

A Successful Population Policy: Potentials and Constraints

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I. THE CAUSES OF RAPID POPULATION GROWTH IN DEVELOPING COUNTRIES: AN HISTORICAL APPRAISAL

The current rapid population growth in many developing countries is the result of an historical process in the course of which mortality rates have fallen significantly but birthrates have remained constant or fallen only slightly. Whereas, in industrial countries, the drop in mortality rates, triggered by improvements in nutrition and progress in medicine and hygiene, was a reaction to economic development, which ensured that despite the concomitant growth in population no economic difficulties arose (the gross national product (GNP) grew faster than the population so that per capita income (PCI) continued to rise), the drop in mortality rates to be observed in developing countries over the last 60 years has been the result of exogenous influences: to a large degree the developing countries have imported the advances made in industrial countries in the fields of medicine and hygiene. Thus, the drop in mortality rates has not been the product of economic development; rather, it has occurred in isolation from it, thereby leading to a rise in population unaccompanied by economic growth. Growth in GNP has not kept pace with population growth: as a result, per capita income in many developing countries has stagnated or fallen. Mortality rates in developing countries are still higher than those in industrial countries, but the gap is closing appreciably. Ultimately, this gap is not due to differences in medical or hygienic know-how but to economic bottlenecks (e.g. malnutrition, access to health services).¹

The drop in mortality rates had such an impact on population growth in developing countries because, in contrast to historical experience in today's industrialised countries, it was not accompanied by a corresponding drop in birthrates. In the industrial countries, the drop in birthrates occurred after a certain adjustment lag

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¹Hemmer, H.-R., *Wirtschaftsprobleme der Entwicklungs-länder. Eine Einführung*. 2nd edition, Munich 1988, p. 278 f.

as a reaction in the population to the changing economic, social and medical conditions. Because, in developing countries, mortality rates have fallen as a consequence not of economic progress but of exogenous influences, in most of them a corresponding process of adjustment has yet to set in (or to become noticeable): generally, birthrates remain at the high level warranted by high mortality rates.²

II. ON THE NEED FOR POPULATION POLICY

In recent years, it has become increasingly clear that high population growth in the Third World is one of the central—if not the decisive—barrier to a reduction of mass poverty and conservation of the environment: as a result of increasing population pressure on natural resources, and on agricultural land in particular, more and more marginal land is being put to use. Not only is the productivity of marginal lands lower (often the result of inappropriate farming methods), so that the average output per unit of area falls; there is a growing danger of irreparable damage to the environment. In a great number of countries, overexploitation of available land has led to desertification, destruction of tropical rain forests etc. As a result, many Third World countries have, for the foreseeable future, lost large areas of cultivable land. Neighbouring areas still under cultivation are, in turn, being put at risk and, unless measures are taken quickly to protect them, will also soon be lost to agricultural production.³

As the productivity of land decreases and population density grows, countries will find it increasingly difficult to feed their populations. Each day, the number of those who, until recently able to feed themselves, now suffer hunger and malnutrition rises. In most cases, their search for new areas to settle is in vain: only a few countries still have reserves of unused land which can be developed and put to permanent use without serious ecological damage. And so, they flee rural poverty and head for the already overcrowded cities in search of a better life. This hope proves deceptive, however: the governments of the countries concerned are unable to provide the urban masses with sufficient food or to cope with the enormous rise in the need for housing, clean water and sanitation.

In extreme cases, population growth is frustrating an otherwise positive process of economic development and forcing many developing countries into a 'low-income trap'. This correlation, identified back in the 1950s,⁴ has lost none of its relevance; indeed, the figures available on population growth and trends in per

²Hemmer, H.-R., *Wirtschaftsprobleme der Entwicklungs-länder. Eine Einführung*. 2nd edition, Munich 1988, p. 279.

³Köhler, V., *Die Dritte Welt und wir*. 4th edition, Stuttgart-Bonn 1990, p. 24 ff.

⁴Nelson, R., *A Theory of the Low-Level Equilibrium Trap*. In: *American Economic Review*, vol. 46 (1956).

capita income in the Third World in the 1980s provide dramatic proof of its cogency. With regard to many Third World countries, especially those of Africa, it is often argued that, in comparison with Europe in particular, they are relatively sparsely populated. The decisive factor, however, is not simply how many people live on a given area of land but how productively this land is used by them. The history of development in industrial countries shows that, as it develops, a country can cope with an ever increasing number of people; overpopulation is then—at least to a certain extent (not quantifiable in absolute numbers)—a relative variable. Nevertheless, owing to their relatively low level of economic development and despite their statistically low population density compared with industrial countries, many developing countries have reached the stage where overpopulation is so great that it threatens people's very existence. Against this background, measures to reduce population growth appear essential in many developing countries.

The negative consequences of high population growth in the Third World affect not only the developing but also the industrial countries: overpopulation can trigger uncontrolled migratory movements which do not stop at the frontiers of industrial countries. Furthermore, urban conglomerations create serious environmental problems which threaten humanity as a whole. Lastly, rapid population growth poses an economic risk for the industrial countries: owing to poverty and low per capita incomes in developing countries, caused among others by rapid population growth, they find it difficult to open up new markets for their products. Moreover, there is a danger that, as overpopulation in the Third World increases, there will be growing calls on the industrial countries to ensure a more 'equitable' distribution of existing goods and food—a notion that also encompasses the issue of the global consumption of the resources (including energy) needed to produce them, consumption which at the moment takes place predominantly in the North and not in the South.

III. THE ETHICAL BASIS OF POPULATION POLICY

If one leaves aside the possibility of emigration, there are in theory two ways to reduce population growth in developing countries: lower birthrates or raise mortality rates. Although in recent times there have been temporary increases in mortality rates as a result of war, epidemics etc. (which, in all probability, we shall continue to witness), on ethical and humanitarian grounds a planned policy of raising mortality rates is not acceptable. Logically, then, measures to put a brake on population growth must be geared to a reduction of birthrates.

As stated in the Teheran Proclamation issued by the 1968 International Conference on Human Rights, the 'right to decide freely, on one's own responsibility and on the basis of adequate information on the number of children and the

interval between their births' is generally recognised as a basic human right.⁵ Hence, any attempt to influence the 'intimate sphere of procreation'⁶ as part of population policy requires a special justification. As an overriding principle, it must be ensured that measures taken do not encroach upon each person's responsibility for his or her reproductive behaviour. At the same time, however, this responsibility obliges each couple to base their decisions not only on the personal advantages they might draw from a large family but also on the possible social effects of rapid population growth, i.e. a deterioration in general living conditions. Indeed, in economic terms, in developing countries the private utility of having a large number of children (e.g. as an insurance policy for old age) is generally greater than their social utility, one reason being that parents do not bear all the costs their children incur (e.g. for health and education). Moreover, the social costs of overpopulation are not apportioned to those who cause it. Because it is unlikely that couples will forego the private advantages of a large family of their own free will, population policy must seek to establish a balance between individual interests and those of society as a whole.

If one respects the human right of each individual to decide freely on procreation postulated above, one must reject all attempts by the state to dissuade people from having children, either by coercion (e.g. forced sterilisation) or by the threat of fines. No coercive measures—be they taken from history or from the present-day; be they designed to force people to have children or to prevent them from marrying and starting a family—have any justification in the light of an ethos of humanity based on human rights.^{7,8} Instead, an ethically acceptable population policy should attach priority to measures which aim to change people's reproductive behaviour by influencing those variables which determine their decision regarding the number of children they wish to have. If one assumes that people in the Third World have more children than would be the case if they had more information on methods of birth control (and easier access to them) on the one hand, and about the links between their reproductive behaviour and the medium- and long-term effect it has

⁵Böckle, F., *Beeinflussung des Bevölkerungswachstums als ethisches Problem*. In: Ehlers, E. (ed.), *Ernährung und Gesellschaft. Bevölkerungswachstum—agrare Tragfähigkeit der Erde*, Frankfurt/Main 1983, p. 113.

⁶Böckle, F., *Beeinflussung des Bevölkerungswachstums als ethisches Problem*. In: Ehlers, E. (ed.), *Ernährung und Gesellschaft. Bevölkerungswachstum—agrare Tragfähigkeit der Erde*, Frankfurt/Main 1983, p. 113.

⁷However, it is not always easy to draw the line between instruments the state should always refrain from using, in line with human rights, and those it is justified in applying in the interests of population policy. This is illustrated by the problem of punitive taxes on children and the issue of a minimum marrying age. See also Chapter V. 1.

⁸Pöner, U., *Das Weltbevölkerungsproblem und die Menschenrechte*. In: UNITAS, *Monatsschrift des Verbandes der wissenschaftlichen katholischen Studentenvereine Unitas*, vol. 131 (1991), No. 1, p. 10.

on their living conditions on the other, there is broad scope for ethically acceptable measures to be taken as part of population policy.

IV. AN EXPLANATION OF HIGH BIRTHRATES IN THE THIRD WORLD

1. Preliminary Remarks

As decisions on pregnancies and births are taken by individuals and couples, it is first of all necessary to examine the factors governing their reproductive behaviour; ultimately this is the only way to design an effective population policy. The historical appraisal has already pointed to a number of determinants of high birthrates at the macro level. In attempting to systematise the determinants of individual reproductive behaviour, a distinction can be made between pregnancies which are the result of a rational decision-making process, i.e. planned, and those which are not, i.e. unplanned.

For reasons of simplicity, it will also be assumed that planned pregnancies lead to planned births and that unplanned pregnancies lead to unplanned births. The following will deal neither with changes in individual behaviour which cancel out this correlation between pregnancies and births (owing both to their complexity and limited empirical relevance) nor with those factors which prevent pregnancies from leading to live births.

2. Factors Determining the Number of Planned Births

The number of planned pregnancies/births is determined mainly, but not exclusively, by economic factors. The list of economic determinants is headed by the absolute poverty in which broad sections of the population in many developing countries live. Absolute poverty leads to a high number of planned births in several ways:

- (a) Through their labour, children, even when still quite young, supplement the family income either directly (e.g. wage labour, help on the family farm) or indirectly (e.g. by helping the parents, mostly the mother, in the home). In 'exceptional' cases—'exceptional' because this argument applies primarily to western industrial countries and is of less relevance in the developing world—in addition to direct 'rearing costs', a family might also incur costs in the form of the mother's loss of income whilst looking after the children in their infancy. Later on, however, this is more than made up for, especially if the mother's (lost) wages are low and the likely income of the children high.
- (b) Children, especially boys, serve as a kind of insurance policy against the vagaries of life which can afflict the poor sections of the population

owing to the lack of an institutionalised system of social security. They include old age, sickness, death, invalidity, unemployment and other general emergencies.

Often, this is not only an economic but also a cultural problem: many men have no income of their own and are kept by their families. A not insignificant number of women, especially in Africa and Latin America, leave their husbands who, faced with financial difficulties, frequently turn to alcohol and do not (cannot) contribute to the family income. In many cases, however, this separation only takes place once a woman believes she has enough children, above all sons, to ensure her well-being.⁹

- (c) Poverty has not only a material dimension: it also manifests itself in a feeling of hopelessness and worthlessness which in turn can also foster a desire to have many children. For society's poor, children are often the only thing they own and their sole source of self-esteem.

If one expresses poverty in terms of per capita income and views it not at the level of the individual (micro level) but at that of society as a whole (macro level), one finds that empirical country analyses confirm the link between low per capita income and high fertility.¹⁰ Statistically, the negative correlation between the PCI of the poorest 40 percent of the population and the birthrate is particularly significant. The problem soon escalates: as large masses of people become poorer they seek to safeguard themselves against their increasing poverty by having more and more children. The result, however, is not greater security but greater poverty which they try to escape by having yet more children—a vicious circle. In doing so, people's behaviour is, subjectively, rational and appropriate to their situation. However, *ex ante* correct subjective decisions (which, because the expected micro-level improvements do not in fact materialise, often turn out to be wrong decisions) can, as the correlation between poverty and number of children shows, be fatal for society as a whole and thus, objectively, counterproductive.

Further important socio-cultural determinants of a large number of planned births are: women's low level of education (compared to men), and, partly as a result of that, their lack of a real say in the world of work and their relatively low status in society in many countries of the Third World. Empirical studies have revealed that the fertility rate is highest among women with less than four years of school education behind them.¹¹ Owing to their lack of education, many young

⁹As an alternative, in a number of cultures women often do not seek a (permanent) husband: instead, they have the number of children they want by different fathers.

¹⁰World Bank, World Development Report 1984, Washington, D.C. 1984, p. 79 ff.

¹¹Ainsworth, M., Bevölkerungspolitik: Ländererfahrungen. In: Finanzierung und Entwicklung, vol. 21 (1984), No. 3, p. 19.

women have difficulty finding work and therefore show little interest in activities outside the home; as a result, their lives tend to centre around having and bringing up children. Even when they decide they would like no more children, often (despite their status within the family, which is considerably higher than that within society as a whole) they are unable to assert themselves against their husbands' desire for a larger family.

Another factor leading to high birthrates is the rate of infant and child mortality. Although it has been falling in recent years, it is still far higher than in industrial countries and encourages parents to have a relatively high number of children to ensure that enough survive to supplement the family income and to look after them in old age. In turn, the high rate of infant and child mortality is to a large extent the result of undernourishment and poor health among poor women and their children. Thus, via this causal chain too, poverty is an indirect cause of high birthrates.

In addition to the actual rate of mortality, parents' expectations regarding the survival of their children also exerts a significant influence on the number of planned births. Most couples base their decision regarding the number of children they would like not on the objective rate of mortality but, more often, on what they themselves feel to be the likely rate. This discrepancy prevents an adjustment of the birthrate to the falling rate of child mortality and comes about either because the parents are unaware of the falling rate of child mortality (owing to a lack of information) or because they believe it will not last.

Lastly, in developing countries the desire to have children is largely conditioned by traditional values and norms. The following are a number of factors which explain why parents want to have many children:

- Large families can, on occasions, exert considerable social and political influence;
- the value and social status of a man and/or woman are measured by the number of children they have, clear preference being given to sons; therefore, in trying to have as many sons as possible, parents must accept the risks of having many daughters; and
- children are proof of God's grace.¹²

¹²In the Bible, childlessness is considered a Divine punishment. In Islam, the belief that God will take care of the children fosters people's reproductive behaviour, making population activities particularly difficult in Islamic countries. As far as the indigenous religions of Africa are concerned, children are a sign of God's blessing, a 'force vitale' passed on to the next generation. A reduction in the number of children reduces existing life and is therefore regarded as something negative; celibacy is largely rejected. In this context, it is also necessary to point out the powerful cultural influence of the Catholic Church in many parts of the Third World, and in newly industrialising countries in particular.

3. Criticism of a Rational Explanation of Planned Pregnancies

Critics of the above theory, according to which pregnancies and births are the result of rational decisions, assert that it assumes an element of planning which does not exist. One of their main arguments is that, owing to specific cultural norms, people in the majority of Third World societies simply do not raise the question of how many children they would like. Rather, the critics say, in traditional societies procreation is considered a matter of chance, a phenomenon not open to rational reflection. Indeed, there are many indications that, in West, East and Central Africa, for instance, large sections of the rural population give no thought whatsoever to their fertility. Generally, they find the question as to how many children they would like, one taken for granted in the West, incomprehensible. Fertility is a source of personal prestige; infertility a calamity.¹³ Thus, the critics say, a rational explanation of high birthrates loses its foundation in fact.

This line of argument is to be taken seriously, but it must not remain unchallenged: in virtually all societies—be they developing or industrialised—only a fraction of the population (it varies in size from country to country) applies the principle of rationality *consciously* when taking personal decisions. This does not mean to say, however, that personal experience or that of others does not affect people's behaviour at least implicitly (i.e. in the subconscious). Given that at least a share of births is the result of conscious behaviour and only some are not the outcome of rational calculation, there are doubtlessly many meaningful measures which can be taken as part of a policy geared to reducing birthrates. To this extent, criticism of the rationality principle is only superficially legitimate.

V. MEASURES TO BE TAKEN AS PART OF POPULATION POLICY

1. Measures to Create Institutional Barriers to Pregnancy

As an initial step, measures can be taken to change the institutional environment of pregnancies and births in an effort to reduce the possibility of reproduction. One way would be to set a minimum age for marrying. In cases where a minimum marrying age has a genuine impact on people's sexual behaviour, a low marrying age extends the effective child-bearing period and thus increases the possibility of reproduction. By raising the minimum marrying age, it might be possible to reduce women's child-bearing phase and thus to reduce the frequency of births per mother.

However, actual conditions in developing countries make it unlikely that such a policy would have any real impact: in most Third World countries a significant share of children are born prior to or outside wedlock (especially amongst the poor). Because (in contrast for example to Europe) the mothers and children

¹³ Immand, H., Warum alle umdenken müssen. In: Der Rotarier, vol. (1991), No. p.32.

concerned are rarely subject to social discrimination on these grounds (they are discriminated against anyway), there is virtually no scope for sanctioning such behaviour in an attempt to limit the birthrate.

2. Measures to Prevent Unwanted Births

Taking a different approach, population policy can seek to reduce the number of unwanted births by anchoring the principle of rational decision-making more strongly in the population. Precisely because the state cannot stipulate the number of children people should have, parents bear a special responsibility for their own reproductive behaviour. They can act accordingly only if they possess sufficient knowledge and information. However, today many couples still lack the kind of information they need to make responsible decisions.

In this context, information on ways to prevent unplanned births is particularly important.¹⁴ Virtually all development agencies agree that the number of women in developing countries who wish to have fewer children is on the rise. Although the voluntary use of contraceptives has increased considerably in the Third World (in the 1960s ten percent of couples used contraceptives; today more than 50 percent do so), it is still low enough to offer plenty of scope for effective measures as part of population policy. The limited use of contraceptives and other methods of planning the number of and interval between births can be attributed to the following factors:

- (a) In developing countries, large sections of the population are ill-informed about methods of birth control, a result above all of the low level of education among women. A significant number of men and women are unfamiliar both with the biological processes which lead to pregnancy and with ways to prevent them.
- (b) In many cases, couples committed to family planning do not have access to an adequate supply of contraceptives. On the one hand, this can be the result of their limited availability; on the other, it might be the case that couples, especially poor couples, simply cannot afford them.¹⁵

¹⁴ Here, preventing pregnancies is preferable to abortion. For ethical and moral reasons, abortion is very problematical and rejected by many policy-makers.

¹⁵ According to a study conducted by the Population Crisis Committee, an American non-profit-making organisation, whereas in industrial countries 95 percent of the relevant population groups are able to purchase the contraceptives they needed for a tenth of one percent of the average annual income, in most developing countries contraceptives are so expensive that the majority of people cannot afford them. According to the study, in Ethiopia an average family's annual supply of condoms or the pill devours 30 percent of the husband's total income; in Kenya an annual supply of condoms accounts for seven percent, and that of the pill three percent, of the average annual income. In Chad an IUD costs about \$114, more than half the average annual income. In Asia, the situation is different: in Bangladesh, a sufficient supply of condoms for an entire year cost only \$1, about 0.7 percent of the average annual income. Moreover, the sale of the pill is subsidised by the state.

Lastly, it should be considered whether financial incentives might heighten people's motivation to conduct family planning. The government of Indonesia, for instance, 'rewarded' communities able to show a high level of contraceptive use with wells, schools and other development projects.¹⁶ However, to be effective, incentives of this kind would have to be linked to the achievement of the set objective, i.e. a genuine reduction of the birthrate among target groups.

However, any policy geared to 'rationalising' people's decisions on pregnancies and births also has its limits; owing to their religious beliefs, e.g. that God alone decides how many children a family should have, many people are unlikely to accept the legitimacy of state measures in the field of population, even when provided with corresponding information as part of education campaigns.

3. Measures to Reduce the Number of Planned Births

Despite the large untapped potential for birth control—the World Bank estimates that 65 million couples in the Third World would like to use contraceptives but have no access to them—it should not be forgotten that the majority of births in developing countries are planned. For this reason, methods of birth control which seek to reduce the number of unwanted pregnancies by promoting the use of contraceptives will only have a limited impact on population growth. Rather, if it is to have a chance of really succeeding, population policy must centre on people's desire to have children and attempt to reduce the number of planned pregnancies.

To begin with, it would appear necessary to inform parents about their children's significantly improved prospects for survival, thanks to progress in the field of health care and hygiene, in an effort to encourage them to adjust their reproductive behaviour to the real fall in infant mortality rates. In addition, efforts must continue to further reduce infant mortality, still considerably higher in developing countries than in the industrial world.¹⁷ To this end, there must be a significant expansion of health services, especially guidance and counselling, accompanied by improvements in the dietary constitution of pregnant women, mothers and children.

One of the most promising ways to reduce the number of planned births, however, is to raise living standards to a level where children no longer have an economic function. Alleviating mass poverty is a key element here. *The maxim of development policy should not be: reduce poverty by reducing population growth,*

¹⁶Ainsworth, M., Bevölkerungspolitik: Ländererfahrungen, in: Finanzierung und Entwicklung, vol. 21 (1984), No. 3, p. 19.

¹⁷This high infant mortality can also lead to a rise in the number of unplanned births because it inevitably reduces the lactation period and thus the time during which there is a certain natural process of contraception. Moreover, if a child dies, parents might be tempted to compensate for their loss by having another child earlier than originally planned.

but: reduce population growth by reducing mass poverty.¹⁸ As long ago as 1974, the head of the Indian delegation to the world population conference in Budapest coined the phrase: 'Development is the best means of contraception'—a phrase now to be found in all literature on population issues but still waiting to be fully translated into practical policy. Any population policy which ignores this linkage and concerns itself exclusively with family planning in its narrow sense is bound to fail. Rather, if the birth overhang is to be reduced, general economic and social development, and thus the scope for the full development of each individual, must be enhanced. Hence, population policy ought not to be limited to improving people's material circumstances but, if it is to be effective, must also guarantee the involvement of the poor in the process of development.¹⁹

With regard to the choice of economic system, an essential prerequisite for reducing poverty is the introduction of market economics. Post-war history has clearly shown that a market-based, but socially and ecologically responsible, economic order which rewards individual effort provides the most solid foundation for growth and prosperity in the Third World too. Accordingly, development aid should constantly seek to assist developing countries willing to introduce more market economics in completing the reorientation of economic policy as quickly as possible. Precisely because many developing countries lack a clear concept of macroeconomic policy, external support is the *conditio sine qua non* of successful structural adjustment. Owing to its successful introduction of a social market economy, the Federal Republic of Germany has a great deal of useful experience which should be used to the benefit of the developing countries.

Also, developing countries must establish pension systems (if necessary with the help of aid donors) so that people no longer need the 'insurance' offered by a large family. However, this requires a substantial rethink of developmental priorities on the part of developing country governments and the majority of donors.

This line of thought is pursued in a policy paper entitled Population Policy and Family Planning, adopted by the Federal Ministry for Economic Co-operation (BMZ) in June 1991. In it, the Federal Government pledges to intensify its support

¹⁸Böckle, F.; Hemmer, H.-R.; Kötter, H., Armut und Bevölkerungsentwicklung in der Dritten Welt. Bonn 1990, p.23.

¹⁹According to Demerath, an American sociologist (quoted in an article by A. Bose 'Für arme Inder ist eine große Familie noch unentbehrlich' in Frankfurter Allgemeine Zeitung of 5 March 1991), one of the main reasons why many family planning programmes fail is because so many technocrats are obsessed with techniques of contraception. They believe that every problem can, and will, be solved with the aid of some new device or technique. Instead of applying proven principles of psychological and social-motivation, standard training courses in family planning tend to ignore them. Emphasis is placed on technical procedures and forms of bureaucratic administration mixed with a bit of demography and the physiology of reproduction. The more modern the management, they say, the better—and by that they mean the more routine, the more easily quantifiable, the better for data processing.

for population policy and family planning in developing countries. It will provide assistance for corresponding programmes if:

- They make family planning voluntary and exclude abortions, enforced sterilisation and incentives such as cash bonuses;
- they respect target groups' cultural and religious traditions (in India, for example, because matrimony is holy so is each couple's sex life; as a result, the type of family planning propagated in India until the mid-seventies, based as it was largely on sterilisation, was viewed as an attack on the sex life of married couples in the interest of family welfare and thus completely unacceptable for the broad mass of the Indian population. Women were particularly angry that such a programme of bodily harm should be proposed for their well-being);²⁰ and
- they offer all available means and methods of family planning.

At the same time—according at least to the BMZ's official press release of 4-6-91—the Federal Government plans to strengthen its involvement in the fields of health, education, promotion of women and poverty alleviation. Experience shows (says the BMZ) that improvements in these areas help to bring down high birthrates. Indeed, as pointed out in the UNFPA's 1991 World Population Report, population programmes which propagate voluntary family planning do tend to have a greater impact if accompanied by general economic development. The effect of family planning programmes is also enhanced if the social environment guarantees women a higher status and greater freedom to take decisions of their own. But the report also states that the best, practically the only, way to bring birthrates down is 'contraception based on the freedom of choice'.

VI. THE TARGET GROUPS OF POPULATION POLICY

With respect to target groups, population policy must seek to promote women if it is to have any chance of success. In many developing countries, women not only perform the housework and bring up the children; they also make a substantial contribution to family income. However, they take little part in public life and, in the family, their opinions are largely ignored, even when it comes to deciding on the number of children. Because, in many cases, no other activities are open to them and their social standing is determined by the number of children they have, many women tend to want a large family.²¹

²⁰Bose, A., Für arme Inder ist eine große Familie noch unentbehrlich. In: Frankfurter Allgemeine Zeitung of 5 March 1991.

²¹Pöner, U., Das Weltbevölkerungsproblem und die Menschenrechte. In: UNITAS, Monatsschrift des Verbandes der wissenschaftlichen katholischen Studentenvereine Unitas, vol. 131 (1991), No. 1, p.11.

From the point of view of human rights, there is no justification for any form of socially sanctioned inferiority of women. Every effort must be made to accord them the freedoms associated with the concept of human rights. To this end, their legal and social situation must be improved. It is also important to provide them with genuine access to education, and to foster a spirit of partnership between husband and wife. A reduction in the marginalisation of women has a positive effect on population growth: as they assume greater responsibility and move into other areas of activity, women no longer need to rely on a large number of children as their sole source of social recognition. Women with access to education tend to marry later, show greater self-confidence *vis-à-vis* their husbands in family matters, and are more aware both of methods of family planning and of the consequences of decreasing child mortality.²²

Whatever method is used, in the long term contraception only proves effective if it is agreed on by both partners. In developing countries, it is usually the men who decide—often on behalf of their wives—on such matters as family planning and contraception. Many women believe that their husbands consider family planning unnecessary and therefore also see no need for it. Studies have shown that in developing countries one in every four couples chooses a method of contraception which requires the husband's co-operation or, at least, approval. This is also needed in the case of traditional methods such as abstinence and coitus interruptus—as couples move on to more effective modern methods of contraception their involvement should if anything increase.

Only recently have family planning programmes begun to focus on men and their need for information and counselling on family planning methods. Whereas women's attitudes to, and knowledge of, family planning were well-known, men were rarely asked what they knew about family planning and how they took part in it. It appears that they gain their knowledge of contraception from their wives, friends or the mass media but rarely from medical specialists. Evidently, it is not a lack of interest but a lack of useful information and appropriate services which have discouraged men from playing a more active role in family planning.

VII. CONCLUSIONS TO BE DRAWN FOR DEVELOPMENT POLICY

In seeking to reduce population growth in developing countries, development co-operation can exert both a direct and an indirect influence on birthrates:

As mentioned above, for many families a large number of children is essential if they are to improve their chances of survival and to safeguard their well-

²²Pöner, U., Das Weltbevölkerungsproblem und die Menschenrechte. In: UNITAS, Monatsschrift des Verbandes der wissenschaftlichen Katholischen Studentenvereine Unitas, vol. 131 (1991), No. 1, p.11.

being. Accordingly, one can assume that the best indirect approach to reducing population growth would be to take measures to influence the central determinant of high birthrates: namely, the widespread poverty in developing countries. In turn, measures geared to alleviating poverty may be direct or indirect.

(a) *Indirect approach*

Using the set of instruments at its disposal, development co-operation can support a policy geared to creating or enhancing development processes—such as the creation of an efficient and socially oriented economic system (as epitomised by the social market economy)—which contribute to the reduction of poverty by promoting a process of growth from which the poor, and poorest, sections of the population also profit.

(b) *Direct approach*

Measures can be taken which benefit the poor directly. They include targeted support for the basic needs components of national development programmes—e.g. measures to improve nutrition, health and basic education—and measures to improve people's qualifications and thus to raise their income. However, they can only be effective if they:

- Are geared to target groups directly affected by poverty; and
- contribute to the removal of factors causing poverty among target groups.

In addition to poverty-oriented measures to reduce population growth, there are a number of other ways to address relevant target groups directly. They can take the form of family planning programmes which, in turn, should be imbedded in schemes to promote women or education (basic and adult education; literacy campaigns). To be effective, family planning programmes must also pay special attention to the social dimension of family health (family life education). In practice, the whole debate on the issue of family planning tends to neglect the family; it focusses solely on methods of contraception. In the case of family planning programmes, it has become particularly evident that the socio-cultural context is frequently forgotten, coercive measures achieve the opposite of what was intended, and insufficient attention is paid to a gender-specific approach. These are the main causes of their failure.

VIII. FINAL REMARKS

The chances of population policy succeeding would doubtlessly be better given the shifts of emphasis outlined above (especially the greater orientation of development policy to the alleviation of poverty). However, when realistically

assessing the potential of population policy, one should not forget the following factors which, even if such a policy proves successful, will ensure that birthrates remain high for a long time:

- The number of people of reproductive age will remain high;
- people are slow to adjust the number of children they have to the change in the demographic framework; and
- non-economic factors not only influence people's desire to have children but also militate against greater acceptance of contraceptives.

High birthrates in the majority of developing countries are to be explained not only by the high frequency of births per woman but also by the large proportion of women of child-bearing age. Hence, the age structure of a population clearly influences its growth. A young population is the result of high birthrates in the past and a fall in the death rate, causing a rise both in life expectancy and—with a certain delay—the number of people of reproductive age.²³

Indeed, to a large extent, the current high birthrates in developing countries are the result not only of high fertility but also of an 'inherent dynamism' caused by fertility rates and the drop in mortality rates over the last 30 years. Owing to high fertility and decreasing mortality in the past, today women of child-bearing age make up a large proportion of the population. As a result, even if the number of births per woman falls, the total number of births, and thus the rate of population growth, are likely to remain high. Hence, a lasting solution of the population problem in the Third World needs one thing above all else: time.

²³Birdsall, N., Bevölkerungswachstum, in *Finanzierung und Entwicklung*, vol. 21 (1984), No. 3, p.12.

**Comments on
“A Successful Population Policy:
Potentials and Constraints”**

I have three comments on Mr Hemmer's paper. These reflect differences of emphasis, rather than fundamental differences.

- The situation is not so bleak.
- More emphasis should go to female education.
- Family planning can be better viewed as a service, an end in itself, rather than as a demographic tool for reducing fertility.

First, the situation is not so dismal. Fertility is falling throughout the developing world. Between 1965 and 1982, the total fertility rate (TFR) fell by 43 percent in Colombia, 45 percent in Thailand, 50 percent in Sri Lanka, Brazil, and Turkey, and by 22 percent in Egypt. Today, the TFR is high in a few countries outside Africa (e.g. 6.6 in Pakistan), but it is 4 in India, 3.3 in Indonesia 3.3, and just 2.9 in Colombia. In Thailand, Sri Lanka and Jamaica it is 2.5. (Birth rates have fallen less than fertility rates in most countries because the high fertility and falling mortality of the 1950s and 1960s mean there is still a high proportion of women of childbearing age in their populations. Now, however, even birth rates are declining in countries that began a fertility decline in the late 1960s. For example, Sri Lanka's crude birth rate is now 21 compared to 28 just eight years ago.) Moreover, fertility is low for given levels of income and is declining at lower levels of income than in the past. Marital fertility began falling in Europe between 1880 and 1930, when income already exceeded \$1,000 (1982 dollars), compared with half that figure when the decline began in Latin America and much of Asia. In Mexico, the TFR fell from 4.6 to 3.4 between 1982 and 1989 – while income and wages did not grow at all.

Second, the key to encouraging lower fertility while also improving welfare is to place more emphasis on female education. Mr Hemmer rightly emphasises poverty, and thus implicitly the low absolute income of the bulk of the population, rather than average income per capita as a factor explaining high fertility. We can go farther. Educating girls is the key. Consider, for example, this simple line-up of total fertility rates and female enrollment in primary schools in 1990, in a set of countries which are similar in income and at least some other characteristics that

affect fertility:

	<i>Total Fertility Rate</i>	<i>Female Enrolment Rate</i>
Pakistan	6.6	30
Bangladesh	4.9	50
India	4.1	85
Sri Lanka	2.5	100

Access to health and family planning services affect fertility, but they are not very effective without female education. Female education both increases the demand for services (including private services, which have been important in Latin America) and makes women more effective users of such services. Frankly, I am not optimistic about family planning efforts in Pakistan as long as girls' schooling rates here are so low: 30 percent compared to 50 percent in Bangladesh and 85 percent in India and, of course, 100 percent in Sri Lanka, Thailand, and Indonesia.

As economists, we have not done well in estimating the costs of alternative ways of reducing fertility in different circumstances. Assuming approximately \$300 as the cost for each birth averted via family planning services, educating a girl is likely to be more cost effective than family planning services in settings such as Pakistan where fertility is still high. Of course, the relative cost-effectiveness of both services and education shifts over time and place. Where women's education is increasing, family planning efforts are effective in reducing fertility at reasonable cost; where women's education is low, family planning services alone are much less effective, and they reduce fertility only in programmes that are management-intensive at a high cost. In these situations, educating girls may well be a more cost-effective medium-term route to initial reductions in fertility.

Third and finally, our view of family planning should change. Its value for development comes because it improves people's welfare, as a service rather than as a demographic tool. It improves welfare by improving children's health, with increased spacing. It improves mothers' health. And it changes women's entire worldview by giving them a means of control over their own lives. Without any control over the number or the timing of births, a woman in a poor rural area has no basis for planning the future. Life for her will be what the gods, the fates, provide or fail to provide—and her well-being is dependent upon her father's, her husband's and, if she is fortunate, her son's income. For a poor woman in rural Pakistan, having some control over her reproductive activity makes her a participant in her own life, rather than a recipient of it. Knowing her daughter will be able to control

the timing of her births changes a mother's attitude about schooling for her daughter.

If governments and donors were to rethink family planning, and emphasise its benefits in improving immediate welfare, would this make a difference in the types of programmes? I believe so. Let me give one extreme example. The early emphasis of the sterilisation programme in India, in the view of demographers and policy-makers, was that sterilisation was inexpensive because it was permanent. No repeated services were needed, as compared to the IUD or the pill as a means to control fertility. Sterilisation was therefore a demographic tool. It was not aimed at improving the welfare of the population except in the very uncertain, and abstract, long run. The result: even today, despite a change on paper, the family planning programme in India suffers from a lack of programme emphasis on spacing and a lack of emphasis on the client. In a group studied in southern India, Tamil Nadu, woman would not go to the public family planning clinic for fear of sterilisation. Yet, they were eager for information about spacing methods. As analysts and economists, let us weigh more heavily the short-term and absolutely certain gains in well-being in implementing family planning programmes, rather than the uncertain, long-term gains in population reduction—the purpose of which in any event is to improve welfare.

Let me sum up. First, the situation is not so bleak as Mr Hemmer seems to imply. Fertility is falling in most developing countries. Second, where we are concerned that rapid population growth exacerbates poverty and puts strains on national resources, we should look at the situation with respect to women's education. Fertility is lowest and falling fastest where female education is widespread. Finally, we must rethink our views of family planning as a service and a means to improve people's lives—the point, after all, of development.

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Comments on
“A Successful Population Policy:
Potentials and Constraints”

The paper by Dr Hemmer is very interesting and in some respects is of a direct relevance to the population situation in Pakistan. Dr Hemmer has pointed towards the need for population policy in the context of the causes of rapid population growth in the developing countries. In this respect I would like to add, that since about the last three decades, the governments in most of the developing countries, have been expressing views, and concerns, on the pace of population growth in their countries. Ever since the adoption of the World Population Plan of Action, by the United Nations Population Conference at Bucharest in 1974, statements about population growth, whether in the form of policies, or otherwise, have been made by the governments from time to time, and the monitoring of population policies has been made as one of the specialised activities of the United Nations. However, the issue of a more serious concern in this regard, is not so much of policy formulation as such, but the fact that in many of these countries, policies are made and changed on an *ad hoc* basis. Often the bench mark parameters, the outlined actions, the projected targets, and even the programme strategies are in many respects unrealistic. One important reason for such problems is the inadequacy and insensitivity of the statistical systems to reflect the true levels and changes in demographic parameters. The lack of a reliable independent basis for evaluating the impact of population planning programmes, and the inconsistency in the demographic estimates, provided by different sources, lead to apathetic attitudes about the possibility of success in fertility control programmes. Various schemes are made from time to time but the efforts for their implementation may at best be half hearted. Often the measurements of progress and success of such programmes are made on the basis of exaggerated reports of the number of contraceptives distributed, IUD insertions or in terms of number of sterilised women, regardless of their impact on the birthrate. Therefore, what should be critical for a successful population policy in the developing countries, is the sincerity and true efficiency of programme implementation. In the absence of such an approach, there is a tendency in some countries where family planning programmes have been in existence for a number of decades now, to give stereotyped excuses attributing their own failures to the attitudes and lack of co-operation by the people.

I agree with Dr Hemmer that rapid population growth has not only negative consequences for the developing countries, but also because it triggers migratory

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I agree with Dr Hemmer that rapid population growth has not only negative consequences for the developing countries, but also because it triggers migratory

movements to the industrialised countries, and that there are increasing pressures on industrial countries to ensure equitable distribution of goods and food implying global consumption of resources and energy, which is predominantly consumed by the North and not the South.

Dr Hemmer has stated that macro-level studies (but not micro-level) show significant negative correlation between the per capita income of the poorest 40 percent of the population and the birthrate. This observation is also supported by the results of a recent study done in Pakistan, which indicated that the lowering of the birth rate and the disability rate do not only require direct actions like provision of family planning and health facilities, but also need improvement in living conditions, better economic opportunities and increased awareness of the population. However, I strongly feel that Dr Hemmer should have given supportive evidence about the significant negative association of poverty from micro-level studies because such studies are directly reflective of the behaviour and attitudes of the people. The evidence on the basis of a micro-level study, is more indicative of the role of the environmental effect, like improved infrastructural facilities, and not clearly of individual behaviour.

I agree with Dr Hemmer's recommendation that the *population policy must centre on reducing the people's desire to have children*, and that effective policy measures have to be taken to accelerate the voluntary efforts to limit family size, through the easy availability of contraceptives to the poorer segments of the population. At the same time, parents must be informed about the improved chances of child survival, backed up by expansion of health services. I also agree to his emphasis on improving the husband's knowledge about contraception, husband-wife agreement, and that efforts for women's development should promote an increase in their knowledge and self-confidence through education and participation in public life.

I would, however, like Dr Hemmer to clarify on the basis of some empirical evidence, why he considers that absolute poverty leads to a high number of planned births. In fact it would be useful to elaborate in what sense he has used the word *planned*. Because, otherwise, it may imply that the absolute poor are aware of fertility control measures and also about their use. In the context of Pakistan and in many other developing countries, it is true that reproduction is a socially desirable outcome of marriage but the higher frequency of births to a larger segment of illiterate and less educated women may be more due to the lack of awareness, ability and facilities to regulate fertility, even if a woman wants to have or not to have a child, than due to deliberate planning. This observation, however, is not to contradict that the poor may want children to supplement family income or on the expectation that they would be helping mothers at home. However, the same may also be true, for those who are not absolutely poor, but are in lower middle or even middle

income strata. Similarly, the desire for children, specially boys, due to security reasons (particularly for old age) may not be necessarily limited to people for reasons of poverty. There is, however, no doubt that in the state of hopelessness children are considered to be the only possession and source of self esteem by the poor.

I agree with the author that the best approach to reduce population growth would be to take measures which help to establish a socially oriented economic system, with programmes to improve nutrition, health and the level of education to reduce the effects of poverty.

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