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DESIGN FOR THE FUTURE  
PAPER 10  
IPPF INTERNATIONAL CONFERENCE

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The invitation to prepare this paper included the suggestion of a personal statement on the IPPF and its future. I welcome the freedom afforded a personal statement, but since this paper is also the tenth in a series, I realize that my remarks may overlap ideas presented in greater detail in papers which precede it on the agenda. Furthermore, a Design for the Future should build on events of the present. Thus, it draws on findings of several studies currently underway in the IPPF's appraisal of its role in a changing world. It will also integrate some of the results of discussions at the conference. Therefore, I present this as a draft, subject to change before and during the conference.

#### DETERMINANTS OF THE DESIGN

In order to talk about the characteristics of a design for the future of an international non-governmental organization such as the IPPF, (and I do not presume to be able to talk in more than broad brush outlines), several important factors must be taken into account as determinants of that design.

First, the dimensions of the problem to be dealt with in that future should be considered: that is, the position of population in the context of larger social goals and problems - at international and national levels.

Second, the history of past responses to the problem should be taken into account: what has been tried? With or without success?

Third, the nature of views and responses to the problem by national governments should be noted.

Fourth, the nature and magnitude of responses to the problem by other major agencies should be studied.

### Population and Development

My own view of the future dimensions of population problems is intricately interwoven with the larger development goal of promoting individual welfare. This means taking into consideration the impact on development goals of population growth rates as too high or too low, and also the impact of trends in distribution of population between cities and the rural areas. This view allows for change in all aspects of this complex problem - in social and economic structures - to achieve greater social equity for the poorest segment of the world's population. This view recognizes the reduction of population growth as often a necessary, but not sufficient factor for development. In this context, measures to influence population trends, and here I think particularly of family planning programs must no longer be seen as substitutes for measures to achieve better distribution of a society's goods and services. Family planning and other measures to influence population should be seen as integral parts of development programs, and seen in a perspective which reflects their true contribution to demographic objectives.

### Past Responses

What is the evidence of the demographic contribution of family planning programs? As other speakers will examine the question in more detail, I will review it very briefly. To date the evidence indicates that family planning programs have helped to accelerate fertility declines in those nations in which such trends were already underway, concomitant with larger trends in modernization and development. There is evidence that acceptors of the more modern methods of contraception offered in family planning programs are men and women already using traditional methods with some success.<sup>1/</sup> They subsequently substitute modern for

traditional methods. Many of these new users are located in the urban areas, are middle class literates, already benefitting from the material fruits of development.

In brief, the contribution of family planning programs to the overall objective of enhancing individual welfare, has been somewhat spotty. But there has been a contribution. Some proponents will argue that the programmes have not been fully implemented on national scales in any large country. Until this is accomplished, their contribution should not be prejudged. There is no evidence to refute this argument. In the meantime, let us view the potential contributions of family planning programs more realistically. They are one of the few antinatalist measures other than abortion, that we know how to implement. More important, couples, and "all persons desiring them",<sup>3/</sup> have a basic human right to the information and means to regulate their fertility, be it to increase or decrease their family size. On this basis, and on a more limited demographic basis, there is much to be done by non-governmental agencies and by governments themselves.

Let me return to the problem of rapid population growth in developing nations. Our understanding of this problem has broadened considerably in recent years, and will undoubtedly continue. At one time, we tended to take it for granted that most couples desired to regulate their fertility; the only job to be done was to deliver the modern, safe and effective means to so do. One of the things we have learned during the past twenty-one years, is that this is not necessarily so. Our thinking has been based on our experience with contraceptive and family planning programs in Western nations where the clients were often poor women, denied access to contraceptive services because they lacked equal access to private physicians. Yet they live in an entirely different environment

than their counterparts in contemporary developing nations. Their attitudes and values changed through years of urbanization, modernization, and existence in monetized economies.

In developing nations, large proportions of populations still live in agricultural economies, at low levels of literacy, with high-mortality conditions. Their attitudes, values and traditions, taking these conditions into account are largely pronatalist. The rationale for controlling one's destiny, let alone one's fertility, is quite different. In essence, high fertility behaviour under such conditions is rational, not irrational, as some observers tend to regard it. Our task, consequently, is one of much greater complexity than we have regarded it in the past. It is not simply "delivery of the goods", but taking account of peoples' environment, and changing it, and providing information on the consequences of continued high fertility behaviour in low-mortality environments.

How can the environment be changed? Doesn't that mean simply accelerating the development process? In part, yes. But we also know there are some aspects of the development process which when they change, seem to closely affect attitudes to fertility and influence individual decision-making. These factors include the education and employment of women, decreasing infant mortality, raising the age at marriage. However, we have yet to learn practical ways to translate our empirical knowledge into the reality of implementation.

All of this discussion pre-supposes continuing high levels of fertility over the next 10-20 years, and concomitantly, world-wide rapid growth. What will happen if birth rates fall off precipitously? This has happened in the industrialized nations in recent years. What if we achieve breakthroughs in contraceptive technology? And widely legalize abortion? What if we find an effective way to predetermine sex of children?

These are all possible attributes of the future population picture. But they are important to the next century. For the moment, one certainty of our future is that we will double in numbers by the end of this century. Antinatalist measures will be increasingly important, but so will measures to distribute rapidly concentrating populations, and measures to provide adequately the essentials of life for the large numbers already born.

#### Government Responses

What of past responses to population problems? At this twenty-first birthday celebration, we are aware of progress made in that time, particularly during the past decade. Prior to 1960, only three or four countries had official national family planning programs, while some 34 had family planning associations. Between 1960-69, some 60 countries had established family planning associations, while some 30 more governments had established their own programs. By 1973, the number of national family planning programs had grown to 104; the number of official programs has increased to more than <sup>2/</sup>40. But during this time, the over whelming official and voluntary response to the population problem has been through the development of family planning programs. And in most cases, "population problem" was synonymous with problems of rapid growth to be controlled. Such a narrow view has led to discord in the international community, among nations which view their problems quite differently. Some countries, for instance, feel they are under-populated, or that their populations are growing too slowly. East European countries are the most obvious examples, as are several Latin American nations. There is little disagreement that each nation is sovereign in its interpretation of its own population problems and of policy measures to deal with these. The

problem arises when we define population problems as rapid growth and turn to family planning programs as the only antinatalist measure to deal with them. Subsequently, United Nations bodies have recognized family planning information and services as a right to which every couple is entitled. Because of the close identification of family planning as a major antinatalist measure, however, governments wishing to stimulate growth have tended to neglect or deny family planning services, instead of resorting to other measures such as achieving further mortality declines, to stimulate growth.

#### Agency Activities

Another factor which will affect the future design of IPPF, is the activities of other agencies in the population field. In the past decade the volume of resources pouring into the field has increased exponentially. In 1972 the World Bank estimated that the \$3 million devoted to assisting family planning activities in 1960 had increased nearly 100-fold by 1971, to some \$225 million.<sup>4/</sup> And this estimate excludes the domestic resources devoted by the developing countries themselves. In 1971-72, the Indian government alone spent nearly \$80 million on its family planning program.

Let us review briefly what the agencies are doing in the field. The largest dispenser continues to be the USAID. In FY 1972, it allocated nearly 50% of its resources to delivery of family planning services, and to training of personnel. The United Nations Fund for Population Activities, by the end of December 1972, had received pledges of support from 58 governments. Of its 1972 allocations, some 46% went to delivery of family planning services and another 22% to training. The IPPF allocated some 70% of its resources to family planning and 26% to training. This emphasis

on family planning service delivery was also the case with the World Bank, which allocated 49% of its resources, and 20% to training. Sweden, the country with the other bilateral program, devoted some 42% of its resources to training programs and facilities in 1972, and equal proportions to family planning services delivery and biomedical affairs, mainly research. The Ford Foundation emphasized Biomedical research, into which it put 50% of its resources plus 33% into training in the social sciences, while the Rockefeller Foundation put 34% into biomedical research, and 45% to the Population Council for its fellowship programs. Finally, the Population Council, in addition to its large training program, in demography and reproductive biology, put 30% of its resources into biomedical research and 25% into family planning delivery systems.<sup>5/</sup>

The IPPF has been growing rapidly. From 1971 expenditures of \$19.2 million, its 1972 expenditures jumped 37% to \$26 million. And these are projected to grow another 15% to \$30 million in 1973. This makes it one of the largest dispensers of funds in the field. Where should it go in the future? Because of its links with its affiliates, it is one of the only "donor agencies", (bearing in mind the affiliates' autonomy), that truly has its roots in the countries it assists. Because of its emphasis on activities which supplement or demonstrate new measures for governments, it has recently been spending up to 40% of its budget in Latin America where governments have been particularly reluctant to invest in family planning activities. Because of its volunteer and autonomous roots, demands on its budget have been diverse. In addition to family planning activities, it has been engaged in population education, in some contraceptive research, in training, and public education.

This abbreviated analysis shows the activities of major agencies heavily weighted in the direction of building family planning delivery



systems, and pursuit of contraceptive research. All supply-oriented activity. But the field is completely not over-crowded. Strong arguments can and are being made in favor of movement into other neglected supply activity - particularly with regard to use of the private sector. I see this as necessary and desirable strategy. The prospects for further gains from moving away from traditional preoccupation with family planning as a health-related, physician-oriented, clinic-based activity, are good.

But, as can be seen from the analysis also, we should be carefully studying the results of such large investments on the supply side of the problem. And we should be balancing these efforts with more emphasis on influencing motivation, on the "demand" side.

In summary, we have seen a rapid and large scale movement of governments into the supply of family planning services. Where family planners once were the leaders and pioneers in citing rapid population growth as an obstacle to the little understood development process, governments have moved in, in rapid numbers. The concept of population problems has been broadened. In 1974 for the first time, governments will actually sit down together at a United Nations Conference and discuss a World Population Plan of Action.

Many of the IPPF affiliates are moving into or through crises of identification in their relationships with newly funded government programs. At the level of the individual association, and at the central level, a number of key policy questions are being examined. Many of these have to do with organizational matters. And rightly so, for an organization which has grown with such rapidity; and for an organization with autonomous roots, yet receiving increasing support from governments which also have priorities they wish to pursue.

THE DESIGN

We have seen that the shape of past efforts in family planning and the perception of the problem have determined the response of the IPPF and its affiliates, just as they have determined the response of other agencies. We have touched on the fundamental strategy issue of involvement in supply and demand. Let us turn now to this and other strategy questions.

STRATEGY QUESTIONS

What should the IPPF and its affiliates do about "the supply side" as I have referred to it? The first logical step has been taken - that of carrying out a Study of Unmet Needs. This is a huge job, beginning with the difficult definition of an unmet need. We know without the benefit of any study that much of the unmet need will lie in rural areas of developing countries. What then? We are back to the question of whether the highest priority is concentration of resources on supply of services to areas where they do not already exist. And how do we know such supply will make any difference if the population is not motivated?

This leads into the question of whether the IPPF has a role to play in stimulating "demand", that is in devoting resources and priority to influencing motivation. Should IPPF affiliates broaden their services and activities at the grassroots level? This would imply major efforts in rural areas, and broadened activities in the sense of influencing parents' choices of alternatives to child bearing and raising. It might be expressed as substituting quality in children for quantity.

This issue raises questions about the IPPF's philosophy and objectives in this rapidly changing world. As an organization it is unique - its

roots are deep in the countries themselves. It has been a voluntary organization - although rapidly evolving into a non-governmental organization. It has been a movement, with leadership and membership largely voluntary, unpaid, committed to an idea and an ideal. The overall budget was small, and generally precarious. One look at the Aims in the IPPF Constitution indicates that it has seen itself as existing to do nearly everything relating to delivery of family planning services. Is this any longer realistic? Many times I have heard IPPF'ers refer to its role as undertaking things that need doing, in the expectation that others will take them over. But this can lead to doing many things, and none of them well. With the volume of resources now in the family planning field, and the prominence of IPPF's role, I think it should be concentrating its resources to do fewer jobs, and do them well. What should these be? In addressing myself to this question, I find it impossible to generalize. Each region, each association has differing views of the nature of its role, the nature of the job to be done. When these are added together, it makes the IPPF appear to be a highly diverse organization, and thinly spread. Nevertheless, there are four major aspects of strategy which should be considered.

Education: First, a primary role for the IPPF as the leading non-governmental organization in the population field should continue to be one of education - public education as to the broad nature of population problems and means of dealing with them in differing national contexts. Its role should also be one of advocacy. Based on current information on measures to deal with population problems, based on experimentation with these new means, its affiliates should advocate appropriate government policy and legislation to implement them. This role implies a broader approach to population problems, and an effort to stay abreast of new knowledge.

Innovation: Second, the Federation has a crucial role to play in demonstrating new ways of dealing with national problems of rapid population growth. For this, it must retain its flexibility of approach, and ability to move rapidly in response to initiatives from local affiliates. It should be open to variations in policy to suit differing problems and initiatives in different regions of the world. It should not trap itself into uniform, global projects which tend to be unresponsive to regional variations. There are exceptions of course, and one of these is the study of unmet needs in family planning.

FPA's may take the lead in innovation on the supply side - in the development of alternatives to deliver contraceptives and family planning services: the Korean approach of more extensive use of auxiliary personnel is one example. The use of commercial and private channels to distribute conventional contraceptives is another example.

On the motivational side, I have already referred to the possibility of FPA's stimulating demand for means to regulate fertility, as well as stimulating awareness of alternatives to reproductive roles.

Deepening Family Planning: A third major role the IPPF can fulfil as a voluntary organization is that of deepening the concept of family planning into the area of improving understanding, comprehension and dealing with human sexuality, sexual relationships and control of human reproduction. To date, population research has tended to be narrowly mechanistic; the domain of physicians, demographers, and more recently, economists. It very much needs more of the influence of other social scientists, including the psychologist, anthropologist, and the human relations specialist. This is a neglected area, yet one included in IPPF aims.

Training: Fourth, despite the rapid and large scale movement of governments into delivery of family planning services, the voluntary agencies have important roles to play in continuing to fill gaps, to assist in the training of personnel. This is one of the major bottlenecks in service delivery in most countries, partly because of continued preoccupation with physician-oriented, clinic-based services.

What of the IPPF capacity to fulfil these roles? There is no doubt that it now has the financial resources. Let us examine its organizational resources.

ORGANIZATIONAL QUESTIONS

Implementation of a design will depend on the human resources which guide it, and the structure of the organization through which its aims are carried out. I will examine the leadership of the IPPF - the drivers if you will, as well as the machine they guide.

The Actors: Who are the people who make up the IPPF and its affiliates? Where have they come from? When, and why? What else do they do?

This is a difficult question to answer, for there is little information available that has been pulled together. But some answers were forthcoming in relation to the Governing Body.

Characteristics of IPPF Governing Body

<u>Category</u>	<u>Number</u>	<u>Proportion</u>	<u>of Total</u>
Women	25	37%	68
Age-under 50 years	18	30	68
Representatives of developing nation affiliates	46	68	68
Occupational			63
- Physicians	26	41	
- Social scientists	13	21	
- Lawyers	7	11	
- University academics	11	17	

(overlap with social scientists and physicians)

Within the Governing Body, including Officers, Honorary Officers and Elected Representatives, there are some 68 people. Of these, 25, or 37% are women; a better record than most national or other international governing bodies. But of the 60 for whom I had information on their ages, 18, or only 30% were under 50 years of age. Yet in the world as a whole, more than 55% of the population is under the age of 24! And, of the 68 members, 68% represent developing nations. Occupationally, of the 63 for whom I had information, 26, or 41% are physicians of whom 4 are under 50 years of age. 21%, or 13 are social scientists, of whom 3 are under 50. Four of these are civil servants. 7 of the total, or 11% are from the legal profession; two of these are women. Approximately 11 of the total, or 17% are academics in various universities.

Such a breakdown tells us what we already know. The governing structure of the IPPF is physician-dominated, decision-making is in the hands of those over 50 years of age, and predominately from developing countries. There is a strong middle-class bias from the medical and social science professions.

The story in the Management and Planning Committee, where most ongoing decisions are made is even more interesting. There the physician bias is still strong - 6 of 32 are physicians (or 19%). Only 8 are women, or 25%, and 28% or 9, are less than 50 years of age. Furthermore, only 50% are representatives from the developing nations, while 25% are from the United States alone. The aged, male bias shows through very strongly, as does a disproportionate donor nation bias.

Unfortunately, it has not been possible to follow through with this analysis to the level of the affiliated associations, with the exception of the studies<sup>6/</sup> undertaken in 1972 of associations in Hong Kong, Korea,

Indonesia and Malaysia. In those studies, the age bias among the executives exists in 2 out of the 4. In the other two, there is a 50-50 split between the 2 categories. Of these executives, average periods of service by executive members was "long" - and between 8-10 years. Women were generally less than 50% of the membership, but represented strongly in 3 of the 4, and scarce in the fourth. In each case, strongest organizational ties and individual ties of those in decision-making capacities were with the medical profession and with women's organizations.

This analysis raises a number of questions. First, it seems that one of the primary objectives of the voluntary organization should be to include broad participation from the community of consumers of its services. It may be unrealistic to expect many representatives from the village among the leadership of a large international organization, but it is realistic to ask what ties these leaders have with the consumer. The issue of middle class, professional elites making the decisions in the family planning field, has been an important one for years. Indeed, it is 10 years since a leading sociological critic of the movement (and now a member of the governing body), pointed out its middle class, medical, feminist, health-oriented bias.<sup>7/</sup>

Yet the movement is still dominated by middle class professionals. While there are more women participating than I expected (and 64% of them from developing nations), where is the youth? Where are the ties with the consumers? Among the members of the Governing Body, somewhere around 1/3 can be identified with service delivery. Major inputs from this sector however, must be derived from staff members who attend the M & P meetings.

This professional domination may be questioned. For too long we have seen the professional, particularly the physician, as the dispenser of all knowledge. This assumption must be questioned. The job is too big

to be left to scarce expensive professionals. Yet to this slightly biased outsider, it appears to be they who have captured the organization.

But, I hasten to add, they also have their place. The professionals do have analytic and organizational, not to mention political skills. They are trained to develop judgments. But to whom are they accountable? Not to consumers, but rather to governments, which in increasing numbers are using the IPPF as a channel for financial resources to family planning programs. There is evidence in some of the internal studies undertaken within the organization in the past year, of movement towards self-evaluation, and willingness to be flexible in the face of new information about needs and strategies. This is an area in which change should be expected. The infusion of youth into this Conference as 1/3 of its delegate strength, is a welcome sign in this regard.

The Framework: Again, as an outsider, I look at the framework of this organization in the light of two major criteria. The first is the importance of the individual country's responsibility for planning and execution of any population or development program. The second relates to the knowledge that, by human rights or demographic criteria, the bulk of the work to be done in delivery of family planning service and information lies in rural areas.

Starting from these two criteria, I am puzzled by the top-heavy framework of the organization. If the job lies in the countries, and particularly in rural areas; and if the resources lie in London, what is the role of the regional framework? Why is there not more emphasis at the country levels, with appropriate back up in expertise at the center?

Twenty-one years of more general development experience has been fraught with problems and mistakes, both on the side of the countries



seeking to develop their economies, and on the side of the agencies seeking to aid them. Progress has been uneven among countries and among regions. But, and this is certainly true in the family planning field, we have enough accumulated experience to know that the job is ultimately up to the countries themselves. We also know, particularly in the family planning and population field, that experiences and needs vary considerably from country to country. The extent of government involvement varies, and must of necessity, be an important determining factor in the strategy of any local association.

If the IPPF followed this principle of decentralization to the local level, the functions of the center would have to adjust accordingly.

(a) The Center: Consistent with the growing resources of the IPPF, the capacity for planning, policy development and decision-making should be built up at the center. This is necessary for any organization which receives the volume of resources from donors the size of the IPPF's budget. But this management mechanism must also be strongly responsive to needs at the country level, and should have direct ties for purposes of planning and accountability.

The second major function of the center should be one of technical back-up to the local associations. Here, as we know, one of the major needs is that of training appropriate person-power to staff the activities of the associations. In addition to training activities, the center has an important role to play in the development of expertise and proto-typical information and education materials to assist local associations in their advocacy and public information roles.

Finally, a major role to be played relates to providing technical back-stopping to the associations in the areas of evaluation, and management feedback. Such functions have in the past often been considered out of the

question for local associations because of their meager resources and temporary programs. This is no longer the case. The resources are available. I will not dwell further on the center, because I believe progress is being made on these fronts, and the back-up, responsive role is understood.

(b) Local Associations: Let me move from here to consideration of the local programs, to which, major resources and responsibility should devolve from the center. It is here that IPPF has its roots, which puts it more intimately in touch with national needs than any other international agency; which gives it its unique ability to work flexibly outside existing official channels.

Collaboration with governments is becoming increasingly important at this level. The recent IPPF study of relationships between governments and family planning associations<sup>8/</sup> gives some useful insights into trends in this respect. In Asian nations, governments in 51.5% of the 29 studied have official programs, and also support activities of family planning associations. In the Americas, including the Caribbean and Central America, this rises as high as 55% of the 34 countries. In Europe it drops to 50%. In Africa, only 36% of the 22 governments support both official programs as well as activities of family planning associations. In these situations, associations have problems with their own identities since governments usually take over the bulk of service delivery activities, as well as training, public education and motivation programs. This leaves associations to find their own roles in "what is left over", or in new activities.

This is as it should be, but it creates problems for voluntary groups which have, often with considerable effort, built up a service and identity over the years. The receipt of government support also brings with it requirements for bookkeeping and accountability, and bureaucracy of which

private efforts were hitherto relatively free. But to survive, private organizations must adapt to new realities, while retaining their flexibility and willingness to experiment with new approaches.

Returning to the study of government-FPA relationships, it is apparent that the lowest proportion of government involvement is found in Africa. In all, 59% of the countries surveyed had no government programs, although government support for family planning activities existed in 45%. In the Americas, governments without programs supported FPA activities in 35% of the countries in the study. This record declined to 31% of the countries in Asia, where official programs are more common, and is 33% in Europe and Oceania. Where official programs are lacking however, the FPA activities and role are clearer and in many ways easier. They have much to do with service delivery and information and education activities in advance of, or in place of reluctant official activity; and they have an important advocacy role to play.

In both situations, local associations should take their roles seriously. While they must be prepared to 'go out of business' in certain areas as government takes over, for the foreseeable future they should expect to exist, finding new approaches and ideas as old ones are taken over. Thus, they should develop the structures and person-power to meet changing needs. They must constantly evaluate their activities to prevent duplication and to develop new approaches.

Recognition of this ever-changing role will have important implications for relationships between volunteers and professional staff. Volunteers on Association boards have their own, often lengthy traditions of philanthropic service, of tight budgets and the constant necessity of compromise on salaries and quality of professional staff. The integration

of large numbers of 'professionals' on Association staffs may bring crises in decision-making. If the professionals feel more in touch with community priorities and government relationships, then it is logical that they should want major, decision-making powers. Thus, it is up to Board members to take seriously their role of representing consumers and donors, to stay in touch with the community being served, as well as with intellectual developments in the population and social policy fields. If boards take their role of accountability and broad guidance seriously, they will welcome the contributions of professionals and give them the freedom they need to exercise their trained judgment and skills.

The question in many people's minds, and rightly so, is whether this means the voluntary association is finished. In many respects, they are correct. Volunteers have the important pioneering task to undertake, the important advocate role to play. But too often, once they have demonstrated their usefulness, they cling to the once-new idea they pioneered, only to be overtaken by new ideas of others. It makes for a painful situation but is an important reality to be faced.

The Central Office has an important part to play in stimulating its affiliates to develop their expertise and professionalize their roles. The job to be done in the countries is a large and complex one, and should be carried out by organizations most competent to do so. No single organization should monopolize resources available from the Center. Women's groups, youth groups, trade, business and professional groups with interests in family welfare and family planning have important roles to play. They should have as much right to support from the IPPF for their family planning activities as do FPAs. The constitution of the IPPF sets out as one of its aims: "to stimulate and promote family planning in all countries through other appropriate organizations"<sup>9/</sup>. This mandate should

receive more thorough exercise in future. And in this context, where FPAs have the best ideas, and the means of implementing them competently, they will, quite logically, be the recipients of grants from London.

Another reason for advocating that the IPPF look to a wider range of groups in the countries relates to the nature of the problem to be tackled - particularly in developing countries.

As I have indicated earlier, high fertility behaviour in high mortality environments of traditional agriculture economies, should be considered rational. According to information available to them, couples who expect to lose children to infant diseases, malnutrition and accidents are rational in having larger families than mere "replacement" size. Similarly, families which utilize children as productive agents in agriculture, are acting rationally in producing their own labor supply. Families are also rational in viewing children as means of social security in old age. And finally, we forget that small children and babies are sources of pleasure, and are ends in themselves. Too often we hark back to the dozens of KAP studies turned out in the sixties, and wonder why, when responding to an urbanized interviewer, village men and women indicated they wanted fewer children than they actually had, but then failed to make use of the clinical services and marvellous modern methods of contraception subsequently made available to them. For their environments as they perceived them, they were acting rationally. What alternative sources of pleasure are there? What alternative sources of status, or productivity?

Having raised these questions, it should be underlined that the environment in which many (but not all) rural couples live, is undergoing changes after 20-30 years of development effort. Mortality rates, at least in Asian countries, and in many Latin American countries, are falling.

Incomes are rising , (but slowly and unevenly). In these settings, it makes sense to assist parents to understand the changing conditions in which they are living - to emphasize the new opportunities which are becoming available to them and their children.<sup>10/</sup> Couples may be more receptive to the idea of having fewer children and providing higher quality care for them once they realize there are new alternatives open to them, and better chances of survival.

In this context, I think we have much to learn from the Chinese experience and approach. Since they believe people are their most precious resource, they emphasize alternatives available to improve their quality. Marriage can feasibly be delayed because there are educational and employment opportunities for both young men and women. Smaller numbers of children per family make sense when mothers have alternative activities competing for their time and attention. Alternative activities for those children, the awareness that spacing the children and limiting their numbers make sense for health reasons, all contribute to smaller families being a rational reaction to the environment in which couples live.

It can be argued that voluntary family planning associations have a new and important role to play. As I have emphasized earlier, there is room in the family planning movement for those who advocate family planning services as means of expanding freedom of choice, and room for those who advocate such services for their expected demographic impact. But merely extending the services and the contraceptives is an outmoded archaic approach to a complex and sensitive aspect of the development process. The role to be played by the voluntary and non-governmental organizations in the countries relates to informing parents in rural areas of the consequences of continued high fertility in environment in which mortality

education, nutrition factors are changing. More than that (and this is a complex responsibility), voluntary associations have an advocacy role to play with governments - calling for more sophisticated policy approaches to population problems. This role is a sophisticated one, for which a deeper understanding of the role of population factors in the development process is necessary. They should be urging government ministries to become more aware of the inter-related nature of population factors and areas of social policy outlined above - with regard to opportunities for education and employment of women, with regard to alternatives to early marriage, with regard to changing circumstances of rural environments.

As we stand at the brink of World Population Year, I assure you the associations will not be alone in this activity. Preparations for the Year, and for the World Conference are stressing as never before, the inter-relatedness of population factors with other social and economic policies. The World Population Plan of Action will be the first document to set out for governments the wide range of population impacts development, environment and family welfare policies have. And it will set out a number of alternative policies including family planning, which can be used to influence population trends. But in all this grand policy making, we must not lose sight of the people about whom it is all written. How are these measures to be implemented, and do they enhance individual welfare? Much pilot activity is needed to find ways of bringing rural couples more "into the action", and to "feed-back" to them the factors in their environment which make for lower fertility behaviour.

In summary then, the local associations and local groups in the countries should prepare themselves to take their responsibilities much more seriously and carry them out professionally. It should also be

remembered that decentralization is not for London alone. The organizations in the countries should also decentralize. Functions appropriate for urban areas in developing nations are not necessarily appropriate for rural areas. The range of activities to be undertaken varies with the impact being made by governments and other groups. The spectrum of activity will continue to vary, but should include: (1) advocacy of more enlightened government policy and laws; (2) public information and education programs; (3) innovation in delivery of services and information.

#### YOUTH

Before closing I want to make comments about the future. The largest proportion of the population in many countries is youth. One-third of the delegates to this conference are drawn from 'youth'. I have two comments: first, I applaud initiatives within the Federation to develop a youth-oriented segment of the program. I also recognize concerns expressed about youth's skepticism of the planned parenthood movement. This is to be expected as long as planned parenthood and population control are seen as synonymous, and as panaceas for development. The place of the movement in the more complex set of inter-relationships recognized in development must be recognized; and family planning seen as a way of expanding freedom of choice of family size, its formation and of reproductive behaviour.

Developing programs for this age group will be difficult. But since they are the next generations to enter the reproductive period, let us do all we can to open up alternatives to large families, and to inform them of the larger social consequences of their individual reproductive decisions.



This brings me to youth at the Conference. Why are you here? What are you planning to do to follow up on this conference? How many of you belong to youth groups?

Each of you should be reporting back to youth groups in your countries (a tall order for those of us over 30). You should be developing an agenda of items you feel should be reviewed by your Association after the conference. This agenda should be broader than youth-related activities; it should relate to your evaluation of the activities of your group.

I hope you will use your influence at the conference to see that your concerns are included in the consensus.

I hope you will broaden your perception of population problems and of measures to deal with them.

I hope you will find out how the IPPF and the United Nations Fund for Population Activities (UNFPA), can help you with your agenda. Both are particularly concerned to involve younger people in dealing with population problems. Both have mandates and staff to assist you directly.

In your strategy planning, I hope you will consider segments of the younger population as priority targets for involvement - youth in school, and outside. Remember they are the next groups to enter the reproductive ages, and it is their children we will be trying to feed, educate and find jobs for at the turn of the century.

#### THE NEXT 25 YEARS

My second major comment about the future is more philosophical, and necessarily brief. By the end of this century we will number 6 billion people in this world no matter what we do now. Our task is not only to slow the time we take to double our size after that, by changing attitudes

of the young now. Our task must also be to find ways of providing for such a crowd, and at the same time maximizing the quality of life. We value our survival, but we also value our freedom very highly. Some would say we value freedom above survival. The task of ensuring that we "survive" with freedom and equality is huge. All organizations, all individuals should be turning their thoughts in that direction. In this context, the IPPF and the FPAs have one obvious role to play: to deepen the quality of sexual and human inter-relationships; to aid, often through youth, the development of alternatives to reproductive roles and larger freedoms, in the area of sex roles.

#### CONCLUSION

In conclusion, I commend to you three basic premises on which IPPF strategy for the future should be based:

First, we must recognize the complexity of the population-development inter-relationship, and the fact that there are not panaceas or easy answers;

Second, population problems are different in each country, in each region. Resources to deal with them vary, too. Thus, there must be room in the IPPF to respond to such diversity of problems and programs. Underlying all responses however, is the recognition that every couple has the right to freely and responsibly decide the size and spacing of their family. To do so, they must have the information and the means. This is still the first priority of the IPPF and its affiliates.

Third, the IPPF roots are in the best place - the countries. Keep them there, nourish them and strengthen them, even to the point of losing their IPPF identity.

Based on these premises, the center should build up the technical and

managerial capacity to respond to the needs of local groups. It should stimulate the growth of these roots in new directions by carrying out its mandate to make grants to any local organization that makes an appropriate request and demonstrates competence to execute its program. In this way, resources will go to the most competent, ensuring their efficient and imaginative use.

The job in the countries is very large. There is still room for the private sector to work at advocacy, information and services levels. But the day may come when these roles are carried out by governments, when reproductive behaviour changes and stabilizes. When this is the case, local groups, and the IPPF should be prepared to fold their tents and turn their energies to new problems of the times.

## NOTES

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