FT Health: Sexual & Reproductive Health

An issue that has been long neglected

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When Paul Ehrlich published *The Population Bomb* in 1968, the world population, then 3bn, was growing at an unprecedented rate due to spectacular declines in mortality levels. Unless countries decided also to "talk fertility down", as Australian demographer John Caldwell put it, rapid population growth was poised to undermine development.

Many countries, particularly in Asia and Latin America, embarked on organised family planning programmes. As an additional impetus to socioeconomic development efforts, these programmes helped to reduce fertility by 0.5 to 1.5 children per woman. The governments of countries such as South Korea, Thailand, Mexico, and later Iran, all recognised that their population was growing faster than their economies and they were heading for greater poverty. Lowering fertility was seen as a prerequisite for development.

When women were given a range of voluntary family planning options, family size fell from six to two children or fewer. Bangladesh, a conservative Muslim society with low literacy and high infant mortality, used door-to-door visits to provide family planning and today it has near replacement level fertility of two children per woman. By contrast, in Pakistan, which was richer and had a more urbanised and slightly better educated society, the government's top-down, over-medicalised programme failed.

A coercive sterilisation campaign marred the emergency period in India (1975-1977) and China enacted the one-child policy in 1979. Meanwhile, a number of countries, mostly in sub-Saharan Africa, claimed that socio-economic development was the first priority and resisted investing in large-scale family planning programmes.

In the early 1990s, two US foundations funded meetings of leaders of women's groups from around the world to prepare for the 1994 International Conference on Population and Development (ICPD). The planners of this initiative wanted to switch the foreign aid money dedicated to family planning to women's many needs for health, education, property rights and legal autonomy.

Population and family planning were framed as coercive, while there was little attention to the coercion of women forced to have pregnancies they did not want.

The Programme of Action agreed at the ICPD in Cairo married unambiguous human rights and gender sensitive approaches to family planning while underscoring the need for continued efforts to slow population growth, particularly in Africa. However, women's advocacy groups chose the term "reproductive health" as the only appropriate way to address family planning, which was considered one part of broader health interventions. After the conference, the words "family planning", "population", and "demographic" became politically incorrect. As the focus was taken off family planning and concerns about rapid population were silenced, foreign aid budgets for family planning declined markedly, starting in 1995.

The reaction to this shifting of priorities was extreme in the US, where family planning and abortion became highly politicised issues. The US had reversed its policy toward family planning at the Mexico conference in 1984 and periodically withdrew its funding to the UN Population Fund (UNFPA) over its alleged support for abortion in China. Succeeding Republican and Democrat administrations alternatively suspended or reinstated federal funding to US bilateral family planning assistance. The 2000 Millennium Development Goals ignored population and family planning for fear of antagonising social conservatives and religious opponents, although a MDG target for reproductive health was added reluctantly in 2005.

The momentum of the family planning movement before Cairo, which had achieved much, was lost. It seemed as if the population bomb had been defused. International attention shifted to other urgent problems, such as the HIV/Aids epidemic, humanitarian crises, good governance and climate change, with HIV/Aids taking the

lion's share of health funding. Efforts geared at health sector reform also diluted the focus on family planning. As a result, programmes have become woefully underfunded over the past 17 years. Commodities stock-outs are frequent. It is estimated that 215m women around the world do not want another pregnancy soon or ever but are not using modern contraception. In the Philippines, where the bishops resist permitting women to use modern contraceptives, there are half a million unsafe abortions a year.

The situation is particularly worrying for the 16 per cent of the world population living in countries where women give birth to an average four to seven children. The most rapid population growth in the world and the harshest effects of climate change are colliding in the Sahel – the band of ecologically vulnerable nations stretching from Senegal to Somalia. In Niger, 75 per cent of girls marry before the age of 18 and one in five women over 40 has 10 children or more. Currently, 12m to 18m people in the Sahel are hungry and the UN Environmental Programme describes feeding people in the Sahel as "mission impossible".

Access to family planning is first and foremost a human right. It is also an issue of public health and, in the long run, sustainable economic growth. From Burkina Faso to Yemen, any prospect of capturing the demographic dividend (as happened with the Asian tigers when rapidly falling fertility rates ushered favourable dependency ratios) is being swept aside by a tsunami of hungry, uneducated angry young men.

As the world population, now 7bn, races towards a projected 9.3bn in 2050, the London summit brings back to the global development agenda an issue that has been for too long neglected and obscured by ideology.

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