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

Amy O. Tsui
Population and Family Health Sciences Department
Johns Hopkins Bloomberg School of Public Health

and

Ann K. Blanc
Blancroft Research International LLC

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Abstract

The international family planning movement is believed by many to have played a significant role in reducing fertility levels and slowing population growth in the developing world. Yet, the perceived success of family planning programs has led to recent questions about their relevance and future place in the development policy agenda. We use interviews and focus group discussions with population insiders 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. We take advantage of sociological study of social movements, adopting a framework proposed by Mauss (1975) that outlines five stages – incipiency, coalescence, institutionalization, fragmentation and demise—in the natural history of a social movement. There was general consensus among key informants of the lost visibility of international family planning. Their perspectives and reasons bear out the likelihood that the movement has entered or is entering the final stage. Conclusive evidence of the movement's actual stage at this point in time and future, whether one of sequels or revitalization, however, requires waiting until the full history can be written.

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The unprecedented increase, as well as 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 (Birdsall and Sinding, 2003; Caldwell et al., 2002; Harkavy, 1995). The international family planning movement is believed by many, though by no means all, to have played a significant role in this phenomena by helping to reduce fertility levels in the developing world (Caldwell et al., 2002; Seltzer, 2002; Feyisetan and Casterline, 2000; Bongaarts et al., 1990). At present, the vast majority of developing country governments provide direct support to family planning programs and 58 percent consider the fertility level in their country "too high" (United Nations, 2003a). Three fifths of – or more than 500 million -- women of reproductive age residing in developing countries are currently using some form of contraception (United Nations, 2003b). Yet, the perceived success of family planning programs in reducing fertility and slowing growth has led to recent questions about their future relevance and place in the development policy agenda (Sinding, 2000; Gillespie, 2004; Demeny, 2003; Nicholson-Lord, 2003).

It has been just over a decade 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 population insiders -- 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, the apparent consequences of this decline, 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 (Jacobson, 2000; Meyer, 2000; Frank et al., 1999).

We begin by briefly tracing a history of the international population movement using Mauss' stages of social movements. That section is followed by a description of our data. Next, we present findings organized around the following questions: 1) what is the perception of population insiders on the extent to which the international family planning movement has lost visibility and support? 2) what are the main reasons for this trend? and 3) what are the potential

responses? The paper concludes with a discussion of the implications of the findings for other social movements.

The "natural history" of the family planning movement

Mauss (1975) outlines five stages in the 'natural history' of a social movement. These stages describe the process of evolution through which a movement typically passes as it interacts with the social environment. The stages are 1) incipiency, 2) coalescence, 3) institutionalization, 4) fragmentation, and 5) demise. The rate at which social movements pass through these stages varies as does the intensity. An important feature of Mauss' theoretical perspective is that it regards social problems as socially defined. Thus, a social problem exists because it is collectively defined as such, and movements come to an end when the social problem ceases to exist, regardless of whether objective 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, are without established leadership, and without an established identity for the problem. In the case of the international family planning movement, concern about the rapid growth in world population and particularly about developing countries developed in the 1950s when large declines in mortality first became evident. Catalyzing information on the demographic situation in the developing world was increasingly available and led to the belief among the Western intellectual and philanthropic elite that there was a need to 'do something'. 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 movement and bring family planning services to women in developing countries (Hodgson and Watkins, 1997). The development of new contraceptives – the oral pill, IUD, 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 whose goals are exclusively devoted to the success of the movement, as well as 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 1960s, rapid population growth had come to be viewed as an impending crisis and inspired 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 during this period and created family planning programs that were intended to supply contraceptive information and services (Hodgson and Watkins, 1997; Barrett and Tsui, 1999).

During the 1970s and much of the 1980s, the international family planning movement was in the *institutionalization* stage. This 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 period was one of sustained and significant effort. Large numbers of developing countries initiated or strengthened functioning government-supported family planning programs and a range of non-governmental organizations, 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 center of family planning support. Donor support expanded throughout this period. With donor support, population scientists and family planning program managers were being trained in large numbers (Menken et al., 2002). Numerous non-governmental organizations engaged in recruiting supporters of the movement and lobbying in the U.S. 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 there appeared to be little solid evidence 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 promoted at the ICPD 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 Program 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 non-governmental organizations 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, it has become the subject of relatively new areas of political science and sociology which focus on 'transnational social movements' (e.g., Barrett and Kurzman, 2004; Tarrow, 2001; Keck and Sikkink, 1998). 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 as well 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. This stage is typically reached after a movement has had a period of success and respectability. The sympathetic public and some active supporters have come to believe that the problem has been largely solved. Those who remain in the movement are divided about its direction; some are committed to continuing to pursue the original goals which are now viewed by others, who want to modify or add new objectives, as obsolete.

Although there was an initial burst of activity and a spike in donor funding immediately following the ICPD conference, investments by both developing and donor countries have since fallen far short of the commitments made in 1994 (Singh et al., 2003; UNFPA, 2003). International attention has been focused instead on the Millennium Development Goals (MDGs) which 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 or more broadly improved reproductive health are not explicitly included as goals. Moreover, the priorities of the World Bank and International Monetary Fund have shifted to an almost exclusive focus on poverty reduction. The implicit assumption of this shift is that policy and program effort is most effectively directed at reducing poverty; programs to provide specific services, such as family planning are unnecessary.

According to Mauss, the *demise* stage of a social movement is seldom recognized by the movement. On the contrary, the movement may define demise as 'success' since most of its goals have been achieved. In the remainder of the paper, we describe our evidence on 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 actors in the family planning field. Twenty-seven in-depth interviews 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; detailed notes were taken. Informants who were judged to be key observers and actors in the field of family planning were chosen to participate. We stratified an extensive list of potential informants according to their stance on the family planning movement and purposively selected interviewees who represent a range of opinions. Additional criteria for selection reflected a desire to include people working in senior positions in the relevant spectrum of institutions and in both developed and developing countries. The interviewees thus include developing country program managers, researchers, and staff of national and international non-governmental and donor organizations. Sixteen were classified as 'pro' family planning and 11 as either 'neutral' or 'against' family planning. Fifteen of the informants work in the United States and 12 work in a developing country (Mexico, Guatemala,

Peru, India, Thailand, China, Egypt, Nigeria, Kenya, Zimbabwe). Thirteen are developing country nationals and 13 are female. Eight are current or former heads of national or international NGOs.

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

For both sets of respondents, we provided the following broad definition of '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 research opportunities". All respondents were told that the interviews would be confidential and that they would be identified only by their sex, developed or developing country origin, and role in the field.

The changing visibility of family planning

There is general 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 in a number of private foundations that were long time supporters of training, research, and programs in population 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 (although small) in USAID's population budget. Many view this loss of visibility as unfortunate and liable to continue. A few informants working in international agencies asserted that the family planning movement has become less visible because it is 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.' (IQ, male, MDC)

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

Although there is consensus that family planning has become less visible on the international scene, this was not necessarily seen to 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 articles and editorials on population issues in developing country news sources yielded several appearing within just a few days, corroborating the view that such issues are still current and still considered newsworthy in these countries (e.g., Roy, 2004; Kavuma, 2004; Ayodele, 2004; Cayon, 2004; Musallam, 2004). The topics of these internationally available news reports included, for example, a *fatwah* issued by Muslim leaders in the Philippines allowing couples to use family planning, the relationship between population growth and poverty in Uganda, and the installation of condom vending machines in public places in India.

The majority of informants believe that in the developing world as a whole women's motivation to control 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. There are clearly some countries that will be exceptions to this trend, however. For example, recent results from the 2003 Kenya Demographic and Health Survey showing no increase in contraceptive prevalence (and a slight increase in fertility) since 1998 have been the subject of great interest, especially since Kenya was one of the first countries in sub-Saharan Africa to experience a decline in fertility (Central Bureau of Statistics et al., 2003). There seemed to be agreement, nevertheless, that '*the demand problem is largely solved'* (*TT, male, MDC*) and that the demographic transition is 'well along and inevitable in its eventual completion' (*TT, male, MDC*). As one researcher said, *'People know what's out there; it's not necessary to motivate.'* (*TU, female, MDC*)

Nevertheless, some informants expressed concern that backsliding in contraceptive use is possible if international and national government 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." (*NG, male, LDC*) A similar view was expressed by a senior person at a donor agency:

'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. It requires government intervention.' (KC, 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.' (TT, 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 sense of urgency

The loss of a sense of urgency about rapid population growth is believed by some informants to be the result of a fundamental misunderstanding among policy makers 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. Some authors have argued that there is little reason to believe that the future will simply be an extrapolation of the present (Harbison and Robinson, 2002; Caldwell et al., 2002; Morgan, 2003).

The very low fertility now evident in many European and Asian countries (e.g., Italy, Spain, Republic of Korea and Singapore) has led to the perception that '*demographers are looking at the wrong problem*' (*KC, male, MDC*). But, as one informant pointed out, only a few relatively small countries are currently experiencing below replacement fertility. The fact that population size will continue to grow long after fertility reaches replacement level (or population momentum) and that current cohorts of young people are larger than previous cohorts are also concepts thought to be lost on many policy makers.

Several respondents suggested that the sense of urgency about family planning has been lost due to 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 perception is there is because family planning has been a success*" (*EH, male, MDC*). Another informant suggested that family planning was suffering from the '*dilemma of past success'* (*KT, female, MDC*). Overall, there was a feeling among respondents that the family planning movement now lacks a clear purpose, that post-Cairo its 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'* (*BK, male, MDC*). In addition, a few of the researchers suggested that the field had become less visible partly because many of the important research questions have been answered (*LN, female, MDC; KC, male, MDC*). At the same time, a number of respondents mentioned that there had been little solid research conducted on the benefits of family planning to buttress arguments for continued investment (*KC, male, MDC; BH, female, MDC*) and, specifically, that there is a perception of weak evidence on the connection between population growth and economic growth (*TT, male, MDC*).

Another 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 both among policy makers and at the community level. In fact, two informants had nearly identical observations:

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

The fact that there have been no recent breakthroughs in contraceptive technology to spur growth in contraceptive use and to bring renewed attention to family planning was also cited. There was some disagreement among respondents on this point. While some suggested that new methods

would not change prevalence much at this point (*KC, female, MDC*), others pointed to the potential of microbicides (*EH, male, MDC*) or a temporary male contraceptive (*BM, female, LDC*) for increasing use.

Several respondents asserted that family planning programs remain important for addressing inequities in access to services. Specific underserved populations were mentioned by a number of respondents, including the Mayan population in Guatemala, the northern and rural population in India, minority groups in Thailand, and the poor everywhere. While the private sector will clearly become more important in service provision, respondents pointed to an obligation to safeguard the right to plan their families for people who cannot afford it (*BK and EH, both males from MDCs*).

An important theme among some respondents was that, subsequent to ICPD, family planning has gotten 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 it is a good idea to 'hide' family planning within the less controversial and politically safer arena of reproductive health. Others argued that family planning programs will ultimately benefit from and be more effective in integrated programs. For others, however, the integration of family planning services with other reproductive health services was thought to indicate that providing access to family planning has become a lower priority for national governments and donors. Further, integrated reproductive health programs do not have the same strong advocates within the donor community and in developing countries that family planning programs once did.

'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 implement.' (KC, 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. Resources are always limited and there is always competition, but family planning should get more attention.' (BM, 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.' (NC, male, LDC)

Competing priorities

Mauss (1975) observes 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 attract away many active supporters and leaders from the core of a social movement after some time. Indeed competing priorities from other development issues was the second major reason cited by respondents to explain family planning's diminishing visibility on the international scene. Among these issues, the one mentioned most frequently by respondents was HIV/AIDS, which was seen as competing directly with family planning for donor funding and health system resources.

There was general agreement that collaboration between family planning and HIV/AIDS prevention and treatment programs seems natural and appropriate. Yet, many respondents noted the 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'. (BM, female, LDC)

'..there doesn't seem to be any impetus for HIV/family planning integration from the HIV side' (KC, female, MDC)

Moreover, it is clear to many respondents that, compared to the magnitude of the HIV/AIDS epidemic, family planning seems much less compelling and less urgent. One informant complained that, "the Cairo agenda has been left in the backwash of MDG enthusiasm and AIDS" (*TT, male, MDC*). It was also noted that the attention being paid to HIV/AIDS has siphoned off attention and funding from other areas of health, particularly child survival. (*EH and EP, both males from MDCs*). Other concerns that were seen as competing with family planning included safe motherhood and aging (in some developing countries). Furthermore, the downturn in the U.S. and global economy starting around 2001 was also mentioned as creating the necessity for

donors, particularly private foundations and some developed country governments, to make difficult choices about the use of more limited resources.

'As a funding priority, AIDS stands out in a class of its own. What is left for all the other programs?'(BF, 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.' (KC, female, MDC)

Rise of political conservatism

The rise of political conservatism was also often cited as a repressive development contributing to the declining visibility of family planning, and in the Maussian framework would be a feature of the fragmentation stage during which the movement loses its ability to maintain cohesion, cooperation and compliance.

In spite of the fact that USAID is recognized as the major donor in family planning, the negative impact of recent policies of the U.S government on family planning programs in developing countries was mentioned by many key informants and was a topic of discussion in both focus groups. Some informants asserted that the political right in the U.S. has succeeded in spreading a message that equates family planning with abortion, undermining its legitimacy among some groups.

'The problem in the U.S. 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.' (EH, male, MDC)

Moreover, the reinstatement of the 'global gag rule' by the Bush administration was seen by some informants as undermining the activities of NGOs in the family planning arena. This policy prohibits U.S. support for family planning from being provided to foreign NGOs that use funding

from any source to provide abortion services (except in the case of a threat to the mother's life, rape, or incest), to provide counseling or referral, or to lobby or advocate for legalized or more accessible services. Organizations that refuse to comply with these restrictions lose access to contraceptive commodities donated by the U.S. government. Further, U.S. NGOs cannot furnish assistance to these foreign NGOs (Nowels, 2003).

'Developing countries are trying to do their best but donors have not fulfilled their commitment to the field. The U.S. policy is a chilling wind blowing around the world. What happens in America can infect and affect what happens around the world. This is not just by putting restrictions on funding, but also by changing attitudes.' (*NG, male, LDC*)

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

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

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

P3: The government of the U.S. dictates the situation – what funding is going to be like. (FP2)

P3: It's easy for policymakers to side with America, keep following what's happening in the U.S. If America doesn't want it, why should you introduce it? (FP2)

P4: The role of donors is linked to political commitment; resources are not allocated unless governments are supportive.

P5: Because we're receiving money, we can't voice the needs of the people. There's no clear articulation of the people's needs. (FG1)

P3: Donor priorities are more politically driven than population driven. The sources of money change as politics change (FG1)

Worth mentioning in this context is also the rising influence of religious conservatism in a number of countries, such as Mexico, Peru and the Philippines, on ideation regarding the use of contraception. Most informants, while recognizing the voice of the Church growing louder, also 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 use contraception.' (BM, female, LDC)

'…the Church still has a huge influence in its communities. This definitely affects the contraceptive prevalence.' (HC, 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 used to be attracted to the movement because it was perceived as a social problem and who are now attracted into fields that are perceived as having more urgent problems, such as HIV/AIDS, safe motherhood, and poverty alleviation. The family planning movement is seen as having an aging problem with a dearth of new leaders who are needed to move it forward and a cadre of older leaders who maintain outdated views. Some older, experienced leaders who formerly worked in family planning are now working on AIDS, safe motherhood, and other public health issues. The lack of funding for advanced training in the sub-fields which have traditionally produced leaders in family planning, such as public health training in family planning service provision and demography, was mentioned as contributing to the aging problem. A few informants pointed to

the strong opposition from abortion opponents as a disincentive to work in the family planning field.

'…people 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.' (EH, 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 family planning within the United Nations system and internationally.

'Even UNFPA is no longer a family planning organization.' (GF, female, LDC)

'UNFPA has strayed away from its main agenda.' (NC, male, LDC)

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

A number of respondents suggested that the decentralization of health systems has shifted the locus of leadership to the district level in many developing countries. Some felt that with decentralized planning and budgeting for health services, 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.' (BM, female, LDC)*

Many respondents asserted that the burden of responsibility for the support of family planning programs will increasingly rest with developing country governments and indigenous NGOs. *'Donors will gradually withdraw and expect that the government will be in the driver's seat.' (FG2).*

Potential future steps for the movement

Mauss (1975) defines "demise" as the final stage of a social movement, noting that this stage is often not recognized by members. The stage may even be perceived by insiders as a stage of "success", by virtue of the movement achieving its major goals. Through social co-optation 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 movement demise with legacy implications are "revivals", wherein a near-moribund movement after some time experiences a new flare of activity, often in response to new activities from relevant interest groups, and "overlaps", where 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 movements undergoing revivals.

Current research on transnational relations suggests the importance of social movements, transnational networks, and international non-governmental organizations (Barrett and Kurzman, 2004; Tarrow, 2001), as distinct structural features of collective social change that can differentially influence the pace of growth and decline of international social policy. These three components have relevance for how movements conclude or transform themselves into sequelae by institutionalizing activist networks, incentives and resources, and interaction opportunities.

Key informants, while recognizing the diminishing visibility of the field, did not all view the movement as having reached a stage of demise. When asked how they perceived the future of family planning and possible actions, comments and ideas focused around four themes: 1) forming strategic alliances with other movements, in particular HIV/AIDS; 2) redefining or repositioning the message of family planning to mobilize and strengthen support, especially from the donor community; 3) improving existing services; 4) nurturing and inspiring new individual and institutional leadership to enable and encourage developing countries to assume future responsibility for the movement. Comments from the key informants and focus group participants fully imply that a transnational community for family planning is in place and that either of the legacy courses of revitalization 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, safe motherhood, poverty reduction and gender development, as means for expanding the base of support and redefining the field for the 21st century. A number commented on the need to develop evidence-based and cogent rationales to bridge to global HIV/AIDS prevention efforts and to safe motherhood. Informants cited the need for multi-country evidence showing that sexual risk behaviors, infection transmission and risky pregnancies could be prevented with contraceptive practice as entry points to those transnational networks. At the same time, many 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.' (BF, male, LDC)*

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

Others noted the close behavioral connection of HIV/AIDS 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 partnering between the family planning with HIV/AIDS fields. The fundamental role of sexual activity linking conception with infection risk can not be underestimated as an epidemiologic influence on the future course of the family planning movement. Whereas technical knowledge and understanding of how contraception and its use may be related to environmental degradation, economic productivity and markets, or family formation patterns can be demanding, an appreciation of sexual activity as the common denominator for a common population of interest with similar distributions of need in the developing versus developed world is easily acquired by family planning and HIV/AIDS actors.

'The AIDS epidemic is affecting family planning severely in Africa…resources 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.' (BK, male, MDC)

'…When it 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.' (LX, male, LDC)

Repositioning the message

Informants frequently mentioned the need to redefine and reposition the message of family planning to mobilize support among decision-makers in policy and program arenas who have become involved in the past 10 years, that is, those who did not experience the field in its nascency. Especially because neither family planning nor reproductive health is an explicit objective in the Millenium 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 sub-themes: a) addressing an unfinished agenda of unmet contraceptive need, unwanted fertility, stalled fertility decline, and commodity security, b) highlighting family planning's benefits for reducing abortion and improving women's status and health, and c) demonstrating its relevance in reducing social inequity. One such effort materialized in February 2005 in the form of a West African conference, "Repositioning Family Planning" (http://www.advanceafrica.org/RAC/).

'Declines may well stall and this will be a widespread phenomenon.' (KC, male, MDC)

'If you compare the 1980s to mid 1990s, you see a constant increase in contraceptive use. More recently you see a stalling. Even where there is an increase, it's smaller, and in some places, prevalence is actually declining. 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.' (BF, male, LDC)

'If you presented in terms of world population, overpopulation, terrorism and environmental degradation, you'd get a lot further. When the world population hit six billion, there was a little political noise. It's the business community, the exporting community, trade—that's who we should be targeting. If you can tie it all into that, we'd make progress—A safe environment for American business to do abroad.' (KX, female, MDC)

'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.' (KX, female, MDC)

Family planning's significance for social and economic development also elicited comments from several informants. More often it was informants living in developing countries who cited the risks of increased poverty, poor health, and higher mortality as a result of high fertility and population growth rates. '*Family planning is very important to global stability…I don't see development advancing until and unless women can fulfill their potential, and they must have good health to do that.' (BH, female, MDC)*

Developing country informants often were the strongest in articulating a need to redefine the 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.' (NP, 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.' (UE, 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.' (BF, male, LDC)

Improving contraceptive service delivery

Many informants cited the need to improve existing capacity and functions of family planning programs: *'…We must work so they have better access…organizations need to be strengthened and incorporated into health services…the logistics and delivery system at the country level is not working.' (HC, male, LDC) 'Much more can be done. By doing the basics, what we know how to do, we could see a 15-20% increase in contraceptive prevalence in a three to five-year period in many places around the world.' (EP, male, MDC)*

Interestingly, further advances in contraceptive technology to mobilize and revitalize efforts were not popular.

'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.' (IQ, male, MDC)

'We have the perfect male method already; it's called the vasectomy. The popularity of vasectomy is just not there…Asking a woman to keep taking any type of hormonal contraception, wear 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.' (EH, male, MDC)

A notable sub-theme in suggestions to improve contraceptive services was to ensure contraceptive security, i.e., local capacity to forecast, budget and acquire contraceptive commodities in the international marketplace or with sponsoring donor organizations. *'Financing for contraceptive supplies is an issue and already a serious problem in many countries.' (NG, male, LDC)*

New leadership

There was widespread consensus that developing country technical capacity for program development and research was inadequate, but most acutely in terms of management and leadership. '*The number one constraint is human capacity, even more than money. (BF, 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.' (NG, 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 some place that is not.' (GF, female, LDC)

'We are missing people with clinic skills plus program development skills; they hardly exist.' (EP, male, MDC)

'Committed, able leaders need to be improved and expanded. Additional people may accomplish something, but there is no substitute for good leaders with skills and knowledge.' (KS, male, MDC)

'Domestic (U.S.) leadership is a disaster, in part due to Congress…In the U.S., there aren't enough young leaders…the 35-50 year old range, for example, simply is not present and is not doing its political homework'. (KE, female, MDC)

'People who were well trained and highly motivated are aging out and their replacements are not as high caliber…Field is now largely dominated by people whose focus is post-Cairo 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. Isn't necessarily a bad thing but it has been unfortunate that the two communities couldn't cooperate better.' (TT, male, MDC)

The perceived need for new and renewed leadership is symptomatic of a mature and successful social movement. Whether that leadership capacity is forthcoming likely depends on both developed and developing country actions, with governments in the former remaining active bilateral donors and those in the latter taking up leadership and responsibility for contraceptive services locally. *'A huge burden of responsibility rests with developing country governments. [I am] hoping that the more responsible of those governments will shift budgets to family planning and health. This argues very strongly for investing in family planning leadership, for training people who will convince their governments to make better choices about how to spend their money.' (BH, female, MDC)*

Concluding comments

Family planning was seen as instrumental to the solution of a globally perceived social problem of population growth. With the redefinition of that social problem in terms of reproductive health, popular consciousness has ebbed since the latter does not carry the same political vitality of a developmental disaster or disease epidemic. *'Policy will go even further away from family planning…it is no longer viewed as a social problem.' (TX, female, MDC)* Fertility transitions in the developing world also seem all but inevitable, conveying a sense confidence that the population growth problem has been solved. A concurrent rise in concern about population 'exhaustion', through negative growth, in developed countries also places a new lens on how fertility rates are perceived, especially since international donors tend to represent governments of countries experiencing below-replacement fertility. In the post-Cairo era, family planning no longer holds a central or focal position in the reproductive health paradigm, and the development message has grown diffused. Family planning is now required to compete for resources against other development needs, 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 Millenium Development Goals in which the reduction of poverty, HIV/AIDS and 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 to be a short-lived social movement (Gillespie, 2003).

The perspectives of the various key informants interviewed bear out the likelihood that the family planning movement has entered its final stage. There is not broad acceptance of its demise based on the informants' comments, although denial itself can be symptomatic of having entered this stage of the movement. Concrete evidence of demise may need to wait the passage of time until the history of international family planning can be fully written.

The utility of the social movement framework has been its ability to help identify stages and transitions between those stages that transform movements as they progress toward their conclusion. The longevity and success of the family planning movement leaves a rich legacy of transnational infrastructure, in the form of human capital, whose quality is elevated by technical training. It also leaves organizational capital in the numerous nongovernmental organizations

with institutionalized service norms and protocols that participated in the family planning movement. Last, there is a well-defined set of globalized beliefs and values that encourage world communities to act on poverty alleviation and public health improvements. This transnational capacity is formidable in its parameters and awaits an accelerated co-optation by contemporary movements with a shared mission, beyond the portion of it currently recruited into the service of HIV/AIDS prevention. Should this happen, the family planning movement will follow the sequel model described by Mauss, overlapping with other movements having similar objectives. Alternately, it may be re-energized, if family planning is significantly re-positioned along some of the lines suggested by the key informants, and follow Mauss' second option of a revitalization model. Under either model, the international family planning movement will be substantially changed in the future, defined very likely by the capacity and commitment of leadership originating from those populations with considerable contraceptive needs.

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