Since the 1970’s, population control has been an integral component of US foreign aid programs. One of the five stated goals of USAID, for instance, is that of “population stabilization,” which overwhelmingly takes the form of population reduction.

The time has come to take an assessment of such an approach to development aid. And the results of any assessment are far from satisfying: Poverty abounds throughout the developing world, primary health care languishes, deaths from malaria, pneumonia and other easily preventable diseases have not diminished. Countries seeing a decrease in fertility rates are not seeing a commensurate increase in prosperity.

Population control programs, moreover, are not winning the United States friends overseas. More and more, poverty reduction is becoming identified with elimination of the poor, and complaints about the “new imperialism” are being leveled against the foreign aid paradigm that incorporates population reduction as its key component. It is time for the US to realize that population control funding is a waste of its foreign aid monies.

Human rights abuses are endemic to
population control

China’s national population control policy, the ongoing persistence of its one-child policy and the compulsory abortion which is its enforcement mechanism, have become almost a truism. But China is not an isolated incident. To date, 38 countries are recorded as having human rights violations occur within the enforcement of their population policies.

The latest example of such violations is Peru. In July 1995, President Alberto Fujimori announced that family planning would become a major priority for the government. Shortly thereafter, the Congress legalized sterilization as a method of family planning, and by the following spring, targets had been set. The effort to meet the regionally allocated targets has resulted in the deaths of an as yet unspecified number of women, coerced sterilization, sterilization in exchange for food or clothing, and sterilization without knowledge or without informed consent.

That such abuses abound in other countries as well comes as no surprise when the mechanism of governmentally promoted population reduction programs is understood. Almost without exception, the success of these programs is evaluated with reference to set targets or quotas for contraceptive use, sterilizations, or reductions in fertility among the national population. Historical precedent shows us that these quotas are enforced with little regard for human rights considerations, such as informed consent, or in many cases, without consent at all.

Family planning is inherently coercive in a developing country context

The root of coercion does not lie in the setting of quotas alone. The element of coercion, of inherent intrusiveness, is unavoidable once family planning becomes a goal of any development or humanitarian aid program.

Middle-class Americans would be angry if strangers bearing condoms and contraceptive drugs began appearing on their doorsteps courtesy of the US government (or any other non-governmental organization). In a developing country scenario, in which the door-to-door visits are paid by governmental workers upon poor, semi-literate, village women, there is an inherent imbalance at work. The poor mother of hungry children cannot afford to be angry – she is only cowed. It is disingenuous to claim that any counseling in such a relationship is
non-directive.

This imbalance is only magnified when the promoters “suggesting” the acceptance of modern contraceptive methods are at the same time the officials with control over the distribution of food or enrollment in nutritional or health programs, as is very often the case in the developing world. In an inherently imbalanced situation such as this, there is very good reason to claim that the fine line between family planning and population control has already been crossed.

**Population control undermines primary health care**

When massive amounts of funding are injected into a Third World country to achieve a reduction in the fertility rate, the entire health care sector is skewed. This is true regardless of whether the aid arrives directly through bilateral programs, indirectly through multilateral aid programs such as the UNFPA, or through the offices of NGOs.

The invariable fact is that foreign-funded programs command greater access to resources and provide better equipped and more modern operating facilities. The result is that local professionals are drawn away from primary health care and to the better remunerated, better equipped positions and services. The balance of medical professionals shifts markedly away from basic health care to family planning and fertility reduction programs. Those doctors who do remain in primary health care work in primitive conditions, lacking even the most basic of medications or technology.

A Kenyan doctor’s testimony is representative of the standard scenario: “Our health sector is collapsed. Thousands of the Kenyan people will die of malaria, [the] treatment [of which] costs a few cents, in health facilities whose shelves are stocked to the ceiling with millions of dollars worth of pills, IUDs, Norplant, Depo-Provera, etc., most of which are supplied with American money. . . . A mother brought a child to me with pneumonia, but I had not penicillin to give the child. What I have in the stores are cases of contraceptives.”

Basic health is further skewed by the impact of contraceptive acceptance on developing populations, most of which are unprepared to deal with the side effects many women experience. “Some of these contraceptives like Depo-Provera cause terrible side effects to the poor people in Kenya, who do not even have competent medical check-ups before injection. Many are maimed for life. The hypertension, blood clots, heart failure, liver
pathology, and menstrual disorders cannot be treated due to the poor health services. . . . I see women coming to my clinic daily with swollen legs . . . They have been injured by Depo-Provera, birth-control pills, and Norplant. I look at them and I am filled with sadness. Nobody tells them about the side effects, and there are no drugs to treat their complications."

Such is the state of medical care in many Third World countries, where generously funded family planning programs have become a magnet for local personnel, resources, and official attention, leaving primary health care programs to collapse from official inattention or outright neglect.

**Population control makes no demographic or economic sense**

Confounding the doomsayers, world population growth is slowing dramatically. The US Census Bureau recently reported that the globe’s population grew by only 79.6 million in 1996: seven million fewer than the high-water mark of population growth in 1994. The immediate reason for this decline is shrinking family size. The Census Bureau reports that the world’s total fertility rate—the number of children born per woman during her lifetime—has declined to 2.9, its lowest level ever.

There are now 79 countries—representing fully 40% of the world’s population—with fertility rates below the level necessary to stave off long-term population decline. The developed nations are in the worst straits. But this “birth dearth,” as Ben Wattenberg has called it, has now spread well beyond the developed world. There are now 27 “developing” countries where women are averaging fewer than 2.2 children. These include such unlikely candidates as Sri Lanka and Thailand.

Replacement level fertility, moreover, is not always 2.2 children per women. Infant mortality drives these figures up, and drives a country’s absolute rate of growth down relative to its total fertility rate (TFR). A recent report by Mexican demographers has identified the specific Mexican replacement level fertility as being 3.0 children per woman. In the meantime, Mexican women have a TFR of 3.3 and falling, and population reduction programs are still under full implementation.

The human face of this population implosion is melancholy—villages bereft of children, schools closed for lack of students—and the economic consequences are grim: Labor
shortages cramp production, the housing market grows moribund, and this in turn creates a drag on real estate and other sectors of the economy.

While the population of portions of Africa, Asia and Latin America will continue to grow for several more decades, the rest of the world will soon be in demographic free fall. The bottom line: Population will peak at seven billion or so in 2030, and then begin a long descent. (This is essentially the U.N. Population Division’s Nov.13 “low variant” prediction, with African, Asian and Latin American total fertility rates adjusted to converge on those of present-day Europe, or 1.35 children per woman).

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