

Family Planning's Contentious History

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Abstract

Donor and government support for family planning in low-income countries has stagnated over the last decade. In response, proponents have sought to rekindle commitment, arguing that the issue could re-emerge as a priority if they can persuade political leaders that family planning provision is crucial to achieving a number of the Millennium Development Goals (MDGs).

This paper examines the rationales and debates among global proponents concerning why family planning and other reproductive health services in low-income countries should be supported. They have advanced two primary arguments. Ecological arguments focus principally on the benefits of lower fertility and population stabilization for national development. Rights arguments focus primarily on the ability of women to live healthy and meaningful lives. These ideas, and the individuals and organizations that have advanced them, have co-existed uneasily. Moreover, proponents have faced critiques from institutions external to the field concerning the legitimacy of these programs. Supporters now emphasize the MDG argument, seeking to build on present global development priorities. Their ability to use this rationale to rekindle support may depend on how well they manage internal disagreements, and anticipate and address potential external critiques.

Key messages:

- Facing stagnant support for family planning and other reproductive health services over the past decade, proponents are attempting to rekindle commitment by arguing that these services are critical for achieving the Millennium Development Goals.
- Many factors stand behind diminished resources, but one that analysts have paid less attention to is the way in which proponents have managed disagreements among themselves, as well as external critiques of their actions.
- Historical tensions exist among proponents over the balance to be given to ecological rationales – emphasizing the aggregate benefits to society of population stabilization, and rights rationales – emphasizing the ability of women to live healthy and meaningful lives.
- These tensions persist, although proponents disagree on whether or not there are inherent incompatibilities between these two sets of rationales.
- The capacity of proponents to manage these tensions and anticipate and address external critiques may shape their ability to use the MDG achievement rationale as a means to generate new resources for family planning and other reproductive health services.

Introduction

Attention to family planning from international donors and national governments has fluctuated considerably over the past half century, and stagnated over the last ten years. Donor funding for family planning reached US\$ 722.8 million in 1998.¹ As of 2009 it had grown only slightly to US\$ 748.0 million,² even as total donor funding for global health nearly tripled over the same time period.³ While in recent years the governments of several low-income countries have prioritized family planning,^{4,5} many programs no longer receive the support from their governments that they did in the past,⁶ fertility transitions and contraceptive prevalence rates in a number of countries have stalled,^{7,8,9} and many governments of low-income countries depend on donors to finance much of their population activities, lacking the resources or the willingness to fund them themselves.¹

Concerned about the stagnation of attention, in the past five years proponents of family planning and other reproductive health services have made several efforts to rekindle global and national political commitment, and to counter arguments that priority is no longer needed. Several observers contend that we are at a critical juncture (citations from the special Lancet issue), arguing that the issue could re-emerge as a priority if proponents can convince political leaders that access to these services is crucial to achieving the Millennium Development Goals.

Analysts have pointed to several factors that stand behind diminished resources, including the decline in interest by the United States government under the Bush administration, historically the largest donor for family planning; the rise of attention to HIV/AIDS, a competing priority; a drop in fertility rates and a rise in AIDS-related mortality in many low-income countries, creating a perception (through 2005 at least) that population growth was no longer a problem; and the association of family planning with coercive policies, especially in China and India.^{6,9-13}

One potentially influential factor that analysts have paid less attention to is how supporters have managed internal differences and external critiques, with consequences for their capacity to make the case for these resources. These supporters include demographers, women's rights advocates, NGO leaders, UN agency officials, and individuals in foundations and bilateral and multilateral agencies who hold a population/reproductive health portfolio. We refer collectively to these individuals and organizations using a term some of them apply to themselves: the 'population and sexual and reproductive health and rights' (abbreviated population/SRHR) policy community. One source of

tension among these individuals are differences over the weight to be given to ecological rationales, focused on aggregate social benefits, versus rights rationales, focused on benefits to individual women.

This paper examines these debates and external critiques. We consider the past as well as the present, as current disagreements are a product of history. We do not mean to imply that global policy community debate is the primary force that will shape the future provision of these services. We do argue, however, that the way in which these internal tensions and external critiques are managed does matter. The global policy community has played an historical role in convincing donors and governments to support these services. Lacking financial resources and other forms of power, they have relied on the power of their ideas to make the case, power rooted in the evidence base on problems and solutions and in normative claims to address social wrongs. How they manage internal and external critiques, therefore, influences their primary form of power, and thus their capacity to continue this historical role.

In the sections that follow, we present the study's methodology, consider the debates among individuals and organizations in the policy community since World War Two until the present, draw on interviews with these individuals to consider present debates, and draw out implications for the future.

Methods and Data

To consider arguments made in the past we relied on primary records, including official documents from major population conferences, as well as secondary accounts, since a considerable body of work has emerged on the history of population and reproductive health policy.^{11,14-26} We searched JSTOR, ProQuest and PubMed databases as well as population and reproductive health journals, which yielded several hundred articles. To examine present debates we drew on documents from current global initiatives on family planning and SRHR, and conducted 18 interviews with policy community members, including demographers, bilateral and multilateral donor representatives, United Nations officials, foundation representatives, and NGO heads (organizational affiliations listed on web).*

These interviews involved a semi-structured survey with open-ended questions. Each interview lasted on average 51 minutes. All interviews were transcribed. Ten of the interviews were with women and eight with men. We asked each interviewee his or her view of the legacy of the 1994 International Conference and Population and Development (ICPD) in Cairo; the extent to which population growth is presently receiving global policy attention; reactions to the emergence of attention (if he or she perceived such attention to exist); and points of global policy agreement and disagreement. In selecting

interviewees, we consulted expert informants and published scholarship on population and reproductive health policy in order to ensure we included influential individuals who could offer a diversity of views. Once we had collected the information, we reviewed documents, published works and interview transcripts, cross-checking these to address any biases in particular sources of information. Six interviewees who have stood on different sides of debates offered feedback on a draft.

A limitation in the analysis is that we focus on global rather than national or grassroots level individuals and organizations, many of whom come from the United States, Europe, Latin America, South Asia and Africa. National and community experiences are at least as crucial to the history of arguments for family planning as global discussions, and have themselves influenced global debates. However, there are already many excellent studies of national experiences, some of which we have consulted here.^{4,5,21,26-31} Another limitation is that like the individuals we analyze, we hold positions that undoubtedly influenced our interpretation of the evidence, potentially in ways that we are unaware. We have sympathy for the efforts of individuals in the population/SRHR policy community to ensure that women and men in low-income countries have access to family planning and other reproductive health services. Thus, we were not likely able to give a balanced portrayal of their critics' arguments.

Results

Two sets of rationales, co-existing uneasily

Individuals and organizations in the population/SRHR policy community have advanced two primary sets of rationales to make the case for the provision of family planning and other reproductive health services in low-income countries. One set concerns macro issues associated with fertility: the impact of the reproductive behavior of individuals on the structure and economic vitality of societies, with an emphasis on the aggregate social good created in limiting rapid population growth. Analysts have referred to those who make these arguments as population controllers³² and neo-Malthusians.^{15,20} For analytical purposes, we use a more neutral term for these arguments - 'ecological' - given the concern for mitigating the adverse effects of individual behavior on society. A second set of rationales focuses primarily on micro issues: the right of individual women to control their reproduction. Individuals who make these arguments ask governments to create enabling conditions for women to live meaningful and healthy lives. Some of them reject the term 'family planning' because they believe it implies these are issues relevant only for families, conventionally understood. Many believe that the adverse consequences of rapid population growth – if indeed there are adverse consequences – will be taken

care of naturally as individuals are afforded control over their own reproduction. Those who make this argument have been referred to as feminists,²⁰ and as advocates for 'reproductive health' and 'sexual and reproductive health and rights'.^{11,23,24} We call these arguments 'rights' rationales, given the predominant focus on the rights of women.

Ecological and rights arguments in the history of family planning

From World War Two through the 1980s ecological arguments comprised the primary reasons for the establishment of many family planning programs. In the mid-1980s women's groups raised a rights-based challenge. Their arguments held the upper hand for at least a decade from the mid-1990s on, displacing public discussion of population, and influencing programs, especially in Latin America and India. Influenced by the opposition of some G-77 states and the United States, the original version of the MDGs approved in 2001 made no mention of SRHR or population, contributing to a decline in donor and government attention to these issues. In an attempt to rekindle commitment, since 2005 individuals in the population/SRHR policy community have advanced a mix of rationales, including ones focused on the MDGs, and discussion of ecological concerns has re-surfaced. But this eclecticism is not evidence of the effective synthesis of ecological and rights-based arguments, nor of harmony among the individuals who advance them: beneath the surface individuals who gravitate toward one or the other sets of ideas maintain some suspicion of their colleagues.

Emergence of ecological arguments

From the end of World War Two until the 1980s, population experts, bilateral and multilateral donors, foundations, and national governments advanced ecological arguments for the establishment of family planning programs. Researchers, mostly from academic institutions in the United States and Europe, identified a potential problem in rapid population growth, created a credible information base, and encouraged policies to lower fertility in order to support economic development and political stability, a normative claim.¹⁹ Non-governmental organizations and foundations - including the International Planned Parenthood Federation, the Population Council, and the Ford and Rockefeller Foundations - encouraged and supported the creation of family planning programs as a solution, working with national scientists. From the late 1960s until the late 1990s the U.S. Government, concerned that rapid population growth in low-income countries might lead to political instability,³³ contributed well over 50% of global funds for population and family planning programs.⁴¹

Critics emerged from several quarters. The Vatican issued a decree in 1969 opposing any form of artificial contraception, an argument against the morality of fertility control, and some countries with a powerful Catholic Church experienced strong backlashes against family planning.²⁶ At a global population conference in Bucharest in 1974, when the U.S. delegation suggested that developing countries establish targets for lowering growth rates, a large group of developing nations pushed back, concerned instead about economic inequality between the global North and South, and arguing that ‘development is the best contraceptive’.^{17,34} A decade later, at a 1984 population conference in Mexico City, the U.S. reversed its position to become a critic as the Reagan administration argued that population growth had a neutral effect on economic development.³⁵ This shift was in line with that of a number of economists and demographers who contended that reducing fertility was not necessary for economic growth.^{19,36-39} The U.S. criticism also was grounded in a concern over abortion: in what became known as The Mexico City Policy, the U.S. began restricting NGOs in developing countries that received USAID family planning funding from engaging in abortion-related activities, even with their own funds.⁴⁰

Emergence of rights arguments

A powerful challenge to ecological rationales and to conservative opposition emerged in the 1980s when a global feminist network formed. In 1984 women’s organizations from across the world gathered in Amsterdam for a meeting entitled ‘No to Population Control... Women Decide’.⁴¹ At this meeting a global advocacy partnership formed, the Women’s Global Network for Reproductive Rights. Over the subsequent decade women’s groups and officials from many Southern governments raised ethical concerns over the use of demographic targets and material incentives, as well as the poor quality of services provided to women under government programs.^{20,27,42} In March of 1993 the International Women’s Health Coalition (IWHC) began circulating a policy statement to ensure that women would be heard at the upcoming ICPD conference in Cairo. This statement explicitly rejected any form of coercion in family planning programs. With representation from low and middle-income countries, a meeting in Rio de Janeiro brought together over 200 activists, producing the Rio Statement that emphasized the appropriate treatment of women in health services and that framed family planning as part of a broader set of rights.⁴³

Subsequent to the Rio meeting, several individuals in the population/SRHR policy community sought to develop a common ground position to integrate rights and ecological concerns, one that later came to be termed the ‘Cairo Consensus’.²⁰ This position presented population stabilization as a desirable goal

but not one warranting compulsion, justified national contraception programs in terms of individual rights rather than that of the aggregate good, and viewed the empowerment of women as a prerequisite for lowering fertility.²⁰

Unlike previous population conferences, non-governmental organizations had a significant presence at Cairo and influenced its program of action.¹⁷ The Cairo Program of Action did not use the term 'population problem,' but it did mention the urgency of slowing population growth.^{20,24,44} It emphasized that the empowerment of women was to be pursued as an end in itself rather than as a means toward an end. Language surrounding the role of family planning in population stabilization still remained; however, family planning itself became a short sub-section of the document, and in its place was the language of sexual and reproductive health and reproductive rights.⁴⁴ Family planning was presented as one component of an integrated package of health interventions focused more broadly on women's health and the quality of reproductive healthcare for all.

MDGs exclude both rights and ecological concerns

A setback to the population/SRHR policy community was the exclusion of reproductive health and any mention of population growth from the Millennium Development Goals, an occurrence that took supporters by surprise. One UNFPA official argues that proponents may have been complacent in the wake of the ICPD, presuming that global development priorities would naturally include reproductive health (p. 74).⁴⁵ The exclusion appears to have been deliberate.⁴⁵⁻⁴⁷ Among the factors shaping the omission were political developments within the G-77 and the United States.⁴⁵⁻⁴⁷ With support from the Vatican, conservative members of the G-77 - the group of non-aligned nation-states - objected to the inclusion of reproductive health in the Millennium Development Report, a document published in 2000 that formed the basis for the goals. The G-77 operated on consensus, and not wishing to upset these members, less conservative members acquiesced.⁴⁵ Leadership in the United Nations Secretariat went along with this exclusion, wanting a document and set of goals that would gain the approval of the world's nation-states. By 2001, when the MDG goals were formulated, the Bush administration had come to power in the U.S. with strong support from social conservatives, potentially influencing task force members in charge of formulating the MDGs.⁴⁶ A former USAID family planning director and head of the International Planned Parenthood Federation expressed a shared sentiment among individuals in the policy community about the significance of this exclusion: "If you're not an MDG, you're not on the agenda...If you're not a line item, you're out of the game" (p. 77).⁴⁵

Donor and national government funding trends reflect a difficult situation for population and reproductive health in the wake of the MDG exclusion,¹ although many factors besides this exclusion likely contributed to diminished resources.^{35,48,49} The UNFPA estimates that \$65 billion were needed to finance programs in 2010, but only \$40.5 billion were available.² Financing for family planning stagnated between 1998 and 2009, dropping from 43 percent to 6 percent of total donor funding for population and reproductive health, as HIV/AIDS emerged as a higher priority.¹

Countering stagnation with mixed rationales, including MDG achievement

In order to counter this stagnation in resources and attention, in the second half of the decade members of the population/SRHR policy community undertook a number of initiatives advancing a mix of rationales, including MDG achievement. Most significantly, led by the head of UNFPA and leaders of several countries supportive of reproductive health and rights, they successfully pushed for inclusion in 2005 of a target for universal access to reproductive health.^{46,47} However, this was added as part of MDG 5 on maternal survival, so the MDGs still did not explicitly address core policy community concerns surrounding rapid population growth and the right of individual women to control their bodies.

In addition, in 2005, African Ministers of Health adopted a policy framework on sexual and reproductive health and rights that included family planning⁵⁰ which African heads of state endorsed in 2006, support influenced by a desire to make progress on MDGs 4 and 5 on maternal and child health.^{4,50} Five former USAID family planning directors, incorporating both ecological and rights arguments, pressed the Obama administration to provide \$1.2 billion for family planning, arguing that family planning's global success has, "proved to be a powerful health intervention, saving and enhancing millions of women's lives, and has slowed worldwide population growth and spurred economic development."⁵¹ An international conference on family planning was held in Uganda in 2009 calling for renewed commitment to ensuring universal access for family planning, with a follow up in Senegal in 2011 that attracted more than 2000 participants.^{52,55}

Many of these initiatives invoked the concept of 'unmet need', a rationale with some appeal both to individuals predominantly concerned with ecological issues and those focused on rights. The concept of unmet need⁵³ refers to women - now estimated to be more than 200 million in number⁵⁴ - who would

like to limit or space births but are not using contraception. Speeches at the 2011 Senegal conference by US Secretary of State Hillary Clinton, UNFPA director Babatunde Osotimehin and Gates Foundation co-chair Melinda Gates all mentioned the idea.⁵⁵

Alongside these developments, after more than ten years of silence following the Cairo conference, public discussion of population growth resurfaced among donors and academics. The concern was particularly apparent in a series of parliamentary hearings in the United Kingdom in 2006, where a number of experts testified who embraced ecological arguments. The hearings report, which was circulated among major donors including USAID and the Gates Foundation (Interview 19, I14) called for a renewed focus on family planning and inserted an MDG rationale, noting that, “Over the past 10 years the focus on population growth has been lost...The evidence is overwhelming: the MDGs are difficult or impossible to achieve with the current levels of population growth in the least developed countries and regions” (p.3).⁵⁶

Further evidence on the re-appearance of public discussion of ecological concerns occurred in May 2011 when the United Nations raised its population projections for the year 2100 from 9 to 10.1 billion for a medium variant scenario on fertility.⁵⁷ The projections generated worldwide press attention, including a front page story in *The New York Times* that reported comments from well-known demographers including the following: “Every billion more people makes life more difficult for everybody – it’s as simple as that. Is it the end of the world? No. Can we feed 10 billion people? Probably. But we obviously would be better off with a smaller population.”⁵⁸

The renewed attention to population also made use of two new arguments. One concerned climate change. Population advocacy organizations, demographers and other scholars argued that population growth affected global warming.^{59,60} They called for the provision of family planning services to protect the environment – an ecological argument – but also emphasized the need to mitigate the adverse effects of global warming on the well-being of individuals in low-income settings – a rights rationale. Another new argument concerned the demographic dividend, the idea that if fertility could be lowered, societies would ultimately be composed of fewer dependent people requiring public resources for services such as schooling, and more adults of working age who could contribute to economic growth.^{61,62} Production of evidence for these rationales is gaining ground. For example, in 2011 the World Bank hosted a meeting that included Ministers of Finance to discuss the demographic dividend.⁶³

New commitments from donors, grounded in mixed rationales

By the end of the decade major donors began to augment their pledges for family planning and other reproductive health services, articulating a mix of ecological and rights arguments for their support, including the MDG achievement rationale. In 2010, the United States, the United Kingdom, Australia and the Gates Foundation announced a five-year alliance, one of whose main goals is to reduce unmet need for family planning by 100 million women,⁶⁴ with a view to reaching MDGs 4 and 5 on child and maternal survival. This move is part of an augmented commitment for family planning on the part of the Gates Foundation, spurred by Melinda Gates,^{65,66} and by the United Kingdom with Secretary of State for International Development Andrew Mitchell as a champion.⁶⁷ Members of the population/SRHR policy community inside these institutions helped to develop the idea for such an initiative and to secure the agreement of these senior leaders (I11). In July 2012 the United Kingdom and the Gates Foundation will host a summit in London designed to generate additional commitment and resources for family planning, in part an effort to make progress on MDGs 4 and 5.⁶⁸ Also, reversing a decade-long stagnation in funding from the United States, the Obama administration has augmented family planning assistance (although only \$615 million was appropriated for FY 2011 under a Congressional budget compromise).⁶⁹ The French government, too, has emerged as a supporter of family planning, pledging 100 million euros over the next five years at a regional conference on family planning in Burkina Faso in February 2011.^{70,71}

Divergence and convergence in the population/SRHR policy community

Persistence of differences

Although these new initiatives invoke a mix of ecological and rights rationales, they mask ongoing differences among policy community members surrounding why and how family planning and other reproductive health services should be provided. One source of evidence for persistent differences are disparate donor priorities. The Gates Foundation and the governments of the United States and the United Kingdom explicitly invoke ecological, alongside rights-based arguments, as justification for increasing funding for family planning. By contrast, several Northern European donors avoid mention of population or family planning in their funding strategies, in favor of an exclusive focus on sexual and reproductive health and rights (I9, I12).⁷² As one North American-based foundation official puts it:

The [Northern] European perspective is very different...They don't use the acronym FPRH, Family Planning and Reproductive Health. They only use SRHR...You're in a different mini universe with them (I12).

Another piece of evidence for difference is worry among some women's rights activists concerning the re-emergence of population concerns. As one respondent comments, the current discussion on family planning has been taking place:

...without an acknowledgement that when you introduce that demographic imperative, it can really distort the delivery of services...[to] restrict women's choice...it gives more strength to people who want to promote certain kinds of contraceptives over others, often the more long-term forms over which women have less control (I16).

Differences are revealed most starkly in contrasting interpretations on the legacy of the ICPD among individuals who were involved with the conference and who continue to be leaders in the population/SRHR policy community. Interviews reveal three broad reactions: Cairo represented a watershed – a necessary corrective to unfortunate practices of the past; Cairo was valuable but went too far in making discussions on population difficult; and Cairo had a largely negative legacy by taking the focus off family planning and the adverse effects of population growth.

A number of individuals – including leaders of women's groups and foundation officials who shaped the conference agenda – view the legacy of Cairo in positive terms (I12, I15, I16).

It refreshed the field and put women at the center...making it legitimate to say you can't just think about family planning or contraception in a vacuum (I12).

A prominent scholar and participant in the pre-Cairo discussions argues that the conference actually did not go far enough in setting aside population control discourse:

It left intact a strategic agreement between the international women's health movement activists and the population field...It didn't have a critique of neoliberal development (I16).

Adding that at Cairo there was:

...a big fissure in the movement between those people who thought we've got to challenge the neo-Malthusians' ideas and those that thought strategically we shouldn't because the fundamentalist right was a bigger enemy than the neo-Malthusians.

Other individuals, including demographers and leaders of aid agencies that have provided support to family planning, express ambivalence on the conference's legacy (I3, I4, I6, I7, I8, I10, I11, I13, I17). One demographer in a multilateral agency worries about a loss of focus:

Reproductive health has many, many priorities. Some people say 19...It became a very wide, broad agenda...which was hardly implementable...it's just a kitchen sink strategy (I7).

But adds that the move to a focus on individual rights was:

Legitimate, needed, a correction from the excesses of the past, especially the Indian program and the Chinese program.

A population director at a foundation comments:

We lost emphasis on funding for family planning (I10).

But adds:

People who say the feminist movement...was the problem in Cairo are wrong... I think the feminist movement was a gift of Cairo...It brought a consciousness that we shouldn't convey that women are instruments who you just do research on, you give contraception and then the story is closed.

Still others - scholars and practitioners with a long-standing concern for population - view the conference's legacy largely in negative terms (I9, I14).

If we had a way to measure the burden of suffering among women, it's probably greater since Cairo than before...women who might otherwise have been helped not to have unintended pregnancies continued to have those unintended pregnancies. I think that's one of the saddest things in the world (I14).

The biggest thing that came out of Cairo, unfortunately, was the silencing of people on the language of population...The [women's groups] talked about the coercion in family planning. They never talked about the coercion of women being forced to have pregnancies they didn't want (I9).

Individuals differ not only on rationales and the legacy of Cairo, but also on the extent of disagreement that actually exists in the policy community, raising the question of whether these disagreements have been grounded in objective differences or subjective perceptions. One former NGO leader and demographer sees sides as far apart as ever and wonders how priority for family planning will ever advance, noting that:

We have such shrill discussions (I6).

Another demographer in a multilateral agency comments:

[Our disagreements] remain unresolved...because...these two different agendas are supported...by different constituencies (I7).

A foundation leader who embraces rights arguments argues that Cairo had largely positive effects on the policy community, but notes that:

The intended legacy of Cairo was to reconcile the two major extremes in the population field, the first being concern about rates of rapid population growth, and the second being concerns about women's reproductive health and rights...but clearly that didn't happen....(I12)

Adding:

I am a true believer in the so-called Cairo Consensus. It just never really became a consensus (I12).

Yet this person argues:

There still is not enough realization of the common ground that we have (I12).

Points of convergence

Many other individuals in the policy community agree that there is much overlap, particularly surrounding the idea of unmet need (I8, I9, I11, I14). As one puts it:

If you want to focus on building bridges, then the very simple bridge is the slogan of meeting the unmet need for family planning. That is going to take you everywhere you need except for a small number of very difficult countries in Africa and Afghanistan (I14).

One demographer from a low-income country agrees, arguing that

Across the board I would think there is a greater move to the middle...if you claim there needs to be a strong policy to advocate for no more than two, or three, or four, or five children...of course there would be huge disagreements over that...but for the core issues surrounding family planning, around meeting the unmet need, around responding to expressed needs of women to limit childbearing and giving them the means – there is much greater consensus that these should be prioritized (I8).

Another perceived area of convergence is a widespread acknowledgement, including among those who advance ecological arguments, that rights must be central to any programming (I3, I4, I6, I7, I8, I9, I10, I14).

Few [of us] say ‘slow population growth no matter what happens to women’ (I9).

It’s hard to see given the current environment that programs that are not voluntary could emerge...I agree that we have to be vigilant, but enough people are watching to ensure programs will be voluntary (I6).

Another area of convergence is the growing numbers of individuals associated with women’s rights groups who accept the legitimacy of raising questions about the impact of population factors on the welfare of individuals (I12, I15, I 16).⁷³

Several individuals offer ideas for bridging differences, including linking with maternal and child health and building a coalition for family planning even if different rationales are being used:

Right now in the world, we have this political commitment behind women and children. So let’s use it. And let’s stop arguing among ourselves (I15).

[We need] a coalition...groups need to advocate but for different reasons – reinforce one another rather than compete (I5).

Arguably there may have always been a point of convergence in arguments offered, reflected in the motivations of many, if not all, of the individuals who became involved in the field: a concern for

ensuring that women can live meaningful and productive lives, free from oppression. Individuals may just have reached different conclusions about how to ensure this, and the legitimacy and consequences of placing ecological concerns at the center of debates. Comments from two of the most prominent individuals in the population/SRHR policy community - one associated with ecological arguments and another with rights concerns - reflect similar sentiments concerning why they began work in the first place:

When I was a doctor I had to get up every night to clean up somebody else's abortion. I just thought that was a bad way to treat women. I wasn't thinking about population at that time...I came very much from face-to-face consideration of women (I14).

I spent years in the villages...I was not a Western feminist or whatever ...It wasn't an ideological commitment...A lot of what I absorbed, I absorbed viscerally, by what I saw, by what I heard. And that was about the daily insults and injuries to ordinary women...who don't have control over their own bodies (I15).

Discussion

Family planning's history has been contentious. Its supporters have faced numerous sources of opposition: from the Vatican over the morality of artificial contraception; from developing nations over the deeper drivers of economic inequality; from US administrations over its association with abortion services; from economists over its importance for economic growth; and from conservative governments over all of these concerns, which resulted in the issue being left off the MDGs. In addition, its supporters have disagreed among themselves on the very reasons why family planning and other reproductive health services should be provided, some emphasizing ecological rationales, others rights arguments.

Policy community members now advance an eclectic mix of rationales, with MDG achievement among the most prominent. The MDG rationales help to de-politicize the issue, focusing on aims that even the harshest critics find hard to object to: improving the health and saving the lives of women and children. Some members hope that by advancing these rationales, they can capitalize on global development priorities, bridge differences among themselves, and avoid the controversy that historically has accompanied their calls for support.

It remains to be seen whether an MDG focus will avert the kind of controversy that has emerged in the past. The same external critiques could re-emerge. Also, underlying tensions within the policy

community persist. Moreover, the MDG rationales may ultimately prove unsatisfying to policy community members, as these rationales largely ignore the fundamental reasons these individuals support the provision of family planning and other reproductive health services: for those who advance ecological arguments, to promote development through population stabilization; for those who advance rights arguments, to facilitate the basic right of women to control their own bodies.

The future provision of services in low-income countries will depend upon many factors beyond debates internal to this global policy community. Domestic considerations – including the interests of national leaders and civil society organizations, as well national conditions such as fertility and reproductive health trends – will be at least as influential. Nevertheless, how policy community members manage internal disagreements and anticipate and address potential external critiques may influence service provision, as historically they have been at the forefront of efforts to convince donors and governments to allocate resources. In particular, it will be interesting to observe whether policy community members conclude that there are inherent incompatibilities between ecological and rights-based approaches, or decide instead that these differences are largely constructed, and that there is much they actually agree on.

Conflict of interest statement

No conflicts of interest declared.

Contributors

JS and KQ conceived of the research idea, gathered and analyzed the data, conducted the interviews, and co-wrote the report.

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