

The Politics of Family Planning

CHAPTER

23

Voluntary family planning is an important health measure. Availability of fair and trustworthy services makes a big difference to the health of women, families, communities, and nations.

It is important to instruct health workers on how to explain the use of different family planning methods (see Chapter 20 of *Where There Is No Doctor* or Chapter 13 of *Where Women Have No Doctor*). It is equally important to help them gain an understanding of the many complex attitudes about birth control (see Chapter 7 of *Health Actions for Women*). On this issue, the real needs and wishes of the people—especially of women—are often ignored or forgotten.



Many who represent the economically powerful see the “population explosion” (rapidly growing number of people) as the main cause of poverty and

hunger in the world. They say the answer lies in making sure that the poor have smaller families. By blaming the poor for having too many children (rather than the rich for having more than their share of land, food, and resources), these persons avoid facing the need for social change. They focus on the “population problem” to avoid looking closely at the “distribution problem.”



Many social leaders say birth control is a weapon used by the powerful to control and regulate the poor. They insist that large families are a

response to poverty, not the cause of it. There is some truth in what they say. But unfortunately, social leaders sometimes make it appear that all family planning works against the interests of the poor. This is not true. Child spacing can be very important to family health—when it is the parents’ informed decision. It can also help women gain greater freedom and equality.

Dishonesty occurs on both sides. Those who promote population control often do not inform people adequately about the risks. On the other hand, those who oppose population control often exaggerate the risks. Even those who object to certain family planning methods for religious reasons sometimes find it easier to influence people with the fear of cancer than with the fear of God.



In the political battle over birth control, the wishes of the poor are often forgotten.

In considering family planning methods, health workers must help people remember that all medicines have some risks. **For each person, the risks need to be weighed against the benefits.** Even aspirin, which is considered harmless enough to sell without prescription, causes ulcers and even fatal bleeding in some persons. Yet nobody protests the huge sales promotion of aspirin, because it is not a political, religious, or women's rights issue.



CHILDREN OF THE POOR—A BURDEN OR A BENEFIT?

The poor are often made to feel guilty or irresponsible for having many children. Posters and radios tell people, *The small family lives better*, and advise them to *Have only the number of children you can afford*.

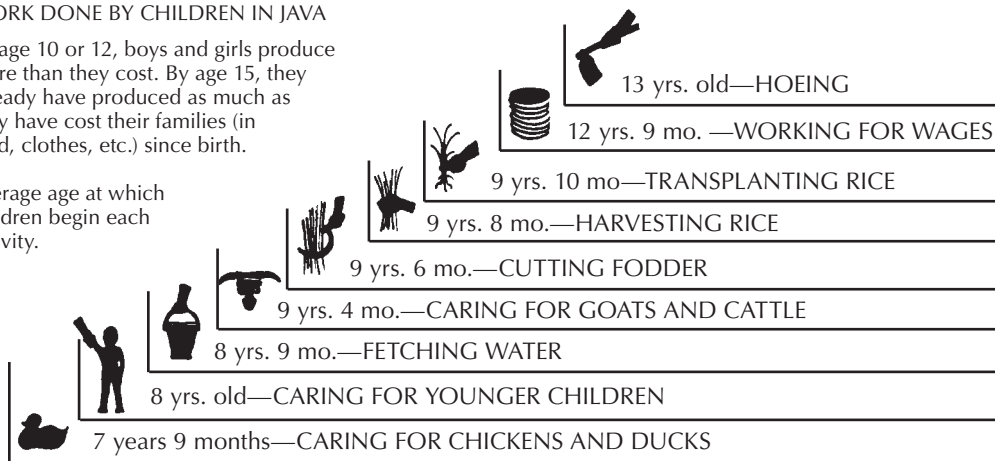
Yet **for many poor families, to have many children is an economic necessity.** For rural families, especially, children are a valuable source of low-cost labor. This study from Java (adapted from *Population and Development Review*, September, 1977) shows how much children can do.

WHY THE POOR NEED CHILDREN

WORK DONE BY CHILDREN IN JAVA

By age 10 or 12, boys and girls produce more than they cost. By age 15, they already have produced as much as they have cost their families (in food, clothes, etc.) since birth.

Average age at which children begin each activity.



Even in some cities, by working, begging, and stealing in the streets, children sometimes earn more than their parents, who are underpaid and often unemployed. Especially as parents grow old, become ill, and can no longer work hard themselves, having many children may be their best guarantee for getting enough to eat.

In many cases, having a small family is a privilege that only persons with a certain amount of economic security can afford. In wealthy countries, most men and women choose to have few children. By contrast, in those poor countries where poor people have few guarantees, family size usually remains large—in spite of millions spent on family planning. But studies have shown that **in poor countries where resources have been more fairly distributed, and where employment, housing, and care for the sick and old are guaranteed, people usually choose to have smaller families.*** Also, where women have equal access to educational opportunities and jobs, they see their future as more than just producing babies. In Cuba, for example, the birth rate has decreased remarkably, even though the Cuban government does not emphasize family planning.

Most people will choose to have small families only when they have a basic amount of economic security.

SELLING FAMILY PLANNING TO THE POOR

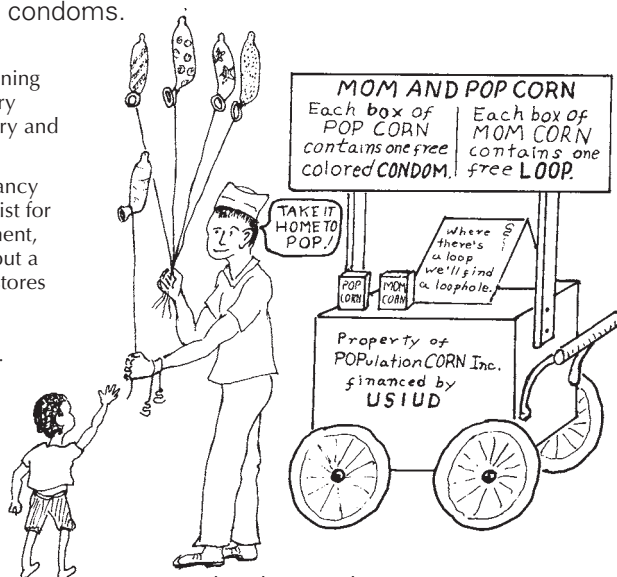
Governments and foreign agencies have tried many tricks to get the poor to have fewer children. These have included the use of incentives (gifts of food or money) to people who accept family planning. **But the use of incentives invites abuse.** In some countries, women sign up for birth control pills at several different centers in order to collect more gifts. A report from Bangladesh claimed that so many birth control pills had been thrown into a stream that the fish population dropped!

In some countries, a negative incentive or punishment is used. Tax credits or free schooling may be refused to families that have more than 3 or 4 children. In other countries, commercial marketing techniques are used, including songs on the radio and the distribution of bright-colored condoms.

Some tricks used to promote family planning are insulting or offensive. But others are very clever or amusing, and help take the mystery and embarrassment out of family planning.

Many couples who want to avoid pregnancy are too shy to ask a health worker or druggist for contraceptives. To remove this embarrassment, health planners in Thailand have tried to “put a smile into family planning.” Large signs in stores advertise *CABBAGES AND CONDOMS*. Police are given free contraceptives in a campaign known as *COPS AND RUBBERS*. Contests are held in which boys blow up condoms like balloons. (He who blows the biggest wins a free pack for his father!)

As a result of these efforts, Thailand reports the biggest drop in birth rate in Asia (except for China). Today condoms are also promoted in Thailand to prevent the spread of HIV. But each country needs to evaluate how these methods relate to people's traditions and dignity.



Commercial marketing techniques sometimes go too far. Discuss with your students how what is shown here might influence or offend different persons.

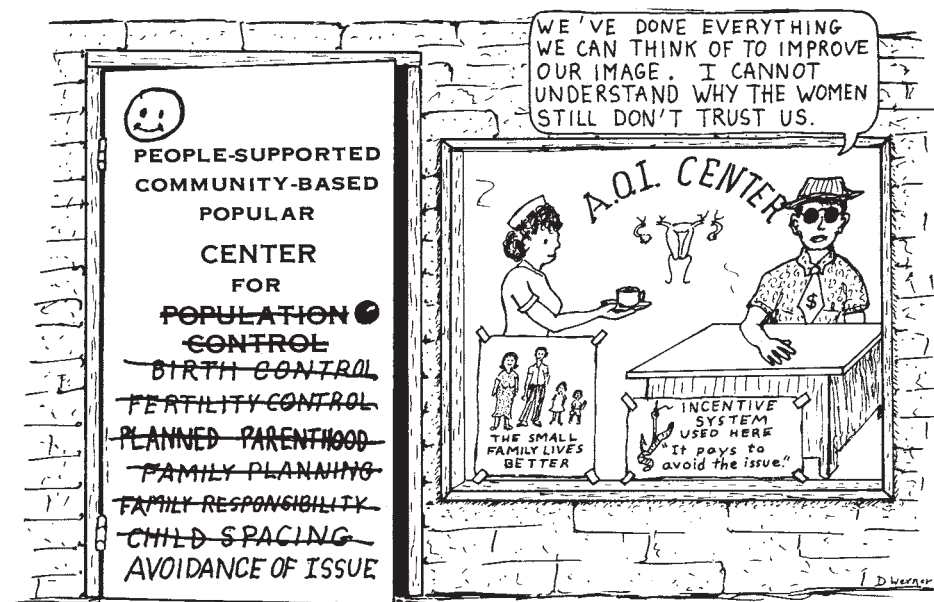
*From *Contact 30: Family planning to benefit whom?*, 1975

The quota system—and the problems it creates

To meet their goals for “number of couples controlled” by a family planning campaign, many health ministries have introduced a **quota system**. Every month, each medical officer or health worker is required to recruit a certain number of new birth control “accepters.”

Such quotas frequently lead to abuses. People are seen as numbers. Couples are often pressured into planning their families against their will. In Latin America, mothers have been refused medical care for their sick babies until they agree to use contraceptives. In Asia, young women and teenage boys have been sterilized by force so that authorities could meet their quotas!

Trying to force, bribe, or shame people into family planning breeds anger and distrust. Many women who do not want another child end up getting pregnant because they do not trust family planning programs. In Mexico, Project Piaxtla had a voluntary birth control program long before the government approved family planning. Many couples were interested and became involved. But since the government started its family planning campaign, the number of couples planning their families in the Piaxtla area has dropped to less than half. People have grown distrustful.



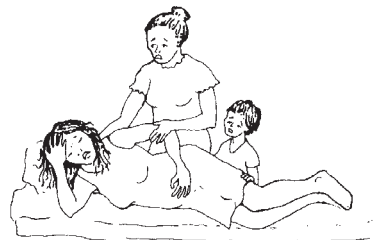
An attempt has been made to “clean up” the image of population programs, to make their objectives seem less political, more personal, and more health oriented. But the big questions remain: *To what extent are family planning efforts an attempt to control the poor? To what extent are they an attempt to strengthen the social position of the poor?* These are questions that health workers in community-based programs urgently need to consider and discuss.

So far in this chapter, we have discussed the abuses and problems connected with certain approaches to family planning. The distrust that has resulted can only be overcome by uncovering the truth. **Health workers need to be well informed to effectively help people with family planning.**

FAMILY PLANNING ON THE PEOPLE'S TERMS

It is important that health workers recognize and discuss the various ways that birth control—as a tool of a well-informed people—can help meet the needs of the poor and strengthen their social position.

- Many women want to avoid another pregnancy. The large number of unsafe abortions in many countries speaks to this. To prevent the complications and dangers of unsafe abortions, abortion must be legal and accessible. And it is also important that people trust and can use family planning services.
- For many women, the constant cycle of pregnancy, birth, and infant care drains their energy and health. Child spacing can not only help protect the health of mothers and children, it can free women to do other things: to work, study, organize, and eventually gain greater equality with men.
- Although many poor families feel they want and need as many as 4, 5, or 6 children, most also agree that a very large number of children can create hardships. They want a family that is neither too small nor too large, and welcome family planning on their terms.
- Today, with modern medicine and health services, fewer children die, families are larger, and populations grow rapidly. In some countries the population doubles every 20 years. Although population growth is not the main cause of poverty and hunger, in some areas it is a contributing factor.



The population problem is not usually discussed with the poor because planners generally say that the poor think only of their immediate needs and are not concerned with the future needs of society. But isn't this because there is so little opportunity for the poor to take part in the decisions that shape the social order? History has shown, however, that when the poor begin to organize and gain control, they often become deeply concerned with planning ahead for a healthier society. Thus, if the poor are to cooperate with goals to limit population growth, they must also have a strong role in policy and decision making for the future.

Group discussion about population control and family planning

The challenge to both instructors and health workers is this: ***How can we help people to understand the issues surrounding birth control and to plan their families effectively ON THEIR OWN TERMS?***

It is essential that health workers try to understand the ideas and feelings of those who are most affected. Perhaps they can lead discussions with women or couples about their concerns and experiences related to family planning.

On the next page is a list of questions to help start a discussion. But they are only suggestions. Think of your own questions to fit the situation in your area.

KEY QUESTIONS FOR DISCUSSION ABOUT FAMILY PLANNING



- How many children does the average couple have in our community?
- Who usually has more children—rich families or poor ones? Why?
- What are the advantages of having many children? Of having few children? If you are rich? If you are poor?
- What are the attitudes of most of the people in our community toward family planning? Why?



- Do the men often have different attitudes than the women? Why?
- How do large families affect the population (number of people)?
- Is the number of people in our village or community growing? Is there enough land (or work or food) for everybody? Are things getting better or worse? Why?



- Do some persons or families leave the village to move to the city or another country? Why? What sort of life do they lead there?
- Do you think that the growing number of people is partly responsible for the hunger or hardship of the poor? What else do you think is responsible?
- What does the government do about these other causes? About family planning? Why? Where does the money for this come from?
- Official announcements tell people they should plan their families in order to protect the health of mothers and children. What other reasons do you think the officials might have?



- What doubts or fears do you (or mothers, or people in general) have about different family planning methods? Why? Where can you get truthful information?
- In what ways do family planning programs meet people's needs? In what ways do they abuse people? What have you yourself experienced?
- Do you think family planning workers should be required to sign up a certain number of new users each month? Why? How would this requirement affect the way health workers relate to people?
- Should parents be rewarded (given incentives) for planning their families? Why or why not? How does the incentive system affect people's attitudes about family planning? About the government? About themselves?



- In many countries, illegal and unsafe abortion is the most common form of family planning. Why? What are the results?
- Is it better to abort or to bring an unwanted child into the world?
- Is it just and fair for men to make the laws about abortion and other issues concerning women's health and lives?



- Is family planning important? For whom and in what way?
- Should a health worker encourage parents to plan their families? All parents? Only some parents? Which? Should a health worker bring up the subject of family planning when mothers come for medical care or bring their children? Should she discuss it with them only when they express interest? Or should this depend on the problems and needs of the individual family?
- Whose needs does family planning presently meet in your area?
- How could it better meet the needs of the poor?
- What can we do about it? What will happen to us if we speak out or take action? Is it worth it?

ADAPTING FAMILY PLANNING TO LOCAL CIRCUMSTANCES

Which family planning methods are appropriate in your area, and which are not? This will depend on local circumstances, beliefs, and customs, including . . .

RELIGION: In some areas, religion influences people's attitudes about family planning, and may dictate which methods (if any) are acceptable. It is important that health workers respect people's religious beliefs. At the same time, it is important for them to realize that some religious leaders and the beliefs they teach help to *perpetuate** a social order that keeps a few privileged people on top and the poor on the bottom.

Within the same religion, some leaders may be rigid and resistant to change, while others may be more open and flexible. Some may believe in doing things just the way they have always been done. Others consider the people's present needs, and interpret the scriptures so as to best serve their modern reality.

Among Catholic leaders, for example, there has been a great deal of argument about family planning. Some say that artificial contraception is a sin, and only approve of "natural ways," such as the Standard Days and Mucus Methods. Others argue that if family planning can help protect health or improve the quality of life for a family, then the method most likely to give the desired results should be used. For example, some leaders promote condoms because they are the best protection against HIV. The choice, they feel, should be left to the conscience of each family. Some religious leaders defend family planning on the grounds that it helps prevent unwanted pregnancies and lowers the high rate of intentional abortions.



In places where religion strongly influences attitudes toward family planning, these matters can be discussed among health workers and community people. But the health workers will need skill in leading such discussions and in raising delicate questions without causing great offense. Holding practice discussions during training may help prepare them. It also may help to invite a religious leader or someone from a birth control or HIV prevention program to take part in, or lead, the discussion. If possible, this should be a person who respects and defends the rights of the poor and who works toward social change.

**Perpetuate*: To make something last or continue.

LOCAL CUSTOMS: In many parts of the world, villagers use traditional methods to prevent or interrupt pregnancy. The existence of these methods is a sign of women's desire for birth control.

During health worker training, discuss modern methods of birth control that are available locally with students, midwives, and healers. It is important that health workers be familiar with them and be able to give sensible advice.



Sometimes local customs serve as a form of birth control, although many people may not realize it. In parts of Africa women traditionally did not sleep with their husbands while breastfeeding—often for 2 years or longer. In Mexico, long-standing Indigenous practices did not allow men to sleep with their wives during certain phases of the moon. Today many of these old traditions may be less common. However, if health workers can help people understand the history of family planning in their own culture, this will help them look at modern methods of family planning with more insight. (See the discussion on family planning traditions in Liberia, page 7-3.)

MISINFORMATION ABOUT FAMILY PLANNING:

When a person's real health needs and wishes are ignored, they become a more likely target for incorrect and misleading information (misinformation). Throughout the world, people need trustworthy information about family planning but are not always able to find it. They may live far from health centers or libraries, or they may lack access to reliable online information. If they have had negative experiences with the formal health care system, they may be less trusting of health workers. As a result, they may turn to sources that claim certain birth control methods are not safe or effective when they are.

I'm thinking of starting birth control because I'm definitely not ready to have children yet.

Well don't take the pill! I was just reading on the internet that it's bad for you.



Misinformation about family planning often comes from people who do not have training or expertise in health or family planning. Instead of supporting decision-making about birth control, information may be intended to influence a person's behavior, push them to conform to religious or cultural beliefs about sex, childbearing, and family life, or sell a product. See p. 21-18 for more information on finding and using reliable sources of health information.

MEN WHO DO NOT LET THEIR WIVES USE CONTRACEPTIVES: In countries where society encourages equality for women, family planning is usually well accepted. But conflicts often arise where male domination is strong. Health workers may ask, “What do I do when a woman wants or needs to avoid another pregnancy, but her husband will not agree to let her use contraceptives?”

Husbands may be more open to their wives using birth control when an effort is made to discuss the issues with them from the beginning. When possible, **include men as well as women in discussions about family planning.**

Family planning is far more likely to be successful when both partners make the decision together and share the responsibility.

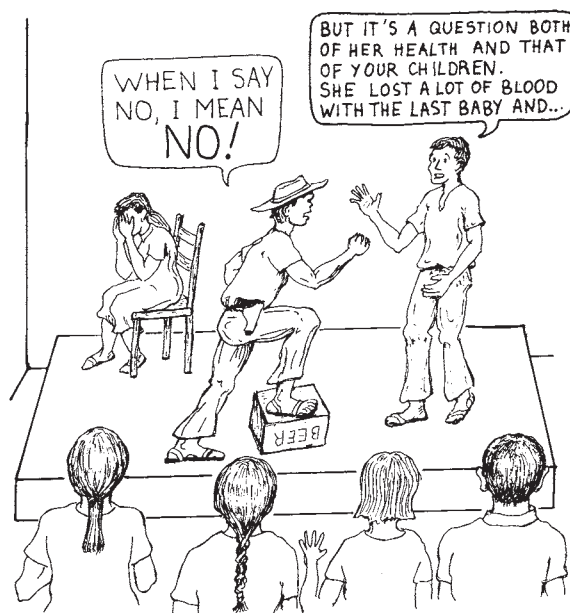
There are many ways that a man can share the responsibility for family planning. He can remind his wife to take the pill each day, or check to make sure that she has put in her diaphragm. Or he can take even greater responsibility by buying and using condoms—or choosing to have a *vasectomy* (male sterilization).

Nevertheless, sometimes a man may refuse to let his wife take steps to avoid pregnancy. The woman may come to the health worker asking that her use of contraceptives be kept secret from her husband. In some parts of the world, this problem provides one of the strongest arguments for injectable contraceptives like *Depo-Provera*. Many women say that the injection, given once every 3 months, is the form of birth control that is easiest to keep secret from their husbands.

These situations must be handled with sensitivity. How health workers deal with them will depend on local factors and, in each case, the individual couple’s relationship.

There are no easy answers. But by building strong relationships in a community, health workers can better understand the context for people’s decisions and avoid mistakes that might put women at risk of being harmed.

Exploring some of the possibilities through group discussion and role playing will help prepare health workers for these difficult situations—some of which are sure to arise.



Role plays or sociodramas help prepare health workers to handle difficult problems in their communities.

How much responsibility should health workers be given?

In different programs, health workers play very different roles with respect to family planning.

- Many larger government programs instruct health workers to encourage people to plan their families. Most of these health workers simply refer interested women to a family planning clinic. However, an increasing number of programs now supply health workers with condoms and birth control pills to distribute.
- Some programs train community nurses to work mainly in family planning. The nurses learn just enough other health skills so that it does not look as though they are there only to promote family planning.
- By contrast, many community programs train health workers in a wide range of health skills, including HIV prevention and family planning. Quite wisely, family planning services are often linked with activities for children under 5 years old.
- Some community-based programs even train local health workers to do sterilization operations. In Gonoshasthaya Kendra in Bangladesh, village women “paramedics” have skillfully performed hundreds of **tubal ligations** (female sterilizations, see *WTND*, p. 293). The incidence of infection from their operations is lower than the national average for doctors. Furthermore, the percentage of women who have chosen sterilization is much higher in the program area than in the rest of the country. This is probably because the operations are performed only when asked for, by local women whom the others know and trust.



We are not suggesting that all programs teach health workers to perform tubal ligations. It may not be appropriate for your area. We are only pointing out that a group of community health workers, some of whom have never attended school, have been able to do a better job—both technically and socially—than the average professional in their country. What makes the difference is the fact that these women paramedics are local persons selected for their human concern, and that they receive appropriate training and support.

In many programs, we have seen that village health workers with little formal education can learn to prescribe birth control pills and other contraceptives carefully and correctly. But during training, the basic information about selection, precautions, and advice must be carefully discussed and clearly presented.

In conclusion, the problems related to family planning are more human than technical. We feel that, in community-based programs, health workers should (1) be able to **provide the kind of advice that permits people to make intelligent, well-informed decisions**, (2) **help people understand the political and religious influences**—local and international—that lead to misinformation and abuse with regard to family planning, and (3) be taught and permitted to **make appropriate birth control methods available to those who want them**.

It is women's right to control their own bodies.