GLOBAL POPULATION GROWTH - IS IT SUSTAINABLE?

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Is population growth a problem?

Global population grows more rapidly now (217,000 more births than deaths each day) than in the 1960s (165,000 more). Rapid population growth used to command wide attention, but today it meets a collective yawn.

Ninety-nine per cent of the projected growth in population by 2050 will take place in the developing world. Already 1.2 billion lack access to clean water. By 2025 a staggering 3 billion people will be short of water.

Population projections depend on calculating the total fertility rate (TFR) – the average number of children a woman will have over her fertile life, based on current age-specific fertility rates. The Ethiopian TFR is 5.4. The population has multiplied 15 times since 1900 and unless family planning receives more attention it will reach 145 million in 2050. Already, 8 million Ethiopians depend on external food aid. Niger has a TFR of 8. Four out of 10 children are malnourished and 84% of adults are illiterate. If the TFR falls to 3.6 the population will grow from 14 million today to 50 million in 2050: if it remains constant there will be 80 million.

For the 2 billion people living on 50p a day or less, future population growth is unsustainable. The rich also face formidable problems. World Bank projections suggest a four-fold increase in the global domestic product in the next 50 years. Past growth has depended on doubling oil output every decade. Petroleum geologists suggest oil production could peak as early as 2020. Perhaps less profligate use and alternative sources of energy will keep pace with demand, but if they do not the world economy could spiral downwards.

Some scientists suggest that human activity exceeded the Earth’s capacity to support it in 1985. Such predictions have wide margins of error and even bringing today’s global population to western standards of consumption and pollution would probably exceed the world’s resources. In 1993, a Population Summit of 60 national scientific academies, including the Royal Society, issued a sombre warning, “science and technology may not be able to prevent irreversible degradation and continued poverty for much of the world.” The Academies recommended “zero population growth within the lifetime of our children.”

Unfortunately, a year later the International Conference on Population and Development in Cairo did not listen to the world’s scientists. Women advocates “redefined” population, framing anything to do with “population” as intrinsically coercive, and even the word “demographic” became politically incorrect. Compelling evidence of the success of family planning programmes was ignored, or criticised as “target driven”. It was asserted that fertility decline would occur when holistic social and health goals were reached.

In Kenya, prior to Cairo, when family planning was emphasised, the TFR fell from 8 to below 5. After Cairo, family planning budgets dropped, unwanted births doubled, and the fall in the TFR stalled. The population in 2050 could be 83 million instead of 44 million. Unless there is a renaissance of interest and investment in family planning, Kenya will become a failed state, like Somalia and the Congo.

Last year, the All Party Parliamentary Group on Population, Development and Reproductive Health held hearings on the impact of population growth on the Millennium Development Goals. After taking a great deal of expert evidence, they concluded that it is “difficult or impossible” to achieve the MDGs in high fertility countries.

If population growth is a problem can anything be done about it?

In the 1960s offering family planning to lower birth rates in the absence of socio-economic improvements was dubbed “wishful thinking”. Now we know that socio-economic changes are not a prerequisite for dropping the birth rate. In fact, some countries cannot get out of poverty unless population growth is slowed. As a result of rapid population growth,
developing countries need 2 million more teachers annually, just to hold class size constant.

Slowing population growth pays what has been called a demographic dividend. Individuals with smaller families have more income to invest and a rapid fall in the birth rate produces a relatively large work force. When all the other parameters are fixed demographic changes by themselves pushed the savings rate in Taiwan higher than in the US or France where the birth rate fell more slowly. It is precisely the countries that have been able to slow population growth, which are now undergoing rapid economic expansion, and often becoming more democratic.

Jeffrey Sachs writes in *The End of Poverty*, “... that impoverished families choose to have lots of children.” But, the decision to have a child is not like choosing to buy a car, where the person balances their finances against their perceived need. Sex is often irrational and passionate, and human beings have sexual intercourse up to a thousand times more frequently than is necessary to conceive the children they want.

Having a child is not a single decision made one night to turn fertility on, but a difficult, consistent, prolonged struggle to turn fertility off. Impoverished families have “lots of children” not because they want them, but because they do not have access to modern contraceptives to turn fertility off.

Over the past decade the disparities in family size between rich and poor in developing countries have increased – implying less education for the children of the poor, more hunger, more women dying and more infants dying. The poor use contraception less, but the statistics also show that they have a much greater unmet need for family planning, suggesting it is lack of access to contraception, not a desire for bigger families which is driving the disparity. Family planning is often over-medicalised raising innumerable, unnecessary obstacles between women and the methods they need. Providers, fearful a woman might be pregnant, often refuse contraceptive advice unless she is menstruating when she visits the clinic.

**India and Iran**

India was the first nation to develop a national population policy, but it still grew from 357 million to over one billion in 50 years. The government built a top-down national programme around western trained physicians, while most of India’s population growth is in rural areas where there are no doctors. Instead of correcting this shortcoming, Indira Ghandi’s government used coercive measures to meet demographic targets, leading to election defeat in 1977. The Islamic Republic of Iran was one of the last countries to confront rapid population growth. In 1988, Ayatollah Khomeini was pursued to adopt a national family planning policy: contraceptive factories were built, every newlywed couple is required to attend family planning instruction, and appropriately trained health workers are stationed in the rural areas. Iranian family size fell from six to two - as rapidly as in China, but without any coercion.

The *9/11 Commission Report* called “a large, steadily increasing population of young men [is] a sure prescription for social turbulence.” Pakistan, which never had a well-organised family planning programme, will more than double its population by 2050 and become increasingly violent. Iran, which now has more women than men in universities, and, along with much slower population growth, is likely to be increasingly stable. Iran demonstrates that a pack of oral contraceptives and access to voluntary sterilisation can help start a social revolution from within. Ultimately, the Pill is mightier than the sword.

**Reasons for hope**

The wonderful discovery of the past 50 years has been that people all over the world want voluntary family planning. Tragically, 200 million women, almost all in poor countries, cannot get access to the choices they need and deserve.

It is imperative to make as wide a range of fertility regulation options available, through as wide a range of distribution channels as resources permit. Priority must be given to ensuring modern contraceptives and the information people need to use them. Government services are overloaded, have weak logistics and lack incentives, and the very poor tend to use the private/informal health sector. As the All Party Report points out, an emphasis on Sector-Wide Approaches (SWAs) in foreign aid misses some of the poorest and most vulnerable groups.

As the world’s scientific academies foresaw a decade and a half ago, and as the All Party Group reiterated in January this year, without a significant slowing of population growth we face “irreversible degradation of the natural environment and continued poverty for much of the world.” Building on the All Party Report, there is no better place in the world to make this happen than here, in the mother of Parliaments.