BARRIERS AND SOLUTIONS TO FAMILY PLANNING RESISTANCE

By Art Elphick

In recent years, developing nations and health agencies working with the World Health Organization and several NGOs have made steady progress toward making affordable family planning (FP) options available in poor nations. Still, in many communities either affordable FP is still not available or, where services are available, they remain underutilized.

Groups that oppose western style education, especially for women, like the Taliban, Al Shabaab, and Boca Haram, make it difficult to imagine meeting FP goals in the areas they control. Several Christian groups also oppose FP, and the Catholic Church still blocks public government support for FP in some developing nations. Yet we know that the Catholic nations of Italy, Spain, and Poland and the Muslim nation of Iran have achieved record low birth rates, so religion, *per se,* does not necessarily prevent effective FP in a well educated population.

Still, in many areas of developing nations, after the introduction of affordable FP, average family size falls only slightly (for example, from seven children per family to five) and, due to improved health care and other factors, the rates of population growth have actually increased. It is obvious in such areas that providing affordable FP alone does not ensure sufficient progress toward reducing overpopulation. Considering the consequences posed by overpopulation both to local people and the world, we must do more to improve the effectiveness of these efforts. Where the problem lies more with demand than supply, we must not only provide good FP services but also learn to effectively promote their use.

A Conference in Addis Ababa was organized by Plan USA, Pathfinder, JHU/CCP, Population Media Center, and Jhpiego. The Chairwoman of Session Two, Laurette Cucuzza, set objectives to identify socio-cultural barriers, myths and misconceptions about FP, and to share examples of innovative and high impact ways to address these barriers, scale-up services and ensure sustainability.

Liz Fortier's November 14, 2013 article[i] lists examples of socio-cultural barriers to family planning. While her study took place in the Congo, she notes that similar issues exist in other sub-Saharan African nations.

Barriers to Family Planning

- A surprisingly large number of people hear false rumors and myths about side effects from using contraceptives, e.g., that condoms are only used to prevent STI transmission or oral contraceptives can lead to serious health problems.
- Families, relatives, and friends pressure young people to have children. In some areas, women have few choices other than becoming a mother and wife. They marry early and

become a man's property after marriage, therefore having little say in family planning. Sometimes they must bear many children as a way to repay their dowries.

- In some communities, social stigmas exist toward childless women, and adolescents are viewed more as adults after having a child. Having many children can symbolize high social status.
- In some communities, while men dominate most decision-making positions, FP information programs target mainly women and seek no involvement of males or community leaders.
- Nations may provide financial incentives for people to have large families.
- Some established African Christian churches oppose the use of contraceptives.

Shared Solutions:

Agencies that dispensed FP services described what they do for community outreach, revealing different levels of success. From their examples, the session developed recommendations for all programs to consider. This study pointed to the importance of community structures (mainly dominated by men) that play an important role in community behavior.

1. Appropriate program representatives should hold introductory community discussions and counseling sessions concerning FP issues. The community discussions should invite the participation and address the concerns of all key people who hold power in the local community, including men, religious leaders, and female leaders.

2. Given the role of these people in FP decision making, programs must aim to sensitize and train them regarding the advantages of FP to their communities and families. These sessions should address known myths and expressed concerns by providing accurate information. They should also promote conversations between husbands and wives on family planning.

3. Addressing cultural barriers is only one part of improving utilization of FP services. Other suggestions include: Make facilities easier to access. Develop systems to maintain sufficient inventories of contraceptives. Provide enough trained staff, including people trained to provide Long Acting Reversible Contraception. Provide all program workers with clear information and access to FP protocols and guidelines. Furnish advisors to work closely with supervisory staff to ensure they are prepared and motivated to support and encourage all staff members. Liaise and form close cooperative relationships with other community structures and health facilities.

A slightly different perspective was offered by a roundtable called *Breaking Down Barriers to Birth Control*, offered by the Guardian in association with the International Planned Parenthood Federation (IPPF).[ii]

The discussion began with a few statistics on the targeted population. The nearly 13 million adolescents who have babies each year often miss their best opportunity to escape poverty by dropping out of school. About 340,000 die in pregnancy or childbirth annually – making that the number one killer of 15 – 19 year-olds. Lack of access to contraceptives results in at least 75 million unintended pregnancies. And about 22 million girls and women have unsafe abortions every year.

Again, while the roundtable considered increasing the supply of contraceptives to women in the developing world crucial, they did not consider access the only problem. Often, even where services are readily available, birth rates fall only slightly. Access must go hand-in-hand with education about sex, rights, and relationships. It is important for people to understand that having fewer children and having them older allows women to stay in school or work while investing more in each child.

What this study adds is that married women have much more access to both information and services. Outreach programs should also include unmarried women, who are often excluded in nations where sex before marriage is taboo. Abstinence-only education for unmarried women limits access to vital information that girls should know if they do have sex. Parents, community leaders and teachers often act as "gatekeepers" who erect barriers to needed discussions. Making contraception available does not encourage young people to have sex, concluded the IPPF's director general, Tewodros Melesse. "Do you buy insurance for your car so you can go and smash yourself? No, it's just in case." Contraception is the same." It reduces the impact of accidents.

Quality sex education must do more than let young people know where to get contraception, said Anna Martinez, Coordinator of the Sex Education Forum. It is sometimes difficult to hold frank discussions in many parts of the U.K., so discussing FP policies with people in less familiar cultures can be even more difficult.

As in the Session Two Conference, described above, speakers stressed that those delivering FP services and discussions need to target all groups – male as well as female. While boys are little mentioned, their sexual behavior is often more risky than that of girls. What's more, young girls who get pregnant should not be written off as lost causes. Focused discussion can stop them from having more children while they are still too young for parenting. "They seem a little bit off the agenda," said Doortje Braeken, the IPPF's senior adviser on adolescents and youth. We need more services for adolescents in general, and pregnant girls have the same aspirations as others.

A key theme was the complexity of addressing differing contexts and cultures. For example, Mahfuza Rahman, 19, a member of the Project Management Committee at the FP Association of Bangladesh, told how young people attending centers for training in computing and English

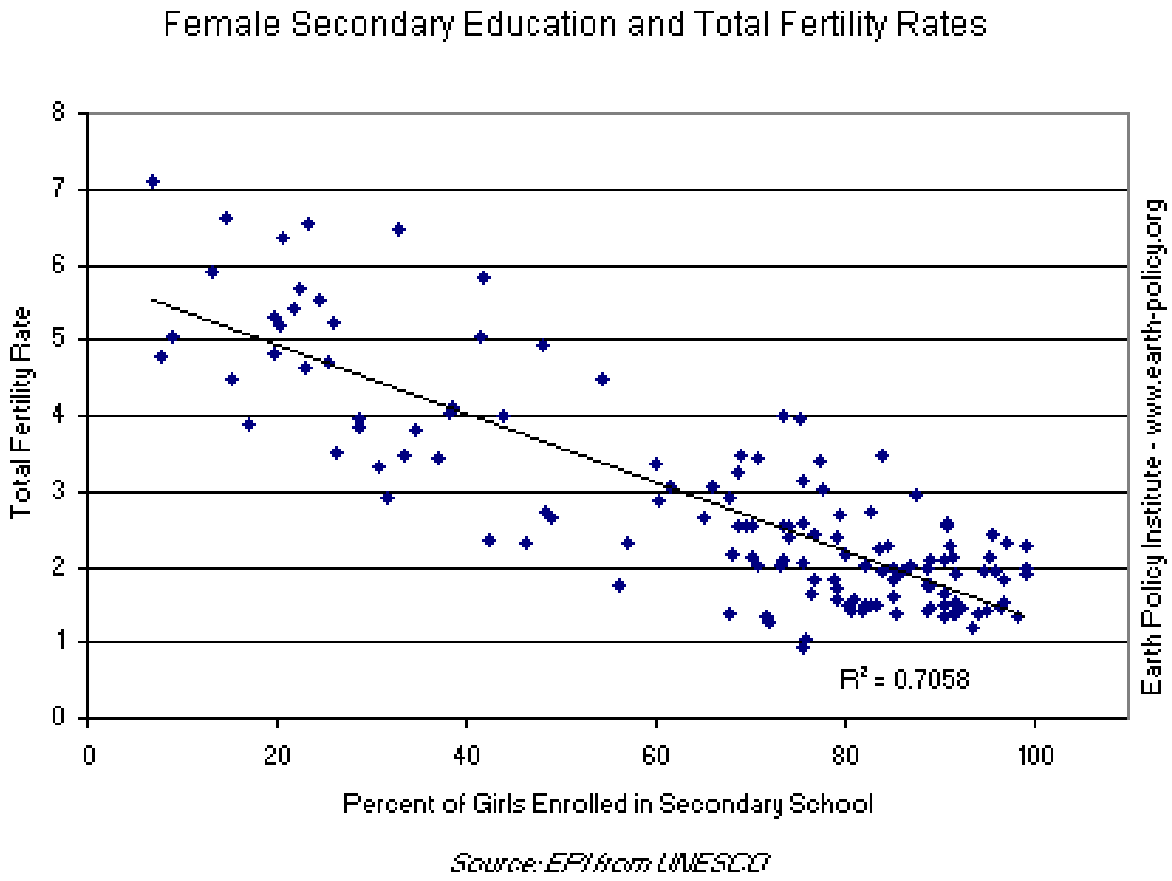
could also receive advice about contraception and sexual health without their parents knowing. On the other hand, Chiboola Kabbudula, also 19 and a peer educator and national executive member of Planned Parenthood of Zambia, suggested that daughters can encourage their mothers to let them go for advice. Explain to your mother that “I think I need this service," she said. Most mothers won’t stop their daughters from attending.

Current demographic trends forecast a 28% increase in population and a doubling of car use and other forms of consumption by 2050. Considering the ecological damage we now face with 7.16 billion people and current rates of consumption, the world must do what it can to lower the birthrates as quickly as possible.

On the positive side, world-wide birthrates have been steadily declining for several decades.

Education

Education levels seem to be one of the best birthrate indicators. In nations where young people advance to high school or beyond, birthrates usually fall to near or below replacement levels, as the UNESCO charts below clearly show.



Source: EPI from UNESCO

Primary School Enrollment and Total Fertility Rates for Selected Countries

Place	% Enrolled in Primary School	Children per woman		Place	% Enrolled in Primary School	Children per woman
Japan	100.0	1.3		Equitorial Guinea	53.5	5.3
Spain	99.8	1.5		Guinea-Bissau	52.1	5.7
Iran	99.7	1.8		Djibouti	40.1	3.9
Georgia	99.6	1.6		Sudan	39.2	4.2
UK	99.6	1.9		Eritrea	35.7	4.6

According to Earth Policy Institute,[iii] Educated women transform communities. Not only do they have fewer children and have them later, when they do become mothers they remain healthier and raise healthier children. They earn more money to support their families and contribute more to their communities' economic growth.

In poor nations girls often work at home to help with family expenses, so sending them to school may cost the family in both tuition and lost labor. Providing free meals at school helps to offset these costs, particularly when programs include take-home rations. This makes girls more likely to stay in school longer, and those who reach secondary school are especially likely to have fewer children. By 2005, almost two thirds of developing countries had achieved gender parity in elementary school enrollment. Still, most children not in school are female, and early marriage and motherhood keep many of the world's poorest girls from completing secondary school.

The relationship between education and fertility rates is a two-way street. No society deep in the clutches of poverty has a pool of qualified teachers lying in wait or money to import them, and teaching the current generation can require a generation, so while education is one of the most effective solutions to reducing birthrates, it is not a quick and easy, low-cost fix. But once a nation enrolls more children in school, even at the primary level, birthrates go down, and nations with low birthrates can usually afford to invest more per child in education.

Support by Influential Leaders

Iran's unequalled success in quickly lowering birthrates occurred in an environment of rising education levels, but it also reflected a national priority, blessed by the clerics, to bring birthrates down. The nation's most influential leaders recognized the benefits of family planning despite their frequently expressed contempt for Western values. Even poor nations with low education levels have succeeded in reducing birthrates where influential leaders promote FP programs.

In some places trusted local leaders can influence policies more effectively than Westerners. We may have, or believe we have, more know-how, and we may become impatient with primitive local systems. But in communities where anti-Western feelings prevail, FP initiatives may achieve better acceptance when promoted by local leaders. Most nations entrust leadership positions only to their best educated citizens, many of whom have received some western education. The role and goal of Western assistants should be to help trusted local people manage the frontline tasks. They can best aid the process by offering worker training and supplies; but community outreach is not their baby.

Reaching People Directly

The Population Media Center (PMC) uses entertainment-education strategies on radio and television in which characters evolve into role models for a targeted audience.[iv] PMC works to build a collaborative relationship between radio and TV broadcasters, appropriate government ministries, and NGOs to design and implement a media strategy for addressing family and reproductive health issues.

This involves:

1. Identifying cultural issues and attitudes within the target area that create either barriers or opportunities that affect sexual decision making
2. Developing a strategy, usually using serial dramas (Soap Operas) as the centerpiece to break through the barriers. Such shows have proved effective in changing attitudes and behaviors
3. Recruiting local talent to produce, run and perform in the shows
4. Organizing funding for popular media time slots – sometimes with local funding but often paying for the time with PCM funds collected from donors

Piggy Backing

Integrated health Services can also develop user interest in FP services in other ways. For example, when a women brings in her child for vaccination, trained health care workers can initiate a discussion about family size or the woman's last pregnancy. In the course of the discussion the client decides to start using birth control. Pathfinder International stresses the value of this approach. FP services are integrated into community and home-based care programs that draw people in to be treated for any current health concern. The staff then suggests FP services, or any other needed services, as part of a comprehensive plan. Pathfinder developed a model for expanded program outreach in Kenya by integrating and strengthening services at the community level and introducing youth-friendly peer education programs.[v]

The Bangladesh Reproductive Health Service, working jointly with the Matlab Health Research Centre, uses a similar strategy, as needed. When a woman sees a health worker for prenatal care, she is advised to come back for postnatal care where the health worker offers her the means to space her pregnancy.[vi] Note that spacing pregnancy may have limited FP benefits, but it avoids the substantial resistance that other forms of FP receive in parts of Bangladesh and

Pakistan. Mohammad Zakaria, Mufti of Lahore's oldest Islamic religious school, calls family planning a Western convention that offends Islam. "If it permanently stops a woman from becoming pregnant, it is harmful and illegal." But he says the Quran encourages mothers to space their pregnancies and breast-feed their babies for prolonged periods. One verse states: "Mothers shall nurse their children two complete years…" So if a new pregnancy would interfere with breast-feeding and the health of a nursing child, a woman can temporarily stop having babies, using either condoms or the rhythm method.[vii]

Child Brides

Even in areas where the Taliban, Al Shabaab, and Boca Haram and other militias oppose education for women, people risk their lives to bring change. Girls Not Brides USA is one of at least 16 agencies working on strategies to delay the age of marriage and meet the needs of married children, and it outlines factors to consider when assessing how and where to support efforts to end child marriage. Members establish girls' groups to provide support networks and create safe spaces for girls to meet and share experiences outside the home. This reduces their sense of isolation and vulnerability and helps them learn to assert their right in choosing when they marry. They also work to empower girls by helping them find opportunities to gain skills and education.[viii] Despite the risk, even children sometimes join forces or marches to resist and condemn child marriage.

Population-Health-Environment (PHE)

Called the PHE model, community environmental projects based on several services working jointly can generate more support for an FP initiative than an area's FP service can accomplish working alone. A film series called *Healthy People, Healthy Environment* shows the effectiveness of PHE on a project in Tanzania. Another time-series data and regression analyses validated the success of the PHE approach on a Philippine project. See reference [ix] for details. Based on these models, the two projects described below provide more detailed examples of PHE successes.

Since 1960, Nepal's population grew from 9.5 million to more than 27 million. About 80% of this growth occurred in rural areas, causing massive increases in deforestation and water use.

Living off the land in Nepal's forested central foothills, the Chepang people cleared trees for subsistence farms, harvested the surrounding area for firewood, and eventually moved on after the wood, soil, and water were depleted. To resolve these problems, an integrated PHE program discussed both the causes and solutions of farming failures with community groups, allowing the people to recognize that family planning is an essential part of any long-term solution. According to Shiva Hari Bhatta, Director of the central health clinic, along with female community health volunteers, trained peer educators worked closely with government health clinics. Contraceptive usage rose from 19% in 2007 to 54% in 2012, which resulted in reduced rates of unintended pregnancy and both infant and child mortality.

A program called Safidy (run by a conservation group called Blue Ventures) serves about 40 small villages in Velondriake, a remote area in southwest Madagascar, up to 50 kilometers away from the nearest government health service. Although 90% of the women want to plan their pregnancies, government health centers in Madagascar are chronically under-staffed and under-stocked. This leads to a national contraception use rate of only 29%. Despite servicing highly remote areas, Safidy has increased contraception use from 10% in 2007 to 55%.

The project's PHE approach included: youth club sessions, radio shows, small group discussions, and interactive village presentations. Safidy combines messages to reach broader audiences. For example, to inform men about family planning, they relate food security concerns to reproductive health. Their school workshops and peer education activities use theatre, sports, music and films to engage communities in topics ranging from sexual, reproductive, maternal and child health to fisheries management. They also deal with gender inequality, food insecurity, environmental degradation and other problems. To scale up FP service delivery, Safidy partners with Population Services International to train local women as Community-Based Distributors (CBDs) of FP products and services. The CBDs offer counselling along with condoms, hormonal pills and injections, and general health care products. Safidy also partners with Marie Stopes mobile outreach teams to offer long-acting reversible contraceptives on a quarterly basis using CBDs trained in antenatal and postnatal education.

Dr Vik Mohan, Medical Director, said the Blue Ventures conservation group took on the work of a health NGO because no one else would. Safidy was a cost-effective method, which promoted local capacity and built on the CBD approach Blue Ventures was championing in its conservation work. Population growth in biodiversity hotspots is 40% higher than in more urban areas and puts pressure on the resources that Blue Ventures is in Velondriake to protect.[x]

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[i] http://girlsglobe.org/2013/11/14/cultural-barriers-to-family-planning/

[ii] http://www.theguardian.com/society/2012/jul/11/sexual-health-roundtable

[iii] http://www.earth-policy.org/data_highlights/2011/highlights13

[iv] http://www.populationmedia.org/what/

[v] http://www.pathfinder.org/publications-tools/pdfs/Reproductive-Health-and-Family-Planning-in-Kenya-The-Pathfinder-International-Experience.pdf

[vi] **http://www.icddrb.org/how-we-do-it/public-health-sciences/matlab-health-research-centre**

[vii] **http://www.npr.org/2011/08/10/139382653/in-pakistan-birth-control-and-religion-clash**

[viii] http://www.girlsnotbrides.org/how-can-we-end-child-marriage/ or http://16days.thepixelproject.net/16-organisations-working-to-stop-child-marriage/

[ix] http://www.newsecuritybeat.org/scalingthemountain/

[x] http://www.blueventures.org/conservation/community-health.html