



Save the Children

Population

Policy brief

The rapid growth of the world's population is a subject that receives too little political and public attention. It currently stands at 6.8 billion, up from 2.5 billion in 1950. There are a number of projections for future growth, with the population predicted to stabilise at anything between 7.8 and 11.7 billion. The difference between these scenarios is enormous, and there is a huge common interest in stabilising the population at the lowest level possible. This issue should be of particular concern to those working in the development sector, as rapid population growth in the world's poorest countries is a major obstacle to poverty reduction. For example, rapid population growth rates and high fertility rates¹ correlate closely with high rates of maternal and child mortality, and most of the countries that are furthest from achieving the Millennium Development Goals have high rates of population growth.

There is a wealth of evidence about what works to reduce and stabilise population growth. The most fundamental point is that it must not and does not require coercion; the forced sterilisation policies pursued by India and China in the 1970s were an outrageous violation of women's rights. In 1994 the landmark International Conference on Population and Development (ICPD) concluded that the following are key to lower fertility and slower population growth: strengthening women's sexual and reproductive rights and social status; improving maternal and child health, nutrition and education; and increasing access to and the use of modern family planning. ICPD also noted that, where these conditions

apply, empowered women tend to choose to have fewer children and to space their pregnancies. This has positive effects on the health of mothers and children alike and on the development prospects of poor communities and countries.

Population trends

In 1950, the world's population was 2.5 billion; today it stands at 6.8 billion.² The UN Population Division has put forward a number of possible scenarios for future population growth, with the medium (most likely) forecast predicting that the world's population will stabilise at around 9.1 billion in 2050. But various other models suggest that total population may peak as 'low' as 7.8 billion or as high as 11.7 billion.³ Almost all of this increase in the world's population will occur in developing countries: while total fertility rates have fallen across the developing world from an average of 5.6 children per woman in 1970 to 2.4 in 2005, almost all of the 50 least developed countries have much higher rates, in most cases more than five children per woman.⁴ Some predictions for population growth between now and 2050 include: Uganda from 27 to 130 million; Niger from 14 to 50 million; Iraq from 29 to 64 million; and Afghanistan from 31 to 82 million.⁵ As Jeffrey Sachs notes, "not only will the world's population continue to soar in the medium and high forecasts, but it will soar in precisely those parts of the world that are struggling the most today with extreme poverty, disease, famine and violence."⁶

The impact of rapid population growth on development

Given its detrimental impacts on poverty reduction, it is surprising that the issue of population growth has received so little attention over the last decade from development donors, agencies and developing country governments alike. For example, the Millennium Development Goals, agreed in 2001, made no reference to population growth, while the influential Commission for Africa report, published in 2005, had almost nothing to say on the subject. Yet there is overwhelming evidence of the damaging impact that rapid population growth has on poverty reduction efforts.

Millennium Development Goal 1 called for a halving, between 1990 and 2015, in the proportion of people living on less than US\$1 a day. But the number of Africans living in poverty has increased by more than 100 million between 1990 and 2005 – partly as a result of population growth.⁷ Indeed, in many African countries, rising populations have diminished the poverty-reducing effect of economic growth. The second part of Millennium Development Goal 1 calls for a halving of the proportion of people who are hungry. Although malnutrition has been declining very gradually, the pace is far too slow to achieve the goal, and the trend looks set to be reversed by food price rises and the economic downturn.⁸

The link between high fertility and maternal and child mortality is particularly strong. Where women lack rights, where they lack the status or the power to insist that their partners use contraception, or where modern family planning is simply not available, closely-spaced

children and high fertility rates are very common. Children born less than two years after the next oldest sibling are more than twice as likely to die as a child who is born following a three-year gap.⁹ Similarly, high fertility strongly increases a woman's lifetime risk of dying from pregnancy-related causes. Every year, 210 million women suffer life-threatening complications and a further 536,000 die in pregnancy, during childbirth or in the six weeks following delivery.¹⁰ Of these, 67,000 maternal deaths result from unsafe abortions, carried out in unhygienic conditions and/or by unskilled providers.¹¹ Many of these deaths could be avoided if women had access to modern family planning and, most importantly, felt sufficiently empowered to insist on its use. Of the 380 women who become pregnant every minute, half of them do not wish for or plan their pregnancy.¹² Strengthening women's rights and the availability and use of family planning has the potential to drastically reduce maternal and child deaths, simply by preventing unplanned babies from being born. Globally, an estimated 125 million women would like to control their fertility, but are either not using or unable to insist on using, modern contraception.¹³

A significant proportion of the women who lack the social status or power to control their fertility are teenage girls. Around 14 million girls between the ages of 15 and 19 give birth each year.¹⁴ The highest rates of adolescent fertility are found in sub-Saharan Africa and South Asia¹⁵, and rates are higher still amongst the poorest social groups. According to a World Bank study of 56 countries, girls aged 15 to 19 from the poorest groups are three times more likely than their better-off peers to give birth in adolescence, and bear twice as many children during their lifetime.¹⁶ They are also two to five times as likely to die from pregnancy-related complications as women in their 20s,¹⁷ and their babies are less likely to survive as well.

The link with political stability and climate change

In addition to the impact it has on poverty reduction, there is evidence that population growth can increase the risks of political instability and conflict.¹⁸ While poverty is a key factor here, the link between rapid population growth and instability also relates to rapid urbanisation, reduced supplies of farmland and water per capita, and pressures on already overstretched infrastructure and services.

Rapid population growth in poor countries is *not* the cause of climate change. Poor people and poor countries contribute a tiny proportion of greenhouse gas emissions. The responsibility for the current climate crisis rests squarely with developed countries, whose consumption patterns are pushing the world's fragile eco-system beyond its limits, inflicting huge global costs – not least on the world's poor. But while poor country population growth is not the driver of climate change, it would be absurd to deny that the necessary global transition to a low-carbon, less resource-intensive, less polluting economic future will not be infinitely harder to achieve in a world of 10 billion rather than 6.8 billion people. Justice demands a big increase in income and consumption levels for the world's poor and much greater equity in the allocation of global resources. Effecting this change in a world that is already exceeding many of its environmental limits will pose huge political challenges.

Blaming the poor?

One reason that some development agencies have been reluctant to talk more about the population issue is the sense that this might be construed as blaming poor people for their poverty. This is a very legitimate concern. Today's poor people in Africa and Asia are no more responsible for their poverty than were the UK's poor people in the 19th century. Indeed, despite their often extraordinary resourcefulness, poor people are frequently kept in poverty either by systems and structures that deny them their rights and the opportunities to improve their circumstances, or as a result of corrupt and dysfunctional political systems. The case for focusing more on the issue of population growth is therefore emphatically not about blaming poor women for having too many children.

The link between population growth and poverty is two-way: poverty often leads to higher fertility and population growth, while high fertility and high population rates can entrench poverty. The key is to replace this vicious circle with a virtuous one, where women's rights, and their capacity to exercise choice, alongside access to better healthcare and nutrition, and modern family planning, allow the poorest women to make informed decisions about family spacing and size. When they are able to do so, they consistently make choices that are good for their health and that of their children. These links are well illustrated with reference to child mortality. Poor women have traditionally had large numbers of children, partly due to limited access to and use of contraception, but also because of high levels of child mortality and poverty. Where women's rights are strengthened, investment in health and nutrition cuts child mortality rates, and where economic circumstances are improving – because of better opportunities for earning a livelihood – families tend to have fewer children.

The benefits of reduced fertility and slower population growth

Reducing fertility and slowing population growth does not only benefit individual families or communities. There is substantial evidence that this 'demographic transition' is good for the development prospects of whole societies. In developing countries where the birth rate has fallen, between 25 and 40% of economic growth is attributed to the demographic change.¹⁹ This dividend includes the benefits of improved health and nutrition (healthy and well nourished people are more productive) and the freeing up of resources for investment in education and skills.

What we are calling for

To help support this demographic transition in poorer countries, and to slow and stabilise population growth, we are calling for the following actions from donors, international development agencies and developing country governments:

Focus on the rights of women and young girls

The poorest women in the poorest communities are least likely to have the opportunity or the means to control their own fertility. This is because poor women often lack power in their communities and families, and have limited capacity to challenge coercive sex or to make

choices about family size or child spacing. This is particularly the case for teenage girls, who are often forced into early marriage. A commitment to the rights of women and girls, and to tackling a range of structural inequities that prevent the realisation of these rights, should be central to health and broader development policy. Obviously, these issues also need to be raised in constructive dialogue with men, to help change entrenched views that may be damaging to the health, wellbeing and broader opportunities of women and girls.

Prioritise reproductive health in maternal and child survival strategies

The landmark 1994 International Conference on Population and Development (ICPD) put together a compelling programme of action, but this has not been implemented in many countries. Last year's 41st meeting of the Commission on Population and Development reaffirmed many of the principles set out in the programme of action and argued that the Millennium Development Goals would not be met without more focus on sexual and reproductive health rights. These principles now need to become central to national and donor strategies.

Improve access to and use of family planning

There is a huge unmet need for family planning services. Although the Millennium Development Goals originally made no reference to population growth or family planning, a new target was subsequently added calling for universal access to reproductive healthcare by 2015. On current trends, this target will not be met – in fact, national and donor resources for family planning have fallen since the mid-1990s. This must change: investment in these services must become a high priority for development spending. Comprehensive family planning services should also include the right to safe abortion and the necessary services to ensure this.

Endnotes

¹ Although population growth and fertility rates are closely linked, they are two different things. In areas of high mortality, it is possible to have high fertility rates accompanied by low population growth. Likewise, even when fertility rates are declining – as they are in many developing countries – high population growth rates can continue for a generation or so. That said, many of the world's poorest countries continue to have high rates of both fertility and population growth. This presents very serious development challenges.

² Population Reference Bureau (2009) *World population data sheet* http://www.prb.org/pdf09/09wpds_eng.pdf

³ United Nations Population Division, referenced in J Sachs and A Lane (2008) *Common Wealth: Economics for a crowded planet*

⁴ UNDESA – United Nations Department of Economic and Social Affairs (March 2009) *UN Population Division Policy Brief*, No 2009/1

⁵ All Party Parliamentary Group on Population, Development and Reproductive Health (January 2007) *Return of the Population Growth Factor – Its impact on the millennium development goals*, p 18

⁶ J Sachs and A Lane (2008) *Common Wealth: Economics for a crowded planet*, p 168

⁷ UNDESA (2009) *The Millennium Development Goals Report*

⁸ Save the Children UK (2009) *Hungry for Change: An eight-step, costed plan of action to tackle global child hunger*

⁹ Save the Children US (2006) *State of the World's Mothers 2006: Saving the lives of mothers and newborns*

¹⁰ UNDESA (2009) *The Millennium Development Goals Report*

¹¹ World Health Organization (2007) *Unsafe Abortion*

¹² Sir David King, UK Chief Scientific Adviser (January 2007) oral evidence to the All Party Parliamentary Group enquiry into population, development and reproductive health

¹³ See note 4

¹⁴ UNFPA. 2004. *State of the World Population: The Cairo Consensus at Ten: Population, reproductive health and the global effort to end poverty*. New York:, United Nations

¹⁵ UN Millennium Project (2005) *Taking Action: Achieving gender equality and empowering women*, New York: Task Force on Education and Gender Equality, UN Millennium Project

¹⁶ The World Bank (2004) 'Round II Country Reports on Health, Nutrition, and Population Conditions Among the Poor and the Better-Off in 56 Countries', Washington, D.C.: The World Bank:

www1.worldbank.org/prem/poverty/health/data/round2.htm; and M Rani and E Lule (2004) 'Exploring the socioeconomic dimensions of adolescent reproductive health: a multicountry analysis', *International Family Planning Perspectives* 30(3):112

¹⁷ United Nations (2001) *We the Children: End-decade review of the follow-up to the World Summit for Children: Report of the Secretary-General (A/S-27/3)* New York: United Nations

¹⁸ R Cincotta, R Engelman and D Anastasion (2003) *The Security Demographic: Population and civil conflict after the Cold War*, Washington: Population Action International

¹⁹ UN Population Fund (January 2007) written evidence to All Party Parliamentary Group report into population, development and reproductive health