Demography India
Vol. 21, No. 1(1992), pp. 1-5

George Zeidenstein

Getting it Right

THE field of international population activities was nascent in 1952 and IPPF and the Council were among its midwives. It took courage back then to talk openly about family planning programs and contraceptives. Even today at gatherings such as the recent global environment conference in Rio, political controversy made it expedient to trade the plain and important words, "contraception" and "family planning", for foggy euphemisms. But *now, foggy euphemisms will not do.* It is high time that, we should express our unambiguous commitment and resolute affirmation of a proposition that has too often been tost or set aside in the fury of our concern to resolve broad and important population issues. That proposition is this: Family planning programs are for reproductive freedom, *not* for government control of reproduction; they are for empowering women to take charge of their reproductive functions, *not* for empowering governments to take charge of women. This proposition is not new. In fact, as the IPPF-inspired book *Motherhood by Choice,* makes clear, this proposition was the *original* reason for advocating family planning programs. What is needed today is that we *return* to this shining rationale with straightforward dedication and unembarrassed passion.

Family planning programs must be seen and operated *as a service,* a service to *individuals and couples* who want not to become pregnant, a service intended to help these individuals and couples achieve their personal desires about chiidbearing and about family size. Accordingly, the operating standards and goals of family planning programs must be to *enhance the well-being* of individuals and couples to whom contraceptives are offered. Correspondingly, family planning programs must be designed, implemented, and evaluated so as to provide the highest possible quality of service—as perceived by those to whom the service is addressed. When it is said "highest possible" it is understood that what is *possible* at various times and places is not always ideal. The best ought not to become the enemy of the good. However, it is important to strive *constantly* for improvement.

Whether our larger *population* concerns are for economic development, or for environmental protection, or for improvement of the public health, or for other global or national worries, *family planning programs must please the individuals who are their clients.* Thereby, they will provide a service worthy of our humanity. Additionally, the best research and experience shows that at the same time such user-oriented family planning programs

* Mr. George Zeidenstein was till recently President of the Population Council, One Dag Hammarskjold Plaza, New York, N. Y. 10017. Curently he is Advisor on Population Studies at Harvard University, USA.

will secure the long-term use of contraceptives, and will attract ever increasing numbers of new clients, the two requirements that are most essential to successful resolution of the larger population concerns. All of this is what I mean by the title "Getting it Right."

Steven Sinding (1992) demonstrated in his paper that there is no inconsistency between user-oriented, demand-driven family planning programs and achievement of broader demographic objectives. Similarly John Bongaarts (1992) showed in *his* paper that if all *unwanted* pregnancies arc avoided, we can hope for stabilization of developing country populations at about 7.8 billion persons a century from now, rather than a final developing country number that is more like 10 billion.

Work in which the Population Council is collaborating with an array of developing country colleagues is showing that family planning program services are a mixture of increasing strengths and stubbornly resistant weaknesses. Increasingly, contraceptives are being made available to clients in greater variety, quantity, and quality. But programs continue to be inadequate in the compassion and respect shown to clients, and in the transmission of understandable, useable information. Insufficient or poorly conveyed information iivthe continuing presence of the customary sorts of demographic targets stretch the line between voluntary and coerced acceptance of contraception exceedingly thin; acceptors who feel uninformed or under-informed, demeaned or coerced, are often early discontinues.

The way to avoid unwanted pregnancies, is with family planning programs that are responsive to the perceived needs to clients. Good quality of care and responsiveness to clients is possible and practical. Examples of family planning programs headed in the right direction are highlighted in the fairly new Population Council publication: *Quality/ Calidadi / Qualite.*. Thus far, the Council has published four issues entitled:

- *Celebrating Mother and Child on the40thDay: The Sfax, Tunisia Postpartum Pro gram;*
- *Man/Hombre/Homme: Meeting Male Reproductive Health Care Needs in Latin America;*
- *The Bangladesh Women s Health Coalition;*
- *By and For Women: Involving Women in the Development of Reproductive Health Care Materials.*

These examples demonstrate that there is nothing impractical about user-oriented family planning programs. There is everything to be gained and nothing to be lost by turning all of our family planning program energies toward user-orientation.

All of us in international agencies, nongovernmental organizations and concerned governments need consciously to move the focus of family planning programs from preoccupation with demographic targets to concentration on the *quality and range* of services delivered; family planning programs have been *expanded in many directions.* They have been *enriched through broadened associations with other interests.* For examples:

• From the six-point framework devised by Judith Bruce and Anrudh Jain ( ) of what it means to provide good quality care in family planning programs, thinking and activity have expanded and spread worldwide. Concepts and research tools have been developed to

define and assess quality of care given and received. Experimentation with service design has been encouraged and is underway in several places. Noteworthy efforts are being documented and disseminated so that others may use them.

• The Safe Motherhood Initiative, in which IPPF, the Population Council, WHO, UNICEF and many of the other organizations are active partners, is mobilizing work to reduce maternal mortality and morbidity related to childbirth. Provision of good quality family planning services is one of the Initiative's goals, along with good quality prenatal care, trained assistance during labor and delivery, and access to competent medical service inadequate and antiseptic facilities for treatment of obstetric complications and provision of safe abortion.

• The 1987 conference called Better Health for Women and Children Through Family Planning assembled and disseminated widely a body of research, data, and analyses that is still expanding to demonstrate the health dangers to developing country women and their children from frequent pregnancies.

• Postpartum research is exploring new ways to promote breastfeeding and provide a range of contraceptive choices to meet the needs of women following childbirth. It appears that there are frequent situations in which the days just after delivery of the baby are not the best for beginning contraception.

• There is increasing recognition of the need to incorporate prevention services against reproductive tract infections and sexually transmitted diseases, including AIDS, in primary health care facilities, including maternal-child health and family planning program clinics.

• Family planning programs and abortion services are seen to be interrelated in several ways including prevention of unwanted pregnancies through safe and effective contraception, and provision of effective and caring post-abortion contraceptive counseling. In New York, when abortion became legal, case loads for contraceptive services increased dramatically. Many of these new contraceptive users were post-abortion. There were also many who sought contraception after coming to the clinic for an abortion and learning that they were not, in fact, pregnant!

• The incidence of adolescent pregnancies—children having children—is a deepening worldwide concern. Conferences, research, and service programs, especially among IPPF affiliates, have focused on ways to enhance the self-image of teenage girls, introduce them to effective ways to prevent early, often life-threatening, pregnancy, and empower them in their relations with men and boys whose egos and pride are burnished at the expense of these girls and their resulting children.

• Involvement of men in *parenting* is increasingly recognized as an important component of successful family planning programs. Men as users of condoms or choosers of vasectomy or providers of support and encouragement of their women partners can make an enormous positive difference. Their opposition can create misery. Responsible fatherhood is a concept we must hear more and more about in the years ahead.

Perhaps it is time for a bill of rights to be considered on behalf of the clients of family planning programs, to include at a minimum the following items :

• balanced information on contraceptive choices;

• a *range* of contraceptive choices, including reversible and permanent, self-employed and provider-dependent methods;

• freedom to try out a method and switch to another that suits them better or to no method as their needs or preferences change;

• competent and sensitive counseling at the time of contraceptive acceptance throughout the period of use;

• access to trained and skilled service providers and other medical and health workers to insure that provider-dependent contraceptives are inserted and removed under aseptic and professional conditions; and, more generally,

• staff who are trained, monitored, and supported; supplies that are adequate and reliable; followup that promises long-term satisfaction, inducting timely removal of long-acting methods.

Along with the vision and the attitudes that I have bled to discuss in this paper, funding is a central requirement for "Getting it Right." At current levels, the funds allocated for international population activities are insufficient to secure the level of family planning program achievement that our knowledge and our networks are capable of providing. The blunt fact is that the field of international population activities requires more money.

The United Nations Population Fund in collaboration with the Population Council and AJD has documented the funding requirements. The analysis shows that the 1990's cost of contraceptives required, if purchased in the international market, will be about US$5 billion *excluding service delivery costs.* From an annual cost of US$399 million in 1990, the yearly bill for contraceptives *alone* will *nearly double* to $627 million by the year 2000.

An important point to be made regarding funds for international population activities, is that those funds must not be diverted to other development sectors. Even though population activities are often most successful when they are integrated with other development activities, each of the distinct components must be supported with clearly identified sectoral funds. Thus, if family planning program activities are best when integrated with reproductive health services, health budgets should finance the latter just as population budgets pay for the former. And v/hen we in the population field note the impact of successful development activities on the *demand* for services that family planning programs seek to *supply,* the implication is that funds allocated to those other development sectors should be spent with greater awareness of and attention to their influence on demographic behavior—not that population funds should be diverted to the other development sectors.

A measure of the importance of keeping these sectoral allocation matters sorted out is provided by the accounts of the donor countries' international assistance activities. The figures as compiled by the Organization for Economic Cooperation and Development are startling. *Less than 0.9% of official development assistance—ODA—is currently allocated to international population activities.* The balance of 99.1% is divided among the *other* development sectors. Thus, when we seek a doubling or trebling of population funds, we are asking for less than 3% of ODA; less than 3% of ODA to achieve a significant lightening of the burden of rapid population growth that hinders the effectiveness of all assistance funds that the donor countries invest in the other development sectors.

The years immediately ahead are pivotal in the field of population activities. Actions taken or not taken between now and the end of this century will have far-reaching consequences. Depending on what we do or fail to do in the next eight years, the burdens exerted by rapid population growth in poor countries will be heavier or lighter in the upcoming century; they will be more or less bearable depending on how we act now. Our field of international population activities has learned from experience how to deliver humane and effective family planning program services that will satisfy the needs of individuals and couples, and, at the same time, will achieve the moderation in population growth rates that the world needs so badly. More funds are required, but, in relative terms, these requirements are modest. We must marshall the will, and the dedication, and the creativity of the people involved in family planning to raise the funds and deliver the quality of services that are required to "get it right."

References

Sinding,Steven(1992)
Bongaarts, John (1992)
Bruce, Judith and Jain, Anrudh ( )