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# Reflections on the Changing Nature of the Population Movement

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Many have written about the metamorphosis of the erstwhile “population movement” during the last part of the 20th Century and it is hardly news today that a movement once committed to slowing or halting rapid global population growth became instead a movement committed to the spread of reproductive and sexual rights and improved sexual and reproductive health (generally known as SRHR). It occurred to me that the passage of time since the historic “paradigm shift” represented by the International Conference on Population and Development (ICPD) in Cairo in 1994 – now approaching 22 years – permits one to attempt a reasonably objective assessment of why this shift happened and what its consequences have been.

My own career was largely shaped by this history. As a college and graduate student in the 1960s, I was deeply influenced by the rise of population alarmism during that decade and was delighted when the opportunity came to join in the U.S. government’s response to the perceived crisis of rapid population growth across the entire developing world, or Third World as it was then called. At that time there was something of a consensus among American and global elites that

rapid population growth posed a serious obstacle to economic development and political stability in the affected countries, and, by extension, to the world as a whole. This consensus extended to many leaders in east and south Asia in the two decades following the end of World War II.

Long before population, or neo-Malthusian, alarmism gripped the western world and like-minded leaders across parts of Asia, visionary women like Margaret Sanger in the U.S. and Marie Stopes in the U.K. had launched an international birth control movement. Individual efforts in a number of countries across Europe, North America, and Asia coalesced in 1952 in the formation of the International Planned Parenthood Federation (IPPF) and a headquarters was established in London. During the 1950s, and into the early 1960s, the birth control movement slowly spread while, at the same time, concern about rapid population growth was growing in western capitals and a few places in Asia, particularly Japan and India.

Leaders of the population alarmist movement – men like John D. Rockefeller 3rd and William Draper in the U.S, and C.P. Blacker in the UK – saw the birth control movement as a natural ally and for several years through the 1950s they sought to persuade birth control leaders to join them in a global crusade to bring down birthrates, largely through the extension of contraception and contraceptive services throughout the developing world. The discovery and commercial development of modern birth control devices, notably the oral contraceptive pill and the IUD, made this a practical possibility beginning around 1960.

The birth control movement of the post-war years was not primarily motivated by, or even concerned about, population issues. It was largely focused on giving women control over their own reproduction. The main focus was on individual freedom rather than on the broader social goal of lowering birthrates. Indeed, many within IPPF actively opposed taking any money from the growing population control establishment on the grounds that working together with a movement that many in the developing world associated with neo-colonialism would undermine their own goal of expanding women's control over their own reproduction and their autonomy.

Notwithstanding the reluctance of some in the birth control, or what later came to be known as the family planning movement to cooperate with the population

movement, the enormous resources that began to flow to the latter soon made cooperation irresistible and inevitable. As first major American foundations like Ford and Rockefeller, and later governments such as Sweden, and later the U.K. and the United States began to pour money into international population programs, those wishing to expand birth control services around the world found that they had no alternative but to join forces with the large funding agencies.

And so, the industry known as the population movement came into being during the latter years of the 1960s, reaching full fruition with the establishment of the United Nations Fund for Population Activities, – UNFPA, today's UN Population Fund – in 1968. From the beginning, the movement was an unstable alliance, composed as it was of people and institutions of distinctly different orientations. The “family planners” in the movement remained concerned primarily with women's rights and the health of women, infants, and young children, while those with demographic goals in mind wanted to see birthrates decline and population growth rates eventually stabilize. What brought and kept them together was a common commitment to spread the availability of modern contraceptives as quickly as possible to as broad a cross-section of the population of reproductive age as possible.

But even in this commitment to universal access to family planning, the two sides had differing perspectives – a difference that eventually brought the unified movement to its knees. The difference lay in the degree of urgency each side felt about ensuring contraceptive practice. The family planners were always deeply committed to the principle of voluntarism: every couple should have access to information and services but should be free to follow their own consciences on the question of family planning practice. On the other side, some of a more demographic bent, including leaders in some governments, felt that population control was of such a high priority that the practice of family planning should not be a matter strictly of individual choice. The result in some places were policies and approaches that ranged from the outright coercion into forced sterilization, to cash incentives to be sterilized or to use long-acting contraceptive methods such as IUDs or contraceptive implants, to community targets and quotas for contraceptive use.

Not surprisingly, such practices provoked quite a strong reaction among groups concerned with human rights in general and with women's health and rights

in particular. Throughout the 1970s and into the 1980s there was resistance to the population movement in many parts of the developing world. During the height of the Cold War, this resistance was exploited by the socialist bloc, which created a strong coalition of countries that opposed the population movement as a western invention designed to ensure the continued subjugation of poor countries, many of them former colonies. East-west conflict dominated the first World Population Conference at Bucharest in 1974.

However, as the Cold War cooled more and more countries were adopting official policies to permit and encourage family planning. But even as the idea and the practice of family planning spread, violations of the principle of voluntarism continued to motivate important groups in many countries to oppose population policies based on demographic objectives because, they said, such policies often resulted in programs that were at worst coercive and at best disrespectful of women's interests.

So, two things happened through the 1980s and into the 1990s. First, the practice of birth control spread to the point where birthrates throughout the world had fallen and were continuing to fall quite dramatically. According to the authoritative Demographic and Health Surveys program, contraceptive use across the regions of Asia, Africa, the Middle East, and Latin America and the Caribbean rose from under 10% of women of reproductive age in the mid-1960s to nearly 60% by the mid 1990s. Over this same period, the total fertility rate (basically the average number of children born per woman) fell from around 6 to just over 2.5 children. A reproductive revolution had occurred or was well underway in every region except sub-Saharan Africa.

And second, a movement of sufficient strength, size and intensity had grown in opposition to demographically focused population policies that it was able to fundamentally shift the orientation of the movement from population concerns to a focus on individual rights and health. This shift – the famous “paradigm shift” of 1994 – occurred at the ICPD in Cairo in September of that year.

I joined the U.S. Agency for International Development (USAID) in 1971 and worked there for 20 years, serving at headquarters and overseas, and rising eventually to become head of its worldwide population program in the 1980s.

Throughout that period USAID was the primary instrument through which the U.S. Government pursued its interest in reducing high rates of population growth. While the program had always stressed voluntary family planning as a core principle, its emphasis on numbers, as well as its sheer size, made it a target of critics of the population movement. USAID was overwhelmingly the largest single donor agency in the field, accounting for something on the order of half of all external resources going into international population programs.

I spent my last four years at USAID away from population, working as head of the Agency's Mission to Kenya. I retired from USAID in 1991 and, after a year as the World Bank's Population Adviser, joined the Rockefeller Foundation as Director of the Population Sciences Program. It was during the year at the Bank and my first year at Rockefeller that I became aware of the intensity of the women's health and rights movement that had grown up in opposition to traditional population programs. I confess I was alarmed by this development, feeling both that it represented an overreaction to the abuses that had developed in a few countries, most notably in India during the period of forced sterilizations in the 1970s, and in China through its "one child" policy, and worried that a shift in focus away from population would result in diminished government support for family planning programs. I was concerned that the two sides, both contemporary versions of the traditional divide that has characterized the field throughout its existence, were at an impasse that could cripple the movement if not resolved.

While I certainly acknowledged at the time that critics of family planning programs had many valid points, I did not want their movement to result in a wholesale dismantling of the international coalition of governments and agencies that was implementing effective family planning programs. My humble effort in response was to present a paper in 1992 at the 40th anniversary conference of IPPF in New Delhi in which I attempted to show that meeting the unfulfilled demand for contraception around the world would result in significantly lower birthrates than the demographic targets most countries had set. Thus, I called for an end to fieldworker and community quotas and targets and setting a goal of fulfilling the unmet need for contraception in their stead. Doing so, I said, would shift the focus from the supply side to the demand side, genuinely responding to the expressed desires of women and couples.

I hoped that this approach would represent a sort of common ground on which the two sides could meet: the champions of individual rights and health and those who continued to be concerned about still high rates of population growth. While many agreed that fulfilling unmet need was a good way out of the impasse, the women's health and rights advocates by 1993 had the bit firmly between their teeth and were determined that the forthcoming 1994 International Conference on Population and Development would represent a watershed between the traditional population movement and a new movement for the sexual and reproductive health and rights of every individual.

The Cairo Conference, of course, came down heavily, if not exclusively, on the side of the reformers and left the traditional more demographically oriented community feeling somewhat isolated and demoralized. The almost simultaneous emergence of a full realization on the part of governments of the severity of the HIV/AIDS crisis resulted not in the dismantling of the family planning infrastructure that had been painstakingly erected over the past three decades but in its severe neglect, as resources were swiftly shifted from family planning to AIDS control and other priorities. My own feeling at the time was that those whose fervent efforts so successfully shifted the paradigm had inadvertently set in motion a retrenchment of family planning services that ultimately harmed rather than enhanced women's health.

To make a long story short, the years between 1994 and 2008 or so were dark ones for the international family planning movement, whether looked at from the perspective of reducing fertility or improving women's access to reproductive health services. To be sure, in some countries the paradigm shift did bring about a broader range of services for women and children but the overall effect was a reduction in the priority given to contraception, a plateauing or even a slight rise in birthrates in some places, and a general lethargy in the field. Perhaps most emblematic of the decline in priority was the decision in 2000 to leave population and family planning completely out of the UN's Millennium Development Goals – the central expression of development priorities of the first 15 years of the 21st Century. It is unimaginable that a comparable set of goals established say in 1975 or 1980 would have relegated population concerns and family planning programs to such a low status.

Turning now to IPPF, by the last part of the 20th Century IPPF's role in the movement had changed quite considerably. In the early years, say from 1952 to 1975, IPPF played a pioneering role in establishing the feasibility and credibility of family planning in scores of countries around the world, often taking risky and controversial stands in opposition to traditional foes of birth control and women's rights. But by the late 1970s, as more and more governments assumed responsibility for providing family planning through their own health systems, IPPF became more and more marginal, serving in most places merely as an auxiliary service provider.

I was determined when I arrived at IPPF in the autumn of 2002 to revitalize IPPF's traditional role as advocate and troublemaker. I thought IPPF, both at headquarters and through its 150-odd national member associations, should take on some of the still controversial and unresolved issues in sexual and reproductive health. These could be summarized under the rubric of five A's: **a**bortions, services for **a**dolescents, integration of family planning with HIV/**A**IDS programs, enhanced **a**ccess to meet the unmet needs of the most marginalized and remote populations, and **a**dvocacy as a central element of IPPF's operations. I wanted IPPF once again to be a recognized and powerful voice in the movement and I wanted family planning, as part of sexual and reproductive health, to be restored to a position of high priority within the international development agenda. To that end, I hoped that IPPF would become an effective advocate to belatedly restore family planning as a Millennium Development Goal.

It is for others to judge how successful I was during my brief four-year tenure as Director General of IPPF. I will say, however, that a coalition largely built by the international development agencies of the British and American governments and the Bill & Melinda Gates Foundation has managed to restore some degree of visibility and priority to family planning in the context of sexual and reproductive health programs. This was confirmed at the so-called London Summit on family planning in 2014. The decline in support for family planning programs has been reversed in a number of countries, and the special efforts directed at African states have resulted in considerably more SRHR and family planning activity in a number of countries. Family planning is more visible in the Sustainable Development Goals of 2015 – the UN's successor global agenda to the MDGs.

Did IPPF play an important role in any of this resurgence? I don't know, but I do know that IPPF has had a prominent place at the tables where these developments have occurred. In other words, whether coincidental or not, I think that the revitalization of advocacy energy I tried to instill at IPPF between 2002 and 2006, and which has been sustained by my successors, has tracked with the restoration of priority being accorded to SRHR and family planning in the subsequent years.

A final note: I have not written here about the link between population and sustainability. I take it as a given that those who are concerned about rising human numbers are to a considerable extent motivated by concerns about the sustainability of complex systems, whether these be environmental, economic, social, or political. The connection between human population growth and any one of these systems has long been the subject of debate and exploring any one of these connections is a complex and difficult chore. I was motivated to get into the population field because, as a young man I was convinced that solving any number of human problems – economic, ecological, social or political – would be made easier if the growth in numbers could be slowed. Nothing that I have observed over the past 45 years of working for four major development institutions and in dozens of countries around the world has changed that view.