology was not a popular approach to mobilizing and revitalizing family planning program efforts.

New leads in contraceptive development are not as promising as you'd like to see. What has to happen to create something that is fundamentally new is not likely to happen in the near future. . . . There is nothing in the foreseeable future that radically alters the mix of what we can present to women and men in developing countries. (Male, MDC)

We have the perfect male method already; it's called vasectomy. The popularity of vasectomy is just not there. . . . Asking a woman to keep taking any type of hormonal contraceptive, use an IUD, undergo a major surgery is a gender-equity issue, especially when contraceptive failure is so high. . . . I think the gender-equity issue is still going to be there, but it's not going to be resolved by a technological breakthrough. (Male, MDC)

A notable subtheme emerging from suggestions for improving contraceptive services was ensuring contraceptive security, that is, ensuring the capacity of local providers to forecast, budget for, and acquire contraceptive commodities from the international marketplace or from sponsoring donor organizations.

Financing for contraceptive supplies is an issue and already a serious problem in many countries. (Male, LDC)

New Leadership

Widespread consensus exists that addressing acute inadequacies in developing-country technical capacity for program development and research, especially in the areas of management and leadership, should be a priority for a revitalized movement. The loss of capacity of trained and skilled clinicians also was mentioned frequently among the respondents.

The number-one constraint is human capacity, even more than money. (Male, LDC)

Commodities go away, supplies expire, but investing in human capital is an investment that . . . pays very good dividends, and it continues to pay. (Male, LDC)

The brain drain is very, very heavy. Nurses are going to developed countries; doctors are leaving, going to NGOs. They leave an organization working on family planning to go some place that is not [working on it]. (Female, LDC)

[The] field is now largely dominated by people whose focus, post-Cairo, is women's health. Leadership that had largely been male and motivated by demographic interests is now more female and motivated by considerations of women's health, including safe motherhood and reproductive tract infections. (Male, MDC)

We also detected in the comments of key informants from developing countries a clear recognition of the influence that international donor organizations have on advancing or eroding support for family planning. For example, while identifying USAID and UNFPA as the two most influential organizations in the family planning field, a senior Nigerian health official commented, "The national population program in Nigeria lost great momentum after the country's USAID decertification. . . . Donors need to form effective partnerships and collaborations, particularly across national and international lines." A senior population and development policy analyst in an Asian country that has experienced fertility transition commented, "We need more cooperation from donors . . . . [W]e still need cooperation from the Population Council, the International Planned Parenthood Federation, the Centers for Disease Control, and UNFPA."

Although respondents saw international donors as influential, many asserted that the burden of responsibility for the support of family planning programs will increasingly rest with developing-country governments and indigenous NGOs. Local leadership was seen as crucial for framing the message of the family planning movement, mobilizing resources, and coordinating with allies nationally and internationally. Some of the senior key informants emphasized that leadership must evolve internally and through South-to-South development.

Donors will gradually withdraw and expect that the government will be in the driver's seat. (Female, FG2)

If donors are going to withdraw, we need to know how to use money efficiently, how to finance family planning programs. (Male, FG2)

I think that most [developing] countries are trying hard to avoid this crisis. I think that the expenditure on family planning [today] compared [with that of] 30 years ago, when it was mainly donor driven, is coming mainly from the countries. However, donors need to fill in the gaps. (Male, LDC)

Governments need to be committed enough to ask for funding. . . . We [developed countries] can help, but ultimately it has to come from within. (Female, MDC)

That a critical mass of new leaders will emerge and mobilize within or across developing countries is not guaranteed in the view of the younger focus-group participants. As one participant stated, "We have managers, not leaders." The participants identified quality-of-care issues in family planning as more salient than broader policy and financing issues. Still, a consensus was observed that not enough committed family planning leaders exist and that community-based leadership, as well as affiliation with international organizations, was increasingly important.

When people cry out, the government moves. We need grassroots leaders, people who will move people, work against the current, against the bureaucracy. Those are the people who would make change. (Female, FG2)

I'll be more effective . . . if I'm involved with international organizations. . . . It gives me acceptance and authenticity. (Female, FG2)

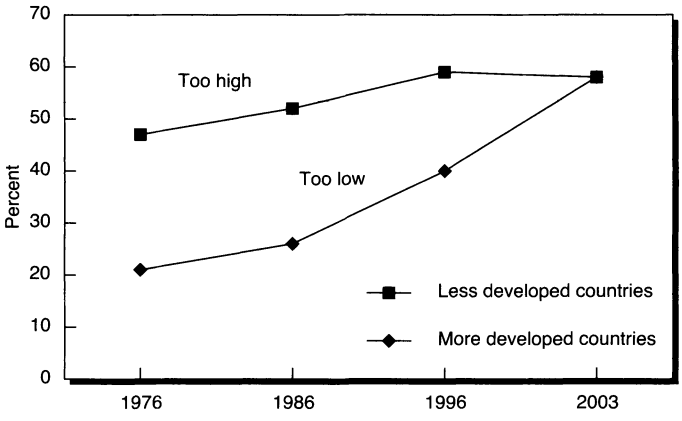
The perceived need for new and renewed leadership is symptomatic of a mature and successful social movement. Mauss points out that leadership requirements tend to change as movements evolve; the charismatic leaders necessary for mobilizing initial action become less necessary, whereas those with organizational and technical skills become more important. Whether the leadership capacity to sustain the family planning movement is forthcoming depends on both developed- and developing-country actions. Governments of developed countries must remain active bilateral donors, at least for the foreseeable future. Governments of developing countries must take on leadership functions, particularly in framing family planning messages to be used locally, and they must assume responsibility for providing local contraceptive services.

Conclusion

When it began, the family planning movement was seen as the means for solving the globally perceived social problem of rapid population growth. Currently, the view of population insiders is that the redefinition of that social problem in terms of reproductive health has caused popular awareness of population growth to ebb because issues of reproductive health do not carry the same political force of a developmental disaster or disease epidemic (see also Kantner and Kantner 2004). "Policy will go even further away from family planning; . . . [population growth] is no longer viewed as a social problem" (female, MDC). Fertility transitions in the developing world also seem to some observers as all but inevitable, an attitude reflecting a confidence that the population growth problem has been solved. A concurrent rise in concern about population "exhaustion" through negative growth in developed countries has focused interest on how fertility rates are perceived, especially because international donors tend to represent the governments of countries experiencing below-replacement fertility. Indeed, the population concerns of less developed and more developed countries are increasingly divergent; in 2003, almost 60 percent of less developed countries reported that their fertility rate was "too high," whereas the same proportion of more developed countries reported that their level of fertility was "too low" (see Figure 2).

In the post-Cairo era, many insiders have concluded that family planning no longer holds a central position in the reproductive health paradigm and that the development message has grown diffuse. Family planning is now required to compete for resources against other de-

Figure 2 Percentage of governments, by their reported position on their fertility levels, 1976–2003



Source: United Nations 2004: 26.

velopment objectives, such as safe motherhood and child survival, infectious disease control, especially of HIV/AIDS, and adolescent and gender development. A decade after Cairo, the international development discourse is oriented toward the Millennium Development Goals in which the reduction of poverty, HIV/AIDS, maternal mortality, and illiteracy figure prominently and dominate transnational discourse and financial allocations. Arguably, the Cairo redefinition of the population problem may have rendered reproductive health a short-lived social movement (Gillespie 2003).

The perspectives of the various key informants interviewed for this study reflect the characteristics of a movement in its final stage. Nevertheless, the informants' comments do not indicate broad acceptance of the movement's demise, although denial can be symptomatic of its having entered this stage. Concrete evidence of demise may not emerge until the entire history of international family planning is written.

The usefulness of the social movement framework lies in helping observers identify stages and transitions that transform movements as they progress toward their conclusion. The longevity and success of the family planning movement leave a rich legacy of transnational infrastructure, mostly in the form of human capital—providers whose quality is enhanced by technical training. The movement also offers organizational capital in the form of numerous nongovernmental organizations with highly developed and institutionalized norms and protocols for managing health and social welfare programs. National policies that are consistent with the norms of the movement are in place, as is a well-defined set of global beliefs and values that can motivate the world community to act on the alleviation of poverty and the improvement of public health. This transnational capacity is formidable; it awaits cooptation by contemporary movements with a shared mission, including that which is currently recruited into the service of HIV/AIDS prevention and other fields. Should such cooptation occur, the family planning movement would follow the "sequel" model described by Mauss, overlapping with other movements that have similar objectives.

Alternatively, the movement may be re-energized, if family planning is significantly repositioned in the ways suggested by the key informants, following Mauss's second option of "revitalization." As the population concerns of the faster-growing less developed countries diverge from those of the slower-growing or shrinking more developed countries, the movement seems likely to become concentrated in those countries and regions where contraceptive needs are greatest. Ironically, in countries that have been the strongest supporters of the movement, policymakers and others are increasingly turning their attention to the consequences of negative population growth, and many now promote schemes intended to increase fertility levels internally. The role of international migration—mostly from the less developed to the more developed countries—in mitigating the effects of low fertility has made clear that the consequences of population trends transcend national boundaries. Under either the sequel or revitalization model, the international family planning movement will be substantially changed in the future, likely defined by the capacity and commitment of leaders from those populations with the greatest contraceptive needs.

Note

1 Figure 1 reflects assistance for population activities provided by donors (donor countries, multilateral organizations and agencies, private foundations, and other international NGOs) through bilateral, multilateral, and NGO channels.

References

Advance Africa. 2005. Conference in Repositioning Family Planning. <http://www.advanceafrica.org/RAC/>. Accessed 23 June.

Ayodele, Thompson. 2004. "Population and false conceptions." *This Day (Lagos)*. 2 March.

Barrett, Deborah and Amy Tsui. 1999. "Policy as symbolic statement: International response to national population policies." *Social Forces* 78(1): 213–233.

Barrett, Deborah and Charles Kurzman. 2004. "Globalizing social movement theory: The case of eugenics." *Theory and Society* 33(5): 487–527.

Birdsall, Nancy and Steven W. Sinding. 2003. "How and why population matters: New findings, new issues." In *Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World*. Eds. Nancy Birdsall, Allen C. Kelley, and Steven W. Sinding. Oxford: Oxford University Press. Pp. 3–23.

Bongaarts, John, W. Parker Mauldin, and James F. Phillips. 1990. "The demographic impact of family planning programs." *Studies in Family Planning* 21(6): 299–310.

Bulatao, Rodolfo A. 1998. *The Value of Family Planning Programs in Developing Countries*. Santa Monica, CA: RAND.

Caldwell, John C., James F. Phillips, and Barkat-e-Khuda. 2002. "The future of family planning programs." *Studies in Family Planning* 33(1): 1–10.

Cayon, Manuel T. 2004. "Muslim religious leaders rule: Families may now plan babies." <http://www.abs-cbnnews.com>. Accessed 11 March.

Central Bureau of Statistics (CBS), Kenya, Ministry of Health (MOH), Kenya, and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003*. Calverton, MD: CBS, MOH, and ORC Macro.

Demeny, Paul. 2003. "Population Policy: A Concise Summary." *Policy Research Division Working Papers* No. 173. New York: Population Council.

Feyisetan, Bamikale and John Casterline. 2000. "Fertility preferences and contraceptive change in developing countries." *International Family Planning Perspectives* 26(3): 100–109.

Finkle, Jason L. and C. Alison McIntosh. 2002. "United Nations population conferences: Shaping the policy agenda for the twenty-first century." *Studies in Family Planning* 33(1): 11–23.

Frank, David, Ann Hironaka, John Meyer, Evan Schoefer, and Nancy Tuma. 1999. "The rationalization and organization of nature in world culture." In *Constructing World Culture: International Nongovernmental Organizations since 1875.* Eds. John Boli and George Thomas. Stanford, CA: Stanford University Press. Pp. 81–99.

Germain, Adrienne. 2000. "Population and reproductive health: Where do we go next?" *American Journal of Public Health* 90(12): 1,845–1,847.

Gillespie, Duff. 2004. "Whatever happened to family planning and, for that matter, reproductive health?" *International Family Planning Perspectives* 30(1): 34–38.

Harbison, Sarah F. and Warren C. Robinson. 2002. "Policy implications of the next world demographic transition." *Studies in Family Planning* 33(1): 37–48.

Harkavy, Oscar. 1995. *Curbing Population Growth: An Insider's Perspective on the Population Movement.* New York: Plenum Press.

Hodgson, Dennis and Susan Cotts Watkins. 1997. "Feminists and neo-Malthusians: Past and present alliances." *Population and Development Review* 23(3): 469–523.

Hwang, Ann C. and Felicia H. Stewart. 2004. "Family planning in the balance." *American Journal of Public Health* 94(January): 15–18.

Itano, Nicole. 2003. "Africa's family-planning funding drought." *The Christian Science Monitor*. 5 November.

Jacobson, Harold. 2000. "International institutions and system transformation." *Annual Review of Political Science* Volume 3: 149–166.

Kantner, John and Andrew Kantner. 2004. *The Paradigm Lost: The Uncertain Future of International Population Assistance.* Unpublished.

Kavuma, Richard M. 2004. "Children: Should we have more or fewer?" *The Monitor (Kampala)*. 2 March.

Keck, Margaret and Kathryn Sikkink. 1998. *Activists Beyond Borders: Advocacy Networks in International Politics.* Ithaca: Cornell University Press.

Loseke, Donileen R. and Joel Best (eds.). 2003. *Social Problems: Constructionist Readings*. New York: Aldine de Gruyter.

Luke, Nancy and Susan Cotts Watkins. 2002. "Reactions of developing-country elites to international population policy." *Population and Development Review* 28(4): 707–733.

Mauss, Armand. 1975. *Social Problems as Social Movements.* Philadelphia: J. B. Lippincott.

Mayhew, Susannah H. 2002. "Donor dealings: The impact of international donor aid on sexual and reproductive health services." *International Family Planning Perspectives* 28(4): 220–224.

Menken, Jane, Ann K. Blanc, and Cynthia B. Lloyd (eds.). 2002. *Training and Support of Developing-Country Population Scientists. A Panel Report*. New York: Population Council.

Meyer, John and Ronald Jepperson. 2000. "Actors of modern society: The cultural construction of social agency." *Sociological Theory* 18(1): 100–120.

Morgan, S. Philip. 2003. "Is low fertility a twenty-first-century demographic crisis?" *Demography* 40(4): 589–603.

Musallam, Nada S. 2004. "It pays to have more children!" *Khaleej Times Online.* <http://www.khaleejtimes.com/Displayarticle.asp?section=theuae&xfile=data/theuae/2004/march/theuae_march329.xml>. Accessed 14 March.

The New York Times. 2001. "World women may hurt from aid cuts." *The New York Times*. 1 February.

Nicholson-Lord, David. 2003. "Stop worrying, just interact: Observations on population." *New Statesman* 21 July. <http://www.newstatesman.com/200307210006>.

Nowels, Larry. 2003. *Population Assistance and Family Planning Programs: Issues for Congress. Issue Brief for Congress.* Congressional Research Service. Washington, DC: Library of Congress.

Population Action International (PAI). 2003. *Access Denied: US Restrictions on International Family Planning.* The Global Gag Rule Project. Washington, DC: Population Action International.

Roy, Bhaskar. 2004. "Condom vending machines to save men the blushes." *Times New Network*. 7 March.

Seltzer, Judith R. 2002. *The Origins and Evolution of Family Planning Programs in Developing Countries*. Santa Monica, CA: RAND

Sinding, Steven W. 2000. "The great population debates: How relevant are they for the 21st century?" *American Journal of Public Health* 90(12): 1,841–1,845.

Singh, Susheela, Jacqueline E. Darroch, Michael Vlassoff, and Jennifer Nadeau. 2003. *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care.* New York: Alan Guttmacher Institute and UNFPA.

Tarrow, Sidney. 2001. "Transnational politics: Contention and institutions in international politics." *Annual Review of Political Science* 4: 1–20.

United Nations. 2003. *Fertility, Contraception and Population Policies.* New York: United Nations.

———. 2004. *World Population Policies 2003*. New York: United Nations

———. 2005. "The flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development." Report of the Secretary General. E/CN.9/2005/5. New York: United Nations.

United Nations Population Fund (UNFPA). 2004. "Financial resource flows for population activities in 2002." New York: UNFPA.

Acknowledgments

The authors wish, first, to thank all key informants and focus-group participants, who willingly gave their time to share their opinions with us and, second, to thank Angela Bayer, Merrick Wright, Monique Hennick, and Rob Stephenson for their assistance in conducting the key-informant interviews and focus-group discussions. This study was conducted under the auspices of the Bill and Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health.