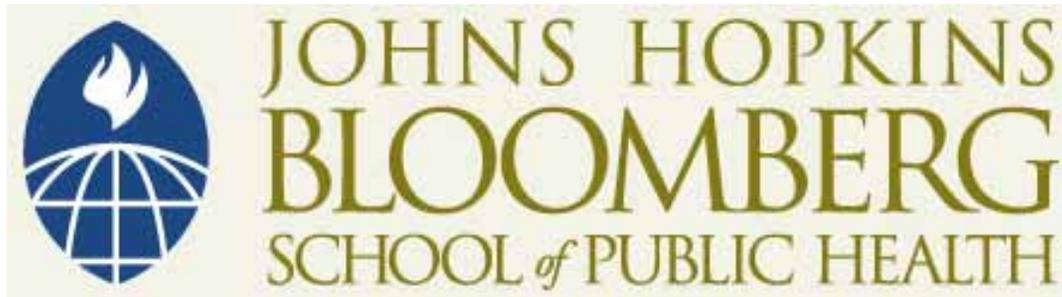


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Population Policies

An Introduction

W. Henry Mosley

Lecture Outline

1. Introduction to Population Policies
2. Historical Overview of Population Policies Prior to the 20th Century
3. Population Policy Development in the Post-World War II Period, 1950-2000
4. Evolution of Population Policies in Sub-Saharan Africa

Learning Objectives

Upon completion of this lecture, the student will be able to:

- Describe the policy instruments of government
- Explain why and how population policies are formulated
- Distinguish between explicit and implicit population policies
- Give examples of population policies affecting fertility, mortality and migration

Learning Objectives

- Explain the Malthusian controversy relating to population and poverty
- Trace the major trends and controversies in population policy since the 1950s
- Describe the major shifts in population policies since the 1994 International Population Conference in Cairo

What Is a National Policy?

- A policy is a set of government statements and actions that are designed to influence the behavior of the people in order to achieve a desired outcome
- Government actions can be categorized into five broad “policy instruments”

The Policy Instruments of Government

- Information
- Laws and regulations
- Taxes and price controls
- Direct spending/investments
- Research

Illustration of the Application of the Policy Instruments

Policy Objective: Reduce HIV/AIDS transmission

1. Mass communication programs about HIV/AIDS
2. Legalize and regulate commercial sex
3. Subsidize the distribution of condoms
4. Provide free diagnosis and treatment of HIV/AIDS
5. Develop an HIV/AIDS vaccine

Population Policies

Definition: Population policies to influence population growth and distribution involve a wide range of decisions and actions by governments, both direct and indirect, which influence individual and family decisions regarding marriage and childbearing, working arrangements, place of residence, etc.

Types of Population Policies

- Direct or explicit – government actions taken for the purpose of affecting a demographic outcome , e.g., migration laws
- Indirect or implicit – government actions that only indirectly have some demographic effects, e.g., promoting female education

Explicit *versus* Implicit Policies

Example: Slowing Population Growth

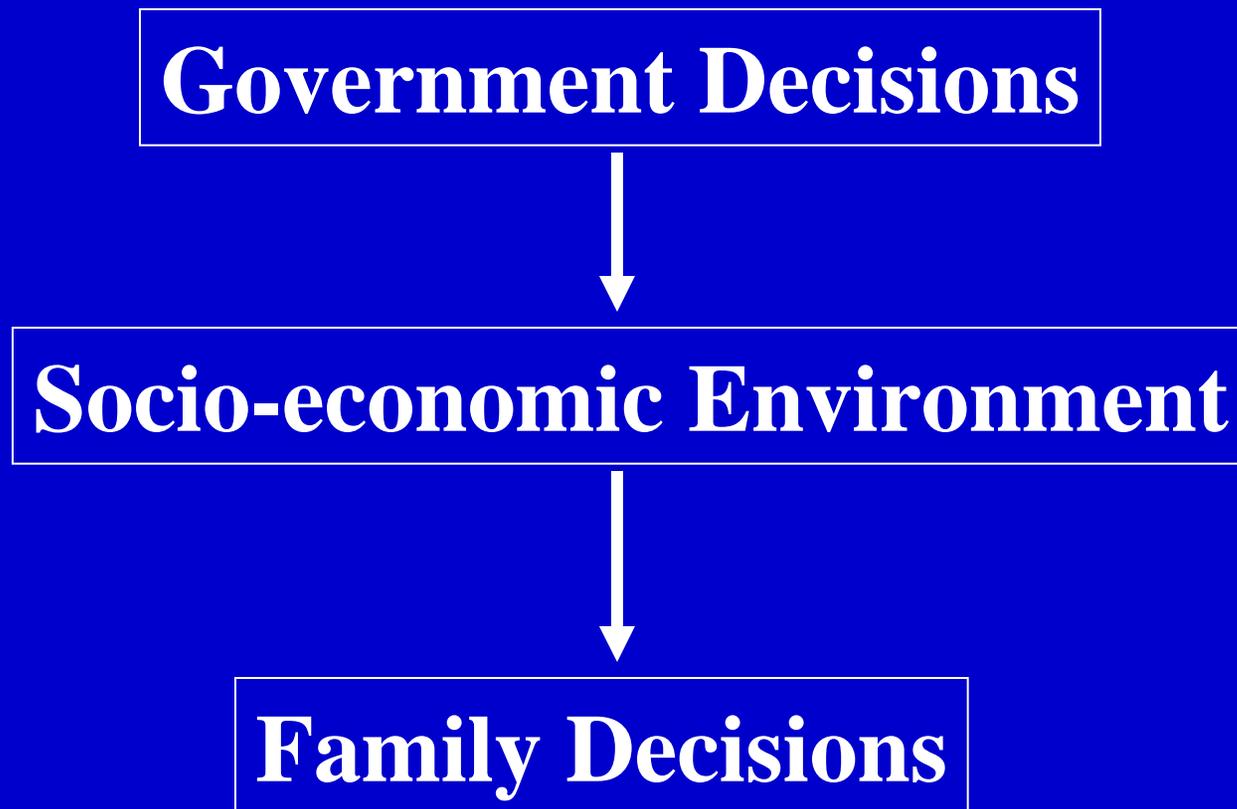
Explicit Policies

- Provide free family planning services
- Increase taxes for each additional child
- Restrict immigration
- Raise the age of marriage

Implicit policies

- Compulsory secondary education
- Restrict child labor
- Limit size of houses
- Raise status of women
- Provide old age security

How Government Decisions Affect Family Decisions



Source: World Development Report 1984

Government Decisions

Laws and Regulations

- Marriage age
- Breast feeding
- Women's work
- Children's education

Spending

- Education
- Primary health care
- Family planning
- Old age security

Tax programs

- Deductions for dependents
- Compulsory retirement tax

Socio-economic Environment

- Educational opportunities, especially females
- Availability of health and family planning services
- Status of women
- Financial and labor markets

Family Decisions

- Timing of marriage
- Number of children
- Children's education
- Saving and consumption
- Work time within and outside the home

Rationale for Adopting Population Policies

- To change the future prospects of a country, specifically:
 - To enhance economic development
 - To improve social welfare
 - To improve individual welfare

Steps in Formulating a Population Policy

- What is the likely social/economic future if current demographic trends continue unchanged?
- What is a more desirable alternative demographic picture of the future?
- What current behaviors must be changed to achieve the more desirable future?

Major Areas of Concern for Population Policies

- Historically
 - Fertility - pronatalist
 - Migration – restrict emigration, encourage immigration
- Currently
 - Migration – restrict immigration, encourage redistribution
 - Mortality – prolong survival
 - Fertility – primarily antinatalist

Population Policies

**A Brief Historical Overview
Prior to the 20th Century**

Primitive Population Policies

“God created male and female in His image, and He blessed them and said, ‘Be fruitful and multiply, fill the earth and subdue it, rule over the fish in the sea, the birds in the heaven and every living thing that moves upon the face of the earth.’ ” *The Bible, Genesis.*

Ancient Population Policies

Emperor Augustus, Rome, 9BC - 18AD

To encourage more births among Roman citizens there were laws that:

- Removed any barriers to marriage of children
- Made marriage a civic duty; unmarried men cannot hold public office or receive inheritance
- Gave fathers preferential public positions
- Awarded mothers distinctive ornaments

17th - 18th Century Europe

Rise of Mercantilism - manufacturing, commerce and colonialism

Economic, political and military advantages of a large and growing population were the primary consideration.

Premise - a large population would decrease wages, giving the workers an incentive to work longer hours, thereby increasing factory production and widening the gap between national income and personal wages. (Also, the division of labor in manufacturing required a larger population.)

17th - 18th Century Europe

Pronatalist policies under Louis XIV, 1666

1. Penalties for celibacy
2. Partial tax exemption for early marriage
3. Lifetime tax exemption for father of 10 children, and, pension for father of 12 children (10 legitimate), provided none are celibate priests or nuns
4. Emigration forbidden under penalty of death*

*Note: Revocation of the Edict of Nantes led to persecution of Protestants in France, and 500,000 persons fled to other countries.)

18th Century - Revolutionaries

Condorcet: French revolutionary wrote that poverty was due to mismanagement by clergy and royalty; when overthrown, men would be free, no more inequality, reason would prevail, poverty would be eliminated, and mankind would “naturally” limit population.

Godwin: British revolutionary also believed in “perfectibility” of man, and promoted destruction of social institutions which created inequality and poverty.

Thomas Malthus

“An Essay on the Principles of Population as It Affects the Future Impoverishment of Society, with Remarks on the Speculations of M. Godwin and M. Condercet and Other Writers”

(Published in 1798)

Thomas Malthus continued

Thesis: “The absolute impossibility from the fixed laws of nature that the pressure of want can ever be completely removed from the lower classes of society.”

Therefore: “The schemes of Godwin and Condorcet would only increase the numbers of the poor by removing the existing barriers to marriage and multiplication.”

Thomas Malthus continued

Postulates:

1. Food is necessary to existence.
2. Sexual drive is necessary to survival.

Therefore:

- Population is limited by subsistence
- Population invariably increases where subsistence increases unless limited by “checks”

Thomas Malthus continued

The “checks” against population growth are:

Moral Restraint - restraint from marriage.
(Malthus did *not* support fertility limitation in marriage as it would promote indolence among the poor leading to underpopulation.)

Vice and misery - famine, pestilence, war, and immorality (including use of contraception)

Thomas Malthus continued

Malthus favored the abolition of the “poor laws” and other welfare arrangements which freed man from individual responsibility.

He believed that without the pressure of children in the family, the poor would not work; there would be idleness, vice, and even underpopulation.

Birth Control Movements and Women's Rights

1822, Britain - Francis Place - *Illustrations and Proofs of the Principle of Population* - first treatise in English to propose contraception as a substitute for Malthus' moral restraint.

1832, US - Charles Knowlton - *Fruits of Philosophy* - proposes that physicians should prescribe contraception to protect women's health while permitting sexual gratification.

Birth Control Movements and Women's Rights

1869 - J. S. Mill - *The Subjugation of Women* - disagreed sharply with restricting women to childbearing, childrearing and housework, and promoted contraception.

Late 19th-early 20th Century – Marie Stopes (UK) and Margaret Sanger (US) were pioneers in promoting the public provision of birth control services

Marxism and Population

An Opposing Viewpoint

A “surplus population” is a creation of capitalism, and a necessary condition for its continuance.

Capitalism requires a surplus of “readily exploitable manpower” which it creates by expropriating land, and by displacing workers with machines.

The Post World War II Era

The Development of Modern Population Policies and Programs

Early International Policies and Programs

1948 - Japan (after defeat in WW II) - “Eugenic Protection Law” made abortion available for economic as well as medical reasons.

1952 - India - establishes the world’s first national family planning program.

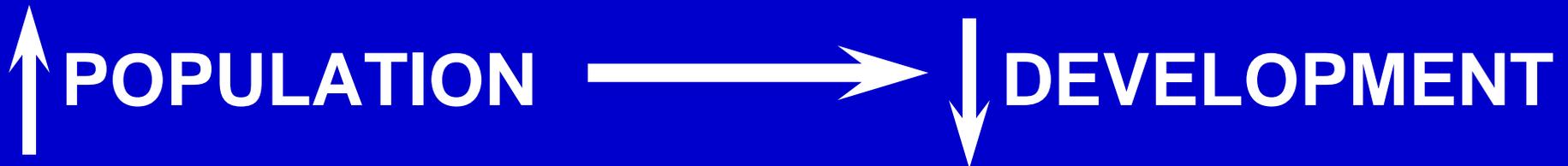
Analysis of Population and Development Interrelations

1958 - *Population Growth and Economic Development in Low Income Countries* (Coale and Hoover)

- Provided projections of economic development for India and Mexico under assumptions of constant fertility and of declining fertility
- The analysis supported the importance of slowing population growth to accelerate economic development

Theories of Population and Development Interrelations

Coale-Hoover Theory(1950-60)



Theory: High population growth causes poor socioeconomic development.

Policy: Government should intervene to control of reproduction.

U.S. International Population Policy

1959 - A Presidential Commission recommends the U.S. provide contraceptive assistance to nations that request it; this is emphatically rejected by president Eisenhower.

1960 - John Kennedy is elected as the first Catholic president. He reverses Eisenhower's policy. USAID's international population assistance program begins in 1965.

International Policies and Programs

1966 - *Statement on Population by World Leaders* - signed by 30 heads of state, it stresses the adverse implications of unplanned population growth and supports the provision of family planning services by governments.

1969 - U.N. Fund for Population Activities (UNFPA) established.

Human Rights and Reproductive Rights

1968 - International Conference on Human Rights (Tehran)

Resolution 18: “Parents have a basic human right to determine freely and responsibly the number and spacing of their children and a right to adequate education and information in this respect.”

International Population Conferences

1974 - Bucharest

- The USA and other developed countries held a strong position favoring family planning programs as essential to national development.
- This view was strongly attacked by many developing countries including China and India, which argued that investments in development would “naturally” lead to declines in fertility.

Theories of Population and Development Interrelations

Revisionist Theory (1970s)



Theory - Underdevelopment produces rapid population growth.

Policy - Invest resources in development activities.

International Population Policy

Changing National Policies

1976 - Indira Ghandi institutes emergency rule in India; introduces coercive sterilization to curb population growth; government collapses.

1979 - China introduces one-child policy.

1980 - Ronald Reagan elected US president; supports conservative policies including anti-abortion legislation.

International Population Conferences

1984 - Mexico City

- The USA reverses its position and considers population growth a “*neutral phenomenon*” in development. The major problem was seen as “*governmental control of economies,*” and the solution proposed was “*...economic reforms that put a society on the road toward growth, and, as an after effect, slower population increase as well.*”
- This position disputed by most developing countries including China.

Theories of Population and Development Interrelations

Revisionist Theory (1980s)

POPULATION \neq **DEVELOPMENT**

Theory - Population is a “neutral” phenomena in the process of economic development.

Policy - Other issues must take priority, e.g., free markets, democracy, etc.

Human Rights and Reproductive Rights

1974 and 1984 World Population Plans of Action (WPPA)

“all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education, and means to do so.”

Human Rights and Reproductive Rights

Weakness in the 1974 and 1984 WPPA:

Who decides if individual reproductive decisions are “responsible”?

Coercion may be justified if the State considers that present individual injustices due to coercive policies are less important than future collective injustices due to economic underdevelopment from too fast/slow population growth.

Human Rights and Reproductive Rights

Weakness in the 1974 and 1984 WPPA:

Examples of coercive policies based on economic justifications:

- China's one-child policy
- Romania's pronatalist policy
- India's mass sterilization camps
- Indonesia's IUD "safaris"

International Population Conferences

1994 - Cairo - International Conference on Population and Development (ICPD)

Human rights, women's rights, and reproductive rights are given priority. Explicitly included are issues of gender equality, equity, empowerment of women and reproductive health care. The aims of "population-related goals" are to "improve the quality of life of all people."

Human Rights and Reproductive Rights

1994 (ICPD) Plan of Action

Principle 3: “....While development facilitates the enjoyment of all human rights, the lack of development may not be invoked to justify the abridgement of internationally recognized human rights.....”

Human Rights and Reproductive Rights

1994 (ICPD) Plan of Action

Principle 4. “Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are cornerstones of population and development-related programs....”

Human Rights and Reproductive Health

Core sexual and reproductive rights as defined by the ICPD 1994:

1. *Reproductive and sexual health* throughout the life cycle.
2. *Reproductive self determination* including:
 - right to voluntary choice in marriage;
 - right to determine number, timing and spacing of ones children.

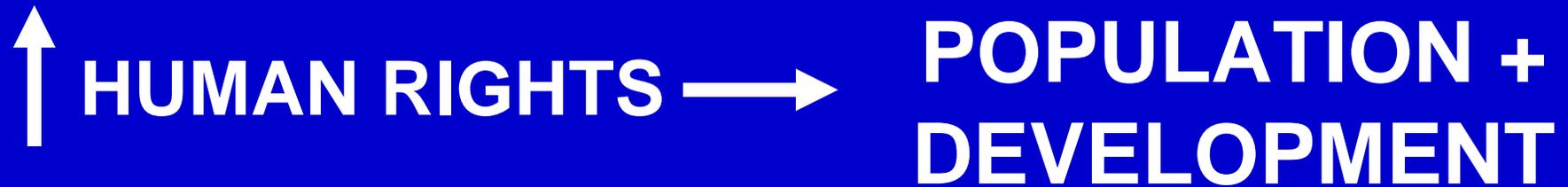
Human Rights and Reproductive Health

Core sexual and reproductive rights as defined
by the ICPD 1994: (continued)

3. *Equality and equity* for men and women in all spheres of life.
4. *Sexual and reproductive security* including freedom from sexual violence and coercion.

Theories of Population and Development Interrelations

A Paradigm Shift (1990s)



Theory - Human beings and human rights are at the center of concerns for sustainable development.

Policy - Advancing human rights, especially gender equality, equity and empowerment of women are key to population and development related programs.

Reproductive Health Policies

The Old Paradigm

1. Family Planning

Unmet need for contraception

2. Maternity Care

Antenatal care

Safe childbirth

Post-partum care

3. Child Health Care

Breast feeding promotion

Nutrition, growth monitoring

Immunizations

Sickness care (ORT, ARI, malaria, etc)

Reproductive Health Policies

Additions with the New Paradigm

1. Gender discrimination

Sex selective abortions

Son preference for food allocation,
health care, education, etc.

2. Violence against women

Child pornography

Commercial sex

Female genital mutilation

Spouse abuse

Rape, incest

Reproductive Health Policies

Additions with the New Paradigm

3. Adolescent sexuality
4. Reproductive rights regarding marriage
and childbearing
5. Gender equity and equality
6. Unintended pregnancy
Emergency contraception
Safe abortions

Reproductive Health Policies

Additions with the New Paradigm

7. Chronic complications
of pregnancy and childbirth
8. Sexually transmitted diseases
 - Acute infections
 - Chronic complications, e.g.,
 - infertility
 - cervical cancer
9. HIV/AIDS

Government Policies on Fertility and Access to Contraception, 1976-1996

Percent of Countries

	1976	1989	1996
<u>Policy to lower fertility</u>			
All countries*	26%	38%	45%
Sub-Saharan Africa	25%	47%	67%
<u>Direct support for FP</u>			
All countries*	55%	72%	79%
Sub-Saharan Africa	50%	78%	83%
<i>*Includes developed countries</i>			