

# A Fine Balance: Contraceptive Choice in the 21st Century— An Action Agenda

Report of the September 2012 Bellagio Consultation

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The RESPOND Project  
c/o EngenderHealth  
440 Ninth Avenue  
New York, NY 10001 U.S.A.  
Telephone: 212-561-8000  
Fax: 212-561-8067  
e-mail: [info@respondproject.org](mailto:info@respondproject.org)  
[www.respondproject.org](http://www.respondproject.org)

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## Acknowledgments

This report is the result of a consultation organized by the EngenderHealth-led RESPOND Project and conducted in September 2012 at the Rockefeller Foundation Bellagio Center, in Bellagio, Italy. The consultation was organized by Jan Kumar, EngenderHealth, and was expertly facilitated by Harriet Stanley, EngenderHealth. Sita Magnason of The Value Web creatively captured the energetic deliberations using graphic recording. The organizers gratefully acknowledge consultation participants Carmen Barroso (International Planned Parenthood Federation [IPPF]), Beverly Johnston (U.S. Agency for International Development [USAID]), Dr. Abhijit Das (University of Washington), and Dr. Nuriye Ortayli (United Nations Population Fund [UNFPA]) for cofacilitating a session on managing programmatic tensions; and Jane Bertrand (Tulane University) for facilitating and Dr. Eduardo Cáceres Chú (Peruvian Gynecologic Association), Edford Mutuma (Planned Parenthood of Zambia), Dorothy Nyasulu (UMFPA Malawi), Dr. A.K.M. Mahbubur Rahman (Ministry of Health, Bangladesh), Halima Shariff (Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Tanzania), and Dr. Senendra Upreti (Ministry of Health, Nepal) for sharing country perspectives on the role of voluntary sterilization in their family planning programs.

The consultation was based on months of preparation by a team of EngenderHealth staff and consultants, led by Jan Kumar and included Lynn Bakamjian, Jaweer Brown, Lissette Bernal-Cruz, and Harriet Stanley and ably supported by Marie-Rose Charles. Background preparations included a series of key informant interviews conducted by Nancy Yinger, EngenderHealth, and Lynn Bakamjian (consultant); a literature review on female sterilization and choice prepared by Emily Sonneveldt of the Futures Institute, from a search conducted by Kay Wilson (consultant); and a review of Demographic and Health Survey (DHS) data conducted by Melanie Yahner, EngenderHealth. The consultation report was written by Lynn Bakamjian, with expert review from Jan Kumar, Harriet Stanley, the consultation participants, and EngenderHealth Board member George Brown. The report was copyedited by Michael Klitsch and Pamela Harper and was formatted by Elkin Konuk.

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Finally, we are most grateful to the participants in the consultation, who despite their differing opinions and perspectives engaged with open minds so as to deliberate on the meaning of contraceptive choice in the 21st century and find common ground. Together, we can advance from discourse to action to ensure that contraceptive choice in the 21st century is attained to enable women and men to achieve their reproductive intentions through voluntary use of family planning.

## Summary

From September 4 to 7, 2012, experts from 11 countries convened at The Rockefeller Foundation Bellagio Center in Bellagio, Italy, to explore the intersection of contraceptive choice and human rights. The meeting was convened by EngenderHealth's RESPOND Project, a global effort funded by the U.S. Agency for International Development (USAID) and dedicated to increasing access to and quality of family planning services around the world. During the consultation, the participants undertook the following tasks:

- Examining issues that influence contraceptive choice through the lens of a particular method: female sterilization
- Identifying factors that support the two dimensions of choice: (1) there is *no coercion* of individuals to adopt family planning or a particular method, and (2) there are *no barriers* to access that prevent individuals from obtaining family planning information and services
- Developing recommended actions and messages for donors, governments, program leaders, and civil society for supporting contraceptive choice

Three key conclusions emerged from the discussions:

- **Contraceptive choice is a right, but it is still not a reality for many women. It needs to be promoted and protected, and programs need to be held accountable.** The right to informed choice in family planning was asserted by the International Conference on Population and Development (ICPD) Programme of Action in 1994 ([www.unfpa.org/public/publications/pid/1973](http://www.unfpa.org/public/publications/pid/1973)). Sixteen years later, in 2010, the international community reaffirmed this right at the United Nations Summit on the Millennium Development Goals by committing to “ensuring that all women, men and young people have information about, access to and choice of the widest possible range of safe, effective, affordable and acceptable methods of family planning” ([www.un.org/en/mdg/summit2010/pdf/mdg%20outcome%20document.pdf](http://www.un.org/en/mdg/summit2010/pdf/mdg%20outcome%20document.pdf)). In practice, informed contraceptive choice means the following:
  - Individuals and couples decide freely the number and timing of their births.
  - They can decide whether or not to use contraception.
  - They have access to a choice of contraceptive options with which to realize their reproductive intentions.
  - They experience neither barriers nor coercion in putting their decisions and intentions into practice.

Yet despite national and international commitments, reality has not caught up with the rhetoric in many countries where women and couples have few real family planning options.

- **Female sterilization has an important role to play as an option for women and couples who want no more children, and it should be made available by programs that protect informed choice and quality of care.** Depending on where they live, the growing number of women who want no more children may not have access to female sterilization, one of the safest and most effective contraceptive

options. While female sterilization is the most widely used method worldwide, its availability varies both among and within countries. It is the method most often associated with rights abuses, which has created sensitivity that has led to reduced investment and availability.

- **When planning and monitoring programs, planners and managers need to increasingly incorporate clients' voices and the client's perspective.** When deciding what methods to invest in, planners and managers need to consider method attributes that matter to clients. As part of routine monitoring and evaluation, they should incorporate clients' views on the choices they are offered and on the quality of services provided.

The work conducted through this consultation contributed to the dialogue following the July 2012 London Summit on Family Planning.<sup>1</sup> At that summit, global leaders set an ambitious goal to support the rights of an additional 120 million women and girls in the world's poorest countries to use contraceptive information, services, and supplies, without coercion or discrimination.



## Introduction and Background

The principle of informed choice has long been a cornerstone of reproductive rights and a fundamental tenet of quality family planning services. The right to informed choice in contraceptive use was first asserted at the International Conference on Human Rights in Teheran in 1968 ([http://untreaty.un.org/cod/avl/pdf/ha/fatchr/Final\\_Act\\_of\\_TehranConf.pdf](http://untreaty.un.org/cod/avl/pdf/ha/fatchr/Final_Act_of_TehranConf.pdf)). However, in the decades that followed, many family planning programs were driven by demographic imperatives that emphasized fertility reduction over individual needs and choice, resulting in targets, incentives, and sometimes coercive policies. The 1994 ICPD Programme of Action once again affirmed rights as being central within family planning. The years following the ICPD saw greater attention to issues of rights, quality, gender, and equity; however, in the last decade or so, overall attention to family planning has waned, due to more pressing global health priorities, such as HIV and AIDS and other infectious diseases.

Within the last few years, the international community has renewed its interest in family planning as a global health and development issue. Most recently, leaders attending the London Summit on Family Planning vowed to mobilize global policy, financing, commodity, and service delivery commitments to meet a goal of serving an additional 120 million women and girls by 2020. Meeting these “FP 2020” commitments will require matching the rhetoric about choice and rights with a push toward meeting

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<sup>1</sup> The London Summit on Family Planning was organized by the Bill & Melinda Gates Foundation and the government of the United Kingdom, with the United Nations Population Fund (UNFPA), USAID, Australian AID (AusAID), and other partners.

numeric service targets. It is a sobering fact that the range of contraceptive options in most developing countries is limited, while many societal and service delivery barriers persist, impeding family planning decision making and access to information and services. With renewed commitment and investment among both traditional and new players to advance the supply of family planning methods and services, it is imperative to strengthen the accountability of all actors, to ensure that these efforts sufficiently protect individuals' rights to access family planning information and services free of coercion and barriers. Protecting rights amid the pursuit of ambitious results is a major challenge for the road ahead.

Even before the groundbreaking commitments made at the London Summit on Family Planning, EngenderHealth recognized the need for renewed attention to contraceptive choice and decision making. As investments in family planning (and specific methods) increase, how do program planners and policymakers ensure that women have a range of options to meet different reproductive intentions and preferences? To explore this issue, the RESPOND Project brought together at The Rockefeller Foundation Bellagio Center a multidisciplinary group of 19 experts from 11 countries (see Appendix 1 for a list of conference participants). The group had three tasks: to explore the meaning and status of contraceptive choice around the world; to examine factors that contribute to or compromise reproductive rights; and to recommend actions that different stakeholders can take to make contraceptive choice a reality.

## The Process for the Consultation

The meeting was designed to advance a dialogue rooted in evidence and characterized by diverse perspectives. Participants were selected to represent a mix of viewpoints at the intersection of rights and contraceptive access; they included donors, government officials, program leaders, and rights activists. Achieving this mix with a



participant limit of 19 persons was challenging but extremely important, to ensure that the deliberations advanced the discourse and did not result in “groupthink.”

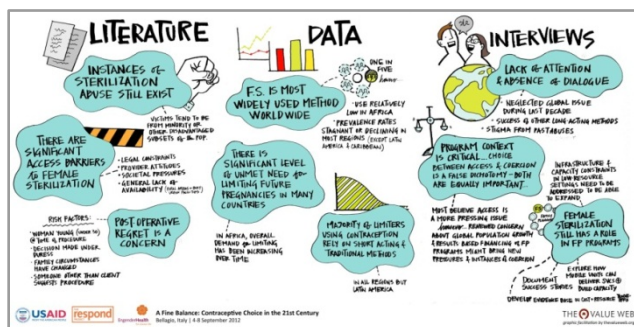
Female sterilization served as the lens through which contraceptive choice was examined because it is the most widely used contraceptive method worldwide, yet access to this method varies greatly among and within regions. Furthermore, it is the method most often involved in documented cases of coercion and abuse.

To provide an information base, a synthesis was prepared in advance of the meeting to ground the discussions in evidence. This synthesis consisted of a scan and review of published literature regarding female sterilization from the perspective of client experiences and choice; interviews with key informants on the role of female sterilization in family planning programs today; and an analysis of Demographic and Health Survey data on trends in the use of female sterilization in selected countries and regions.



Participants received the findings in advance of the consultation, along with a package of articles about contraceptive method mix and reproductive rights. In addition, the findings were depicted graphically (Figure 1) to provide a springboard for discussion regarding two key dimensions of choice that must exist if individuals' rights are to be respected and realized—no coercion, and no barriers.

**Figure 1. Graphic representation of the key findings from a review of the female sterilization literature**



The meeting was designed to establish a safe environment for frank discussion of controversial issues and identification of common ground amid diversity of opinion. This was achieved by abandoning business as usual (e.g., formal PowerPoint presentations) and by maintaining a conversational space to explore alternative viewpoints without posturing or rancor. Facilitation included the innovative technique of “graphic recording,” which captured key points throughout the meeting by visually mapping the dialogue in a manner that reinforced key themes, connections, and concepts and that led to a deeper dialogue among the participants.

- To start, the participants reviewed the evidence and developed a timeline that summarized the milestones in the history of family planning and reproductive rights. These activities created a common starting point for the discussions.
- Participants then explored the various policy and programmatic tensions that exist as programs try to reach the largest number of clients while maintaining the quality of family planning services. Participants serving as “provocateurs” framed each tension for the group by citing examples of how the tension plays out in programs. The open acknowledgment of tensions provided a means for bridging perspectives among participants. In addition, it laid the foundation for the later work to develop an operational definition of contraceptive choice and to identify “red flags” to signal when choice is potentially compromised. To ground the discussions in practical, rather than theoretical, terms, participants from six country programs led discussions about the context for and status of contraceptive choice in their own countries.
- The conversation then shifted from examining issues at the programmatic level to discussing issues at the individual client level. Participants explored the continuum of subtle to overt challenges to contraceptive choice—from access barriers to coercion. The discussions went beyond the obvious and visible limits on choice to recognize more subtle constraints, such as provider preferences for particular methods or programs that set goals related to couple-years of protection. In addition, participants explored the question, “How much choice is enough?” from the perspective of individual users. They also discussed how the contraceptive method mix might be used as a proxy measure for choice in family planning programs.



- Finally, participants developed key messages and actions for donors, governments, program leaders, and civil society to protect choice and identified next steps for advocacy.



## Consultation Outcomes

By applying diverse experiences and perspectives to a common purpose and by addressing tensions head-on, participants were able to explore the intersection of human rights and contraceptive choice and to recommend a way forward for promoting, protecting, and monitoring contraceptive choice in family planning programs.

Rights activists and public health professionals successfully grappled with tensions and agreed that there is more common ground than was heretofore anticipated. However, the group also recognized that deliberations about choice are politically charged and that forward movement is only possible if disagreements are acknowledged and managed. The consultation, therefore, modeled how to conduct a constructive dialogue on integrating rights-based approaches into family planning programs. The outcomes of the consultation are summarized below.

### Principles for Realizing Choice in Family Planning Programs

The group affirmed the following principles:

- Women’s autonomy and choice are nonnegotiable principles for family planning programs. Programs should not put limits on *women* to protect them; rather, they should put limits on the *system* to protect women.
- Programs must focus on quality, including counseling; however, this is not sufficient to ensure that women are empowered to exercise their rights and choices.
- Ideally, the individual making reproductive health and family planning decisions should be supported by the health system and by social networks and should be protected by policies and laws.
- Increased funding commitments for family planning programs have the potential to both advance *and* compromise choice; thus, those leading such efforts must guard against target-driven programs and approaches.
- Challenges to contraceptive choice are both overt and subtle. Some lead to coercion; some create barriers. While coercion gets the most attention, *all* conditions that compromise women’s rights warrant attention.
- Programs must be governed by an accountability framework, with monitoring indicators and methodologies to generate data that provide both the “bird’s-eye view” regarding choice (the big picture—the public health impact) and the “bug’s-eye view” of choice (granular information on how individuals are affected). Unless measures for choice are integrated into the results frameworks of programs and donors, choice will not be realized.

## Working Definition for Contraceptive Choice

Participants developed a working definition for contraceptive choice (see box below). The definition is written as a vision statement and includes what must be in place to ensure and support choice.

### Working Definition of Contraceptive Choice

**Contraceptive choice** is the fundamental right and ability of individuals to choose and access the contraceptive methods that meet their needs and preferences without either barriers or coercion. Legal and social practices are in place to support this right, and the health system is able to provide the counseling, information, competent providers, and range of methods required to ensure that adequate and appropriate options are available. Individuals and communities are effectively engaged in informing services and in continuous quality improvement. Supporting conditions include:

- Constitutional and legal frameworks affirming and supporting these rights are integrated into and operationalized through protocols and practices in the health system.
- Civil society is vibrant.
- Health systems are accountable.
- Individuals and communities are informed and confident.

## Contraceptive Method Mix through the Clients' Eyes

Method mix refers to the distribution of contraceptive methods used by a population and is considered a proxy measure for the existence of choice in family planning programs. While the international community has not reached a consensus on an “ideal” contraceptive method mix, it is recognized that overall contraceptive use increases with the number of options available.<sup>2</sup> Discussions on method mix tend to focus on the characteristics of methods themselves (provider- or user-dependent, hormonal or mechanical, short- or long-acting, permanent or reversible). An important aspect of the consultation was to shift the conversation overall to one that is *client*-focused rather than *method*-focused. In discussing a client-focused method mix, the group identified attributes of contraceptive methods that matter to women (see Figure 2). When making investment decisions and developing strategies to enhance method mix, program planners should consider options that possess attributes that are desirable from the client perspective.

Figure 2. Graphic representation of factors and attributes of contraceptive methods that affect choice



<sup>2</sup> Ross, J. A. et al. 2002. Contraceptive method choice in developing countries. *International Family Planning Perspectives* 28(1):32–40.

## Red Flags That Warrant Attention and Follow-Up

The group identified several factors that may indicate choice is compromised in a particular program or context. If one or more of these signs exist, program managers must investigate further to determine whether, to what extent, and how choice is compromised. Are there access barriers? Is there evidence of coercion? The group recommended that the “red flags” (see box below) be further defined and organized into an assessment tool that program managers can use to monitor and improve choice within their programs.

### “Red flags” that warrant systematic review and follow-up

- Any reported violation of rights
- Provider bias for/against a particular method
- Incentives to clients or providers
- Over 50% dominance of one method in the method mix
- Overmedicalization of method provision
- Overpromotion of a specific method or methods
- Client eligibility criteria beyond the World Health Organization Medical Eligibility Criteria
- Stigmatization of certain methods
- Inadequate quality and/or counseling
- High mean age of users
- No reporting on quality norms
- Differential affordability by method
- Differential provider payments by method
- Differential geographic availability of methods
- Long lines at clinics
- Client profile that differs from the population profile
- High discontinuation rates
- Stock-outs of commodities, supplies, and equipment
- Low education levels for women and girls
- High/increased rate of abortion
- High rate of teen pregnancies
- Low levels of long-acting method use

## Key Messages and Actions

The following recommendations form an advocacy agenda to ensure and protect contraceptive choice. Such an agenda is especially important given the new partnerships, initiatives, and commitments made at the 2012 London Summit on Family Planning and the summit’s ambitious goal of reaching 120 million more women and girls by the year 2020.

### *General messages/actions*

- Contraceptive choice is a human right.
- Expanding choice is essential to program effectiveness.

### *Messages/actions for donors*

- Hold programs, including governments, accountable for ensuring contraceptive choice.
- Redefine results to reflect respect for clients’ rights, and define indicators for monitoring rights.
- Allocate resources to both advance and monitor rights.
- Make a long-term commitment to ensuring contraceptive choice.
- Create international and national platforms for feedback related to rights monitoring.

### ***Messages/actions for governments***

- Make choice a reality by allocating adequate resources, training and maintaining human resources, ensuring that contraceptives are registered for use, making a wide range of options available (including female sterilization), and ensuring a functioning commodity system.
- Ensure that contraception is offered in a health service environment that respects human rights and enables individuals to voluntarily choose the number, timing, and spacing of their children.
- Educate clients on their rights so that they may make informed decisions about their fertility and reproductive health; provide appropriate, comprehensive sexual health education as early as possible.
- Protect and uphold rights through sound law, policy, and practice with the input of individuals and civil society.
- Identify and utilize indicators to measure the rights environment and to add to the quantitative, demographic indicators that are already in place.

### ***Messages/actions for program leaders***

- Take focused and explicit client-centered actions (e.g., consulting women in the design of services, incorporating client feedback into routine program monitoring).
- Reinforce rights awareness among women.
- Continue to provide the full range of methods, even if certain methods emerge as preferred.
- Provide high-quality counseling for all available options, including those that are underutilized.
- Monitor and reward quality (including informed choice) as well as quantity.
- Establish clear protocols, staff orientation, and supervision that includes values clarification (to address provider perceptions that affect choice).
- Do not use method-specific performance targets for service providers.

### ***Messages/actions for civil society***

- Lead advocacy efforts to ensure quality services and rights.
- Monitor human rights and program accountability.
- Advocate for choice and the availability of a wide range of contraceptive methods.
- Reinforce rights awareness among women.
- Advocate for the removal of barriers, such as an age limit on when an individual can obtain contraceptive information or services or a requirement for spousal consent.
- Monitor human rights and program accountability.
- Advocate for and support age-appropriate comprehensive sexual health education.

## Recommendations Concerning Female Sterilization

Although the consultation addressed broad issues related to contraceptive choice, the discussions often focused (by design) on female sterilization, given the challenges of access and coercion that have been part of its history and that still exist. The group affirmed that female sterilization has an important role to play in family planning programs, provided that it is offered in a manner that protects informed choice and quality of care. Investments are still warranted to make this method an essential option for women who want no more children. The term *sterilization* remains a charged word in many contexts. Participants recommended use of the term *tubal ligation* as an alternative to female sterilization while pursuing the identification of other, more acceptable terms.

## Identification of Knowledge Gaps

The consultation identified several important gaps. To strengthen the knowledge base for designing and implementing programs with adequate attention to contraceptive choice, research needs to explore the following questions:

- What drives clients' choice of particular methods (positive reasons or restriction of choice)?
- What do women want in terms of contraceptive choice: from society to society, culture to culture?
- How do payments (to providers, to clients) affect choice?
- What are the postoperative and other experiences of women who have received tubal ligation? For women living with HIV?

In addition, planners and managers do not know which indicators and methodologies are most effective for monitoring the extent to which family planning programs are ensuring choice; this is a major knowledge gap. The group strongly recommended that donors and programs invest in developing and field-testing an accountability framework (indicators, methodologies, and participatory tools) for monitoring rights. The FP 2020 working groups on monitoring and accountability and on rights and empowerment established following the London Family Planning Summit are two vehicles that provide timely opportunities to tackle this recommendation.

## From Discourse to Action

To maintain momentum and to advance the dialogue and recommendations developed at Bellagio, the participants agreed to take the following individual actions:

- Link with other groups and sectors focusing on rights, choice, and monitoring; seize opportunities to add contraceptive choice to the agenda of other initiatives, working groups, and events.



- Where possible, model, test, and study choice in programs and countries.
- Widely disseminate the consultation report.
- Contribute to efforts to identify and create indicators and methodologies to monitor choice and rights.
- Identify and share existing tools and resources; update and adapt them as necessary.

A critical action is to maintain the network of consultation participants as “champions” for contraceptive choice, particularly to ensure that choice is included as a topic in other initiatives, working groups, and events. EngenderHealth will follow up with participants and will support engagement through a variety of means, including the sharing of resources and experiences on the web site ([www.respond-project.org/pages/bellagio/index.php](http://www.respond-project.org/pages/bellagio/index.php)).

Finally, the most important action that is needed is to develop accountability measures and indices that will allow programs (and the donors that support them) to know that individuals’ rights are being protected and realized. Until there are routine indicators in place that measure and hold programs and services accountable for ensuring choice, we cannot expect reality to catch up to rhetoric.

## Appendix 1: Participant List for “A Fine Balance: Contraceptive Choice in the 21st Century”

### Bellagio, Italy, September 4-7, 2012

- Lynn Bakamjian, Consultant, EngenderHealth/RESPOND Project, USA
- Carmen Barroso, International Planned Parenthood Federation (IPPF) Western Hemisphere Region, USA
- Jane Bertrand, Tulane University, USA
- Win Brown, Bill & Melinda Gates Foundation, USA
- Dr. Eduardo Cáceres Chú, Peruvian Gynecological Association, Peru
- Dr. Abhijit Das, University of Washington, Seattle, India
- Beverly Johnston, U.S. Agency for International Development (USAID), USA
- Jan Kumar, EngenderHealth/RESPOND Project, USA
- Patricia MacDonald, USAID, USA
- Sita Magnuson, Consultant, EngenderHealth/RESPOND Project, USA
- Edford Mutuma, Planned Parenthood Association of Zambia
- Dorothy Nyasulu, United Nations Population Fund (UNFPA), Malawi
- Dr. Nuriye Ortayli, UNFPA, USA
- Heidi Quinn, Marie Stopes International, United Kingdom
- Scott Radloff, USAID, USA
- Dr. A. K. M. Mahbubur Rahman, Ministry of Health, Bangladesh
- Halima Shariff, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Tanzania
- Harriet Stanley, EngenderHealth/RESPOND Project, USA
- Dr. Senendra Upreti, Ministry of Health, Nepal



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**The RESPOND Project  
EngenderHealth  
440 Ninth Avenue  
New York, NY 10001 U.S.A.**

**Telephone: 212-561-8000  
[www.respond-project.org](http://www.respond-project.org)**