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A note to our friends and readers: After 19 years and 147 issues of the Laucks Foundation Reprint Mailing we need to update our mailing list. If you wish to continue to receive the mailing, please take a minute to fill out and send us the reply card attached at the center of this issue.

In this issue of the Reprint Mailing (our fourth in the human population series), we focus on the political aspects of population policies. Population policies are attempts by governments to influence the highly personal decisions of individual men and women about their reproductive behavior and, not surprisingly, these policies are controversial and difficult to implement. Historically, countries have often promoted domestic population growth as a means of improving security, sovereignty, and economic well-being. However, beginning in the 1960s, some economists and government officials began to see correlations between rapid population growth and poverty. With the help of outside financial assistance, poorer, heavily-populated countries began to implement programs to limit population growth. The US government favored the dissemination of family planning assistance during the Cold War, in part, as a check on communism and to insure governmental stability and uninterrupted access to raw materials in developing countries. Often such family planning assistance was given as a condition for other economic aid and, because this was seen as an intrusion into national sovereignty, many developing countries became critical of such family planning assistance. Meanwhile, since the 1970s, the U.S., with its steadily growing and heavily-consuming population, has had no domestic population policy. During the 1994 UN International Conference on Population and Development (Cairo), a curious new alignment of interests among some feminists, the Catholic Church, Islamic nations, and some developing countries forced a change in the philosophy of population aid from developed to developing countries. "Family planning aid" became, instead, the more politically correct "aid for women's education, and reproductive health".

In this issue we reprint three articles, and excerpts from a fourth:

1) The New Politics of Population, by Jason Finkle and C. Alison McIntosh

Reprinted with the permission of the Population Council from *The New politics of Population: Conflict and Consensus in Family Planning*, edited by Jason L. Finkle and C. Alison McIntosh, published as a supplement to *Population and Development Review*, Volume 20, 1994.

2) A Developing Countries' Perspective on Population, Environment, and Development, by Adil Najam

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3) Excerpts from New Perspectives on Population: Lessons from Cairo, by Lori Ashford

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4) Women as Casualties of the Cold War, by Carole J. L. Collins

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Jason Finkle and Alison McIntosh (Department of Population Planning and International Health, University of Michigan) provide an overview from within the population community of the history of the politics of population policies over the second half of this century. Adil Najam (Department of Urban Studies and Planning, Massachusetts Institute of Technology) provides a "southern" (or developing world's) perspective on recent international population policy debates and attempts to answer the question as to why many developing nations resist international intervention in their population policies, while actively funding and promoting domestic fertility control programs. The last two articles give some perspective on the politics of women's issues in population policies. We reprint two sections from Lori Ashford's review of population policy issues since the 1994 UN Conference at Cairo (Ashford is a Senior Policy Analyst at the Population Reference Bureau); and Carole Collins' provocative article on the motivation for family planning funding in the West (in 1992, Collins was the U.N. correspondent for the *National Catholic Reporter*).

The New Politics of Population

Jason L. Finkle
C. Alison McIntosh

For most of human history, the politics of population has rested on the assumption that population size and growth are essential determinants of national power and economic strength (Strangeland, 1904; Evenley, 1959; Glass, 1940; Overbeek, 1974). To be sure, fear of overpopulation has surfaced from time to time, especially among scholars, but in the past these episodes barely disturbed the even tenor of faith in population size as a defense against aggression.¹ Today, population politics has been transformed as governments everywhere have come to see rapid population growth in third world countries as an obstacle to development and have laid aside the old beliefs. In a major shift of emphasis, the old politics of population has been replaced by the politics of family planning.²

While the antecedents of this transformation can be traced back at least as far as Malthus, the change itself has crystallized during the second half of the present century. After two world wars in quick succession, the industrialized nations started to revise their now outmoded belief in the direct relationship between population size and military strength, and recognized the greater importance of economic and technological superiority (Wright, 1955, 1958; Schuman, 1948; Cline, 1975).³ At the same time, rich nations became alarmed at the unprecedented rise in the rate of population growth in developing countries, as rising standards of living and medical and public health measures, many of them developed during World War II, rapidly lowered mortality. These events gradually led the Western leaders to embrace the idea of population control.

With some notable exceptions such as India and Ceylon (now Sri Lanka), governments of developing countries were slower to abandon the old ideas about population. Uncertain of their place in the world and influenced by Marxist ideology to believe that the notion of overpopulation was an artifact of capitalist imperialism and neocolonialism (Knarr, 1976), newly independent states for a time resisted the efforts of the West to influence them to adopt antinatalist policies. Over time, however, this attitude also changed. First in Asia, and only recently in Latin America and Africa, governments became aware that their efforts to provide housing, schools, and jobs for their citizens were being frustrated by rapid population growth. One by one, they have abandoned their former beliefs and are incorporating family planning into their national policies.

In most of the developing world, the subject of the population policy debate is no longer whether family planning programs should be established and promoted, but how such programs are to be

implemented. While at first glance these issues may appear to be less incendiary than international rivalries, recent experience has demonstrated that the control, direction and objectives of family planning policy and programs can engender at least as much controversy as the argument over official support and sponsorship of population control. Whether or not to provide sterilization or abortion, whether unmarried adolescents should be served, and whether demographic targets or financial incentives should be adopted are policy questions that frequently engender intense political debate. No less controversial are the decisions concerning what agencies are to be involved and who is to lead, staff, and fund them. All these questions have generated fierce debate that has spilled over from the scientific and bureaucratic domains into the political arena.

What is it about family planning programs that makes them such targets of disputation? The intimate connections between family planning and sex, reproduction, and the family have always made attempts to influence fertility behavior a sensitive -- if not volatile -- issue. The controversies over family planning are especially acute because almost all programs are run by governments, or receive government approval and support, and government actions and motives seldom enjoy the confidence of the community. This is a problem particularly in societies with a legacy of arbitrary and exploitative rule, whether under colonial or indigenous rulers. Additionally, public skepticism is reinforced by the low quality of services provided by many governments.

As traditional moral and religious objections to birth control have become more muted, the major thrust of criticism of family planning programs is increasingly along ethical lines. Feminists and other critics have objected to programs that are intended to bring about demographic change. They argue that the demographic rationale encourages programs to rely disproportionately on irreversible and long-term methods that restrict women's control and on hormonal preparations that impose excessive health risks on women. Some critics contend that societal benefits are irrelevant if the needs of individual women are not addressed (Hartmann, 1987; Dixon-Mueller, 1987; Barroso, 1990; Germain, 1987).

While the old demographic rivalries among nations seem to have subsided for the time being, they still manifest themselves at the subnational level among ethnic, religious, and communal groups. Examples abound of cases where such rivalries, or the fear of unleashing them, has impinged on some aspect of population policy formulation or implementation in India or Africa (Miller, 1971; Mazrui, 1971; Kokoli, this volume; Pai Panandiker and Umashankar, this volume). In Nigeria, distortion of ethnic and regional numbers in successive censuses is related to competition for control over the institutions and resources of central

government (Ekanem, 1972; Kirk-Greene, 1971; Adepoju, 1981). Subnational rivalry is also evident in Malaysia, where the Malay population is being urged to procreate to assure their continued numerical dominance over the Chinese (Ness, 1993), and in Lebanon where demographic and ethnic rivalries engulfed the country in protracted civil war (Chamie, 1981; Gilmour, 1983). Yet while communal or religious conflict may dissipate political support for family planning, and civil unrest may disrupt the delivery of services, there is less evidence that either factor will lessen the desire for family planning once a demand has been created (see for example Faour, 1989, on Lebanon).

The changing character of family planning

As Paul Demeny has often reminded us, "selling" contraception is a very different proposition from selling the daily loaf; frequently the demand for family planning has to be created. Over the years, family planning program managers have learned that fertility reduction calls for much more than the distribution of one or two contraceptive methods to women who seek them out in city clinics. To make an impact, and to gain the trust of the community, program managers have had to learn how to motivate women to become acceptors, to educate and counsel them, to provide backup services and alternative methods, to encourage continued use, to offer emergency health care for sick children and referrals for infertility problems.

Indeed, established family planning programs today have become sophisticated and complex operations often extending to the farthest reaches of the society, with the capacity to enter every home and local market. Family planning programs provide employment for doctors and nurses; midwives; trained birth attendants; community volunteers; communications, logistics, and management specialists; social and biomedical scientists; survey researchers and evaluation specialists. Programs encompass both integrated and categorical family planning services in government and private clinics and hospitals, outreach programs, community-based distribution, social marketing programs, and programs of information and services delivery to women and men in factories and on plantations.

The abundance and variety of services have undoubtedly improved the quality and reach of family planning programs in many countries. What has often escaped observation is that the structural complexity and diversity of activities have not only given programs greater political visibility, but have also made them more vulnerable to the attentions of interest groups and individuals who are intent on shaping programs or parts of them. Substantive decisions about whom to serve or which contraceptives to offer are likely to be scrutinized not only by scientific experts, but also by organized

interest groups that are promoting specific agendas. In short, the enhanced significance of family planning in monetary and programmatic terms has had the effect of converting a myriad of technical questions into political ones.

The emergence of international concern

The decision whether or not to introduce programs in population and family planning became an issue of international concern during the 1960s when a number of forces converged to change the attitudes of political actors in both industrialized and nonindustrialized countries. The first intimations of a change in attitudes toward rapid population growth were associated with disappointment in the international community at the relatively slow rate of progress of development in the third world compared to optimistic expectations. Although many countries had been able to achieve impressive rates of economic growth during the 1950s, these were largely offset by high rates of population growth. As early as 1959, the Food and Agriculture Organization (FAO) drew attention to the growing gap between rich and poor countries in the production and consumption of food, and pointed out that in some countries population growth was outstripping food production (FAO, 1959, 1960; see also Symonds and Carder, 1973). The first UN Development Decade, launched in 1961, also brought disappointment, because external assistance increased more slowly than had been expected. In fact, despite increased private overseas investment, "the net transfer of resources from rich to poor countries virtually dried up" (Symonds and Carder, 1973).

A second factor helping to legitimize the notion of international population assistance was the growing knowledge of demographic trends that became available after the wave of population censuses taken in 1960-61. The census results indicated that populations throughout the world were growing at a much more rapid rate than either the countries themselves or the United Nations Population Division had realized (Gille, 1961; Sauvy, 1963). Moreover, a number of scholarly analyses had appeared that provided an intellectual link between the rapid growth of population and the disappointing rate of development. Prominent among these was the seminal study by Coale and Hoover (1958) which suggested that high fertility acted as a brake on development through its effects on age structure and dependency. Also influential were the United Nations volume *The Determinants and Consequences of Population Trends*, the first edition of which appeared in 1953, and Nelson's elaboration of the theory of the low-level equilibrium trap (1956).⁴

A third factor fueling international concern was the articulation within some poor countries of the belief that population growth was a major obstacle to development. In a number of Asian countries, most notably those of the Indian subcontinent, scholars and political elites had expressed an interest in lowering fertility during the period between the two world wars (Myrdal, 1968, vol. 2; Symonds and Carder, 1973). In these countries, as well as in parts of British-ruled Africa, Egypt, Singapore, and Hong Kong, family planning associations were formed before or soon after World War II. Although India made a modest beginning under the First Five Year Plan, and Egypt started to offer official family planning services in a small way soon after the revolution of 1952, the first population policies were not adopted until the 1960s.⁵

A fourth factor that encouraged both developed and developing countries to view family planning as a feasible proposition was the appearance of a new contraceptive, the intrauterine device (IUD). Unlike other contraceptive methods available at the time, the IUD was thought to be safe, effective, reversible, inexpensive, and easy to administer (Balfour, 1962). Above all, the IUD did not require daily administration nor did it have to be used at the time of coitus. In places where the distribution system and the motivation of users were both weak, the IUD gave promise that effective program implementation might be possible. The IUD played a particularly important role in inducing the governments of India and Pakistan in the mid-1960s to adopt ambitious targets for reducing fertility rates (Finkle, 1972).

While the convergence of these different events, ideas, and perceptions set the stage for the legitimization of official international population assistance, the last and most critical factor was the reversal in 1965 of the United States position on population assistance. During the 1950s, the United States was the dominant world power because of its military, trade, and financial strength, the economic weakness of the West European countries, and the incomplete consolidation of the Communist bloc (Cox and Jacobson, 1973). At this early date, moreover, developing countries still lacked the ability to formulate a united position on development issues -- even if they had been inclined to pressure the United Nations or the United States on population control. In short, prior to the mid-1960s, there was no combination of nations willing and able to assume leadership on population or to persuade the United States to assert its influence on behalf of birth control in developing countries.

Much of the explanation for the hesitance displayed by the United States government over the population issue can be traced to American conservatism on sexual issues, the controversies that had surrounded family planning in the United States,

and the inflexibility of the Catholic church on the question of birth control (Piotrow, 1973). By the early 1960s, however, cracks were appearing in the Catholic position. Not only was it apparent that Catholic women were increasingly using artificial methods of fertility regulation (Westoff and Bumpass, 1973; Ryder and Westoff, 1977; Mosher and Goldscheider, 1984), but Rome itself appeared to be reconsidering its absolute ban on birth control (Keely, this volume). The arrival on the scene of President John F. Kennedy, whose work in the United States Senate had alerted him to the vitiating effect of population growth on development, provided the necessary impetus for the United States to assume a leadership role. Kennedy's sensitivity to this issue and his appointment of sympathetic advisers in the State Department and the White House paved the way for the United Nations' acceptance in the fall of 1962 of a Swedish draft resolution on population and development that had been held up in the General Assembly for more than a year (Schlesinger, 1965). While both the resolution and the United States position still fell short of endorsing United Nations or United States involvement in technical assistance in family planning, several commentators have judged the Kennedy administration to be the turning point in US attitudes toward population (Schlesinger, 1965; Symonds and Carder, 1973).⁶

In the remaining sections of this essay we focus on the three most significant arenas of political action relative to family planning. First, we examine the role of politics within the United Nations and its specialized agencies. Next, we discuss the role of bureaucratic politics, primarily in national governments. We conclude by drawing attention to the increasing significance of nongovernmental transnational actors in the politics of policy formulation and implementation.

The United Nations and family planning

The United States was not alone in its reluctance to become directly involved in international population assistance; the United Nations system was also slow to envisage a role for itself in this field. The regulation of population growth was universally regarded as a sensitive political issue, and within the UN Population Commission any thought of intervention was strongly resisted during the 1950s and early 1960s. Some of the most sustained opposition came from Catholic countries and from the Soviet Union, the latter regarding rapid population growth as a consequence of the economic policies of colonial powers. Individual initiatives within the United Nations Educational, Scientific, and Cultural Organization (UNESCO), Food and Agriculture Organization (FAO), International Labor Organization (ILO), and the World Health

Organization (WHO) had all failed during the 1950s (Symonds and Carder, 1973) and had left these agencies wary of trying again. WHO, an obvious contender for a leadership position in family planning, had been badly shaken in 1950 when a proposal merely to create an expert committee on "the health aspects of population dynamics" alarmed the Vatican and caused the representatives of several Catholic countries to threaten to withdraw their membership (Finkle and Crane, 1976). Once the United States reversed its position, however, it was able to use its influence and money to involve the United Nations.

The specific mechanism designed to encourage the provision of family planning assistance in the United Nations system was the creation by the secretary-general in July 1967 of a small Trust Fund for Population Activities to which interested donors could contribute. Two years later the fund, renamed the United Nations Fund for Population Activities (UNFPA), was moved into the United Nations Development Programme (UNDP), which already had a worldwide network of in-country representatives who could facilitate requests from member states for technical assistance (Symonds and Carder, 1973; Piotrow, 1973). The fund's newly appointed director, Rafael Salas, was authorized to finance population activities primarily within the specialized agencies. Initially, the fund was not intended to be an executing agency but simply a funding body. It was also expected to be able to act as the coordinator of activities that were to be carried out by the specialized agencies, particularly WHO, ILO, UNESCO, FAO, and the United Nations International Children's Emergency Fund (UNICEF). The idea was that the availability of special funds earmarked for population activities would act as an incentive for the specialized agencies to encourage and assist developing nations to limit their population growth. Additionally, small countries that might not have the desire or capacity to develop their own bilateral programs would be able to make contributions to the fund.

Once committed to the United Nations' population program, the United States rapidly became not only the major source of funding, but also of intellectual stimulation. The special contributions of the United States reflected both its sense of global partnership and its strong commitment to promoting fertility reduction through all available channels. In part, United States donations were also prompted by an unanticipated increase, in late 1967, in congressional appropriations for US population assistance that could not easily be absorbed within the country's bilateral programs and that presented a potential source of political embarrassment in the face of cutbacks in other development programs (Symonds and Carder, 1973). The administration also hoped that channeling funds through the United Nations

system would shield the United States from the charges of imperialism, racism, and genocide that were being leveled against Western-inspired population control.

To understand the politics of family planning within the UN system, it is important to realize that the United Nations is not a hierarchical organization, but a loosely connected system of autonomous and quasi-autonomous councils, commissions, and agencies. While the title, Secretary-General of the United Nations, suggests that the incumbent of that post exerts executive control over the system, this is far from the case. Each of the specialized agencies is an independent organization structured similarly to the United Nations itself, with a secretariat, and an executive head whose authority over the agency roughly parallels that of the secretary-general over the central organs in New York. Like the United Nations itself, the specialized agencies are loosely governed by their member states, which meet annually or biennially in a general assembly, and more intensively by a smaller governing body or council elected by the assembly.

Many of the difficulties that beset family planning, no less than other substantive development programs, can be traced to this lack of central control.⁷ First, government by the large membership on the principle of one country-one vote means that the secretariats have often been unable to get their programs approved by their general assemblies. Second, despite an almost obsessive concern over coordination, the specialized agencies have jealously guarded their autonomy. As a result, the development system as a whole has been rife with territorialism, competition, and overlapping mandates. While for many years the specialized agencies had considered population as too sensitive an issue to grapple with, once the tide turned, none of them was willing to bow to the direction of UNFPA or any other single agency. Indeed, WHO, which had earlier argued that population was not a health problem but a social and economic one, reversed itself and claimed family planning as primarily a health issue (Finkle and Crane, 1976).

The creation of the Trust Fund for Population was consistent with the approach worked out by the major donors in industrialized countries to gain more control over programs that they considered particularly important. By providing special funds earmarked for specific purposes, which were separate from the regular budgets of the specialized agencies, the donors hoped to avoid having their favorite programs derailed in the general assemblies. One of the first uses of this mechanism was the creation in 1949 of the Expanded Programme of Technical Assistance, later to become UNDP, which was intended as a way of nudging the specialized agencies into doing more in the technical assistance field. In population, the funds provided for WHO's

Expanded Programme in Human Reproduction was a way of getting WHO more fully involved in family planning.

Under the vigorous leadership of Rafael Salas, UNFPA was eminently successful in attracting funds and, more importantly, in institutionalizing family planning in a difficult organizational environment. Even Salas, however, was never able fully to overcome all the difficulties of working in the decentralized United Nations system. Although the specialized agencies finally dealt with population and family planning, and were happy to receive UNFPA funds for this purpose, their commitment continued tepid. As might have been expected, their primary loyalties remained true to their core missions. Moreover, even had they wished to, the specialized agencies could not ignore the demands of their constituencies in member states. These, at least through the 1970s, reflected their preference for assistance in areas they considered more fundamental -- primary health care and maternal and child health at WHO and UNICEF, basic education at UNESCO. In spite of the funds provided by UNFPA, the specialized agencies were slow to commit their own resources to population activities. Disappointed with the response of the specialized agencies, and eager to make more efficient use of the resources at his disposal, Salas diverted increasing sums to the direct support of population work by governments and private organizations in developing countries (Ness, 1979).

Like the specialized agencies, UNFPA has been required to maintain a delicate balance between the wishes of its donors and recipients as represented on its governing council. Salas himself made no secret of his interpretation of the fund's purpose as supporting a broader range of activities than the family planning programs preferred by the major donors. Salas constantly reminded his staff of the sovereignty of states and urged them to consider seriously all viable requests from governments once they had developed their own population policies and priorities (Salas, 1976). Responding to many such requests, UNFPA has allocated substantial sums to such "beyond family planning" projects as migration and urbanization, education in population and family welfare, basic data collection, women's status, aging, and research on the determinants of fertility (Salas, 1976). In turn, the breadth of UNFPA's involvement in population and development has prompted its richer donors periodically to remind UNFPA that its first priority should be family planning. In practice, however, UNFPA has consistently allocated approximately 50 percent of its support to family planning, broadly defined.

From UNFPA's inception until 1984, the United States government was by far the largest single donor to the fund. As might be expected, with American money came attempts by the United States Agency for International Development (USAID) to

influence UNFPA's policies and direction. This was not altogether an unhealthy development since it produced a creative tension that helped UNFPA to demonstrate a level of dynamism not generally associated with United Nations organizations. Despite the abrupt cessation in 1985 of United States financial support for UNFPA, both the fund and the United States have recognized the need for continuing dialogue. In the expectation of both sides that the United States will once again become a major contributor to UNFPA, the United States has retained more influence than would otherwise have been expected.

Bureaucratic politics and family planning programs

As mentioned at the beginning of this essay, a major change has taken place in the arena in which the politics of population has been played out in the last third of the present century. Previously, issues of population size and growth generated debate among members of the ruling elite, the social and political class that bears responsibility for assuring internal stability and well-being and external power and influence. In recent years, the focus of debate has shifted and the political give and take is now primarily centered on controversies over family planning programs. Where formerly the population debate touched primarily on themes of consequence for a nation's rulers, today increasingly it addresses questions of concern to bureaucrats and technical specialists as well as the population that is affected by family planning programs.

A major change in the debate over controlling population growth was precipitated by the appearance of new technologies of contraception in the 1960s. The development of a variety of safe and effective contraceptives that are relatively easy to use and administer has given governments, for the first time in history, the possibility of influencing fertility trends. Today, more and more governments identify their "population problem" as rapid population growth and see family planning as a major means of dealing with the problem (Chamie, this volume). To be sure, the old geopolitical idea that a large and growing population is a sign of national health still survives here and there. However, leaders of developing countries increasingly realize that the well-being of their societies depends upon the ability to provide jobs, schools, housing, and health care for their citizens, all of which tasks are made more difficult by rapid population growth.

The appearance of family planning on the agendas of governments in the third world has brought with it a substantial infusion of monies for the operation of programs. Writing elsewhere (Finkle and McIntosh, 1980; McIntosh, 1983), we have made the point that a population policy is not merely an expression of sentiment, although just such an

expression, in the form of a statement of demographic goals, may be the starting point. To be taken seriously, a population policy must also include the elaboration of a course of action by means of which the objectives may be achieved. An agency must be designated or created and endowed with authority to implement the course of action and, finally, an adequate budget must be appropriated to enable the agency to carry out its mandate. The absence of any one of these elements, especially the budget, suggests that the government is not yet fully committed to the policy.

The elaboration of a full-fledged policy - with attainable goals, the expectation of additional resources, and the promise of increased visibility and influence in governmental circles - is almost invariably accompanied by fierce interagency competition for the new resources and the power and resilience that they bring. Competition for the leading role is especially likely in such a field as population in which relevant activities cut across a number of traditionally defined economic and social sectors. There is a strong probability that the new enterprise will find itself at the center of a bureaucratic struggle in which established agencies with more clearly defined turf, specialized professionals, and recognized spheres of action view the new-comer as an interloper and attempt to seize the population domain, or significant parts of it, for themselves. If the new program has been endowed with a committed and energetic leader, well-versed in the bureaucratic politics of government, and accorded strong political support from the top, it may succeed in establishing itself as an autonomous entity; if support and leadership are lacking it may well be engulfed by more-established agencies.⁸

These observations are not merely theoretical or speculative, but are grounded in the experience of a number of countries. In Indonesia, powerful political support and skilled leadership enabled a strong, flexible program to emerge, capable of coordinating the efforts of other government agencies and donors (Warwick, 1986). More often, especially where political support from the top leadership is weak, the bureaucratic infighting is likely to result in fragmentation and duplication of services. Even more debilitating is the uncooperative climate that tends to emerge in these situations. Egypt during the 1960s and 1970s provides an example.

It has been observed by a number of authors that neither President Nasser nor President Sadat was strongly committed to family planning as a solution to Egypt's population growth problems; both preferred to hope that the desert could be made productive and the population dispersed.⁹ When government family planning services were initiated in 1965, therefore, they were integrated into the Ministry of Health where they were forced to compete, with only moderate success, for funds,

personnel, and other resources. Furthermore, the coordinating body, the Supreme Council for Family Planning, and its secretariat, the Family Planning Board, were more interested in development than in family planning, and regarded their responsibilities as incorporating broader aspects of population policy. The office responsible for family planning within the Ministry of Health remained weak and was unable to assert its leadership in the 1970s as the Supreme Council moved toward establishing an integrated program of population and development. This period witnessed a bureaucratic struggle in which alliances were formed among a number of donor agencies and the heads of various divisions and directorates in the Ministry of Health, each of whom seized the opportunity to enrich the resources available to his/her unit, irrespective of whether it had any formal responsibility for family planning. The family planning office emerged even weaker than before, with a minuscule budget dwarfed by those of its competitors within the agency, and incapable of addressing itself to the numerous problems of overlapping responsibilities, fragmented programs, and chaotic budgetary arrangements (Finkle, 1982).

The situation in the Philippines immediately prior to the announcement of a population policy in 1970 was analogous. In this instance, a coalition of indigenous organizations and foreign donors undertook a multipronged campaign to raise awareness of the population growth problem and encourage the government to take action (Warwick, 1982). As part of this coalition, USAID attempted to create a domestic constituency for family planning by funding as many indigenous family planning agencies as it could reach and, in addition, sponsored research and supplied contraceptives. While this was a successful program prior to 1970, greatly raising the visibility of family planning, it became much less functional after the policy was announced and the indigenous agencies entered into competition with each other for additional resources. The competitive environment that developed made it difficult for a strong national program to emerge (Warwick, 1982).¹⁰

The competitive behavior of organizations in situations where significant new monies become available should not be seen as a form of bureaucratic pathology or as aberrant behavior. Organization theorists long ago pointed out that the primary goal of any organization is to survive and that all organizations devote some proportion of their resources to survival strategies. If an agency is able to secure additional funds, personnel and materiel, even at the cost of taking on broader responsibilities, it will be in a stronger position to endure if times turn bad.¹¹ In the population field, the stakes may be raised and the number of stakeholders increased by

the presence of foreign donors, each struggling to broaden its sphere of influence.

While organizations frequently pursue new resources in order to enhance their ability to survive, survival should not be understood only as part of a quest for interagency power and influence. To many members of a bureaucracy, new resources mean an increased capacity to advance objectives they consider to be significant and essential goals of social action. In other words, far from being automatons, bureaucracies are suffused with values, goals, and preferred modes of action that they will struggle to promote. In large measure, these characteristics are a product of the organization's most central mandate and the training and socialization of its professionals. Over time, each organization develops its own bureaucratic culture and organizational mission, the protection of which tends to become an important organizational goal in itself. An illustration of this sort of bureaucratic behavior that has had positive results is provided by the Office of Population within USAID, which, under both the Reagan and Bush regimes, functioned in an unsupportive environment yet was able to maintain a strong sense of its mission to increase contraceptive prevalence.

Ministries of health show a particularly strong propensity to protect their organizational boundaries and traditional missions. Despite the evident medical dimension of family planning, the primary socialization of the physicians who staff ministries of health encourages them to see family planning as peripheral. Where governments have tried to locate family planning within health ministries, there have been frequent complaints that family planning diverts resources from such primary professional goals as the reduction of infant mortality, the control of infectious and parasitic diseases, or the extension of services to underserved areas.¹² Within the family planning service itself, professional medical ethics frequently prompts unease and generates conflict over such issues as whether or not sterilization and abortion should be permitted, contraceptives should be supplied to unmarried girls, physical examinations should be performed on new acceptors, or whether it is right to use commercial channels for the distribution of contraceptives. The marginal status of family planning in many ministries of health also puts it at a disadvantage in the competition for attention and resources.¹³ More commonly, however, as is the case in many sub-Saharan African programs today, the weakness of family planning programs in health ministries reflects a low level of organizational effectiveness and political commitment to family planning that may be based, in part, on the perceived lack of demand by the public (Caldwell and Caldwell, 1987).

The politics of family planning program implementation

Family planning specialists have not infrequently sought to portray the implementation of programs as a purely technical and logistical operation. While this position may be adopted in an attempt to shield programs from political controversy, it commonly proves inadequate to the task. The reason for this inadequacy is that program implementation involves not only technical decisions, but also allocative and ethical decisions that tend to provoke political and organizational differences among administrators with differing areas of responsibility within the program. So pervasive are these differences that students of organization have recognized the question of how to ensure that the program designed at the center is implemented as intended in the field as one of the central problems of organizational effectiveness (Selznik, 1949; Smith, 1967, 1985; Wildavsky and Pressman, 1979).

Disparities between the expectations of officials at the top, middle, and local levels are an important source of tension in many programs. As Warwick (1982) has pointed out, the cause of these differences tends to be more structural than personal and it often has to do with the different circles within which officials move. At the highest levels, program leaders tend to be more highly educated, cosmopolitan, and technocratic in orientation than are lower-level officials. Frequently, top-level leaders have received donor-supported foreign training and have imbibed the values of the global population establishment. They are more likely to see rapid population growth as an urgent national problem and to stress the demographic results expected of the program. Many such leaders lack sensitivity to the problems of workers at the local level who encounter the doubts and fears of the target populations. Not well educated or trained, local family planning workers often have to deal with resistance from the population they serve. Frequently, this resistance is reinforced by the preaching of local religious officials, or the advice of local politicians and opinion leaders, whose horizons may be limited (see e.g. Gadalla, 1979; Pai Panandiker and Umashankar, this volume).¹⁴ Officials at intermediate levels are caught in the classical organizational bind of having to face both ways simultaneously (see, for example, Greenhalgh, 1993).

The literature on family planning is replete with examples of controversies whose origin lies in differing perceptions of officials at different levels of the program. One of the clearest comes from Egypt's Population and Development Program. While this program was in effect, family planning was only one of 13 different programs that were supposed to be implemented by village-level workers - an unrealistic burden. The workers, faced with a recalcitrant

population who were influenced mainly by conservative sheikhs and mullahs, found it easier to concentrate on programs that were more popular than family planning (Gadalla, 1979). The basic problem was reinforced by the inability of a weak ministry to provide training in family planning to a large enough number of clinic-level physicians who might have acted as a counterweight to local religious leaders (Finkle, 1982). Meanwhile, the few, poorly paid physicians who were in place were more interested in supplementing their inadequate salaries by seeing family planning clients at their private clinics after hours. Had there been a larger cadre of trained and committed family planning professionals at the governorate and district levels, the program might have been more sensitive to the difficulties experienced by the village-level workers.

Intraagency conflict surfaced in the Philippines (Warwick, 1982) where sterilization, promoted by the leadership as a low-cost method free of side effects, was resisted by regional and local administrators who felt that they were already overburdened with the problems of implementing existing programs. Regional and local implementers were also distressed about introducing community-based distribution (CBD), as they had serious reservations about the possibility that young couples who had not yet had a child would be able to obtain contraceptives (Warwick, 1982). While CBD programs and sterilization are more widely accepted today, there are reports that the introduction of new methods such as NORPLANT® is just as likely to engender tensions among officials at different levels of the program. A WHO task force researching the introduction of new contraceptive methods has found that service providers who feel insufficiently trained in a new method tend to suggest a method with which they are more familiar. In one country where NORPLANT® has recently been introduced, program officials have voiced concern that greater attention be paid to problems of service delivery and quality of care - especially access to removal of the implant - while officials at higher levels are more interested in the demographic impact of the method (Spicehandler, personal communication, 1992).

Finally, the Maternal and Child Health-Family Planning (MCH-FP) Extension Project in Bangladesh vividly illustrates how insensitivity on the part of central ministries and foreign donors can create difficulties for programs on the ground. In the early 1980s, the Planning Commission of Bangladesh consulted with foreign donors to obtain funding for an experiment in which innovations in service delivery that had been successful in Matlab *thana* were to be introduced into the Ministry of Health program (Phillips, Simmons, and Koblinsky, 1985). The project was to be carried out by ICDDR,B, the international agency that had developed the new strategies. The Ministry of Health felt itself to have been bypassed in the negotiations

and for some time remained lukewarm in its support of the project. There are many lessons that can be learned from this case. One, however, stands out: All organizations develop territorialities, and even powerful agencies like the Planning Commission of Bangladesh must take into account the sensitivities of other ministries.

Family planning in federal systems

At first glance, it might appear that relations between the center and the constituent units in a federal system would be static and without interest in that the divisions of powers between them are constitutionally determined and require special constitutional procedures to amend (Smith, 1985). In reality, center-state relations in federations are as subject to negotiation, bargaining, and change as they are in any other form of government. Indeed, one scholar has suggested that the constitutional incorporation of the regions into the center's decisionmaking procedure is the single feature that distinguishes federated from nonfederated states (King, 1982).

The factors that underlie both the decision to federate and the changing relationships within federations are numerous and diverse. They include historical and ideological forces as well as political and economic preferences, all of which are subject to reinterpretation as conditions change. Whether the push to federate came from the center in an effort to contain the divisive nationalism of formerly autonomous units, or from peripheral units seeking more unified trading relationships or protection from a predatory neighbor, is also important in determining the character of the center-state relationship. Moreover, control of a specific policy domain may not be fully determined by the formal allocation of powers between the center and the peripheral units; central governments in federations, no less than in unitary systems, can find ways to encourage states to adopt or strengthen specific policies, notably by providing additional funds for this purpose.

Like other areas of social policy, population policy and family planning services have felt the impact of center-state relations in a number of federal states. Largely because of the decrease in federal funding for family planning during the Reagan and Bush administrations, the provision of such services for women of low income in the United States is now much more dependent on the level of political commitment to family planning in the individual states (Gold and Guardado, 1988). The division of responsibilities between the federal and Land governments in the former West Germany severely constrained the ability of the federal government to formulate and implement a pronatalist policy during the 1970s and 1980s (McIntosh, 1983). Different levels of commitment to family planning are also

evident among the states in Mexico (Cabrera, this volume). The most interesting and difficult problems of center-state relations, however, are those that have dogged India's family planning program since its inception.

The rapid growth of India's population and its anticipated effect on the nation's ability to reduce its poverty were widely discussed in academic and political circles in India before World War II (Myrdal, 1968). Even before independence, the National Planning Committee of the Congress Party under the chairmanship of Jawaharlal Nehru had argued for a population policy, a call that was repeated in the First Five Year Plan of the newly independent government in 1951 (Myrdal, 1968). When the time came to act, however, Nehru's government decided to locate the family planning program within the ministry of health. While the constitution at that time placed health within the jurisdiction of the states, the central government assumed responsibility for funding the family planning program. Using its financial powers, the central government played a vital role in formulating national family planning policy, setting acceptor targets, determining the basic strategies to be adopted, and allocating resources to the different parts of the program.

The decision to integrate family planning with health, and thereby to remove it from the direct control of the central authorities, implanted the fledgling program in a doubly inhospitable environment. First, in India as elsewhere, family planning tended to be regarded as a troublesome interloper in ministries of health, introducing services that few outside of the highest levels considered important, and consuming resources and energies that might have been directed to traditional health programs. Second, senior ministry of health officials in the states, whether generalist administrators of the elite Indian Administrative Service, the Provincial Civil Service, or medical directors, were subject to the oversight of state and local politicians who tended to see few votes in family planning. While the level of public demand for family planning varied from state to state, it was usually weak, and especially so in the large, impoverished, and less advanced states of the north. The combination of bureaucratic and political disinterest combined to create a situation in which family planning came to be perceived as a second-class program, unlikely to launch its officers on distinguished careers and unable to recruit potential high-flyers.¹⁵

Disappointed with the lack of results, Mrs. Gandhi's government in 1976 changed the constitutional status of family planning, placing it on the Concurrent List where it falls under the joint jurisdiction of the center and the states (Pai Panandiker and Umashankar, this volume). This change means that in case of differences between the

center and the states, the center's legislation takes precedence; in practice, however, the center still lacks the resources and personnel to work closely enough with the states to effect change.¹⁶ This is not to say that there are not many local examples of well-run programs in India and that overall progress has not been made in the more affluent states. Despite numerous reorganizations, however, the family planning program remains weak and has yet to show results in the populous north (Dyson and Moore, 1983).¹⁷

The political and administrative problems of center-state relations in India are not confined to the family planning program; indeed, the problems of federalism seem to influence almost all national programs that require high-level cooperation between the center and the states. Some observers have noted a deterioration in the ability of the center to carry through its objectives at the level of the states. Paul Brass, a respected student of Indian politics, has recently written, "Despite strong centralizing drives by [Indian National] Congress governments in Delhi . . . there have been recurring problems in center-state relations and long term trends that favor regionalism, pluralism and decentralization." Brass points out that in several important policy areas in which the states hold sole or primary constitutional authority, they are able, by their actions and nonactions, to "prevent the adoption of uniform policies for the country which the national leadership considers essential for the general processes of economic growth, development, and social justice" (Brass, 1990: 60).

The changes that have been taking place in center-state relations in India not only represent a shift in power from the center to the states, but also reflect a change in the character of political leadership, especially in the states. In the early years of independence, political and administrative leaders were drawn, in the main, from among the Westernized elite: highly educated, cosmopolitan in outlook, and socialized to western political and bureaucratic norms; today's leaders, by contrast, frequently received their education in a local language, have closer ties to local communities, and seem more responsive to local demands. While political and administrative sensitivity to local needs and demands is desirable, the absence of demand for family planning may deprive the program of state and local funds and commitment. Local political control may also result, as has frequently occurred at the district level in India, in unwarranted political interference in the delivery of family planning services. For example, several authors have commented that political patronage is often employed to influence such decisions as the use of vehicles, the location of clinics, appointments, promotions, and disciplinary actions (Maru, 1990; Bhatt, 1987). The extension of political responsiveness at the state and

local levels may therefore come at the cost of the national capacity to implement important development programs - a problem that is by no means unique to India.

Transnational actors and family planning programs

Previous sections of this introduction have emphasized the contributions of governmental foreign assistance programs and official multilateral agencies to the development - as well as the politics - of organized family planning efforts in the third world. While the actions of these agencies are by definition transnational in character,¹⁸ it should not be forgotten that transnational actors in the private sector have also been exceptionally influential in the family planning arena. Such American and European organizations as the International Planned Parenthood Federation, the Population Council, the Ford and Rockefeller Foundations, and the Pathfinder Fund were among the first and most significant promoters of international population assistance, especially in the period prior to the entry of governments and the United Nations system.

In recent years, the politics of family planning has been enlivened by the entry of new transnational actors into the arena.¹⁹ While some such actors, for example the diffuse collectivity of biologists, ecologists, and others that constitutes the environmental movement, are voicing their support for the expansion of family planning programs, others are more closely involved in detailed attempts to influence the design and implementation of the programs. By far the most significant organization in the latter category is the Catholic Church, which, while generally tolerating the existence of family planning programs, has gathered its forces in an effort to roll back the spread of legalized abortion and sterilization (Paige, 1983; Crane, this volume). Another critical voice that has emerged more recently is that of the international feminist movement. Although internally divided on many issues, feminists have subjected family planning programs as currently constituted to a thoroughgoing and at times severe critique. In this last section, we will discuss these two transnational political actors.

Much of the fervor and controversy involving the politics of population in recent years stems from the intertwining of the politics of family planning with the politics of abortion. In large part this reflects the exporting of a political debate from the industrial countries, chiefly the United States, to the countries of the third world. The growing conservatism of Washington and Rome in the 1980s regarding population issues set the tone for a heightened debate in many countries between groups in favor of, and those opposed to, abortion rights. Anti-abortion movements in the United States and

Europe have assisted in the development of comparable groups in many developing countries; and similarly, prochoice, family planning, and feminist groups have encouraged and supported third world women who are working for abortion rights in their own countries. At present, efforts to liberalize abortion in developing countries where it is tightly restricted, or at least nominally outlawed, have generally yielded little success through open political debate,²⁰ but this is a potentially explosive battleground for the future.

The Catholic Church

It is not easy to unravel the network of channels, formal and informal, direct and indirect, through which the Church may bring its influence to bear on governmental policies around the world. While the Church is the supreme moral and spiritual guide for millions of Catholics, it may also be regarded as a political organization with many ways of influencing the political decisionmaking of governments and international organizations. The Church's diplomatic missions, its national episcopal conferences, and other formal organs in Rome and in individual countries, provide the Vatican with direct links to governmental and national leaders at the highest levels.²¹ Official Church documents, the scholarly and popular Catholic press, the pastoral letters of bishops, and the many views expressed by Church leaders and clergy on committees and commissions are but a few of the vehicles used to disseminate the official views of the Church indirectly to policymakers as well as to individual Catholics.²²

In its two thousand years of existence, the Church has evolved into a complex, decentralized bureaucracy that speaks with many voices carrying different degrees of authority (Vallier, 1973; Keely, this volume). The diversity of opinion within the Church was accentuated by the Second Vatican Council, held in the early 1960s, which ushered in an era of greater decentralization and encouraged national hierarchies to take more initiatives. At the same time, priests and Church officers were urged to have "continuous dialogue with the laity" (Maguire, 1983: 805). Vatican II also asserted the right of the Church "to pass moral judgments, even on matters touching the political order, whenever basic personal rights or the salvation of souls make such judgment necessary" (US Catholic Conference, 1976; cited in Paige, 1983: 53-54). In effect, the Vatican Council loosened its hold over both the national churches and the laity and implicitly invited Catholics to engage in political actions on behalf of the poor or disadvantaged, regardless of whether the latter were Catholics.

The Church's official position on contraception has been articulated during this century in a series of documents emanating from the Vatican.

The most authoritative of these are the two papal encyclicals, *Casti connubi*, which in 1930 contained the first official condemnation of contraception (Donaldson, 1988), and *Humanae Vitae*, the encyclical of Pope Paul VI, which in essence reaffirmed the conservative position taken by *Casti connubi*. The publication of *Humanae Vitae*, in 1968, was a disappointment to many Catholics, clergy and laity alike, who had hoped that the social liberalism espoused by the Second Vatican Council might be extended to the domain of sexuality and reproduction and lead to a softening of the official position on contraception, if not abortion (Paige, 1983, including citations and footnotes therein). Some Church authorities have in fact tended to soft-pedal their positions on contraception (Keely, this volume), but at its core the teachings of *Humanae Vitae* remain in place. Nevertheless, the Church has exercised caution, flexibility, and diplomatic skill in drafting its official pronouncements on family planning. At times, as in the Holy See's official statement to the United Nations Conference on Environment and Development at Rio de Janeiro (Holy See, 1992), the Church has seemed to support family planning with only minor caveats; at other times, the Church has taken advantage of more favorable circumstances - in countries with weak governments, prominent Catholic politicians and bureaucrats, and strong Church leaders, for example - to state less ambiguously its opposition to artificial methods of contraception.

In contrast to its implicit position on contraception, the Church's opposition to abortion has not wavered since the late nineteenth century. Although a number of leading Jesuit thinkers and other theologians have questioned whether abortion should always be thought of as an act of homicide (Maguire, 1983), the political influence of the Church and of many individual Catholics on abortion and sterilization in recent years has become more conservative. In both developed and less developed countries, public debate over the possible legalization of abortion, or the inclusion of sterilization as a method of family planning, has often been the occasion for the reaffirmation of Church orthodoxy. For example, the design of the new family planning program in Peru was changed to exclude sterilization and abortion as a direct result of pressures exerted by the Catholic Church (Aramburu, this volume).

The increasingly frequent articulation of official Catholic doctrine on abortion, sterilization, and divorce during the past decade or more has been only part of a broader campaign intended to bring peripheral units of the Church back under central control and to restore doctrinal orthodoxy and discipline (Keely, this volume). The appointment of the ultraorthodox Cardinal Joseph Ratzinger as head of the Sacred Congregation for the Doctrine of the Faith, the committee charged with assuring conformity on doctrinal matters; the ban on liberation

theology, which combines Christian beliefs with Marxist analysis; and the silencing of other dissenting theologians are only some of the more significant actions taken by Pope John Paul II to effect this agenda (see, for example, *The Washington Post*, 1985a and 1985b; *The New York Times*, 1986 and 1990). Within this domain, moreover, John Paul II's personal espousal of traditional doctrine on matters of sexuality, reproduction, and the family has done much to spread conservative orthodoxy, especially in the countries of Africa and Latin America where the majority of Catholics reside.

It is important not to confuse the official views and actions of the Church with those of Catholics acting on their own or in association with others who share their convictions. These lines of distinction are not always clearly defined, however. For example, because the National Right-to-Life Committee (NRLC) movement in the United States counts many Catholics among its members, it is widely perceived to be an official Church organization. It is not always realized that, while this was true in the 1960s and early 1970s, the Church severed its formal connection with the NRLC after a number of fundamentalist Protestant groups joined and radicalized it (Paige, 1983). There may also be a blurring of the lines between the Church and the layman's group, Opus Dei. This highly conservative organization, which works internationally to promote official doctrine - on reproductive as well as other issues - has the strong personal support of Pope John Paul II (*The New York Times*, 1992), but is not an official organ of the Church. Indeed, Catholic clergy are involved in many social and political organizations, but these activities should not be confused with official Church doctrines and policies. From the perspective of politicians and administrators formulating population policies, however, there may be little difference between official and unofficial Catholic activities, especially in countries where the political system is not highly developed and the Church is one of the few competing centers of power.

The pronouncements and actions of the Church on reproductive and family issues may easily be interpreted as signifying that the Church is engaged in a struggle against forces - feminists and prochoice groups, for example - that are external to the Church itself. While not incorrect, this interpretation neglects an important aspect of the controversy. The Church as a complex bureaucratic organization encompasses numerous internal factions with differing points of view on these and other issues; however, internal differences are much less likely to be made public than are external debates. The conservative position of the Church on family and sexual issues today is closely identified with Pope John Paul II and is related to his broader objective to still dissenting voices and reestablish central control within the Church. Many

knowledgeable individuals, however, feel that the present conservatism on sexual matters may not portend the long-term future. They believe that in days to come, as in the past, the Church will accommodate itself to the changes in its social environment and will become more sympathetic to the problems of global population growth and even to the realities of women's lives.

The feminist movement

In recent years, a new voice of growing strength and influence - the voice of women organized to defend and advance the interests of women - has started to be heard in family planning circles. Encouraged in part by the activities of the United Nations Decade of Women, 1975-85, as well as by activities sponsored by UNFPA, the Population Council, Pathfinder International and the development agencies of the Nordic countries, among others, third world women's groups have begun to exercise increasing, although still limited, influence over the implementation of family planning programs. Significantly, many third world women's groups have forged links with international coalitions of women - often initiated by activist women's groups in the West - through which third world women's voices are magnified and from whom they can receive support and assistance. Not all women's groups have addressed themselves to issues of reproductive health, but those that have are providing a new and searching critique of orthodox family planning programs (Dixon-Mueller and Germain; Crane; both in this volume).

In the main, there is a high level of agreement among women's groups that women should have the right to make informed, unconstrained choices on reproduction and to have free access to high-quality family planning services. As Rosalind Petchesky reports, by the time of the United Nations Conference on the Decade of Women, held in Nairobi in 1985, "[T]he promotion of reproductive rights as fundamental to women's achievement of a just status in society had become a worldwide goal of women's rights activists" (Petchesky, 1990: 1). Despite the underlying agreement that the availability of family planning is central to women's status and welfare, feminist groups differ markedly among themselves and with orthodox family planning programs, both on the definition of reproductive rights and the means by which they should be attained. Many feminists are concerned by what they see as a growing emphasis in family planning programs on the promotion of what are commonly considered, in demographic terms, more effective method - IUDs, sterilization, and such long-acting hormonal methods as injectables and implants. Their critique is twofold: that such methods are less easily reversed than are simpler barrier methods and thus

reduce women's control, and that their invasiveness poses greater risks to women's health.

Some third world women's groups have already demonstrated their ability to influence policy and programmatic decisions as they relate to women's health and, in particular, to the range and types of contraceptives that are offered by family planning programs. In 1989, a Peruvian feminist organization, *Movimiento Manuela Ramos*, organized a public campaign of opposition to a new policy strategy proposed by USAID, and succeeded in getting the language of the proposal changed (Petchesky and Weiner, 1990). The issues addressed were USAID's proposal to subsidize only long term methods - IUDs, sterilization, and implants - and to remove the subsidies from all other methods on the grounds that these were readily available in the private sector. Opposition was also directed to what was seen as a de-emphasis by USAID on family planning information and counseling. In Brazil, feminist groups succeeded in ending the clinical trials of NORPLANT® by challenging the safety and convenience of the method itself, as well as what they saw as inadequacies in the research protocols (Barroso and Correa, 1991). In the Philippines feminists contrived to get limited family planning services reintroduced after the program had been dismantled by Corazon Aquinas government (Dixon-Mueller and Germain, this volume).

While informed choice, safe contraceptive technology, and high quality of care are issues on which women's groups can generally agree, there is considerable disagreement on other aspects of population and family planning policy. A number of feminist groups have rejected the demographic rationale as an unacceptable foundation for family planning programs, arguing that it subordinates the interests of women to an abstract societal good. They also contend that exploitation of the poor by the rich, rather than population growth, is the true cause of social ills. However, some individual feminists seem increasingly inclined to take a less intransigent position. Carmen Barroso (1990), in a paper presented to a conference of the Women's Global Network for Reproductive Rights, argues that the existence of a demographic policy is immaterial provided that the content of the policy is consonant with such feminist objectives as freedom of choice and women's reproductive health. Others go further, arguing that feminists must confront the joint realities that the world cannot sustain an unlimited population, and that high rates of illegal abortion, sterilization, and acceptance of any available method of contraception by third world women indicate that there are high levels of unwanted pregnancies. Berer (1991) argues that feminists must develop the concept of a feminist population policy or risk being isolated and ignored in the ongoing international debate over population policy.

Although the intervention of feminist groups in family planning policy has taken place in only a few countries so far, these cases should be seen as intimations of what is likely to become a much greater feminist presence in the years ahead. The feminist agenda is broad, encompassing questions concerning the legitimacy of population policies and the legalization of abortion (Crane, this volume), as well as more programmatic issues such as quality of care, access, informed consent, and control by women, among others. The growing number of feminist groups in third world countries, and their collegial as well as tutelary links with feminist organizations in developed countries, provide women's organizations with numerous ways to influence family planning programs. Pressures can be brought to bear indirectly through foreign donors as well as directly on policymakers and program officials at national, regional, and local levels in developing countries. Hitherto, the impact of the feminist movement in family planning has been concentrated in the countries of the Western Hemisphere, and may be starting in some East and Southeast Asian countries. Women's groups in Africa, the Middle East, and South Asia generally have further to go in overcoming social, cultural, and political barriers to achieving political influence, although there are indications that the salience of fertility questions to women in these regions may enable them to exercise influence on the design and implementation of population programs in the future.

Thirty years ago, the population debate encompassed three main positions, each of which grew out of a particular political orientation or philosophy. Subscribers to these three positions may be loosely defined as: (1) those economists and economic demographers who argued the need for a reduction in the rate of population growth in order to remove a major impediment to development; (2) the Soviet Union, its allies, and Marxist ideologues in general, who held that population trends are a product of economic and social relations; and (3) the Catholic Church, which at that time was in a liberalizing phase stimulated by the Second Vatican Council. In the intervening period, the positions of all three sets of actors have evolved. While maintaining their conviction that it is necessary for the world to reduce its rate of population growth, the "population controllers," to use a convenient shorthand, have toned down their "crisis" approach and have adopted a more moderate stance. The collapse of the Soviet Union and the worldwide discrediting of Marxist ideology have reinforced Marxist demographers' gradual recognition that population change follows its own internal dynamics. Finally, the Catholic Church has turned the clock back and is attempting to restore Church discipline, recentralize decisionmaking, and, at the same time, reaffirm traditional doctrine on the use of artificial methods of contraception. This conservative

trend has stimulated political controversy both within and outside the Church.

While the administration of policy in most fields tends to become somewhat routine after 30 years of continuous implementation, the same cannot be said of population policy. The emergence of new global concerns, new perspectives, and new actors with interests related to family planning programs and policies has served to keep the level of controversy at a high pitch, both globally and within individual states and localities. To some extent, the continuity of, and even the increase in, the amount and variability of political debate in this area is a function of growing experience and the proliferation of knowledge related to population change and family planning. In part, it arises from the conservative trend that is apparent in the Church and some donor countries. In many ways, however, the greater political activism we witness in developing countries is a concomitant of development itself, reflecting higher levels of education, more effective emancipation, and a growing sense of confidence among women that they can take control of their own lives. The final irony is that the same spirit of political activism that grew out of development should be used to attack family planning programs that have encouraged development itself to take place....

Notes

The authors thank Scott Grosse, Barbara Crane, and Joseph Chamie for their insightful comments.

1. "Overpopulation" has received periodic attention, especially from British scholars. The most widely discussed episode was that associated with the start of the industrial revolution, the occasion in 1789 for Malthus's famous *Essay on the Principle of Population* (Malthus, 1976).
2. In this essay, the term "family planning" is most often used to denote family planning policy or program implementation. The term may also be used, of course, to denote the decision of individual couples to plan the number and timing of births.
3. These authors are not suggesting that there is no relationship between population and national power, but rather that technical and economic superiority on which national power is now based is mediated by the quality of the population, as well as by such factors as the structure of a nation's alliances. Some authors have argued that if the levels of technological progress and economic productivity were held constant, the country with the largest population would have the advantage (see Organski, Bueno des Mesquita, and Lamborn, 1972; Wright, 1958).
4. The low-level equilibrium trap refers to the situation in which countries with underdeveloped economies, a stable equilibrium level of income per capita, and growing populations would be unable to increase the level of investment in capital equipment per worker. Thus, the economy would be unable to grow. Harvey Leibenstein (1954) developed a related economic model at about the same time.
5. India substantially increased funding for family planning after the publication of its 1960 census. Likewise, after the advent of General Ayub Khan as president in 1958, Pakistan started to allocate significant funds to family planning, especially in the Second Five Year Plan, 1961-65. Ceylon adopted a policy in 1965, although it had earlier received official assistance from Sweden in introducing family planning into the government health service. These countries were followed by Tunisia (1961), Malaysia, Mauritius, China, Iran, Kenya, Singapore, Turkey, Barbados, and Nicaragua (1965-67), and Indonesia, Morocco, Ghana, Taiwan, Jamaica, and Trinidad and Tobago (1968-69). (See Myrdal, 1968:1489-1494; Nortman, 1974, Table 8.)
6. Richard Gardner, the United States delegate to the 1962 General Assembly, argued that the United Nations already had the necessary authority to provide technical assistance for the formulation and execution of population policies - an opinion that was evidently found to be legally sound (see Symonds and Carder, 1973). However, the United States did not start to provide technical assistance until President Johnson assumed office.

7. The lack of central control was under discussion frequently in the United Nations during the 1960s, prompting the commissioning of an official report, *Study of the Capacity of the UN Development System* (the Jackson Report), in 1969. In this document, Sir Robert Jackson used a biological metaphor to describe the United Nations development system as "a system without a brain" (Symonds and Carder, 1973: xii and 192). The present Secretary-General, Boutros Boutros-Ghali, is aware of the cost of duplication and overlapping mandates and is said to be attempting to restructure the system to achieve better coordination.
8. The establishment by Franklin D. Roosevelt of new agencies to implement his New Deal policies has been interpreted as in-tended to ensure that his programs had an opportunity to become strong and autonomous before they were folded into existing sector agencies (Rourke, 1976; see also Schlesinger, 1959).
9. John Waterbury (1972) argued that Egypt, as well as other Arab countries in the 1950s and 1960s, saw their population problem as essentially one of maldistribution. The solution was often thought to lie in irrigating the deserts and resettling the population on the newly fertile land. Reflecting later, Waterbury characterized Revolutionary rule in Egypt as having often involved a search for solutions to real problems by stepping outside their parameters." An example of this type of response is:

...to treat knotty problems as insoluble and end-run them. Thus if the challenge of changing the behavior of 5 million peasants is too awesome, one may still modernize agricultural production by farming the peasantless desert and by transplanting people to a new way of life. Or if modifying fertility behavior contains unacceptable costs among a conservative Muslim population, one can ponder the possibility of large-scale population transfers to the rich agricultural voids of Syria, Iraq, or the Sudan. (Waterbury, 1983:49)
10. Warwick's analysis is consonant with an earlier assessment by Gayl Ness (1971) that ends soon after the government policy was adopted.
11. Organization theorists have long stressed the necessity for organizations to seek additional funds, new programs, and strong alliances in order to grow, adapt to changing environments, and, ultimately, to survive (see Barnard, 1946; Drucker, 1958; Simon, Smithburg, and Thompson, 1950).
12. In the early 1970s WHO objected to a UNFPA/World Bank project in Indonesia on the grounds that it would drain physicians and other scarce resources that would otherwise belong to the health system (see Finkle and Crane, 1976).
13. Although family planning has gained more legitimacy among ministries of health since it has been accepted as one of the basic components of primary health care, observation in the field suggests that it may be less vigorously promoted than are other components, perhaps because doing so is more difficult and requires more time and effort to motivate clients.
14. An article in the *Jerusalem Post* (4 April 1990) cites a "well-informed foreign observer who had been told of an Egyptian imam who told his flock, 'I am required by the government to tell you that for the good of the country and for your own good you should limit the size of your families. So I have told you. But both you and I know the truth is the exact opposite.'"
15. For an excellent discussion of the political and organizational difficulties of implementing the family planning program in Uttar Pradesh in the early 1970s, see Simmons and Ashraf 1978: 22-34.
16. To take one example, it has been extremely difficult to move the program from its reliance on sterilization to the use of a broader range of methods (Basu, 1984). Yet it has been shown elsewhere that acceptance and continuation rates rise significantly with each additional method provided (Jain, 1989; Phillips et al., 1982).
17. A recent analysis shows that India's total fertility rate declined by only 1.06 births per woman between 1960-64 and 1980-84. However, approximately 75 percent of this decline is attributable to declining marital fertility (Retherford and Rele, 1989).
18. That is, while based in one country, these agencies have policies, programs, and other activities that relate to or take place in other countries. Examples of transnational actors include multinational organizations, some foundations, religious organizations that have an international following, and some development and/or relief agencies.
19. For further discussion of the impact of new transnational actors, including the environmental movement, on national and international family planning policies and programs, see Crane (1993).
20. An exception is Botswana where, after an intense open debate, abortion was legalized in 1991 (see Botswana, National Assembly, 1991, Section 160). The intensity and openness of the debate are reflected in the many full- and half-page reports published in *The Botswana Guardian* and *Mmegi Reporter* (Gaborone) between May and September 1991.
21. Examples abound of such influence being brought to bear in the area of reproductive health. The influence of Cardinal Sin and the Church in the Philippines on the dismantling of the family planning program by President Aquino may be the best-known incident in recent years (Clad, 1988). William Wilson, the first United States ambassador to the Vatican, has recently claimed that diplomatic activity between the Vatican and the White House was a strong influence on the United States' "Mexico City policy" (see Bernstein, 1992). It has been reported that the Vatican has engaged in similar diplomatic activity with national delegations to the United Nations Conference on Environment and Development held in Rio de Janeiro (*The New York Times*, 28 May 1992).
22. For example, the Permanent Council of Catholic Bishops in 1979, the year in which the French abortion law came up for review and permanent enactment, issued a White Book setting out the official

position of the Church. The book was published and distributed in bookshops. It was also widely discussed in the press. Similarly, the issuance of a Pastoral Letter by the Conference of [West] German Bishops, attacking the Social Democrat/Liberal coalition government for its position on abortion and divorce on the eve of the 1980 parliamentary elections, was widely interpreted as an instruction to Catholics about how to vote (McIntosh, 1983).

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A developing countries' perspective on population, environment, and development

Adil Najam

Abstract. The subject of this paper is the political behavior of developing states (the South) on issues of population, environment and development. It attempts to understand why the South is so weary of international population policy in the name of the environment. It argues that the South's response is shaped by five inter-related concerns about responsibility, efficiency, efficacy, additionality, and sovereignty. That is, the developing countries, (a) do not want their population growth to be held responsible for global environmental degradation, (b) argue that a more efficient solution to the environmental crisis is consumption control in the North, (c) believe that development remains a necessary condition for efficacious population control, (d) are weary of the population priorities of the North distracting international funds from other developmental goals of the South, and (e) are unprepared to accept any global population norms which challenge their fundamental political, cultural or religious sovereignty. It is maintained that these concerns have historically guided the positions of the South and remain valid and relevant today. Although, over the last two decades of North-South debate on the subject the nuances within these concerns have evolved, the concerns themselves remain valid and were apparent again at the 1994 International Conference on Population and Development. Finally, it is proposed that although a grand North-South bargain around population-environment-development issues remains unlikely, both sides can gain much from trying to understand - even where they do not agree with - the other's concerns. The purpose of this study is not as much to defend the South's position, as to present it and the rationale behind it.

Key words. Developing countries, International conferences, International cooperation, North-South relations, Population and environment

In ancient times, people were few but wealthy and without strife. People at present think that five sons are too many, and each son has five sons also and before the death of the grandfather there are already 25 descendants. Therefore people are more and wealth is less; they work hard and receive little. The life of a nation depend upon having enough food, not upon the number of people.
Han Fei-Tzu (circa 500 BC)

The happiness of a country does not depend, absolutely, upon its poverty or its riches, upon its youth or its age, upon its being thinly or fully inhabited, but upon the rapidity with which it is increasing, upon the degree in which the yearly increase of food approaches to the yearly increase of an unrestricted population.

Rev. Thomas Robert Malthus (1798)

The causal chain of the deterioration [of the environment] is easily followed to its source. Too many cars, too many factories, too much detergent, too much pesticide, multiplying contrails, inadequate sewage treatment plants, too little water, too much carbon dioxide - all can be traced easily to too many people.

Paul R. Ehrlich (1968)

The pollution problem is a consequence of population....
Freedom to breed will bring ruin to all.
Garrett Hardin (1968)

Introduction

The perception of population growth as a 'problem' is not new.¹ That the catastrophe predicted by so many has been averted till now does not necessarily disprove the arguments of these Cassandras.² However, Pollyannas like Julian Simon (1981) have taken much pleasure in rubbing in this fact and insist that human ingenuity will continue to outpace human propensity for procreation.³ It is within this context that much of the debate on the subject has been historically framed, with occasional shifts in popular and scholarly sentiments towards one side or the other.

The recent growth of popular interest in environmental issues has generated a renewal of concern about rapid population growth, which is seen as being largely responsible for global trends of environmental degradation (Hardin 1968; Ehrlich 1968; Meadows et al. 1972; Holdren & Ehrlich 1974; Brown 1981; Keyfitz 1989; Myers 1990). The causal relationship between the two seems intuitively obvious. Yet, it is being contested by a number of critical interests. Although some in the population community may consider such views peripheral to the mainstream debate, the prevalence and persistence of the dissension on the environment-population linkage may be gauged from the fact that in 1987 the World Commission on Environment and Development, reached unanimous agreement on all issues except two - Antarctica and the causal significance of population growth (Shaw 1992). Again, at the 1992 United Nations Conference on Environment and Development (UNCED) population remained the most contentious issue (Najam 1993a).

Most surprising is the reaction of the developing countries. On the one hand, many of them have very high population growth rates and are most immediately vulnerable to its consequences. At the same time, many of them support strong domestic population policies, which have been in place over long periods of time, and are vigorously - and sometimes coercively - enforced. Yet, at the international level, these same states seem hesitant, and sometimes hostile, to the notion of accepting a direct causal link between global environmental degradation and population growth. See Krasner (1985), Najam (1993a), Amalric & Banuri (1993), Mahbub-ul-Haq (1994).

This paper attempts to understand why the developing countries of the South are so weary of international population policy in the name of the environment.⁴ It is essentially a study of the political behavior of Southern governments. It is argued that

the South's response has been, and continues to be, shaped by five inter-related concerns:

1. *Responsibility*: For precedent and principle, the South resists any effort that implies holding population growth (largely in the South) responsible for global environmental stress. Hence, the insistence that 'population growth in the developing countries is a national, not a global problem' (Mahbub-ul-Haq 1976: 124). The South has consistently held that the environmental crisis is of the North's making and has based its demands for assistance/reparations on that 'history of guilt'. In accepting population growth as *the* causal motor of environmental degradation the South loses this perceived leverage.

2. *Efficiency*: From the perspective of international environmental policy, the South insists that if the international concern about population growth stems from its effects on global systems then it would be more efficient to focus on consumption patterns. The argument is that whatever effects population may have, they are only in relation to consumption. As Ramphal (1994) stresses, once consumption is factored in, the 1.2 billion people living in industrialized countries place a pressure equivalent to more than 24 billion living in the developing countries. Thus, it would be more efficient to focus on policies that curb consumption than on those that target procreation.

3. *Efficacy*: From the implementation end, developing countries argue that development is still the best contraceptive. Experience in both North and South shows that 'people in the developed condition do not have too many children' (Keyfitz 1991: 39-40). The South argues, therefore, that if the international community is truly interested in curbing population growth it should spend its dollars on assisting economic and human development rather than simply enhancing contraceptive provision. Although the argument that economic growth will automatically slow population *growth* is contested (e.g., Harrison 1994), the assertion that social *development* will enhance the efficacy of population policies is now widely accepted (e.g., Brower 1994; Chhabra 1994; Harrison 1994; Lutz 1994; Ness 1994). The South builds on this emerging consensus to reinforce and rearticulate its enduring call that development (now more broadly defined) remains the best contraceptive (see Mahbub-ul-Haq 1994; Najam 1993b; Ramphal 1994).

4. *Additionality*: Programatically, the South remains concerned that greater donor assistance for population may translate to a lesser focus on development assistance. Ever since US President Johnson's 1965 statement that 'less than five dollars invested in population control is worth a hundred dollars invested in economic growth',

developing countries have doubted the motives behind the West's emphasis on population control. Developing countries want to be sure that in accepting donor priorities (i.e. environment) they would not be asked to forfeit their own (i.e. development). For the South, the end of the cold war means that the geopolitical strategic value of Southern states has diminished, and new claimants to the already shrinking international assistance pie have emerged. This has reinvigorated the urgency of the additionality argument for the South.

5. *Sovereignty*: Politically, the South sees no contradiction between actively pursuing population policies domestically, and resisting them internationally. It sees population as an issue of sovereignty and any interference from the international community as a breach thereof. While recognizing the domestic benefits of slowed population growth and pursuing policies to bring it about, the South is unprepared to hold its policies subservient to external pressure. As Stephen Krasner points out, 'the South has maintained its unity, despite major differences among individual countries, even in an issue area where the North has offered additional resources' because 'Southern resistance to Northern efforts to develop international population norms is not simply a product of specific national values, of evidence of a concern that antinatalism may be a ploy for subordinating development aid, but is also a reflection of the deep adherence of Third World states to the prerogatives of sovereignty' (Krasner 1985: 276-278).

The rest of this paper will look at how the discussion on population-environment-development policies ignores the South's concerns and, in doing so, alienates the very group of countries that is being required to carry out such policies. It will also briefly review the impact of the 1994 International Conference on Population and Development (ICPD) on the South's evolving position on the subject. Finally, it shall attempt to highlight some implications for international policy.

The population-environment-development nexus

In its most simple articulation, the argument of the new 'green' Cassandras has flowed from two observations: (a) the planet has never had as many people as it has today, and (b) the planet has never seen as much environmental stress on its natural systems as it is experiencing today. The correlation between the two is then extrapolated to imply causality.

In fairness to its proponents, the argument has become far more sophisticated over time. The

reigning view is best identified by the Holdren-Ehrlich (1974) identity:⁵

$I = PAT$

(environmental Impact = Population x Affluence x Technology)

This identity, while not without serious limitations,⁶ is elegant in that it attempts to capture both the number of users and the rate of use of natural systems. However, most scholars who use this, or similar, formulations often end up focusing on the population variable rather than the other two. For example, Nazli Choucri (1991:100) suggests that 'the population nexus as a whole - the interaction of population, resources, and technological change - must become the focus of global policy'. However, she is quick to add that while population policy alone is by no means sufficient it is nonetheless necessary, implying that it is here that the most emphasis should be invested. Others have made similar arguments on the grounds that population policies will 'help buy time' (Keyfitz 1991; Shaw 1992). Implicit in such arguments seems the belief that changing population patterns is somehow 'easier' than changing patterns of consumption or technology.

From the South's point of view, while the diagnosis suggests that both the number (i.e. population growth) and the rate (i.e. consumption patterns) are at least equally critical motors of causality, the prescription focuses unduly on the first and not enough on the later. For many in the developing world, such a conceptualization adds insult to injury in that the focus on population as the main cause of environment degradation implicitly places the responsibility for such degradation on their doorsteps, even though the 'benefits' have been reaped by those in the North.

Very often, then, the argument becomes merely a more sophisticated rehash of the more simplistic conception introduced earlier. For example, Nathan Keyfitz (1991: 44, 77) writes:

In 1950 the world contained 2.5 billion people, and there was little evidence of damage to the biosphere. Now with over 5 billion there is a great deal of evidence with another 2.5 billion and continuance of present trends of production and consumption, disaster faces us. The planet cannot over a long period support that many people; yet an even larger number is threatened.... Twice as many people cooking with the same wood stoves use up twice as much wood. Twice as many cars of a given kind and given condition of repair put twice as much carbon dioxide into the atmosphere. Twice as many fish eaters require twice as large a catch. *With all else constant*, the requirements are the simplest possible linear function of the number of people. (Emphasis added)

Ceteris, however, is not *paribus*. Keyfitz knows that all else is not constant. He prefaces the above by saying that 'with *given* technology and *given* style of

life the requirements from the environment are proportional to the number of people' (p.44). However, neither technology nor lifestyle is 'given'. Yet, he chooses (as do most other analysts) to hold consumption constant in arguing for policies that would control the population variable. The implication seems to be that the North's lifestyle as it relates to consumption is accepted as a 'given' because it cannot (or is it, 'should' not?) be changed, but the South's lifestyle as it relates to procreation is not because it can.

The South's response

Such arguments have the dual implication of holding population growth *responsible* for environmental degradation and touting population control as the most *efficient* option for environmental amelioration.

On the first count, the South responds by pointing out, for example, that the average Bangladeshi uses 2 milligrams of CFCs per year in comparison to the average US citizen who uses 2 kilograms per year; as such the 'environmental impact' of an extra Bengali, in CFC terms, is only 1/1000th that of an extra American. On the second, they reason that even if the policy focus is to be only on population and not on consumption, it makes more sense to do so in the North where one averted birth is likely to produce 1000 times the environmental 'benefit' that it would in the South. Further, Southern commentators challenge the assumption that it is somehow 'easier' to reduce population amongst the poor than to curb consumption amongst the rich. If environment is the main concern, they argue, would it be easier to change lifestyles (consumption) of the few who are very rich or the children preferences of the very many who are poor. Arguably, the lifestyle change involved in reducing CFC consumption for an individual in USA is no more difficult - in fact, it should be far easier - than changing the children preference demanded from a peasant in Bangladesh. See Mahbub-ul-Haq (1994), Najam (1993b) and Ramphal (1994).

While the question of efficiency relates to the relative importance of the various options to check environmental degradation, the issue of *efficacy* concerns the effectiveness of various means to curb population growth. Since the South nowhere questions the need for population policies per se - and actively pursues them domestically - the efficacy of such policies is crucial for implementation. This brings us to that critical question of why people in poor conditions have high population growth. Environmentalists tend to spend too much effort in arguing *why* population should be controlled, and population experts spend too much time in figuring out *how* it could be controlled, but way too little thought is invested in *why* people have as many children as they do.

Falling mortality rates, old-age security, religion, and the sheer inertia of the demographic momentum are all valid and important factors, but they offer little in way of policy advice. For example, maintaining high mortality is ethically unacceptable, quick changes in social or religious preferences cannot be legislated, nor can changes in the nature of demographic momentum.

For the poorest, the difference between having four children or five is often not the difference between four hungry mouths to feed or five, but that between eight hands to earn with or ten. The rational cost-benefit analysis of childbearing decisions yields very different results where children become earning members before age ten, from where parents have to factor in the escalating costs of an expensive college education before thinking about that extra child. The fundamental, still unbridged, gap between North and South in matters pertaining to population is that what people in the industrialized world see as a problem of 'too many people' is seen by those in the developing countries as the problem of 'too much poverty'. The most vivid exemplars of this persistent chasm remains the following (still relevant) quotes from Paul Ehrlich and Mahmood Mamdani:

One stinking hot night in Delhi... as we crawled through the city [in a taxi], we entered a crowded slum area. The temperature was well over 100, and the air was a haze of dust and smoke. The streets seemed alive with people. People eating, people washing, people sleeping. People visiting, arguing and screaming. People thrusting their hands through the taxi window, begging. People defecating and urinating. People clinging to buses. People herding animals. People, people, people, people. As we moved slowly through the mob, hand horn squawking, the dust, noise, heat, and cooking fires gave the scene a hellish aspect. Would we ever get to our hotel? All three of us were, frankly, frightened. . . since that night I've known the *feel* of overpopulation. (Ehrlich 1968:15)

The fact is that a hot summer night on Broadway in New York or Picadilly Circus in London would put Ehrlich in the midst of a far larger crowd. Yet such an experience would not spur him to comment with grave concern about 'overpopulation'. On the other hand, with a little more concern and a little less fear he would have realized that what disturbed him about the crowd in Delhi was not its numbers, but its 'quality' - that is, its poverty. To talk, as Ehrlich does, of 'overpopulation' is to say to people: you are poor because you are too many.... People are not poor because they have large families. Quite the contrary: they have large families because they are poor. (Mamdani 1972: 14)

At the 1974 World Population Conference, held at Bucharest, the South rallied under the twin slogans: 'Development is the best contraceptive' and 'Take care of the people and the population will take care of itself'. Ten years later, at the 1984 International Conference on Population, held at Mexico City, the

United States took a U-turn on its earlier position, and argued that population growth was in fact a 'neutral phenomenon'. In what was essentially a critique of its own earlier policies, the US proclaimed that there had been a 'demographic over-reaction' in the 1960s and 1970s as a result of 'economic statism' in the developing countries and 'an outbreak of anti-intellectualism' in the West. The US proclamation that it sought 'an opportunity to strengthen the international consensus on the interrelationship between economic development and population' should have thrilled the South. It did not. See Finkle & Crane (1975, 1985) and Johnson (1987).

The difference between the South's continuing insistence on development being the best contraceptive and the US's Mexico City position that 'sound economic policies' were the best contraceptive is subtle but profound. The South's call, at least in theory, has been for development at large, an improvement in the quality of life, an expansion of economic options available to the poor; the US view at Mexico, on the other hand, was a political tactic, an ideological call for 'a market economy... [which would] encourage a vital private sector' (*emphasis added*). In short, the South had been calling for development, the US was trying to push a particular brand of economics.

At the 1994 Cairo conference, the US position reverted back to its earlier pro-population control agenda. The South's insistence on a development agenda, however, remained intact and has influenced the ICPD documents, most notably in the changed nomenclature of the conference itself - the fact that Cairo was not a conference on population alone but one on population *and* development is itself indicative of the enduring importance that the South has placed on framing the population question within a larger developmental agenda. See Najam (1994) and ICPD (1994).

Having said the above, the dilemma posed by Keyfitz (1991: 39-40) is one that planners all over the South are wrestling with: 'population growth can prevent the development that would slow population growth'; the question is how to break the circular chain of 'poverty - many children - poverty'. The scholarly debate on the subject remains inconclusive. From the point of view of the developing countries, however, the case for development being a good (although not the only) contraceptive is still supported more robustly by the evidence than the case for contraception being a good development strategy.

It is the South's insistence that development is the most effective check for rapid population growth and the South's fear that in their zeal to focus on population (and the environment) the donor nations of the industrialized world will divert resources from development assistance to population programs, that raises their concerns about

additionality. In raising this point, the South articulates its skepticism about the motivations behind the North's concern for population growth and also illustrates its preference for developmental, as opposed to contraceptive, solutions. What it is seeking here is a reassurance that international priority for population (or environment) policies will not come at the cost of domestic priorities for economic development.

This concern had arguably subsided during the 1980s. Since the US policy reversal at Mexico meant that population was no longer the priority for the major international donor, a concern about additionality on the part of the recipient became moot. However, the end of the cold war has rekindled the fears as was evident at both UNCED, 1992 and ICPD, 1994. A world without superpower antagonisms is also a world with very different perspectives on 'development assistance'. Coinciding with a global economic recession, massive debt accumulations, trade imbalances, and a new negative flow of resources, this gives three signals to the South:

- (1) the size of the ('aid') pie is getting smaller, not bigger;
- (2) there are more claimants (former Soviet bloc nations) to the pie; and
- (3) in a uni-polar world, major donors have rapidly diminishing political/strategic use for their support.

At Cairo, the former Soviet bloc economies in transition were able to make a strong claim that along with the developing countries they too should be beneficiaries to international economic assistance including that earmarked for population activities (ICPD 1994). In the follow-up debate in the UN General Assembly, many Southern delegates stressed the facts that (a) under the Cairo plan the bulk of actual implementation is to be done by the developing countries, (b) that this would require vast amounts of resources that must be provided by the international community, and (c) that it was important that the developed countries not only provide these resources expeditiously but that they do so without diverting funds from existing programs of development assistance (ENB 1994). In short, additionality continues to remain a major defining concern in the South's position. If anything, the threat of the North's neo-Malthusian enthusiasm diverting funds from larger development goals to narrower contraceptive ones is now compounded by the fear that even those meager funds will be diverted to economies in transition rather than the South.

Finally, there is the issue of whether the South is being hypocritical in vehemently opposing population policies internationally while actively pursuing them domestically; or whether it is merely 'blackmailing' the North for more development

assistance? The answer, on both counts, is 'No'. An explanation of the South's behavior can be found in the paramount importance that all states, and particularly the weak states of the South, place on *sovereignty*.

Sovereignty is an artifact not merely of land controlled, but of people represented. To relinquish control over people, and how people make their most intimate decisions, is to relinquish control over state sovereignty; no nation - South or North - is yet ready to do so. Developing countries see no contradiction in supporting massive population programs domestically and resisting population policies internationally. In the first they are responding to what they believe to be an important local problem. In the second, they are resisting what they consider to be external interference in how they run their own affairs. Krasner (1985: 277) explains the point:

An explicit theme of many Third World arguments, and one that explains why even developing countries with ambitious domestic programs have rejected efforts to generate international principles and norms in the population area is that such norms would encroach on state sovereignty. Population control involves changing the behavior of individuals. Some governments support such programs; other reject them; many are indifferent. But LDCs [less developed countries], which rely heavily on *de jure* sovereign powers, do not want their prerogatives to be constrained by new international antinatalist norms and principles.

This has been obvious to the South, and to perceptive observers in the North, from the very beginning. For example, just before Bucharest, French demographer Alfred Sauvy pointed out:

... at Bucharest, a world population plan of action will be proposed that will take aim, whatever may be said to disguise it, at the sovereignty of nations. (Quoted in Demeny 1985: 99)

The same could be said of the Cairo Program of Action.

Another way to understand the South's behavior in supporting domestic population policies but opposing international ones is to use the framework advocated by Amalric & Banuri (1993) which views the population problem as not one, but three separate issues. At the local level, they argue, the central aspect revolves around the health of the mother and the children and the resource problems of the commons; at the national level it turns around the links between population growth and (economic) development, with particular focus on the consequences for capital formulation, employment, and the capacity of the government to purvey social services; at the international level the growing focus is on the links between population growth and global environmental degradation. In essence, the South rejects (and has consistently rejected) the international debate and its concomitant causal linkage between population growth and

environmental degradation. It has concentrated, till now, on the national level where the emphasis is on economic issues and has only begun, in the wake of ICPD, to focus on the local level. At both these levels, the legitimate role for the international community is that of providing assistance, not policy guidelines.

For Southern states, viewing the population debate largely from the national level, sovereignty becomes the premier focus. As developing country delegates at ICPD and the follow-up session of the UN General Assembly stressed repeatedly, the implementation of population policies remains a sovereign right of nation-states and there is no prospect of anything changing that in the foreseeable future (ICPD 1994; ENB 1994).

Is the South against population policies?

The danger in the South's arguments is that they can be too easily misconstrued as implying that the developing nations are 'against' population policy per se. However, as the evidence of population programs within the South demonstrate, this is not the case. Importantly, there is the underlying argument that runs through the entire discourse: slowing the rate of population growth is ultimately good for the developing countries themselves. This, more than any pressure from the international community, is why so many developing countries operate large population programs, and between them spend more on population than all international assistance combined. Commenting upon the seemingly confrontational stance taken by the South at the 1974 World Population Conference, Finkle & Crane (1975: 109) had pointed out that 'the developing nations will not turn away from their demographic dilemmas merely to spite the West'. That statement is still valid. The issue, for the South, is not *whether* to control population, but *how*.

In its report *The Challenge to the South*, the South Commission (1990: 213) stressed that 'the containment of the population explosion..is to be sought through development in the South and through a fairer distribution of income'. However, it added that 'while family planning measures are *vital*ly necessary, they are more effective as economic security and living standards improve. Poverty must be eradicated, for only then will it be possible to create the conditions in which people are more likely to see virtue in smaller families' (*emphasis added*).

Writing in 1972, Mahbub-ul-Haq (83, 134) made an eloquent case for the South:⁷

The importance of the population problem is generally recognized in the developing countries but these countries often get impatient with the virtuous lectures that the rich nations try to give them on this subject. They feel that the ever rising level of affluence in the rich nations place a far

greater pressure on the world resources than the increase in population in the poor lands and that it is hypocritical of the industrialized world to be so concerned about the physical limits of this planet when it is so unwilling to do anything serious about the present maldistribution of world income and resources.... They know that the problem has to be solved, they are aware that it cannot be solved quickly, and they are suspicious that the pressure that is sometimes exerted on them by the developed nations to take their population problem seriously merely serves to ease the collective conscience of the developed world.... The sure solution to the problem of population is to be found in the solution to the problem of poverty.

Two decades later, the South's case essentially remains the same, as this more recent excerpt from Mahbub-ul-Haq (1994: 5) testifies:

Population growth is a developmental issue, not a clinical problem....No one will deny today that (top priority must be given to reducing high rates of population growth in the developing world. The differences are on strategies, not on objectives. Family planning must be regarded as an integral part of the new models of sustainable human development. Divorced from such development models, and pursued as condom-distribution programs with a single-minded zeal to meet "unmet demand," they will fail.... We cannot slip a condom on poverty.

The South at Cairo

The International Conference on Population and Development (ICPD), held at Cairo, 5-13 September 1994, is being hailed as 'one of the best publicized - and most successful - international conferences ever held' (Freeman 1994: 7). Dr. Nafis Sadik, UNFPA executive director and ICPD secretary general, considers the Program of Action adopted by the conference to be a 'quantum leap' (Sadik 1994: 3). Despite controversies about reproductive health and abortion and the fact that as many as 18 delegations recorded reservations to the final document,⁸ Cairo was a far more dormant gathering than preceding conferences at Bucharest (1974) and Mexico City (1984). However, beyond the fact that no unexpected controversies or fault-lines emerged at Cairo, as they had at Bucharest and Mexico City,⁹ there was little in the ICPD process or products that was unanticipated (see Najam 1994).

In a post-Cairo statement, Ambassador Nicolaas H. Biegan (1994: 15) of the Netherlands has opined that 'there was no 'Southern' and no 'Northern' approach [at Cairo], and this made the Conference such an outstanding exception in the ever-lengthening series of big UN gatherings'. The diplomatic appropriateness of such sentiments aside, a careful analysis of the concerns expressed by developing country delegates during the ICPD process demonstrates that not only was their a distinct 'Southern' approach at Cairo, but it was consistent with the South's historically persistent

approach to population, environment and development as already outlined in this study.

For example, in its position statement to the third ICPD preparatory committee meeting, the Group of 77 and China (the representative caucus of over 130 developing countries in the UN system) laid out the basis of the South's essential position in terms no different from those used at Bucharest and Mexico City (G77 1994):

The link between economic growth and population issues cannot be taken up solely from the technical standpoint, restricted to demographic aspects. This is in fact the major political challenge of our time....The right to development as a fundamental human right has to be unequivocally [sic] as a principle enshrined in this context.

Even more illustrative are the statements made by developing states during the discussion on ICPD follow-up and implementation (17-18 November 1994) during 49th session of the UN General Assembly (ENB 1994). This is where states had the opportunity to highlight the issues and concerns most important to them.¹⁰ Each of the five Southern concerns identified above were forcefully presented by developing country delegates. For example, discussing the importance of environmental issues, and voicing concerns about *responsibility* and *efficiency*, the delegate from Antigua and Barbuda (speaking on behalf of the Caribbean Economic Community and Suriname) made it a point to explicitly insist that the industrialized countries 'must cease and desist from harmful production, wasteful consumption and deadly disposal pattern'.¹¹

The 'development as a powerful contraceptive' - or *efficacy* - argument was imbedded within the very name of the Cairo meeting and is ubiquitous throughout the Program of Action (ICPD 1994). More specifically, during the General Assembly debate, the ambassador from Malta pointed out that a selective approach, which emphasizes the implementation of a restrictive demographic orientation and sacrifices the developmental perspective, would be detrimental to the success of the Program of Action; Egypt added that in order to implement ICPD decisions the focus of the UN Population Commission should shift from demography to development; Bangladesh summed the view of the South succinctly by simply stating that 'the goals of the ICPD will fall short if poverty is not eradicated' (see ENB 1994).

On *additionality*, the only assurance the South was able to get was in the objective of 'increas[ing] the commitment to, and the stability of, international financial assistance in the field of population and development by diversifying the sources of contributions, while striving to avoid *as far as possible* a reduction in the resources for other development areas' (ICPD 1994: para 14. 10b, *emphasis added*). However, the conference also

recognized the claim of former Soviet bloc countries to population and development related funds.¹² The urgency of diminishing international funds and increasing claimants was not lost on developing countries who repeatedly stressed the importance of the North fulfilling its financial commitments. Zimbabwe explicitly raised the additionality concern by stressing that the international community must provide 'new and additional' financial resources to ensure adequate implementation; China repeated the sentiment and added the concern about conditionality, stating that no country should attach any conditions to its donations made in the field of population and development (see ENB 1994).

Finally, *sovereignty* gained a new salience at Cairo as existing concerns about political sovereignty were joined by new concerns about cultural and religious sovereignty which were brought to fore by the discussion on abortion and reproductive rights. In fact, all the states who expressed reservations on the final document did so around some formulation of the sovereignty argument. Many, amongst those who did not register reservations, did make a point of explicitly clarifying that in their interpretation of the ICPD decisions no element of sovereignty - at any level - had been ceded by states, who remain solely responsible for deciding which population and development policies best suit their particular social, cultural, developmental, and religious conditions. Particularly strong statements in this regards were made by Indonesia, Pakistan and Nigeria - all three amongst the ten most populous countries in the world (see ENB 1994).

Conclusion

The Cairo conference - like its predecessors - was an important step in the continuing *evolution* of the 'population question' rather than being the *resolution* of the 'population problem'. This was especially true with the ICPD's strong focus on social development and women's rights. It is also true about the abiding concerns of the developing countries about population-environment-development issues. Even though the substance of the concerns has endured - and, hence, the continuing North-South debate on the subject - the nuances therein have evolved.

On responsibility and efficiency the South's arguments are less contested today even though there is no indication of policy change on consumption patterns in the North. On efficacy, the South's argument remains that 'development is the best contraceptive' although development is now more broadly defined, encompassing human and social - as opposed to the merely economic - dimensions. On additionality, new threats have begun to emerge around the double threat of a diminishing pool of available resources and new claimants to its bounty.¹³ On sovereignty, the earlier concerns have

remained unchanged and been added to by new concerns about cultural and religious sovereignty as international policy attempts to move into the more intimate domains of issues such as reproductive health and abortion.

In sum, important differences persist between the North's and South's perception of the population-environment-development nexus. From the South's perspective, the ideal international policies would be those:

1. where international assistance is built, not on the implicit rationale of placing the responsibility for environmental degradation on the 'mounting multitudes', but on sharing the responsibility for managing a threatened planet (*responsibility*);
2. where population control measures in the South are complemented with equally comprehensive consumption control measures in the North (*efficiency*);
3. where the focus of population policy is not as much on providing people with the means to contracept (i.e., the hardware: family planning) as with *reasons* to contracept (i.e., the software: human and social development) (*efficacy*);
4. where increased international support is provided as assistance, not as conditionality, and does not detract resources from other developmental priorities (*additionality*); and
5. where international population policy implies no more than providing assistance for domestic programs, designed and carried out entirely according to national priorities, with no implicit or explicit interference in policy design or implementation (*sovereignty*).

While parts of a few of these conditions are already being met, at least in the rhetoric, the entirety of this package of principles is unlikely to be accepted. Specifically, a grand North-South bargain that might exchange population control policies in the South for consumption control policies in the North was never on the cards for Cairo, and remains unlikely in the foreseeable future. Northern consumers and politicians - even Northern environmental groups - are unlikely to support such policies; also, such proposals will find little enthusiasm amongst Southern elites. Further, the South's position is weak because it is likely to continue its population policies even if no such deal is struck, while the North has limited domestic pressure (or interest) and no international incentive to pursue unilateral consumption control policies.

Moreover, despite the rhetoric of Cairo, a massive transfer of resources from North to South for broadly defined development is also unlikely; whatever transfers will be made are likely to be narrowly directed at contraceptive and family planning-like activities. A conservative political shift and the continuing economic problems in the North - combined with public disdain for international

assistance and the diminishing geostrategic importance of the South - is likely to further constrain the actual amounts of any North-South resource transfer.

While this prognosis may seem pessimistic, it is no more than a realistic view of the future given past experience and present conditions. That international policy action on population is unlikely does not, however, mean that all international efforts in the field of population, environment and development are futile. The focus, however, will have to shift from attempting to 'create' *international* population policies to 'supporting' *domestic* population policies. The first is unwise and prone to conflict because at the individual level it impinges upon the most intimate of personal decisions and at the national level it challenges fundamental state sovereignty. The later, however, is an advisable - and even efficient - course of action because nearly all countries with high population growth rates are already pursuing strong domestic population programs which provide the international community opportunity to demonstrate their support for them.

Having said the above, there should be no illusion about this being an 'easy' strategy. Few in the South really believe that such an attitude is forthcoming. There is no indication whatsoever that the North is ready to adopt a supportive but hands-off and non-interference policy as far as its foreign assistance dollars are concerned. Despite all the talk about national sovereignty or the rights of communities and individuals, international donors are no more prepared to stop interfering in the decisions of recipient states than states are prepared to do so with communities and individuals. Until an international climate of such mutual trust and confidence is established, a minimum first step for both North and South would be to try to understand, even where they do not agree with, the concerns of the other. In trying to foster such understanding, this paper has attempted not as much to defend the South's position as to present its persistent concerns and explain the rationale - from the South's viewpoint - behind these concerns.

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that they necessarily share the views expressed here. I have also benefited greatly from comments by anonymous reviewers.

Notes

1. Nor is the call for making population control an explicitly stated goal of governance and policy a new development. The ancient Greeks certainly did not view the arrival of every child simply as a blessing. Hesiod argued that one son was enough. Plato and Aristotle envisaged the state's policing marriage and eugenically eliminating excess and unfit children. By the same token, as many examples can be cited of explicit pronatalist policies being advocated both by scholars and governments for a whole variety of reasons (see McLaren 1990).
2. Meadows et al. (1992) remind their readers that there is little reason to celebrate if the predictions of their earlier work, *The limits to growth* (Meadows et al. 1972), have not yet materialized. They argue that the thresholds of resource limits are nearer today, and are now more likely to collapse suddenly. Paul Ehrlich (with Anne H. Ehrlich 1990) defends the alarmist predictions of his earlier work, *The population bomb* (Ehrlich 1968), with similar arguments. The essential case for not becoming complacent merely because humanity has, till now, demonstrated remarkable adeptness in the face of ever-rising populations is made by Nathan Keyfitz (1991: 43) who stresses that 'simply supposing that relations among past values of the variables will hold in the future can give absurd results'. Keyfitz (1991: 40) also points out that 'an ecological crisis can come suddenly, like a point of singularity, when the underlying curves are smooth'.
3. Julian Simon (1981) considers population to be 'the ultimate resource'. This argument, too, boasts of an ancient lineage. In 59 BC Julius Caesar legislated land allotments to fathers of three or more children, while Roman Emperor Augustus promulgated laws in 18 BC and 9 AD which pressured widows to remarry and punished celibacy and childlessness (see McLaren 1990).
4. For the purpose of this discussion we will consider the 'South' to be a single (though not monolithic) entity representing the developing countries. This paper uses the term 'South' (which is a political concept) in lieu of terms like 'Third World' or the 'Developing World' (which have generally been construed as economic concepts). For more on the concept of the 'South', see Najam (1993a).
5. In its various formulations, this approach has been advocated as the theoretical synthesis of the population-environment linkage (UNFPA 1991; Harrison 1992) and applied empirically to specific environmental questions (Myers 1990; Bongaarts 1992). Although the $I = PAT$ approach is currently the most widely held view on the subject, it is not necessarily the only one. Another approach is advocated by Shaw (1989, 1992) who argues that to date rapid population growth does not qualify as an ultimate cause of global environmental degradation, rather it is a *proximate* factor and that distortionary social, economic, and political factors are, in fact, the ultimate causes.
6. For one thing it tells us nothing about the *direction* of the relationship between technology (T) and the environmental impact (I) or that between A and I. Also, if the South is correct in the importance of development as a contraceptive then a drop in P may be difficult without a corresponding rise in A and T, and is likely to leave I little changed. For a commentary on the limitations of the $I = PAT$ identity see Shaw (1992) and Amalric & Banuri (1993).
7. Dr Mahbub-ul-Haq is currently chief author of the UN Development Program's annual *Human Development Reports*. He has remained one of the leading representative intellectual leaders of the South for the last 25 years, and is therefore a credible exemplar of the South's views on the subject.
8. Reservations to the final documents were recorded by Afghanistan, Argentina, Brunei, Djibouti, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Holy See, Iran, Kuwait, Libya, Malta, Nicaragua, Paraguay, Peru, United Arab Emirates, and Yemen. The Holy See which had refused to join the consensus at the 1974 and 1984 population conferences, announced that it was joining the Cairo consensus 'in an incomplete, partial manner'. It supported the emphases on linking population and development, on the protection of the family and on empowering women through improved access to education and health care, but stated that the texts of other chapters had implications it could not support. Although the partial consensus accepted by the Holy See is regarded by some as an important achievement of ICPD, it should be noted that the number of states officially recording reservations at Cairo was higher than at Bucharest and Mexico City.
9. At Bucharest the South, led by China, had surprised the North by the intensity of its concerns about the proposed Plan of Action and forced it to be substantively redrafted; at Mexico City it was the United States that surprised conference organizers by changing its position at the last minute and proposing that population was a 'neutral phenomenon' (see Finkle & Crane 1975, 1985; Johnson 1987).
10. By necessity, UN conferences cover a wide range of issues and incorporate a wider range of interests. All too often, the result is ambiguous language delicately crafted to accommodate all interests and all parties. However, the post-conference General Assembly debate (and the conference plenary debates) provide state representatives the

- opportunity to highlight the concerns and interests most important to them. It is instructive to note that the issue of abortion which was seen by so many as the main highlight of ICPD, thanks to the Vatican delegation and the Western media, was far less prominent when nations recounted issues of the greatest interest to them at the General Assembly (see ENB 1994).
11. The terminology in the Cairo Program of Action is much diluted and crafted to be acceptable to both North and South: 'Demographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development' (ICPD 1994: para 3.25). Note the use of 'demographic factors' as opposed to 'population growth'; as at UNCED this choice reflects a delicate balance. It accommodates the South's insistence that the population variable of importance to the environment is distribution with respect to natural resources rather than sheer numbers. More importantly, the paragraph makes clear the South's view that population becomes a causal factor in terms of environmental degradation only in relation to poverty on the one hand and over-consumption on the other.
 12. In Chapter 14 (on 'International Cooperation') the ICPD Program of Action defines one of its objective as 'to increase substantially the availability of international financial assistance... [to] developing countries and countries with economies in transition' (ICPD 1994: para 14.10a, *emphasis added*). However, the South was able to have it stated that 'countries with economies in transition should receive temporary assistance for population and development activities' (ICPD 1994: para 14.15, *emphasis added*).
 13. It is likely that the majority won by the Republican party in recent elections to the US Congress will exacerbate this concern. With the Republicans being traditionally unsympathetic to global institutions and initiatives it is being projected that US funding for ICPD implementation would be one of the casualties (Shepard 1994). If so, then the international assistance pie available to the South would shrink even more.

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Evolution of Population Policies

Lori Ashford

International meetings on population have been convened periodically since the late 19th century. During this time the science and politics of population have undergone many changes. Prior to the 1950s, the field of demography was not well established and information on population dynamics was not widely disseminated. International meetings were convened on population censuses and statistics; however, government officials and the public were largely unaware of population growth trends.

Beginning in the 1950s, scientists and policymakers became increasingly concerned that population growth would hinder development in poor countries. The International Planned Parenthood Federation (IPPF), the largest private sector organization devoted to family planning, was founded in 1952.

In the mid-1960s, Sweden, the United States, and several other developed countries initiated large-scale population aid programs. The United States Agency for International Development (USAID) began to fund demographic work as early as 1965. The UN launched the United Nations Fund for Population Activities (UNFPA) in 1969.

Many governments acted out of fear of a growing food crisis. There were food shortages reported throughout the world in the 1960s, and parts of India suffered from a famine that was exacerbated by rapid population growth.¹

In 1968, not long after USAID launched its family planning assistance programs, the publication of Paul Ehrlich's *The Population Bomb* attracted public attention in the United States. Ehrlich received wide coverage in the media, which stimulated public discussion on the consequences of rapid population growth. A number of U.S. organizations were founded to publicize the perceived dangers of rapid population growth, and population studies programs gained greater stature in American universities.²

In 1974, when the United Nations sponsored its first intergovernmental conference on population, the United States was a leading advocate of measures to reduce population growth (see Box 1). The U.S. position was strongly interventionist and echoed President Lyndon Johnson's remarks of the mid-1960s that \$5 invested in population control was worth \$100 invested in economic growth.³ U.S. funding for international family planning programs increased throughout most of the 1970s.

Among the earliest critics of these efforts were the very countries that received population assistance. At the 1974 World Population Conference in Bucharest, developing countries, organized as a Group of 77 nonaligned nations,

Box 1

International Meetings and Conferences on Population

1954 World Population Conference, Rome

This technical meeting of population experts brought together scattered information about demography, which was still evolving as an independent discipline. Organized by the International Union for the Scientific Study of Population (IUSSP) and the United Nations, the meeting produced new insights into the consequences of population growth and a mild warning that major world population change was imminent. No formal resolutions or recommendations were issued. (455 participants from 74 countries)

1965 World Population Conference, Belgrade

Again composed of population experts and organized by the IUSSP and the UN, this was the first world meeting to discuss fertility as a policy issue for development planning. Unprecedented world population growth had spurred closer investigation of the demographic aspects of development. However, the advancement of scientific knowledge, rather than the development of policy, remained the goal. (852 participants from 88 countries)

1974 UN World Population Conference, Bucharest

This first UN intergovernmental conference on population shifted the focus of these meetings from exchanging knowledge to developing policy. Population was now widely perceived as a major international challenge. At the same time, economic progress was slow and poverty rampant in the developing world. Industrialized countries advocated programs to control population growth rates. Developing countries countered that "development is the best contraceptive," and resisted indifference from the industrial countries. Despite the controversy, delegates drew up the first international document on population policies and programs: the World Population Plan of Action. (136 countries participated and 109 Nongovernmental Organizations (NGOs) observed)

1984 International Conference on Population, Mexico City

This conference revised and extended the World Population Plan of Action based on current research and survey data and guided by the experience of governments with family planning programs. By 1984, public opinion in many countries had shifted in favor of government population policies. The U.S. delegation, however, retreated from its earlier leadership role and declared that population is a neutral factor in economic development. (146 countries participated and 139 NGOs observed)

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

The ICPD was the most comprehensive global meeting on population in this century, both in the subject matter and number of participants. Participants put aside the debate about whether family planning programs were more important than economic development for bringing down population growth rates (or vice versa). There was general agreement that both are needed. Furthermore, delegates acknowledged that meeting individual and family needs was crucial for achieving development goals. Delegates adopted a 20-year Program of Action that supersedes the Bucharest document and provides a broad population policy framework for the next century. (180 countries and 1,200 NGOs participated)

opposed the demographic targets advocated by the United States and other developed-country delegations. They argued instead for a "new international economic order" to correct the inequitable distribution of resources in the world economy. The head of the Indian delegation made famous the argument that "development is the best contraceptive."

Criticism of population programs continued on many fronts during the 1980s. In the United States, the most serious challenge came from anti-abortion activists, who opposed support for international family planning programs as well as access to abortion services. In addition, conservative economists in the Reagan administration viewed population as a "neutral factor" in economic development. They argued that if governments allowed free markets to work, economic growth and technological innovation would promote prosperity and overcome resource limitations brought on by growing populations. As a result, the U.S. government retreated from the strong positions it had taken earlier on international population issues.

At the 1984 World Population Conference in Mexico City, the U.S. government surprised conference organizers and other country delegations by announcing that it would withdraw funding from any organization that provided abortion services - even with funding from non-U.S. sources. This became known as the Mexico City Policy.

Ironically, it was during this period that developing-country governments were becoming more optimistic about the prospects for successful population policies and family planning programs. A wealth of survey data became available that documented women's desires to limit childbearing. Fertility had fallen measurably in East Asia and Latin America, which provided additional evidence of the desire for smaller families and effectiveness of family planning services. The Mexico City declaration called on governments "as a matter of urgency" to make family planning services "universally available." This was regarded as an achievement by UN planners who had worked for years to increase awareness of demographic problems.⁴

Also during the 1980s, feminists and women's health advocates became increasingly critical of population policies and donor-driven family planning efforts; they often asserted that government funded programs were distributing contraceptives with little regard for the health of women who used them. Women's rights advocates in developed countries found colleagues in developing countries who also opposed top-down, target-driven approaches to stabilizing population.

Especially in Asia, where governments are the largest providers of services, programs have been administered and evaluated based on demographic targets and quotas. Women's advocates attacked this

practice on the grounds that it violates women's rights to reproductive freedom and promotes coercion. Programs run according to targets and quotas, they argued, tend to emphasize numerical goals at the expense of the quality of services delivered.

The Changing Policy Environment

When the world community met to discuss population and family planning issues in Cairo in September 1994, the political landscape was different from past decades. The meeting attracted more attention from high-level policymakers, citizen activists, religious leaders, and the media than any preceding population conference. A number of factors paved the way for this new visibility for population issues and for progress made in forming a new international consensus. The end of the cold war, the formulation of population policies in many developing countries, and the ascendancy of nongovernmental organizations - especially women's advocacy groups - all contributed to a higher profile for population issues.

Shift in Strategic Concerns

The world's most powerful countries faced different strategic concerns in 1994 than they did a decade earlier. The post-World War II period had been dominated by competition between the United States and the Soviet Union. During the cold war, strategic concerns were paramount; each superpower vied for allies among the developing countries. Following the collapse of the Soviet Union and transformation of most other former communist countries, economic and social concerns gained a higher priority on the agendas of newly elected officials.

U.S. foreign policy in the 1990s is no longer dominated by the arms race and the strategic issues of past decades. More attention is being given to societies in crisis and to transnational concerns, including population, refugee movements, migration, environmental degradation, terrorism, and narcotics trafficking. The U.S. government's renewed emphasis on these issues reflects the realization that, in an increasingly interdependent world, no country can be entirely insulated from the consequences of economic, social, and environmental change in other parts of the globe.

U.S. Population Policy

The United States does not have - nor has it ever had - an explicit population policy. However, during its first days in office, the Clinton administration broke with the Reagan and Bush administrations on its approach to many population-related issues. In January 1993, President Clinton reversed the Mexico

City Policy of 1954. He renewed support for UNFPA and the IPPF, and reorganized the State Department to heighten the priority of population and other global issues.

The U.S. administration was an ardent supporter of the Cairo ICPD and encouraged broad participation by the public and nongovernmental organizations (NGOs) in the conference. Strong support from the United States contributed to the high degree of consensus that emerged in international negotiations on population issues. Moreover, the willingness of the U.S. administration to incorporate the views of women's groups and other NGOs in its policy formulation helped reduce tensions between the federal government and critics of its population programs.

Developing-Country Support for Population Policies

Developing-country commitment to population-related interventions has continued to expand since the Mexico City conference. Just over half the developing countries have comprehensive national population policies. Such policies cover a wide range of issues, but they invariably include maternal and child health and family planning. About 130 national governments currently subsidize family planning services. This includes about 65 developing-country governments that specifically want to slow population growth.⁵

A large number of these national policies were established as recently as the 1990s, particularly those in Africa. Of the countries reporting to the UN that they did not have national policies in 1994, 91 percent said that they intended to formulate one in the near future. This is a clear reflection of governments' rising commitment to population-related concerns.⁶

Greater Involvement of NGOs

Nongovernmental organizations have had greater input into international forums in recent years. The UN Conference on the Environment and Development (UNCED), held in June 1992 in Rio de Janeiro, Brazil, was a breakthrough event for NGOs that set the stage for greater participation in the 1994 ICPD. At the Rio conference, NGOs held a large parallel conference, the NGO Forum, as an alternative setting for speakers and for exchange of information. The NGO Forum in Cairo was modeled on this experience.

Prior to UNCED, NGOs attended international conferences and privately advised governments on their particular areas of interest, but they were given little official recognition. UN conferences of the past were considered to be mainly intergovernmental affairs.

In the 1980s, NGOs gained increased recognition for their role in the fields of population, health, and family planning. In some countries, NGOs (many funded by the U.S. government and multilateral agencies) were the major providers of family planning services. In others, when governments had to reduce spending on social programs, NGOs stepped in to fill the gap. Many NGOs developed solid working relationships with national governments as they helped provide services. This is particularly true in sub-Saharan Africa and Latin America. As a result, NGOs have found more opportunities to play a role in policymaking.

More than 1,500 NGOs were accredited to the ICPD, and approximately 1,200 were represented in Cairo. They ranged from well-known international groups such as IPPF and the World Council of Churches to the regional Development Alternatives for Women in a New Era (DAWN) and local Egyptian community development organizations. Some NGO representatives were on national delegations; many others lobbied their countries' delegates in corridors and separate meetings. This participatory process resulted in a conference document that was not only more comprehensive but also potentially more legitimate.

The Influence of Women's Groups

Women's groups have emerged as a well-organized and potent force on the international scene. Some women's groups began building active networks years in advance of the Cairo conference. They developed and distributed information materials that were widely used by governments and NGOs preparing for the conference. The Women's Caucus at the ICPD reportedly comprised more than 400 organizations from 62 countries. Their consistent pressure on national delegations was largely responsible for strong language in the Cairo document promoting women's health, rights, and opportunities. Women's advocacy groups see these objectives as worthwhile independent of population concerns. While women's views on population issues are diverse, an important resolution of the Program of Action - that women's empowerment is key to stabilizing the world's population - can be seen as a product of mainstream women's concerns.

The Vatican Controversy

Some observers of the 1994 ICPD argue that the divisive issue of abortion put the Cairo meeting on the world stage because it attracted journalists' attention and generated front page news around the world (see Box 2). Pope John Paul II made it clear well in advance of the conference through widely disseminated statements and correspondence that the Vatican would vigorously oppose any language in

Box 2

ICPD and the Religious Community

Some of the most intense discussions at the ICPD in Cairo touched on ethical and family issues that are at the heart of many religious beliefs. The Program of Action had to be carefully worded to satisfy widely diverse views. Because the Vatican's campaign against some provisions of the document dominated headlines, most Americans probably saw ICPD through the lens of the Vatican's concerns. Yet, representatives of many religions came to Cairo to grapple with the issues and make their voices heard.

The Vatican was able to play an active role at the ICPD in part because of its unique permanent observer status at the UN. During the preparatory process for the ICPD, the Vatican and several Catholic countries, such as Honduras, Ecuador, Belize, and Malta, opposed sections of the document dealing with abortion, sex education, contraceptive services for adolescents, and the family, on the grounds that the language was contrary to church teachings. In Cairo, debate over abortion language tied up deliberations for days until delegates reached an historic compromise on abortion. At the end of the conference, in a conciliatory gesture that surprised seasoned observers, the Vatican joined in the consensus document, although with reservations on specific issues. This was the first time the Holy See had agreed to the official report of a UN population conference.

Dissident Catholic voices used Cairo as a forum to express their opposition to official church stands. The U.S. group Catholics for a Free Choice and its counterparts in Mexico, Brazil, and other Latin American countries, *Catolicas por el Derecho a Decidir*, held forums, lobbied delegations, and vigorously engaged the press in dialogue. Another group, Catholics Speak Out, purchased advertisements in the daily conference newspaper criticizing the Vatican's positions.

ICPD presented an opportunity for the Islamic clergy of Egypt and academicians from Cairo's Al Azhar University to discuss issues of population, development, and women's status with the large Egyptian contingent attending the conference.

Unlike the Catholic Church's disavowal of "artificial" contraceptive methods, these Muslim spokesmen approved of using modern contraception for birth spacing. However, they opposed sterilization, except in rare cases, arguing that the decision of how many children come into this world is the province of God, not of human beings.

Cairo's grand mufti, Mohammed Said Tantawy, the highest-ranking Spiritual leader of the Muslim community in Cairo, made a surprise personal appearance at the conference's NGO Forum, dispelling rumors that he disapproved of the conference. Nonetheless, the Cairo conference began and ended in controversy for Egyptian Muslims. Islamic fundamentalists denounced the conference and condemned the Program of Action's treatment of issues - such as sexual relations and childbearing among unmarried persons - as reflecting "Western" values that threaten the Islamic way of life.

Prior to the ICPD, the Chicago-based Park Ridge Center for Study of Health, Faith, and Ethics had convened an interfaith consultation that underscored the ethical nature of ICPD issues and emphasized that "no single faith may claim final moral authority in international discourse." At the NGO Forum, both the New York-based World Conference on Religion and

Peace and the Religious Consultation on Population, Reproductive Health and Ethics organized sessions of interfaith dialogue by world religions.

Many of these spokespersons embraced the goals of the Cairo conference. Daniel Maguire, a Catholic theologian from Marquette University, who spoke from the ICPD plenary floor, supported the "remarkably broad consensus" of the Program of Action. In a press conference of representatives of world religious traditions, Marilia Schuller, a Brazilian lay theologian with the World Council of Churches, praised the Program of Action for "making recommendations concerning human rights, environmental sustainability, overconsumption by the wealthy, gender equity, and women's empowerment." She said, "Recognition that these factors are interrelated opens a critical door toward the creation of a more just, egalitarian, and humane society." -- Susan Kalish

the document that appeared to promote abortion as a component of family planning and women's health. The Vatican also opposed sections of the document that it perceived as undermining marriage and family values.

The Vatican obtained support for its positions from a number of predominantly Catholic countries in Latin America as well as some Islamic clergy prior to the conference. Many delegations feared that the debate would scuttle important statements on women's rights and health. After long, arduous, and highly publicized drafting sessions, however, delegates crafted compromise language on the critical portions of the document dealing with abortion and reproductive health (see Box 3). Although some delegations voiced reservations about specific paragraphs in the text, every delegation at the conference, *including the Vatican*, ultimately joined the international consensus on the 113-page Program of Action.

Future Significance of Cairo

As a result of the Cairo process, the reframing of population issues has enlarged the constituency for population programs. By placing the causes and effects of rapid population growth in the context of human development and social progress, governments and individuals of all political, religious, and cultural backgrounds are able to endorse the recommendations of the Cairo document.

Even though it is not binding, the ICPD document can serve several important purposes. It gives legitimacy to a particular framework of thinking about what needs to be done to bring down population growth rates, and it provides guidance to policymakers and program planners. It influences government policies on population, in part through the international peer pressure that arises from the document-drafting process. The document can be used to pressure donors to provide more funds for population-related activities, and it can be used by

Box 3

The ICPD's Compromise Language on Abortion

"In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion* as a major public health concern and to reduce recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances in which abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complication arising from abortion. Post-abortion counselling, education and family planning should be offered promptly which will also help to avoid repeat abortions."

-- UN, "Programme of Action of the International Conference on Population and Development," Section 8.25.

* Unsafe abortion is defined as a procedure for terminating as unwanted pregnancy either by persons lacking necessary skills or in an environment lacking the minimal medical standards or both.

NGOs to hold governments accountable for necessary changes.

Some doubts remain, however, about the depth and breadth of the consensus. The diversity of views and values that exists in virtually every society ensures that sexuality and childbearing will remain sensitive public policy issues. Governments and citizens will be challenged to meet the ambitious goals of the conference because it may require bringing about social and behavioral changes in the face of opposition or long-standing cultural traditions. At the same time, continued rapid population growth adversely affects the well-being of millions of people and requires continued attention from governments and citizens.

Gender Equality and the Empowerment of Women

Whether and when the world's population stabilizes will depend in large measure on changes in the status of women around the world. This is not just rhetoric from the women's movement; a growing body of scientific evidence supports the view that improvement in women's status is good development policy and may well be the key to lower birth rates.

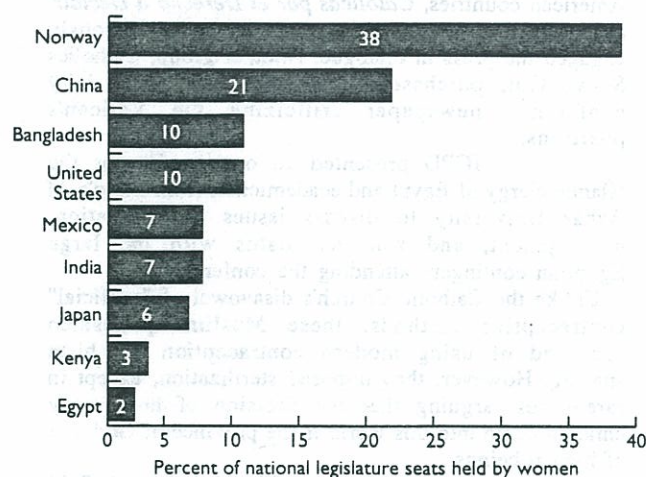
Cairo's International Conference on Population and Development was an important occasion for governments to reaffirm their commitment to equality for women.

Women's Universal Disadvantages

Based on national reports the UN received from 150 countries for the 1994 ICPD, certain characteristics of the status of women are common to all regions of the world: lower status and salary levels than men in the formal work force; large proportions of women in the informal sector of the economy; a rising number of female-headed households; lack of enforcement of legislation protecting women's rights; and under-representation of women in politics and decisionmaking positions.⁷ Women are poorly represented in national governments around the world, as illustrated in Figure 1. Norway has the greatest share of women in the national legislature - 38 percent in 1992. Women claim 10 percent or less of the seats in the national legislatures of the United States and most other countries.

Figure 1

Women's Share of National Legislatures in Selected Countries, 1992



Source: UNDP, Human Development Report, 1994 (New York: Oxford University Press, 1994).

Cultures throughout the world have historically given men and boys preferential treatment in a broad range of life matters: education, food, health care, employment opportunities, and decisionmaking authority. While the disparities today are usually much greater in developing countries, there are barriers to break down in all countries. The ICPD document notes that "in all parts of the world, women are facing threats to their lives, health and

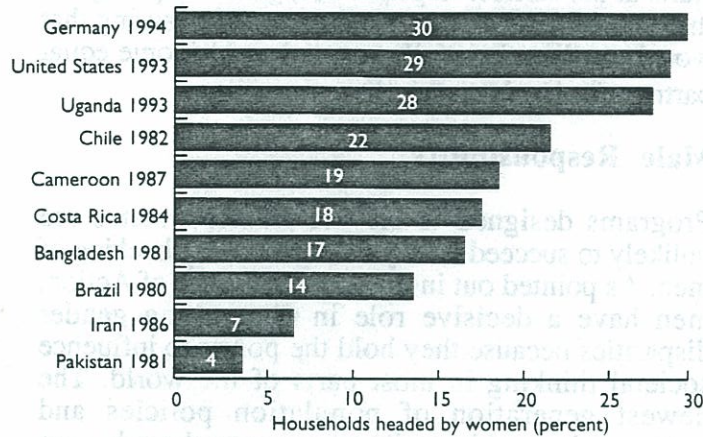
well-being as a result of being overburdened with work and of their lack of power and influence."⁸

Women often juggle multiple roles, balancing their time between household responsibilities and economic activity. Women are the primary custodians of the health and wellbeing of the family. Increasingly, they contribute to family income without a corresponding decrease in domestic chores.

As more households are headed by women (up to one-third in some countries), elevating women's status becomes an even more urgent national concern (see Figure 2). Woman-headed households tend to be poorer than those headed by men, and many women have all the household responsibilities without the power or resources necessary to meet them.

Figure 2

Percentage of Households Headed by Women in Selected Countries



Source: UN, *Demographic Yearbook 1987* (New York: UN, 1989); U.S. Bureau of the Census, *International Data Base*; and individual country reports.

Empowering Women through Education

Education is the prime avenue for elevating women's status. Throughout the world, women are less educated than men: Two-thirds of the world's estimated 960 million illiterate adults are women, and 70 percent of the 130 million children not enrolled in primary school are girls.⁹ Throughout the developing world, girls help their mothers with household chores and marry at early ages, which keeps them out of school and perpetuates their domestic roles. In many countries girls are less likely than boys to be enrolled in school, and adult women are less likely than men to know how to read and write (see Table 1).

There is abundant evidence that more educated women tend to have fewer children. Education per se does not directly lower fertility; rather, it influences fertility through other variables,

such as age of marriage, employment, and the timing and number of births. Educated women tend to marry later; thus they delay childbearing and have fewer children over the course of their lives. In many countries, women with a secondary education have about half as many children as those with no education (see Figure 3).

Table 1

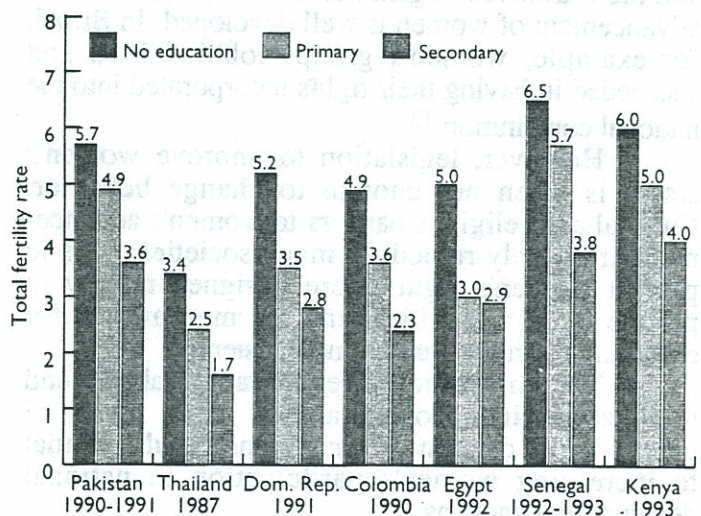
Gender Differences in Literacy and Education in Selected Countries, 1980s and 1990s

Country	Adult literacy rate 1990		Primary school gross enrollment ratio* 1986-92	
	Male	Female	Male	Female
Bangladesh	47	22	83	71
Brazil	82	81	101	97
China	87	68	127	118
Colombia	87	86	110	112
Egypt	63	34	109	93
India	62	34	112	84
Indonesia	88	75	119	114
Kenya	80	59	97	93
Mali	41	24	32	19
Nigeria	62	40	79	62
Pakistan	47	21	54	30
Philippines	94	93	113	111
Spain	97	93	109	108
Thailand	95	91	92	88
Turkey	90	69	115	110
Zimbabwe	74	60	120	118

* Gross enrollment ratio is the number of children enrolled in primary school as a percentage of the number of children of primary school age (6-12 yrs.). Ratios above 100 include children in school who fall outside this age group.
Source: UNICEF, *The State of the World's Children, 1995* (Oxford and New York: Oxford University Press, 1995).

Figure 7

Women's Education and Family Size in Selected Countries



Note: Total fertility rate is the average number of children born per woman given current birth rates. Not all education categories are shown.
Source: Demographic and Health Surveys.

Employment Opportunities

Education also expands women's employment possibilities and their ability to secure their own economic resources. Half the world's women - compared with nine-tenths of men - are reported as economically active in national labor statistics.¹⁰

Women are less likely than men to hold a paying job in part because women are not treated as equals to men in the workplace. Women are paid less than men throughout the world, although the gap is somewhat smaller in the developed countries. Women often compose the bulk of a country's work force in manufacturing. In the United States, however, women earn only two-thirds of what their male counterparts make in manufacturing jobs. This gap is similar in many other countries, such as Kenya, where women in manufacturing also earn two-thirds of what men make, and South Korea, where they earn only half as much as men.¹¹ Women earn less than men because they lack access to high-paying jobs, such as managerial and supervisory positions, and because they receive lower pay for comparable jobs.

In many developing countries, women hold less than 25 percent of formal sector jobs.¹² Instead, women work in the informal economy - in subsistence agriculture, in the markets, or in cottage industries - where their contribution often is not counted in official statistics.

Legislating Equality

Some governments have enacted legislation to provide equal opportunities for women and men and to protect women from discrimination. For example, in many countries in Africa, laws protect women in marriage and divorce and establish non-discriminatory regulations for employment. In Latin America and the Caribbean, legislation for the protection and advancement of women is well developed. In Brazil, for example, women's groups lobbied hard and succeeded in having their rights incorporated into the national constitution.¹³

However, legislation to improve women's status is often not enough to change behavior. Cultural and religious barriers to women's advancement are deeply rooted. In many societies, laws to protect women's rights were designed merely to placate vocal minorities, and the mechanisms for enforcing them are weak or nonexistent.

The elimination of exploitation, abuse, and violence against women and of other forms of gender-based discrimination is considered essential to increasing women's participation in national development agendas.

Emphasizing the Girl Child

Discrimination can begin even before girls are born. Sex-selective abortions have been reported in some countries of the world, such as China and India, where sons have a higher economic and social value than daughters.¹⁴ Reported cases of female infanticide have been attributed to the same reasons.

The preference for boys encourages families to invest more in their sons than their daughters, further perpetuating gender disparities. When food is scarce, for instance, girls often eat last, and usually least. Girls are also less likely than boys to receive health care when they become ill.

When boys receive preferential treatment within the family and community, girls grow up thinking that their contribution to society is less worthy than that of their brothers. Increasing the awareness of the value of girls and investing early in girls' lives - with more education, better health care, and sufficient nutrition - are the first steps toward advancing women's status.

The Cairo document notes that "Since in all societies, discrimination on the basis of sex often starts at the earliest stages of life, greater equality for the girl child is a necessary first step in ensuring that women realize their full potential and become equal partners in development."¹⁵

Male Responsibility

Programs designed to elevate women's status are unlikely to succeed if they do not have the backing of men. As pointed out in the Cairo Program of Action, men have a decisive role in eliminating gender disparities because they hold the power to influence societal thinking in most parts of the world. The newest generation of population policies and programs has paid special attention to the role men can play in easing women's domestic burdens. These programs are encouraging men to take an active part in all aspects of family life: attending to children's health, nutrition, and education; practicing family planning; providing economic support; and caring for their own - as well as their partners' - reproductive and sexual health.

This new emphasis takes men into previously uncharted territory. Recent Demographic and Health Surveys (DHS) conducted in developing countries have shown that men are reluctant to discuss family planning with their partners. Experience has shown that men are hesitant to seek out information and services, especially since many existing family planning programs were designed for women. The growing prevalence of AIDS and other sexually transmitted diseases has increased the importance of programs for men because the only methods of prevention - the condom and abstinence - both require men's cooperation.

Breaking New Ground

The Cairo document breaks new ground by calling for men and women to work as equal partners in all aspects of public and private life. As innovative - even revolutionary - as this approach may seem, it met with surprisingly little dissent at the Cairo conference. While different cultures approach such changes differently, no government could entirely reject the notion that women deserve better opportunities.

In addition to providing educational and employment opportunities, the Program of Action calls on governments and private sector entities (as appropriate) to take the following steps to end discrimination against women:

- ensure that women can own property equally with men, obtain credit and negotiate contracts in their own names, and exercise their rights of inheritance;
- eliminate gender discrimination in hiring, training, and wages;
- eliminate exploitation, abuse, and violence against women; and
- enact laws and implement programs enabling both sexes to organize their work around their family responsibilities.

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Women as Hidden Casualties Of the Cold War

Carole J. L. Collins

Few women counseled at family planning clinics from Delhi to San Juan know that many birth control programs offered to them were developed as a part of the West's arsenal in the Cold War.

A 1958 report commissioned by a presidential committee studying the U.S. Military Assistance Program argued that large and growing populations undercut poor countries' efforts toward economic development. As a result, the report concluded, there would be greater risks of political instability and "international class war" in which communism would defeat capitalism. The committee recommended government funding of population research as part of its "security program," suggesting that U.S. aid be channeled to countries "which establish programs to check population growth."

Since 1961, when the Kennedy administration created the United States Agency for International Development (USAID), population control programs in poor countries have been a cornerstone of U.S. development policy under both Democratic and Republican administrations. Instead of "alleviating the problems of injustice and poverty, USAID has turned to population growth as both the problem and the solution," says Frances Kissling, president of Catholics for a Free Choice.

The agency's mandate became more explicit in 1974, when Secretary of State and National Security Council head Henry Kissinger drafted National Security Study Memorandum 200 on "Implications of Population Growth for U.S. Security and Overseas Interests." NSSM 200 argued that rapid population growth could lead to unrest, which would threaten U.S. access to poor countries' mineral resources and encourage expropriation of foreign investment. The memorandum urged that the U.S. concentrate its population reduction efforts in the largest and fastest growing developing countries, where the U.S. had special strategic interests: Bangladesh, Brazil, Colombia, Egypt, Ethiopia, India, Indonesia, Mexico, Nigeria, Pakistan, the Philippines, Thailand, and Turkey. (In 1990, USAID was the source of almost 40 percent of all family planning funding provided by developed countries to poor nations around the world.)

Family planning has proven to be a particularly convenient way for rich countries to try to reduce (in the words of a 1982 Population Council working paper) pressures for "international wealth transfers from developed to developing countries." Interestingly enough, Kissinger foresaw the danger of a "serious backlash" if poor countries' leaders saw "developed country pressures for family planning as a form of economic or racial imperialism."

Under the Reagan and Bush administrations, USAID population policy took contradictory turns to appease the U.S. religious right wing. In 1984, at a U. N. conference in Mexico City, USAID announced it was defunding all private and U. N. organizations that refused to oppose abortion; the move was a blow to agencies like the United Nations Population Fund, which had received almost a quarter of USAID's population budget.

But at the same time, USAID has retained its strong programmatic emphasis on preventing births, even to the point of relaxing health guidelines intended to protect women at risk from certain contraceptives. A 1991 letter from USAID to the International Planned Parenthood Federation (IPPF) urged the organization to deregulate family planning by downplaying the need for certain laboratory tests and exams. The letter proves that "despite the U.S. policy announced at Mexico City, the focus of USAID is still on limiting the fertility of poor women in developing countries, using the most 'medically efficacious' methods," says Rosalind Petchesky, a professor affiliated with Hunter College's Reproductive Rights Education Project in New York City. Kissling agrees, remarking that at USAID, "women become the means rather than the end" - especially with advanced technology, such as Norplant, which has become a boon for USAID's population control programs. But Kissling maintains that there is a "need to separate two questions: Is Norplant an acceptable contraceptive? Yes. Is it open to abuse? The answer is also yes." She adds that "poor women are not valued by the medical establishment. Instrumentalism increases as a woman's power decreases."

In commenting on the letter, Perdita Huston, former IPPF-London's public affairs director, points out that it made no mention of AIDS. Based on her extensive talks with rural women in Africa, Asia, and Latin America, Huston also stresses the urgency of responding to their overwhelming demand for contraceptive services. "If it becomes too complicated to service them, how do we get anything to them?" says Huston. The problem, as she sees it, is that "by medicalizing family planning, it fell to male-dominated structures." The key to successful population programs, says Huston, lies in "involving nonmedical personnel." She adds that "women have to run the programs, not these men. A woman knows women's lives and what will make a difference."

Population was one of the most sensitive issues during preparations for last June's Earth Summit in Rio de Janeiro because it is the one issue that most starkly highlights the chasm between the wealthy North and the "developing" South. The U.S. had stressed population issues at the summit, and tried to exclude any discussion of overconsumption by the North as a cause of poverty and environmental degradation in the South. But

"one birth in the United States is the 'ecological equivalent' of twenty-five in India," said Dr. Malini Karkal, a past consultant to the World Health Organization.

The clashes in Rio are just the beginning. Women's groups have already started strategizing for the 1994 U. N. Conference on Population and Development in Cairo. Kissling notes that the feminist community should also be thinking about postelection possibilities: "It would be a new ball game with Clinton," who, she expects, will support better funding for family planning programs. But new funds shouldn't be spent in old ways: Kissling stresses that the new administration will have to be "educated about the ethical issues involved."

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