Hindered Growth: The Ideology and Implications of Population Assistance

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Part I: Introduction

During the last decade the international community has spent increasingly large amounts of money on controlling the fertility rates and limiting the population growth of undeveloped countries, though the term ‘population control’ is rarely used to describe these activities. To avoid negative connotations of racism, imperialism and coercion, population control is packaged in the more acceptable terminology of environmental protection and women’s empowerment. Though people are the acknowledged center of development, at least in principle,¹ in reality, this ideal has been twisted to the point that control over people is seen as the cornerstone of development and population activities have become more and more identified with population control. Thus, population control has become ‘population assistance,’ and birth control has become ‘reproductive health services.’

Under the leadership of the United Nations and with the assistance of non-governmental organizations like the International Planned Parenthood Federation (IPPF), huge efforts have been undertaken to change cultural preferences and promote desire for smaller families; vast sums have been spent by developed and developing countries, private organizations and development banks to provide contraception and other reproductive health services alike to those who could not otherwise afford to buy them and those who have no wish to buy them. Behind this expensive provision of reproductive information and services ensuring Third World women their ‘reproductive rights’ is a clearly stated movement towards slowing population growth dramatically.

When this underlying agenda is clearly separated from its feminist wrappings and forced to stand on its own, most of the arguments in its defense are given on economic
and development grounds. Uncontrolled population growth is often presented as a primary cause of poverty, resource scarcity and unrest. However, no single relationship has been recognized between population growth and economic development and the environment and despite large population increases in the twentieth century, the economic and ecological disasters many predicted in the 1960s and 1970s have not occurred. In fact, rather that having a positive effect on development, slowing population growth has been shown to hamper many aspects of economic progress.

Both developing and developed countries have poured billions of dollars over the years into lowering fertility rates in the name of ‘population assistance’. This expenditure is supported by the women’s lobby as essential if women are to be empowered; by politicians and policy-makers it is justified in the name of economic and social well being. In reality, population control is pursued at the expense of women’s rights and to the detriment of real economic growth and social improvement. But ‘population assistance’ has been more than money badly spent; this mistaken emphasis on population is accompanied by relative neglect in other areas critically important to real economic growth.

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

1 ICPD Programme of Action, Principle Three
Part II-Population Control in UN Conferences

The United Nations has been, perhaps, the most important forum for the international population debate. Beginning in 1954, it has organized five international conferences addressing the issues of population and development, held in Rome (1954), Belgrade (1964), Bucharest (1974), Mexico City (1984), and most recently in Cairo (1994). The first two of these conferences were primarily scientific in nature, but the last three were held with the objective of developing population policy documents, setting forth principles, objectives and actions, of national and international scope and value.² Population issues have also figured at conferences devoted to other topics, including the 1992 Conference on Environment and Development, the 1995 World Conference on Women and the 1995 Social Summit.

It is possible to trace through the evolving language of these conferences and the documents they produced, ever mounting gains in an agenda of population control and cultural change. Historically its most enthusiastic advocates have been, with a few notable exceptions (China and India for example), the developed countries of the West. However, the United Nations and in particular the United Nations Population Fund has, in the 1990s, begun to play an increasingly important role in coordinating the global network of ‘population assistance.’ In this section we will present a chronological outline of population issues at the conferences of the United Nations, emphasizing the unchanging agenda behind evolving language.
A. Bucharest

As mentioned, the 1974 International Conference on Population and Development in Bucharest was the first to develop a document proposing objectives and actions; it was titled the World Population Plan of Action (WPPA). During this conference delegates from the United States argued strenuously for the need for population control, stressing issues of food security and problems associated with feeding the then-annual addition of 80 million people. Though the Hon. Casper W. Weinberger, Secretary of the US Department of Health, Education and Welfare and leader of the delegation, coupled these arguments with recognition of the right of couples to determine freely and responsibly the number and spacing of their children, he was forthright in promoting the notion of population targets. “My delegation,” he said, “will suggest in the working group on the World Population Plan of Action, national goals together with a world goal of replacement level of fertility by the year 2000.”

China and other less developed countries made it clear, however, that they were not prepared to accept the imposition of population control policies from richer countries like the United States. Objections were raised repeatedly at the emphasis placed on population to the expense of development. For example, the African countries insisted that the major need was for rapid economic and social development; Zambia portrayed the prevailing attitude: “It is highly erroneous to jump to the conclusion that Zambia’s economic failures were due to rapid population increase.”

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3 Johnson (1994), p. 111
5 Johnson (1994), p. 115
referring to demographic goals were deleted from the WPPA, but the ground was laid for
further population control action. Paragraph 99 states:

The effect of national action/inaction in the fields of population may extend
boundaries; such international implication are particularly evident with regard to
aspects of morbidity, population concentration and international migration, \textit{but
may also apply to other aspects of population concern}. (emphasis added)

this last phrase to imply that one nation’s population growth might be another nation’s
social problem. Such an interpretation moves issues of population policy beyond the
scope of national sovereignty and plants them firmly in the international arena.

\subsection*{B. Mexico City}

The 1984 Conference in Mexico City saw a reversal of roles in two of the
dominant figures in Bucharest. China, who had previously denounced the demographic
imperialism of the West, had since instituted the most aggressive population control
program in the world. Evidence of the coercive methods used by the Chinese
government to make women “think clear” about the population policy had reached the
rest of the world before the commencement of the conference. American sinologist
Steven Mosher in his 1983 book \textit{Broken Earth: The Rural Chinese} and later, China
scholar John Aird in his 1990 book \textit{The Slaughter of the Innocents: Coercive Birth
Control in China}, both give accounts of the psychological pressure and physical abuse
used to enforce the one-child norm. Partly as a result of the publication of Mosher’s
book, the US delegation to the UN Population Conference in Mexico City took a very
strong line on abortion, insisting that it was not be regarded as a method of family
planning. It further emphasized that the US would not provide family planning funds to any nation that engaged in forcible coercion to achieve population goals. Once again, despite the urging of the Secretary-General of the Conference and Executive Director of United Nations Population Fund (UNFPA), Dr. Rafael Salas, the document stopped short of advocating quantitative population growth targets, instead recommending the pursuit of relevant demographic policies if growth rates were considered a hindrance to the attainment of national goals. According to Stanley Johnson, this substitution could “hardly be said to have improved upon the language agreed at Bucharest.”

The international population community, so far from distancing themselves from China in the aftermath of the 1984 conference, actually defended that nation’s policies. Dr. Salas, Executive Director of the United Nations Population Fund, asserted that there was no truth in the allegation made by USAID in relation to China. He would later say in 1986 that China’s birth control practices were coercive by Western but not by Chinese standards. The United States warned UNFPA and IPPF that unless they ceased to fund the Chinese population programme they would lose all support from the US government. They refused to give such an assurance and in 1985, they lost the funding.

This pointed refusal to reject publicly Chinese birth control policy seriously undermined the population community’s avowed commitment to the provision of human rights. The “basic human right of all couples and individuals to decide freely and responsibly the number and spacing of their children,” recognized in the World Population Plan of Action, was evidently only a right when it was exercised in a manner

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6 Whelan (1992), pp. 31-34  
7 Johnson (1994), pp. 166  
8 Johnson (1994), pp. 178  
that the government considered responsible. In other words, that right can be overruled by the government, forcibly if necessary, at any time. This is the point that Chinese policy, and more importantly, reaction to Chinese policy made abundantly clear. As Aird (1990) says,

The claim by foreign family planners to respect the right of couples to determine freely the size of their families and the choice of contraceptive methods was put to its first test in China in the 1980s and failed. They sided with a brutally repressive regime against its people because it implemented their agenda.\(^\text{12}\)

This restricted understanding of human rights, prevalent throughout the population debate, is more significant today that ever in light of subsequent conferences and documents. Negative publicity and loss of funding in the wake of Mexico City reflected badly on the concept of ‘population control’ and the language of target rates soon gave way to the language of ‘sustainable development,’ ‘reproductive health’ and in particular, ‘reproductive and sexual rights.’

C. Rio de Janeiro

The concept of ‘sustainable development’ began to emerge during the 1992 United Nations Conference on Environment and Development in Rio de Janeiro, when an unmistakable link was created between population growth, development and the environment.\(^\text{13}\) A few years earlier, in 1987, the World Commission on Environment and Development had issued a report entitled *Our Common Future* that analyzed the elements necessary for 'sustainable development'; population stabilization was not among them.

\(^{10}\) Aird (1990), pp. 113-114

\(^{11}\) Grimes (1994), p. 216

\(^{12}\) Aird (1990)

\(^{13}\) This section draws heavily on Aguirre (2000), chapter 4.
The report argued that the world could have economic growth, elimination of poverty, and that this could be carried out in an environmentally sound and sustainable fashion if it was acknowledged that the word ‘sustainable’ implied limits. These limits, it argued, are “not absolute limits but limitations imposed by the present state of technology and social organization on environmental resources and by the ability of the biosphere to absorb the effects of human activities.”

Yet the conference addressed the Earth’s carrying capacity as an absolute limit and population size as approaching or exceeding that limit, reflecting the opening speech of its Secretary-General Maurice Strong. He said “[men] are the most successful species ever, but now we’re a species out of control…The world’s population has grown by 1.7 billion since Stockholm Conference in 1972 and 1.5 billion of those live in developing countries that are unable to support them. This growth cannot continue.” The idea was that the earth cannot support the population at its present rate of growth without irreparable damage. All development in order to be ‘sustainable development’ must be, they claimed, within the constraints the environment places on population size. As the rate of population growth at the time was considered too high, implicit in this last condition was the necessity of slowing population growth.

Point 3.2 of Agenda 21, one of several documents produced by the conference, states that “an effective strategy for tackling the problems of poverty, development and environment simultaneously should begin by focusing on resources, production and people and should cover demographic issues, enhanced health care and education, the rights of women, the role of youth and of indigenous people and local communities and

14 Brundtland Report, pg. 8 taken from Chapter Four of book
15 Strong, Maurice (1992)
democratic participation process in association with imported governance.” What the implementation of such a strategy would be became evident in Chapter Five, entitled “Demographic Dynamics and Sustainability.” According to point 5.17 of Agenda 21, “policies should be designed to address the consequences of population growth built into population momentum, while at the same time incorporating measures to bring about demographic transition,” the change from high birth and death rates to low birth and death rates. Thus, by using the phrase ‘sustainable development’ the same agenda of population control could be promulgated, while avoiding negative connotations of target rates, imperialism and coercion.

D. Cairo

The 1994 International Conference on Population and Development in Cairo was a much-anticipated event, attended by an estimated twenty thousand government delegates, United Nations representatives and NGO lobbyists. Unlike the 1984 conference, which generated a set of recommendations for the further implementation of the World Population Plan of Action, Cairo produced a new completed document, the Programme of Action. The Programme of Action is especially important in that it incorporates new arguments into the language of population control and recommends resource allocation for its implementation.

The Programme is a veritable showcase for the understanding of ‘sustainable development’ developed in Rio. The phrase is used repeatedly throughout the document and economic growth is almost never mentioned except within the context of ‘sustainable development’ or in a manner consistent with the relationship between population and
development that the phrase implies. Point 3.14 says that “efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing.” However, it goes on to imply that of these, population stabilization is absolutely essential, a sine qua non if the others are to occur.

Slower population growth has in many countries bought more time to adjust to future population increases. This has increased those countries’ ability to attack poverty, protect and repair the environment, and build the base for future sustainable development. Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life\textsuperscript{16}(…) Sustained economic growth within the context of sustainable development is essential to eradicate poverty. Eradication of poverty will contribute to slowing population growth and to achieving early population stabilization. Investments in fields important to the eradication of poverty, such as basic education, sanitation, drinking water, housing, adequate food supply and infrastructure for rapidly growing populations, continue to strain already weak economies and limit development options.\textsuperscript{17}

In listing actual actions to be taken in order to achieve ‘sustainable development,’ the Programme is less explicit, recommending only the promotion of “appropriate demographic policies.”\textsuperscript{18} But in the context of Chapter Three, the demographic policies which would be considered appropriate are unmistakable – policies that control fertility and limit population growth.

The argument for population control from ‘sustainable development’ is coupled in the Programme of Action with the issue of “women’s empowerment”. Women’s empowerment has long been an objective of feminist NGOs, who have often been critical of the “backward aspects” of some Third World societies. However, “this preoccupation with women’s issues in the Third World has made many blind to the ways others have

\textsuperscript{16} ICPD Programme of Action, paragraph 3.14
\textsuperscript{17} ICPD Programme of Action paragraph 3.15
\textsuperscript{18} ICPD Programme of Action paragraph 3.9
used those issues to very different ends.”¹⁹ In particular, access to and promotion of contraceptives is a measure advocated both for the empowerment of women and also as a necessity if population growth is to slow and eventually stop. By linking access to contraception to reproductive health and reproductive rights to women’s empowerment, the ICPD Programme of Action succeeded in making population policies “not just more acceptable [to the women’s lobby] but positively desirable.”²⁰

According to the Programme of Action, knowledge of and access to means of regulating fertility are integral aspects of the definition of reproductive health.

Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”²¹ (emphasis added)

Reproductive health is essential to the empowerment of women,²² which in turn is essential to ‘sustainable development.”²³ More importantly, enjoyment of the highest standard of reproductive health is identified as a universal human right and knowledge of and access to contraception is therefore also a human right.²⁴ This identification of reproductive health as a universal right moves the discussion considerably beyond the issue of national development and onto the international level. The provision of

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¹⁹ Simons (1994), p. 34
²⁰ Simons (1994), p. 35
²¹ ICPD Programme of Action paragraph 7.2
²² ICPD Programme of Action paragraph 4.4(c)
²³ ICPD Programme of Action paragraph 4.1
contraceptives is no longer merely advisable in the interest of sustainable development. It is positively necessary in order to ensure everyone, especially women, their human rights. As a consequence, developed countries can legitimately be called upon to provide them when developing countries can not afford to do so. In addition, the Programme of Action specifically addresses the ‘reproductive rights’ of adolescents, saying that the “reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services.”25 This focus on reproductive health throughout the Cairo Programme of Action was a point of contention during the conference for developing countries who wanted to focus instead on real economic development.

The freedom to exercise these reproductive rights without coercion is repeated several times in the document. Yet through this language of human rights runs the same ideology of population control found in the World Population Plan of Action and so much in evidence in the Chinese population policy of the 1980s. Following the description of ‘reproductive rights’ in paragraph 7.3 is this qualification:

In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning.26

Once again, the provision of human rights is only within the context of a responsibility towards the community that is determined and promoted by the government; in developing countries, this is almost always a responsibility to limit family size. Thus, governments not only supply contraceptives, but also subtly force a need for them. Though achieved more gradually, the effect is the same as the more obvious coercion of

24 ICPD Programme of Action paragraphs 7.2 and 7.3
25 ICPD Programme of Action paragraph 7.41
China – population control. Furthermore, by elevating contraception to a reproductive right, the appeal for international population assistance is much strengthened.

This evolution of terminology and argument is made extremely significant by the proposed implementation of the document and the resources allocated for that implementation. Although the Programme of Action explores the relationships and interrelationships between a wide variety of subjects relevant to development\textsuperscript{27}, a marked emphasis on the importance of reproductive health to the exclusion of other services becomes increasingly evident in three of the last chapters, “National Action”, “International Cooperation”, and “Partnership with the Non-Governmental Sector”.

For example, in paragraph 14.4 on national capacity-building for population and development, the transfer of appropriate technology to developing countries is discussed only in relation to the provision of contraception.

In this respect, important elements are to find accessible ways to meet the large commodity need, of family-planning programmes, through the local production of contraceptives of assured quality and affordability, for which technology cooperation, joint venture and other forms of technical assistance should be encouraged.\textsuperscript{28}

However, this emphasis is seen most clearly in the section on resource mobilization and allocation. Here it is noted in general terms that “additional resources will be needed” for programmes addressing women’s status and empowerment, employment generation, and poverty eradication through sustained economic growth in

\textsuperscript{26} ICPD Programme of Action paragraph 7.3

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the context of sustainable development. It is also said that the health and education sectors will require additional resources to strengthen the primary health-care delivery system, child survival programmes, emergency obstetrical care, and provide universal basic education. But it is only in reference to reproductive health that specific and concrete dollar amounts are cited.

A comprehensive package of reproductive health services, in later United Nations reports referred to as the “costed population package,” is outlined in paragraph 13.14. It includes four components: family planning services, basic reproductive health services, STD/HIV/AIDS prevention activities, and basic research, data and population and development policy analysis. The estimated cost for the implementation of these programmes in developing countries and countries with economies in transition is as follows: $17.0 billion in 2000, $18.5 billion in 2005, $20.5 billion in 2010, and $21.7 billion in 2015 – a total of $77.7 billion by the year 2015. Of this, the lion’s share is devoted to family planning services and the delivery-system costs associated with them - $10.2 billion in 2000 as compared to $5.0 billion for the reproductive health component, $1.3 billion for STD/HIV/AIDS prevention and $500 million for research, data, and policy analysis. Domestic sources are expected to fund two-thirds of the costs, with the remaining one-third coming from voluntary contributions of donor countries.

Chapter Fourteen, “International Cooperation”, exhorts the donor community to translate its commitment to the objectives and quantitative goals of the Programme of Action into commensurate financial contributions – in 1993 US dollars – $5.7 billion in 2000; $6.1 billion in 2005; $6.8 billion in 2010; and $7.2 billion in 2015. 

28 ICPD Programme of Action paragraph 14.4
29 ICPD Programme of Action paragraphs 13.19 – 13.19
financial institutions are encouraged to increase their financial assistance “particularly in population and reproductive health, including family planning and sexual health care.”\textsuperscript{30} Also, bilateral financial sources, regional banks and multilateral financial institutions are invited to consult with the United Nations Population Fund and other United Nations organizations with a view to coordinating their financing policies and planning procedures.\textsuperscript{31}

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

**Part III-The Reproductive Health Package as Population Assistance**

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

**A. The Arguments**

\textsuperscript{30} ICPD Programme of Action paragraph 14.18  
\textsuperscript{31} ICPD Programme of Action paragraph 14.13
Though related and interrelated in innumerable ways, the arguments for the reproductive health package generally fall in line with either the immediate goal of reproductive health or the long-term objective of population stabilization. The goal of reproductive health is said to have beneficial effects on women’s health and education and its promotion is therefore for the individual good. Population stabilization is also said to have beneficial effects on quality of life for all and so is promoted as a common good. The agreement between the two is always emphasized, so that the common good is never seen to be advanced at the expense of individual good.

1. Reproductive Health - The Individual Good

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

Perhaps the simplest argument for the reproductive health package is concerned with the provision of human rights. According to this reasoning, it is the responsibility of a nation's government to ensure, as far as possible, the exercise of universal human rights by its citizens. Reproductive health, defined as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes," has been
recognized as just such a right in several international documents.\textsuperscript{32} Therefore, the reproductive health program described in the ICPD Programme of Action is necessary in order to guarantee a basic human right to a large portion of humanity. As is consistent with the duties of a government to its citizens, developing countries are expected to finance a large portion of the bill. But because many developing countries cannot afford the cost of a comprehensive reproductive health program, the wealthier countries of the international community are also encouraged to contribute generously so that all may enjoy reproductive health.

In addition to being a human right, it is maintained that reproductive health and universal access to contraception are integral to achieving equality between men and women. The Platform of Action of the Fourth World Conference on Women states in paragraph 92 that “the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.”\textsuperscript{33} Furthermore, this right is not only basic, but a necessary pre-condition if women are to effect progress in other aspects of empowerment. According to Dr. Nafis Sadik, executive director of the United Nation Population Fund, when a woman “trapped in the web of tradition that determines [her] worth solely in terms of [her] reproductive role” “realizes that she can make decisions regarding her reproductive function, this experience of autonomy spreads to other aspects of her life. It is the first, essential step on the road to empowerment and to making contributions to the real development of society.”\textsuperscript{34} That empowerment finds expression in a woman’s improved health care and education, which in turn improves the health and education of her children.

\textsuperscript{32} inter alia ICPD Programme of Action and Beijing Declaration Platform for Action
\textsuperscript{33} Beijing Declaration Platform for Action paragraph 92
The large discrepancy between maternal mortality rates in developed and developing countries – a ratio of approximately 27 maternal deaths per 100,000 live births in developed countries compared to 480 maternal deaths in developing countries\textsuperscript{35} - is considered both a social injustice and a serious health concern. It indicates Third World women’s disadvantaged position in society by reflecting the poor nutrition, medical treatment and education afforded them. And this mortality affects the well-being of others, particularly children. Each year, almost 8 million stillbirths and early neonatal deaths (deaths within one week of birth) occur. These deaths are caused largely by the same factors that lead to maternal death and disability – women’s poor health during pregnancy, inadequate care during delivery and lack of newborn care.\textsuperscript{36} Moreover, the child that survives a mother’s death is up to ten times more likely to die within two years than a child with two living parents.\textsuperscript{37} The ICPD Programme of Action encouraged all countries to “effect significant reductions in maternal mortality by the year 2015; a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015.”\textsuperscript{38} Its “costed population package” is presented as a step toward reaching these goals.

It is also argued that the smaller families enabled (and in fact promoted) by family planning services also have an important impact on education for both women and children. The ability to delay or limit childbearing allows a woman to continue her education and improve her capacity to contribute to her family and community. Having less children would allow each one to receive better care and education: cross-household

\textsuperscript{34} Sadik (1994), p.126
\textsuperscript{35} UNFPA (1999)
\textsuperscript{36} Safe Motherhood Coalition, http://www.safemotherhood.org
\textsuperscript{37} Safe Motherhood Coalition, http://www.safemotherhood.org
surveys have revealed an inverse relationship between the number of offspring in a family and per-child family expenditure and a strong inverse empirical relationship has been found between the number of children in the household and child nutrition.\textsuperscript{39}

It is ironic, given the population movement's questionable human rights record, that the case for the reproductive health package should rest so squarely on this particular issue. This argument ignores the fact that family planning programs have a long history of human rights violations and abuses in nations as diverse as China, India, Sweden and Peru. Even when physical force is not used, these programs employ subtly manipulative methods to lower fertility.

The human rights violations exposed in China demonstrate graphically the difficulty of achieving government-instituted demographic goals while preserving human freedom. However, the ICPD Programme of Action tries to reconcile the difficulty and presents these two objects as theoretically compatible. It decries all forms of coercion repeatedly and states that

\begin{quote}
“Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients.”\textsuperscript{40}
\end{quote}

Despite this hopeful language, experience has consistently shown that this compatibility does not play out in reality. Though freedom of choice in matters of procreation is highly touted by the women’s lobby, in practice this freedom does not extend to the right to have six or more children, a phenomenon still not unusual in parts of the developing world.

High fertility is usually not the result of lack of access to family planning services and the contraception they provide. There are many valid cultural and economic reasons

\begin{flushleft}
\textsuperscript{38} ICPD Programme of Action paragraph 8.21
\textsuperscript{39} Sadik (1994), p. 126
\end{flushleft}
a woman, especially one living in the Third World, may desire a large family. According to Lans Pritchett of the World Bank, writing in the March 1994 issue of *Population and Development Review*, desired levels of fertility account for 90% of differences across countries in total fertility rates.\(^{41}\)

This means that in order to reduce fertility and slow population growth, governments cannot merely provide access to contraception and leave couples completely free to use it or not as they choose; they must also create a desire for smaller families. Creating this desire through media campaigns, incentives, social pressure and population education is less blatantly coercive than forcing a woman to have an abortion; but the tactic still rests upon the assumption that women, particularly Third World women, cannot be trusted to act in their or their community’s best interests and must be managed or regulated. Thus, she becomes a tool of policy.

A prime example of this mindset is the statistic of ‘unmet need’, often cited by international family planners to justify demands for ‘population assistance’ funding. ‘Unmet need’ is said to represent the number of couples who wish to space or prevent another pregnancy but lack access to a full-range of modern contraceptive services. Estimates vary widely, but the Cairo Programme of Action talks about 350 million couples worldwide, “many of whom say they want to space or prevent another pregnancy.”\(^{42}\) This statistic of ‘unmet need’ is rather misleading because it is something not only fulfilled by family planning programs but also *created* through population education and counseling. According to the World Bank:

\(^{40}\) ICPD Programme of Action paragraph 7.12
\(^{41}\) Pritchett (1994), p. 2
\(^{42}\) ICPD Programme of Action paragraph 7.13
To some extent family planning programs do more than simply satisfy unmet need; they actually generate and then fill such need.\textsuperscript{43}

As Vidya Pense, project manager for the Family Planning Association of India says of the women serviced by the Indian population programme, “[t]hey don’t always perceive their needs. The welfare worker has to point them out.”\textsuperscript{44}

The women's lobby has largely ignored the subtle and not so subtle coercion employed by demographic planners, presumably because the universal provision of family planning services takes precedence over making known the abuses to which women are being subjected under these programmes. Feminists have allowed themselves to be used by those promoting population control. The good end of the women's movement - the achievement of equality between men and women - has been overtaken by another agenda and in the process women's empowerment has become synonymous with contraception provision. But making women the instruments of policy does not empower them.

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

\textsuperscript{43} The World Bank \textit{Population Change and Economic Development} pg. 94 quoted in Whelan pg. 39
and medical care; except as they prevent recourse to unsafe abortion, family planning services are fundamentally unrelated to true reductions in maternal mortality. Unfortunately, the valuable medical treatment that the reproductive health package does call for is “piggy-backed” to various other services, including abortion,\textsuperscript{45} in the reproductive health services component of the package. And within the package as a whole, more than twice as many funds are assigned to the family planning services component than to the reproductive health services component.

Women's empowerment is based on much more than a woman's ability to regulate her fertility; it is based on a respect for women as human beings. The capacity to bear children is an integral element of women's humanity. Empowerment therefore entails fostering true respect for this capacity, and not merely allowing women to 'rise above' it when they wish to. By emphasizing the right to regulate fertility, rather than a respect for fertility, feminist policy has aligned nicely with that of population control - with detrimental effects on the empowerment of Third World women.

2. Population Stabilization - The Common Good

The expected long-term effect of the measures described in the reproductive health package, and the acknowledged objective of international population policy, is

\textsuperscript{44} Bishakha (1991) pp.6-8

\textsuperscript{45} Paragraph 8.25 of the ICPD Programme of Action states that “[I]n no case should abortion be promoted as a method of family planning (…) In circumstances in which abortion is not against the law, such abortion should be safe.” Abortion is therefore not included in the family planning component, but is found, although restricted by paragraph 8.25 in the reproductive health services component of the package. Paragraph 13.14 (b) describes the component: “information and routine services for prenatal, normal and safe delivery and post-natal care; abortion (as specified in Paragraph 8.25); information, education and communication about reproductive health, including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility
population stabilization - the slowing and eventual stopping of population growth. Though reproductive rights are never presented as only a means to this end, but always as an end in themselves, it is said that “reproductive and sexual rights for the individual, whether man or woman, are foundation stones of prosperity and a better quality of life for all people. As such, they are absolutely essential to any hope of achieving sustainable development.” Accordingly, the relationship between reproductive rights and development is one in which “global and national needs coincide with personal rights and interests”. Population stabilization is supported, then, as necessary to achieve ‘sustainable development’, echoing the understanding of that term formulated at Rio ’92 in its Agenda 21.

The “global and national needs” supposedly met by population stabilization are economic development and environmental preservation. Recent UN documents make no mention of the scientific debate regarding the validity of these claims; the ICPD Programme of Action stresses “general agreement” but in fact there is no conclusive evidence supporting either the environmental and or the economic argument.

Both arguments are rooted in another, more fundamental argument - that the Earth has a certain carrying capacity. Ecologists define carrying capacity as the maximal population size of a given species that an area can support without reducing its ability to support the same species in the future. When this number is reached, food an other resources become scarce and population declines until equilibrium with available resources is reached. This phenomenon is seen in animal populations - a classic example

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and appropriate treatment, where feasible; and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complications…”

46 UNFPA (1998), p. 28
47 UNFPA (1998), p. 4
being the twenty-nine reindeer introduced to St. Matthew Island in 1944. The reindeer propagated to six thousand, but in doing so destroyed their resource base. From six thousand, the population dwindled to fewer than fifty. The unprecedented population growth rates of the twentieth century have given rise to concern, and in many cases belief, that the human population is approaching, or has already exceeded capacity levels.

An implication of this premise is that the relationship between population and economic growth is seen necessarily as negative. It is an idea that dates back to Malthus: assuming a fixed level of resources (which the concept of carrying capacity inherently implies), the classical theory of population growth predicts a decrease in per capita income because more consumers divide any given amount of good and each worker produces less because there is less capital, private and public, per worker. In addition, the growing number of young children poses an additional burden in the reduction of consumption because they consume but do not produce; it also hinders women’s development as they may not be able to work outside the home. Finally, population growth hinders economic growth because, by reducing savings and education, it reduces investment. Consequently, slowing population growth is essential if growth is to be effected and poverty eradicated.48

The carrying capacity premise has other implications for the environment. It is argued that in approaching or exceeding the natural carrying capacity of the Earth, people are threatening the biodiversity and ecological balance of the environment - a one-time inheritance of human capital. Therefore population growth adversely affects future as well as present generations.

48 Aguirre (2000b),
These arguments have pervaded the media and public consciousness since the 1960s, creating an atmosphere where the numbers of population growth alone are regarded as proof of the need for population stabilization. But scientific and economic evidence do not support this attitude.

Firstly, the famines, shortages and ecological disasters widely predicted in the 1960s have not occurred, despite extraordinarily rapid population growth - world population has approximately doubled from three to six billion. Rather, quality of life has generally improved and per capita food production has increased. According to the 1998 *Human Development Report*, infant mortality has decreased more than 50% since 1960, malnutrition has been reduced by more than 25%, and the number of children receiving vaccination has increased by 80%. Alphabetization among adults has increased from 48% to 70% between 1970 and 1995. Primary education has increased from 48% to 77% while secondary education has moved from 35% to 47% during the same period. According to the 1999 *Human Development Report* “food production per capita increased by nearly 25% during 1990-1997. The per capita daily supply of calories rose from less than 2500 to 2750 and that of protein from 71 grams to 76.”

Furthermore, analysis shows that there is no statistically proven simple relationship between population growth and economic growth, population size and economic growth, population size and resources, or population growth and the environment. In 1986 the National Academy of Sciences published a study titled “Population, Growth, and Economic Development” examining the effect of slower population growth achieved by the reduction of fertility through national family planning programs; the results were ambiguous. Some countries show some correlation, others do
not and in no case is it possible to prove population size is what facilitated or hampered economic development.\textsuperscript{49}

These two circumstances - the absence of empirical and theoretical evidence of a causality between population and economic growth - suggest the presence of another variable - human capital. Nobel Prize winner Gary Becker introduced human capital as an important source of economic development, proposing a model of economic growth in which the rate of return on investments in human capital rises rather than declines as the stock of human capital increases. Man is creative and therefore the education of today implies more production in the future. For this reason, resources are not necessarily fixed and may increase as population increases. In a 1993 paper, Becker stated that training and educational programs together with physical capital investment are the important factors in economic development. He then concluded that those developed countries with negative fertility rates and underdeveloped countries would benefit from an expansion of both the pool of human capital and strengthening of the family as principle promoter of education and quality of life.

Most future population growth will occur in developing countries and the most vigorous efforts to stem population growth are also centered there. Policies to improve economic development by lowering birth rates in fact have the opposite effect by depriving countries of human resources and diverting funds from education, training and human capital, in addition to setting them up for an “aging population” problem which will put them in a worse economic condition.

\textsuperscript{49} Aguirre, (2000b)
B. The Population Assistance Network

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

There are three types of assistance according to the channel through which they run. Bilateral assistance moves directly from the government of a developed country to the government of a developing country. Multilateral assistance streams through United Nations organizations and agencies. Non-governmental assistance flows through international non-governmental organizations, such as the International Planned Parenthood Federation and The Population Council.

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

Figure 1. Sources of Funds for Population Assistance in Developing Countries

Source: Global Population Assistance Report 1996, UNFPA

However, multilateral organizations and agencies are of most importance as intermediate donors. Intermediate donors usually have an advisory function to recipient governments, a technical function and possibly a management function, if they themselves are employed as executing agencies. All intermediate donors have a programming function and the governing bodies of these donors decide which developing countries should benefit from the available funds. In addition to the multilateral organizations already mentioned, NGOs like IPPF and the Ford Foundation are extremely
important as intermediate donors, currently channeling most of the funds from primary donors for population assistance.

Lastly, there are two groups of recipients of population assistance. These are the governments of developing countries and national NGOs. National NGOs receive funds for programmes they themselves are executing. 50

Development banks are also considered a part of the population assistance network, though the funds they provide are treated separately, as they are in the form of loans, not grants, and therefore must be paid back. “Thus there may be a large and highly variable gap between the banks’ primary funds and their actual expenditures. Also, the development banks’ figures are multi-year commitments, recorded in the year in which they are approved but disbursed over several years.” 51

Cairo’s impact on the international population assistance network was significant, not only because it set quantitative monetary goals, but also because it clearly defined what constitutes ‘population assistance’. Its “costed population package” includes four components: (1) family planning services, (2) basic reproductive health, (3) STDs/HIV/AIDS prevention programmes, and (4) basic research, data and population and development policy analysis. It goes on to describe each of them in more detail.

The “family planning services” is defined as including:

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

The “reproductive health services” component is comprised of

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50 UNFPA (1996)
51 UNFPA (1996), p.18
information and routine services for prenatal, normal and safe delivery and postnatal care; abortion (as specified in Paragraph 8.25); information, education and communication about reproductive health, including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complication.

The STD/HIV/AIDS prevention programmes consist of

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

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

The analysis of funds in the Global Population Assistance Report has evolved over the years in an effort to align more closely with ‘population assistance’ outlined in paragraph 13.14. For example, the 1994 Global Population Assistance Report states that “[f]unds for population assistance support a wide variety of activities, including family planning programmes, demographic research, policy formation, population education, and activities focused on women, to the extent that such activities are relevant to population.”

In 1995 the report introduced a new classification which included several new categories - basic reproductive health, family planning services, maternal, infant and child health care, prevention of STDs, basic research, data, and population and development policy analysis, and population information, education and

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52 UNFPA (1994) p. 26
These categories were streamlined somewhat in the 1996 report in order to better reflect paragraph 13.14 and simplify reporting procedure. The categories were family planning services, basic reproductive health services, STDs, including HIV/AIDS activities, and basic research, data and population development policy analysis. Comparison between years should take into account the changing definitions and categories.

C. Resource Flows

 Cairo’s ambitious monetary goals for population assistance and domestic spending on reproductive health added new vitality to the population assistance network. Though international donors have thus far failed to reach the target of US$ 5.7 billion by the year 2000, population assistance levels have increased substantially since the early 1990s. In current US dollars, primary funds, including development bank loans, have gone from $1.306 billion in 1991 to $1.96 billion in 1997; a preliminary figure for 1998 is $2.06 billion (see figure 2). Population assistance as a percentage of official development assistance (ODA) has also risen - from 1.34% in 1991 to 3.18% in 1997 (see figure 3). In constant dollars, the growth has been less dramatic but still unmistakable (see figure 4).

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54 Constant dollars are current dollars that have been deflated (or adjusted) to measure a value over a series of years at the prices prevailing during a particular year.
Primary funds are contributions from donor countries, private sources, and multilateral organizations. Loans from development banks like the World Bank differ in that they must be repaid. Loans can be made at concessionary rates (IDA loans) or prevailing market rates (International Bank for Reconstruction and Development [IBRD] loans).


Note: Loans from development banks are not included.

Source: *Global Population Assistance Report 1996*
1. **Primary Funds**

Donor countries contribute the largest percentage of primary funds for population assistance; development banks also contribute significant funds, though they are in the form of loans and therefore not entirely comparable. Private and multilateral sources account for only a relatively minor portion of total primary funds (see figure 5); the significance of these agencies is best seen by the role they play in channeling and administering funds. For example, in 1997 donor countries contributed 78% of population assistance funds, development banks 14% and multilateral organizations and private sources only 2.5% and 5.4% respectively.

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**Figure 5. Sources of Primary Funds in Population Assistance**

Among private sources, a few organizations consistently rank among the top contributors - for example, the Ford Foundation, the Rockefeller Foundation, and the Bill and Melinda Gates Foundation. The same is true for donor countries. The United States, Japan, Germany, the United Kingdom, the Netherlands, and Sweden generally give among the greatest amounts of assistance (see figure 6).

2. **Channels of Assistance**

The figures for final expenditure through by channel of assistance illustrate well the complicated system of fund movement in the assistance network. For example,
though private sources (which may or may not be non-governmental organizations) account for only a small fraction of primary funds, NGOs currently manage the majority of final expenditures. In 1991, final expenditure was distributed fairly evenly between the three channels: bilateral 39%, multilateral 34%, and NGO 27%. By 1997 however, bilateral assistance had decreased to 23%, multilateral to 25% and NGOs accounted for 52% of final expenditure (see figure 7).

Among the agencies of the United Nations, the UNFPA is by far the most important multilateral channel of assistance. As previously mentioned, contributions to UNFPA are considered earmarked specifically for population activities and so are credited to a donor country. However, ever larger amounts of money flow through

Note: “Multilateral” on this graph does not include development banks.

Distribution of funds among specific NGOs varies much more. In general, the Population Council, Population Services International, and Family Health International make good showings, but the most consistently important NGO is the International Planned Parenthood Federation (IPPF), which accounted for 27% of NGO expenditure in 1992, 41% in 1993, 8% in 1994 and 1995, and 7% in 1996.

3. Expenditure by functional category

Because the classification of population assistance funds has changed from year to year, it is difficult to compare amounts with any consistency. Here is a brief overview of that evolution. In the 1992 Global Population Assistance Report, functional categories were given as core activities (activities which have the purpose of influencing population growth rates and related variables) and support activities (activities which were not core activities but carried out in conjunction with them.) Core activities were further divided in to ‘population policy and dynamics,’ ‘data collection and analysis,’ ‘family planning,’ and ‘population education and communication.’ ‘Population policy and dynamics’ represented 8% of final expenditures; ‘data collection and analysis’ comprises 9%; ‘family planning’ accounted for 69% and ‘population education and communication’ 9%. Support activities comprised only 5% of final expenditures.

The 1995 Global Population Assistance Report divided final expenditures thusly: ‘basic reproductive health services’ 10%; ‘family planning services’ 53%; ‘maternal, infant and child health care’ 7%; ‘prevention of sexually transmitted diseases, including
HIV/AIDS’ 6%; ‘basic research, data, and population and development policy analysis’ 16%; and ‘population information, education, and communication’ 8%.

The 1996 Global Population Assistance Report divides its final expenditure precisely along the lines introduced in the Programme of Action. They tally like this: ‘family planning services’ 37%; ‘basic reproductive health services’ 33%; ‘sexually transmitted diseases and HIV/AIDS activities’ 16% and ‘basic research, data, and population and development policy analysis’ 14%.

3. **Recipients**

Once the major recipient of population funding, Asia and the Pacific now ranks second in the amount of funds expended behind sub-Saharan Africa. Global and interregional spending has also increased considerably (see figure 8).

![Figure 8. Final Expenditure for Population Assistance by Region, in percentages](image-url)


Note: A large proportion of the final expenditures for global/interregional activities is for research benefiting various regions.
Long identified as a target for population assistance because of its large population and unregulated population growth, the Asia and Pacific region received more funds than any other region from 1983 to 1991 and again in 1993 and 1994. In 1997, it received approximately 26% of total final expenditures. Recently, Sub-Saharan Africa has begun to receive a larger portion of population assistance, with 28% in 1996 and approximately 26% in 1997. Funds for the global/interregional sector have increased from 18% in the pre-International Conference on Population Development to 28% in 1997.

D. The Major Players

It is evident from the above data that the population assistance network is well established and well supported - by both First World politicians, IPPF and feminists. Billions of dollars have already been spent on population activities and under the call of the United Nations and the Cairo Programme of Action, it is likely that billions more will be poured into population programs, now also supported by the Earth Charter. The fact that these programs are promoted by the women’s lobby often at the expense of women’s rights and by donor countries whose own low fertility and aging population are causing them problems, suggests that concern for women and developed countries is not the prime motivator.

In fact, one of the principle motives for developed nations to advocate population control is to safeguard national security. Feeling threatened by the rapidly growing population in less developed countries, developed countries are anxious to stem the tide using the contraception and other means of regulating fertility. It is a fear going back decades: in 1974, the National Security Council of the US completed a study entitled Implications of Worldwide Population Growth for US Security and Overseas Interests,
also known as the National Security Study Memorandum 200 or NSSM 200. The Memorandum expressed the grave fears that rapid population growth in less developed countries could be a cause of civil unrest, threatening the supply of resources necessary to the US economy, particularly if growing nations were to demand a greater share of the world’s wealth. Bearing in mind the anger expressed by Third World delegates at Bucharest toward Western notions of population control, the authors of the Memorandum recommended the following:

The US can help to minimize charges of an imperialist motivation behind its support of population activities by repeatedly asserting that such support derives from a concern with: (a) the right of the individual to determine freely and responsibly the number and spacing of their children...and (b) the fundamental social and economic development of poor countries. 

The feminists believe that the fertility of women is their main source of exploitation and have set as their first priority reproductive and sexual rights. Yet they are willing to overlook human rights violations in procuring them. This single-mindedness in the pursuit of a goal has allowed the population control advocates of the West to essentially use feminism towards their own end.

But there is a third player in this coalition, namely the pharmaceuticals supplying the Third World with contraceptives. As is indicated by the resources allocated in the Programme of Action, contraception is a multi-billion dollar business. Donor countries “house” the major pharmaceutical companies in the world. Furthermore, IPPF, a known lobbyist for some pharmaceuticals has played an important role on the spread of population control and lobbying at the United Nations. For example, at Cairo, more than 180 country delegates were IPPF employees – when this is put into the equation, the outcome of the document is not surprising.
Part IV - Towards True Development

If the countries of the Third World are ever to develop and in doing so elevate their many citizens living in poverty, the international community should invest in their real economy and human capital rather than in means of limiting population growth. Funds should be moved from ‘sustainable development’ to real development, from population education to education and training and from reproductive health care to more basic health care.

A. Investment in Real Economic Development

The International Conference on Population and Development covered a wide variety of subjects relating to development and the direction ultimately taken by the document was especially unfortunate because the emphasis on ‘sustainable development’ and reproductive health detracted attention and money away from other important points, such as those discussed in paragraphs 3.21 and 3.22.

Job creation in the industrial, agricultural and service sectors should be facilitated by Governments and the private sector through the establishment of more favourable climates for expanded trade and investment on an environmentally sound basis, greater investment in human resource development, and the development of democratic institutions and good governance. Special efforts should be made to create productive jobs through policies promoting efficient and, where required, labour-intensive industries, and transfer of modern technologies.

The international community should continue to promote a supportive economic environment, particularly for developing countries and countries with economies in transition in their attempt to eradicate poverty and achieve sustained economic growth in the context of sustainable development. In the context of the relevant international agreements and commitments, efforts should be made to support those countries, in particular the developing countries, by promoting an open, equitable, secure, non-discriminatory and predictable international trading system; promoting foreign direct investment; reducing the debt burden; providing new and

55 quoted in Grimes (1994) p.213
additional financial resources from all available funding sources and mechanisms, including multilateral, bilateral and private sources, including on concessional and grant terms according to sound and equitable criteria and indicators; access to technologies; and by ensuring that structural adjustment programmes are so designed and implemented as to be responsive to social and environmental concerns.

Unfortunately, this kind of real investment in government and economy is usually overshadowed in the United Nations by population issues. A review of spending in the major funds and programmes of the United Nations – the United Nations Development Fund (UNDP), UNFPA, the United Nations Children’s Fund (UNICEF), and the World Food Programme (WPF) – in accordance with the standard interorganizational classification of programmes developed by the Administrative Committee on Coordination (ACC), reveals that as population funds increased from 1990-1997, funds for industry, transport, communications, trade and development, employment, and science and technology all significantly declined (see figure 9). Even after an increases in funds in the sectors of industry, transport, trade, communications, and trade and development after 1995, spending for most of these was still below levels at the beginning of the decade. The decrease in spending in population after 1995 parallels and may be partially explained by the increased use of NGOs as channels of population assistance.
Note: Because of changes to the ACC programme classification categories, data for the energy sector is unavailable for the years 1990-1992. The numbers for the transport and communication sectors before 1993 have been estimated from the classification ‘transport and communications’ using the ratio between the sectors ‘transport’ and ‘communications’ in 1993.

Source: Compiled from *Comprehensive Statistical Data on Operational Activities for Development*, years 1990-1997.\(^{56}\)

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B. Investment in Human Capital

Education is essential to the development of human capital. Unfortunately, the attention given it is too often in relation to ‘sustainable development’, approaching it as a way to affect the number of children to which a woman gives birth and not as an investment in the person. In the *Comprehensive Statistical Analyses on Operational Activities for Development*, funds for education keep fairly good pace with funds for population after 1994 (see figure 10).

![Figure 10. Expenditures on Grant-Financed Development Activities of the United Nations System, by sector](image)

Source: Compiled from *Comprehensive Statistical Data on Operational Activities for Development*, years 1990-1997

Health care is another important investment in human capital and promotes economic development by increasing productivity, creating a demand for education and

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encourages domestic saving. In the United Nations, the focus on reproductive health is accompanied by serious neglect of other important health issues. The deaths from pregnancy complications or obstructed labor are not insignificant or unimportant, but in developing countries the number of deaths from malaria and tuberculosis far exceed the number of maternal deaths. An estimated 580,000 women die each year from pregnancy-related causes; many of these lives could have been saved by spending $1.50 on a delivery kit. Mortality due to malaria is estimated to be over one million annually and tuberculosis kills approximately two million people every year. Moreover, to devote more time and money to these major killers is not to neglect women: tuberculosis is the single leading cause of deaths among women of reproductive age.

It is estimated that the economic cost of malaria alone to African countries is 1-5% of GDP; direct and indirect costs of malaria in sub-Saharan Africa exceed $2 billion, according to 1997 estimates. Furthermore, drug-resistant strains of both malaria and tuberculosis are making the treatment of each more difficult.

Despite this urgency of the situation, awareness of and funds for these two diseases are both relatively small. For example, over the last three years, World Bank lending for malaria averaged $62 million and for tuberculosis averaged $58 million, compared to $508 million, $234 million and $426 million made available for population assistance in 1996, 1997, and 1998 respectively. The World Health Organization’s budget for control of communicable diseases totaled $87,739,000 in 1994-1995,

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58 Bloom (2000), p.1207  
59 WHO (1998)  
60 WHO (2000)  
61 WHO (1998b)  
62 World Bank
$99,304,000 in 1996-1997 and $105,545,000 in 1998-1999. These amounts are trifling compared to the recent annual population assistance levels of $2 billion; unfortunately, malaria and tuberculosis spending lack the well-organized international network and well-publicized global targets that population assistance does.

**Part V-Conclusion**

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

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

Unfortunately, so far from assisting the countries or peoples of the Third World, these funds actually hinder the true economic development of developing countries, who are often desperate for other forms of aid, and infringe on the human rights of their citizens, especially women, who often do not understand the contraception being given them. Instead of helping developing countries stave off economic disaster, this ‘assistance’ creates new problems for economies that can ill-afford to face them. Furthermore, the funds which developing countries themselves are encouraged to spend (accounting for two-thirds of international population spending) drain resources better spent elsewhere. Were the money currently spent on reducing fertility and providing women with contraception instead spent on reducing malaria and providing all women with education, the wealthy nations of the developed world would do much to further the development of poorer states in the present and provide for their continued development in the future.
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