" CHALLENGES FOR REPRODUCTIVE HEALTH AND FAMILY PLANNING POLICIES FOR DEVELOPMENT "

BY

HIS EXCELLENCY MR. CRISPIN GREY-JOHNSON
AMBASSADOR AND PERMANENT REPRESENTATIVE
OF THE GAMBIA TO THE UNITED NATIONS

PARTNERS IN POPULATION AND DEVELOPMENT

SYMPOSIUM ON REPRODUCTIVE HEALTH,
FAMILY PLANNING AND DEVELOPMENT
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INTRODUCTION

The big human development challenges in Africa revolve around the issue of empowerment. Government development policies are in essence, policies that seek to empower people in ways that would invest them with the capacities required for them to bring about positive transformations in their lives – transformations that would ultimately lift them out of poverty and into real economic and social security.

The entire effort of the international community in seeking to attain the Millennium Development Goals amounts to the same thing – to contribute in a concerted manner to the upliftment of the world's poor and dispossessed through deliberate and focused interventions in certain key sectors: education, health, agriculture, etc. The chances of these interventions having any real meaningful impacts, depend to a very large extent on variables that derive from the demographic situation in the country. A large and rapidly growing population in a resource-poor developing country, constitutes a drag on that country's development potentialities. Large outlays are required to meet the education, health and social development needs of the population. Typically for a developing country, these outlays cannot easily be made. Therefore, it becomes difficult to uplift people and get them out of poverty. Productivity levels within the economy remain low because of the low educational and skills levels prevailing; incomes as well as the health and nutritional status of the population remain equally depressed. Efforts to bring about social and economic development become frustrated.

THE CHALLENGES

The demographic challenges are central to attempts to break this vicious circle. Stabilizing population growth becomes essential, and there are several ways of achieving this.

There is a vicious relationship between poverty and family size. It is a fact that the peasant mode of production is a factor in high fertility levels in rural areas. Peasants rely on labour-intensive production methods, with the family being the main source of labour supply. In these societies, "a small family is a poor family", as the saying goes. Introducing more technology into production and reducing the labour demand would obviate the need for large families, while at the same time, boost productivity and income levels.

It has been well demonstrated that educated mothers tend to bear fewer children. Assigning priority to educating the girl-child will ensure that more of them stay longer in school; begin child-bearing later in life; participate more in the labour force; and are eventually sufficiently enlightened as to develop a preference for fewer children.

Within the school system itself, much could be done to educate future adults and parents on responsible parenting. For example in the Gambia, reproductive health education is very much a part of the school curriculum. It is labeled “Family Life Education” and seeks to inculcate in the child, healthy and responsible attitudes towards sex, marriage and parenting.

Family planning methods and services that propagate the use of condoms are an important factor in the campaign against HIV/AIDS. In many African countries, many adolescents and adults cannot afford the cost of condoms to ward against infection. Governments and their partners should intervene to meet this need as part of the bigger fight against HIV/AIDS.

Public information and awareness-raising could prove to be most effective against certain cultural practices that favour high growth rates. Polygamous societies tend to have high fertility levels. Adherents of faiths that are pro-life also tend to have large family sizes.

Then there is the simple fact of ignorance and lack of access to modern, scientific reproductive health facilities. This is more the norm than the exception in rural areas, where all the demographic indicators perform badly. Inadequate family planning services compound the problems of reproductive health in many communities: teenage pregnancies, high incidence of fistula problems, increased risk of maternal mortality, etc.

The decade of the 1990s saw a significant slowing down of the spread of access to modern family planning services. In many countries, what started off as a public health service for the poor and disadvantaged in the sixties and seventies, was beginning to graduate into a business enterprise with first, the charging of cost recovery levies and now for-profit fees. At the same time, economic conditions have not improved sufficiently to allow many households the extra income to afford the cost of these services. The net result has been a slowing down of the rate of expansion of access – a trend that does not augur well for Africa’s efforts to improve the reproductive

health of the population. Also, according to the UN Population Division, contraceptive use in Africa should double by 2005, if the projected changes in fertility are to be attained by then.

Another trend also appears to be setting in. As in the overall public health sector, with the increasingly difficult economic conditions, more and more people are resorting to traditional systems for services. These systems are notoriously inefficient and even sometimes dangerous. Ways must be found to ensure that all those who may require the services actually are allowed to enjoy them. Governments, with the assistance of the international community may be called upon to subsidise the costs of these services in order to make them more affordable especially to the most needy.

But this is assuming that these services even exist in rural areas – and in some urban areas in Africa. In most cases, the problem of access is more deep-rooted and structural. Underdeveloped countries typically, do not have the wherewithal to provide the basic services to all their people. The difficulty of access to reproductive health facilities in most cases is simply part of the bigger problem of bringing services to the people.

There is also the well-known problem of manpower constraints. Not only are stocks low and inadequate, but also they are being depleted through the brain drain, to the extent that many African countries now suffer from severe shortages of trained health manpower. Whereas in the decade of the eighties and nineties, it was the highly qualified who were targeted for recruitment by the developed countries, now the new trend is for even the middle-level manpower to be the object of developed country recruiting agencies. What was already a bad situation has thus been made even worse.

MEASURES FOR ACTION

There are a number of action measures that Governments and their partners in the international community need to take to remove some of the constraints on the availability of reproductive health and family planning services to those who need them most.

1. First and foremost, all major actors need to be even more focused on the attainment of the Millennium Development Goals, especially the goals of the spread of education and health and of poverty reduction.

The chances of improving on reproductive health service delivery depend on the achievement of gains in these areas.

2. Efforts must be made to increase community participation in Reproductive health and family planning issues. Especially in communities where there exist cultural or religious barriers to the acceptance of pro-choice policies, the people must be assisted to organize themselves into pressure and advocacy groups for change. Religious and community leaders should be made to be more involved with these groups. The vigour with which the old Family Planning Associations were set up and run must be re-introduced.

3. Effective and workable formulae must be found to ensure that where there is access, no one is denied services because of their inability to pay. Policies of Governments, NGOs and others that are involved in the provision of services must be more sensitive to this need and respond accordingly. For the time being, reproductive health and family planning must be seen as a public good that is the responsibility of Governments to provide, regardless of the social cost.

4. Policy should also be realistic in acknowledging that even where there is access to modern methods, there is equally a significant resort to the traditional systems. Of course where the modern methods are not at all available, it is to the traditional that the people turn. Efforts should therefore be made to assist in increasing the efficiency of these systems so that they deliver more safely and effectively. The World Health Organisation should be encouraged to pay more attention to this area in its interventions in the developing countries.

5. There are innovative experiences in service delivery – both modern and traditional – in developing countries, from which others could derive very useful lessons. More opportunities should be provided for these experiences to be shared through study tours, attachments, training seminars and workshops, etc. Networks such as the one provided by Partners in Population and Development could easily be used to fulfil this need. Increasingly, Partners in Population and Development should provide a pool of expertise from which technical assistance services may be drawn to propagate good practices in developing countries.

6. There is need for stepped up interventions in the area of manpower training for reproductive health and family planning systems in the developing countries. Especially in rural areas and depressed urban centres, many, many more change agents, paramedical and technical personnel are required to ensure constant quality service delivery. If training were provided using expertise from the South, where experiences are similar, it would be far more relevant and useful.

7. In their bid to rapidly increase reproductive health and family planning services in the developing countries, governments must be sufficiently vigilant, as to ensure that their countries are not used as testing grounds, and their people as guinea-pigs for experimentation with new and untested drugs. Only drugs that have been approved for use in the developed countries should be allowed among the poor people of the developing world.

8. Finally, Africa and other developing regions of the world should be assisted more by the international community to increase their capacity to provide reproductive health services to their populations. ICPD estimated the total requirement in terms of support for these services world-wide, at US$5.7 billion in 2000, reaching US$17 billion by 2015. Only half of what is required has so far been provided. Efforts have to be redoubled to fill the resource gap if the ICPD and the Millennium Development Goals are to be met.