

John F. May

# World Population Policies

Their Origin, Evolution, and Impact

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*To my wife, Anne, this book is lovingly dedicated*



# Foreword

While concern about the balance between population growth and available resources has been around since the time of the Rev. Thomas Malthus more than 200 years ago, public policies to influence population variables have a much more recent provenance. Malthus despaired, of course, that unless the increase in human numbers could be brought under control, food production would inevitably fall further and further behind population growth with the result being ever-increasing hunger and poverty for a great majority of people. He urged the institutions of his time to take action to slow down the growth of human numbers, although the means for doing so were few and the response was minimal.

Modern population policies, at least at a national level, had to wait 150 years, until the early 1950s when, as a result of the first round of post-World War II censuses, UN demographers suddenly came to realize that populations were growing at unprecedented rates, particularly in Asia. Concern began to spread about an impending “population explosion” and, echoing Malthus’s earlier alarms, international leaders began calling for action to stem this rapid growth. The year 1952 might be identified as the beginning of an international population “movement” that brought about increasingly collective action among nations over the next 40 years. In 1952 two important international institutions were born – the International Planned Parenthood Federation and the Population Council – that arguably led the drive for collective global action over the next 20 years; and India announced the world’s first national population policy – a commitment to reduce birth rates through a national family planning effort.

It would be nice to report that the movement that sprang from these early seeds flourished and grew with uniform speed and impact throughout the world, but as John May eloquently demonstrates in this volume, that was hardly the case. Through the first 20 years after 1952, global recognition of a population problem grew rather slowly and only a few nations, nearly all of them in Asia, decided to take action to slow down demographic growth. Among those that began to take action in the 1960s were India’s South Asian neighbors, Sri Lanka and Pakistan, followed soon thereafter



by Singapore, Taiwan and South Korea, Indonesia and Thailand. By the late 1960s, many of the larger Asian nations had adopted population policies, nearly all of them consisting principally of family planning service programs.

While the programs in East and Southeast Asia for the most part thrived and were quite successful in bringing birth rates down, those that had started a decade or so earlier in India and Pakistan did not. The South Asian programs achieved very disappointing results and, perhaps because they were the earliest and the most closely studied, gave rise to increasing pessimism in many circles about how effective family planning programs by themselves could be in reducing fertility. Many academic demographers, long skeptical about how enthusiastically individual couples would respond to voluntary family planning programs, saw in the disappointing South Asian results confirmation that much more was needed to stimulate demand for smaller families. Thus, calls began for measures “beyond family planning” – actions to stimulate the desire for smaller families or to directly reward those who achieved them. These ranged from relatively indirect parallel measures such as improving girls’ access to education and reducing under-five mortality rates, to more active interventions such as monetary incentives to use contraceptives or to limit births, to more draconian actions including rationing access to housing based on small family size or paying people to undergo sterilization. Policymakers in India had become so frustrated by the failure of voluntary family planning efforts that they turned increasingly to such solutions, culminating in the coercive sterilization campaigns during the so-called Emergency of 1975–1977. Chinese authorities, with their “One-Child Policy”, resorted to similarly coercive policies shortly thereafter.

Alongside the skeptical demographers were two prominent groups of economists who were also dubious about the international population movement. One group challenged the Malthusian notion that rapid population growth was, in fact, an impediment to economic growth and development. The other challenged the belief that voluntary family planning would have significant appeal to low income, primarily rural households in developing countries for whom large families represented what they perceived to be a rational response to poverty, the need for household and agricultural labor, and for whom children represented a source of security in old age. Given their prominence and influence as advisers to governments, such economists played an important role in counteracting the advice many governments were receiving from elsewhere in the international community.

John May tells the story of how the series of international population conferences that ran from Bucharest in 1974, through Mexico City in 1984, to Cairo in 1994 gradually created a global consensus in favor of a broad developmental approach to population policy, an approach that emphasized: the empowerment of women, improvements in maternal and young child health, voluntary family planning embedded in a broader reproductive health framework, and the protection of individual reproductive rights – the so-called Cairo Consensus. He shows how the success of voluntary programs in many countries, as well as the excesses that produced human rights abuses in others, contributed to this consensus and how demographic changes over the past two or three decades have produced new concerns and

new policy discussions about excessively low birth rates, rapid population aging, and high rates of international migration. This book tells how difficult these issues are in developed countries as population aging challenges the survival of the post-industrial socioeconomic model and immigration is often perceived as a threat to national identities.

Today, only China can be said to maintain a population policy that falls outside the broad framework of the Cairo Consensus. While spectacularly successful in reducing fertility (China's fertility rate is well below the replacement level of approximately two children per woman), there have been serious unanticipated consequences of China's policy, namely, a badly skewed sex ratio resulting in many more boys than girls; and a population that is now aging so rapidly as to raise serious concerns about future labor supply to sustain China's impressive economic growth.

This book would be important if it did nothing more than explain how population policies have evolved and what their impacts have been, for it represents by far the most exhaustive and comprehensive treatment of this historically important subject written to date. But it does much more. It highlights the paramount importance of understanding underlying demographic trends when assessing the development prospects of any country. As such, it offers a much needed long-term perspective that is so important for any policymaker. In this sense, it is of particular importance for what it has to say to governments in sub-Saharan Africa that are today still facing the problem of extremely high fertility and rapid population growth. Africa remains the last region still experiencing runaway population growth and governments there are beginning to come to grips with the problem. The countries of Southern Africa are in the lead but many other states are now taking actions that are likely to bear results over the next 15–20 years. Only Central and West African governments remain resistant to taking firm steps to confront their unsustainably high fertility. This book, written by a man who has spent many years working in the region and with first-hand experience with its problems, provides important insights to guide population policy development in Africa and one hopes that African leaders will be guided by the wisdom and advice contained in this volume.

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## About the Author

**John F. May**, a Belgian national, is a Lead Demographer at the World Bank, and a specialist in population policies and programs. Prior to joining the World Bank in 1997, he worked on many population projects around the world for UNFPA, UNICEF, USAID, and the International Union for the Scientific Study of Population (IUSSP). He was posted in Haiti, West Indies, and New Caledonia, South Pacific for the United Nations. He came to the US in 1987 and was appointed Senior Scientist at The Futures Group International, a consulting firm offering services in population and HIV/AIDS modeling, policy, and program design. In 1991–1992, he spent a year as a Visiting Scholar at the Population Reference Bureau (PRB) and was a PRB Visiting Scholar again in 2006, 2007, and 2011. He is also an Adjunct Professor of Demography at Georgetown University, Washington, DC. He earned a BA in Modern History (1973) and a MA in Demography (1985) from the Catholic University of Louvain (Belgium), and a Doctorate in Demography (1996) from the University of Paris-V (Sorbonne).



# Disclaimer

The findings, interpretations, and conclusions expressed herein are those of the author and do not necessarily reflect the views of the Board of Executive Directors of the World Bank or the governments they represent.



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# List of Abbreviations

ABC	Abstain, Be faithful, use Condoms
ACS	American Community Survey (US)
AFD	<i>Agence française de développement</i> (French Development Agency)
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARTs	Assisted Reproductive Technologies
ASCOFAME	<i>Asociación Colombiana de Facultades de Medicina</i> (Colombian Association of Medical Schools)
BCC	Behavior Change Communication
BCG	Bacille Calmette-Guérin vaccine
BEMFAM	<i>Bem-Estar Familiar no Brasil</i> (Brazilian Society for Family Welfare)
BKKBN	<i>Badan Koordinasi Keluarga Berencana Nasional</i> (Indonesian Population and Family Information Network)
bn	Billion
BRAC	Bangladesh Rural Advancement Committee
CASS	Chinese Academy of Social Sciences
CBD	Community-Based Distribution
CDC	Centers for Disease Control and Prevention (US)
CGD	Center for Global Development (Washington, DC)
CHC	Commune Health Center (Vietnam)
CONAPO	<i>Consejo Nacional de Poblacion</i> (Mexican National Council on Population)
CPR	Contraceptive Prevalence Rate
CPS	Contraceptive Prevalence Survey
DALY	Disability-Adjusted Life Year
DDT	Dichloro-Diphenyl-Trichloroethane
DFID	UK Department for International Development

DHS	Demographic and Health Survey
DPT	Diphtheria, Pertussis, and Tetanus
ECOSOC	UN Economic and Social Council
Ed.	Editor
Edit.	Edition
Eds.	Editors
ENGAGE	Eliminating National Gaps – Advancing Global Equity
EPI	Expanded Program on Immunization
EU	European Union
EUR	Euro
FGC/FGM	Female Genital Cutting/Mutilation
FIGO	International Federation of Gynecology and Obstetrics
FWA	Female Welfare Assistant (Bangladesh)
FWV	Female Welfare Visitor (Bangladesh)
GAVI	Global Alliance for Vaccines and Immunisation (now GAVI Alliance)
GDP	Gross Domestic Product
GEC	Global Economic Crisis (2008)
GF/ATM	Global Fund for AIDS, Tuberculosis, and Malaria
GIS	Geographic Information System
GIZ	Gesellschaft für Internationale Zusammenarbeit
GNI	Gross National Income
GPA	Global Program on AIDS
GTP	Growth and Transformation Plan (Ethiopia)
GTZ	<i>Gesellschaft für Technische Zusammenarbeit</i> (German Technical Cooperation Corporation)
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HNP	Health, Nutrition and Population
<i>Ibid.</i>	<i>Ibidem</i> (same place)
ICD	Infectious and Communicable Disease
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICPD	International Conference on Population and Development (Cairo 1994)
IEC	Information, Education, and Communication
IIASA	International Institute for Applied Systems Analysis
ILO	International Labour Organization
INED	<i>Institut national d'études démographiques</i> (French National Institute for Demographic Studies)
IOM	International Organization for Migration
IPCC	International Panel on Climate Change
IPPF	International Planned Parenthood Federation
IUD	Intra-Uterine Device

IUSIPP	International Union for the Scientific Investigation of Population Problems
IUSSP	International Union for the Scientific Study of Population
IVF	<i>In vitro</i> Fertilization
JOICFP	Japanese Organization for International Cooperation in Family Planning
kg	Kilogram
KPI	Key Performance Indicator
LDC	Least Developed Country
MAP	Multi-Country HIV/AIDS Program for Africa
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
m	Million
MoFED	Ministry of Finance and Economic Development (Ethiopia)
MPI	Multidimensional Poverty Index
MR	Menstrual Regulation
NAPA	National Adaptation Programmes of Action
NAS	US National Academy of Sciences
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NIA	US National Institute on Aging
NPP	National Population Policy
OECD	Organisation for Economic Co-operation and Development
ORT	Oral Rehydration Therapy
PAA	Population Association of America
PAC	Post-Abortion Care
PAHO	Pan American Health Organization
PAI	Population Action International
PASDEP	Plan for Accelerated and Sustained Development to End Poverty (Ethiopia)
PCC	Population Crisis Committee
PDA	Population and Community Development Association (Thailand)
PEPFAR	US President's Emergency Plan for AIDS Relief
PHN	Population, Health and Nutrition
PPP	Purchase Power Parity
PRB	Population Reference Bureau
PROFAMILIA	<i>Asociación Probienestar de la Familia Colombiana</i> (Association for the Welfare of the Colombian Family)
PSIDS	Pacific Small Island Developing States



QALY	Quality-Adjusted Life Year
RAPID	Resources for the Awareness of Population Impact on Development
RBF	Results-Based Financing
RCT	Randomized Control Trial
RH	Reproductive Health
RTI	Reproductive Tract Infection
SARS	Severe Acute Respiratory Syndrome
SCAP	Supreme Commander of the Allied Powers (Japan)
SDPRP	Sustainable Development and Poverty Reduction Program (Ethiopia)
sq. km	Square kilometer
SSA	Sub-Saharan Africa
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
Suppl.	Supplement
TB	Tuberculosis
TFR	Total Fertility Rate
UK	United Kingdom of Great Britain and Northern Ireland
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for Drugs and Crime
US	United States of America
USAID	US Agency for International Development
USD	US Dollar
USSR	Union of Soviet Socialist Republics
Vol.	Volume
VVF	Vesico-Vaginal Fistula
WDR	World Development Report (World Bank)
WFP	World Food Programme
WFS	World Fertility Survey
WHA	World Health Assembly
WHO	World Health Organization
WHS	World Health Survey
WPPA	World Population Plan of Action

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# Chapter 1

## General Introduction

All over the world, unrelenting demographic transformations are at work with many significant consequences. Despite the HIV/AIDS epidemic, rapid population growth in Western and Central Africa portends future crises of food shortage, youth unemployment, and possibly civil unrest. Through risky means, poor emigrants (mostly from Africa, Haiti, and South Central and Southeast Asia) desperately seek to reach more hospitable grounds or shores. In the Middle East, the large youth population is craving better employment opportunities and a brighter future. Meanwhile, Russia's demographic profile foreshadows a calamitous fall in its population. Consequently, Chinese settlers might come to Siberia because dwindling indigenous populations will no longer be able to administer huge territories. Entire countries, for example Germany and Japan, slowly but inexorably face a "gray winter" due to population aging. Everywhere, migrants, legal or illegal, are on the move making our world more globalized and interconnected, despite its fragmentation into more than 240 countries and geopolitical entities. These migratory movements also contribute to social and political tensions in the receiving countries.

Future demographic outcomes are determined by levels of fertility and mortality, internal and international migrations, and annual rates of growth. Population numbers and densities are important but are far from being the only variables shaping our demographic future. Fertility, in particular, is paramount because to a large extent it determines the age structure, the dependency ratios, and the relative size of the labor force. However migration is also important because migratory movements compound the effects of fertility on the age structure and directly impact the size and composition of the active population.

Ultimately, individuals and families are the ones who determine future demographic outcomes. Individuals decide on the number of children they have, although an estimated 215m women still lack access to, and often information on, family planning services. Individuals also decide whether or not to migrate. All these decisions are influenced by a number of variables including education, gender imbalances, culture, religion, poverty, and inequity.

Population policies, or the lack of such policies, play a key role in influencing individual behavior and shaping demographic trends. Population policies are defined