Family planning versus contraception: what's in a name?

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The 20-year anniversary of the 1994 International Conference of Population Development (ICPD) Programme of Action and the upcoming 15-year anniversary of the Millennium Development Goals provide an opportunity to think about the global development agenda, including progress made and any remaining challenges. Although development has been referred to as the best contraceptive, the reverse link is neglected—ie, that sexual and reproductive rights and health facilitate development.[1]

Reproductive and sexual health is fundamental to the health and wellbeing of individuals, families, and communities. Contraceptive choice is essential to promote the health of individuals and enable development. Contraception has direct health benefits, such as prevention of unintended pregnancy and, subsequently, decreased maternal mortality and morbidity. Women with unintended pregnancies that are continued to term are more likely to receive inadequate or delayed prenatal care and have poorer health outcomes, such as low infant birthweight, infant mortality, and maternal mortality and morbidity, than have those with planned pregnancies.[2–6] These risks of unintended pregnancy are increased for adolescents and girls.[7,8] Adolescents are at increased risk of medical complications with pregnancy, and are often forced to make compromises in education and employment, which can lead to poverty and low educational attainment.[7,9–11]

This information is not new. A large amount of the published work supports the fundamental role that sexual and reproductive health information and services have in the promotion of health, attainment of human rights, and sustainable development. However, poor sexual and reproductive health is a major component of global morbidity and mortality, and disturbing inequities exist in the burden of disability.[12] Nearly 20 years after ICPD and 15 years after the Millennium Development Goals, the world lags far behind its objective of universal access to sexual and reproductive health information and services. A radical shift is needed to accelerate progress.

A first step is reconsideration of the term family planning. This debate is not simply a question of semantics—language is a powerful ideological and political statement.[13] Discourse creates a representation of the world; it perpetuates a cultural and social reality. In this sense, language is action, and the name given to what we do must be carefully considered. So is family planning an appropriate name?

The modern family planning movement was the result of two separate schools of thought and action that coalesced in the middle of the 1960s.[1,14] The ideology was a hybrid of the pioneering work of Margaret Sanger and others, which focused on prevention of unintended pregnancy and women's empowerment, with neo-Malthusians who emphasised population control.[1,14,15] These groups found common ground in promotion of family planning programmes, and efforts centred on the need for married couples to space apart children and to limit family size.[14,15]

The diverse demographic nowadays cannot be equitably addressed with this scarce interpretation of sexual and reproductive health services. Demographic changes in the past few decades have led to the largest populations of youths in the world today, with unique needs and priorities that are not met by a focus on family planning. A girl aged 16 years is not necessarily concerned about planning a family, but she does not want to get pregnant. To ensure equitable and high-quality sexual and reproductive health care, programmes and policies must focus on support for individuals' choice in fulfilling their reproductive goals.

A series of actions at the policy, programme, and community level are needed to support individual choice, and euphemisms such as family planning will not help us to achieve this objective. A clear vision, with concrete actions, must be set forth as a challenge for the global community to meet. So let the community be direct and precise with its language, as we define our work. We are not speaking about family planning, but contraception information and services. Let it be called by name: contraception.

We envisage a world in which all individuals can make a free, fully informed decision about contraceptive use from a full range of methods. This vision requires that law and policy support access to acceptable contraceptive information and services free from discrimination, coercion, or violence. Comprehensive sex education, both within and outside of schools, must be started broadly to empower adolescents in a healthy transition

to adulthood. Within service delivery, providers should be supported through continuing competency-based training and supervision in the delivery of education, information, and services. A comprehensive system for accountability to users of services must be put in place across the health system. This system includes routine incorporation of quality assurance processes, including medical standards of care and client feedback, into contraceptive programmes.

20 years after ICPD, comprehensive sexual and reproductive health services are fundamental to the health and rights of all individuals. Despite progress in reduction of maternal and child mortality, disturbing inequities persist in achievements towards universal access to sexual and reproductive health. Achievement of this objective needs the provision of comprehensive services that meet the unique needs and choices of all individuals across the lifecycle. Contraception is fundamental to the achievement of this goal.

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