"Unmet Need" Needs to Go

While economists, feminists and anthropologists have rejected the concept of “unmet need for family planning” as advocated by Casterline and Sinding (2001) it is family planners--individuals whose objective is the creation and operation of effective family planning programs—who should be at the forefront in rejecting the name “unmet need.” Family planners should reject the name because there is a deep and irreconcilable contradiction between the rhetorically powerful use of the word “need” for advocacy purposes (“justifying support for population programs” CS) and the creation of programs which respond effectively to the complexity of women’s lives, hopes and desires.

There are three foundations of successful voluntary programs to supply and encourage the use of effective family planning services:

a) A deep respect for the persons to be reached as unique individuals embedded in their own particular social context—approaching their lives, their beliefs, hopes and desires without patronizing or condescending attitudes,

b) An ethos in the organization of meeting the wishes of the users—tailoring the products, presentations, and services—so as to create satisfied users.

c) A sustainable flow of financing.

Attributing to women a “need” which is not their own, but is based on a “discrepancy … identified by the analyst through the comparison of responses to items in separate blocks of the questionnaire” (CS) and is “an inference on the part of the researcher, not a condition reported by the respondents themselves” (CS) undermines all three foundations of family planning programs.
C&S propose an analytical category into which they place women based on an “intricate algorithm” from a complicated set of questions. Unlike most categories used by social scientists this new category is not based on observable characteristics (e.g. age, residence, education, biological sex, marital status) nor behaviors (e.g. users of contraception) nor individuals own expressed intentions (e.g. likely to use contraception) but on a combination of observed behaviors and desires.

In spite of its complicated derivation it is possible this new derived category is useful, but what should it be called? This category could be labeled in an entirely neutral and technically accurate way —such are chemical strings are named—by conjoining abbreviations for the questionnaire questions and their responses which create the category. So if the category is defined by the algorithm: “Women who either answer “Yes” on question 7 and “No” on question 9 or who answer…” its name could be a long alpha-numeric string like “WEY7N9O….” Slightly less technically one could use an acronym for “Women who are not using contraception now who are fecund and who do not want a child now or women who are pregnant or post-partum amenorrheic whose pregnancy or previous birth was mistimed or unwanted.” In either case one would need an easily pronounceable word so for now lets call the category by the first four letters: WWAN (pronounced “wan”).

With this name one could have neutral disciplinary and inter-disciplinary discussions on the validity and use of the category WWAN. With this name economists would no longer be “understandably confuse[d]” (pg ??). With this name the question of whether a public sector or agency or private foundation working in a given country should devote more or less resources to WWAN or to WWCM (“women whose children
are malnourished”) or to WWCNS (“women with children not in school”) or to WWCNV (“women whose children are not vaccinated”) could be discussed without the “unfortunate misunderstandings” (CS) or “offense” (CS) created by the presumptive labeling of singling out one particular desire among the many urgent desires in developing countries as a “need.”

But the proponents of WWAN would like it to serve two purposes—and the first purpose is advocacy. Some might be disingenuous and pretend there is nothing in a name, but shaping discourse shapes and justifies decisions. Central to the advocacy purposes of the category WWAN is giving it a name with the word “need”—with its denotation and all its connotations. Associated the word “need” with the category WWAN creates a powerful rhetorical tool.

But precisely there lies the contradiction: the same rhetorical force given to WWAN by the use of the word “need” destroys its usefulness as an organizing device for family planning programs by undermining respect for the individual, a demand orientation and, indirectly, sustainable financing.

Respect. It is unambiguously false that every woman in the category WWAN has a “need” for contraception. Many WWAN women are not sexually active—yet a “need” would be attributed to them, many WWAN women are pregnant—yet a “need” is attributed to them, many WWAN women are temporarily or permanently infecund—yet a “need” is attributed to them, many WWAN women have husbands are absent from the household for extended periods—yet a “need” is attributed to them. The category WWAN even includes many women who have, in response to the questionnaire, expressed no intention to use contraception in the future and articulated legitimate
personal reasons for not intending to use contraception: concerns about the impact on their health, religious objections to contraception, etc. Saying that women in the category WWAN who have said they do not want contraception have a “need” for contraception is akin to nutritional experts attributing an “unmet need” for pork among Muslims or the “unmet need” for beef amongst Hindus because this is the least cost source of satisfying protein deficiencies “identified by the analyst”.

The design and implementation effective family planning programs cannot begin with disrespect for individual women’s life circumstances, health concerns, resource constraints and personal decisions. The unresponsive, coercive and abusive family planning programs of the past were in part the logical consequence of designing programs based on the premise that women’s “needs” could be more accurately assessed by an analyst in a foundation in New York or institute in New Jersey or civil servants in Delhi than by the women herself in Orissa. Family planners should be at the forefront of rejecting the use of “unmet need” for this reason alone.

“Need” and supply. If the problem is an unmet “need” then the solution is logistical. An army on the move has a “need” for a certain amount of fuel for vehicles, water and food for rations. These “needs” are met through a logistics network with little or no attention to “quality” or “service orientation” or “client responsiveness.” Many of the unattractive features of current programs that family planners are attempting to correct (e.g. poor quality facilities, poor service orientation in the providing organization, inadequate attention to specific client situations, provision of limited contraceptive choices) are inherent in a “needs” approach. Beginning with the presumption that large numbers of women currently “need”—in the usual sense of lacking an urgent
requirement—modern contraception had the natural organizational consequence that providers paid little attention to the “demand” side—meeting the variety of potential contraceptive user’s demands in a high quality, service oriented, way. Presuming the problem was the “needs” or those not using contraception led to too little attention even to the desires of those using contraception, with the resulting high abandonment rates, and inappropriate prescription of methods.

There are two analogies to the current situation of family planning. Early development efforts in rural water supply presumed that since clean water was a “need” the solution was logistics and programs built pumps. The result was that after enormous investments in water supply countries were littered with broken, unused pumps as the programs ignored community demand. The last decades have seen a sea change in the approach to rural water supply, abandoning “supply driven” approaches to meeting “needs” which are replace with approaches the begin with flexible, demand driven programs that bring empowered communities to the forefront. The second analogy is the rise and decline of Henry Ford. His use of mass production techniques allowed him to almost entirely capture the U.S. automobile market by rapidly expanding production at lower and lower cost as volumes expanded. However, Ford’s “needs” approach was typified by his saying “I’ll provide a customer a car in whatever color they want—as long as its black.” Ford’s persistence addressing transport “needs” nearly destroyed his company as Alfred Sloan at General Motors recognized that people even though people might “need” to get from here to there automobile demand was much more complex and Ford’s share of the market fell dramatically.
Nearly all family planners have already made the shift in mind-set from the logistical, supply-side, mentality created by thinking of contraceptive “needs” to the more complex programmatic and organizational requirements of meeting “client demand.” “Unmet need” for family planning is by now an embarrassing anachronism and should be explicitly discarded.

*Sustainable financing.* There is a widespread notion of equity that people should not be denied “needs” based on ability to pay and hence needs should be publicly provided without charge (water, education, health care). But, if “needs” are to be met and people are not going to be charged (or costs recovered) then the public sector must do it with publicly mobilized revenues. But this logic leads to three huge problems with creating effective family planning programs. First, public revenues in nearly all developing countries are in short, and variable, supply. An inadequate base of revenues creates a vicious dynamic of insufficient resources to provide quality services: underpaid employees, lack of recurrent inputs, dilapidated facilities, etc. Second, people receiving publicly provided free (or heavily subsidized) services are “beneficiaries” not “customers” and when beneficiaries are supplied for free they nearly always get what they pay for. Third, if one defines a “client” as the major source of revenues then most organizations are in fact very client oriented—and in many cases of publicly financed provision that does not generate revenue this means organizations will respond more to ministers than to beneficiaries. Abandoning the notion of a “need” provides a more sensible basis for deciding how much and who to charge to balance competing individual and social desires on a flexible basis.
I have argued elsewhere against the usefulness of the category of WWAN—by
any name—(Pritchett, 1994, 1995a, 1995b) but the usefulness of the category itself can be
debated elsewhere. In the interim I hope Casterline and Sinding would agree that there is
absolutely no need for the “need” in “unmet need.” Remedying this is not as a concern of
economists, or demographers, or anthropologists—but of family planners as the same
rhetorical power of “need” that makes it attractive in advocacy undermines the
foundations of respect, client orientation, and financial sustainability on which effective
family planning programs must be built.

Some might propose the deeply cynical solution of publicly using “unmet need”
in advocating for private and public monies for population and family planning activities
while abjuring the concept of “unmet need” in the actual design of programs. Wouldn’t it
be much better would be to make a clean break with the past and justify family planning
programs publicly on the same terms they should be designed: deep respect for women
as individuals, meeting a demand that women (and men) have to improve their and their
families’ health and welfare, and creating sustainable financing that includes some cost
recovery of private benefits and some public resources commensurate to the program’s
social objectives.