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What's Needed to Solve the Population Problem?

By William N. Ryerson

The world is now growing by about 95 million people per year. Ninety-five percent of this growth is in the poorest countries that are the least equipped to feed, educate or employ these additional people.

While poverty may contribute to rapid population growth, it is also a consequence — in what amounts to a self-reinforcing syndrome. There are, however, cases in which population growth has been slowed significantly without any prior improvement in the standard of living, and cases in which improving economic situations have been accompanied by higher fertility rates.

On the other hand, since World War II, no country has gone from developing status to developed status without first reducing birth rates and population growth rates. The reason is simple. Reduced family size enables couples and nations to save a higher percentage of their income and invest it in education, government, and industry — all of which lead to increased productivity of the economy, greater employment, and higher incomes. Countries with large families tend to spend all of their income on immediate consumption needs of food, housing and clothing and have little left over to invest. As a result, fast-growing countries tend to suffer from economic stagnation — as is evident from many countries in the developing world.

Providing family planning contraceptive services has helped reduce fertility rates, particularly in Asia and Latin America. But meeting unmet demand for contraceptives is only part of the solution. The countries that have most successfully reduced population growth have emphasized changing attitudes of the people regarding the role of women, ideal family size, age of first pregnancy, and the benefits of using modern contraceptives.

Throughout the rest of the world, we've done the easy part — providing contraceptive services to those who want them. Access to services is still not perfect, but it's far better than it was even a decade ago in much of the world. But use of effective family planning methods will not result in population stabilization if desired family size is five, six or seven children. Access to family planning doesn't solve the

problem of husbands who prevent their wives from using contraception.

Recent Demographic and Health Surveys have found that, among the reasons given for not using contraception by women who are not pregnant and do not want to become pregnant, lack of access to contraceptives is mentioned infrequently; in many countries it is mentioned by less than one percent of the women as their reason for non-use. The top reasons generally are lack of knowledge, concern with the medical side effects of contraceptives, and opposition from the husbands.

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Mass media programs that model new forms of behavior are a neglected part of the answer. So are efforts to raise women's status, and provide mandatory education for children.

Research to measure the effects of such non-medical interventions is not yet taken seriously enough. Far more research is also needed to obtain a comprehensive, worldwide picture of family size preferences, both among contraceptors and non-contraceptors.

The broadcast media have a particularly important role to play in accelerating acceptance of family planning and small family norms since they reach large numbers of people very cost-effectively. Particularly important are entertainment programs which attract the largest audiences. Serial dramas are especially well-adapted to showing an evolution of key characters from traditional attitudes towards modern attitudes regarding family communications, the role of women, family size decisions, and the use of family planning.

An illustration of the importance of motivation is the fact that the contraceptive prevalence rate in Brazil is slightly higher than it is in Denmark (66 percent vs.

63 percent), but total fertility per woman in Brazil is more than twice that of Denmark.

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The primary problem is no longer lack of access to contraceptive services. The idea that there are 300 to 500 million couples not practicing contraception despite a stated desire to stop childbearing has been debunked within the last two years by demographer John Bongaarts, Vice President of the Population Council. His analysis leads to the conclusion that, at most, there are between 87 and 100 million women in the developing world outside of China whose reproductive desires differ from their actions — in that they would like to *delay* their next pregnancy but are not using a *modern* method of contraception. He points out that many factors account for this gap, of which lack of access is only one.

In fact, according to Charles Westoff of Princeton University's Office of Population Research, half the women categorized as having *unmet need* for contraception have no intention of using contraceptives even if they are freely available at their doorstep. The desire to delay or terminate childbearing is not adequate to bring about a reduction in fertility rates if women believe their lot in life is to take whatever God (or their husbands) give them, if couples cling to the tradition of producing large families, or if people are misinformed about the relative safety of modern contraceptives compared to the physical ordeal of bearing, say, ten children.

In an analysis of worldwide data, UNICEF, in a publication entitled *The State of the World's Children — 1992*, made the following statement: "If all women were able to decide how many children to have and when to have them, the rate of population growth would fall about 30 percent."

If this statement is true, the stunning significance of it is that, if all women everywhere had full access to contraceptives and used them with 100 percent efficiency to have only the number and spacing of the children they want, the rate of world population growth would drop only 30 percent.

The world needs to focus major attention on the remaining 70 percent of the problem. It's time to focus some significant effort on motivating the roughly 50 percent of the adult population who are not using contraception to begin practicing family planning for the purpose of achieving small family size. Equally important are the desired family sizes of the users of contraception. ■