

CHAPTER FIVE

FAMILY PLANNING AS A CONCEPT IN WELFARE PLANNING

BY MAXINE KUMEKPOR*

As a concept "Family Planning" has undergone (and is still undergoing) reconceptualization and reformulation. Before the 1950's there was no widespread use of the concept "Family Planning" in national economic or social planning in developing countries. The use therefore of this concept as an aspect of national planning in the developing world, is definitely a recent phenomenon.

It has taken over two decades to achieve some reasonable working definitions of the concept. In its abstract form the concept "Family Planning" has conveyed and conjured up many meanings. The difficulties in conceptualising this phenomenon can be related to two basic problems:

- (a) The problems involved in its definition;
- (b) The problems involved in its communication.

The Problems Involved in the Definition of Family Planning

The early definitions of Family Planning were influenced by the socio-demographic experience of developed countries. As such, the concept in the western frame of reference took on a purely utilitarian meaning. The action to reduce fertility was left to the individual family and the effects of such decision or indecision were left to be borne entirely by the family that took the action whether or not such actions involved certain externalities i.e. imposed burdens or conferred benefits on other families. Nevertheless the favourable socio-economic environment (i.e. industrialisation urbanisation wealth etc) made the actual voluntary practice of birth control very worthwhile to the individual. Moreover the birth rates in industrialised countries had already dropped to low levels, obviously a reflection of dramatic changes in fertility behaviour over the years. Therefore to conceive of the necessity for concerted governmental action or governmental intervention in this sphere seemed quite remote in developing countries.

In contrast the situation for individuals in developing countries was one of determination and struggle to demonstrate one's fecundity. The importance of thinking positively about fertility was given every encouragement in the most subtle and blatant forms (i.e. proverbs prayers sanctions and taboos). with the over-all effect that birth rates remained high. Fertility was not the prerogative of the individuals or his family but involved the wider society. Therefore the thought or feeling of bringing a burden into the world was foreign to the practice of child-bearing. A birth was conceived only in terms of the benefits it conferred on the family and ultimately on the society and any undesirable consequences of fertility behaviour was absorbed by society. How then are we to reconcile these very distinctly different concepts of fertility behaviour?

*Mrs. Maxine Kumekpor is a Research Fellow at the Institute of Statistical, Social and Economic Research, University of Ghana, Legon.

Reconceptualization

Nevertheless, two situations gave the necessary stimuli for a fresh look and thought about the phenomenon of population growth and population control. First, the observed and recognised phenomenon of low birth rates in economically developed countries and the correspondingly high birth rates in economically underdeveloped countries provided the necessary force giving rise to this idea. Secondly, the fairly recent and rapid development of patent contraceptive technology and its wide diffusion throughout the more industrialised countries during the last decade facilitated the actual formulation of the term "Family Planning." Neither of these situations, however, completely provided the elements that characterise the concepts of family planning, since such elements were imperfectly known or understood even in the most highly developed countries. Furthermore, the absence of sufficient information and knowledge about fertility behaviour, sexual mores, and ideas relating to anti-natal practices, made any formulations of ideas about such behaviour very tentative, indeed. Nevertheless, the large scale supplies of patent contraceptives stimulated and accelerated interest and awareness in birth control programmes. The availability of these methods made it possible to conceive of mechanically affecting fertility behaviour and bringing down birth rates in a population within a relatively short time. This fact coupled with the already growing concern over high birth rates in economically underdeveloped societies, precipitated rapid and widespread discussions, propaganda, and projects of contraception to developing countries.

Communicating the idea of Family Planning

At this early point, the concept of Family Planning in developed countries was far from clear or well articulated. In Western countries there was considerable controversy over the meaning/interpretation and application of the idea. The possibility of Family Planning practices bringing about changes in fertility behaviour and subsequent declines in birth rates was not completely appreciated or accepted by government bodies (not even in U.S.A.) until fairly recent times.

In developing countries which demonstrated even more varied socio-cultural and socio-economic conditions, the situation was even more confused. The idea slowly but steadily filtered throughout the underdeveloped world. The first significant impact of the idea took hold in countries (i.e. India and Pakistan or the countries forming a part of the ECE) that were already characterised by relatively large population problems such as high population density, large population size, famine, etc.

I will in this paper, therefore, characterise this large scale utilisation of contraceptives by countries such as India and Pakistan as stage one.

STAGE ONE

The experience gained in this stage soon made it clear to these and to other countries that the problem of population had no simplistic solutions, and that information was needed on the various parameters of fertility behaviour if any effort at reducing the birth rates was to be sustained. It was, therefore, through trial and error in the initial stage that the need arose for a re-examination and working out of careful and more realistic concepts and ideas about fertility behaviour.

It was at stage one that the problem of communicating the concept of Family Planning loomed high. It was also at this stage that there was a purposeful attempt to find solutions to

this problem. The reformulation and reconceptualisation of the phenomenon was thought to be a necessary step in this direction. It was realised that unless the practice involving widespread use of patent contraceptives could be effectively communicated to the masses the birth rate would remain unchanged at high level. There was need, therefore, of family planning. In short, establishing some acceptable relationship between everyday fertility experience in the population with the new approach to birth control, seemed mandatory. Re-interpretation therefore became recognised as an important intermediate step in the processes of re-definition and communication of family planning in these countries.

STAGE TWO

Voluntary National Family Planning Programmes

The second stage in this development (i.e., the 1960's) has been characterised by countries with smaller absolute numbers (such as Korea and Taiwan) in contrast to India and Pakistan, but with equally pressing population problems as those considered in the first stage. However, unlike the countries in the first stage the impetus for national birth control programmes in the second stage came largely from internal pressures. These countries were bold to come forward to request aid and technical assistance in establishing centres for the dispensation of "patent" contraceptives, in addition to seeking advice on other aspects of their problem.

It can generally be said that the demand for contraceptive services in these countries (Korea and Taiwan) far exceeded the expectation of the project organisers.

It must be emphasised that the issue of defining and conveying the meaning of Family Planning, therefore, did not pose immediate problems to the implementation of birth control programmes. The organisers of these programmes were, therefore, more or less free to concentrate on:

- (a) effectively providing information and delivering services, and
- (b) closely observing and systematically collecting and recording, at the onset, detailed information on acceptors of family planning methods.

This made possible elaborate studies to be carried out into the attitudes and behaviour of acceptors of contraceptive methods. The experience at this stage, therefore, contributed substantially to our knowledge on and information about fertility behaviour and other related issues of population dynamics. Moreover, the success of these programmes in Korea and Taiwan offered a fairly strong argument for increasing governmental action/intervention in population control programmes in developing countries.

STAGE THREE

Family Planning Programmes in the Absence of Externalities

The third stage, the stage in which we in Africa now find ourselves is a situation quite different from and not closely resembling either of the two previous stages. In most African countries the population size is not of much staggering dimensions as to easily enable international forces to be exerted to bring about pressure on the governments to implement population control and/or birth control measures. Nor is it a situation where the countries are eagerly requesting advice or action on population control. It is rather a situation where the traditional social structure is still

sufficiently strong and pervasive enough throughout most of the society to make any attempt at population reduction a fairly arduous job.

The population problem of Africa is still an impediment to economic and social development and without deliberate attempt to check the growth of the population and ultimately to bring about decline in growth rates, there is not likely to be any sustained economic growth, nor improvement in the socio-economic environment. The essentially economic consideration for family planning is that of altering and eventually changing the existing fertility behaviour that perpetuates the present condition.

Socio-cultural dimensions

Beliefs and practices surrounding fertility are strongly anchored in the social structure of African society. Any attempt therefore to alter and change fertility behaviour must take into consideration these social structural factors affecting this behaviour.

In Ghana as in most West African societies the rules and mores surrounding and regulating sexual and reproductive behaviour of the woman are geared towards the protection of the mother and child. Although in Ghana as in most West African societies, fertility is encouraged for the perpetuation and maintenance of the larger society. Nevertheless, there are rules and mores surrounding and regulating reproduction and sexual behaviour of the couple to ensure the health and welfare of the mother and child. Observance of antenatal and post-natal taboos and practices helps to secure this effect. Moreover, in the African context, the act of sex is still very closely associated with reproduction, making some aspects of widespread birth control problematic. Nevertheless, Ghanaian society recognises the ill effect of too frequent and too many births on the health of the mother and child, it would therefore appear that with the proper education women could be influenced to alter their present high fertility to a more moderate level (given the optimum conditions). It should be possible to change the attitudes of a large number of women in Ghana about family size and structure, providing the socio-economic environment re-inforces such changes. It is reasonable to imagine that good health conditions for mother and child as well as adequate means for the mother to nourish, to cloth and to educate her child will go a long way toward creating an optimum environment that will be effective in affecting the mother's attitude in a direction of fewer births.

Welfare Planning and Family Planning

This latter point in affecting fewer births is in no way self evident. The ability to judge what is excess fertility to the individual depends on the efficient and effective flow of reliable information. It is in this sense that welfare programmes become instrumental in conveying and persuading women that not only their fertility is too high but that it must be reduced to some optimum level if the health and welfare of the family is to be enhanced.

Such slogans as "Better Family Living", "Family Planning for Better Living", etc., are very typical of a welfare emphasis which is needed in family planning programmes in Africa.

The joint efforts of such international agencies as UNICEF, WHO, PLANNED PARENTHOOD ASSOCIATION, in assisting and strengthening of basic health services and improving on specific areas of welfare in order to enable countries undertaking family planning programmes to deliver the necessary services, is an excellent example of an integrated programme of welfare and family planning.

The more specialised action required of local welfare agencies has not been forthcoming. There has been no effective integration of family planning with welfare planning in Ghana. However, there have been attempts on the part of the National Family Planning Programme in Ghana to co-ordinate family planning services with welfare services. This has been particularly emphasised in the P.P.A.G.'s training programme of field workers, where stress is placed on the family planning field worker as a member of a team, offering and providing information and services which are expected to improve the health and welfare of the mother and child. In this sense, the family planning field worker definitely has a contribution to make in the team approach to welfare services. Nevertheless, at present, their participation in welfare planning is limited. First, because of the relatively small numbers of family planning field workers they cannot be expected to have a wide and effective impact on health and welfare problems. Secondly, the field worker's role is largely related to the mothers in the child bearing ages and their offsprings. As such they are not expected to concern themselves with the more complex wider issues of family formation and family cohesion. Failure on the part of the G.N.F.P.P. to recognise this fact may lead to a diluting of their central responsibility of delivering family planning services and information.

The role of the family planning field worker is primarily one of providing information and persuading women to attend family planning clinics for services and advice. Whereas, the structure of the Social Welfare and Community Development provides a greater scope for integrating family planning into welfare planning. Furthermore, since family planning practice implies some aspects of welfare, there should be greater efforts to systematically relate family planning to welfare planning. For example, the aims on the part of welfare programmes to (a) improve the standard of living; (b) to create healthy environments through education; (c) to impart to young women rudiments of good home and child care, are fundamentally complementary to family planning services. The point, therefore, that needs to be stressed is that the two spheres must pull closer together and exert greater efforts at integrating family planning practices into welfare planning strategy, at the different levels. At present, there is no systematic programme to accomplish this aim.

Family planning activities are still largely separate or outside welfare planning. Except for the efforts of N.F.P.P. to integrate some aspects of the social work approach in their training of field workers, the achievements in this direction have been very insignificant. In the light of the above, I think the case has been established that, (a) any programme effort aimed at changing fertility behaviour in direction of optimization must necessarily provide parents with the necessary foresight as to the social and economic prospects, opportunities and interests to secure a more healthy life; (b) Families are not always in the position to be informed about changing conditions. Families may be unaware of pertinent information concerning costs, availability, technical and aesthetic properties of the means for preventing conception or for terminating pregnancy, or may have incorrect information on these matters; (c) Decision with respect to parenthood have increasingly been taken under conditions of uncertainty that can be lessened if parents are provided with pertinent information at the right time; (d) Since the provision of birth control services has many common elements with ordinary public health and welfare services and as the latter for various reasons is often socialised, a unified treatment for the supply of all such services may be considered natural and/or preferable.

Conclusion

Indeed differences of opinion on family planning seem to centre primarily on the effectiveness of the approach rather than on the substantive question of principle. It is argued that apart from lack of motivation, the programme does not work effectively, because a large proportion of our rural population is unaware that they can purchase contraceptives at very cheap prices and keep an adequate stock, because contraceptives that are available are inefficient, effective means are expensive and sometimes their use repugnant and because there is an inadequate network of public facilities and personnel to provide for family planning needs.

Such a formulation, of course, implies that an important change with respect to any of the deficiencies could have at least some effect on changing fertility. The objections to the family planning policy are based on a set of assumptions such as on the acceptability of the devices, their efficiency, their prices. But such characteristics are certainly amenable to change. It is often asserted that fertility decline is a consequence of developments in socio-economic environment and not the other way round. Moreover, in today's less-developed countries there exists a wide social consensus that the development processes are to be speeded up by purposive governmental action (i.e. welfare programmes directed against the general manifestations of backwardness) and by positive promotion and support given to behaviour consistent with a progressive modern network. Positive efforts to speed the acceptance of the modern pattern of reproductive behaviour is part and parcel of the modern development process. The other facet of the family planning policy should focus on improving and ultimately changing the social and economic environments that perpetuate these conditions.

The foregoing considerations would powerfully reinforce the argument concerning the economic and social usefulness of family planning programmes already established even in the absence of reinforcement from welfare agencies. Nevertheless the increased effectiveness to be derived from such a liaison for the individual as well as the nation is sufficiently clear to continue to support and encourage activities in this direction.



This work is licensed under a
Creative Commons
Attribution – NonCommercial - NoDerivs 4.0 License.

To view a copy of the license please see:
<http://creativecommons.org/licenses/by-nc-nd/4.0/>

This is a download from the BLDS Digital Library on OpenDocs
<http://opendocs.ids.ac.uk/opendocs/>