

Advocacy for International Family Planning: What Terminology Works?



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Abstract

Advocating for international family planning while avoiding miscommunications with politically and religiously conservative policy makers and the public requires care and clarity with language. We find that terms such as “international family planning” are well received when the meaning is clearly explained, such as “enabling couples to determine the number and timing of pregnancies, including the voluntary use of methods for preventing pregnancy – not including abortion – harmonious with their beliefs and values”. Family planning also helps reduce abortions – a powerful message for conservative policy makers and the public.

We concur with Dyer et al. (2016) that the messenger is important; we find that many of the most effective advocates are religious leaders and faith-based health providers from the Global South. They know and validate the importance of family planning for improving family health and reducing abortions in their communities.

“Healthy timing and spacing of pregnancy” is positive language for policy makers, especially when describing the health impact for women and children. Universal access to contraceptive services is emerging as vital for family health and also to help achieve the Sustainable Development Goals (UN 2015). Language on international family planning will evolve, and clarity of meaning will be foundational for effective advocacy.

Commentary

The report by Dyer et al. (2016) gives good insights on the importance of language when advocating for international family planning with politically and religiously conservative policy makers and the public. They confirm that terminology and rhetoric can deliver very different messages depending on the audience, and that furthermore, the messenger can also make a significant difference. Given the polarization in the US on family planning and reproductive health, it is encouraging that in a short few years, from 2013 to 2016, there is growing support for the concept of family planning in the Global South. They found strong agreement, 74% of those surveyed, that women in developing countries want greater access to birth control and contraceptives, and 79% believe greater access to contraceptives could save more women’s lives.

Since 2008, Christian Connections for International Health (CCIH) has advocated for support of international family planning with our members, religious leaders in developing countries, the public and with policy makers. CCIH (www.ccih.org) is a global membership network of 140+ diverse Christian organizations. To guide our educational and advocacy efforts, CCIH conducted a survey of our members in 2008 that included a close look at acceptability of various terminology. We quickly learned that clear explanations were required when using family planning terms (Huber et al. 2008). We crafted the following language that has been used in many CCIH publications: “The term ‘Family Planning’ as used by CCIH means, enabling couples to determine the

number and timing of pregnancies, including the voluntary use of methods for preventing pregnancy – not including abortion – harmonious with their values and religious beliefs” (CCIH 2016).

The 2008 CCIH study found discomfort among our members with terms such as “control” and “limitation”. The question on language, which tested 11 different terms, showed that no one term was universally preferred. There was some skepticism about the term “contraceptive,” primarily out of concern that some contraceptives may be abortifacients. Subsequent CCIH advocacy experience showed that although the choice of terminology can be important for different audiences, even more important is to provide very clear definitions of terms.

We note that Dyer et al. (2016) tested language defining international family planning as “enabling women and couples in developing nations to determine the timing and spacing of pregnancies in a manner that includes voluntary methods of preventing pregnancy – not including abortion – that are harmonious with their religious beliefs and values,” basically CCIH’s definition of family planning. Using this definition, they document that “international family planning” received the highest positive rating. Therefore, we would differ with the recommendation of Dyer et al. (2016) that the terms “international family planning” and “family planning” should not be used among religious conservatives. We find good acceptance when clearly defining what we mean by these terms. The terms “healthy timing and spacing of pregnancy”, “family planning”,

and “international family planning” all have a place in communications with religious conservatives.

CCIH’s advocacy for international family planning, when clearly defined, has been accepted by political and religious conservative staff in the US Congress; the same applies to our education and advocacy with the US public and with religious leaders in Africa. We also find that the terminology of healthy timing and spacing of pregnancy is positive, especially when linked with the evidence of the impact on women’s and children’s health and the desire by women in the Global South to have adequate spacing of pregnancies (CCIH 2015a).

CCIH’s common ground definitions have not hindered our membership, as we have grown from 92 Christian organizations in 2008 to 140+ today using all these terms.

We found an additional element of success in advocating for international family planning not mentioned in the Dyer et al. (2016) report – namely, that family planning and increased contraceptive use reduces unintended pregnancies and abortions. The powerful association with reducing abortions leads to common ground across faiths and secular organizations on the basis of health and ethical values. Evidence-based communications that family planning reduces abortions and that faith-based organizations want to help (CCIH 2015a, 2015b) is valued by political and religious conservatives. Furthermore, there is growing evidence in the US and elsewhere that increased access to modern, highly effective contraceptives has a major impact on reducing unintended pregnancies and abortions (Goldthwaite 2015, Secura 2014). The high level of “pro-life” sentiments found by Dyer et al. (2016) underscores the huge potential in educating political and religious conservatives, as well as the public, on the impact of contraceptive access and services for reducing abortions.

CCIH’s experience also finds that a strong element supporting international family planning advocacy is having a trusted messenger. Many of the most effective are faith leaders from the Global South who are living the health realities faced by their communities. These are validating voices from religious leaders and faith-based health providers of why international family planning is an important part of women’s and children’s health in low-resource countries. Their stories and perspectives from the field are valued by US policy makers and Congressional leaders as evidenced by the time and attention given to them during visits.

Additional supportive evidence for advocacy with Christians in the US is the documentation that women and men within the major US Christian traditions also use modern effective contraceptives at a high rate. For those desiring to delay or space pregnancies, the levels of contraceptive use are similar among Catholics, Evangelicals and mainline Protestants, irrespective of their level of religiosity, based on frequency of church attendance (Jones 2011).

Another relevant observation from CCIH experience is that often it may be more acceptable and effective to position family planning or healthy timing and spacing of pregnancies in the context of larger maternal and child health goals and programs, rather than as a separate, stand-alone activity.

For example, the aforementioned education piece (CCIH 2015a) includes the following content:

- The lives of 1.6 million children could be saved each year if births were spaced three years apart.
- Family planning prevents unintended and dangerous pregnancies, thus reducing abortions and protecting mothers’ health.
- Family planning enables families to better care for their children,

especially when food and other resources are scarce.

After CCIH shared this communications piece and other information with congressional representatives and staff, they have expressed appreciation for helping them make the connection between spacing pregnancies through the use of family planning and healthier mothers and children.

Similar results have been found in the field. Contraceptive use increased by 200 and 300% in two comprehensive health centers within two years when the Christian Health Association of Kenya piloted enhanced family planning services and trained religious leaders to teach their communities about the health benefits of family planning.

When the target audience, whether conservative or not, sees the issue as a wide range of interventions affecting the overall health and well-being of women, children and families, with contraceptives and child spacing as one of many components, skepticism and fear tend to dissipate.

The Dyer et al. (2016) report also hints at this conclusion.

Our experience, along with the overall findings of the Dyer et al. (2016) report, can provide a framework for messages when advocating for international family planning with political and religious conservatives. We find key elements for guiding successful advocacy include:

- Define clearly what you mean by terms, especially “family planning” and “international family planning.” Assure your audience that family planning is voluntary, does not include abortion, is designed to meet the desires of men and women for their own family formation and includes a range of methods consistent with the beliefs and values of the recipient.

- Give evidence that family planning reduces abortions and promotes the health and well-being of women, children and the family (CCIH 2015a, 2015b).
- Choose effective and trusted messengers, such as religious leaders and faith-based health providers from the Global South who can speak with authority from experience about the importance of family planning for promoting health and reducing abortions in their communities (CCIH 2016).

Advocacy language is evolving as family planning becomes increasingly accepted as an essential part of maternal and child health. Universal access to contraceptive services for couples is emerging as a priority component of international development. For progress towards achieving the ambitious Sustainable Development Goals (UN 2015), men and women should have clear and correct information about family planning methods; to be free from coercion or pressure to use family planning or particular methods; and to have access to a range of safe, affordable, acceptable contraceptives and services, according to their own needs and values. In the future, we can expect these concepts to be integral components of advocacy messaging for international family planning and clear definitions and explanations of terms will be needed.

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Tribute to Dr. Heather K. Spence Laschinger 13

Engaging Nursing Voice and Presence During the Federal Election Campaign 2015 19

Implementing a Just Culture: Perceptions of Nurse Managers of Required Knowledge, Skills and Attitudes 35

Optimizing Registered Nurse Roles in the Delivery of Cancer Survivorship Care within Primary Care Settings 46

Organizational Commitment and Nurses Characteristics as Predictors of Job Involvement 59

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