



Hindered growth: the ideology and implications of population assistance

Hindered growth

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Abstract

Purpose – This paper aims to highlight the role of the United Nations in the formulation and implementation of the current understanding of “population assistance” and examine some of the arguments for “population assistance” in the form of reproductive health care.

Design/methodology/approach – It presents the data for global population assistance and briefly compares these figures with data for other developmental sectors, recommending certain policy changes if real development is to be achieved.

Findings – During the last decade increasingly large amounts of money have been spent on limiting population growth of underdeveloped countries. Population control is seen as the corner-stone of development and population activities. Thus, population control has become “population assistance,” and birth control has become “reproductive health services.” Population control is pursued at the expense of women's rights and to the detriment of real economic growth and social improvement.

Originality/value – For more than two decades, John Conway O'Brien has written on the importance of ethics for economic growth. In a recent article, he concluded that “although the illuminated may have been activated by the most altruistic of motives, their search for the good society was doomed from the start.” This paper attests the validity of his remarks.

Keywords Social economics, Population, Population policy, Birth control

Paper type Conceptual paper

1. Introduction

For more than two decades, John Conway O'Brien has written on the importance of ethics for economic growth. In one of his recent articles, he concludes “although the Illuminated may have been activated by the most altruistic of motives, their search for the good society was doomed from the start”[1]. Similarly, in an effort to promote development, the international community has spent increasingly large amounts of money on controlling the fertility rates and limiting the population growth of developing countries. To avoid negative connotations of racism, imperialism and coercion, population control is packaged in the more acceptable terminology of environmental protection and women's empowerment. Though people are the acknowledged center of development, at least in principle[2], in reality this ideal has been twisted to the point that control over people is seen as the cornerstone of



International Journal of Social
Economics
Vol. 32 No. 9, 2005
pp. 783-813

© Emerald Group Publishing Limited
0306-8293
DOI 10.1108/0306-82930510612584

The authors are grateful to the Hartman Foundation for the financial support of this research and to Reza Saidi, Nicholas Eberstadt, and Ann Wolfgram for their helpful comments.

development and population activities have become more and more identified with population control[3]. Thus, population control has become “population assistance,” and birth control has become “reproductive health services.”

Under the leadership of the United Nations and with the assistance of non-governmental organizations, mainly the International Planned Parenthood Federation (IPPF)[4], efforts have been undertaken to change cultural preferences and promote a desire for smaller families; vast sums have been spent by developed and developing countries, private organizations[5], and development banks to provide contraception and other reproductive health services to those who could not otherwise afford to buy them and who, for the most part, would rather have funds for real economic development activities[6]. Behind this expensive provision of reproductive information and services ensuring developing countries’ women their “reproductive rights” is a clearly stated movement towards dramatically slowing population growth[7].

When this underlying agenda is clearly separated from its feminist wrappings[8] and forced to stand on its own, most of the arguments in its defense are given on economic and development grounds. Uncontrolled population growth is often presented as a primary cause of poverty, resource scarcity, environment, and unrest[9]. No single relationship, however, has been recognized between population growth and economic development, or population growth and the environment. Furthermore, despite large population increases in the twentieth century, the economic and ecological disasters many predicted in the 1960s and 1970s have not occurred[10]. In fact, rather than having a positive effect on development, slowing population growth has been shown to hamper human capital, an essential element of economic development, and create, instead, other problems, such as aging population[11].

Both developing and developed countries have poured billions of dollars over the years into lowering fertility rates in the name of “population assistance.” This expenditure is supported by the radical feminist groups’ lobby as essential if women are to be empowered[12]; by politicians and policy-makers it is justified in the name of economic and social well-being. In reality, population control is pursued at the expense of women’s rights and to the detriment of real economic growth and social improvement[13]. “Population assistance,” however, has been more than money badly spent[14]. It has been accompanied by a neglect of other areas critically important to real economic growth. O’Brien’s words, quoted at the beginning of this paper, seem to describe the population assistance efforts accurately.

This paper will highlight the role of the United Nations in the formulation and implementation of the current understanding of “population assistance” and examine some of the arguments for “population assistance” in the form of reproductive health care. It will then present the data for global population assistance and briefly compare these figures to data for other developmental sectors, recommending certain policy change if real development is to be achieved.

2. Population control in UN conferences

The United Nations has been, perhaps, the most important forum for the international population debate. Beginning in 1954, it has organized five international conferences addressing the issues of population and development – each of which was followed by a five year review – held in Rome (1954), Belgrade (1964), Bucharest (1974), Mexico

City (1984), and most recently in Cairo (1994). The first two of these conferences were primarily scientific in nature, but the last three centered on population policy, setting forth principles, objectives, and actions of national and international scope and value[15]. Population issues were also included at conferences devoted to other topics, including the 1992 Conference on Environment and Development, the 1995 World Conference on Women and the 1995 Social Summit, as well as their respective follow-up conferences.

Through the evolving language of these conferences and the documents they produced, it is possible to trace an agenda of population control and cultural change. Historically the most enthusiastic advocates of this agenda have been the developed countries of the West[16]. However, the United Nations and in particular the United Nations Population Fund (UNFPA), began to play an increasingly important role in the 1990s in coordinating the global network of "population assistance." In this section, we will present a chronological outline of population issues at the conferences of the United Nations, emphasizing the unchanging agenda behind evolving language.

2.1 Bucharest

The 1974 International Conference on Population and Development in Bucharest developed a document, titled the *World Population Plan of Action* (WPPA), which was the first to propose objectives and actions. During this conference developed countries argued strenuously for the need for population control, stressing issues of food security and problems associated with feeding the then-annual addition of 80 million people. These arguments were coupled with the recognition of the right of couples to determine freely and responsibly the number and spacing of their children, but these countries were forthright in promoting the notion of population targets[17].

Less developed countries made it clear, however, that they were not prepared to accept the imposition of population control policies from richer countries. Objections were raised repeatedly at the emphasis placed on population to the expense of development[18]. Ultimately, all sentences referring to demographic goals were deleted from the WPPA, but the ground was laid for further population control action[19].

2.2 Mexico city

The 1984 UN conference in Mexico city saw a reversal of roles between two of the dominant figures at Bucharest. China, who had previously denounced the demographic imperialism of the West, had since instituted the one-child policy program. Evidence of the coercive methods used by the Chinese government in its population policy had reached the rest of the world before the commencement of the conference[20]. Partly as a result of the publication of Mosher (1983)'s book, the US delegation to the UN Population Conference in Mexico city took a very strong line on abortion, insisting that it was not be regarded as a method of family planning[21]. Once again, despite the urging of the then Secretary-General of the Conference and Executive Director of UNFPA, Dr Rafael Salas, the document stopped short of advocating quantitative population growth targets. Instead it recommended the pursuit of relevant demographic policies if growth rates were considered a hindrance to the attainment of national goals[22].

The international population community, far from distancing themselves from China in the aftermath of the 1984 conference, actually defended that nation's

policies[23]. This refusal to publicly reject Chinese birth control policy seriously undermined the population community's avowed commitment to the provision of human rights. The "basic human right of all couples and individuals to decide freely and responsibly the number and spacing of their children,"[24] recognized in Bucharest, was evidently only a right when it was exercised in a manner that the government considered responsible. Such restricted understanding of human rights, prevalent throughout the population debate, is more significant today than ever in light of subsequent conferences and documents. Negative publicity and loss of funding in the wake of Mexico city reflected badly on the concept of "population control" such that the language of target rates soon gave way to the language of "sustainable development," "reproductive health," and in particular, "reproductive and sexual rights"[25].

2.3 Rio de Janeiro

The concept of "sustainable development" began to emerge during the 1992 United Nations Conference on Environment and Development in Rio de Janeiro when an unmistakable link was created between population growth, development, and the environment. A few years earlier, in 1987, the World Commission on Environment and Development had issued a report entitled *Our Common Future* that analyzed the elements necessary for "sustainable development"; population stabilization was not among them. The report argued that the world could have economic growth, elimination of poverty, and that this success could be carried out in an environmentally sound and sustainable fashion if it was acknowledged that the word "sustainable" implied limits. These limits, it argued, are "not absolute limits but limitations imposed by the present state of technology and social organization on environmental resources and by the ability of the biosphere to absorb the effects of human activities"[26].

Nevertheless, the conference addressed the Earth's carrying capacity as an absolute limit and population size as approaching or exceeding that limit, reflecting the opening speech of its Secretary-General Maurice Strong[27]. The idea was that the earth cannot support the population at its present rate of growth without irreparable damage. *Agenda 21*, one of several documents produced by the conference, states that "an effective strategy for tackling the problems of poverty, development, and the environment simultaneously should begin by focusing on resources, production, and people and should cover demographic issues, enhanced health care and education, the rights of women, the role of youth and of indigenous people and local communities, and democratic participation process in association with imported governance"[28].

What the implementation of such a strategy would be became evident in Chapter Five, entitled "Demographic Dynamics and Sustainability." In this chapter, it is stated that "policies should be designed to address the consequences of population growth built into population momentum, while at the same time incorporating measures to bring about demographic transition,"[29] the change from high birth and death rates to low birth and death rates. Thus, by using the phrase "sustainable development," the same agenda of population control could be promulgated while avoiding negative connotations of target rates, imperialism, and coercion.

2.4 Cairo

The 1994 International Conference on Population and Development in Cairo (ICPD'94) was a much-anticipated event, attended by an estimated 20,000 government delegates, United Nations representatives, and NGO lobbyists. Unlike the 1984 conference, which generated a set of recommendations for the further implementation of the WPPA, Cairo produced a new completed document, the Programme of Action. The Programme of Action is especially important in that it incorporates new arguments into the language of population control and recommends resource allocation for its implementation. It also is a veritable showcase for the understanding of "sustainable development" developed in Rio de Janeiro.

The phrase is used repeatedly throughout the document and economic growth is almost never mentioned except within the context of "sustainable development" or in a manner consistent with the relationship between population and development that the phrase implies. Point 3.14 states that "efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing." However, it goes on to imply that, of these, population stabilization is absolutely essential, a *sine qua non* if the others are to occur[30].

In listing actual actions to be taken in order to achieve "sustainable development," the programme is less explicit, recommending only the promotion of "appropriate demographic policies"[31]. But in the context of Chapter Three, the demographic policies that would be considered appropriate are unmistakable – policies that control fertility and limit population growth.

The argument for population control from "sustainable development" is coupled in the Programme of Action with the issue of "women's empowerment"[32]. In particular, access to and promotion of contraceptives became the measure advocated both for the empowerment of women and also as a necessity if population growth is to slow and eventually stop[33]. By linking access to contraception to reproductive health and reproductive rights to women's empowerment, the *ICPD Programme of Action* succeeded in making population policies "not just more acceptable to the (women's lobby) but positively desirable"[34]. Accordingly, the Programme of Action states that knowledge of and access to means of regulating fertility are integral aspects of the definition of reproductive health[35].

Reproductive health is essential to the empowerment of women,[36] which in turn is essential to "sustainable development"[37]. More importantly, enjoyment of the highest standard of reproductive health is identified as a universal human right and knowledge of and access to contraception is therefore also a human right[38]. This identification of reproductive health as a universal right moves the discussion considerably beyond the issue of national development and onto the international level.

The provision of contraceptives is no longer merely advisable in the interest of sustainable development. It is positively necessary in order to ensure everyone, especially women, of their human rights. As a consequence, developed countries can legitimately be called upon to provide for them when developing countries cannot afford to do so[39]. This focus on reproductive health throughout the Cairo Programme of Action was a point of contention during the conference for developing countries that wanted to focus instead on real economic development[40].

The freedom to exercise these reproductive rights without coercion is repeated several times in the document. Yet through this language of human rights runs the same ideology of population control found in the WPPA and so much in evidence in the Chinese population policy of the 1980s[41]. The provision of human rights is only within the context of a responsibility towards the community that is determined and promoted by the government; in developing countries, this is almost always a responsibility to limit family size. Thus, governments not only supply contraceptives, but also subtly force a need for them. Furthermore, by elevating contraception to a reproductive right, the appeal for international population assistance is much strengthened[42].

This evolution of terminology and argument is made extremely significant by the proposed implementation of the document and the resources allocated for that implementation. Although the Programme of Action explores the relationships and interrelationships between a wide variety of subjects relevant to development,[43] a marked emphasis on the importance of reproductive health to the exclusion of other services becomes increasingly evident in three of the last chapters, "National Action", "International Cooperation", and "Partnership with the Non-Governmental Sector". For example, in paragraph 14.4 on national capacity-building for population and development, the transfer of appropriate technology to developing countries is discussed only in relation to the provision of contraception[44].

However, this emphasis is seen most clearly in the section on resource mobilization and allocation. Here it is noted in general terms that "additional resources will be needed"[45] for programmes addressing women's status and empowerment, employment generation, and poverty eradication through sustained economic growth in the context of sustainable development. It is also said that the health and education sectors will require additional resources to strengthen the primary health-care delivery system, child survival programmes, emergency obstetrical care, and provide universal basic education[46]. Nevertheless, it is only in reference to reproductive health that specific and concrete dollar amounts are cited.

A comprehensive package of reproductive health services, in later United Nations reports referred to as the "costed population package," is outlined in paragraph 13.14. It includes four components: family planning services, basic reproductive health services, STD/HIV/AIDS prevention activities, and basic research, data and population and development policy analysis[47]. Similarly, the chapter addressing "International Cooperation" exhorts the donor community to translate its commitment to the objectives and quantitative goals of the Programme of Action into commensurate financial contributions[48]. Also international financial institutions are encouraged to increase their financial assistance "particularly in population and reproductive health, including family planning and sexual health care"[49]. The same is requested from bilateral financial sources, regional banks, and multilateral financial institutions, which are invited to consult with the UNFPA and other United Nations organizations with a view to coordinating their financing policies and planning procedures[50].

Thus, after creating a language through which population control can be safely promoted, the Programme of Action centers international financial assistance in the population and development field solely in the area of reproductive health; despite token references to "additional funds", issues which developing countries know to be essential to their development are effectively ignored.

3. The reproductive health package as population assistance

Although United Nations documents are created by a consensus among delegates, in both the academic and political worlds there is little consensus on the ideas that the Cairo reproductive health package represents[51]. The provision of contraceptives for both purposes of “empowering women” and slowing population growth has been severely criticized[52]. Its supporters posit it as a long-term, holistic approach to effect progress in several areas but there is evidence that such measures have little effect on or actually retard true progress[53].

3.1 *The arguments*

Though related and interrelated in innumerable ways, the arguments for the reproductive health package generally fall in line with either the immediate goal of reproductive health or the long-term objective of population stabilization. The goal of reproductive health is said to have beneficial effects on women’s health and education and its promotion is therefore for the individual good. Population stabilization is said to have beneficial effects also on the quality of life for everyone and so is promoted as a common good. The agreement between the two is always emphasized, so that the common good is never seen to be advancing at the expense of individual good or vice versa[54].

3.1.1 Reproductive health – the individual good. The immediate goal of reproductive health is supported above all for the personal good of individuals, especially women, and its arguments correspond closely to the women’s issues that have risen to the forefront of the population debate. Though these arguments acknowledge its long-term effect on population growth, reproductive health is regarded first and foremost as an end in its own right and an important influence on women’s empowerment, education, and health.

Perhaps the simplest argument for the reproductive health package is concerned with the provision of human rights. According to this reasoning, it is the responsibility of a nation’s government to ensure, as far as possible, the exercise of universal human rights by its citizens. Reproductive health has been recognized as just such a right in several international documents[55]. Therefore, the reproductive health program described in the *ICPD Programme of Action* is said to be necessary in order to guarantee a basic human right to a large portion of humanity. As is consistent with the duties of a government to its citizens, developing countries are expected to finance a large portion of the bill. But, because many developing countries cannot afford the cost of a comprehensive reproductive health program, the wealthier countries of the international community are also encouraged to contribute generously so that all may enjoy reproductive health.

In addition to being forwarded as a human right, it is maintained that reproductive health and universal access to contraception are integral to achieving equality between men and women[56]. Furthermore, this right is said to be not only basic but also a necessary pre-condition if women are to effect progress in other aspects of empowerment. That “empowerment” is said to find expression in a woman’s improved health care and education, which in turn is said to improve the health and education of her children[57].

There is a discrepancy between maternal mortality rates in the developed and the developing countries[58]. This discrepancy is considered both a social injustice and a

serious health concern since it indicates the disadvantaged position of women in society of developing countries by reflecting the poor nutrition, poor pre-natal care, medical treatment, and education afforded them. In addition, this mortality affects the well being of others, particularly children. These deaths are caused largely by the same factors that lead to maternal death and disability – women’s poor health during pregnancy, inadequate care during delivery, and lack of newborn care[59]. The *ICPD Programme of Action* encouraged all countries to “effect significant reductions in maternal mortality by the year 2015; a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015”[60]. Its population package is presented as a step toward reaching these goals.

The human rights violations exposed in China demonstrate graphically the difficulty of achieving government-instituted demographic goals while preserving human freedom. However, the *ICPD Programme of Action* tries to reconcile the difficulty and presents these two objects as theoretically compatible. It decries all forms of coercion repeatedly and states, “(d)emographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients”[61].

Despite this minimalist language, however, experience has consistently shown that this compatibility does not play out in reality[62]. Though freedom of choice in matters of procreation is highly touted by the women’s lobby, in practice this freedom does not extend to the right to have three or more children, a phenomenon still not unusual in parts of the developing world. Furthermore, high fertility is usually not the result of lack of access to family planning services and the contraception they provide. There are many valid cultural and economic reasons a woman, especially one living in a developing country, may desire a large family[63].

This means that in order to reduce fertility and slow population growth, governments cannot merely provide access to contraception and leave couples completely free to use it or not as they choose; they must also create a desire for smaller families. Creating this desire through media campaigns, incentives, social pressure, and population education is less blatantly coercive than forcing a woman to be sterilized; however, the tactic is still coercive and rests, in part, upon the assumption that women, particularly developing countries’ women, cannot be trusted to act in their or their community’s best interests and must be managed or regulated. Thus, she becomes a tool of policy[64]. The good end of the women’s movement – the achievement of equity between men and women – has been overtaken by another agenda and in the process women’s empowerment has become synonymous with contraception provision. Making women the instruments of policy, however, does not empower them.

Improving women’s health is a laudable goal and the “routine services for pre-natal, normal and safe delivery and post-natal care”[65] included in the reproductive health package would certainly help reach that goal. And it is true that access to family planning services, and the “population education” mentioned above, would decrease the number of maternal deaths by decreasing the total number of pregnancies. However, this reasoning sidesteps the real reasons for high maternal mortality. Women do not die because the baby they carry and deliver is “unwanted.” They die because they lack adequate medical treatment before, during, and after delivery. In other words, maternal (and consequent child) mortality rates can be improved through the

development and expansion of nutrition and medical care[66]. Unfortunately, the valuable medical treatment that the reproductive health package does call for is “piggy-backed” to various other services in the reproductive health services component of the package[67]. And within the package as a whole, more than twice as many funds are assigned to the family planning services component than to the reproductive health services component.

Women’s empowerment is based on much more than a woman’s ability to regulate her fertility; it requires the development of the whole person. The right of women to marry and to bear children as well as to education, accesses to health services, to means of production and to participate in civil life, to mention few, are also an integral element of women’s humanity. By emphasizing only the right to regulate fertility rather than to develop the whole person of a woman, radical feminist policy has aligned nicely with that of population control – with detrimental effects on the empowerment of developing countries’ women.

3.1.2 *Population stabilization – the common good.* The expected long-term effect of the reproductive health package is population stabilization – the slowing and eventual stopping of population growth. Though reproductive rights are never presented as only a means to this end, but always as an end in themselves, it is said that “reproductive and sexual rights for the individual, whether man or woman, are foundation stones of prosperity and a better quality of life for all people. As such, they are absolutely essential to any hope of achieving sustainable development”[68]. Accordingly, the relationship between reproductive rights and development is one in which “global and national needs coincide with personal rights and interests”[69]. Population stabilization is supported, then, as necessary to achieve “sustainable development”, echoing the understanding of that term formulated at Rio de Janeiro 1992 in its *Agenda 21*.

The “global and national needs” supposedly met by population stabilization are economic development and environmental preservation. These types of environmental and economic development arguments are rooted in another, more fundamental argument – that the Earth has a certain carrying capacity[70]. The carrying capacity premise has other implications for the environment. It is argued that in approaching or exceeding the natural carrying capacity of the Earth, people are threatening the biodiversity and ecological balance of the environment – a one-time inheritance of human capital. Therefore population growth adversely affects future as well as present generations.

At the root of the economic development argument used is the Malthusian assumption that the relationship between population and economic growth is necessarily negative. Assuming a fixed level of resources (which the concept of carrying capacity inherently implies), the classical theory of population growth predicts a decrease in per capita income because more consumers divide any given amount of good and each worker produces less because there is less capital, private and public, per worker. In addition, the growing number of young children poses an additional burden in the reduction of consumption because they consume but do not produce; it also hinders women’s development, as they may not be able to work outside the home. Finally, population growth hinders economic growth because, by reducing savings and education, it reduces investment. Consequently, slowing population growth is essential if growth is to be effected and poverty eradicated[71].

These arguments have pervaded the media and public consciousness since the 1960s, creating an atmosphere where the numbers of population growth alone are regarded as proof of the need for population stabilization. In addition, the *ICPD Programme of Action* stresses “general agreement” but in fact scientific and economic evidence at least it is not conclusive if not supporting of either the environmental and of the economic argument[72].

The absence of empirical and theoretical evidence of causality between population and economic growth suggests the presence of at least one more variable – human capital. Man is creative and therefore the education of today implies more production in the future. For this reason, resources are not necessarily fixed and may increase as population increases[73]. Most future population growth will occur in the developing countries and the most vigorous efforts to stem population growth are also centered there. Policies to improve economic development by lowering birth rates in fact have the opposite effect by depriving countries of human resources and diverting funds from education, training, and human capital, in addition to setting them up for an “aging population” problem which will put them in a worse economic condition in the future.

3.2 *The population assistance network*

Funds providing the reproductive health services described in paragraph 13.14 of the *ICPD Programme of Action* have come to be called “population assistance” and the network through which they flow is referred to as the “population assistance network”. Funds flow through a series of governments, multilateral organizations, and non-governmental organizations (NGOs) before reaching the intended recipients in developing nations. The population assistance network is well organized and the flow of funds is meticulously recorded, outlined every year by the UNFPA in a *Global Population Assistance Report*[74].

There are three types of assistance according to the route through which funds are channeled. Bilateral assistance moves directly from the government of a developed country to the government of a developing country. Multilateral assistance streams through United Nations organizations and agencies. Non-governmental assistance flows through international non-governmental organizations, such as the IPPF and The Population Council.

Funds originate from one of three *primary donors*: developed countries, private sources, such as private foundations and individuals, and multilateral organizations. The bulk of these funds come from developed countries and private foundations. Multilateral organizations supply only a very small amount of primary funds – they serve mainly as channels for funds from donor countries. For example, all funds contributed to the UNFPA are considered earmarked for population activities and therefore credited to the responsible donor country. Nevertheless, they do have other funds – contributions from countries that are not members of the Development Assistance Committee, funds from developing countries, and interest income from trust funds and regular funds. When the use of funds is left to the decision of an agency and then contributed to population assistance, these moneys are considered primary funds (Figure 1).

Multilateral organizations and agencies, however, are of most importance as *intermediate donors*. Intermediate donors usually have an advisory function to

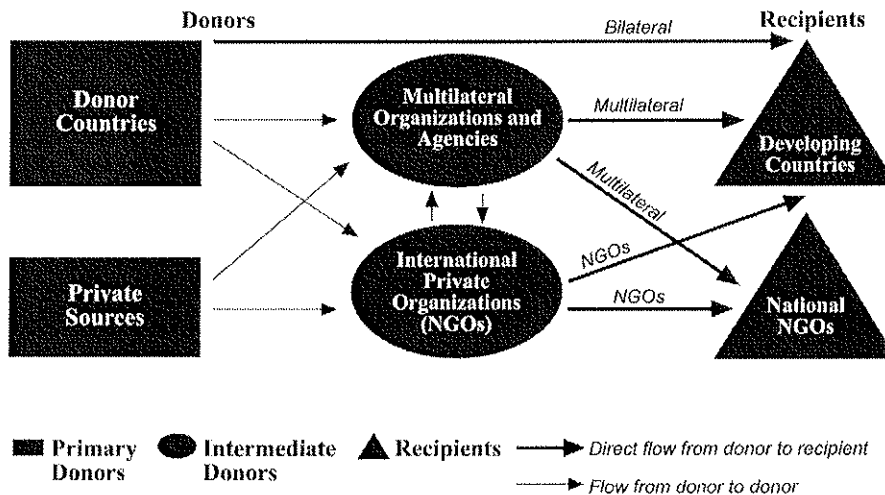


Figure 1.
Sources of funds for population assistance in developing countries

Source: Global Population Assistance Report 1996, UNFPA

recipient governments, a technical function and possibly a management function, if they themselves are employed as executing agencies. All intermediate donors have a programming function and the governing bodies of these donors decide which developing countries should benefit from the available funds. In addition to the multilateral organizations already mentioned, NGOs like IPPF and the Ford Foundation are extremely important as intermediate donors and they channel significant amounts of the funds from primary donors for population assistance. Lastly, there are two groups of recipients of population assistance. These are the governments of developing countries and national NGOs. National NGOs receive funds for programs they themselves are executing[75].

Development banks are also considered a part of the population assistance network, though the funds they provide are treated separately, as they are in the form of loans, not grants, and therefore must be paid back. "Thus there may be a large and highly variable gap between the banks' primary funds and their actual expenditures. Also, the development banks' figures are multi-year commitments, recorded in the year in which they are approved but disbursed over several years"[76].

Cairo's impact on the international population assistance network was significant not only because it set quantitative monetary goals, but also because it clearly defined what constitutes "population assistance" in point 13.14. Its "costed population package" includes four components:

- (1) family planning services;
- (2) basic reproductive health;
- (3) STDs/HIV/AIDS prevention programmes; and
- (4) basic research, data and population and development policy analysis.

It goes on to describe each of them in more detail. The “family planning services” is defined as including:

... contraceptive commodities and service delivery; capacity-building for information, education and communication regarding family planning and population and development issues; national capacity-building through support for training; infrastructure development and upgrading of facilities; policy development and programme evaluation; management information systems; basic service statistics; and focused efforts to ensure good quality care.

The “reproductive health services” component comprises:

... information and routine services for pre-natal, normal and safe delivery and post-natal care; abortion (as specified in Paragraph 8.25); information, education and communication about reproductive health, including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counseling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counseling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complication.

The STD/HIV/AIDS prevention programmes consist of:

... mass media and in-school education programmes, promotion of voluntary abstinence and responsible sexual behavior and expanded distribution of condoms.

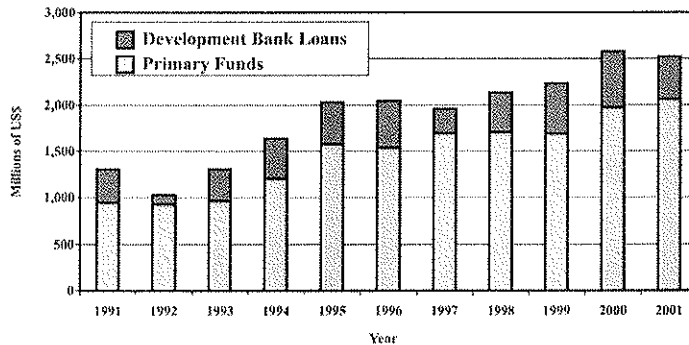
And finally, the basic research, data and population and development policy analysis component is made up of “national capacity-building through support for demographic as well as programme-relevant data collection and analysis, research, policy development and training.”

The analysis of funds in the *Global Population Assistance Report* has evolved over the years in an effort to align more closely with “population assistance” outlined in paragraph 13.14[77].

3.3 Resource flows

Cairo’s monetary goals for population assistance and domestic spending on reproductive health added new vitality to the population assistance network. Population assistance levels have increased substantially since the early 1990s. In current US dollars, primary funds, including development bank loans, have doubled in ten years reaching \$2.5 billion in 2001 (Figure 2).

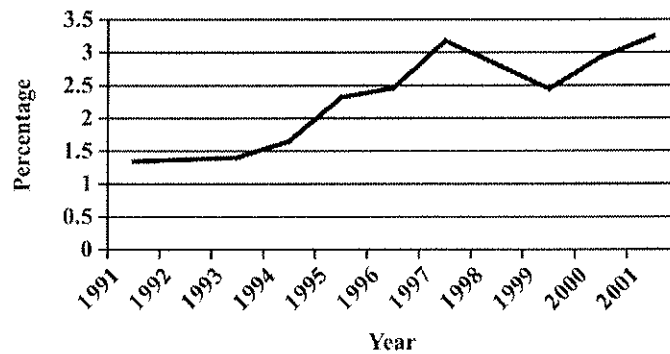
Population assistance as a percentage of official development assistance (ODA) has also more than doubled – from 1.34 percent in 1991 to 3.24 percent in 2001 (Figure 3). In constant dollars, the growth has followed the same pattern. Although less dramatic, it is still unmistakable (Figure 4). Donor countries contribute the largest percentage of primary funds for population assistance; development banks also contribute significant funds, though they are in the form of loans and therefore not entirely comparable. Private and multilateral sources account for only a relatively minor portion of total primary funds (Figure 5); the significance of these agencies is best seen by the role they play in channeling and administering funds. For example, in 2001 donor countries contributed 68 percent of population assistance funds, development banks 18 percent, private sources 10 percent, and multilateral organizations only 4 percent.



Source: Compiled from *Global Population Assistance Reports 2001* and UN document E/CN.9/2000/5, "Flow of Financial Resources for Assisting the Implementation of the Programme of Action of the International Conference on Population and Development"

Note: Primary funds are contributions from donor countries, private sources, and multilateral organizations. Loans from development banks like the World Bank differ in that they must be repaid. Loans can be made at concessionary rates (IDA loans) or prevailing market rates (International Bank for Reconstruction and Development [IBRD] loans)

Figure 2. Annual international population assistance in current US dollars



Source: Compiled from *Global Population Assistance Reports 1996* and 2001, and UN document E/CN.9/2000/5, "Flow of Financial Resources for Assisting the Implementation of the Programme of Action of the International Conference on Population and Development."

Figure 3. Population assistance as percentage of ODA

A few organizations among private sources, however, consistently rank among the top contributors – for example, the Ford Foundation, the Rockefeller Foundation, and the Bill and Melinda Gates Foundation. The same is true of donor countries. The United States, Japan, Germany, the United Kingdom (UK), The Netherlands, and Sweden generally give among the greatest amounts of assistance (Figure 6). The United States is, by far, the principal provider of funds (in 2001 provided 55 percent of the funds contributed by developed countries, seconded by Germany and The Netherlands who

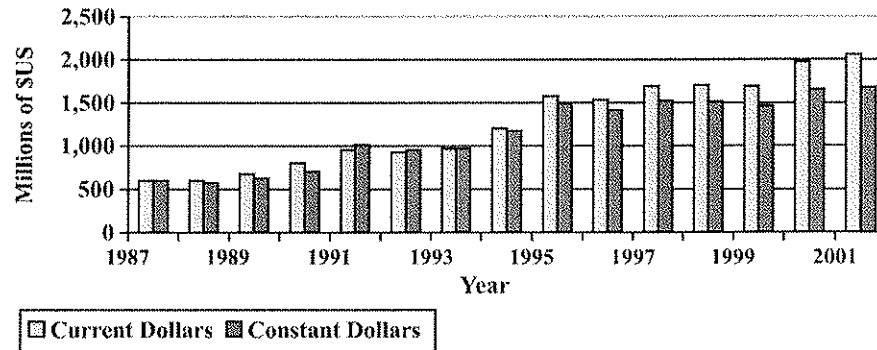


Figure 4.
Primary funds for population assistance, in current and constant dollars 1987-2001

Source: *Global Population Assistance Report 1996 and 2001*
Note: Loans from development banks are not included

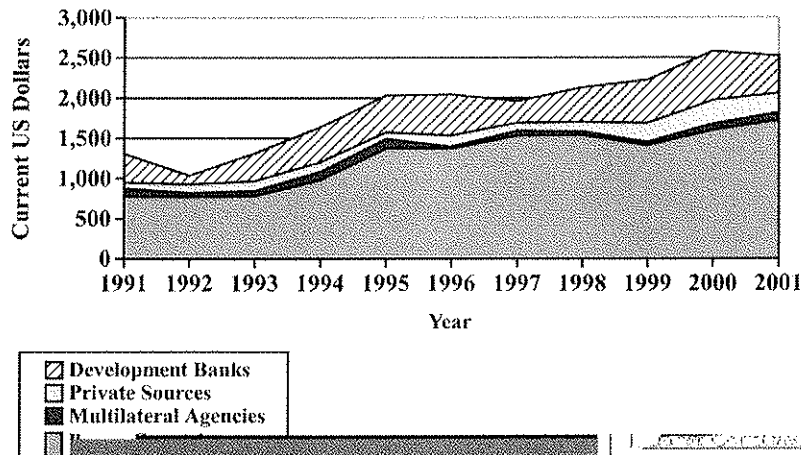
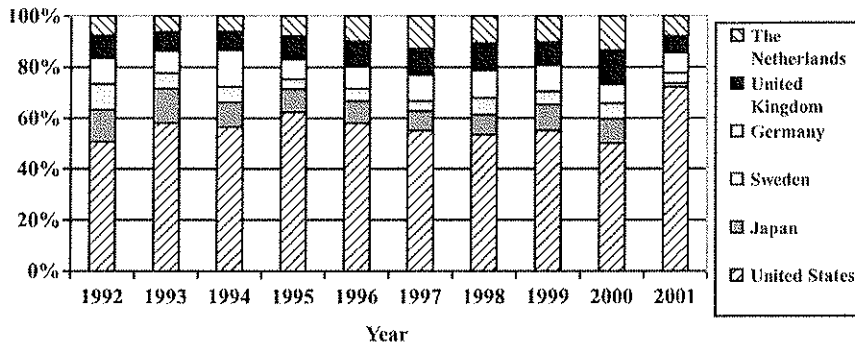


Figure 5.
Sources of primary funds in population assistance

Source: Compiled from *Global Population Assistance Reports 1996 and 2001*, and *UN Population Division, *World Population Prospects: The 2000 Revision*, document E/CN.9/2000/5, Flow of Financial Resources for Assisting the Implementation of the Programme of Action of the International Conference on Population and Development*.

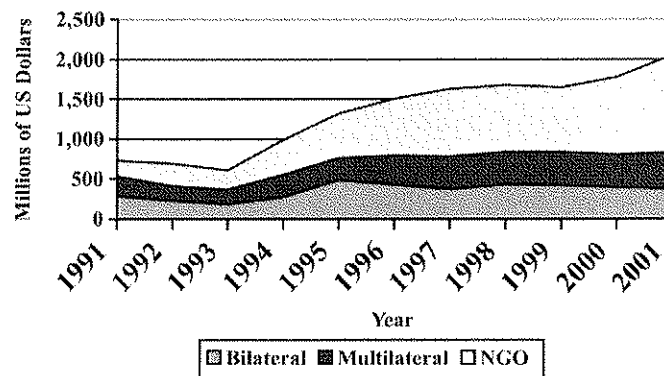
contributed only 6 percent and the United Kingdom who collaborated with 5 percent.) This pattern has been consistent in the past ten years[78].

The figures for final expenditure by channel of assistance illustrate well the complicated system of fund movement in the assistance network. For example, though private sources (which may or may not be non-governmental organizations) account for only a small fraction of primary funds, NGOs currently manage the majority of final expenditures (Figure 7). In 1991, final expenditure was distributed fairly evenly between the three channels: bilateral 37 percent, multilateral 32 percent, and NGO 31



Source: Compiled from *Global Population Assistance Reports 2001* and UN document E/CN.9/2000/5 "Flow of Financial Resources for Assisting the Implementation of the Programme of Action of the International Conference on Population and Development."

Figure 6. Primary funds of donor countries for population assistance (percentage of total)



Source: Compiled from *Global Population Assistance Reports 1992-2001* and UN document E/CN.9/2000/5 "Flow of Financial Resources for Assisting the Implementation of the Programme of Action of the International Conference on Population and Development."

Note: "Multilateral" on this graph does not include development banks

Figure 7. Final expenditures for population assistance, by channel of distribution

percent[79]. By 2001 however, bilateral assistance had decreased to 6 percent, multilateral to 26 percent and NGOs accounted for 68 percent of final expenditure[80].

Among the agencies of the United Nations, the UNFPA is by far the most important multilateral channel of assistance. As previously mentioned, contributions to UNFPA are considered earmarked specifically for population activities and so are credited to a donor country. However, ever-larger amounts of money flow through UNFPA every year: \$250 million in 1992, \$279 million in 1994, \$370 million in 1997, \$387 million in 2000, and \$364 million in 2001[81].

Distribution of funds among specific NGOs varies much more. In general, the Population Council, Population Services International, and Family Health International make good showings, but the most consistently important NGO is the IPPF[82].

In terms of regional distribution of population assistance's expenditures, global and interregional spending has increased considerably since 1995 to constitute 33 percent of the total allocation towards population assistance. A major contributing factor to this increase has been the implementation of international HIV/AIDS programs. Once the major recipient of population funding, Asia and the Pacific now ranks second in the amount of funds expended behind sub-Saharan Africa. For 2001, Sub-Saharan Africa received 24 percent followed by Asia and the Pacific region, which received 19 percent of the expenditures for population assistance (Figure 8).

In 2001, 30 percent of these funds were allocated to family planning, 24 percent to basic reproductive health services, 39 percent to HIV/AIDS activities, and 8 percent to basic research[83]. Since 1995, the allocation of funds towards HIV/AIDS has significantly increased (from 9 percent to the present 39 percent) while funds allocated towards basic research and data collection have been cut in half. Most of these funds have been directed towards Sub-Saharan countries.

In addition to international funds, developing countries' governments also allocate funding for population activity purposes. Since 1997, governments have significantly decreased the funding of family planning services (from 75 percent in 1997 to 52 percent in 2001) to increase basic reproductive health services (from 11 percent in 1997 to 29 percent in 2001) and HIV/AIDS services (from 5 percent in 1997 to 13 percent in 2001). An exception to this behavior can be found in some countries of Asia and the Pacific where HIV/AIDS is not spread[84].

This quick review of the use and channeling of population assistance funding reveals that for UNFPA, population assistance means population control, HIV/AIDS and reproductive health, and that poverty reduction translates into a smaller population, as if these would be the necessary steps for people to develop[85]. Yet, poor quality health programs and sanitation are causing large number of deaths in developing countries while real economic growth is hampered by lack of access to

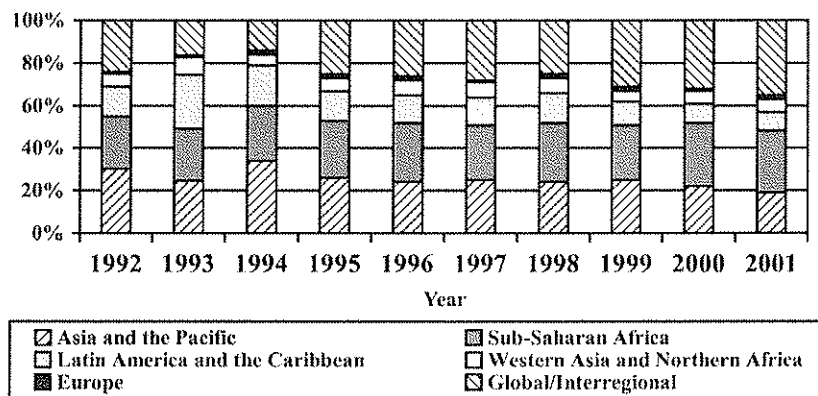


Figure 8.
Final expenditure for population assistance by region (percentage of total)

Source: Compiled from *Global Population Assistance Reports 1992-1996* and UN document E/CN.9/2000/5 "Flow of Financial Resources for Assisting the Implementation of the Programme of Action of the International Conference on Population and Development."

Note: A large proportion of the final expenditures for global/interregional activities is for research benefiting various regions

basic infrastructures, property rights, and credit, among others. While HIV/AIDS is a serious health problem, especially in Sub-Saharan Africa, the leading causes of death are still not HIV/AIDS but cardiovascular diseases (16.7 million per year), malignant neoplasms (7.1 million per year), injuries (5.2 million per year), respiratory infections (3.9 million per year), respiratory diseases (3.7 million per year), and pre-natal conditions (2.5 million per year). When looking at infectious diseases, respiratory infections come first (3.9 million per year), followed by HIV/AIDS (2.8 million per year), diarrhoeal diseases (1.8 million per year, mainly children), tuberculosis (1.6 million per year), and malaria (1.2 million per year)[86]. Infectious diseases are rare, accessible, and treatable in developed countries and, with the exception of HIV/AIDS, the cost is remarkably low[87]. The deaths due to maternal conditions are only 540,000 and in most cases, these deaths could be prevented with a simple delivery kit and/or trained personnel[88]. It is clear that the present channeling of funds is not addressing either the health needs or the long-term development needs of developing countries. It rather sets them for a future and serious problem, an ageing population with no means or people to support them.

4. Towards true development

If the less developed countries are ever to develop and to elevate their many citizens living in poverty, the international community should invest in human capital and their real economy rather than in means of limiting population growth. Funds should be moved from “sustainable development” to real development, from education on the regulation of fertility to education and training, and from reproductive health care to the more basic and serious health care needs.

4.1 *Investment in real economic development*

The International Conference on Population and Development addressed other relevant subjects relating to development. Yet the direction ultimately taken by the use of UNFPA funds has been especially unfortunate because it detracted attention and money away from other important points, such as job creation, expansion of trade and investment, development of democratic institutions, etc.[89].

Unfortunately, this kind of real investment in government and economy is usually overshadowed in the United Nations by population issues. A review of spending in the major funds and programmes of the United Nations – the United Nations Development Fund (UNDP), UNFPA, the United Nations Children’s Fund (UNICEF), and the World Food Programme (WFP) – in accordance with the standard inter-organizational classification of programmes developed by the Administrative Committee on Coordination (ACC), reveals that as population funds increased from 1990 to 2001, funds for industry, transport, communications, trade and development, employment, and science and technology all significantly declined (Figure 9).

Even after an increase in funds in the sectors of industry, transport, trade, communications, and trade and development after 1995, spending for most of these was still below levels at the beginning of the decade.

The temporary decrease in population spending after the parallels in 1995 is partially explained by the increased in the portions of domestic budgets in developing countries being allocated toward population control as requested by the *ICPD Programme of Action* and the Copenhagen Social Summit[90].

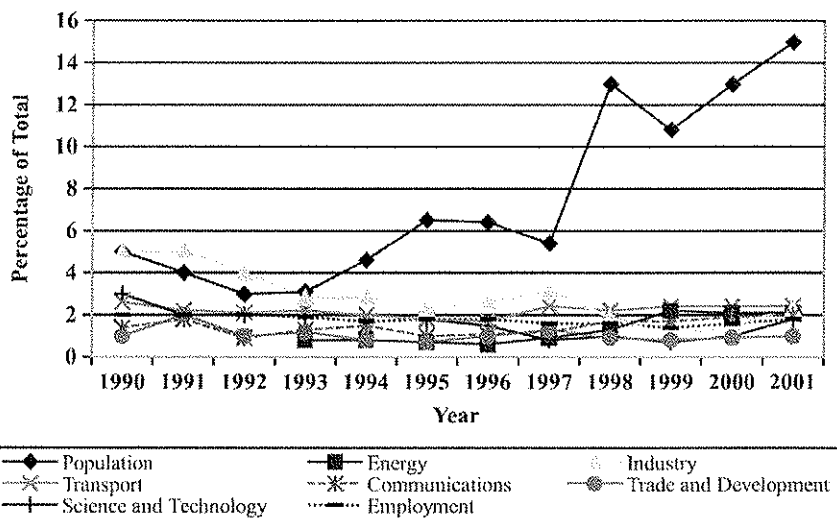


Figure 9.
Expenditure on grant-financed development activities of the United Nations system by sector (percentage of total)

Sources: Compiled from *Comprehensive Statistical Data on Operational Activities for Development*, years 1990-2001

Note: Because of changes to the ACC programme classification categories, data for the energy sector is unavailable for the years 1990-1992. The numbers for the transport and communication sectors before 1993 have been estimated from the classification of 'transport and communications' using the ratio between the sectors 'transport' and 'communications' in 1993

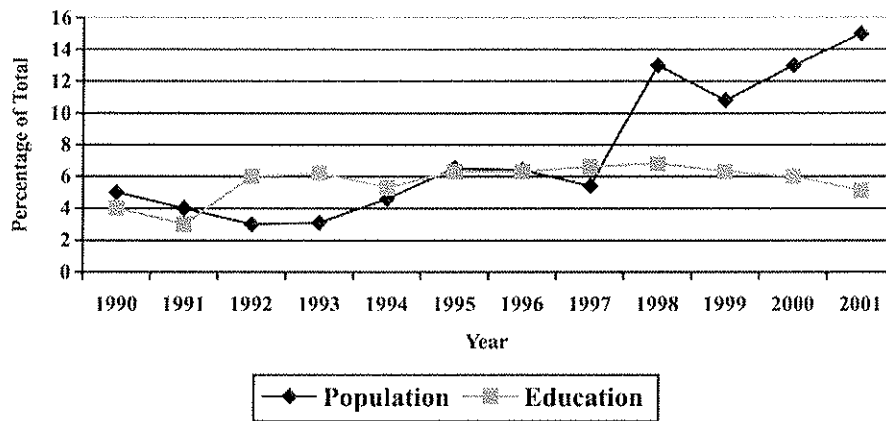
4.2 Investment in human capital

Education and healthy families are essential to the development of human capital[91]. Yet, although the funds for education kept a fairly good pace with funds for population until 1997, they became significantly lower and even declined since then (Figure 10).

Health care is another important investment in human capital and promotes economic development by increasing productivity, creating a demand for education, and encouraging domestic saving[92]. In the United Nations, the focus on reproductive health is accompanied by serious neglect of other important health issues, as was previously mentioned. Moreover, to devote more time and money to these major killers is not to neglect women: tuberculosis is the single leading cause of deaths among women of reproductive age[93].

It is estimated that the economic cost of malaria alone to African countries is 1-5 percent of GDP as it reduces the productivity of the worker by 60 percent[94]. Direct and indirect costs of malaria in sub-Saharan Africa amount to as much as 40 percent of public health expenditures[95]. Furthermore, drug-resistant strains of both malaria and tuberculosis are making the treatment of each more difficult.

Despite this urgency of the situation, awareness of and funds for these two diseases are both relatively small. For example, over recent years, World Bank lending for malaria through both concessionary IDA credits and IDA grants amounted to \$300 million and for tuberculosis cumulative commitments amounted to \$560 million,



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Figure 10.
Expenditures on grant-financed development activities of the United Nations system by sector

Source: Compiled from *Comprehensive Statistical Data on Operational Activities for Development, years 1990-2003*

compared to \$1.5 billion in grants, loans and credits to fight HIV/AIDS over the past five years[96]. The World Health Organization's contribution totaled \$369 million in 2002-2003[97]. These amounts are trifling compared to the recent annual population assistance levels of \$2 billion. Unfortunately, malaria and tuberculosis spending lacks the well-organized international network and well-publicized global targets that promote population assistance.

5. Conclusion

In its opening principles, the International Conference on Population and Development Programme of Action rightly places people at the center of development and acknowledges that they are the most valuable resource a country can have[98]. Instead of directing assistance funds towards real investments in the economy, sanitation, and human capital that would materially improve the lives of people in the less developed countries, the document allocates billions of dollars to reducing the fertility of women under the guise of reproductive and sexual rights.

These twin agendas of population control and cultural change have been promoted through the United Nations for years, ostensibly for the good of developed countries. In the wake of Cairo and the monetary support given these agendas through the Cairo Programme of Action, their enthusiastic promotion has given rise to a well-organized and well-funded "population assistance network". The network monitors how much the governments of the Development Assistance Committee spend on the "population package" formulated in the Programme, in what countries that money is spent and the components on which it is spent. In addition, both developed and developing countries are continually exhorted to increase their levels of funding.

Unfortunately, so far from assisting the countries or peoples of less developed countries, these funds actually hinder their real economic development, who often desire for other forms of aid, and infringe on the human rights of their citizens, especially women, who often do not understand the contraception being given them. Instead of helping developing countries stave off economic disaster, this "assistance"

creates new problems for economies that can ill-afford to face them. Furthermore, the funds which developing countries themselves are encouraged to spend (accounting for two-thirds of international population spending) drain resources better spent elsewhere. Were the money currently spent on reducing fertility and providing women with contraception instead spent on reducing malaria and providing women with education and access to credit, the wealthy nations as well as the international organizations would do much to further the development of poorer states in the present and provide for their continued development in the future.

Notes

1. O'Brian (2003, p. 1).
2. *ICPD Programme of Action* (here in ICPD'94), principle three.
3. *ICPD Programme of Action*, Chapter II, Principle 4. See also Paragraph 4.1, 4.4, 4.11.
4. Other organizations that continue supporting this view and that are actively involved with United Nations Fund for Population Activity (UNFPA) include The Population Council, Population Services International, Family Care International, and Family Health International.
5. As reported by UNFPA, "the Bill and Melinda Gates Foundation accounted for 54 percent of the funding that foundations made available for population activities in 2001. Other foundations that provided funds were, in descending order, the David and Lucile Packard Foundation, the United Nations Foundation, the William and Flora Hewlett Foundation, the John D. and Catherine T. MacArthur Foundation and the Rockefeller Foundation." UNFPA (2003, p. 21).
6. One aid officer in a developing country made this point clear when he stated, "what people need is development and what we give them are condoms." At the same time, other initiatives that seek real economic growth have been very well received in developing countries. A concrete example of such initiative is Microcredit. In Latin America alone, microcredit has grown by a factor of 2.5 between 1998 and 2002. (MicroRate data)
7. Dr Sadik, in her speech to the US Congress on the behavior of UNFPA, stated that "individuals must have access to education, basic health care and quality reproductive health including family planning services. [...] Gender equality and women's empowerment are core, crucial elements of this vision. As your Secretary of State, Madeleine Albright recently said "Advancing the status of women is not only a moral imperative... it is the smart thing to do." Taken together, these elements [...] are all essential to achieving our international development and population objectives." (Statement delivered at the Reception for Representatives of NGOs, USAID, US State Department and US Congress, Washington, DC, 5 May 1997, p. 2-3).
8. Feminist are defined here as organizations that voice the empowerment of women understood as infertility, promote and demand the recognition of changes in the patterns of human reproduction as well as homosexuality as a recognized style of life. These groups typically group themselves at the United Nations under the three caucuses: Women's Caucus for Gender Justice, Human Rights Caucus, and the Lesbian Caucus. Some of these groups include World Population and Development Organization (WEDO), the Asian Pacific Forum on Women, Law and Development (APWLD), Development Alternatives with Women for a New Era (DAWN), the International Women Health Coalition, the Center for Reproductive Law and Policy, and the International Gay and Lesbian Human Rights Commission (IGLHRC).
9. See Brown *et al.* (1999) and Hardin (1999).

10. For example of such predictions see Hardin (1968) and Ehrlich (1968).
11. Some of these studies include Simon (1996), Eberstadt (1995), Johnson (1994), and Aguirre (2002).
12. According to Dr Nafis Sadik, past executive director of the United Nation Population Fund, when a woman "trapped in the web of tradition that determines (her) worth solely in terms of (her) reproductive role, realizes that she can make decisions regarding her reproductive function, this experience of autonomy spreads to other aspects of her life. It is the first, essential step on the road to empowerment and to making contributions to the real development of society." (Sadik, 1994, p. 126) See also UNFPA (2000).
13. The Population Research Institute has repeatedly reported abuses of women rights that range from forced sterilizations and abortions in Peru and Sweden to the provision of contraceptives in combination with vaccinations without the women consent in Kenya and Nigeria. More details can be found in the *Population Research Institute Review* issues. Available at: www.pop.org.
14. A review of the United Nations' audits reveals serious and persistent shortcomings in UNFPA program performance and bridge of financial regulations both at individual UNFPA country offices and at UNFPA headquarters. See for a detailed analysis Sylava (2002).
15. Johnson (1994, p. 109).
16. For the most part, developing countries have opposed these types of population policies in favor of other most immediate necessities such as clean water, tropical diseases, etc. A few notable exceptions have been China, India, and, more recently, Brazil for example. A record of the different positions taken by countries or group of countries can be found in the reports of the different UN conferences' negotiations, which are available at: www.iisd.ca.
17. "My delegation," the then head of the US delegation stated, "will suggest in the working group on the World Population Plan of Action, national goals together with a world goal of replacement level of fertility by the year 2000." Johnson (1994, p. 111).
18. Grimes (1994, pp. 209-224). For example, the African countries insisted that the major need was for rapid economic and social development; Zambia portrayed the prevailing attitude: "It is highly erroneous to jump to the conclusion that Zambia's economic failures were due to rapid population increase." Johnson (1994, p. 115).
19. Paragraph 99 of the Bucharest's document states: "The effect of national action/inaction in the fields of population may extend boundaries; such international implications are particularly evident with regard to aspects of morbidity, population concentration and international migration, but may also apply to other aspects of population concern." (emphasis added) Johnson (1987) interprets this last phrase to imply that one nation's population growth might be another nation's social problem. Such an interpretation moves issues of population policy beyond the scope of national sovereignty and plants them firmly in the international arena. This is clearly the case today.
20. Mosher (1983) published an account of the psychological pressure and physical abuse used to enforce the one-child norm. A more recent account can be found in Aird (1990).
21. Whelan (1992, pp. 31-4). It further emphasized that the US would not provide family planning funds to any nation that engaged in forcible coercion to achieve population goals. This is what is now known as the US's Mexico City Policy.
22. According to Johnson (1994), this substitution could "hardly be said to have improved upon the language agreed at Bucharest." (Johnson, 1994, pp. 178).
23. Dr Salas, asserted that there was no truth in the allegation made by USAID in relation to China (Grimes, 1994, pp. 216-17). Dr Salas would later say in 1986 that China's birth control practices were coercive by Western but not by Chinese standards (Aird, 1990, pp. 113-14).

24. Bucharest, paragraph 14.f.
25. At the time, the US warned UNFPA and the IPPF that unless they ceased to fund the Chinese population program they would lose all support from the US government. They refused to give such an assurance and in 1985, they lost the funding (Grimes, 1994, p. 216).
26. *Brundtland Report* (1987, p. 8).
27. He said "(men) are the most successful species ever, but now we're a species out of control [...] The world's population has grown by 1.7 billion since Stockholm Conference in 1972 and 1.5 billion of those live in developing countries that are unable to support them. This growth cannot continue" Strong (1992).
28. *Agenda 21*, paragraph 3.2.
29. Strong (1992), paragraph 5.17.
30. "Slower population growth has in many countries bought more time to adjust to future population increases. This has increased those countries' ability to attack poverty, protect and repair the environment, and build the base for future sustainable development. Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life (*ICPD Programme of Action*, paragraph 3.14) [...] Sustained economic growth within the context of sustainable development is essential to eradicate poverty. Eradication of poverty will contribute to slowing population growth and to achieving early population stabilization. Investments in fields that are important to the eradication of poverty, such as basic education, sanitation, drinking water, housing, adequate food supply and infrastructure for rapidly growing populations, continue to strain already weak economies and limit development options" (Strong, 1992, paragraph 3.15).
31. Strong (1992), paragraph 3.9.
32. Strong (1992), Chapter 4, principal 4, 4.1, 4.4, and 4.11. However, "this preoccupation with women's empowerment, specially in the Third World has made many blind to the ways others have used those issues to very different ends" Simons (1994, p. 1994).
33. See footnote 5.
34. Simons (1994, p. 35).
35. *ICPD'94, Programme of Action*, paragraph 7.2 defines reproductive health as the "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant" (Emphasis added).
36. Simons (1994), paragraph 4.4(c).
37. Simons (1994), paragraph 4.1.
38. Simons (1994), paragraph 7.2 and 7.3.
39. In addition, the Programme of Action specifically addresses the "reproductive rights" of adolescents, saying that the "reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services." Simons (1994), paragraph 7.41.

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40. It should be noted that over 40 countries placed reservations on the whole document, and over 80 nations on parts of it. See the Report of the International Conference on Population and Development, Chapter V (A/CONF. 171/13, 18th October 1994).
41. Following the description of “reproductive rights” in paragraph 7.3 is this qualification:
- In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government – and community-supported policies and programmes in the area of reproductive health, including family planning. (*ICPD Programme of Action*, paragraph 7.3)
42. Though reproductive rights are never presented as a means to this end but always as an end in themselves, UNFPA who has had a key role in their recognition, affirms that “reproductive and sexual rights for the individual, whether man or woman, are foundation stones of prosperity and a better quality of life for all people. As such, they are absolutely essential to any hope of achieving sustainable development.” (UNFPA, 1998a, p. 28)
43. After the Preamble and Principles, the chapter titles are as follows: “Interrelationships Between Population, Sustained Economic Growth and Sustainable Development”, “Gender Equality, Equity and Empowerment of Women”, “The Family, its Roles, Rights, Composition and Structure”, “Population Growth and Structure”, “Reproductive Rights and Reproductive Health”, “Health, Morbidity and Mortality”, “Population Distribution, Urbanization and Internal Migration”, “International Migration”, “Population, Development and Education”, “Technology, Research and Development”, “National Action”, “International Cooperation”, “Partnership with the Non-Governmental Sector”, and “Follow-up to the Conference”.
44. “In this respect, important elements are to find accessible ways to meet the large commodity need, of family-planning programmes, through the local production of contraceptives of assured quality and affordability, for which technology cooperation, joint venture and other forms of technical assistance should be encouraged”, *ICPD’94 Programme of Action*, paragraph 14.4.
45. UNFPA (1998a), paragraph 13.19.
46. UNFPA (1998a)
47. The estimated cost for the implementation of these programs in the developing countries and the countries with economies in transition is as follows: \$17.0 billion in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010, and \$21.7 billion in 2015 – a total of \$77.7 billion by the year 2015. Of this, the lion’s share is devoted to family planning services and the delivery-system costs associated with them – \$10.2 billion in 2000 as compared to \$5.0 billion for the reproductive health component, \$1.3 billion for STD/HIV/AIDS prevention and \$500 million for research, data, and policy analysis. Domestic sources are expected to fund two-thirds of the costs, with the remaining one-third coming from voluntary contributions of donor countries.
48. Specifically, it calls for \$5.7 billion in 2000; \$6.1 billion in 2005; \$6.8 billion in 2010; and \$7.2 billion in 2015. UNFPA (1998a), 14.11.
49. UNFPA (1998a), 14.18.
50. UNFPA (1998a), 14.13.
51. The lack of consensus at the UN has only increased since Cairo. In Beijing (1995), for example, the conference finished at 4 a.m., the morning after the conference should have concluded, with the Secretary of the conference deciding on specific language because of the lack of consensus. The Follow-up conferences became even more controversial. Even the negotiations of the UN Child Summit were suspended 31 August 2001 because of lack of

- consensus over several points. One of them was the access of children to reproductive health services. The negotiations resumed on 8-10 May 2002. For detailed discussion of the different positions see Friday-Fax, Catholic Family and Human Rights Institute, 31 August 2001. Volume 4, Number 37. For more details on UN conference's negotiations see *Earth Negotiations Bulletin*, available at: www.iisd.ca.
52. See Ferudi (1997), Simon (1999), Haaland-Matlary (1996), Paton (2002), and Aguirre (2002).
53. See footnote 51 and Aguirre (2004).
54. Accordingly, the relationship between reproductive rights and development is one in which "global and national needs coincide with personal rights and interests" (UNFPA, 1998a, p. 4). Similarly, Margaret Monguella of WEDO voiced this presumption in the 1994 UNICEF Report "The Progress of Nations": (The) great force for transforming the lives of women in the developing world is the spread of family planning services. . . Society may tell (women) that she should have seven or eight children. Her husband and his parents may tell her the same. Her status may well depend upon it. And she may well declare this same wish to conform to prevailing social values. But without such pressures, I do not believe that any woman in her right mind wants eight children. UNICEF (1994, p. 31) (emphasis added).
55. For a definition of see footnote 34 and *inter alia* ICPD Programme of Action and Beijing Declaration Platform for Action.
56. The Platform of Action of the Fourth World Conference on Women states in paragraph 92 that "the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment." Beijing Declaration Platform for Action, paragraph 92.
57. See Sadik (1994) in footnote 12.
58. A ratio of approximately 27 maternal deaths per 100,000 live births in developed countries compared to 480 maternal deaths in developing countries, according to UNFPA (1999).
59. Safe Motherhood Coalition, available at: www.safemotherhood.org
60. *ICPD Programme of Action* paragraph 8.21.
61. *ICPD Programme of Action* paragraph 7.12.
62. It is ironic, given the population movement's questionable human rights record, that the case for the reproductive health package should be promoted so directly in the name of human rights. Even when physical force is not used, these programs employ subtly manipulative methods to lower fertility. Furthermore, this argument ignores the fact that family planning programs have a long history of human rights violations and abuses in nations as diverse as China, India, Sweden and Peru. Among other organizations, the Population Research Institute has documented these and other violations in its *Review*. Information can be found at: www.pri.org.
63. According to Pritchett (1994), desired levels of fertility account for 90 percent of differences across countries in total fertility rates (Pritchett, 1994, p. 2).
64. A prime example of this mindset is the statistic of "unmet need", often cited by international family planners to justify demands for "population assistance" funding. "Unmet need" is said to represent the number of couples who wish to space or prevent another pregnancy but lack access to a full-range of modern contraceptive services. Estimates vary widely, but the Cairo Programme of Action talks about 350 million couples worldwide, "many of whom say they want to space or prevent another pregnancy" (*ICPD Programme of Action* paragraph 7.13). This statistic of "unmet need" is rather misleading because it is something not only fulfilled by family planning programs but also created through population education and counseling. This is precisely what the World Bank acknowledges: "To some extent family

planning programs do more than simply satisfy unmet need; they actually generate and then fill such need." (The World Bank, 1994, p. 94).

65. *ICPD Programme of Action*, paragraph 13.14.
66. See WHO (2003), Annex Table II, Death by cause, sex, and mortality stratum in WHO regions, estimates 2002.
67. Paragraph 8.25 of the *ICPD Programme of Action* states, "(I)n no case should abortion be promoted as a method of family planning (. . .) In circumstances in which abortion is not against the law, such abortion should be safe." Abortion is therefore not included in the family planning component, but is found, although restricted, by paragraph 8.25 in the reproductive health services component of the package. Paragraph 13.14 (b) describes the component: "information and routine services for pre-natal, normal and safe delivery and post-natal care; abortion (as specified in Paragraph 8.25); information, education and communication about reproductive health, including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counseling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counseling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complications . . ."
68. UNFPA (1998, p. 28).
69. UNFPA (1998, p. 4).
70. Ecologists define carrying capacity as the maximal population size of a given species that an area can support without reducing its ability to support the same species in the future. When this number is reached, food and other resources become scarce and population declines until equilibrium with available resources is reached. This phenomenon is seen in animal populations – a classic example being the 29 reindeer introduced to St. Matthew Island in 1944. The reindeer propagated to 6,000, but in doing so destroyed their resource base. From 6,000, the population dwindled to fewer than 50. The unprecedented population growth rates of the 20th century have given rise to concern and, in some cases, belief that the human population is approaching or has already exceeded capacity levels.
71. Aguirre (2002).
72. For evidence and summary of the debate over the environmental problem and its relation to population see Simon (1996), Kerr (2000), Aguirre (2002), and Wolfgram (1999). Science had several articles on this subject in 1999-2000. In fact, the famines, shortages and ecological disasters widely predicted in the 1960s have not occurred, despite extraordinarily rapid population growth – world population has approximately doubled from three to six billion. Rather, quality of life has generally improved and per capita food production has increased. According to the 1998 *Human Development Report*, infant mortality has decreased more than 50 percent since 1960, malnutrition has been reduced by more than 25 percent, and the number of children receiving vaccination has increased by 80 percent. Alphabetization among adults has increased from 48 to 70 percent between 1970 and 1995. Primary education has increased from 48 to 77 percent while secondary education has moved from 35 to 47 percent during the same period. According to the 1999 *Human Development Report*, "food production per capita increased by nearly 25 percent during 1990-1997. The per capita daily supply of calories rose from less than 2,500 to 2,750 and that of protein from 71 to 76 grams." What the literature shows is there is no statistically proven simple relationship between population growth and economic growth, population size and economic growth, population size and resources, or population growth and the environment. In 1986 the National Academy of Sciences published a study titled "Population, Growth, and Economic Development" examining the effect of slower population growth achieved by the reduction of fertility through national family planning programs; the results were ambiguous. Some

countries show some correlation, others do not and in no case is it possible to prove population size is what facilitated or hampered economic development.

73. Becker (1993) stated that training and educational programs together with physical capital investment are the important factors in economic development. He then concluded that those developed countries with negative fertility rates and underdeveloped countries would benefit from an expansion of both the pool of human capital and strengthening of the family as principle promoter of education and quality of life.
74. Because the classification of population assistance funds has changed from year to year, it is difficult to compare amounts with any consistency. Here is a brief overview of that evolution. In the 1992 *Global Population Assistance Report*, functional categories were given as core activities (activities which have the purpose of influencing population growth rates and related variables) and support activities (activities which were not core activities but carried out in conjunction with them). Core activities were further divided into "population policy and dynamics," "data collection and analysis," "family planning," and "population education and communication." "Population policy and dynamics" represented 8 percent of final expenditures; "data collection and analysis" comprised 9 percent; "family planning" accounted for 69 percent and "population education and communication" 9 percent. Support activities comprised only 5 percent of final expenditures. The 1995 *Global Population Assistance Report* divided final expenditures in the following manner: "basic reproductive health services" 10 percent; "family planning services" 53 percent; "maternal, infant and child health care" 7 percent; "prevention of sexually transmitted diseases, including HIV/AIDS" 6 percent; "basic research, data, and population and development policy analysis" 16 percent; and "population information, education, and communication" 8 percent. The 1996 *Global Population Assistance Report* divides its final expenditure precisely along the lines introduced in the Programme of Action. They tally as follows: "family planning services" 37 percent; "basic reproductive health services" 33 percent; "sexually transmitted diseases and HIV/AIDS activities" 16 percent and "basic research, data, and population and development policy analysis" 14 percent.
75. For a more detail explanation see UNFPA (1996).
76. UNFPA (1996, p. 18).
77. For example, the 1994 *Global Population Assistance Report* states that "(funds for population assistance support a wide variety of activities, including family planning programmes, demographic research, policy formation, population education, and activities focused on women, to the extent that such activities are relevant to population" (UNFPA, 1994, p. 26). In 1995 the report introduced a new classification which included several new categories -- basic reproductive health, family planning services, maternal, infant and child health care, prevention of STDs, basic research, data, and population and development policy analysis, and population information, education and communication (UNFPA, 1995, p. 26.). These categories were streamlined somewhat in the 1996 report in order to better reflect paragraph 13.14 and simplify reporting procedure. The categories were family planning services, basic reproductive health services, STDs, including HIV/AIDS activities, and basic research, data and population development policy analysis. Comparison between years should take into account the changing definitions and categories.
78. For example, in 2002 the US contributed 40 percent of the funds provided by developed countries, seconded by Germany with 8 percent and the UK who collaborated with 6 percent.
79. *Global Population Assistance Reports* 1996, Table A1.
80. *Global Population Assistance Reports* 2001, Table A4.
81. Comprehensive Statistical Data on Operational Activities for Development, years 1993-2003, Table A1.

82. UNFPA reports that "In terms of expenditures, national NGOs are mainly active in providing family planning and reproductive health services" and that many of the NGOs dealing with family planning "are affiliates of the IPPF." *Financial Resource Flows for population Activities in 1998*, p. 37. Furthermore, the same report for the year 2001 reports that "over half of the population assistance went through NGOs" in 2001. IPPF in 1993 accounted for 41 percent of NGOs expenditures. Today this figure significantly decrease, however, this does not mean that the IPPF is receiving less funding, but that many NGOs now have been created as independent of IPPF even though they are still part of this institution's network.
83. *Financial Resource Flows for population Activities in 2001*, Table V.
84. *Financial Resource Flows for population Activities in 2001*, Table VII. Since 1997, UNFPA has begun to collect information on it but due to lack of consistency in the reporting, the figures offered are not reliable. Nevertheless, they are useful as indicators of where domestic governments are allocating its population activities' efforts.
85. This focus is corroborated by the analysis provided by the Executive directors of the past two decades. See UNFPA Annual Reports.
86. WHO (2003), Annex Table III.
87. The annual cost per capital for Chemotherapy for TB is \$0.60, Hydration salts for Diarrhea is \$1.60 (and can be significantly reduced by providing clean water as the hydration salt cost is \$0.33), the Pneumonia Antibiotics is \$0.27, and Malaria is \$0.05 (WHO, CDS). The cost of providing contraceptives as a means to combat HIV is \$1.90 and this is only effective in cases of homosexual transmission, not heterosexual transmission which is the main means of transmission, together with blood transfusions, in Sub-Saharan Africa (Aguirre, 2002).
88. The cost of a delivery kit is \$1.60 (WHO, CDS).
89. Point 3.21 of the Cairo's documents addressees these issues. "Job creation in the industrial, agricultural and service sectors should be facilitated by governments and the private sector through the establishment of more favorable climates for expanded trade and investment on an environmentally sound basis, greater investment in human resource development, and the development of democratic institutions and good governance. Special efforts should be made to create productive jobs through policies promoting efficient and, where required, labor-intensive industries, and transfer of modern technologies" (*ICPD Programme of Action*, paragraph 3.21). Similarly, point 3.22 states "The international community should continue to promote a supportive economic environment, particularly for developing countries and countries with economies in transition in their attempt to eradicate poverty and achieve sustained economic growth in the context of sustainable development. In the context of the relevant international agreements and commitments, efforts should be made to support those countries, in particular the developing countries, by promoting an open, equitable, secure, non-discriminatory and predictable international trading system; promoting foreign direct investment; reducing the debt burden; providing new and additional financial resources from all available funding sources and mechanisms, including multilateral, bilateral and private sources, including on concessional and grant terms according to sound and equitable criteria and indicators; access to technologies; and by ensuring that structural adjustment programmes are so designed and implemented as to be responsive to social and environmental concerns" (*ICPD, Programme of Action*, paragraph 3.22).
90. *ICPD Programme of Action*, paragraph 13.22-13.23 and Copenhagen Social Summit Programme of Action, paragraph 87.
91. A large body of scientific evidence now shows that human beings develop best within a family that is functional, i.e. with his biological or adoptive mother and father in a stable

marriage. Furthermore, there is also significant scientific evidence showing that the academic performance of a child is very closely related to the structure of the family in which he lives. This is important for the quality of the human and social capital. For some of the review of the literature see Bisnaire *et al.* (1990), Aquilino (1996), Featherstone *et al.* (1992), Teachman *et al.* (1998), Fagan (1999, 2004), Fukuyama (1999), and Aguirre (2001, 2002).

92. Bloom and Canning (2000, p. 1207).
93. WHO (1998).
94. Sachs (2000).
95. World Bank (2003a, Chapter 6, p. 2).
96. World Bank (2003b, p. 1).
97. WHO, Communicable Diseases, Financial Period 2002-2003, MIP/2003/FIN/CDS, available at: www.who.int/mip/2003/financial/en/CDSFinancialReport.pdf, (accessed 1-15-04).
98. *ICPD Programme of Action*, Principle 2.

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