

Population growth and the Millennium Development Goals

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Return of the Population Growth Factor: its impact on the Millennium Development Goals,¹ a report of hearings held in the UK Parliament in 2006, focuses on the devastating impact of population growth on the Millennium Development Goals (MDGs). The report was released on Jan 31. The Inquiry Chairman, Richard Ottaway, Member of Parliament (MP), concludes: "The evidence is overwhelming: the MDGs are difficult or impossible to achieve with the current levels of population growth in the least developed countries and regions."

Experts from around the world who testified to the hearings described the beneficial effects of slowing rapid population growth, as did Cleland and colleagues recently in *The Lancet*.² Slower population growth permits greater investment in education and health, helping to lift nations out of poverty (MDG 1).³ By contrast, high birth rates in sub-Saharan Africa have helped increase the number living in extreme poverty from 231 million in 1990 to 318 million in 2001.¹ In Ethiopia, 8 million people already live on permanent food aid, and the projected population growth from 75 million today to 145 million in 2050 presents an insurmountable challenge. Rapid population growth has a detrimental effect on the hope of achieving universal primary education by 2015 (MDG 2). Girls in large families are less likely to begin school and more likely to drop out early. The UK Department for International Development (DfID) sees "The ability of women to control their own fertility [as] absolutely fundamental to women's empowerment and equality" (MDG 3).

Given the same level of health care, a child born less than 18 months after an older sibling has three times the death rate of a baby born after an interval of 36 months (MDG 4). An estimated 35% of all maternal deaths could be forestalled by simply preventing unintended births (MDG 5). For HIV/AIDS (MDG 6), many unintended pregnancies occur in women who are HIV-positive, and improved access to family planning is the most cost-effective way of preventing vertical transmission.⁴ Rapid population growth is a counterforce against environmental conservation (MDG 7). Consumption in the developed world contributes enormously to global ecological problems, but rapid population growth in developing countries also leads directly to deforestation, land degradation, and threats to water quality.¹

Some past population policies were coercive and Christine McCafferty, MP, Chair of the All Party Parliamentary Group on Population, Development and Reproductive Health, which sponsored the hearings, emphasises that possible solutions must be framed in a "human rights perspective".¹ The need for family planning must be met among the estimated 125–200 million women around the world who would like to limit or space their childbearing but are not using contraception. *Return of the Population Growth Factor* calls for much greater investment in international family planning, and stresses the critical importance of breaking down the many barriers to contraceptive use that are based not on medical evidence but on cultural beliefs, prejudices, and assumptions.⁵ In Kenya, for example, the poorest economic quintile has more than twice the total fertility rate. However, while this quintile have less than one-third of the contraceptive use of the richest, it also has almost three times the unmet need for family planning, which suggests that this group finds it difficult to access modern contraception (figure).

Currently, there are serious shortages of contraceptives and Parliamentarians at the hearing were interested to hear Dr Baige Zhao, Vice Minister of China's National Population and Family Planning Commission, mention China's willingness to share contraceptive commodities with developing countries.

In the next 50 years, global population will grow by another 1.5–4.5 billion people. In 1994, the Cairo Programme of Action concluded that "even the

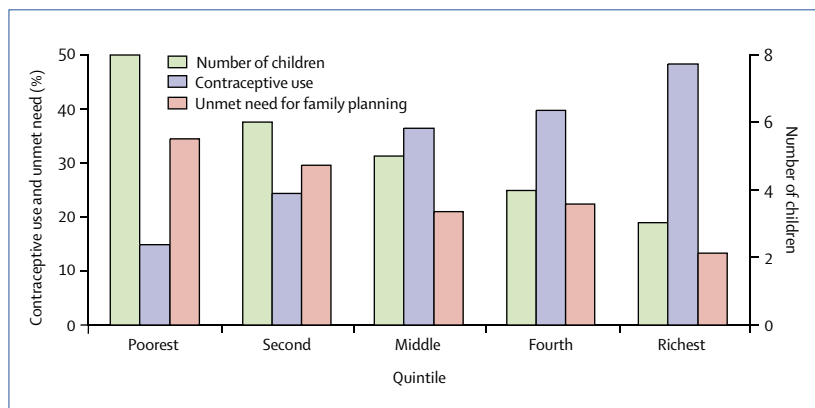


Figure: Number of children, contraceptive use, and unmet need for family planning by economic quintile: Kenya, 2003⁶

difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life".⁷ Tragically, a decade of potential progress has been lost, and today the international family-planning budget is only 10% of that projected in 1994 as necessary in 2005.¹ *Return of the Population Growth Factor* documents why the donor community must once again place population and family planning at the centre of global efforts to fight poverty, improve education and health, and attain a humane standard of living for everyone.

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We were both oral witnesses at the Parliamentary hearings.

- 1 All Party Parliamentary Group on Population, Development and Reproductive Health. Return of the population growth factor: its impact on the Millennium Development Goals. Jan 31, 2007: <http://www.appg-popdevrh.org.uk> (accessed Jan 31, 2007).
- 2 Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *Lancet* 2006; **368**: 1810–27.
- 3 Lee RD, Mason A, Miller T. Saving, wealth and population. In: Birdsall N, Kelley AC, Sinding SW, eds. *Population matters: demographic change, economic growth and poverty in the developing world*. Oxford: Oxford University Press, 2001: 137–64.
- 4 Reynolds HW, Janowitz B, Homan R, Johnson L. The value of contraception to prevent HIV transmission. *Sex Transm Dis* 2006; **33**: 350–56.
- 5 Campbell M, Salin-Hodoglugil N, Potts M. Barriers to fertility regulation: a review of the literature. *Stud Fam Plann* 2006; **37**: 87–98.
- 6 All Party Parliamentary Group on Population, Development and Reproductive Health. Written evidence. 7.1 Dr Alex Ezeh, The African Population and Health Research Center (APHRC), appendix 3. <http://www.appg-popdevrh.org.uk> (accessed Jan 29, 2007).
- 7 UNFPA. Programme of Action adopted at the International Conference on Population and Development, Cairo, Sept 5–13, 1994. New York City: United Nations Population Fund, 1996.

Clarification: Human rights abuse and other criminal violations in Port-au-Prince, Haiti

Human rights abuse and other criminal violations in Port-au-Prince, Haiti: a random survey of households was published online on Aug 31, 2006, and in print on Sept 2, 2006.¹ Within days, *The Lancet* was informed that co-author Athena Kolbe had previously written about Haiti as a journalist under the name of Lyn Duff. Because Kolbe had worked as a volunteer at an orphanage in Haiti founded by President Aristide and had written sympathetically about Aristide after he was deposed,² concerns were expressed about the paper's findings.

In response to credible allegations that one author's former activities might constitute an undisclosed conflict of interest, *The Lancet* began an inquiry.³ The authors' institution, Wayne State University (Detroit, Michigan, USA) was asked to investigate the matter, and the issue was referred to the Committee on Publication Ethics (COPE).

Eileen Trzcinski, Professor and Interim Director of Research at Wayne State University School of Social Work, audited 100 questionnaires selected by computerised randomisation. Outcome details on the original handwritten records corresponded with the project's computerised database. The overall distribution of rapes and murders were re-analysed according to alleged perpetrators, and the results

agreed with the published findings. Outcomes were then compared by political affiliation of the interviewer and for Kolbe's own data (as an interviewer). Again, there was no evidence of systematic bias. On the basis of this investigation, *The Lancet* has confidence in Kolbe and Hutson's findings as published.

See [Editorial](#) page 344 and [Department of Error](#) page 370

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