

## *Book Review (From Studies in Family Planning, Vol 31:No.4, Dec 2000)* *Let Every Child Be Wanted: How Social Marketing Is Revolutionizing Contraceptive Use Around the World*

I have never met Philip Harvey, but after reading his book, I feel that I know him, or at least that I've had a chance to hear him in an extended conversation on a topic about which he is passionate. The book is full of insights into his personality and examples of his strongly held opinions. Along the way, the reader gets a thorough education in contraceptive social marketing (CSM). Commercial marketing techniques have been adapted to many social marketing campaigns in attempts to change a wide range of behaviors, from reducing smoking and alcohol abuse to increasing seat-belt use and forest-fire prevention. Contraceptive social marketing "is tied to specific products with brand names... it seeks to change behavior -- and in a very specific and measurable way" (p. 28). For most CSM efforts, condoms or oral contraceptives are the product of choice with some programs selling spermicidal or even IUDs or implants. According to data from Harvey's organization, DKT International, "It is an idea that has worked remarkably well. In 1997 CSM programs were serving more than 16 million couples in 55 countries. Over 900 million condoms, 50 million cycles of oral contraceptives, and 500 thousand IUDs were sold this way in 1997" (p.28).

Harvey has more than two decades of experience, first as cofounder of Population Services International and later as executive head of DKT International. He clearly outlines the differences between two visions of contraceptive social marketing. The "traditional" model is "designed to reach the largest number of lowest income people possible" (p. 35) and thus requires continued donor resources on an ongoing basis to pay for the greatest proportion of contraceptive and program costs. The "manufacturer's model" of CSM aims at financial sustainability in the long run. Harvey describes this approach as a temporary intervention that helps private-sector entities improve their marketing and distribution of contraceptives, but involves progressive decreases in the level of donor subsidy. He leaves no doubt about where he stands, himself. Although he accepts that the manufacturer's model might be appropriate for some countries that are not among the very poorest, he strongly champions the need to subsidize contraceptives in low income countries through continued use of the traditional model.

Harvey offers his own brand of advice to each category of "players in the game," while acknowledging that doing so might be presumptuous. Clearly, he wants donors to

respect the opinions and convictions of agencies that run CSM programs, and he goes so far as to recommend that such projects not be offered for competitive bidding because "bidding for complicated service programs just does not seem to work" (p.64). To the International Planned Parenthood Federation he offers a "special plea: Break the cold grip of affiliate exclusivity!" (p.66). (The contradiction of denouncing the Federation's "monopoly arrangement" (p.63) with its member agencies while seeking a similar noncompetitive status for CSM agencies with large donors does not seem to have registered.) Another "special plea for the government of India" requests that that country do "more to facilitate outside donor support of private family planning initiatives" (p.69).

Three chapters focus on the description and analysis of early traditional CSM programs. One describes India's pioneering effort that began in the mid-1960s, unusual in terms of the government's lead role in managing the program. The second covers the Sri Lankan experience that began in the mid-1970s and is used to demonstrate, among other points, "the value of using a foreigner to get things started" (p. 90). The third touts the "unquestioned success" (p. 91) of the Bangladesh project, which included a three-year generic campaign extolling the benefits of family planning as well as an ongoing promotion of two products: Raja condoms and Maya pills.

Six chapters focus on the mechanics of CSM, including pricing policies, selection of brand names, management, advertising strategies, and the evaluation of results. Opportunities abound for the reader to learn about Harvey's own experience and about the lessons shared by a variety of program managers who have worked with him over the years. The pricing chapter, described as "technical, [but] important and relatively painless" (p.126), makes the case for keeping the price of a year's supply of condoms, that is, 100 condoms, at an absolute maximum of 1 percent of the annual gross national product (GNP) per capita. So, for example, if the GNP per capita is US\$500 a year, the annual cost to the consumer of 100 condoms should be no more than \$5 and the price of each condom no higher than five cents. Harvey describes the dream of self-sufficiency for these CSM programs as "the conviction that we can spin gold from flax" and as a "zany hypothesis" (p.137). He believes that consultants report to donors that such program self-sufficiency can be achieved because they need to please those who employ them: "If ...the donor or

financial institution lets it be known (perhaps without actually saying so) that it wishes to get a report supporting this hypothesis (e.g., you can spin gold from flax), numerous reports from otherwise competent consultants will tend to confirm that this may indeed be possible" (p. 137).

Not surprisingly, the chapter on measuring results places the strongest emphasis on using sales data to calculate that old workhorse, couple-years of protection, as an indicator. Given that moving large numbers of contraceptives is what CSM is about, the recommendation to use a measure that follows the methods out the door and counts their value in averting births is hardly a surprise. The problem is that contraceptive distribution through CSM --especially the subsidized traditional model -- is advanced throughout the book as the best investment that can be made in improving people's well-being. The author does not recognize that the International Conference on Population and Development and its so-called Cairo Consensus promoted broader reproductive health care than this (including new indicators of success). Nor does Harvey acknowledge any positive contributions of the feminist movement. A section in the chapter on "Sex, Contraception, Religion and AIDS" (pp. 55-56) reinforces some of the worst stereotypes about feminists:

In sharp contrast to these tough, liberty-loving women [Margaret Sanger, Marie Stopes, Fay (sic) Wattleton), a new and reactionary strain of feminism has appeared that is patronizing and ostensibly "protective." Feminists in this camp take the position that women are victims (especially of men) and that they must therefore be protected from everything from pornography to injectable contraceptives and even to abortion under circumstances that may be "inappropriate."

Only one citation, from 1994, is offered about feminists, and it refers to the "growing radical wing" of feminists who adopt "absolutist standards" for hormonal contraceptives (p. 57). Promoting this view of hordes of rabidly anti-contraception feminists is truly setting up a straw person who can be knocked down with vehemence, but its portrayal of feminists' actual roles in the population and family planning movement in the past decade is far from accurate. The women's health-activist movement has evolved and matured in a way that makes it a key force on the international scene. Feminists have demonstrated that they want to help shape and influence population programs, not eliminate them.

Harvey is uncomfortable with the idea of comprehensive health services, even though his definition of the term refers simply to paying for trained providers. He states that "it is

retrograde and irresponsible to suggest that family planning cannot be provided by itself, independent of other health interventions" (p 58.) He refers to his 1996 Commentary piece published in this journal, "Let's Not Get Carried Away with Reproductive Health," (27[5]: 284) in which he offers his view that face-to-face contact between trained health workers and their clients is expensive and represents a clear tradeoff with delivering contraceptives:

Faced with ever tighter budgets for family planning during the upcoming decades, we must often choose between providing contraceptive services for large numbers of people and providing more comprehensive health services for smaller numbers. This choice...requires recognition of the very substantial reproductive health benefits of providing contraceptives alone.

In this regard, PROFAMILIA/Colombia represents an important case in point. Praised by Harvey repeatedly throughout the book for its successful CSM program, highlighted in one of the book's annexes, PROFAMILIA demonstrates that social marketing can be a key component of a program mix without being the sole priority. As part of PROFAMILIA's services, women and men, adults and youth, have opportunities for counseling and education, for obtaining family planning methods that require a clinician's time and skills, for reproductive health services that go beyond contraception alone. The social marketing project of PROFAMILIA has evolved over the past decade to include two lines of products, one for the middle and upper classes, which earns substantial profits, and another that covers all its costs but remains affordable to young people and those in lower-income groups. A portion of the profits are used for internal cross subsidization of family planning services for those who cannot afford to pay for them. The social marketing program is far from being the organization's only investment, however, and its reproductive health services beyond family planning are also of crucial importance to its clientele.

Two other areas where Harvey strays from the business of contraceptive social marketing and enters into the philosophical fray are sex and population growth. He agonizes over both -- in ways that could be resolved, I believe, if he were to recognize that the population and family planning fields have evolved, generally switching from quantitative, macro-level analyses to focus on determinants of behavior and on individual women and couples. On the issue of sex, Harvey decries the fact that "family planners have worked almost incessantly for three decades to dissociate birth control from sexuality" (p.41), and that "the conspiracy to keep sex out of birth control was (and is) still going strong" (p. 42). He quotes only a 1977 analysis of the

problem by J. Mayone Stycos and contrasts the brave women of the earliest days of family planning who asserted women's right to sexual pleasure with those who sought medical "respectability" to ensure support for birth control. He shows little or no awareness that much progress has been made toward closing the gap between family planning and sexuality in recent years, thanks to the increasing emphasis in the field on meeting individuals' needs. Examples range from publications such as the breakthrough collection *Learning about Sexuality: A Practical Beginning* (Zeidenstein and Moore 1996), to the recognition that AIDS prevention requires the acknowledgment of specific sexual practices, to the new international emphasis on sexual health and rights (promoted by the feminist movement Harvey so derides).

The final chapter, "The Population Wars," reviews the "ideological and intellectual warfare" (p. 203) that has been waged over whether population growth is...good or bad for societies. Little here links directly to the social marketing of contraceptives, but after so many of the author's opinions have been interspersed throughout the book, it seems fitting that the last chapter should be an undisguised collection of his musings about the quality of human life, the question of whether or how large population numbers affect environment, the "silly and immoral" positions of some clergy who would limit condom distribution (p. 211), and so forth.

The last sentence of the book states: "If contraceptives were not associated with the pleasures of sex, they would probably be regarded as a 'silver bullet' of human well-being and happiness." The population community has heard before the claim, or wish, that contraceptive technology can be part of a magical solution to the world's problems. Experience has demonstrated, however, that a technology's availability is not sufficient to ensure that people will want to use it, and that even when people are interested in the benefits of a technology, they may use it incorrectly or inconsistently. Contraceptives by the nature of their function are associated with sexual pleasure, but also they are directly linked to the complex dynamics of power within couples. Recently, studies of the prevalence of sexual violence (for example, Heise et al. 1999), have shown that sexual relations often differ greatly from the ideal of intimacy-enhancing, non-coercive, and mutually pleasurable experiences. Contraceptives alone are unlikely ever to become an easy means of achieving well-being and happiness.

Harvey's book reveals him as a dedicated and even courageous expert on contraceptive social marketing. If he could add to his strongly held convictions the understanding that the delivery of contraceptives is an

important component of family planning but cannot be the sole focus of programs; if he could recognize at least the existence, if not the full impact, of the conclusions of the International Conference on Population and Development; if he could accept that changes in gender-role stereotypes are among the social and behavior shifts required to fully reach the point where "contraception enhances human freedom, especially the freedom of women from the tyranny of unwanted and frequent pregnancy and childbirth" (p. 211), then, I believe, his useful contributions on the technical aspects of CSM would be set in a context of greater credibility, complexity, and modernity.

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#### Reference

Heise, L., M. Ellsberg, and M. Gottemoeller. 1999. "Ending Violence against Women." *Population Reports Series L, No. 11*. Baltimore: Johns Hopkins University School of Public Health, Public Information Program.