

Highlights from the 30 June Telepress Conference on the Crisis in Family Planning

Following the opening of the technical consultation, three experts discussed the status of family planning in the developing world and its impact on population dynamics and inequality. Selected excerpts follow. The full [audio recording](#) of the press conference is also available:

John Cleland: Professor of Demography, London School of Hygiene & Tropical Medicine.

Family planning was once a high international priority, and it was a huge success in Asia and Latin America. But international support for family planning has dwindled in the last decade or so. There's been a decline in international funding in recent years by 40 to 50 per cent. It's my view that this decline in the profile and funding of family planning is a disaster. Because the need for it is still high and indeed it's growing rapidly....

An estimated 200 million women have an unmet need for contraception... But most importantly of all, many of the world's poorest countries – and they're mostly in Africa – still have very low levels of contraceptive use, they have high fertility, very rapid population growth, and high levels of unmet need for contraception... Many African countries are going to double or even triple in size between now and mid century. And that I think poses huge problems for development....

We need to debate population issues openly and honestly in a way that we haven't been prepared to do in the last 10 to 15 years.... And we need to assert again and again that the socio-economic and hunger reduction case for greater investment in family planning need not contradict human rights.

Gita Sen Professor of Public Policy, Indian Institute of Management/Adjunct Professor of Global Health and Population, Harvard School of Public Health.

I think the lessons of previous family planning programmes that were brought together at ICPD in Cairo 15 years ago are still valid and relevant today. And they point to the importance of placing family planning well within a health and rights framework. This becomes especially important when we think about what the world is like that we live in today.

It's a changed world even as compared to 15 years ago. And if we look at who needs family planning critically and who needs family planning to be placed within a health and rights framework, there are a number of groups that are crucial. Women and girls most important overall. But within that, young people who constitute 25 to 30 per cent of the population in some countries. Approaches to their sexual and reproductive lives that start with the notion of sex as sin are extraordinarily ineffective and can in fact do much more damage than good as we've seen in some countries recently.

Young people need services, need information, need adequate access to commodities in a context when they're forming stable relationships later and later in life. Jobs aren't available, housing isn't available, they're marrying at later ages, if at all. All of this does not do away with their need for services. Sex and reproduction are a perennial, they're a fact of life. And I think it's important that programmes and services recognize this.

Jalaluddin Ahmed Associate Director of BRAC, a large NGO dealing with family planning, micro finance and anti-poverty programmes in South Asia.

So far we have heard about challenges to family planning in the world. But there are also some good success stories.

The Bangladesh Demographic and Health Survey reveals that success of family planning activities in terms of increasing contraceptive prevalence rate and decreasing the total fertility rate. In 1993-94 it [CPR] was 44.6 per cent. But in 2007 it came to 55.8 per cent. The total fertility at that was at 3.4 per cent. Now it is 2.7.

To achieve this success there were many challenges: establishing the linkages between the service providers and the client, ensuring the supply of commodities as demanded by the community, dealing with social stigma and the taboos, delivering services to hard-to-reach areas and to migrants. But ultimately we saw a change in health-seeking behaviours, changes in service provider attitudes, more community empowerment, decreased social stigma and improvement of linkages. These are the as the reason for this continuous sustainability of contraceptive services in Bangladesh.