

Introducing Family Planning Services to the Community

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It is well established by now that introducing family planning services into communities is an important component of primary health care. However, because of a variety of reasons, such programmes are often implemented in ways that do not enhance acceptability and accessibility in a developing world setting. These services are even sometimes omitted altogether from the context of primary care, because of the belief that such services are neither needed nor demanded by the population.

It is the purpose of this lecture/discussion to raise two important points. The first is a cardinal rule of service provision to communities: as health professionals, our task is to never impose services on people. Rather, our task is to assist in all means and ways to allow people to understand the consequences of the different choices on their lives, to know the different options available to them and to assist them in making choices for themselves and based on their socio-economic context.

The second point is one of approach to family planning service delivery. Family planning is one of many services that require not only technical medical skills, but psycho-social skills as well. Indeed, precisely because this service is rooted in the reproduction of society that an integrated approach to service delivery is required. Let us clarify this point with a question: Why is it that in a classical developing world context people like and chose to have many children? Is it merely a question of ignorance? Or is the problem rooted in the socio-economic and political context within which people live?

In fact, many studies of developing societies assisted in finding answers to this question. In general, there are five main elements that assist third world populations in making pro-children choices:

1. Health conditions: in a typical third world setting, health conditions are usually unsatisfactory, and express themselves in a very high infant and child mortality rates. This fact assists people in making a choice of having many children, in order to

ensure the survival of some of them. Thus, until health conditions

improve, it becomes very difficult for people to reduce their fertility, as the concrete health context tells them to do otherwise.

2. The economic base of society: in most third world countries, agriculture continues to be the major means of subsistence and family survival. Agricultural production in this setting requires the presence of labour within the family. Thus having many children, of both sexes, is in fact a cost effective method that families use to survive. Having male children is usually preferred because of a division of labour between the sexes that define the role of men and producers of primary income.

3. Socio-legal factors: in the context of many third world countries, where law and order has not yet developed to the extent of protecting individuals and regulating social relations, people often resort to the extended family for all sorts of support, including protection against feuds and personal and family injury. These conditions encourage families further to have many children, especially males in this case, and explaining further the continued preference of male children.

4. Ideology - religion and politics : especially within the Palestinian setting the fact of struggle with Israel continues to be an important component in making people chose to have more children. This is seen from the point of view of winning the battle with the demographic factor, but also because so many men are killed or imprisoned within this context. This is another factor that assists in the favouring of males over females. As for religion, this too is a very important factor in most developing societies, where the belief is that the holy books prohibit family planning practices.

5. Social security: in some developing societies, but especially within the Palestinian context, children are the future social security of the parents. In the absence of a state that takes care of older people, ensure good health, good housing and a descent life, the burden of caring for older people fall on the shoulders of the children. So it is clear from this perspective that the more children you have, the more guarantee for parents to live securely in old age, as the financial and social burden gets divided between many, instead of only a few.

Thus, the main point to make here is that people do not make their choices regarding number of children in a vacuum. They make these choices based on at least the five factors listed above. Those factors operate to encourage rather than inhibit fertility because of objective material reasons. Therefore, unless these influences change, it is likely that people will continue to make the choice of having many children because in the end, it is better for them and because this choice is rational.

This does not mean to say that there are not many cases where mere ignorance or neglect is part of the problem. Indeed, lack of knowledge of adequate and suitable methods of contraception is a main problem facing couples who want to limit their fertility. However, the point is that ignorance is not all there is to the story, and that living conditions are main determinants of the level of fertility in a particular society.

The problem arises when the economy and social structure change, but the culture does not change as quickly or accordingly. That is, as is the case with the Palestinian setting, society can and does undergo transformation, sometimes very rapidly, leading to major changes in economic and social life, yet you would find resistance to cultural change. In other words, culturally, people tend to resist changing their attitude and behaviour. Such changes take time, but eventually catch up with economic and social changes.

In the Palestinian context, this is exactly what is taking place: on the one hand, we are undergoing rapid transitional states economically and socially, yet the population is reluctant to change fertility behaviour to match these changes. Let us now review these changes:

1. Health: it can be stated here that, despite the presence of military rule, and thanks to the efforts of Palestinians and international non-governmental organizations and UNRWA as well as other economic and social factors, health conditions in the Occupied Territories have been improving, as is evidenced by the falling infant and childhood mortality rates. In 1967, the infant Mortality Rate in the area was estimated to be around 150 deaths per 1000 live births. Today the range is between 30-80. This is indeed remarkable, and in principle should lead people to reduce their fertility because the guarantees of child survival are much higher than before.

2. The economy: the main point here is that over the years, Palestinian society was and still is rapidly changing, away from an agricultural economy. This has many reasons, including land confiscation by the Authorities, but also land fragmentation through inheritance that make it impossible for families to survive on increasingly smaller pieces of land. Over the years, the labour force has moved more and more toward wage labour as a main source of income. Moreover, more and more women are penetrating the paid labour force, changing further the division of labour between men and women.

3. Socio-legal factors: when in the past, people in this country used to rely on the family and clan for protection, we see increasingly a dependence on the political groupings - the leadership and shabab

- for protection, to solve and assist in resolving fights between individuals and groups. Moreover, as more couples move out of family homes and establish their own nuclear families, and as more women move into the paid labour force, it is becoming logistically/technically impossible for couples to have many children, making family planning and economic as well as a social necessity.

4. Ideology - religion and politics: politically, it is becoming clearer to many Palestinians that the task is to bring up an educated intelligent and aware Palestinian population capable of not only of dealing with Israel but also of dealing with the modern times. There is really no way out of that if we are to move into the modern world and face world pressures. Thus quality rather than quantity of children is becoming a major issue to deal with for the education of the population in all its sectors. As for religion, Islam can and has been interpreted in many ways and indeed does lend itself to allow people to adapt to new realities. Examples are many, but include the Fatwa of al-Azhar to allow for family planning in Egypt for instance.

5. Social security: in the Palestinian setting there has been no change in this problem, where children continue to be the main security of parents in old age. However, it has been noted that increasingly, we are seeing more and more older people who live alone, whose children have left the country and have proved to be of very little assistance. Thus even this argument is slowly changing face.

What does all this mean in terms of initiating and operating a family planning service for UNRWA:

1. Once again, our task is not to impose services on the population, but rather assist them through much discussion and advice to begin to review their life conditions, and make choices that are appropriate for these life conditions.

2. If this is the case, then counselling remains the core of family planning service provision, because it is only through counselling that we can achieve the objective of allowing people to make rational choices that are appropriate for them.

3. It is inevitable that we must face the problem of resistance to change from people, even when this change in attitude and behaviour is actually rational from their perspective. Usually, this cultural lag is partially explained by the problem of lack of knowledge and problem solving skills. And this is precisely where the role of family planning service personnel is: to assist people through the provision of knowledge, and to assist them in analyzing their situation so that they can chose what is best for them.

Remember, always include the two partners - husband and wife - in the process.