CONFLICT OR CONSENT:
INGO INTERVENTIONS ON FAMILY PLANNING IN WEST AFRICA

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By

Manuela C. Turner, B.A.

Georgetown University
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Manuela C. Turner, B.A.
MALS Mentor: Douglas M. McCabe Ph.D.

ABSTRACT

The rise of \textit{Tech Billionaires} has shifted the models for international philanthropy. The prevalence of philanthrocapitalism provoked by the fortunes and idealism of tycoons, now dominate many initiatives advocated by international nongovernment organizations (INGOs), achieving global impact and delivering benefits for many. However, as INGOs strive for maximum results and operational efficiencies, both positive and negative reactions surface in the midst of interventions attempting to enhance the wellbeing of populations. This thesis examines the impact of INGOs on family planning and the generation of individual, social, and governance conflicts in West Africa. The hypothesis guiding this work is that interventions of INGOs that promote modern health and reproductive family planning practices, generates conflict from individuals to national levels. The analysis explores different levels of conflict, from family and cultural clashes to ideological, bureaucratic, and economic disputes. As a classification of levels guides the analysis, it is coalesced from the blending of actual empirical cases of conflicts reported through interviews and public debates. In an effort to scrutinize their role or not in the creation of conflict in the region, the philosophy, operations, and contributions of The Bill and Melinda Gates Foundation are examined. The INGOs’ and the Foundation’s role in the direct causation of conflicts locally, stemming from interventions on family planning and
the alternative forms of birth control, could not be conclusively verified. Pre-existing conflicts facing modernization in general, such as patriarchal mores, conservative religious values, and gender power disputes, obscures the role of INGOs as the dominant source of conflict at different levels with the interference in family planning. There is a need for additional systematic research focusing on family planning programs, both at individual and societal levels for greater clarification and understanding of the problem.
DEDICATION

This thesis is dedicated to my beloved family.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>iv</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>2</td>
</tr>
<tr>
<td>Research Design</td>
<td>3</td>
</tr>
<tr>
<td>CHAPTER ONE. THE SHIFT IN PHILANTHROPY MODELS</td>
<td>7</td>
</tr>
<tr>
<td>Conventional INGO Operating Model in Development</td>
<td>7</td>
</tr>
<tr>
<td>Stakeholders and Shaping Intervention</td>
<td>7</td>
</tr>
<tr>
<td>Accountability in INGO Interventions</td>
<td>9</td>
</tr>
<tr>
<td>INGOs and Strategy</td>
<td>13</td>
</tr>
<tr>
<td>INGOs and Sustainability</td>
<td>15</td>
</tr>
<tr>
<td>The New Philanthropy Model</td>
<td>16</td>
</tr>
<tr>
<td>Operations under an Autocratic or a Free Structure Model</td>
<td>20</td>
</tr>
<tr>
<td>The Blank Slate</td>
<td>20</td>
</tr>
<tr>
<td>Nationalism</td>
<td>21</td>
</tr>
<tr>
<td>Spontaneous Solutions versus Conscious Design</td>
<td>23</td>
</tr>
<tr>
<td>Partial Conclusions</td>
<td>23</td>
</tr>
<tr>
<td>CHAPTER TWO. INFLUENCE: A FOCUS ON THE BILL AND MELINDA GATES FOUNDATION</td>
<td>25</td>
</tr>
<tr>
<td>Funding in Africa through Grants and Aid: Family Planning</td>
<td>25</td>
</tr>
<tr>
<td>Philanthrocapitalism and Family Planning</td>
<td>28</td>
</tr>
<tr>
<td>Philanthrocapitalism and Media</td>
<td>30</td>
</tr>
<tr>
<td>Philanthrocapitalists: Facing Less Pressure</td>
<td>33</td>
</tr>
<tr>
<td>Overemphasis on Technology</td>
<td>35</td>
</tr>
<tr>
<td>Alternatives in Contraceptive Methods</td>
<td>38</td>
</tr>
<tr>
<td>CHAPTER THREE. METHODOLOGY</td>
<td>41</td>
</tr>
<tr>
<td>1. The Level of Family Conflict</td>
<td>41</td>
</tr>
<tr>
<td>2. The Level of Social Conflict</td>
<td>42</td>
</tr>
<tr>
<td>3. The Level of Ideology, Power, and INGOs</td>
<td>43</td>
</tr>
</tbody>
</table>
4. The Level of Governance and Public Policy .........................................................44
5. The Level of Family Planning, Power, and Gender Issues ..............................45
  Limitations ...........................................................................................................45
CHAPTER FOUR. ANALYSIS OF CONFLICTS .......................................................47
  Family Conflict ...................................................................................................47
  Social Conflicts ..................................................................................................51
  Ideology, Power, and the INGOs ........................................................................59
  Governance and Public Policy ............................................................................65
  Family Planning and Gender .............................................................................70
CONCLUSIONS .......................................................................................................76
  INGO Interventions and Family Planning Conflicts ...........................................76
  The Bill and Melinda Gates Foundation .............................................................77
  Contending Issues Facing Family Planning Programs in West Africa ............78
BIBLIOGRAPHY .....................................................................................................80
INTRODUCTION

Women in Uganda and Tanzania have reported significant incidents of domestic conflict as they battle the physical side effects experienced by contraceptive injectable methods such as Depo-Provera and Sayana Press (a new lower-dose formulation of the contraceptive Depo-Provera, PATH). The director of mission communications for Human Life International, Stephen Phelan, met with family planning recipients in Uganda and Tanzania. Phelan observed that popular contraceptive methods such as Depo-Provera and Sayana Press, “…are not good for women’s health and are harmful at the social level.”1 In an interview with LifeSiteNews, Phelan recounts:

I’ve interviewed dozens of women in Uganda and Tanzania who have used Depo-Provera. Most of them had never been told of the side effects of Depo-Provera nor were they asked about their medical history. I even met with a group of 263 women in Uganda who were suffering from symptoms associated with Depo-Provera and Norplant (another long acting contraceptive) and only eight said they had been warned of potential serious side effects.2

The contraceptive injectable is popular in Africa where Steve Weatherbe of LifeSiteNews reports, “Already piloted in Burkina Faso, Uganda, Senegal, and Niger, Sayana Press’ disposable syringes will now be distributed in 69 countries, with the drug from Pfizer, money from the Gates Foundation, and distribution from the U.S. Agency for International Development, UNFPA, PATH and the Children’s Investment Fund Foundation.”3

To what extent is the use of these and other types of contraceptives a critical variable in the causes of domestic conflict? Mr. Phelan illustrates the fears and unintended consequences of this contraceptive:

A shocking number of women we spoke to reported that their husbands beat them up and threw them out of the house for refusing to have sex and for not having the

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2 Ibid.

3 Ibid.
energy to work … Remember, this is Africa, not Scottsdale. In Scottsdale, women have a relationship with a doctor, and they must be told of the side effects of these drugs, which is why American women do not choose them. And they have access to media and attorneys if their health is adversely affected.  

Phelan describes that the women he spoke with, suffered physical side effects from contraceptive injectables: “That, without being able to work and having family problems, they become pariahs in the village.”

Sponsoring organizations have a different perspective. PATH, an international nongovernmental organization that provides health services, claims, “Injectable contraceptives – which provide a safe, effective, and discreet method to prevent pregnancy are increasingly popular with women around the globe.”

**Purpose of the Study**

This study will explore the impact of international nongovernment organizations (INGOs) on family planning and the generation of individual, social, and governance conflicts in West Africa, as distinct individuals and actors interact to defend their respective interests and objectives. INGO operations in Africa have assumed a significant responsibility to bring aid, relief, and results to a long-suffering continent often plagued by systematic corruption, violence, and inequality. In the changing landscape of global health philanthropy, INGOs have made notable progress aiding communities with cutting-edge healthcare procedures and dedicated grants in alignment with donor strategy. In adopting a Western philanthrocapitalist approach to global health development, the benevolent donor is met with mistrust, indignation, and resistance by those who oppose family planning policies, which are in direct opposition to their local religious values, cultural mores, and intellectual acumen.

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4 Ibid.

5 Ibid.

In order to further understand the role of INGO interventions on family planning in developing countries and the generation of conflicts, this study will analyze the impact of INGOs that fund and provide capacity-building for family planning in emerging economies of West Africa. This study will call attention to The Bill and Melinda Gates Foundation’s intervention on family planning in the region. This is due in part to its large-scale engagement as an international donor and its notoriety in the public domain.

The relationship among INGOs, the women who receive family planning services, government, and the opposing local actors is driven by significant differences of values that cause mistrust and fear, resulting in unintended consequences for all involved. INGO interventions in family planning have gradually evolved into public policy issues that resonate in all political and social spheres, raising development and operational concerns for INGOs, donors, governments, local politicians, and individuals and groups directly and indirectly involved. INGO interventions risk creating significant local social conflict that has potential to escalate into disputes among local stakeholders.

INGO interventions on family planning in developing countries set off various controversies, having an impact on society through what can be identified as levels or areas of conflict. The interventions of INGOs on family planning as the impetus for these conflicts will be addressed in Chapter Four. The five levels of conflict are identified as follows:

1. Family Conflict
2. Social Conflict
3. Ideology, Power, and INGOs
4. Governance and Public Policy
5. Family Planning, Power and Gender Issues

Research Design

For the purpose of this study, the operational understanding of conflict is a clash of ideas in the public domain or physical confrontations among individuals or groups. Some conflicts are directly identified by grievances from participants or actions of actors. Others are recognized from situations that normally are identified as symptoms of a conflict. The
search for evidence to identify conflicts is based on secondary sources provided by academia and scholarly works, institutional reports from governments and nongovernment institutions, media reports, statements, and debates of influential opinion-makers related to the clashes of ideas or acts.

Within the limits of this study, I will investigate the extent that one can single out an INGO as a significant driver of social disturbance and conflict while intervening in order to provide social goods. In the process of this investigation, I will identify the nature of these conflicts, assess the extent that these conflicts reflect underlying disputes between traditional social norms and modernization forces, and analyze the extent that local actors assign blame to the INGOs as the primary factor of conflict.

At the same time, the analysis seeks to identify the effects of INGO interventions on family planning and how it produces disturbances in areas such as marriage, ideology, religiosity, society values, civil rights, local provider attitudes, recipient NGO stakeholders, government operations, and individual choice. In addition, I will seek to identify and report larger contending social and political issues, such as gender disputes, economic analysis of demographic shifts, local and national power struggles, social and cultural changes, and others that may provide additional value to the understanding of societal evolution in terms of family planning and individual and collective choices for well-being.

The following general operational hypothesis guides the work: intervention by an international nongovernment organization to promote modern reproductive family planning practices generates conflict in West Africa. More specifically, there is a probability the Gates Foundation operations in family planning in Africa is also an agent for conflict and social good. In the limits of this work, I am not claiming nor seeking to introduce a value judgment about outside intervention or not in the family planning unit. Nor am I assuming that the conflicts identified here should be eliminated, cannot be settled by negotiated processes, nor can evolve into a new status of relationships among individuals or groups.
One important concept noted at the beginning of this study is to examine INGOs as organized and mobilized today in order to intervene and conduct operations to improve global health and, specifically, family planning in so-called developing countries. Traditionally in existence is a conventional INGO operating model, a system exemplifying philanthropy tactics and strategies that have been long established and embraced by traditional philanthropists and foundations. Presently, there is a new philanthropy operating model; a framework embraced by many philanthrocapitalists, including tech magnate Bill Gates. This model is driven by a new generation of self-made rich private donors, so wealthy and committed, it enables them to set national and global policymaking agendas for international aid across industries. Contemporary INGO interventions have invoked this new theme of aid recognized as “The New Philanthropy,” and, unlike the traditional operations of INGOs, this new philanthropy engages head on to overcome social, economic, and governmental opposition and obstacles impeding the realization of their goals.

At the end of Chapter One, I will explore the debate between autocracy versus freedom by analyzing operations under an autocratic or a free structure model and how autocracy won in the sphere of development. In the realm of autocracy, many authoritarian approaches are examined: the blank state, nationalism, and spontaneous solutions. This analysis is important because INGOs are empowered to operate without constraints of government (free structure model) and often times bringing about solutions without regard to the existing approaches by those residing in these geographical areas.

Chapter Two will explore the influence and preeminence of INGOs in the public space promoting international social goods. The analysis provides an overview of funding and operations in Africa through grants and aid, illustrating an important assessment of the financial engagement of INGOs, in particular, The Bill and Melinda Gates Foundation, in the region. Mechanisms for donor funding via intermediary organizations and NGOs will be examined.

The philosophy of philanthrocapitalism and family planning, with a focus on The Bill and Melinda Gates Foundation due to its scale, operational principals, and notoriety, will be introduced. The relationship between the media and family planning will be
scrutinized in terms of dissemination of information and communications. Pressures facing philanthrocapitalists in the world of family planning will be examined. In order to understand the Gates Foundation’s approach to interventions, its overemphasis on technology will be examined. The final section of this chapter will focus on alternative views, as traditional versus modern methods and ideas about family planning compete in global debates. The presence of The Bill and Melinda Gates Foundation in this enterprise initiates positive and negative community reactions. The overall goal of this work is to contribute to the understanding and debate about INGO interventions in family planning, thus aiming to clarify conditions that such practices are beneficial in terms of public policy for populations that are served.

Chapter Three introduces the methodology and the identification of five levels of conflict. Sources of conflict are introduced in the context of each level. This chapter calls for a review of all types of conflict generated by INGO interventions, shedding light on conflict and increasing momentum for family planning outcomes. The chapter closes with a disclosure on the limitations of the study.

Chapter Four, after much scrutiny and examination, will analyze the expansion and consequences of INGO interventions on family planning in West Africa. An appraisal of conflicts and their manifestation of conflicts are assessed. In this chapter, I will present findings and an in-depth assessment of the five levels of conflicts. It is important to note the manifestation of conflicts at the various levels is not absolute. Strategies for mitigating some examples of conflict are present in the discussion as well as limits in the reach of arguments and conclusions.
CHAPTER ONE

THE SHIFT IN PHILANTHROPY MODELS

The purpose of this chapter is to review the different operational models of international nongovernmental organizations and their contributions, which typically aim to advance socioeconomic gains in developing countries. I believe these differences are fundamental to provide the core elements to understand the new wave of modern funding of international nongovernment organizations and their operations across borders for socioeconomic development, especially in developing countries, ideals, operational preferences, and criticism. Behind the different approaches, there may be structures that impede the outset of evolutionary or revolutionary changes in the practices of health services and family planning. It introduces the conventional INGO operating model and presents the transformative model called “The New Philanthropy.” Finally, it turns to a major model, which is defined by the clash between autocratic operations guiding interventions versus the freedom of choice, where local actors, individual, or groups, which may be recipients of the economic or health interventions, are able to maximize their own choices avoiding the interferences and the constraints of groups, governments, and regulations.

Conventional INGO Operating Model in Development

To facilitate the INGO intervention debate and familiarize oneself with current philanthropy in family planning, it is judicious to understand the origins and preceding philosophies at the nucleus of INGO existing campaigns. The conventional INGO operating model has traditionally embraced principles related to stakeholders, accountability, strategy, and sustainability in efforts to preserve equilibrium in the long-established model. Examples of traditional, conventional INGOs are trade unions and cooperatives.

Stakeholders and Shaping Intervention

Institutions or officials usually comprise the public face or the voice of the conventional INGO operating model. In existence today are a variety of INGOs and an
even more diverse group of stakeholders. Their influence is paramount to the success of the enterprise, both in terms of gathering resources and undertaking services. Some INGOs are driven by resources and demands of a single donor. Others ascertain a variety of established relationships with donors, institutions, and individuals influencing the organizational structure and day-to-day operations. Nevertheless, stakeholders have invested financially, morally, or intellectually into the mission and operations of INGOs. As donors to the INGO, they expect accountable returns on their funding and idealistic commitments. Their magnitude of influence to shape visions, procedures, and results in the work accelerated by the INGO is critical by their participation on boards, donating, or publicly recognizing the importance of the work accomplished or yet to be done.

Traditionally, the most powerful stakeholder contributors in this model have been foundation board officers or the individuals performing corporate authority over philanthropic endeavors of an organization. Board officers recruit and supervise the operational leadership staff and preserve the continuous stream of financial contributions from a portfolio of donors to execute a foundation’s mission. In addition to procuring financial donations, by tradition, board officers have defined how these donations are distributed, subsequently dictating changes and progress in a community, aligned with their philanthropic agenda.

Donors, beneficiaries, staff, and partners continue their role at the core of foundations operating in the global polity for human development. Brown and Moore illustrate that this group of stakeholders is persistent and take pride in holding INGOs accountable to execute deliverables for each stakeholder.

*Donors* demand that INGOs be accountable for the integrity, efficiency, and impact of programs that they have funded. *Beneficiaries* press INGOs to live up to their rhetoric about foster ing locally determined development rather than impose their own priorities. *Staffers* expect INGOs to live up to the high purposes that drew their commitment to the enterprise. *Partners* who INGOs have recruited in their efforts to achieve their national and international goals expect the INGOs to live up to promises they made in forging their partnerships.7

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In the conventional model, the INGO community has for decades operated in compliance with the playbook established by the affected governments, public opinion, and opinion-makers and members of the national elites, which frequently plan socioeconomic development projects with foundation board officers, other institutional partners, and the public donors at large and occasional one-type donors. Dominion over the agenda for meaningful change as this model operates has remained in the hands of a select few elites and a similar shared “donor culture” in the international arena. Dar and Cooke define this practice as global managerialism: “Power is to an increasing extent organized at the global level, that this global system is dominated by a transnationally organized elite, that elite power is exercised through managerial techniques, and that in the global arena governance is organized through a web of institutional connections.”

In society today, we see new and innovative stakeholders reshaping the conventional INGO operating model by opposing the existing state of affairs in philanthropy and demonstrating a greater willingness to overcome or eliminate barriers perceived as obstructing their goals. Celebrities, retired politicians, and entrepreneurs are restructuring present-day philanthropy with their money and social influence. Bono, a musician and philanthropist, has generously contributed to humanitarian relief in Africa, as have many other celebrities with their charities. Bill Clinton, the 42nd president of the United States and founder of the Clinton Foundation, has accomplished charitable work in global healthcare, economic development, and climate change.

**Accountability in INGO Interventions**

INGOs are rising in prominence within circles of aid development as part of the conventional model. Their capacity for influence has generated significant growth and global presence, ultimately raising scrutiny from stakeholders because of the value of their success or failure. Traditionally, INGOs conduct development operations with the astuteness to recognize that the outcomes of their work can inspire successful resolutions of problems or regrettable local, social consequences. INGOs have embraced the duty to ensure transparency, efficiency, and self-regulatory procedures in operations and to their

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stakeholders. As Brown and Moore clarify, “The INGO effectively trades accountability for support; by making itself accountable to the expectations of particular stakeholders, the INGO earns their continued support.” In recent years, results from their work have raised questions surrounding deficiencies in accountability to stakeholders. These sorts of events could hurt support for INGOs and their mission. As a result, INGOs have developed procedures to measure accountability.

Accountability takes place by conducting program evaluations and impact assessments, as they relate to the work produced by INGOs, and making them available to the public. The general consensus of development analysts is that program evaluations and impact assessments are useful for evaluating accountability. Yu and McLaughlin make clear that these methods “can be conducted before, during, or after the implementation of a program or intervention.” Yu and McLaughlin define program evaluations as “a systematic process of collecting information and applying approaches, techniques, and knowledge to analyze, research, and assess the activities, characteristics, and outcomes of a program(s) to document its accomplishments and to improve the planning, implementation, and effectiveness of these programs.” The impact assessment is characterized as “the systematic process of analyzing significant changes, whether positive or negative, intended or unintended, as a result of a particular planned activity, program, intervention, or project, on people’s lives.” It is important to have analytical procedures and processes that produce a comprehensive review of the different phases of the program. Data metrics and results from evaluations and assessments mobilize an organization to take action and usually make changes in future endeavors.

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11 Ibid.

12 Ibid.
There is an important debate today on the effectiveness of these accountability procedures. Yu and McLaughlin claim:

On the one hand, the use of program evaluation and/or impact assessment offers a critical tool for INGOs to respond to the challenges of effectiveness by providing empirical evidence of their impact with some degree of academic standard, rigor, and objectivity, while also cultivating organizational learning and best practices within INGOs themselves.\(^\text{13}\)

The other side of the debate argues:

Some suggest that program evaluation and impact assessment contribute to furthering the neoliberal new public management (NPM) model, or the increasing adoption of business management principles, such as efficiency, competition, entrepreneurship, consumer-driven, and a focus on measuring performance and outcomes in the nonprofit sector.\(^\text{14}\)

Accountability is essential in maintaining a highly ethical and moral standard in the sphere of development. INGOs with a focus on development embody a standard of accountability to their stakeholders while simultaneously expressing responsibility to outside forces, international and locally, concerned with the development issue at hand. Brown and Moore note, an INGO:

Could reasonably say that it was accountable for the achievement of some transcendent moral value such as the advancement of human rights, or the continuation of dedicated service to the disadvantaged, or for responding to some urgent human need such as hunger or genocide. They might feel accountable to these moral goals independent of the demands of funders, partners, or even clients.\(^\text{15}\)

This potentially raises cause for concern, as the INGO is now a disruptor of the status quo of philanthropy, reassigning power from donor to the INGO. INGOs morally committed to an issue begin to dominate the strategy and playbook of development, creating a complicated dynamic among INGOs and their stakeholders. As Brown and Moore claim: “In some cases, organizations can ignore their accountability to stakeholders who are not powerful enough to enforce their claims. But they do so at their moral if not

\(^{13}\) Ibid., 24.

\(^{14}\) Ibid.

practical peril.” Without clear accountability, stakeholders may slowly find themselves with a diminished reputation and leverage in the role of development.

On the opposite side, a theoretical debate over accountability has intensified among INGOs and stakeholders who fear their role in development has been weakened by powerful alliances (or commitments made) between INGOs and their relationships with donors and partners. INGOs feel less accountability to local governments and communities, as their relationship with external donors and partner’s increases. A complicated dynamic among INGOs and their stakeholders has emerged in recent time. Brown and Moore describe that donors, under the promises made to their donors, must “as a moral and legal matter, be able to say the purposes the INGO should achieve.” Some INGOs “do make promises to donors. They say at the time that they solicit funds that will advance particular purposes and aid particular beneficiaries. In making such promises, they make themselves accountable to the donors for the efficient and effective pursuit of these aims.” Thus, the conceptual and operational limits of their work seem to be set. If until recently this honor relationship was the norm, the arrival of the philanthrocapitalists and tech tycoons significantly have altered the playbook by funneling their own money, personal time, and resources into development, consequently leading and making adjustments in the direction and operations of their respective INGOs, limiting the need to make and keep promises and accountability to third parties donors.

Moral obligations ought to have a direct impact on the dispersal of INGO goods and services in more and selective ways. Wisor describes the allocation process by explaining that: “Two important moral reasons that should play a role in decision making about the distribution of INGO resources are the consequences (or benefits or harm reduction) that any given resource distribution will have and the severity of deprivation that is reduced.” Other obligations could be in terms of duration of providing service, the

16 Ibid., 5.
17 Ibid., 6.
18 Ibid.
continuity of services, efficiencies, maximization of recipients, etc. Overall, in the conventional model, the board of directors will be the guardians of principles and strategies for success.

**INGOs and Strategy**

In the sphere of INGOs, strategy in terms of how to act and influence other actors is pivotal in aligning stakeholders and funding in order to effectively execute the mission and operations. INGOs are diverse in their attempts to select and achieve their respective strategy. Some provide service delivery, others focus on capacity-building, and still others remain resolved to influence policy at local, national, and international levels.

Historically, the shared overall strategy of how to provide aid in this fashion has been determined and affected by INGOs themselves, as they take the lead on policy, development, and design. As previously stated, many INGOs focus on a particular issue in development, focused by the interest of donors and operators. In recent years, INGOs have been categorized into three common functions: welfare and service delivery, which is described as “products or services designed to benefit clients or to improve the state of the world,” capacity-building for self-help, which is defined as a “focus on working with clients to enhance their abilities to help themselves rather than providing services for clients in a potentially paternalistic way” and “policy and institutional influence, INGOs speak on behalf of populations that are otherwise without a political voice.” To effectively perform these services, it is prudent that INGOs build winning partnerships with governments, think tanks, NGOs, and equivalent INGOs with a similar alignment in mission and policy. Collaboration among these groups enables the INGO to insert greater imprint on society, good or bad.

Although the definition of success is subjective among INGOs conducting work in developing countries, it is important to understand ways in which INGOs define success.

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21 Ibid., 19.

22 Ibid., 22.
Traditionally, INGOs have defined success in the arena of humanitarian relief, good governance, and economic growth. Brown and Moore describe the humanitarian success criteria as follows: “The achievement of some transcendent moral value such as the advancement of human rights, or the continuation of dedicated service to the disadvantaged, or for responding effectively to some urgent human need such as hunger or genocide.”23

However, as defined by Moyo, success must have greater meaning as “a euphemism for strong and credible institutions, transparent rule of law and economies free of rampant corruption.”24 Along with good governance, INGOs ought to support the creation of democratic practices in developing countries, which are often viewed as the key catalyst for economic success and wealth distribution. Moyo defined the development view of successful democracies as: “Erasing corruption, economic cronyism, and anticompetitive and inefficient practices, and removing once and for all the ability for a sitting incumbent to capriciously seize wealth. Democracies pursue more equitable and transparent economic policies, the types of policies that are conducive to sustainable economic growth in the long run.”25 Thus, this view argues for broader efforts and investments on the part of INGOs in their respective social and economic assistance to nondemocratic states and communities.

Foundations are raising the stakes in philanthropy, acting as catalysts for change beyond their initial objectives. Advancing their philanthropic reputation, voice, and appeal worldwide requires investing heavily in messaging across media channels and communications to the public. Media coverage is used to educate and persuade the general public into supporting the rubric for policy championed by INGOs. Reputable media coverage sanctions an INGO as a force of social and economic change, thus creating goodwill among recipients of that coverage.

23 Ibid., 3.
25 Ibid., 41.
INGOs and Sustainability

In the evolving landscape of INGOs, growing importance is being placed on sustainability of their operations and in the shaping of what takes place in the field related to their missions. While sustainability may be a complex concept, there has been an underlying assumption that, after a successful intervention, improvement and progress in local practices will continue even when it is time for an INGO to disengage and end direct command of local operations. As INGOs inevitably shape business, public policy, and social services, their concern to maintain a sustainable operational model is growing.

Social sustainability maintains that: “the role of viable civil society in ensuring equity and access to justice”26 is essential for validation and success. INGOs emphasize social sustainability for the reason that their initiatives have a direct impact on the community receiving the services and resources supplied via interventions, and their work is realized by the values of philanthropy, not power or profit.

In attempts to preserve economic sustainability for the future, INGOs forecast and adapt to change in many ways. First, for long-term survival, INGOs typically reevaluate their approach to management, communications, and fundraising. Second, in order to avoid deterioration of strategic and tactical operations, INGOs adjust their messaging campaigns to rally donors, sympathizers, and society at large about results and current needs and operations. Those in positions of leadership within INGOs acknowledge that, with a diverse portfolio of donors and a flexible trajectory necessary to change in accommodating private and public benefactors, economic sustainability is a realistic ambition. It is opined that: “Sustainable INGOs are those able to respond strategically and effectively to external changes. They revise their mission and objectives accordingly, access new sources of income, and adapt their systems and processes to meet the new challenges.”27

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27 Ibid.
Intervention sustainability is critical to the INGO. The majority of current INGOs engaged in global health interventions are problem-oriented, focusing on a particular issue. INGOs do not assign an expiration date for their issue or interventions. On the contrary, INGOs strive for permanency in their initiatives and services for the long-term. Thus recognizing the critical need for intervention sustainability described as “an emphasis on maintaining the quality of a particular service or programme after a targeted intervention has ended.”

Sustainability is important to stakeholders and benefactors because the viability of INGO programs, missions, and interventions depend on it; funding streams may end or the organization may shift priorities to other projects. If a sustainable methodology is identified, nurtured and executed by leaders in INGO interventions and local partners, the totality of the INGO mission may be long-lasting.

The New Philanthropy Model

The new philanthropy is understood as the new leading model of development observed by prominent INGOs. In this new paradigm, the differences are in the timing of gifts, involvement in setting the global agenda for philanthropy and aid, and strategy in terms of field work and recipients.

In the past 20 years, philanthropy has evolved beyond the jurisdiction of nonprofit charities and traditional campaigns, accelerating into a new paradigm of vertical engagement from advocacy to actual philanthropic operations. The emblematic new philanthropy empire is led by donor foundations that work closely with the private sector for support and select nonprofit methods for direct intervention, transforming the traditional notion of aid practices into a calculated, profitable, and free-market approach, independent of government controls and other funding constraints. Donor foundations today are increasingly led by influential experts in the technology sphere who see it as their responsibility to champion solutions for marginalized populaces and deliver a reprieve from oppressive and excruciating societal injustices. In recent years, an influx of tech

28 Ibid.
tycoons has decided to shift their focus from leading multi-billion-dollar for-profit initiatives within their organizations and shift their attention to manage conglomerate donor-funded foundations aligned with their values and aspirations for a better future. The tech tycoon equipped with avant-garde technological innovations and research once applied by their respective organizations can now transfer this business intelligence to revolutionize social causes.

In *Tech Billionaires*, Solomon describes technocratic philanthropists and their entrepreneurial spirit of giving over the past two decades, along with the awakening of a new hybrid philanthropy encouraged by tech tycoons. Solomon warns that the new surge of philanthrocapitalism is not without challenges, as a rampant rise in wealth has consequently generated widespread opposition to their technocratic endeavors. The new philanthropists timing of gifts, involvement, and strategy has contributed to the changing landscape of philanthropy that we witness today. ²⁹

In the past, government donors from across industrialized countries have participated as the primary source for channeling humanitarian financial assistance to developing countries through grants, loans, and aid support, habitually funded by taxpayer dollars. The NGOs and government leadership operating in developing societies have been the chief recipients of these governmental aid benefits. At the moment, there is an evident shift in local aid management away from government control, with greater resources and redistribution of tasks. Many aid development operations now are established among the elites of technocratic philanthropy movements with their own organization, logistics, and direct provision of services. This shift has redefined the strategy of aid support and transfers the balance of power in favor of “The New Philanthropy,” as they gain greater influence on how and where to intervene. Among others, the philanthropic foundations implementing sustainability and modernization in development include The Bill and Melinda Gates Foundation, Bloomberg Philanthropies, Children’s Investment Fund Foundation and African Innovation Foundation.

Tech tycoons have altered philanthropy in different ways. First, one observes a shift in terms of the timing when gifts are committed to charity or aid. When technocrats make a donation, they have a predetermined strategy of how the gift will be utilized by its recipient following budgetary outlays and existing regulations. Because technocrats are flexible and extremely dedicated to their foundation’s mission, their gifts are given during their lifespan, so they have an explicit say in the destination and general management of funds. As Solomon describes, “The new billionaires, particularly those who made their fortunes in technology, are giving while living.”

Many of them will continue to increase their assets while “They seek to make certain their gifts effectively fund causes they have chosen, rather than trusting future foundation heads, who may stray from their designed missions.”

The second point of consideration inside the new philanthropy movement is that these new donor tycoons use the means of new technologies and social media as ways to promote their causes and actually as tools to implement them. These individuals at the forefront of philanthrocapitalism lead with resolve and innovation, managing their donor-foundations in the same way they supervised their private corporations. The tech tycoons desire to be involved in the entire enterprise of philanthropy, not merely transferring power to trustees but owning the funding process and administrative operations of the philanthropic endeavor. Consequently, tech tycoons increase their own power while diminishing other voices of other traditional organizations involved in philanthropy, such as service or religious orders. Supporting this notion, Solomon writes:

Rather than handing over their money to others to spend, they are involved in key funding decisions, bringing a pragmatic business approach to their giving. With their hands-on approach, they work with grantees to help them achieve their aims by providing continuing advice on a variety of management-oriented topics, including strategy, organizational development, and performance. In short, the new philanthropists want to apply the best elements of the for-profit world to their giving.

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30 Ibid., 1.
31 Ibid., 2.
32 Ibid., 2-3.
The third shift of the new philanthropy is that it propagates a new strategy, one that values the notion of “results now” as an essential focus. This preference is in sharp contrast from the strategy deployed by the conventional model where other conditions have been defining the pace and time between the decision to provide aid and achieving results to serious problems in the field. Solomon describes the new strategy of philanthropy: “In bringing discipline and organization to the field, the tech billionaires try to match their philanthropic capital with a desire to meet urgent social needs. They want to mobilize and deploy private resources to improve the world. They want to attack problems of human suffering now, rather than later.”

This new strategy set forth by tech tycoons also features the alignment of their business practices with their philanthropy work to bring fast and significant changes, mobilize resources, and implementing technical solutions to resolve the world’s most complex problems. The aim of the business enterprise is not just profits or technical accomplishments but also to deliver social goods for others. With an overflow of donor funds from profits to support daunting development issues across the globe, the tech actors funnel assets for development projects around the globe that support the mission of the donor foundation and take advantage of amassing a fortune within a single empire. In the past, the success of a financial endowment may have represented a financial empire under the conventional model of philanthropy, with donations but less concern about how funds were used. But in the new ream of giving, the ability to command and justify a new apparatus of aid, is the tech tycoon’s true purpose. Solomon describes this phenomenon so widely held by the new philanthropist caste: “They seek to integrate the private sector, which is oriented to making money and the social sector, which is focused on serving society … with the existence of massive pools of wealth, they exemplify the effort to put their assets to work to meet social needs and solve societal problems, but with a hybridization of means.”

33 Ibid., 3.
34 Ibid., 4.
Operations under an Autocratic or a Free Structure Model

One way to define an operational model for aid and development assistance driven by new donors and INGOs is to consider the clash between institutional authority and freedom of individuals and organization to operate. These two views function as opposing theories that have explained aid development. The literature on this topic suggests that autocracy has undermined freedom in development and efficiency. The description of this clash is described by the autocratic tenets known as the blank slate, nationalism, and spontaneous solutions, as they impose on what would be freedom principles for INGOs to carry on their missions. These constraints have been present in traditional international philanthropy and have become a greater issue for those operating in the new model led by tech tycoons.

The Blank Slate

The concept of blank slate\textsuperscript{35} in development has distinguished itself in the sphere of philanthropy because it does not take into consideration the history, culture, and religiosity of recipients in a society when an INGO launches an intervention. One can assume that international donors have this type of blank slate mentality when they start to develop their operational model, assuming that everything locally needs to be new and to be learned. William Easterly, a fierce opponent of the development establishment, provides some insight into the premise of this trend, stating as follows:

The blank slate mindset tends to ignore history and see each poor society as infinitely malleable for the development expert to apply his technical solutions. The alternative would be to learn from history why each society is poor, to learn from history why other societies become rich, and to draw lessons accordingly for how to escape poverty. Since the blank slate ignores the particulars of history in each country, and technical experts start from scratch in every country, all poor countries seem equivalent.\textsuperscript{36}

When an INGO deliberately targets a community for an intervention, the INGO often fails to acknowledge the role of an existing social framework of the recipient society,


\textsuperscript{36} Ibid.
which has delivered the provision of social goods and services to its citizenry for decades, sometimes centuries. It is not uncustomary for an INGO to commence their intervention and assume a position of deliberate obliviousness by discrediting existing local mores, values, and livelihoods of a populace. Overlooking the foundation and complexities of a society, the INGO reinvents a new agenda for development operating from the phenomenon known as a blank slate. Easterly, being critical of the blank slate, says the ideology has “fostered a great potential for technocrats to create one-size-fits-all fixes that could be applied widely instead of having to study the historical context in each instance.”

In investigating the consequences of the blank slate mindset in development, one discovers crucial issues that may directly affect the freedom of the recipients. It is argued by Easterly that blank slate first discards “positive evidence on how well individual freedom had worked in the past for development. The rejection of historical evidence made the rejection of freedom in development more likely” because locals may have a positive view of previous experiences. Second, Easterly reasons that the blank slate mindset may have “required more autocratic coercion of individuals to get them to give up their previous institutions and accept the experts’ new technical solutions. Technocracy mostly failed in the West because democratic institutions allowed people to keep the institutions they wanted to keep and to reject expert alternatives.” Of course, it is difficult to make generalizations by comparing different historical experiences because different values and views are at play and incentives for both providers and recipients to compromise on which model is superior are scarce.

**Nationalism**

In the past few decades, developing economies have battled for absolute jurisdiction in governance over social and economic development ventures for their citizenries. Historically, nationalism is the principle aligned not just with the rejection of or reservation to foreign ideas and practices but also with autocracy based on values and

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37 Ibid., 26
38 Ibid., 28.
39 Ibid.
cultural principles voiced by those in power, where the nation-state ideology and tenets are paramount to anything else, especially control of individual rights and collective action to preserve itself from outside influences.

Investigating modern autocracy in developing countries, the debate offers one view that autocracy and national development are superior to development found in a free structure society. It is argued that national development promotes a new unification of identity with the cessation of ethnic languages, religion, and culture differences. Easterly disapproves of Myrdal’s philosophy, noting that “individuals to show a firm allegiance and exclusively to the national community” because he deems this a dangerous message to communicate across a society because of the repercussions on individual rights and ethnic minorities. On the opposite side, Hayek, as cited by Easterly, announced, “Nationalism is useful for the autocrats, who are not above also manipulating hatreds toward non-national groups to consolidate their own power.”

Nationalism reduces the value of individual choice to decide, with one’s own criteria, what to decide about development. Hayek is not only concerned with the threats of nationalism against ethnic minorities but also for the exclusionary approach that nationalism promotes the national goal of development and does not see individuals as active participants in the process. This moment is when experts become affiliated with nation leaders because they can impose their development agenda in the sphere of nationalism when it had failed in a democratic state. As described by Easterly, “The experts may actually welcome an autocrat, who in turn can use the expert promotion of development as part of his rationale for his autocratic rule.”

For the market forces and technocrats involved in global philanthropy, the many principles of nationalism are taken as impediments to their freedom of selecting a preferential model, of setting purposes, of operational movements, and developing local alternative activities in development. Technocrats are impatient to have to wait for

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40 Ibid., 30.
41 Ibid.
42 Ibid., 31.
government authorization to enter the country, to transfer funds, to secure contracts, to hire staff, and build facilities.

**Spontaneous Solutions versus Conscious Design**

In opposition to spontaneous solutions, conscious design is gaining momentum in the field of development and philanthropy. Conscious design looks from a deliberate intervention and results-oriented perspective on development issues, in opposition to the notion that local forces eventually would produce changes and collective benefits by their own internal dynamics. Frustrated with the increased inability and reduced resolve of governments to alleviate the world’s most problematic issues, conscious design appeals to the experts who believe they have the strategy and tactics to make progress where the free-market has not.

Others explore more dynamic forces. Easterly argues: “An alternative to the expert-solutions mindset: spontaneous solutions through market competition. Competitive markets allow anyone with a possible solution to a particular need to offer it to consumers. Consumers choose the solutions that deliver the highest need satisfaction at the lowest costs.”

**Partial Conclusions**

This chapter provided a comprehensive overview of the operational models of INGOs by illustrating the conventional INGO operating model, consisting of stakeholders, accountability, and strategy. In contrast with the conventional operational formula for development, the new philanthropy has emerged as the preferred approach to development by INGOs across the globe. Strongly influenced by technology, the new philanthropy has a diverse portfolio targeting timely gift-giving, involvement, and strategy. To understand the reawakening of the new philanthropy, two opposing theories in INGO development were examined: autocracy and freedom. To better understand policy strategy, three concepts of autocratic tenets were introduced: the blank slate, nationalism, and spontaneous solutions. The scale of this debate is therefore extensive and multidimensional and

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43 Ibid., 33-34.
generates not just collaboration but also many different forms of conflict. For the purpose of this study, I propose that the systems of INGOs and aid, in general, and the ideals and operations of the Gates Foundation, in particular, need to be viewed within the framework of the nontraditional new philanthropy, not the traditional model. As the Foundation pursues its objectives, it seems the Foundation would prefer to operate in the system as a free structure model, and conducting interventions by leveraging conscious design engineering with the intent to create modernized social conditions in developing countries. In the presence of global communities with unique needs and issues, INGO contributions through interventions in emerging markets are rising rapidly. All this dramatic growth in INGO interventions show numbers that support the ideas that they generate great benefit. In spite of what is often reported about the benefits of INGO interventions across the globe, in developing countries these benefits are balanced by some failures and political and religious disputes and struggles by locals and recipients who resist the INGO interventions. This provokes numerous debates in the INGO network and beyond. The next chapter narrows the analysis of funding and operations to the geography of West Africa and the central issues of family planning in the region.
CHAPTER TWO

INFLUENCE: A FOCUS ON THE BILL AND MELINDA GATES FOUNDATION

The purpose of Chapter Two is to analyze a model of interaction that brings the international nongovernment organizations to the forefront of development and aid in developing countries. In greater detail, this chapter reviews INGOs through the engagement of The Bill and Melinda Gates Foundation in the context of family planning services in West Africa. The first section examines general aid development expenditures in Africa through grants and donations for family planning services. Section Two reviews the trends in monetary funding through the theoretical interpretation of philanthrocapitalism, conscious design of services for family planning, and the INGOs seeking to perform with the fewest regulations possible or interference of local government and regulations. Next, the analysis examines the relationship between the media and The Bill and Melinda Gates Foundation, exploring criticisms aimed at the foundation for efforts to manipulate images and results that are in the best interest of the Foundation. The notion that philanthrocapitalists face less pressure than governments in the arena of development is examined in Section Four. Section Five turns to understand the value that The Bill and Melinda Gates Foundation gives to technology as an essential factor in its operational philosophy. Finally, the last section focuses on the extent that alternative contraceptive methods have become a prominent issue in today’s market economy and approaches to development and aid locally as The Bill and Melinda Gates Foundation select their own contraceptive of choice for family planning in West Africa.

Funding in Africa through Grants and Aid: Family Planning

In general, Africa is still a growing region in terms of population with immense potential for economic expansion and human progress. However, today Africa is increasingly vulnerable to rising violence, to the negative effects of climate change, the declining commodity prices, religious extremism, and to natural disasters. Human welfare is impacted by evolving human disparities and poorly managed public policies by most countries in the region. Women in particular are increasingly susceptible and impacted by
limited access to voluntary family planning programs. Data shows that “West and Central African countries report very low rates of family planning use. Some of the lowest contraceptive prevalence rates in the world exist in these two subregions of Africa.”

The Bill and Melinda Gates Foundation have conducted international family planning strategies and initiatives that perform interventions for family planning services. One of its core objectives is to improve the lives of women and infants by supplying access to local services that dispense contraceptives and solutions to women who might otherwise be faced with scarce family planning resources.

Africa is witnessing rising INGO aid contributions in the region. INGOs deepen their engagement in global health by focusing efforts in regions where disparity for family planning education and resources run high, maximizing their impact by increasing aid and interventions in these locales. Recent data shows that “U.S. Foundation giving focused on Africa grew at more than twice the rate of overall international giving between 2002 and 2012. Africa-focused foundation grant dollars jumped more than 400 percent, from $288.8 million to nearly $1.5 billion, during this period, while total international giving rose 185 percent.”

There is a growing debate on whether African governments have the capacity to deliver critical social services to their populations at a pace that yields improvements. Many INGOs accept as true that governments lack the expertise and experience to provide or be the conduit of such resources. This is a prime motivation for INGOs to commence an intervention by funding development assistance to local NGOs and governments, with local operations under their supervision. There are other motivations as well, as reported by the Africa Grantmaker’s Affinity Group:

Foundations may choose to provide funding for Africa via an intermediary organization include size of grant, specifically for large grants that require extensive financial and management capacity, or limitations built into a

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foundation’s charter restricting its support to organizations with a U.S. 501(c) (3) tax status or equivalent. Factors that might lead foundations to directly fund organizations headquartered in Africa include an interest in addressing issues from a local perspective, a desire to build organizational capacity, and/or interest in providing funding directly to local groups.³

Investing in global health advocacy and development is a paramount objective of The Bill and Melinda Gates Foundation: “Health accounted for the largest share of U.S. foundation funding focused on Africa in 2012. However, a single funder – the Bill & Melinda Gates Foundation – accounted for close to 90 percent of this support.”⁴ And “In 2002, the Gates Foundation awarded 30 grants totaling $69.1 million with a focus on Africa. By 2012, its commitment to Africa had risen 249 grants totaling over $1 billion.”⁵

As an influential and prominent INGO, The Bill and Melinda Gates Foundation is assigning funds for family planning through grants in Africa to support its worldwide family planning partnership with the UK government, called FP2020. This international advocacy group consists of national governments, donors, for-profit organizations, global foundations, and volunteers who wish to address policies and services for family planning in the next decade. FP2020 is the result of a shared vision and values discussed at the 2012 London Summit on Family Planning. FP2020 advocates the belief: “That all women, no matter where they live, should have access to lifesaving contraceptives … Family Planning 2020 aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries by 2020.”⁶

Recent progress reports of Family Planning 2020 (FP2020) indicate that these programs for family planning need to be sustainable in order to meet policy goals in the short and long term. For instance, FP2020 reports, for instance, that access to contraceptives averted 125,000 maternal deaths and 24 million unsafe abortions in developing countries, in 2013, for countries participating in the program. These are

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³ Ibid., 9.
⁴ Ibid., 11.
⁵ Ibid., 5.
improvements, year after year, of about 2.5%. The greatest challenge is to equate the threat of population growth outpacing the expansion of family planning programs for all developing countries, where overall growth of the program has been less than 1% year after year.\footnote{Carla Kweifio-Okai. “Family planning drive reaches millions of women and girls,” The Guardian, November 3, 2014, accessed September 21, 2015, https://www.theguardian.com/global-development/2014/nov/03/family-planning-drive-fp2020-contraception-population.}

**Philanthrocapitalism and Family Planning**

The values and principles exhibited by Bill and Melinda Gates define modern philanthropy. Philanthrocapitalism is a crusade of modern day philanthropy performed by successful entrepreneurs and ultra-wealthy business leaders aiming to transform humankind. Contemporary billionaires, who have made their fortunes leading for-profit organizations, turn their revenue into public investments to combat the world’s most persistent problems. Funding is often unrestricted and aimed at producing transformative societal change in marginalized communities. Aside from philanthropists relinquishing copious amounts of donations to initiatives shaped by their agenda, the magnitude of social influence imparted by philanthrocapitalists seems unsurpassed. Media, governments, and other benefactors are eager to align themselves with some of the most powerful voices of the new century.

Warren Buffet, legendary billionaire financier, has endorsed and donated a significant portion of his wealth to The Bill and Melinda Gates Foundation. Their association is one of friendship and shared values. Buffet argues: “It is Gates’ energy and passion that convinced Buffet to pledge the bulk of his $70 billion fortune to The Bill and Melinda Gates Foundation, combining the philanthropic efforts of the two richest men in America and two of the greatest philanthropists of all time.”\footnote{Dan Alexander, “Warren Buffett Toasts the World’s Two Greatest Philanthropists, Bill and Melinda Gates,” Forbes, June 4, 2015, accessed June 2, 2016, http://www.forbes.com/sites/danalexander/2015/06/04/warren-buffett-toasts-the-worlds-two-greatest-philanthropists-bill-and-melinda-gates/#6a4135913830.} In 2010, the two celebrated philanthropists joined several international billionaires in pledging to donate at least half
of their lifetime wealth to philanthropy. The list of donors under these two leaders continues to grow, multiplying their efforts and goals for assistance.

The philosophies employed by The Bill and Melinda Gates Foundation is equivalent to the principles shared by the idea of philanthrocapitalism. Bill Gates co-founded Microsoft in the mid-1970s. The company developed into an empire once its partnership with IBM was established, leading the enterprise in software technology. Gates rapidly accumulated a vast fortune, promoting himself as the richest billionaire of the time. In 2000, Gates relinquished his role as CEO of Microsoft to become chairman of the board of directors. The same year he officially launched The Bill and Melinda Gates Foundation. Their philosophy is simple: “We focus on only a few issues because we think that’s the best way to have great impact, and we focus on these issues in particular because we think they are the biggest barriers that prevent people from making the most of their lives.”

In recent years, the Gates Foundation continues to contribute extensive funding and significant outreach efforts in development for family planning services, healthcare initiatives and education programs. Total direct grantee support in 2014 reached $3.68 billion. While $1.92 billion of this grantee support was dedicated to global development. Eight percent of total global development grant support in 2014 was allocated for family planning.

By investing in family planning, the Foundation has influenced public perception and collided with policymakers and government. McGoey acknowledges the magnitude of Melinda Gates’ advocacy and prominence, by shedding light on an issue the US government failed to recognize over time. McGoey writes: “Like Melinda’s willingness to speak out about the importance of contraception when the lingering effects of the US

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government’s former Global Gag Rule continue to make it hard for foreign NGOs receiving US funds to offer planned parenting options to women in developing countries.”11

The Bill and Melinda Gates Foundation is weakening support of government oversight over family planning programs in their respective jurisdictions. “Channeling private funds towards public services erodes support for governmental spending on health and education.”12

Private donors fueled by philanthrocapitalism do not practice accountability or deliver transparency in their respective projects. The Gates Foundation “provides 10 percent of the World Health Organization’s overall budget. In 2013 it emerged as the largest single donor to the UN health agency, donating more than the US government. According to its charter, the WHO is meant to be accountable to member governments.”13

**Philanthrocapitalism and Media**

In modern society, news media is likely to influence social and public policy because the media retains tremendous power in terms of resolve and resources to have a significant impact on popular culture, political discourse, and public opinion. INGOs, the development actors for decades, have allied with news media outlets in subtle and innovative ways in an attempt to dominate the narrative of a public policy issue.

Due to the prevalent recognition and benevolence of The Bill and Melinda Gates Foundation worldwide, the celebrated leaders in global health investments, once a global health issue is identified by the Foundation, the issue is often prioritized as the top universal health priority and takes precedence over other issues identified as urgent by local governments, NGOs, and health advocates.

McGoey argues that The Bill and Melinda Gates Foundation is manipulating the media in efforts to classify aid as a thriving medium, one that successfully delivers relief,
goods, and services to marginalized communities worldwide. The first example scrutinized by McGoey was in 2013 when the Gates Foundation held a meeting with leading media outlets ranging from the New York Times, The Guardian, NBC, NPR, and Seattle Times. Reporter Tom Paulson describes the meeting’s purpose: “Improve the narrative of media coverage of global aid and development, highlighting good news stories rather than tales of waste or corruption.”

Convening a meeting with prominent media outlets to discuss aid in secrecy, conveys the message that a narrative and rubric for communicating aid policy is controlled and managed behind closed doors. The responsibility of the media is to report the facts, and anything less is damaging to the aid community.

Today, the media has become dependent on funding from corporate foundations and wealthy benefactors, often neglecting their obligation to produce unbiased reports for the public. In 2012 NPR launched Global Health Beat, a fusion of journalistic reporting and social media. It is partially funded by a grant from The Bill and Melinda Gates Foundation. The Guardian’s global development page is also supported by the Foundation. There is no question that the Foundation has invested in improving digital communications on global health by strategically partnering with leading media outlets in the West.

McGoey’s second illustration of the Gates Foundation and the exploitation of news media is the hiring of a prominent public relations firm to propagandize and endorse aid as an effective pursuit in accomplishing development goals. McGoey writes:

In 2013, the foundation gave Ogilvy, a global public relations firm, a $100,000 grant for a project titled ‘Aid is Working: Tell the World’ … That Ogilvy is a beneficiary of Gates Foundation largesse raises the same question as does its grants to Vodacom: Why can’t a highly profitable company cover its own marketing or business-expansion efforts?

McGoey maintains that a powerful philanthropic voice like that of the Gates Foundation hired a PR conglomerate to capitalize on marketing strategy in sending a public message that aid works, even as bipartisan groups have become increasingly mistrustful of

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14 Ibid., 202.

15 Ibid.
aid in the humanitarian arena. McGoey vigorously disputes the notion of aid working and contends:

Many observers on the left and right suggest that the problem isn’t a marketing failure; it’s a failure with the underlying “product.” Aid, they argue, is not working. And efforts to propagate claims to the contrary only exacerbate its limitation. Ties aid, conditional lending by bodies such as the IMF, and patent privileges which favour wealthy nations: these are just a few ways in which current development policies are failing the global south.¹⁶

A pressing concern avowed by McGoey is the relationship between The Bill and Melinda Gates Foundation and the media. McGoey asserts, “The foundation’s strong public profile, and significant marketing and publicity expenditures, helps to ensure significant media coverage of the areas it prioritizes. If governments fail to align with the foundation, they risk appearing callous or uncaring, negligent of their own constituencies or the welfare of other nations.”¹⁷

The Gates Foundation strongly takes advantage of image construction. By hiring a leading PR firm to restore and enrich its messaging on aid development to the public, a global elite like the Gates Foundation is successful in achieving many objectives. First, the Gates Foundation conveys the illusion that aid works in order to legitimize priority issues on their agenda for development. Second, with support from the media, the Gates Foundation maintains its legitimacy as the sole decision-maker on policy, partnerships, and implementation procedures of their services and technology. Third, a Gates Foundation alliance with the media serves to suppress the voice of local governments, NGOs, and community advocates who oppose the work performed by philanthrocapitalists.

The publicity of these foundations, pointing out their preferences and work, guide the attention and opinion-making of many. McGoey argues, “By emphasizing some policies over others, those policies inevitably receive more money, media attention, and political support than others. The policies the Gates champion often succeed or fail because

¹⁶ Ibid., 203.

¹⁷ Ibid., 154.
they are pouring extra money into them or withdrawing funding prematurely, not necessarily because they have intrinsic merits or deficiencies.”\textsuperscript{18}

\textbf{Philanthrocapitalists: Facing Less Pressure}

Satisfying stakeholder interest is paramount to the success, reputation, and legitimacy of a philanthropic organization. Accountable to their board, citizens, and trustees, leading INGOs, NGOs, governments, and philanthrocapitalists face pressure to fulfill their commitment efficiently and effectively. The pressure to perform in relation to innovation, fiscal sustainability, and policy change is intensifying as demands for fiscal transparency and social corporate responsibility increase.

Governments face tremendous scrutiny and pressure from citizens who demand to understand how taxpayer funds are allocated and spent. Access to government spending is a fundamental right of citizens. Government expenditures continue to be monitored and shared through various oversight reporting methods to citizens in the United States. The media, state governments, and independent watchdog groups promote good governance and accountability the government simply cannot ignore. Public funds from taxpayer money will always amplify the debate of government expenditure for philanthropic development.

Philanthrocapitalists expend private funds to fulfill their work in development. Oversight in expenditures is much less because it is private money. Development assistance is at the discretion of executive leadership, so there is very little if any resistance from taxpayers and the public at large.

The Bill and Melinda Gates Foundation focuses on areas of greatest need in global development. Influenced by technology, it endeavors to resolve persistent issues involving poverty, health, education, and agriculture. The tech moguls work in partnership with trustees and allies. In pursuing their agenda for global development, they engage cooperation from government, private sector, NGOs, and communities. The Foundation

\textsuperscript{18} Ibid., 136.
authorizes grants and contracts worldwide through direct solicitation, request for proposals, and investment proposals.

Critics of The Bill and Melinda Gates Foundation such as Dr. David McCoy, a senior clinical lecturer with Queen Mary University of London in England, explains: “Whether or not Gates is well meaning or not, I think this is just an unhealthy situation to have. There are not enough checks and balances.”

McGoey explains: “Unpopular governments face the wrath of voters. Publicly listed companies face stock devaluations. Philanthropic foundations face far fewer external checks on their operations.” Poor results lack consequences, creating an unfair advantage for philanthropic organizations because executive leadership gives precedence to areas selected by philanthropists. This exposes philanthropists to low risks while initiating greater authority in the aid community.

McGoey argues that philanthrocapitalists do not share the same pressure as applied to entrepreneurs, governments, and NGOs.

Entrepreneurs face market pressures that force their businesses to either evolve or go under. Philanthropists don’t face the same pressure, and this is both an advantage and a danger for them. To their advantage, foundations can prioritize politically sensitive areas that governments won’t touch – a good example is the Gates Foundation’s willingness to support contraception use in developing regions, where the US government has at best shied from funding family-planning initiatives.

Souring influence, prestige, and the finances to effectuate change while operating as a 501c3 organization, public critique of the organization is limited because of the scope of work conducted in disparaged communities worldwide. “Often, charities and foundations are the sole form of support for the world’s most vulnerable populations –

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20 McGoey, No Such Thing as a Free Gift, 102.

21 Ibid.
abused spouses, homeless children, addiction sufferers – all groups typically low on purchasing power.”

External oversight of foundations’ operations is an unresolved issue. McCoy argues that, despite the Gates Foundation’s massive wealth, “Nonetheless, there should be more data-driven discussion about the overall effect of the Gates Foundation’s approach to global health improvement. In view of its receipt of public subsidies in the form of tax exemptions, there should also be an expectation that the foundation is subject to some public scrutiny.”

“The speed at which the Gates Foundation has emerged as a significant power-player in US and global political arenas has, by and large, simply outrun academic scrutiny of its achievements and failures.”

The Bill and Melinda Gates Foundation experiences a prominent advantage when it comes to making mistakes. Operating with private funds yields insurmountable flexibility to make mistakes because the foundation is not fiscally accountable to outsiders. Press secretary Williams acknowledges, “We have made investments that did not work out as envisioned – many of them. That’s part of the flexibility we have as a private philanthropy. Our biggest mistake would be to not adjust from what we learn.”

**Overemphasis on Technology**

Technology is important because it has an impact on social, economic, and cultural customs when introducing new products that serve to combat abject poverty, gender inequality, and health disparities worldwide. Technology has proven to be a powerful agent

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22 Ibid.
for global development by introducing innovations in vaccines, treatment, and prevention methods for infectious diseases and breakthroughs in reproductive health.

The Bill and Melinda Gates Foundation utilizes technology to effectuate cooperation for equality in global health. In the early years of the foundation, Dr. Richard D. Klausner, former executive director of Global Health for Bill and Melinda Gates Foundation, revealed three types of innovations necessary to achieve global health equity: “Innovation through the creation of technology, Innovation through the creative adaptation of appropriate technology and Innovation through creative partnerships.”26 It also deploys technology in its strategy to advance its development goals, as expressed by Bill Gates in a 2008 Harvard Commencement speech:

Cutting through complexity to find a solution runs through four predictable stages: determine a goal, find the highest-leverage approach, discover the ideal technology for that approach, and in the meantime, make the smartest application of the technology that you already have – whether it’s something sophisticated, like a drug, or something simpler, like a bednet.27

The Bill and Melinda Gates Foundation trust in the ingenious power of technology is transforming philanthropy. By applying technological solutions to improve vaccines, sanitation, and contraceptives in impoverished communities, the Gates Foundation is the leading strategist in combating global health crisis by innovations in technology. In a 2008 speech to the World Economic Forum, Gates asserts:

These improvements have been matched, and in some cases triggered, by advances in science, technology, and medicine. They have brought us to a high point in human welfare. We are at the start of a technology-driven revolution in what people will be able to do for one another. In the coming decades, we will have astonishing new abilities to diagnose illness, heal disease, educate the


world’s children, create opportunities for the poor, and harness the world’s brightest minds to solve our most difficult problems.\textsuperscript{28}

Widespread education and local advocacy is necessary to bring about transformative change in the arena of public health. Changes in behavior, traditions, and values are necessary to incentivize social change. Though leaders in public health today have long argued that technology alone does not authentically communicate the significant benefits of a vaccine or contraceptive. These communications are necessary to combat pre-existing myths, stereotypes, and customs that have been levied by society over time.

The Gates Foundation amplifies the importance of technology to pursue an innovative global health capitalistic agenda. But his approach also shows unintended consequences.

The foundation’s emphasis on technology, however, can detract attention from the social determinants of health while promoting an approach to health improvement that is heavily dependent on clinical technologies. The support of vertical, disease-based programmes can undermine coherent and long-term development of health systems, and its sponsorship of global health policy networks and think tanks can diminish the capabilities of Ministries of Health in low-income and middle-income countries.\textsuperscript{29}

The criticism points out that technology by itself is insufficient to overcome the problems of poor public policy development and implementation in its totality.

One argument used to make the case that the Gates Foundation over emphasizes technology and new vaccine development is that many existing cost-effective technologies do not reach the people who need them because of poverty or health system failings. Additionally, most of the high child mortality in poor countries results from an underlying lack of access to basic needs such as food, housing, water, and safe employment. Thus, rather than viewing the hundreds of thousands of child deaths from rotavirus infection as a clinical problem that needs a vaccine solution, a better approach might be to view it as a public health problem that needs


a social, economic, or political intervention to ensure universal access to clean water and sanitation.  

The Gates Foundation’s overemphasis on technology has deemed innovation and scientific achievements in global health as the quintessential elements for advancing and eradicating global health disparities. Its overemphasis on technological interventions among individuals and communities must be monitored carefully so that it does not undermine contributions and progress at the social level. There must be a balance and multidisciplinary approach that will converge technology and local social policy when mitigating global health issues. Giving emphasis to technology, according to Alliance Magazine, “Let’s world leaders off the hook by allowing them to avoid grappling with systemic issues, like corruption and social inequality.”

Technological interventions must consider the degree of fear experienced by many marginalized communities that will oppose technocratic remedies for health issues.

**Alternatives in Contraceptive Methods**

Women in developing regions such as Africa continue to experience oppression, specifically social exclusion, economic stagnation, debilitating poverty, and human rights violations. In the immediate term, efforts have been made through family planning initiatives to reduce the underdevelopment of women’s reproductive health by exposing them to family planning programs. This includes alternative contraceptive methods. Often, marginalized African women face alarming rates of unsafe abortion, female genital mutilation, gender discrimination, forced marriages, and infectious diseases such as HIV/AIDS. Overcoming barriers for women’s sexual and reproductive health must begin with credible and accessible family planning resources.

Through family planning interventions, alternative methods of contraceptives have been introduced in the region:

Africa has lagged other regions on fertility decline because family planning programs were introduced relatively late in the region … Relatively better progress

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30 Ibid.

31 “Bill Gates, the world’s chequebook doctor.”
on family planning indicators in Eastern Africa compared to Western Africa has been attributed to stronger family planning efforts that ensured wider availability of modern contraceptive methods.\textsuperscript{32}

Oral contraceptives are widely used in the West but are not the prevailing contraceptive method for development initiatives in family planning for Africa. Injectables and implants are the leading contraceptive methods used across Africa. Injectable methods have become increasingly inexpensive, too, as INGOs and others in development partner with multinational pharmaceuticals in efforts to subsidize prices for these products.

“Globally, injectables account for 6\% of modern method contraceptive prevalence (MCPR) among women who are married or in union. Injectables account for 43\% of MCPR in sub-Saharan Africa, 46\% in Southern Africa and 49\% in Eastern Africa. In many low-resource countries, injectables account for one-half or more of modern method use.”\textsuperscript{33} “In West African countries such as Benin, Burkina Faso, Cameroon, Senegal, and Togo traditional method use declined and relatively modest gains in modern method use were observed.”\textsuperscript{34}

Progestin-only contraception is sponsored by The Bill and Melinda Gates Foundation in partnership with stakeholders from the 2012 London FP2020 Summit. “Over 40 million implants are to be made available between 2013 and 2018 in low-income countries, as prioritized at the 2012 London FP2020 Summit.”\textsuperscript{35} From a development perspective, many partnerships formed among INGOs, NGOs, and local governments favor alternative methods of contraceptives because it transfers inherent civil rights back into the hands of women. These methods are easily and discreetly managed by the user herself, a very attractive incentive for women who intend to use birth control inconspicuously from the inquisitive eyes of a sexual partner or religion. “Programs in

\begin{thebibliography}{9}
\bibitem{32} Punam Chuhan-Pole and Manka Angwafo, \textit{Yes Africa Can: Success Stories from a Dynamic Continent}, 458-459.
\bibitem{34} Punam Chuhan-Pole and Manka Angwafo, \textit{Yes Africa Can: Success Stories from a Dynamic Continent}, 447.
\bibitem{35} Roy Jacobstein and Chelsea B. Polis, \textit{Best Practice & Research Clinical Obstetrics & Gynaecology}, 800.
\end{thebibliography}
Africa rely on temporary methods, such as pills, injectables, and implants. It has been suggested that successful program strategies in Africa must promote methods that are temporary, can be used covertly by women, and do not have to be stored at home."36 Tendencies in contraceptive use show that modern methods are surpassing traditional contraceptive methods.

The next chapter will focus on the identification of conflicts and deliver an analysis of The Bill and Melinda Gates Foundation intervention in family planning. The foundation’s role or not in the causation of conflicts will be examined.

CHAPTER THREE

METHODOLOGY

After exploring the role of The Bill and Melinda Gates Foundation on philanthropy and family planning, I now shift to examine information and data about the role of INGOs as they deliver or sustain family planning programs in West African countries. What follows is the methodology that I am applying to organize the information and data uncovered regarding the notion of conflict and INGO interventions. After the identification of various levels of conflict, I present some limitations of this study in terms of research and data as well as the scope of conclusions.

This classification of levels that guides the analysis is coalesced from the blending of actual empirical cases of conflicts; other potential ones can be deduced from similar cases, and even others that may be considered possible.

This classification aims to be broad but not exhaustive of all possibilities due to the limitations of time and scope to access sources of this study. It is also important to emphasize that some conflict types presently indicated in this definition may not find corresponding evidence in the research as a result of limitations on information and data collection available from government, NGOs, and available news sources.

For achieving clarity, I seek to identify conflicts by separating them into different social levels in regard to how they affect family planning. This classification is general, and it is not clearly possible in many cases to actually exclude partial analysis of a situation from one level of identification (for example, family) to another (social). Therefore, for better clarification, some issues are repeated, as one case may be studied at more than one level.

1. The Level of Family Conflict

The level of family conflict evolves from two essential aspects. The first conflict identified in this level is spousal conflict. This is conflict emerging within the limited family unit, when a spouse challenges the demands or behavior of the other as an outcome of participation in family planning. Women in pursuit of family planning services, living
in patriarchal societies, may experience spousal conflict as a result of their decision to procure and use contraceptives. In a male-dominated society, women are expected to assume traditional gender roles. Embracing motherhood and birthing many children who will increase a family’s economic sustainability is paramount to the success of an African family. A husband’s disapproval of family planning could derive from his expectation for a large family where children contribute to the socioeconomic status of the family. A husband’s demands for more children are also a consequence of religious ideology and the divine expectancy for couples to procreate. Furthermore, and perhaps more commonly, is the public self-image a husband may develop in terms of his image/behavior to family outsiders seems to be critical to his reactions and conduct with the spouse regarding family planning in general and the use of contraceptives and sexual practices.

The second aspect of this level is the relationship of the female, her husband or partner, and the extended family, where one may find the disputes within the family at large as defined by local or national social customs, religious practices, and legal regulations. Relationships with the extended family, both social and economic factors, may impede a woman’s access to family planning services, for information, or simply for funds to pay for services. Individual women may elicit more autonomy in decision-making regarding sexual practices, including for contraceptives, which are in direct opposition to the rubrics of a family. Conflict arising from different views and preferences, choices available regarding partners, involving values, decisions, and outcomes create substantial hardships for women in these environments.

2. The Level of Social Conflict

The level of conflict reflects broader elements at a societal level prevalent in a country. Also, the conflicts reported may differ from society to society or from county to country but may share common elements.

The first and most common type of conflict in this grouping is peer conflict. This is the kind of conflict that may arise when the individual is challenged by peers (colleagues, friends, or acquaintances) in the community, workplace, or places of social gathering, including social media platforms. This type of conflict emerges from each individual’s self-
image and social insertion in the wider community. It may be the most sensitive variable affecting the behavior of a husband within the marriage and his position in society.

The second type of conflict at this level is when the individual or family pursuing modern family planning and/or contraceptives confronts the norms and power relationships of the existing social structure, in particular those of patriarchal societies. Cultural authority is the embodiment of norms and expectations in a society. This category embodies recognized nongovernment (formal) actors such as a tribal chieftain, religious leaders, and other social opinion-makers (intellectuals, artists, celebrities, business tycoons, etc.) challenging the INGOs, local partner NGOs, and other individuals in efforts to uphold their cultural traditions.

Religious authority, doctrines, and tenets as well as the behavior, declarations, and the stance of spiritual leaders affect a community’s tolerance concerning individual and family choices and behavior, decisions made by government, and the scope of INGO interventions. A deviation from religious creed is to accept INGO initiatives that compromise the teachings of a religion. A divergence of attitude, beliefs, and behavior that is in opposition to religion creates conflict among actors, governments, and the INGOs. The majority of religious individuals cannot embrace modernized social and public policy tenets promoted by Western INGOs. However, endorsement of modern practices of family planning or sexual practices can generate many positive (or negative) implications.

3. The Level of Ideology, Power, and INGOs

This level is closely related with the level of social conflict. It is a separate level because its primary focus involves the ideas in conflict. This category identifies the disputes when social actors publicly disapprove of the behavior of an individual/client and of the organizations providing the family planning services and that of individual behavior based on one’s world view regarding values and principles for governance, distribution of wealth, and the nature of political power. I propose this level based on the idea that there may be a family planning ideology.

The purpose of this category is to point out divergent views regarding existing or emerging types of family planning services taking place and the local politics or
relationships of power among actors. This category also includes criticism from academics and opinion-makers as individuals and members of incorporated organizations in opposition to the INGO or the respective leadership. At the core of this ideological dispute is the notion that INGOs engrossed by Western operations and funding originated in Western countries as an agent for *Western imposition* of new social values and practices. This is interpreted by opposing critics as a new form of international domination with negative consequences for local populations and developing countries.

The second aspect of conflict at this level focuses on the consequences as the INGOs elect local NGOs as the *preferential partners* and the INGOs confront existing formal governments and regulations. This strategy seeks to overcome obstacles, problems, and opposition while bypassing local and national government structures and individuals perceived as impeding on the implementation or sustainability of family planning programs, harming their efficiencies or results, or rejecting the model or modernity of INGO interventions.

The level of ideological and power conflict also extends to the space of INGO-NGO relationships. Many INGOs procure alliances with local NGOs in efforts to facilitate and execute their development goals within an affected community. These partnerships are designed to endorse the mission of an INGO intervention and uphold the authenticity of an NGO. There is significant potential for conflict between INGOs and NGOs. This category highlights eventual disputes that may arise in every phase of the family planning program development when one NGO (a limited and recognized organization) challenges the benefactor INGO. This type of conflict is wide-ranging and surfaces in the context of organizational strategy, planning and execution, interpersonal relationships between respective staff members, and financial donor arrangements between organizations.

4. The Level of Governance and Public Policy

If the overall role of government is to provide for the welfare of all its citizens, the conflict between INGOs and local governments reflect the interactions of ideas, modes of operations, and goals for success. In general, INGOs provide a surplus of services with their resources and presence in many developing countries, especially in Africa. One
fundamental question is: Why are INGOs present in some countries or local communities that need services and not in others? Well, the answer simply can be that, when governments are faced with the option of engaging with an INGO, the local government can act or not act to jointly provide a new service.

This level attempts to examine the types of conflict connecting the local government to circumstances affecting family planning services and programs by supporting, opposing, or deficiently engaging with an INGO. These aspects are observed first when governments take action or refrain from advancing different aspects of women’s rights. Second, the analysis explores the conflicts that may occur on the ground, at the point of service. Finally, it expands the relationship among the INGO and partners focusing on the issue or influence and dependence of local organizations.

5. The Level of Family Planning, Power, and Gender Issues

The last part of the analysis converges into a broader review of family planning, power, and gender issues. This level presents my strong impression that availability, policies, and individual choices for family planning are strongly influenced by individual and social bias. These biases condition social behavior, government regulations, and allocation of resources. The aspirational view of gender equality and freedom is held back by relations of power at every level.

Limitations

I believe the content and conclusions of this study are limited by the scope of studies and information that directly validate and reveal evidence on the fundamental subject, that is, the impact of INGO interventions on family planning and the generation of conflict. In this context, I uncovered few primary and data sources that directly address the role of The Bill and Melinda Gates Foundation. While various authors described the challenges of INGO operations, many appealed for more direct studies, especially using demographic or health survey (DHS) methods. While anecdotal cases reveal many problems and disputes, not much is recovered in order to gain an understanding of the broader social impact and conflicts related to family planning in West Africa.
The second major cause for limitations involves the sources of data or information stemming from in-depth interviews with members of local populations or from expert statements from single or multiple case studies. The information from these sources may not be fully valid due in part to the scarce number of cases or the attitudes of respondents.

Finally, I want to add that I included references to significant cases that take place in countries outside West Africa, as I concluded they would help to shed light on the issues at hand. I assume that, since family planning is a global issue, some of these external cases were important to report.
CHAPTER FOUR
ANALYSIS OF CONFLICTS

1. Family Conflict

The first conflict is identified as family conflict at the level of spousal relations. In modern Western culture, it is customary for individuals to marry for romantic love and join into a social contract with each other under existing laws within the state of residence. The purpose of marriage encompasses so much more for people in many developing countries where the prevalence of traditional cultures provides norms for marriage to be interconnected to the economic, social, and religious ethos of a society. In these societies, marriage remains a strategy for aggregate economic survival and procreation for this population, while creating social and economic challenges for women’s equality in a marriage and in the society.

Gender identity is culturally defined with specific roles assigned to women by prevailing mores and in many cases by laws and regulations established by governments. These roles are reinforced by marital, religious, and societal tenets that dictate how women must live their lives. The patriarchal nature of society in Africa emphasizes male privilege, contributing to the subordination of women. A consequence of patriarchy is power and control mechanisms performed by husbands in a marriage. The findings indicate that spousal control has an impact on a woman’s accessibility, willingness, and judgment to participate in preventative reproductive health activities employed by local family planning services.

Women living in patriarchal societies and in pursuit of family planning services may experience spousal conflict as a result of their decision to procure and use contraceptives. Due to economic, social, and religious norms, spousal conflict may escalate beyond opposing ideologies, intensifying to the point of physical violence and retribution. A divergence of attitudes and perceptions, with respect to modern methods and family planning, places limitations on family planning services. In Ghana, studies revealed that “Many women indicated that modern contraceptives were either uncomfortable to use (30
percent) or had side effects (65%). In addition to these perceptions, some women reported that their husbands prevented them from using modern family planning.”

Research indicates that spousal conflict may develop from encounters often experienced by husbands when visiting health clinic providers of family planning services. One study aimed to investigate men’s participation in family planning from their attitudes and point of view. The researchers organized 106 married men into 12 focus group discussions in rural and urban districts of Nyanza Province, Kenya, from May through June 2013. Husbands reported on their experiences visiting the clinics and expressed reluctance to be involved in family planning because questions surrounding their extramarital sexual activity or HIV status may arise. One participant explains: “Sometimes the doctor can ask me how many partners I’ve had in the last few months, and I don’t want my wife to know about it [father of four, age 49.]” This scenario implies male privilege and female subordination, which could escalate to various degrees of marital dispute or confrontation if the woman does not acquiesce.

Husbands also articulated conflict by revealing they felt self-conscious when discussing issues of intimacy and sexuality in the presence of their wives. As one husband describes: “Men are ashamed of going to the clinic with their wives and discussing intimacy issues. Our traditions are not open to discussing issues of sex, especially between spouses [father of two, age 26].” In a patriarchal society, men have been socialized not to discuss issues of sexuality in efforts to preserve their masculine identity:

Men in this study felt that it was not their responsibility to initiate FP discussions with their wives, yet they acknowledged the numerous negative consequences women could face in raising the topic with their husbands. Women were in the

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3. Ibid.
precarious position of having to achieve a delicate balance between being proactive and deferential.\(^4\)

This maintains a husband’s dominant position in the social hierarchy but has ramifications for his marriage as conflict could ensue as a result of withholding meaningful conversations with his wife.

Given the patriarchal nature of society in Africa, family planning campaigns have also incited gender-based violence. Wife beating is acknowledged behavior supported by expectations associated with the perception of masculinity. Cultural acceptance of violence against wives is rationalized and excused by age-old gender norms, dangerously having an impact on the susceptibility of women wanting contraceptives. The threat of disputes, violence, and reprisal influences a wife’s decision to reject family planning services. As articulated by a woman in northern Ghana:

I cannot even speak of family planning in passing to my husband, not mention trying to discuss it with him. Every morning whenever he hears people discussing family planning over the radio, he gets so angry and even wishes he could lay a hand on the person speaking. He fumes and shouts, cursing...if he can threaten a wireless ... what would he do to me if I open the topic?\(^5\)

A wife in this situation is fearful of retaliation for initiating a conversation on family planning with her husband. In all probability, she will pass up the opportunity for family planning to maintain peace in her marriage.

However, the argument supporting that family planning actually results in spousal conflict is weakened by another intervening variable, the role of communication, as Randall, Mondain, and Diagne provided an alternative view to understand the spousal relationship facing family planning.\(^6\) The authors argued that communication, both within the marriage negotiations and the couple’s public narratives, reveals subjective attribution

\(^4\) Ibid., 210.


about how individuals justify choices publicly and whether or not to adopt fertility controls. As an individual faces social situations that take into account how one may be perceived by the surrounding public (and authorities) regarding one’s behavior, narratives on the subject, and appearance, observance to religious prescriptions or to leadership orientation may not be truthful or may not reflect the actual desires of the individual regarding the preferred number of children and the impact of one’s own economic situation one confronts. Justification and reality of family planning may diverge. From the three communities that these authors studied in Senegal, they concluded that confronting male dominance and contrary rhetoric and cultural mores, a significant number of women is able to negotiate and access contraceptives. Thus, religious or socially accepted mores do not always prevail or serve as coherent justifications.

Another manifestation of conflict is in the broad sense of nuclear and extended family circles. As most women in different situations may desire autonomy to have control of their family planning and the use or not of contraceptives, decisions are impacted by family dynamics. In paternalistic societies, the family nucleus may impede a woman’s access to family planning services. This could result in women experiencing high levels of risk for unintended pregnancy and abortion. Women may elicit more autonomy in decision-making for contraceptives that is in direct opposition to the rubrics of a family. This scenario is exemplified in the relationship between an adolescent and her parents. Many adolescents lack necessary information about sexual and reproductive health from their parents. Parents from paternalistic societies fail to acknowledge that premarital sex exists or forbid the practice altogether. With a few exceptions, this has an impact on an adolescent’s access to family planning services and introduces conflict into the family dynamic.

In efforts to assess reproductive health awareness, contraceptive usage and access to family planning in young adults, a study was piloted in Dakar, Senegal. The results revealed as follows:

Young adults in Dakar want information on reproductive health and family planning and feel it should be easier to obtain. While many indicated their preference for receiving information from their parents, it was acknowledged that communication between parents and children on these subjects is difficult. This
conflict has been noted in other countries whereby children expect information from their parents or other adults, but the adults either believe it is not their role or are embarrassed or lack the necessary skills.\(^7\)

In summary, family planning programs seem to initiate tensions among spouses. In some cases, the conflict is manifested through resistance, anger, and retaliation by husbands opposing family planning. The source of conflict is aggravated through a patriarchal system that endorses male authority, social privilege, and status. The type of research that dominates our understanding, interviews, may be flawed. There may be a false justification when the interviewee manifests opposition to modern family planning in answering a face-to-face questionnaire in many cases due to possible fear of public shaming if answers were to be divulged. It is important to note that, while one may find many cases or manifestations of conflicts as individuals have to make choices regarding family planning, all together the offerings or availability of these services and their acceptance are growing.

2. Social Conflicts

The second level of disputes directly affecting individuals facing modern family planning in the target countries consists of a variety of social conflict issues. Changing social norms to endorse family planning is challenging because strongly entrenched values, beliefs, and practices directing social relations, including the distribution of power, are problematic to reform. In the sphere of family planning, participants are susceptible to values, perceptions, and attitudes that have an impact on their decisions to embrace family planning.

This level highlights peer pressure and conflicts that may arise in intimate social circles. Above all, men fear a confrontation with friends, colleagues, and acquaintances who may challenge, ridicule, discriminate, or emasculate a man’s choices and involvement pertaining to family planning. A study of 332 women was piloted in the Ga East district of Ghana to identify factors related to modern family planning. These factors were identified

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as community knowledge, perceptions, and other influences. The study findings established that a neighbor is a source of influence to utilize family planning:

While most users (73 percent) indicated that their decision to use contraception was influenced by their partner, about 21 percent indicated a limiting influence by their partner. Some women indicated a family member (35 percent) or a neighbor (13 percent) as a source of influence to use family planning. Others were influenced not to use contraception by their partners (48 percent) or friends/family (40 percent). 8

The wider community exercises a reasonable influence on a women’s decision to use family planning. It is not unexpected that neighbors are shaping attitudes and behaviors on family planning for both women and men, as many African countries embody collectivistic cultures.

Focus groups were organized in Nyanza Province, Kenya, to examine men’s perspectives on male participation in family planning. Male dissatisfaction with family planning was linked to individual concerns related to prevailing societal norms on gender and opinions from peers and providers in the community. One male focus group participant reported:

A common fear was that men who openly approved of FP were perceived as giving their wives permission to be promiscuous or prostitutes. A majority of participants also felt that community members might believe that men who were accepting of FP and/or who explicitly approved of their wives’ contraceptive use were seen as “overpowered,” “herded,” and/or “controlled” by their wives. Participants stated that men who accompanied their wives to the FP clinics were often taunted or laughed at. 9

Cultural conditioning in patriarchal societies produced these stereotypes in the first place; however, men do not want to lose their identity and masculinity. They run this risk by accepting family planning, which triggers gossip and speculation by their peers. In the same study, a participant and father of two, aged 28, argued: “A man will be


gossiped about … that his wife has overpowered him and that is why he is taking her to the clinic.” These deep-rooted mores of patriarchy are detrimental in attaining progress toward women’s reproductive rights because they uphold restrictive gender norms. Husbands, communities, and families may covertly or overtly endorse and comply with views maintained by the status quo.

With the introduction of INGO interventions on family planning in West Africa, family planning campaigns are met with trepidation and discontent by husbands who oppose these services. In most African cultures, men are fearful of a shift in socially ascribed gender roles that would encourage a gender-balanced society. This is reflected by men’s fears of a collapse in patriarchal norms and how they would be perceived within the community and by their peers if they supported family planning:

Men’s disapproval is a significant determinant of women’s lack of contraceptive use in sub-Saharan Africa … Most often, their concerns centered on gender norms and masculinity, especially how FP might alter the way they were viewed by others. Participants were concerned that community members might think that women could exert power and control over them through FP, undermining their masculinity.11

Other studies have indicated a positive constructive relationship between the participants of family planning programs and their peers. For instance, Okigbo et al. cites that married men in northern Ghana who are supported by peers for their involvement in family planning assumed greater motivation to adopt family planning practices and to communicate with their wives than those who did not receive support from their peers; interventions focused on peers distributing educational content on family planning to married men in Malawi found a relationship in increased usage of modern contraceptive methods when spousal communications on family planning were enriched.12

10 Ibid.

11 Ibid., 209.

Peers and their social networks have the power to influence socially acceptable judgments in relation to family planning. Social acceptance is critical to the development and delivery of safe contraceptives by way of interventions. Emergent forms of masculinity are slowly developing in the region as well as equality in gender relations yet are not commonly recognized because of time-honored social structures.

Religion should play an important prescriptive stance regarding the practice of family planning, and one can easily assign it as cause for conflict. As one would expect, institutional view points and those in leadership actively prescribe the continuance of traditional practices and assert opposition to modern family planning, especially the use of modern contraceptives. Reliability and neutrality of these sources are doubtful. These factors complicate the choices and decisions for family planning. Randall, Mondain, and Diagne concluded that, while religion shows itself strongly in line with the arguments, it is important to understand what the actual teachings are and what each individual interprets as “their parameters of acceptable behavior.”

Religious leaders and organizations are mobilizing their communities in Africa to avow INGO interventions on family planning. Human Life International organized a three-day rally and conference to protest the anti-life narrative they believe is propagated by foreign philanthropic and government agendas. Father Opio, country director for HLI Uganda, addressed a crowd of 8,000 Ugandans at the rally where, “They learned about the ‘village health teams’ that administer long-acting reversible contraceptives such as Depo-Provera or Sayana Press injections, implants and IUDs, and the health consequences of these dangerous methods.” Father Opio argues, “We are fighting campaigns heavily financed by both international and local NGOs which promote various anti-life agendas … The freedom and progress that people want does not come through sterilizing ourselves.

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with dangerous drugs, just to please the wealthy Western elites who think we have too many children.”

Religion influences social behavior and plays a significant role in shaping motivations and choices in relation to reproductive health. Religious actors may begrudge government endorsement of modernized INGO western policies, interpreted as a contradiction to religious values and sympathies. Religious moral values, attitudes, and customs covertly or explicitly have an impact on decisions concerning family planning. Religious norms expose young women to a value system with a tendency to alienate them from their community if their attitudes and behaviors are in contradiction to the religious creed. Forbidden behavior includes a deviation from virginity status, a shift in gender roles and taking contraceptives to limit or space births. Studies “acknowledged that Islamic solidarity may not be ruled out of the cynicisms on American-sponsored family planning programmes.”

West Africa remains a vulnerable region divided by devout Islamic interpretations of religious tenets. Many disputes have an impact on fragile healthcare systems and public policy, worrying growing populations and the influx of many family planning interventions especially of INGOs in the region.

Islamic value systems in West Africa shape health-care-seeking behavior in women to reject family planning services. At the same time, many women are accepting these services, bringing attention to controversies ensuing among religiosity and INGO interventions in family planning. One controversy is the campaign FP2020, already commenced in Senegal with conflict escalating among the religious social order. Gaestel illustrates this point clearly: “smaller families – and so smaller populations – have drawn

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15 Ibid.

the women’s health program [FP2020] into conflict with religious leaders and rekindled suspicions about the motivations for international aid.”

There is a moral component to the argument against family planning that is fueling the debate. Emerging controversy on this subject is articulated by Ibrahima Diallo, an imam, who argues, “If Europeans say the population is too large so we need to limit births, Islam can’t agree with that because God says, ‘You are my people, multiply,’ and it is the duty of God to take care of the family … It’s not for Europeans to bring family planning and say, ‘You have a large population, you will have consequences.’”

The initiation of family planning programs can lead to hyper-religiosity in a community, conceivably escalating to violence. This was evident in Nigeria:

Some people working for NGOs promote family planning covertly because of fear of being extradited by their religious leaders. Avong (2000) noted that an Islamic NGO official who said that Islam supports family planning was rejected by relatives and friends. Furthermore, his utterance that Islam supports family planning was seen as blasphemy in Jumaat Mosque in Kaduna. Had he been identified, such utterances would have attracted a sentence of lynching in the Mosque.

There is an economic aspect to the rising conflict affecting the debate for family planning. A large family is a symbol of wealth and prestige in the Senegalese community. El Hadji Fally Diallo, a village leader in Senegal, argues: “With 30 children, some can go to the field, some can deal with the cattle, some can go abroad. It’s a lot of money you can have with this size family, so that is a lot of power.”

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18 Ibid.


Islamic tenets are not the only religious principles that clash with family planning. Catholic Christian communities in Africa are infuriated by such INGO interventions. A 32-year-old Nigerian woman by the name of Obianuju Ekeocha, a Catholic and biomedical scientist living in Canterbury, England, with a majority of her family and friends residing in Nigeria, conveys her anger in an open letter to Melinda Gates:

The moment these huge amounts of contraceptive drugs and devices are injected into the roots of our society, they will undoubtedly start to erode and poison the moral sexual ethics that have been woven into our societal DNA by our faith … In one fell swoop and one “clean” slice, the faithful could be severed from their professed faith. Both the frontline healthcare worker dispensing Melinda’s legacy gift and the women fettered and shackled by this gift, would be separated from their religious beliefs. They would be put in a precarious position to defy their faith – all for “safe sex.”

What one needs to address is the identification of problems behind the religious (and social) resistance to modern family planning associated with birth control. As Randall, Mondain, and Diagne concluded in their interviews, one cannot reject the notion that men may use the religious argument for the purpose of controlling wives and having as many children as the men want. Furthermore, the religious interpretation may vary in time and place. The authors pointed out that some doctrinal interpretation in Islam (and countries’ existing policies) accept fertility control. They further indicate empirical evidence that men have changed their minds in favor of birth control when confronted with a sick wife or economic hardship to sustain families.

In addition to high-risk pregnancies, another set of issues that may change behavior in the face of religious doctrine is teen health and pregnancies. Even in a country such as Zanzibar, where 95% of the population is Muslim, attitudes change. In 2010, an unmarried pregnant woman would face prison. By 2014, the government was

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23 Ibid., 18.
subsidizing contraception, and teenage pregnancy had fallen by 33% in one decade. In this case, the major challenge has been for individuals to have access to education and resources. Some blame religion, while the government walks the fine line of paying lip service to opposing forces and coordinating actions with NGOs and the local community to advance family planning and teens’ healthcare.24

At the same time, expanding programs for improving women’s reproductive health and family planning also took place in Nigeria. Despite some resistance, in regions where religious leaders (Muslims) were willing to leverage their influence to help change attitudes about contraception, the distribution of public health information became a highly effective tool. In many areas of Nigeria, this is a radical change where contraceptives were seen as taboo. Family planning programs have expanded, signs of improvement in women’s reproductive health, and a reduction of teen pregnancy.

Local family planning programs receiving international funding are often condemned for the work they accomplish. Fatou Ndiaye Turpin, program director of a local women’s rights network argues: “If religion allowed it, there would be no problem … Some people understand our mission, but some think this is an invasion that came from outside the country because they give us money.”25

The issue of religious interpretation is not solely based on moral imperative but economic, too. In Senegal, where the population of over 13 million people is 94% Muslim, Allyn Gaesterl reported that an Imam argued against family planning and smaller families on the premise that larger families promote economic development and security necessary for the country.26 Research from Okigbo et al. also cites positive connections between participation in family planning and the contribution of religious


25 Ibid.

leaders teaching about the link of Islam and how it relates to family planning. This endeavor prompted improved understanding of contraceptive methods and contributed to a 13 percentage-point increase in contraceptive use for couples over a one-year time frame.\textsuperscript{27} Furthermore, reports indicate that when husbands are included in the home visits it proved to show an increase in the contraceptive methods utilized by couples within two months of the home visit and persisted beyond 12 months.\textsuperscript{28}

3. Ideology, Power, and the INGOs

If political ideology is a set of values, preferences, and beliefs that guide government, economic distribution, and the social conduct of individuals, then it resides at the center of most controversies surrounding modern family planning, as these programs are seen as an interplay of power by many. This is evident when ideology, beliefs, and values are challenged by diverse actors and opinion-makers in the face of INGO interventions. Actors are at odds with INGO policies because these organizations contradict their belief system, challenge what they see as their informed opinion, or threaten existing social structures.

In recent times, West Africa has witnessed a clash of family planning ideology with the rise of INGO interventions in the region. Problems and conflicts are revealed in the pursuit for greater efficiencies in family planning, in terms of program costs and increased coverage of services. INGOs focused on reproductive rights interventions have evolved to embrace modern methods of contraception. The ramifications for introducing these types of contraceptives into the market are abundantly clear by the feverish responses they produce at a societal level. Many actors immersed in global politics today argue that population control in Africa has been disguised as provisions for women’s healthcare and reproductive rights. Many argue that modern contraceptive injectables are the catalyst to


\textsuperscript{28} Ibid.
the population control strategy of powerful INGOs and international governments. Despite its ban in Zimbabwe and its restrictive use in Kenya, as evidenced by Zubrin, the injectable contraceptive Depo-Provera is widely distributed to African women:

The dominant method of long-term contraception pursued by the population controllers in Africa is not sterilization via tubal ligations or vasectomies, as is the practice elsewhere, but Depo-Provera, a contraceptive drug which needs to be injected by hypodermic needle every three months. Between 1994 and 2006, USAID shipped over 140 million Depo-Provera kits worldwide, mostly to Africa.29

As a negative practice, needles and plastic syringes were routinely shared and resold illegally. Zubrin points out that it is estimated:

That about 4 billion injections are given per year in sub-Saharan Africa. If up to 70% of these are nonsterile, as WHO estimates, then as many as 3 billion unsafe injections may be performed in the region annually. If only a tiny fraction of these is tainted with AIDS, the result would be sufficient to spread disease on an epidemic scale.30

Research director with Human Life International Brian Clowes argues that the monetary investment of billions of dollars on innovation and expansion of contraceptives should be reallocated to stimulate economic growth on the African continent: “So if all of this money were put into real economic development, like rural electrification, better roads and better schools, the men and the women there will naturally have fewer children. You’re going to wind up with a smaller population, which is what they want in the first place.”31

Many argue that Western impositions of values and practices are technically dangerous and politically nefarious, even if they are delivered through inexpensive modern contraceptives by INGO interventions for family planning in Africa. A new contraceptive called Sayana Press is in production by the drug manufacturer Pfizer. This new contraceptive is described as attractive to women because it may be used discreetly, and,


30 Ibid., 194-195.

as a single-use syringe, it is easily self-administered. “Already piloted in Burkina Faso, Uganda, Senegal, and Niger, Sayana Press’ disposable syringes will now be distributed in 69 countries, with the drug from Pfizer, money from the Gates Foundation, and distribution from the U.S. Agency for International Development, UNFPA, PATH and the Children’s Investment Fund Foundation.”

Sometimes the criticism against the role of government and partners/INGOs, particularly on the debate over injectable contraceptives, is harsh. For instance, The Rebecca Project for Human Rights strongly criticized the U.S. federal government for continuing its support of the injectable contraceptive Depo-Provera. Opposition to the contraceptive practices directly accuses partners, including The Bill and Melinda Gates Foundation, USAID, Columbia University, and others of forcefully promoting eugenics of black women, in other words, committing genocide.

The relationship between government and INGOs is often characterized by uncertainties and tensions that may escalate into conflict because political agendas in general do not match operations. This demands national capacities and resources, especially financial funding. One objective reason is the competition and financial relationships in the arena of social and economic development. Governments do not have ample financial resources and budgets. In contrast, the arrival of an INGO ensures financial funding for a specific type of public service, often a deviation of ideas, objectives, or types of operations preferred by national or local governments. Furthermore, disputes are also attributed to economic threats that encompass the potential for employment, economic impact, and funding for large-scale initiatives that irrigate incomes of individuals and groups. Conflict is an inevitable ingredient when INGOs execute interventions that may harm existing strategy and development efforts of other organizations already in operation at the local level.

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32 Ibid.

In addition, there is the claim that increased philanthropy equals increased government corruption. Aimed to be a positive force, these interventions have rapidly exacerbated problems in the region. For some, the latest threat to national governments in West Africa are INGO interventions aiding corruption of current mistrusted regimes. This criticism maintains that international financing is the perpetrator of corrupt behavior of government officials who alter political agendas in efforts to appease Western establishments. Global economist Dambisa Moyo argues:

With aid’s help, corruption fosters corruption, nations quickly descent into a vicious cycle of aid. Foreign aid props up corrupt governments – providing them with freely usable cash. These corrupt governments interfere with the rule of law, the establishment of transparent civil institutions and the protection of civil liberties, making both domestic and foreign investment in poor countries unattractive.\(^\text{34}\)

From this perspective, the INGO model damages public mobilization, reputation, and viability of reproductive health operations developed and executed at the local level because grassroots efforts cannot compete with government-sponsored campaigns, funded by foreign donors.

This argument ascertains that INGO interventions curb economic growth by preventing the creation of new jobs and the acquisition and retention of local talent. The association with INGOs causes less educated and talented individuals to participate in the local workforce and to join the INGO model. With new generations full of aspirations for economic and social change, the newly minted professionals will not stay in their native countries and communities to work for corrupt governments that contradict their ethical value system. Moyo argues this point:

In an aid-dependent environment, the talented, the better-educated, and more-principled, who should be building the foundations of economic prosperity become unprincipled and are drawn from productive work toward nefarious activities that undermine the country’s growth prospects. Those who remain principled are driven away, either to the private sector or abroad, leaving the posts that remain to be filled by the relatively less-educated, and potentially more vulnerable to graft.\(^\text{35}\)

\(^{34}\) Moyo, *Dead Aid*, 49.

\(^{35}\) Ibid., 51.
If this is the case, another serious problem may exist because there is the risk that health policy development and family planning initiatives driven by the government, and not the INGOs, may cause citizens to detach from local capacity building and public health initiatives, including family planning.

Instead of national governments, local citizen-governed associations and groups that function autonomously from governments are recognized as *preferential partners* via nongovernmental organizations or NGOs. Because their purpose is to serve local communities by providing resources or contributions to cultural, social, or political needs and ambitions, they seem to be the major vehicle for local change. Many local NGOs play a role in aid development due in part to their local expertise, knowledge, and civic responsibility to the communities they service. Conflict may result between the NGO and INGO in the manifestation of organizational strategy, planning, and execution; interpersonal relationships between respective staff members; and financial donor arrangements between organizations. The role of NGOs in Africa remains problematic. Notwithstanding their altruistic motivations and unwavering resolve to aid marginalized communities, many NGOs are influenced by INGO donor strategies and financial support. Shivji clearly illustrates this point:

 NGOs are also increasingly commissioned by donors, or the state or even the corporate sector, to undertake consultancy work, or be their executive agencies to dispense funds or services. Thus NGOs have come to play a major role in the aid industry. In the NGO world, it is not at all ironical that a nongovernmental body is assigned by the government to do a governmental job and is funded by a donor agency, which in turn is an outfit of a foreign government.  

As INGOs implement strategies that assert a dominant partnership with local NGOs, the conflict of ideas surfaces among these groups. Overall, one expects that extensive INGO interventions will cause systemic impacts, including negative ones. A study conducted in 2006 in Uganda and South Africa found that: “NGOs increasingly struggle within a difficult and unhelpful aid environment in which an imposed managerialism sits uneasily with the earlier notions of flexibility and comparative

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advantage that had characterized the NGO discourse in the 1990s."37 NGO staff confidence and optimism has diminished as a result of INGO interventions:

Many staff in both north and south complained that they felt more like bureaucratic aid administrators than development workers and that more time was spent on paperwork than on development … The disjuncture between the paper-based plans, objectives and indicators and the day-to-day realities that poor people and NGO staff try to grapple with in a wide range of contexts and cultures is too great to be bridged.38

The struggle that may result from the interactions between INGOs and NGOs may not be immediate and may have lasting effects. Liliane Bitong Ambassa, regional representative for West and Central Africa at the International Council of Voluntary Agencies (ICVA) reports disgruntlement in partnerships among NGOs and international organizations. Ambassa, who interviewed three West African NGOs in 2013 with established international partnerships, concluded: “All were adamant that there was little willingness from their international counterparts to allow or help them grow meaningfully for fear of being outperformed.”39

In Ambassa’s analysis of the operational dynamics between NGO staff and international agencies, emerging themes of control and hegemony are reflected in her conclusions: “Insufficient resources, limited access to information, complex procedures, and significantly lower salaries and overhead costs allowed in local and national NGO budgets, as well as local and national NGOs not being permitted to retain staff, were mentioned as negative factors emphasizing the perception of local organizations that they were being discriminated against.”40 Furthermore, she reports that: “In several countries in the region where I tried to bring national NGOs together, I saw infighting for visibility, 


38 Ibid.


40 Ibid.
access to money and staff, and coalitions being dissolved immediately after the neutral external facilitator left the country, as there is little trust among organizations.”

In addition, disputes occur among NGOs as providers of diverse family planning programs when methods of contraceptives are different. Provider bias also was observed in relation to the development and consumption of pericoital contraception. They are predicated on an assumption that sexual promiscuity results from the availability and intake of pericoital contraception. As reported by several providers in Uganda, pericoital contraception is identified by detractors as “a method that would increase sexual activity, especially among unmarried women” and “women who were equipped with an on-demand contraceptive would not think twice before having sexual encounters.”

Providers of pericoital pills, who are working aggressively to fulfill production and expansion of this method, also clash with other philanthropic intervention practices in the region. Criticism is prevalent among the latter. As evidence by a public provider in Uganda: “It is good but it might encourage prostitution.” Also reported in Zanzibar, “Young women who ask for family planning services becoming the focus of gossip among staff for having started.”

4. Governance and Public Policy

The fourth level of potential disputes is governance and public policy. Be it a democratic or an autocratic government, these institutions command major control of individual or family options and choices in the domain of family planning through law, regulation, budget, allocation of resources, and political rewards or pressures. Furthermore, in politics, the narratives and promises do not necessarily match the practices

41 Ibid.


43 Ibid.

44 Ibid.

and commitments that authorities make. At this level, the clash of objectives and operations of tech billionaire donors and their idealism confront local realities of divergent political practices. These developing countries are not a Blank Slate for social and political engineering. Local governments have the power to act or not to act in one way or the other for supporting the presence of INGOs or new initiatives on family planning. It is clear there has been a strong force of modernization in Africa for the past 50 years with the end of the colonial period and increasing urbanization, education, and globalization. One of the first and revealing examples of international influence for changes in society and the role and power of local governments in family planning in Africa is The Cairo Consensus.

The Cairo Consensus was the primary outcome of the International Conference on Population and Development that convened in Cairo, Egypt, in September 1994, when government representatives, nonprofit organization executives, and media members assembled to examine women’s rights issues at large. The delegates reached a consensus to advocate and deliver on women’s rights at societal and individual levels. This included women’s reproductive rights especially pertaining to the use of contraception, family planning, and safeguarding against unsafe abortion practices.

Many changes have taken place since the Cairo Consensus, for better or worse. Critics continue to maintain the West’s zealous approach to population control and changes, often inadvertently supported by local governments, which are controlled and restrained by the exercise of local power of governments and authorities. Betsy Hartmann, professor of development studies, senior policy analyst with the Population and Development Program at Hampshire College and activist for women’s health argues, “The people proposing this argue ‘Don’t worry, everything’s fine now we have voluntary programmes on the Cairo model’ … But what they don’t understand is the profound difference in power between rich and poor. The people who provide many services in poor areas are already prejudiced against the people they serve.”

Adrienne Germain a women’s health activist argues:

I have a profound conviction that if you give women the tools they need – education, employment, contraception, safe abortion – then they will make the choices that benefit society. If you don’t, then you’ll just be in an endless cycle of trying to exert control over fertility – to bring it up, to bring it down, to keep it stable. And it never comes out well. Never.47

In the sphere of governance, as an example of the role and power of national governments, one can examine the case of Nigeria. The president of Nigeria, Goodluck Jonathan, incited anger among Nigerians by advocating for the use of contraceptives and urging his citizens “To only have the number of children they can manage.”48 This statement has provoked various controversies.

The president’s call was met with opposition by religious leaders who criticized the national government’s participation in controlling births. A senior member of the Supreme Council of Sharia in Nigeria, Sheikh Ibrahim Umar Ibrahim Kasuwar, contested the president’s remarks, “He says nowhere in the Bible or the Quran does it say that people can be discouraged from having children. He says this is not the first time Nigerian authorities have talked about such measures, but what they forget is that the people they serve are loyal first to God.”49 A different view was presented based on a demographic argument. A sociologist at the University of Abuja Umar Kari argues, “In their own opinion, Nigeria’s major problem is not overpopulation or high rate of population increase. Rather it is the inability of the Nigerian state to properly harness the resources – mineral, natural and human resources – of the country for the benefit of the people.”50

Sometimes, the problem is the limitation of government to accept new approaches on women’s rights and promise change but not seeing them through. As Diakhoumba Gassama, a member of the Senegalese Council of Women and of the Commission on

47 Ibid.
49 Ibid.
50 Ibid.
Population and Development (established in Cairo in 1994), argued the country suffers from “the lack of implementation” of progressive laws and a culture of silence on matters of sexuality and reproductive education, in addition to “lacking investments” for education. In her view, this is a stark contradiction in a country that prides itself for its democracy and gender equality, on one hand, but does not make reality the health and rights of young women, on the other. From the analytical point of view, it is difficult to separate arguments presented in public narratives and the real beliefs and motivations actors have hidden from public view.

The case of Senegal provides unique insight into the problems of expectations for the Gates Foundation initiative and the role of government for the context of this study. In 2014, Ms. Gassama was disappointed with the progress of the Senegalese government to implement further measures for family planning; however, in 2013 Melinda Gates was pleased with the assurances (given to her during her visit in 2102 to that country) by government officials in committing to new reforms, funding, and projects. It is significant to note the contrast in attitudes from Melinda Gates and Ms. Gassama. While Melinda Gates had a positive outlook for the implementation of services, one year later Ms. Gassama disclosed her disappointment in the lack of government action to execute what it had committed to do for gender equality.

The operations of delivering family planning at the point of service confront local bureaucratic, professional, and organization practices that, as INGOs initiate interventions in West Africa, generate other types of problems and conflicts. This type of conflict is prevalent among health providers and young women visiting clinics for family planning services. Lingering restrictions imposed by providers along with limited training for staff, intensify cultural bias and diverging opinions, having an impact on accessibility to contraceptives for women. This phenomenon perpetuates a cyclical power accentuated by

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providers and results in the alienation of young women seeking family planning services. One study produced in Dakar, Senegal, supported evidence of cultural bias that left young women self-conscious and apprehensive when visiting family planning providers.

Overall, the simulated clients reported their initial contacts with the clinics were negative. They expressed embarrassment and fear, and were uncomfortable with the other clients in the clinic … When they met with a provider, most simulated clients did receive family planning information, but they also received unsolicited advice such as, “you should abstain until marriage” or “focus more on your studies because sometimes methods are bad for your health.”53

Service providers involved in family planning counseling and management bring their own bias, skepticism, and ideology that innately serves to justify their decisions to impose obstacles faced by young women pursuing services. Studies in partnership with the Senegal Urban Reproductive Initiative and funded by The Bill and Melinda Gates Foundation from 2010 to 2015 focused on women and health providers. Data from this study concludes: “Strong norms exist against premarital sexuality, especially for women, and health providers may tend to promote abstinence for young women, while restricting unmarried women’s access to the pill. Providers also may be reluctant to offer contraceptives (including condoms) to young people out of fear that youth might be stigmatized by parents or other community members.”54

Furthermore, the problem of influence and dependence arises even among INGOs when the resources of local communities, and especially of government, cannot measure up to the vast influence of the financial, operational, and technical power of an INGO present locally. Thus, a key problem identified in partnerships between INGOs and NGOs seems to be the formation of a culture of dependency. Prior to an INGO intervention, typically local NGOs are identified and mobilized to assist the INGO. In return for their assistance, NGOs receive monetary funding for operations and overhead (general


expenses). Shivji clearly illustrates this trend: “An overwhelming number of NGOs are donor funded. They do not have any independent source of funding. They have to seek donor funds through customary procedures set by the funding agencies.”55 This is problematic because dependency on donor funding can undermine the freedom of NGOs, transferring control to the donor community. Presently, INGOs are intensifying this control, as illustrated by McGoey who describes philanthropists as “becoming more paternalistic, leaning toward foundation-centered, problem-solving models that disempower grantees and the communities they serve.”56

Actors experience tension that goes beyond funding. More recently, attention has been focused on the cooperation between NGOs and the donor community. In this relationship, certain assumptions are in place, which may erroneously identify core issues and jeopardize a holistic approach to advance goals. Shivji reports that, for many programs,

The projects are issue-based and are supposed to be addressed as issues. The issue itself is identified as a problem at the level of phenomenon; its underlying basis is not addressed but assumed. The issue is isolated and abstracted from its social, economic and historical reality; therefore, its interconnectedness to other issues and the whole is lost.57

Thus, the diversity of views and perspectives can generate disputes from narrow to larger foci. For instance, for an issue defined as “access to family planning services,” the problem can be different, in different cases; lack of clinics, lack of trained professionals, lack of materials, lack of transportation, lack of information to recipients, etc.

5. Family Planning and Gender

I believe this analysis would be incomplete without addressing conflicts at a different theoretical or power perspective present at the individual family, social, and governance levels. Gender power relationships in society exacerbate a woman’s empowerment and autonomy to choose family planning outcomes for herself. The social

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construction defining cultural and politically subordinate roles for women in most African countries has had an impact on women’s rights and their ability to make reproductive health decisions freely. Diakhoumba Gassama of the Senegalese Council of Women reports:

Although Senegal has signed numerous African and international agreements guaranteeing universal access to sexual and reproductive health and rights, Senegalese young people, especially young women, are still not able to exercise their fundamental rights to have control over and decide freely on matters related to their bodily integrity, sexuality, reproduction, sexual orientation, and gender identity. 58

Given that African women are denied many rights and liberties enjoyed in the West, they are highly susceptible to wealthy and influential philanthropic interventions on family planning, denying free choice in their contraceptive decisions. As a result, women may refrain from these services due to health concerns regarding the use of modern contraception. Whether these concerns are fictitious or judicious, they should not be easily dismissed by researchers and interventionists from the West.

Women’s rights in Africa differ from region and country. When viewed as equals in society by men and women, their roles may not be reflected in practice. Nonetheless, African women are increasingly making progress and elevating themselves in various domains such as business, government, and family. In existence today there is persistent discrimination against women in developing countries. This is due in part to generations of extreme poverty, forced labor, sex trafficking, physical, and sexual abuse. Through my research, I uncovered bias among authors who appeared to reject women’s claims, observations, and experiences voiced during focus group discussions on the topic of modern contraceptives. In one study, sponsored by The Bill and Melinda Gates Foundation, focus groups were mobilized to gain understanding and information regarding views and attitudes on family planning from men and women in Ibaden and Kaduna, Nigeria. 59

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participants were questioned regarding injectable contraceptives, positive and negative themes surfaced. The authors characterized certain articulated side effects in relation to injectables as misperceptions and myths. They acknowledged the existence of some side effects linked to injectable contraception, as expressed by focus group participants, by arguing: “To be clear, however, side effects associated with injectable use did surface, particularly in regards to changes in the menstrual cycle. Such changes included excessive bleeding, painful menstruation, or amenorrhea.”\textsuperscript{60}

However, when participants (females) reported severe side effects associated with injectable contraceptives, the authors alleged the claims were misperceptions:

Males and participants in Ibadan tended to report injectable myths more often than other participants. Some of the misperceptions noted, although rarely, included permanent barrenness, cancer, expedited aging, using expired injection solutions, piercing veins, amenorrhea causing health problems, excessive bleeding leading to death, risks to a baby’s health or infant death, and a weakened immune system.\textsuperscript{61}

This published research of attitudes on family planning reinforced as misperceptions is problematic. This study would appear to be over-ambitious in its claims that focus group participant feedback on injectables are misperceptions. The authors are dismissive of the plausibility that some women have individually experienced these side effects or have heard of such side effects through peers, family, and providers. Some side effects and concerns are consistent with reports from the U.S. Food and Drug Administration (FDA). The injectable Depo-Provera contains a “black box” warning label from the FDA, cautioning women they might lose significant bone mineral density and advising women the contraceptive is not to be used as a long-term birth control method. Concerns from the public have forewarned women about a heightened risk of some cancers and increased risk of HIV. In 2015, the FDA rejected a petition from the University of Florida College of Medicine-Jacksonville and the UNC School of Medicine, declaring:

\begin{flushright}
http://search.proquest.com.proxy.library.georgetown.edu/docview/1773551389/fulltextPDF/C57CB36D87E1426DPQ/1?accountid=11091
\end{flushright}

\textsuperscript{60} Ibid., 35.

\textsuperscript{61} Ibid., 35-36.
“FDA continues to believe that the boxed warning on the labeling of DMPA products is warranted and appropriate. Therefore, your petition is denied.”

In this perspective, there appears to be a pervasive gender bias, conscious or unconscious, that African women are not capable of making their own decisions on family planning. Their experiences and side effects are negated by some Western critics and researchers. In some ways, women lose their autonomy to make choices for themselves because of INGO interventions and limited accessibility to education and information. This creates problems on a societal level, often in a non-egalitarian society, and by partners who have ascribed a subordinate status to women.

One study (interview) conducted in the Nyanza Province, Kenya, indicated that about 50% of the sample, responding to “fulfilling the leadership role of the family,” believed men should participate in the outcomes of family planning. A father of three, age 30, argued, “According to the house rules, it is the man who should make the final decisions. When you marry a woman, you tell her what is expected in the home.” The same study reported a father of three, age 32, insisting: “Some women do not understand the teachings they are given, so the man will help her understand … to make the woman choose the right family planning method that is good for their family.”

Further aggravating gender issues in the sphere of women’s rights and societal development is the rise of a new wave of radical terrorism significantly affecting West Africa. Nigeria’s militant Islamic group, known as Boko Haram, forcefully opposes Western politics and social policies. Violence is provoked by the group’s radicalized interpretation of religion, tribalism, and nationalism conflicts. With the intention of ousting the Nigerian government, the terrorist group conspires to create an Islamic state. With the

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64 Ibid.
rejection of Western culture, education, and social norms, women and their allies in the region are particularly vulnerable to gender-based violence. This includes INGO interventions on family planning.

On the premise of religious beliefs, the persisting lower rate of contraceptive use among Muslim women observed may be attributed to initial rejection of fertility control because it was perceived as a Western ploy to reduce the Muslim population in Nigeria. In recent years, there has been a wide coverage by both local and international media, of religious-related strife, including, for example, violence attributed to an anti-Western ideology going under the name of Boko Haram. The largely Western funded family planning programme in Nigeria would obviously be a target of such anti-Western sentiments.65

In this case, as in others, as INGOs interfere in their mission, they must cope with many security threats that gravely have an impact on staff, operations, and assets. In Nigeria, INGOs are especially vulnerable to terrorist militant and organized crime groups who employ kidnapping operations for ransom in the region. In Nigeria, it has been reported by the media: “While insecurity is the key concern influencing INGO strategy in allocating and distributing resources, it continues to cause delays and disruption in the much-needed delivery of aid to the restive northern states, where foreign aid workers are regular targets of kidnapping.”66

Thus, conflict and danger emerge in other ways:

The militants due to government neglect, decided to take up arms against the government and oil multi-nationals. They operate by kidnapping foreign oil workers, blowing up oil pipelines, and oil theft. The BMGF [Bill and Melinda Gates Foundation] monitoring staffs whom are mostly foreigners are being kidnapped due to lack of identity as the militants can hardly distinguish the foreign oil workers from the BMGF [Bill and Melinda Gates Foundation] foreign teams.67

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The problem in opposing radical interpretation of modern health practices is broad. For instance, The Bill and Melinda Gates Foundation joined the Global Polio Eradication Initiative to eliminate polio worldwide. Leaders across the region called for a boycott of the vaccine, arguing that it was a Western conspiracy to promote sterilization for population control, and Islamic populations in Northern Nigeria rejected the campaign for vaccinations. As a result of the volatility and instability generated by the intervention, in 2003, nine health workers who administered polio vaccinations were shot dead in Kano, Nigeria, by Islamic militants.

A physician from Kano by the name of Datti Ahmed, leader of the Supreme Council for Sharia in Nigeria, argued the following: “Corrupted and tainted by evildoers from America and their Western allies,” and “We believe that modern day Hitlers have deliberately adulterated the oral polio vaccines with anti-fertility drugs and ... viruses, which are known to cause HIV and AIDS.” Despite the interruption, the campaign was ultimately revived and progress was achieved toward the eradication of polio in Nigeria.

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CONCLUSIONS

INGO Interventions and Family Planning Conflicts

Due to an unmet need for family planning in West Africa, for the past four decades, the prevalence of modern contraceptives has increased in the region. The expansion of modern contraceptive methods, through INGO influences, has been met by escalating opposition by many individuals and institutions in Africa. Many Africans are motivated to preserve their traditional values, beliefs, and political views in the advent of family planning interventions. This opposition is revealed through criticism originating from religious tenets, social customs and norms, a patriarchal family structure, political ideology, and economic tensions. Outrage among female users and community members has intensified the debate between the adoption and consequences of modern contraceptive methods and traditional methods for family planning. The benefits of modern contraceptives identified as cost-effective and discreet have done little to quell users’ negative stories and the community defiance, especially toward problematic symptoms of injectable contraceptive use.

There is controversy also surrounding the concept of population control and quality healthcare. Many believe the notion of population control promoted by foreigners has manifested itself through services identified for women’s healthcare and reproductive rights. A rampant negative reaction ensues as a result of interventions on family planning funded by INGOs. These hostile opinions are derived from religious and advocacy groups that condemn the health and economic arguments of many in developed countries, as they campaign to limit births in underdeveloped African countries. Religious leaders exalt the moral and divine duty of married couples to procreate without birth control. Communities illustrate the economic benefits of having a large family to provide labor and secure resources. Still others argue such powerful impositions from INGOs and government partnerships in solidarity have plagued African women for decades with programs disguised to enforce black genocide. However, overall, the quality of health improves, even if at slow pace, in aggregated demographic data.
From the individual perspective, family planning and the use of modern contraceptives are met by both rejection and acceptance. As the number of individuals and families utilizing these services increases, general acceptance of the practices in African communities will continue to spread. While men may publicly reject modern family planning in efforts to uphold powerful traditional cultural norms, in private they may support family planning for economic reasons or to protect the health of their partners. Additionally, men felt encouraged to support family planning if they received support from their social network or religious leadership. Women are influenced to participate in family planning sponsored by INGO interventions. However, their participation may be jeopardized when confronted by gender and cultural bias in the community, specifically at clinics and resistance from their partners.

Foreign philanthropic donors are more likely to transfer power, resources, and independence directly to INGOs and local partners. Accordingly, this type of partnership generates conflicting collaboration and disputes among local governments, communities, NGOs, and powerful voices in development. Collaboration has produced positive aspects for growing services in the region but, in turn, has created negative economic dependence and tumultuous labor relations for individuals and organizations directly involved in these services. Often the role and the power of national governments and NGOs are minimized by influential INGO interventions that form a culture of reliance on the INGOs’ funding and high-tech practices. Control is often transferred to the donor-community but sustainability of services is fragile.

**The Bill and Melinda Gates Foundation**

The Bill and Melinda Gates Foundation is a change agent for global health development around the world. The Gates Foundation’s crusade of philanthrocapitalism will continue to diversify and intensify global health interventions in emerging markets and developing countries. In particular, the Gates Foundation’s potential for funding will dominate the family planning landscape by enhancing donor-strategy, technology, and their deployment of efficiency-driven services. Facing limited resources, governments now and in the future will continue to accept foreign aid and grants to improve social service projects in alignment with public policy tenets, especially those prescribed by The Bill and Melinda
Gates Foundation and other INGOs. The notion of idealism blended with practical and efficient services ought to serve as the blueprint for INGOs operating in the region and the international arena, however, not always gaining support of important stakeholders in the recipient countries and communities.

The Bill and Melinda Gates Foundation’s endorsement and dissemination of modern contraceptives, particularly injectable contraceptives, is sanctioned by partnerships with INGOs, NGOs, and national governments, all leading up to achieve the objectives of FP2020. The Gates Foundation has partnered with multinational pharmaceuticals to develop and deliver contraceptive methods that are low cost, easy to make available, temporary, and discreet for female users. The Foundation’s technocratic role or not in the direct causation of conflicts locally, stemming from interventions on family planning and the alternative forms of birth control could not be conclusively verified by the available research found on this subject. However, support and criticism for the Foundation’s ideals, objectives, and practices will continue to harness supporters and detractors with all types of arguments.

The Bill and Melinda Gates Foundation has given a new impetus to the advancement of technology and innovation for global health initiatives in the past 20 years. The Gates Foundation’s investments in technology have produced vaccines, treatment, and prevention techniques for infectious diseases and developments in global reproductive health. Technology is the catalyst that has created a competitive advantage for the Gates Foundation, shifting the balance of power from communities and governments to benevolent philanthropic organizations directing and seeking solutions to critical health problems. It seems that this trend will continue in the foreseeable future.

Contending Issues Facing Family Planning Programs in West Africa

West Africa will continue to face issues in the development, implementation, and performance of family planning programs in the region. As women’s reproductive rights rise to the equivalent degree as human rights or civil rights, there will be greater pressure to recognize it accordingly in the midst of political and culture changes. These civil rights could be contingent on the expansion of a broader portfolio of human rights, which include
education, employment, public safety, clean water, food security, and shelter/housing. Women’s access to basic civil rights and equality will serve as the gateway to advance reproductive rights. As their voices multiply, presenting and validating their individual experiences and achievements, one will certainly observe new social changes. In many cases, the patriarchal values in society continue to preclude women from autonomous decisions in family planning, and this is a focal point for contention now and in the future.

Furthermore, jihadist terrorism is dedicated to the subordination of women and gender-based inequality. Militant Islamic groups in West Africa, such as Boko Haram, vehemently oppose Western values, practices, and social policies. These radical groups are investing resources, soldiers, and strategy into challenging societal norms, especially gender, family relations, and modernization. Their commitment to a radicalized ideology has an impact on progress, sustainability, and the welfare of family planning programs in the region. West Africa will continue to be destabilized by forms such as of jihadist terrorism that impede progress for women’s rights, and problems and uncertainties may grow.

Finally, there is a need for additional systematic research focusing on individual participation in family planning programs. More research and studies, at individual and community levels as well as demographic data, are necessary to assess attitudes and behaviors that influence user consent, the endorsement of family, and the impact of family planning programs that promote modern contraceptive methods of birth control in West Africa.
BIBLIOGRAPHY


