10 myths about world population growth

Richard Ottaway MP
Genevieve Hutchinson
Sex

Ideology

Religion

10 myths about world population growth

Richard Ottaway MP
Genevieve Hutchinson

October 2011
Acknowledgements

We would like to thank Dr Martha Campbell and Prof. Malcolm Potts for their invaluable input, guidance and support throughout the development of this paper. We would also like to thank Baroness Jenny Tonge for her encouragement and for the Foreword to this paper. Our gratitude goes to Sara Parkin, Gilly Hal and Madeline Hutchinson for their knowledge, advice and time. Finally, we would like to thank the All Party Parliamentary Group on Population, Development and Reproductive Health for their support, comments and financial assistance in publishing this paper, particularly Mette Kjaerby and Kari Mawhood for their assistance during the final stages. And to everyone who helped along the way, thank you.

Notes about the authors

Richard Ottaway MP is the Chairman of the UK Parliament’s Foreign Affairs Select Committee. His concern about the impact of global population growth began over 30 years ago. In 1990 he wrote the paper “Less people, less pollution”, and in 2007 was Chairman of Hearings that led to the Report “Return of the Population Growth Factor: Its Impact upon the Millennium Development Goals”. He is a former Chairman and current Vice Chairman of the All Party Parliamentary Group on Population, Development and Reproductive Health, and a Trustee of the Margaret Pyke Trust.

Richard was first elected to Parliament as the Member for Nottingham North from 1983-87. He returned to Parliament in 1992 as the Member for Croydon South. He was Parliamentary Private Secretary to Michael Heseltine MP and a Government Whip, and served as a Front Bench spokesman for the Conservative Party as Shadow Minister for London and Local Government, Shadow Defence Minister, Shadow Paymaster General and Shadow Secretary of State for the Environment. In 2005–2010 he was a member of the Intelligence and Security Committee, Vice Chairman of the 1922 Committee and a member of the Conservative Party Board.

Genevieve Hutchinson MSc is a Researcher on issues relating to population growth for Richard Ottaway MP. She is also Head of Adult Programmes at Body & Soul, managing support services for adults living with HIV. Genevieve’s interest in the social context of sexual and reproductive health was cemented during her MSc in Reproductive and Sexual Health Research at the London School of Hygiene and Tropical Medicine in 2003. In 2004 she joined the UNAIDS project “AIDS in Africa: Scenarios to 2025”, assisting in the development of scenarios on the future of HIV in Africa.

In 2005, Genevieve moved to Ghana to undertake research into local causes of teenage pregnancy and set up Village Exchange International’s UNFPA-funded sexual and reproductive health programme for young people and women. Since returning to the UK in 2008 she has worked as a consultant for Merlin, and assisted with the Health Links programme for the Tropical Health and Education Trust (THET). She is co-author of the article “The social context of schoolgirl pregnancy in Ghana”.

Table of Contents

Foreword..................................................................................................................6
Acronyms .............................................................................................................7
Executive Summary ............................................................................................8
Introduction: Population Growth – is it a Problem? .................................9
Myths About Population Growth

Myth 1: The Population Explosion is Over ................................................11
Myth 2: Foreign Aid for Family Planning is a Waste of Money and Population Growth is Inevitable ..........................................................15
Myth 3: Technology and Human Ingenuity Will Solve all our Problems ..........................................................19
Myth 4: Development is the Best Contraceptive ...........................................23
Myth 5: Educate Women and They Will Have Fewer Children ....................27
Myth 6: Poor People Choose to Have Large Families in Order to Care for Them in Their Old Age ..........................................................31
Myth 7: Family Planning Programmes are Coercive .......................................35
Myth 8: Family Planning is Against Religious Teaching ...............................38
Myth 9: HIV and Other Infectious Diseases Will Solve the Population Problem ..........................................................................................43
Myth 10: It’s Too Late to do Anything Anyway ..............................................47
Appendix: List of Images ..................................................................................51
Foreword by Baroness Jenny Tonge, Chair of APPG on Population, Development and Reproductive Health

As a medical practitioner in reproductive health and family planning for over 30 years before I entered parliament, I share Richard Ottaway MP’s passion for the subject and concern for the future of our planet, if rapid population growth continues at the same rate as now.

I also agree that the answer to this dilemma is to address the unmet need and access to voluntary family planning, and improve maternal and reproductive health.

Despite the many conferences and declarations addressing the problem over the last 20 years, only a little progress has been made.

The Millennium Development Goals were agreed and billions of dollars have been spent on aid, but rapid population growth continues because family planning has not been given priority by donors and governments alike. As a result, millions of women in developing countries are simply unable to access the family planning services they want. The consequences of this failure to invest include: poverty, as millions of families have more unplanned children than they can afford to support; lack of female empowerment, as women are denied the fundamental human right to take decisions about their own health and fertility; appalling levels of maternal death and injuries during childbirth; and increasing environmental pressure.

It is unsustainable. My hope is that this paper will help to provoke both swift action and a longer term global consensus that universal access to voluntary family planning services must become a key international priority.

The views expressed in this paper are Richard Ottaway MP’s own and are not necessarily supported by every member of the UK All Party Parliamentary Group on Population, Development and Reproductive Health.

I am however very happy to endorse this paper by Richard Ottaway MP and his researcher in a personal capacity because I hope it will be controversial and stimulate debate here and abroad and draw the attention of governments all over the world, not just in developing countries.

Baroness Jenny Tonge  
House of Lords

Acronyms

APPG All Party Parliamentary Group  
Btu British Thermal Unit  
DFID Department for International Development (UKAID)  
FPA Family Planning Association  
GNP Gross National Product  
HDI Human Development Index  
HDR Human Development Report  
ICPD International Conference on Population and Development  
MDG Millennium Development Goal  
MSI Marie Stopes International  
STI Sexually Transmitted Infection  
TFR Total Fertility Rate  
UN United Nations  
UNDP United Nations Development Programme  
UNICEF United Nations Children’s Fund  
UNFPA United Nations Population Fund  
UNPD United Nations Population Division  
WHO World Health Organization
Executive Summary

This summary provides a brief overview of the myths and our responses to them.

Myth 1: The Population Explosion is Over
It’s far from over!

Myth 2: Foreign Aid for Family Planning is a Waste of Money and Population Growth is Inevitable
Family planning is one of the most cost-effective health interventions in the developing world.

Myth 3: Technology and Human Ingenuity will solve all our Problems
If our patterns of consumption are imitated, as others are striving to do, the world probably is not viable.

Myth 4: Development is the Best Contraceptive
No country has got itself out of poverty without first addressing population growth.

Myth 5: Educate Women and they will have Fewer Children
Education in itself does not mean women will have fewer children.

Myth 6: Poor People Choose to have Large Families in Order to Care for Them in Old Age
Family size is the product of a complex combination of individual, socioeconomic and cultural factors, and is often not the result of choice.

Myth 7: Family Planning Programmes are Coercive
Family planning is not telling women what to do – it’s listening to what they want!

Myth 8: Family Planning is Against Religious Teaching
Family planning is not against religious teaching.

Myth 9: HIV and Other Diseases Will Solve the Population Problem
Not saving people is not an option.

Myth 10: It’s Too Late to do Anything Anyhow
It’s not too late!

Introduction: Population Growth - is it a Problem?

The world population grows by almost 230,000 people every day. That’s over 83 million people each year! Yet population growth is still ignored.

World Population Growth 1950 - 2100

Until the middle of the twentieth century, world population growth was sustainable. Then increased prosperity and advances in modern medicine saw survival rates improve and the population boom. In the next 90 years we can expect a further 3 billion additional people. Can we cope?

The population growth debate

Population growth is global. It contributes to many of the major issues we face today. At a worldwide level it means:

- Migration
- Resource depletion (oil, minerals, forests, water, food)
- Conflict
- Restricted development in the poorest countries
- Inadequate health provision
- Inability to attain the Millennium Development Goals (MDGs)
- Limiting of governments’ ability to meet our expectations and quality of life

On an individual level, population pressures influence:

- The availability of jobs
- Feeding our families
- Access to clean water and proper sanitation and health care

For a country such as Zambia, where population is growing at a rate of 3.1% per year, society has to keep up. That means that in less than 23 years the country has to double the number of hospitals, schools, jobs, houses and roads every year. Not even highly developed countries can achieve this, let alone those mired in poverty!

On the flipside, increased availability and use of family planning, and the subsequent slowing of population growth, is associated with improved economic and social development of both families and the wider community (less population growth means fewer people to share the available resources).

If it's so obvious why produce this paper?

Sex, ideology, religion. Some people are beginning to realise that world population growth is an issue. Yet for a variety of reasons people feel uneasy about taking concerted action.

Why?

Because myths about world population growth and family planning programmes still prevail. The impact of rapid population growth, and what causes fertility to decline, is still not properly understood. “We are accustomed to looking at near causes, not ultimate causes”.

People notice food shortages, migration patterns and conflict in the news. But they do not connect this to the sheer volume of people and the impact the modern world is having on our planet.

In this paper we identify ten myths that highlight why global population growth is often not taken seriously at either an individual or international level by many. Our hope is that this paper will act as an overview of the key arguments and will challenge key misunderstandings around world population growth. Everyone should be able to access and understand the information within it. And we hope that ultimately it will trigger the debate and action that is essential to improving family planning services and slowing population growth on a global scale. Understanding and dispelling these myths is a key part of both identifying the problem and seeing what we can all do to address the problem.

Myth 1: The Population Explosion is Over

It’s far from over!

*The current world population of close to 7 billion is projected to reach 10.1 billion in the next ninety years, reaching 9.3 billion by the middle of this century* (UN Population Division, 3rd May 2011).

Graphic 1.1 UN World Population Projections 2010 - 2050

By 2050, despite potential droughts, floods, famines, wars, economic booms and busts, and a multitude of health epidemics, world population is expected to increase to 9.3 billion under a medium population growth projection. That is a 33% increase, or more than 2.3 billion additional people living on this planet. If the fertility rate remains constant, it is estimated that world population would reach over 10.9 billion by 2050.

So why does the population keep on increasing? In simple terms, there are more children being born than there are people dying. There were over 384,000 births per day last year, compared to just under 156,000 deaths. That means every day there are over 228,000 more people to support for a lifetime.

Source: data from the United Nations Population Division (UNPD)"
Total Fertility Rate (TFR): a brief explanation

The average number of children that women have is known as the Total Fertility Rate (TFR). In general, countries with higher TFRs tend to have lower levels of development e.g. Niger, Ethiopia and Yemen. That means greater competition for already restricted resources, higher levels of poverty and less access to services such as health care and education. The increase to a world population of 9.3 billion (medium population projection) is based on fertility rates declining to a TFR of 2.17 children per woman by 2050. But the current fertility rate worldwide is 2.52%.8

The good news is that global TFR is currently falling, but not fast enough. Absolute numbers will continue to rise because tomorrow’s parents have already been born.

So where will the population grow?

Today, 42% of the world’s population live in countries with low fertility (on average 2 children per woman). 40% live in countries with intermediate fertility – countries where women are having on average 2 to 4 children. The remaining 18% live in countries with extremely high levels of fertility (more than 4 children per woman). These high fertility countries are also mostly amongst the poorest countries in the world.6 This means that the countries least able to cope with rapid population increases are going to see the greatest rises in the number of people. And these rises far outstrip the countries in which population growth is currently slowing.

Graphic 1.2: Fertility by country in 2009

Source: United Nations Population Division (UNPD) 2009

90% of future population growth will occur in the least developed countries

Niger remains in the bottom three Least Developed Countries. A Nigerien woman has on average over 7 children in her lifetime. Malnutrition, starvation and ill health are daily problems. With a current population of 15.5 million, projections to 2050 for Niger range from 50 million, to over 76 million people9.

India’s population grows by 1 million every 22 days; that’s an estimated population of 1.5 to 2 billion by 205010. It is also home to one third of the World’s poor. India has technological expertise and economic strength, but unless it focuses more on population growth, high levels of poverty will remain.

China’s population is still increasing despite the one child policy and a fertility rate lower than replacement level. As the one child policy is relaxed, just a small increase will have a significant impact.

But what about the countries in which population growth is in decline or receding?

In some areas, such as Western Europe, Russia, and Japan, population will decline over the next 40 years. But global population size will continue to rise as these regions are outstripped by sub-Saharan Africa and parts of South Asia including northern India, Pakistan, Afghanistan and Yemen.

Population growth is a global issue. We must work in partnership to ensure individual and community needs are met; enabling people to manage their family size within a human rights framework.
Myth 2: Foreign Aid for Family Planning is a Waste of Money and Population Growth is Inevitable

From road building to urban planning, food technology to sanitation and clean water and government elections to business development, health care and education, foreign aid has supported wide ranging development efforts for years. All of these investments are important, but family planning is the key. It enables women to decide if they want to have children, when and how many. It offers simple, low cost means with wide ranging, long term benefits for everyone (and research proves that when women have a choice they will choose to have fewer children)12.

Why is family planning a good investment?

No country has got itself out of poverty without first addressing its level of population growth13. Family planning continues to be one of the most successful aspects of overseas aid. It empowers people, particularly women, in the immediate and long term, and improves the wellbeing of an entire society for relatively little money14.

Benefits of investing in family planning programmes

There are many benefits to family planning programmes. The impact of a successful programme can have wide ranging, positive outcomes for individuals, communities and the world indefinitely. In the short term they improve sexual and reproductive health. In the long term they support the empowerment of women and improvements in a community’s and country’s health, wellbeing and development.

Population growth is a global issue and the explosion is not over yet!

11 UNFPA (2011), Calling for Greater Attention to Family Planning, statement by Ms Purnima Mane on 11/04/2011
12 Potts, M (2009), Where next? Philosophical Transactions of Royal Society B, 364, 3115-3124
13 With the exception of a very few oil-rich nations, whereas oil enables the country to generate revenue far beyond what is needed, this statement continues to hold true. See Myth 4 for further information.
14 Prata, N (2009), Making family planning accessible in resource-poor settings, Philosophical Transactions of Royal Society B, 364, 3093-3099
So what makes family planning successful?

When governments remove the barriers to family planning and support effective family planning programmes, contraceptive use rises rapidly and rates of population growth slow. But not all programmes are successful. There are a few basic rules that should be followed to ensure investments in family planning are effective:

• Programmes must be needs-based, long term and widespread, targeting people of all ages

• A range of family planning methods that are sensitive to local traditions and fit within women’s lives must be available, at little or no cost to the individual through a wide range of distribution channels

• Supply of information, services and family planning methods must meet demand

• Information must be detailed but presented simply; disseminated in a consistent, culturally acceptable way, able to challenge misconceptions and discuss sex and reproductive health issues

• Gender roles should be challenged but in a way that respects their cultural identity wherever possible. For example, in Cambodia women who were comfortable talking to their husbands about contraceptives were five times more likely to be using a modern contraceptive method than others.18

What no foreign (and home) aid means

Some population growth is inevitable. But only because we have been slow to acknowledge the need to lessen the growth rate. We need to act now. Without appropriate, individual rights and needs-based support to reduce population growth, maternal, infant and child mortality will increase.

Birth rates will continue to outstrip death rates, and as population pressure increases there will be:

• Huge competition for diminishing resources

• Increased risk of conflict

• Competition for education

• Massive overburdening of health services

• Increases in mortality and poor health

• Rises in unemployment

• Mass migration

• Populations rapidly expanding beyond any supportable means

So what makes family planning successful?

Thailand and the Philippines: two different approaches, one success

Many family planning programmes that began in the 1960-70s were highly successful. Reductions in population growth helped kick-start economies such as Thailand, Taiwan, Brazil and Southern India. In the 1950s, Thailand and the Philippines had similar size populations and development. But in the 1960s Thailand began one of the world’s most successful national family planning programmes15.

Graphic 2.1 Fertility Rates over time and latest GDP for Thailand and the Philippines16

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Fertility Rate 1955-60</th>
<th>GDP per capita 2008 (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>6.134</td>
<td>$4,043</td>
</tr>
<tr>
<td>Philippines</td>
<td>7.27</td>
<td>$1,847</td>
</tr>
</tbody>
</table>

It included:

• Removing the barriers to family planning;

• Empowering communities to distribute contraceptives throughout urban and rural areas;

• De-medicalising family planning training;

• Employment of auxiliary midwives and male health workers17.

In contrast, the Philippines’ fertility rate remained high as family planning programmes were held back by religious resistance to family planning, poor public infrastructure and weak government leadership in this area. Today the Philippines remains at a lower level of development and the country continues to struggle with high levels of fertility amongst the poor and increasing numbers of young people.

Graphic 2.2 Maternal mortality is highest in countries of sub-Saharan Africa and South Asia

These changes mean we will not achieve the Millennium Development Goals by 2015. It also means that the progress that has already been made towards these goals faces significant setbacks.

Investment in effective family planning programmes can make the difference. Without them the consequences of rapid population growth will be devastating.


17 Hemachudha C et al (1975,) National Health Services and Family Planning: Thailand, a Case Study, AJPH Vol. 65 (8), 1975

18 Samandari G et al (2010), The Role of Social Support and parity On Contraceptive Use in Cambodia, in International Perspectives on Sexual and Reproductive Health, Vol. 36 (3), Sept 2010

We need to ensure that couples, and women, have the ability to manage whether and when to have a child if there is to be any hope of slowing population growth.

Myth 3: Technology and Human Ingenuity Will Come up With a Solution

“If our patterns of living, our patterns of consumption are imitated, as others are striving to do, the world probably is not viable”.

This is not to say that people should not strive for the same, or better, levels of technology as others. Simply, that there are not the resources to bring all 7 billion people to a western level of consumption.

There are sceptics who believe population growth is not only not a problem, but actually desirable. Or that population size is not an issue; it is about the way that population lives. But a wealth of research shows the destructive consequences of rapid population growth. Technology and a prudent use of resources can reduce poverty and global inequalities. But the race to develop more food, homes, power and technology is taking its toll. Nature is in retreat. Deforestation, desertification and the famines that follow are some of the devastating outcomes of population growth.

Challenges to ingenuity and technology

The human ingenuity debate focuses on future solutions without identifying and solving current problems. Of the now 7 billion people living on this planet an estimated 884 million are without proper drinking water; 1.5 billion are without electricity and an estimated 925 million are currently hungry.

Trillions of dollars are being earmarked to cope with the extra infrastructure demands. But this ignores the fact that population growth can, and should, be slowed. Our attention is focussed on how to produce more food, fresh water and power. But what about modern contraceptives? We already have that technology, and it is a cheaper, more effective, and in the long-term more beneficial investment than any other. It is not that technology cannot be part of the solution, but it is not the whole solution.

More people means the need for more resources

We are already seeing competition for water, food and energy. People are being pushed out of the countryside as governments sell off land to wealthy countries for access to water, food and commodities production.

The possibility of increasing mass migrations due to reducing land availability, and the subsequent lack of food and clean water for the poorest will be devastating.

Source: UN Photo / John Isaac

Source: UN Photo / Kibae Park

21 The Royal Commission on Environmental Pollution (2011), Demographic Change and the Environment, TSO: London
22 UNICEF, WHO (2008), Progress on Drinking Water and Sanitation, Special Focus on Sanitation, WHO/UNICEF: USA
23 Gronwald N (2009), One Quarter of World’s Population Lacks Electricity, Scientific American, 24th November 2009
24 FAO (2013), Global hunger declining, but still unacceptably high, September 2013 found at http://www.fao.org/
Water

The demand for water is increasing. But the availability of fresh, clean water is decreasing. Around the world, 884 million people already lack access to proper drinking water. By 2025 a staggering 3 billion people around the world will be short of fresh water.[26]

Graphic 3.1 Drought levels around the World

Egypt, Sudan and Ethiopia all use Nile water. By the time the Nile reaches the Mediterranean it is severely depleted. In 25 years’ time the population of these countries will double but there will be no extra water in the Nile.[28] How will ingenuity meet the needs in an area that is already drying up?

Food myth: the world can feed 10 billion or more

Feeding almost 7 billion people poses huge challenges. How are we going to feed 2-3 billion more by 2050? It means increasing food production by around 40%. Yet land available for food production is shrinking. Even if we produce enough food, distribution problems remain. As food piles up in some countries, Somalia and Ethiopia have famines. Another 2-3 billion people are not going to make the problem any easier.

Energy

By 2030, the world will consume at least 60% more energy than it does today. Yet fossil fuels are declining, new technologies are not yet cost-effective and nuclear technology is an ongoing debate. How will we meet the extra demand?

Source: deCarbonnel E (2009)[27]

Environment: the landscape is changing

The size of the world population is having a devastating impact on our environment. In 2010, experts from Kew Gardens, the Natural History Museum and Missouri Botanical Gardens announced that more than a fifth of the world’s current plant species are in danger of extinction. Most unforsted arable land is in use and what land is left is often depleted or degraded. In turn this leads to an increase in carbon dioxide emissions, which exacerbates climate change. The problem is two-fold: our planet’s land mass is limited, and in destroying our natural ecosystems we make the land (and planet) uninhabitable.

So just how much technology are we talking about?

Technology will always make advances. But the scale of population growth means human ingenuity is finding it increasingly difficult to keep up with demand. We already have an answer: modern contraceptives. Born out of technological developments, need and human ingenuity, modern contraceptives are a solution. Unfortunately they are not the kind anyone thinks of.
Technology and human ingenuity can do a lot, but at what cost?

This myth wants us to believe that as a country becomes more developed people will naturally have less children. This is not the case. In general, higher levels of development are associated with lower fertility rates. But this trend is not uniform and does not mean that development causes lower fertility rates.

**Fertility and development: a complicated relationship**

There are many reasons why people choose to have children. Religion, culture, personal preference, lack of family planning options, economics and government policy may all result in more children.

The process of development and economic growth may also in fact encourage population growth. Not only because as health outcomes improve people live longer. But also because higher levels of development and wealth give people an excuse to have more children (because they can afford them)^31^.

**Graphic 4.1 Disparities between the rich and poor have expanded in the past decade**


32 Evidence to the APPG on Population, Development and Reproductive Health (2006)

*No country has got itself out of poverty without first addressing population growth*^30^
Graphic 4.1 shows what happened to fertility rates in the 10 years after the 1994 International Conference on Population and Development (ICPD). The Human Development Index (HDI) measures a country’s level of development. Benin and Burkina Faso saw minimal improvements in their HDI position: Benin rose 5 places in the HDI ranking, Burkina Faso just 3.

Yet amongst the poorest quintile TFR increased in Benin and decreased in Burkina Faso. In Nigeria, despite rising 12 places in the HDI ranking, TFR increased amongst both the richest and poorest. Only Cameroon saw a decline in both richest and poorest TFR. Kenya had the greatest improvement in HDI ranking (moving up 23 places) but also saw a small increase in childbearing amongst the poorest35.

As we can see, fertility rates do not uniformly decline as countries develop. 16 years after the ICPD (1994) and some countries with the highest fertility rates have seen small declines in TFR, but birth rates are still too high. An additional challenge is that most of this population growth occurs in urban areas.

We are all going to live in cities, which only take up a small fraction of the world’s surface. Everyone living in cities is not a solution. As countries develop their urban areas increase. Today just over half the world’s population live in cities34 and cities are the biggest polluters.

Cities sprawl: the reality of urban living

*Essentially all of the (future population) growth will take place in the less developed countries, and will be concentrated among the poorest populations in urban areas*36.

Impact on the rural environment

Even if the majority of the population does live in cities, these cities still have an impact on rural areas. We depend upon the countryside for food, energy, resources, and to dispose of our waste materials and carbon dioxide. The Netherlands needs a space 6 times as large as itself to provide sufficient food and natural resources, and absorb their output of greenhouse gases37. The population of the Netherlands is 16.6 million – imagine the space needed for a population such as India’s, which is expected to be over 1.6 billion by 2050!

Population growth has to be slowed before significant development can occur

Currently development is not keeping up with population growth. Billions of people live in the most horrendous poverty. If we are to see any sort of progress, a country’s structure and services have to grow at a greater rate than its population. “Development” by itself does not stop population growth. Rather, lower fertility rates enable development38. Development can contribute to reducing fertility, but to rely on development alone to slow population growth is misguided and commits a country to under performance. Meeting the unmet need for family planning is a simple solution.

As populations increase they grow upwards and outwards. But this growth is not necessarily planned or formal. Rural settlements are becoming so populated they are being reclassified as urban, and urban areas continue39 to see slums develop at an unsustainable rate. Cities may have some of the highest levels of development but they also have some of the lowest. Poverty, lack of sanitation and overcrowding create centres of ill health, high crime and pollution. Population growth makes this worse.

- Over half of Mumbai’s (India) population live in slums. 34
- African slums are doubling in population every 15 years.38

Impact on the rural environment

Even if the majority of the population does live in cities, these cities still have an impact on rural areas. We depend upon the countryside for food, energy, resources, and to dispose of our waste materials and carbon dioxide. The Netherlands needs a space 6 times as large as itself to provide sufficient food and natural resources, and absorb their output of greenhouse gases37. The population of the Netherlands is 16.6 million – imagine the space needed for a population such as India’s, which is expected to be over 1.6 billion by 2050!

Population growth has to be slowed before significant development can occur

Currently development is not keeping up with population growth. Billions of people live in the most horrendous poverty. If we are to see any sort of progress, a country’s structure and services have to grow at a greater rate than its population. “Development” by itself does not stop population growth. Rather, lower fertility rates enable development38. Development can contribute to reducing fertility, but to rely on development alone to slow population growth is misguided and commits a country to under performance. Meeting the unmet need for family planning is a simple solution.
Myth 5: Educate Women and They Will Have Fewer Children

Ensuring equal education for women is not a theory, it is a necessity. But improving educational attainment amongst women does not automatically mean that women will have fewer children. The content, quality and context in which education is delivered are key to its impact on fertility. In addition, countries with rapid population growth cannot expand their education systems fast enough to keep up with the increasing numbers of potential students.

As graphic 5.1 below shows, there is some association between improvements in female literacy and declining fertility rates. But this does not indicate that improvements in literacy cause declines in fertility.

In the graphic above the Philippines has the highest literacy rate but the third highest TFR at 3.27. On the other hand, Bangladesh has one of the lowest female literacy rates, at 51%, but the lowest TFR at 2.38. Two large areas of Bangladesh have attained replacement level fertility.

Women with some of the lowest literacy levels practice family planning using modern contraceptive methods. It is not that education is not important— it obviously is—but it is just one of many determinants of fertility that go far beyond literacy or academic achievement.

Education in itself does not mean women will have fewer children.
Education is not the only determinant of fertility

Education is only one of many reasons why fertility rates are what they are. There are numerous other influences on women’s lives that determine how many children they have.

Graphic 5.2 Biggest problems facing women in Afghanistan

Other influences include:

- Gender equality, culture and religion
- Attitudes towards women at work
- Population health and child survival rates
- Urbanisation
- Conflict versus stability
- Economic boom and bust, employment opportunities, income and wealth
- Economic cost of children
- Fertility preferences, age at first marriage, duration of relationships
- Contraceptive use
- Age at first menstruation, first sex and menopause; breast feeding and its contraceptive effects
- Correct information and open discussion around sex, reproduction and family planning
- Barriers to accessing family planning

All of the above affect fertility. If you live in a country with high literacy levels chances are you have access to an improved education system, implying a good social structure and access to family planning information and services. But this is not always the case. In the Philippines and Nigeria, religious education has improved literacy but also inhibited access to family planning services. But this is not always the case. In the Philippines and Nigeria, religious education has improved literacy but also inhibited access to family planning services. But this is not always the case. In the Philippines and Nigeria, religious education has improved literacy but also inhibited access to family planning services. But this is not always the case. In the Philippines and Nigeria, religious education has improved literacy but also inhibited access to family planning services. But this is not always the case. In the Philippines and Nigeria, religious education has improved literacy but also inhibited access to family planning services. But this is not always the case. In the Philippines and Nigeria, religious education has improved literacy but also inhibited access to family planning services.

In reality, the implementation of appropriate family planning services and programmes have been far more effective in reducing fertility rates. Alternative and creative ways of getting messages about family planning across can sidestep many of the aforementioned determinants without relying on literacy. For example, in Rwanda, a radio drama has been used to explore a variety of issues including reproductive health. Men and women have reported learning about the importance of family planning and how having a smaller family enables people to improve their financial situation and thus their children’s upbringing.

Educating women does not guarantee gender equality – a vital part of tackling population growth

Graphic 5.3 Gender Equality of Women

It is crucial to invest in education, particularly for women, but we cannot wait for literacy to improve before investing in family planning. Access to and attainment of education is improving amongst girls and women, but it does not guarantee equality. In Mali, women may achieve educational and professional success but personal relationships are still governed by cultural beliefs.

Women may be lawyers or doctors, but still see themselves as inferior to their fathers, brothers or husbands. This means men continue to be the decision makers over reproduction. Where a man’s status is linked to having many children women may not be able to access contraception when they want it. Women end up trapped in a cycle of childbearing, with limited empowerment and on-going population growth.

It’s not just women who need (sex) education

In an age when Sexually Transmitted Infections (STIs) and HIV are increasing, male condoms are the primary form of contraception. Yet most family planning programmes solely target (married) women. Where women are not in control of contraceptive use it leaves them at risk of STIs, HIV and unwanted pregnancies. A few countries and organisations are changing this. In Ghana, UNFPA campaigns have emphasised the traditional role of men, linking family planning to responsibility for family welfare. Whilst the ideas are effective, programmes like this are rare.

The impact of population growth on education and beyond...

Education, especially of girls, is an unfettered good. But women also need to be given the tools and support to take charge of their fertility. Without this women will be consigned to the home, unable to participate in the labour force of earn a high income. Where family planning is easy to obtain the disparity in family size between the educated and illiterate almost disappears. It is not a question of either/or: investment in education and family planning must go hand in hand.

42 Female Literacy Rate data (for women aged 10 years and above) from the UN Statistics Division accessed on 17/09/2011 at http://unstats.un.org/unsd/demographic/products/socind/literacy.htm
45 Stewart R, Mal battles over women’s rights, Guardian Weekly, 7/09/2010
46 Potts M (2009), Where next?, Philosophical Transactions of the Royal Society B, 364, 3115-3124
Myth 6: Poor People Choose to Have Large Families in Order to Care For Them in Old Age

Family size is the product of a complex combination of individual, socioeconomic, and cultural factors, and is often not the result of choice.

Reducing the reason for large families to some sort of care plan in old age ignores the many factors that influence child bearing.

This myth would have you believe that poorer couples have lots of children to care for them when they get older. Historically, this may have been true. But improvements in health care, declines in infant mortality, changes in child labour laws, the development of child rights, and modern contraception mean this is no longer a tenable argument. The realisation that fewer children means improved survival outcomes, reduced financial burdens and better opportunities for the children they do have means many people will have fewer children if they can. The problem is people often cannot choose.

In reality:

1. People who have larger families do so for a multitude of reasons that are not necessarily linked to old age.

2. Many poorer people do not have large families, and many more would not if they had the choice.

Larger families are not all about old age and poverty

This myth is commonly linked to the belief that couples choose to have many children as a hedge against a child dying. This may apply in some situations but certainly not all. Improvements in health services across the developing world mean child survival rates are improving. The problem is that balancing measures, such as high quality family planning services, are frequently not in place. A multitude of cultural, socioeconomic, development and public policy factors continue to play a part in dictating family size.
Bangladesh has an infant mortality rate of 49/1,000 live births but an average fertility rate of 2.38. Both Bangladesh and Saudi Arabia are Muslim countries but in Bangladesh, despite being significantly less developed with a much higher infant mortality rate, family planning programmes have ensured that contraception and safe abortion are more readily available than in the wealthier and more developed Saudi Arabia, where TFR is 3.03. This shows that even when infant mortality is higher, people will choose to have fewer children if they have the option.

The link between poverty and family size can be an important way of gaining support for family planning ideals. Smaller family size means having to spread limited resources across fewer people, improving:

- Health outcomes amongst children and mothers particularly
- Support for all children, regardless of gender, attending and completing school
- And, reducing financial burdens first on parents, then on children when their parents become dependents

A question of access and availability

Not all poor people have large families. But high fertility rates continue to be associated with poverty because higher fertility rates maintain poverty. The poorest populations often have least access to information and family planning services, preventing them from taking control of their fertility and trapping them in a cycle of poverty.

West Africa is home to some of the Least Developed Countries in the world. The poorest are often still having many children, but as graphic 6.2 demonstrates, for many this is related to the unmet need for family planning rather than a choice linked to support during old age.

Mali and Burkina Faso have Human Development Index rankings of 160 and 161 respectively (out of 169 countries). In both countries around 30% of women of reproductive age have expressed a desire to be able to control fertility, yet do not currently have the means to do so.

Taking a long term, international view

The myth of needing many births to support the elderly is not dead. Currently countries with ageing populations say they need to have more children to provide for the increasing numbers of retirees. Yet solutions such as raising the retirement age have not been popular. In addition many modern industrial processes are increasingly efficient and need fewer and fewer workers for the same output.

The idea of increasing the working population by having more children, as China and many European countries are considering, is far from ideal: who will provide the services needed to support these children before they reach working age? Who will provide the jobs they will need once they can work? In some countries having more children is not necessarily about caring for ageing parents and grandparents themselves. In the UK two thirds of people do not want their own relatives to care for them in old age, yet more than 50% feel they should not have to contribute towards professional care for their elderly relatives. If this is the case, who exactly are these additional children going to support? People need to take a long term view: having fewer children now means a better chance of survival for the children you do have, fewer elderly people in the future to take care of, and a smaller population overall. That can only be a good thing.

49 From conversations with Campbell M and Potts M (2011)
50 See Myth 4
52 Insley, J (2009), Social care system is a ‘ticking time bomb’, The Guardian accessed on 05/05/2011 at www.guardian.co.uk
Given the choice the vast majority of people would choose a smaller family – a family they can support.

Myth 7: Family Planning Programmes are Coercive

Family planning is not telling women what to do – it’s listening to what they want!

The idea of nationally or internationally led family planning programmes have been tainted by a handful of extremely coercive programmes. The one-child policy in China, two-child policy in Singapore and sterilisation campaigns in India in the 1970s resulted in forced abortions, mass forced sterilisation and female infanticide. They altered natural demographics (China’s sex ratio at birth is 119.5 males:100 females\(^53\)) and violated human rights. Even now, governments are cautious when discussing family planning for fear of being accused of ignoring individual rights; of trying to control people’s private lives.

But coercive programmes are far from the norm. Thousands of local and national programmes respecting individual rights have been successfully implemented. Yet governments continue to be hesitant about taking the lead in providing family planning services\(^54\).

Unmet need for family planning

The need for family planning programmes is indisputable. It is based on what women (and men) want, the high number of unintended and unwanted pregnancies and continuing high levels of unsafe abortion.

- An estimated 50% of pregnancies worldwide are unplanned or unwanted.\(^55\)
- Approximately 215 million women want to delay or avoid their next pregnancy, but cannot.\(^55\)
- There are an estimated 20 million unsafe abortions each year\(^56\).

Family planning is not telling women what to do – it’s listening to what they want!

Unmet need for family planning

The need for family planning programmes is indisputable. It is based on what women (and men) want, the high number of unintended and unwanted pregnancies and continuing high levels of unsafe abortion.

- An estimated 50% of pregnancies worldwide are unplanned or unwanted.\(^55\)
- Approximately 215 million women want to delay or avoid their next pregnancy, but cannot.\(^55\)
- There are an estimated 20 million unsafe abortions each year\(^56\).

Unmet need for family planning amongst married women\(^57\)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Fertility Rate</th>
<th>Unmet need for Family Planning amongst married women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>7.19</td>
<td>15.8%</td>
</tr>
<tr>
<td>Uganda</td>
<td>6.38</td>
<td>40.6%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>5.61</td>
<td>20.2%</td>
</tr>
</tbody>
</table>


From a speech made by Kanyoro, M in August 2009

UNFPA (2013), State of World Population 2010, UNFPA USA

Abortion Rights (2009), Abortion rights to contribute to G8 maternal health consultation (you can, too!), accessed on 11/06/2011 at http://www.abortionrights.org.uk/content/view/350/1/

Total Fertility Rate is from UNPD (2011), World Population Prospects, the 2010 Revision; Unmet need for family planning is from the DHS Statcompiler accessed on 18/11/2010 www.statcompiler.com/
Graphic 7.1 highlights the desperate need for family planning as well as different attitudes towards fertility between countries. Niger is the second least developed country in the World, has the highest fertility rate, yet just 15.8% of married women want better access to family planning. Information on the benefits of smaller families, gender equality and access to contraceptives are vital to Niger’s development.

**Around the World**

**Graphic 7.2 Unmet need for family planning**

- In Ghana, only 43% of demand for family planning is met. In Ethiopia it is 31% and in Chad 11%.
- In Timor-Leste the average fertility rate is over 6 births. Women in rural areas have said the optimum number of children is 4.
- Despite successes in HIV prevention Uganda has the highest unmet need for contraceptives in East Africa at 40.6% (that is half a million unwanted births every year).
- Lack of access to information and contraception are key reasons why teenage pregnancy in the UK remains the highest in Europe. In 1988, 38% of pregnancies in girls under 20 years ended in abortion. In 2009 it was 42%. Motherhood is less desirable but teens are not preventing it.

**So what would no family planning programmes mean?**

If we follow the argument that family planning programmes are coercive, and therefore undesirable, it means we do not support national or international family planning activities. We do not make family planning services available. We do not help billions of women choose whether, when and how many children they have. We do not prevent millions of women and children from dying. Human rights would be violated, access to education, health services and jobs would be hugely limited, billions of families would be trapped in poverty and development would stall. We would not come close to achieving the Millennium Development Goals. Women and girls would suffer most.

*The benefits of family planning programmes are unarguable. They lower global fertility rates, preserve resources, support human rights and improve economic development: reducing fertility rates could add 1% to Global GNP*. "Where voluntary family planning is available, families are empowered. Where it is not, the lack of access takes a heavy toll. High maternal death rates [...] are an indicator of an inadequate healthcare system, which is clearly a violation of women’s fundamental rights to life, health and self-determination*. Family planning is about choice within a human rights perspective. It is not telling women what to do, nor is it about coercion to control population growth. Family planning is about the rights of the individual, which in turn has a positive impact on the wider community for all.

Maternal mortality: in India 450 mothers die per 100,000 live births; in Zimbabwe 880.

Fistulas: at least 2 million women are living with fistula in sub-Saharan Africa, South Asia and the Arab region, with at least 50-100,000 new cases each year.

Abortion: an estimated 70,000 maternal deaths are due to unsafe abortions each year.

Birth spacing: WHO recommends waiting 24 months from one birth to the next pregnancy to avoid the highest risk of poor perinatal, neonatal, infant and maternal mortality outcomes.

**The impact of effective family planning programmes**

201 million women in developing countries do not have access to contraceptive methods. Investing in family planning and maternal and child health could avert 53 million unintended pregnancies, preventing:
- 25 million abortions
- 7 million miscarriages
- 1.7 million infant deaths
- 250,000 maternal deaths*

The benefits of family planning programmes are unarguable. They lower global fertility rates, preserve resources, support human rights and improve economic development: reducing fertility rates could add 1% to Global GNP*. Where voluntary family planning is available, families are empowered. Where it is not, the lack of access takes a heavy toll. High maternal death rates [...] are an indicator of an inadequate healthcare system, which is clearly a violation of women’s fundamental rights to life, health and self-determination*. Family planning is about choice within a human rights perspective. It is not telling women what to do, nor is it about coercion to control population growth. Family planning is about the rights of the individual, which in turn has a positive impact on the wider community for all.

58 Population Reference Bureau, Demand for family planning satisfied (%), accessed on 24/04/2011 at www.prb.org
59 UNFPA (2010), State of World Population 2010, UNFPA, USA
60 Malinga J, Ford L (2009), Huge unmet need for contraceptives in Uganda, The Independent, 28/10/2009 www.independent.co.uk
61 Garner R (2009), The Big Question: why are teenage pregnancy rates so high, and what can be done about it? The Independent, 17/02/2011 accessed on 24/04/2011 at www.independent.co.uk
66 Singh, S et al 2003b, Aiding if at, Outriders Institute, UNFPA, USA
67 From conversations with Campbell M, Potts M (2010)
It is every “person’s right to choose the number, timing, and spacing of their children”\(^\text{69}\) 

---

**Myth 8: Family Planning is Against Religious Teaching**

The concept of planning the size of a family is supported by all major religions.

The question of how family planning is achieved is where the debate comes in. Whilst some religions promote abstinence or natural methods (such as the rhythm method), others accept the use of modern contraceptives as a way of prioritising the health of mothers, children and the environment.

The main opponents to modern contraception are the religious right and the Catholic Church. But religious laws regulating reproduction\(^\text{70}\) were made before Sexually Transmitted Infections and over population were understood. Before modern contraception, Today, the highest echelons of Catholicism are starting to make allowances. The issue then is who is interpreting these laws and to what end?

To dispel this myth effectively we need to:

1. Remember that family planning is supported across all religions
2. Avoid generalisations: separate central religious tenets from the people who teach them
3. Accept that religious law can incorporate changing family planning needs and developments

**Family planning versus contraception**

All religions have rules about sexual behaviour and for most sex should only occur within marriage. For strict Catholics, all sex should carry the possibility of procreation. Within Islam, sexual relations can occur not just for childbearing but to support the tranquillity of the relationship. The difference between family planning and contraception is therefore very important. Family planning is the choosing of when and how many children a woman (or couple) has. It incorporates natural (or traditional) methods as well as modern contraceptives. Contraception enables family planning. Modern contraception may be new, but many believe that all religions can accept some form of it within traditional teachings. Different types of contraceptives – for example, barrier or hormonal methods – may be more acceptable than others, which means variety is all important\(^\text{71}\).
Avoid generalisations: teaching versus teachers - who’s saying what

Given that religious teachings are more open-minded than we have been led to believe, it leaves us to question the intentions of the religious leaders and governments who tell us family planning is wrong.

Some leaders use religion to ban contraception to promote their country’s population and power. In others, religious doctrine becomes law. In the Philippines, where the Catholic Church continues to block access to contraception, women have on average 3.27 often unplanned children and an estimated half a million women have unsafe abortions every year.148. Whilst the government has expressed willingness to improve access to family planning, the Catholic Church is vigorously opposing it. The Philippines’ President has been threatened with excommunication and civil disobedience despite local surveys finding that the majority support better sex education and access to quality contraception.21

Adaptation and change: meeting the unmet need

Around the world negative attitudes towards contraception, in particular condoms, has meant scores of unwanted babies and a devastating HIV epidemic.

But in the face of HIV, high levels of unsafe abortion and maternal mortality, and the limits of abstinence-only programmes, many religious leaders are working with governments and NGOs to promote safe sexual practices. This includes supporting modern contraceptives such as condoms. For example:

- The Islamic Republic of Iran is known for its strict interpretation of religious law. It is less well known that contraception and voluntary sterilisation are freely available. Family size has fallen from an average of 6.6 children in 1985 to 1.77 today – a more rapid fall than in China, and without a one child policy.24
- The Evangelical Presbyterian Church in Ghana has worked with local NGOs to discuss Christian teachings within the context of HIV and today’s sexual health needs. This has included considering condom use and the ways in which it does not necessarily contradict Christian teachings.25

In 2010, Catholic churches in Lucerne, Switzerland, initiated an AIDS awareness campaign. It included distributing condoms to teenagers with the slogan “protect thy neighbour as thyself.”26
- Even the Pope has been forced to reconsider his stance. Whilst his comments in 2010 were far from the endorsement of condoms that was hoped for, they did open the door to a more liberal approach to modern contraception within Catholicism.

A changing world: let’s talk about sex

So if family planning is not against religious teaching, the use of contraception should not be a major hurdle.

From the graphic above we can see that religious leaders are not mentioned as a significant source of information on contraception. Given the importance of religion in so many people’s lives, religious leaders need to consider the family planning needs of their communities and their role within that. Women are using contraception regardless of the strength of their religious beliefs because they need to. Everyone should support them in this. Not addressing issues such as maternal mortality, pre-marital sex, HIV and STIs ignores the way in which billions of people live their lives. Religious leaders need to wake up to this. All religious leaders have a responsibility to talk about family planning and contraception openly if we are ever to meet the global unmet need for contraception.


Source: Marie Stopes International (MSI)27

77 HP is Health Practitioner; M in Law is Mother in Law. From Bury, L (2008), Conceptions and Realities: Yemeni men and women and contraception, April 2008, MSI: London
Once women have realistic access to a range of family planning options supported with correct information, family size seems to fall, regardless of religion, education, wealth or child survival.

Myth 9: HIV and Other Infectious Diseases Will Solve the Population Problem

Over the past 30 years, nearly 30 million people have died of AIDS and over 34 million people are living with HIV. If these 34 million people died tomorrow it would be a terrible and appalling catastrophe.

It would take less than 5 months for the world population to increase by 34 million.

This myth is not only untrue, it’s abhorrent. The idea that the world will stand by and watch people die from preventable diseases is unthinkable. From hand washing campaigns to treatments for HIV, TB and malaria, and the provision of quality health services in the most rural areas, we must continue to strive towards improving people’s health.

Why won’t disease solve the problem?

1. Mortality and morbidity rates continue to decline worldwide
2. Diseases are not the only cause of death
3. We continue to have huge successes in tackling diseases

Mortality and morbidity rates continue to decline worldwide

The world is getting healthier. Despite the rapidly increasing competition for resources, ongoing challenges combating infectious diseases, increases in the incidence of non-communicable (“lifestyle”) diseases and high levels of poverty and malnutrition, global mortality rates are in decline.

HIV is an epidemic in which millions are dying, children are orphaned and workforces are decimated. Diarrhoea, pneumonia and malaria continue to be the biggest killers amongst the under-5s. However:

- New HIV infections are down by 19% from 1999 to 2009 worldwide.
- The number of children who never reach their 5th birthday has reduced from 100 to 72 deaths per 1,000 live births from 1990 to 2008. 35% of deaths of under-five year olds are due to under-nutrition, not infectious diseases.

80 UNAIDS (2010), Global Report 2010, UNAIDS, Geneva
Worldwide, crude death rates halved between 1950 and 2005, from 19.5 deaths per 1,000 people to 8.6\(^1\). Estimates for the future do show slight increases, varying from 9.1 to 11.2 deaths per 1,000 people. But the death rate will remain below the birth rate – world population will continue to increase\(^2\).

**Graphic 9.1 Crude Death Rate (per 1,000 people by country)**

Source: CIA\(^3\)

Four out of ten AIDS deaths occur in countries representing just 3% of the world’s population. As graphic 9.2 shows, mortality rates are highest in sub-Saharan Africa, Iraq, and Afghanistan. China, with the largest population, has one of the lower death rates and improving life expectancy. Despite conflict, famines, infectious and non-infectious diseases, and a host of other causes of death, the global death rate continues to decline and life expectancy continues to increase: a baby born today can expect to live to 68 years old on average\(^4\).

**Disease is not the only cause of death**

Not only are death rates in decline, the causes of death are changing. The implication in this myth is that infectious diseases are the biggest killers. Until recently this was the case. Not anymore.

Infectious diseases may still be amongst the biggest killers in low income countries, but they are having less impact worldwide. Non-communicable illnesses (cancer, diabetes, stroke, lung disease) now account for almost two thirds of all deaths. Road traffic accidents kill 1.27 million (2.2%) each year and cancer is now the single biggest killer accounting for 13% of deaths\(^5\).

We continue to have huge successes in tackling some of the biggest killers

a. We have slowed the pace, and in some cases stopped, some of the biggest killers. Improved sanitation, smallpox eradication, cancer, TB and malaria treatment and cures mean lower death rates and better health.

b. We have the means to prevent many of the leading causes of death. Soap for handwashing against various infections, mosquito nets for malaria and condoms for HIV. Uptake can be slow, but once accepted have enormous successes.

c. We will never stop trying. We continue to support the development of new technologies to tackle major infections. New malaria, HIV and cancer treatments mean improved chances of survival for billions.

Letting people die from disease is never a solution

We are not saying that communicable diseases are not big problems, they are. Approximately 1.8 million people died from AIDS related illnesses in 2009 and 1 million from malaria\(^6\). Maternal mortality recently increased in a few countries and some diseases are developing resistance to current treatments. We may not cure everything. But huge improvements in hygiene and sanitation, malnutrition, poverty and the infectious disease burden continue.

We have shown that we have the tools to keep pace with disease, and that we are continually reducing the number of people that die from many infectious diseases. They can never be seen as a solution to population growth.

---

\(^{1}\) Crude death rates indicate the number of people who have died in a given population during a given year per 1,000 mid-year total population of the same area. CIA (2011), The World Factbook, https://www.cia.gov/ accessed on 25/04/2011


Not saving people is not an option. Death rates will continue to fall so we have to reduce the birth rates.

Myth 10: It’s Too Late to Do Anything Anyhow

It’s not too late!

Action we take today could have a profound impact on the future of the planet and humanity itself. The difference between the high and low population projections for 2050 is over 2.5 billion. These unborn billions are going to put unbelievable pressures on the world’s social, biological and economic infrastructure. If we can moderate and stabilise the level of population growth, it is in the world’s interest.

A genuine attempt to address world population growth was made in 1994 at the United Nations International Conference on Population and Development (ICPD) in Cairo. Financial commitments were agreed by delegates from 179 countries to support the Cairo effort to the tune of $18.5 billion, with one third of this coming from donors and two thirds from domestic sources in developing countries.

The strategy for this plan was to move attention away from absolute numbers and family planning (to avoid the taint of coercion) to the more comprehensive but vague language of “reproductive health”. The belief was that this approach would address population growth rates. As this paper illustrates, it did not. Groups outside the ICPD separated reproductive health from population, labelling population policies as intrinsically coercive whilst ignoring the women who were having pregnancies they did not want. The silence that followed was a major force in the decline of global family planning budgets. The Cairo Conference looked to empower women with much needed civil, political and legal rights; increased opportunities provided alongside reproductive health services. All are admirable, but the loss of association with family planning was tragic.

Where did it all go wrong? Sex, Ideology and religion…

From 1994, there was a rapid under-appreciation of population size and growth. Population growth and contraception in the context of sex, ideology and religion are fraught political subjects that frighten off most politicians. The language of reproductive health did not spur enthusiasm in parliaments or in wider debates. HIV/AIDS was the new health issue, leaving high fertility as yesterday’s problem. The impact of population growth on the world’s poorer countries was barely noticed. Yet numbers continued to rise.

In the late 1990s budgets allocated to family planning were severely curtailed and funding diverted to HIV prevention as the scale of the HIV epidemic captured the world’s attention. Foreign aid purchase and supply of family planning services fell and many poor countries found themselves without adequate stocks of contraception. As Graphic 10.2 below shows, the investment in family planning continues to be incredibly low. The unmet need remained unmet.

Graphic 10.2 UN International Conference on Population and Development revised cost estimates to meet Programme of Action from 2009 to 2015 (US$ billions)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual/Reproductive Health/Family Planning</td>
<td>23.5</td>
<td>27.4</td>
<td>30.7</td>
<td>32.0</td>
<td>32.7</td>
<td>33.3</td>
<td>33.0</td>
</tr>
<tr>
<td>Family Planning Direct Costs</td>
<td>2.3</td>
<td>2.6</td>
<td>2.9</td>
<td>3.2</td>
<td>3.5</td>
<td>3.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Maternal/Health Direct Costs</td>
<td>6.1</td>
<td>7.9</td>
<td>9.5</td>
<td>11.4</td>
<td>13.5</td>
<td>15.7</td>
<td>18.0</td>
</tr>
<tr>
<td>Programmes and Systems Related Costs</td>
<td>15.0</td>
<td>17.0</td>
<td>18.3</td>
<td>17.4</td>
<td>15.7</td>
<td>13.7</td>
<td>10.9</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>24.0</td>
<td>32.5</td>
<td>33.1</td>
<td>34.0</td>
<td>34.7</td>
<td>35.4</td>
<td>36.2</td>
</tr>
<tr>
<td>Basic Research/ Data/Policy Analysis</td>
<td>1.6</td>
<td>4.8</td>
<td>3.9</td>
<td>2.2</td>
<td>1.2</td>
<td>0.9</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49.0</td>
<td>64.7</td>
<td>67.8</td>
<td>68.2</td>
<td>68.6</td>
<td>69.6</td>
<td>69.8</td>
</tr>
</tbody>
</table>

Source: Revised cost estimates for the Implementation of the Programme of Action of the ICPD

Population growth as a worldwide impact

It is not just people who will suffer. The massive global population expansion we are on target to see over the next 40 years will have a devastating impact on our surroundings. The competition for land, food and water, and the ongoing clearing of land for activities such as food production and urbanisation to satisfy particularly the North’s patterns of consumption will destroy food chains. It will directly endanger, if not extinguish, the habitats of thousands of plants and animals including our most popular animals and our most delicate ecosystems. We are destroying our environment.

What comes next?

Today the mood has changed. There is growing recognition that family planning can make a huge difference to the quality of life on this planet. Family planning can help reduce:

- Migration
- Conflict and terrorism
- Malnutrition
- Unemployment
- Infant and maternal morbidity and mortality
- Land degradation and water scarcity

And all for the price of a packet of condoms!

If we are ever going to get close to making a difference, now is the time. Action in the form of improved voluntary family planning services presents a chance to improve the quality of life for people globally. For the 2 billion people who live on less than $2 a day, rapid population growth is having dire consequences. Unless more attention is given to eliminate the unmet need for family planning, today’s food shortages could turn into starvation on a huge scale. Current famines in Somalia and the Horn of Africa are yet another warning of the far reaching impact rapid population growth can have.

The impacts of food shortages are not just felt in sub-Saharan Africa. None of us saw the uprising in North Africa coming. Yet the people of Egypt first got their taste for rebellion in 2009 when a burgeoning population pushed up food costs. Perhaps we should have seen it coming after all.

For those in the Western world concerned about immigration, war and global health, aid spent on family planning presents a cheap, cost effective way to address these concerns. What is needed now is political will and investment that need not be excessive by global standards. The UK’s Department for International Development has taken a lead which must be followed by others. Its policy is providing aid to delay first pregnancy and support safe child birth. 10 million more women will have access to family planning, including 1 million girls aged 15–19, and 2 million births will occur with skilled attendants. That is the kind of positive action that should be followed by nations around the world. We have to act now. Failure to do so will have far reaching consequences which will be felt for generations to come.
Sex, Ideology, Religion:

10 myths about world population growth

October 2011

Produced with the financial assistance of the UK APPG on Population, Development and Reproductive Health www.appg-popdevrh.org.uk

Design courtesy of Timandra www.timandra.co.uk
Printed by: Print Management Systems www.printman.co.uk
Front cover image courtesy of Anders Sandberg (2007)
http://www.flickr.com/photos/arenamontanus/with/375127836/
Data from the G-Econ http://gecon.yale.edu/ Rendered using Matlab and PovRay.

Contact
Genevieve Hutchinson
Email genevievehutchinson@gmail.com
Tel +44 (0)20 7219 6392
www.richardottaway.com