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## THE UNITED NATIONS' FLAWED POPULATION POLICY

### INTRODUCTION

The United Nations' second World Population Conference met for more than a week earlier this month in Mexico City. Predictably, it called for greatly expanded funding for family planning assistance worldwide. The United Nations Fund for Population Activities (UNFPA), the conference's chief sponsor, will no doubt receive the largest portion of any assistance increase. For those Americans concerned with the rate and size of world wide population growth, the conference results probably appear reassuring. The assumption seems widespread that at least "something" is being done to contain the dimensions of the population explosion.

In the past two years, in fact, Congress has already increased significantly the family planning account in the Foreign Assistance Act. Under the Reagan Administration, spending has risen from slightly more than \$200 million to about \$250 million, with the House of Representatives having authorized more than \$300 million for FY 1985. About \$50 million of this would go to UNFPA. It would appear that Congress has anticipated the U.N. Population Conference request for expanded government support for family planning.

For those who believe that the population explosion is among the most troublesome crises facing mankind, however, the results of the Mexican conference and the congressional action should not be reassuring. Quite the contrary. The Conference results revealed a lack of intellectual honesty by the participants, particularly the family planning boosters. It is not that family planning programs per se are not worthy of support. But the suggestion that their expansion will bring the rate of population growth downward is without foundation.

The U.N. Fund for Population Activities plays a critical role in population-related programs worldwide. While the UNFPA officially takes a neutral stance toward the population policies adopted by its member governments, it is widely assumed by members of Congress and the American taxpayers that the UNFPA was not created to increase the world's population growth but to contain it. Indeed, when members of Congress vote year after year to support these programs they almost certainly do so convinced that the UNFPA, and organizations such as the U.S. Agency for International Development and the World Bank, "are doing something about the problem." In fact, what UNFPA does is not very effective.

This is clear from the proceedings in Mexico City. It should be obvious that economic growth and enhanced economic opportunity, given sufficient natural resources and spurred by free economies, can provide sufficient improvements in per capita living standards so that family size preference drops, in some cases drops rapidly. It should also be obvious that people in the developing world want large numbers of children, usually four to six per couple. Drowning them in contraceptives, therefore, will not suddenly change decades of cultural tradition but will only waste money. As such, the central debate on population policy should be over the extent and adequacy of the natural resources base and how countries can, humanely and voluntarily, change family size preferences. Ignored by the Mexico City Conference was the success of Singapore and South Korea, and to a more limited degree, Sri Lanka and Thailand, in linking social and economic incentives and disincentives to the adoption of the small family norm. In Singapore and South Korea, birth rates that were moving slightly upward were reversed and dropped sharply within five to seven years to where the two-child family is within reach.

It is true that many couples in the developing world want contraceptive service programs, but it is also true that these same couples want families of four to six children. Congress appears to ignore this. This is what makes family planning policy seem so paradoxical. On the one hand, support for family planning rests on the correct assumption that many couples want to use contraceptive services. On the other hand, until there is a major change in family size preferences, population growth rates will not significantly fall, even with massive increases in program funding.

While it may be true, as recent surveys and studies in some developing countries reveal, that many couples desire contraceptive services, they want these services to allow them to space or plan large families and to prevent childbearing after four to six children have been born. The reports of large percentages of women desiring to cease or better plan childbearing, but not now using contraceptive services, are widely interpreted to mean that a large number of "unwanted" children are being born. But this is not necessarily so. The fact that women may want fewer children

does not mean that these sentiments are not necessarily shared by their husbands, who, for reasons of tradition and culture, often make the decisions about childbearing.

The evidence is overwhelming that couples in the developing world prefer families of four to six children; they desire such numbers of surviving children whether or not family planning services are available. The fact that many countries have adopted family planning programs is therefore largely immaterial. The programs will be effective only when people want smaller families. This will happen only when they see the benefits of smaller families. And this requires improved living conditions and a vision of the future that is more hopeful and less fatalistic. Whether or not the natural resources base is sufficient for development in the Third World to proceed at the same pace as in the industrialized world, and whether or not the population explosion is a key obstacle to a more secure and free world, the question for policy makers is whether dramatically increased expenditure for family planning is sound policy for the United States.

In fact, family planning programs in the developing world, illustrated by the countries examined below, are characterized by ineffectiveness, waste, bureaucracy, and misdirection. The UNFPA's own studies acknowledge the failures of programs in Bangladesh, Pakistan, and elsewhere. It is time for an accounting of what the UNFPA does and whether it has had an impact. The American taxpayer no longer should be asked to support population policies that fail.

## OVERVIEW

The United Nations Fund for Population Activities (UNFPA) was established following the 1965 World Population Conference in Belgrade. The United States has been the largest donor to the UNFPA, providing as much as 85 percent of its support during the 1970s.<sup>1</sup> Currently, the U.S. provides about one-quarter of the agency's \$150 million budget. Funding is divided by functions such as data collection, research, educational programs, and the delivery of contraceptives (family planning.)<sup>2</sup>

West Germany and Japan, the next two largest donors, have increased their contributions by 65 percent over the 1979-1982 period, compared to a 14 percent increase during the same period for the U.S. The U.S., however, has contributed over \$1.3 billion

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<sup>1</sup> "1979-1983 Report," The United Nations Fund for Population Activities, New York.

<sup>2</sup> Ibid.

in cumulative overall population assistance since 1965, compared to \$63 million for West Germany and \$78.6 million for Japan.<sup>3</sup>

UNFPA has grown from a small trust fund of the U.N. Secretary-General to an organization with a yearly program budget in excess of \$150 million. From the outset it has been UNFPA policy to respond to virtually any request for population assistance. Although ostensibly established to help less developed nations contain the explosive rate of population growth, the UNFPA does not attempt to influence any country to adopt any particular approach to population policy.

Although recognizing that a decline in fertility will come about only when couples make a conscious choice to have fewer children, the UNFPA operates under the framework of the World Population Plan of Action. This emphasizes the right of all couples to have the number of children they desire,<sup>4</sup> precisely the underlying cause of the population explosion. Furthermore, the UNFPA maintains strict neutrality with respect to the particular population policy a nation might adopt. It funds programs to combat infertility as well as programs, ostensibly, to combat high fertility. Its policies are little different than those traditionally pursued by both the World Bank and the U.S. Agency for International Development. The goal of UNFPA programs is simply to allow people "of assisted countries...[to] have freedom to control their reproduction as they desire,"<sup>5</sup> which by and large they do in any case, irrespective of the U.N. confirming this freedom.

The UNFPA has provided assistance to and is currently active in over 140 different nations.<sup>6</sup> It operates through other U.N. Agencies, most of which have limited expertise on population matters and no organizational commitment to population activities. As a result, a wide number of activities are funded that have little to do with an overall population strategy. In addition, UNFPA loses ultimate responsibility for implementation of many of its own programs. This in turn leads to the virtual absence of evaluative material on the objectives, accomplishments, and results of UNFPA projects. Complicating matters even more is UNFPA's help to over 30 nongovernmental organizations, such as the Population Council, the Population Action Council, the Population Crisis Committee, and International Planned Parenthood Federation. This further diffuses UNFPA's authority and control over projects and activities.

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<sup>3</sup> *Ibid.*, and "1980 Report," The United Nations Fund for Population Activities, New York.

<sup>4</sup> See resolution passed by the United Nations Conference on Population, Bucharest, Romania, 1974, upon adoption of the United Nations Resolution on Population and Development.

<sup>5</sup> Justin Blackwelder, Testimony before the House Subcommittee on Foreign Operations, U.S. House of Representatives, March 31, 1977, p. 398.

<sup>6</sup> "1980 Report," *op. cit.*, pp. 108-149 and p. 19.

Table 1

## UNFPA ASSISTANCE IN 1980, BY EXECUTING AGENCY

	<u>Dollars</u>	<u>Percent</u>
United Nations	\$31.1	20.7
Regional Economic Commissions	6.8	4.6
ILO	6.0	4.0
FAO	3.9	2.6
UNESCO	6.6	4.4
WHO	23.8	15.8
UNIDO	0.1	--
UNICEF	10.2	6.8
UNFPA	42.2	28.0
NGOs	<u>19.8</u>	<u>13.1</u>
Total	\$150.5	100.0

## UNFPA POLICY FRAMEWORK

Although the UNFPA boasts that only about 8 percent of its budget is spent on administrative overhead,<sup>7</sup> the true price is the serious lack of managerial staff in countries in which UNFPA funds family planning and population activities. As a result, there is little review of program expenditures. In some countries, for example, there may be but a single professional UNFPA staff member for all the programs. And because UNFPA funds just about any project, even remotely related to population, there is very little incentive to determine whether the program is meeting any objective.

UNFPA does not advocate a reduction in population growth within any single country.<sup>8</sup> Indeed, UNFPA supports programs that "ensure that all couples are able to achieve their desired number and spacing of children."<sup>9</sup> According to the most recent studies, the world's inhabitants are now producing approximately the number of children they desire. This will double the world's population every 35 years.<sup>10</sup> This means that UNFPA is simply helping to ensure that the world's current 4.9 billion people reach 10 billion, and from there to 20 billion. UNFPA aids Bangladesh, for example, not to bring the nation's birth rate down, but because Bangladesh itself provides only limited support to its population programs and policies.<sup>11</sup>

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7 Ibid.

8 "1979-1983 Report," op. cit., p. 17.

9 Ibid.

10 The Other Side, #14, The Environmental Fund, October 1978, p. 3.

11 Ibid.

## UNFPA PROGRAM ACTIVITIES

From the time of its inception, UNFPA has secured over a billion dollars in contributions. It now has about 100 donors supporting its more than 500 projects.

UNFPA's specific population and family planning programs are divided into functional areas, including basic data collection (19 percent of its funds), the study of population change (11 percent), formulation of population policies (5 percent) and their implementation (1 percent), support for family planning/maternal child health programs (42 percent), and educational and communication programs (12 percent). The remaining 10 percent goes for miscellaneous projects and programs.<sup>12</sup>

The UNFPA has designated 40 countries to receive population assistance on a priority basis; their population problems are considered particularly acute. These countries generally have received 42 percent of all assistance.<sup>13</sup>

During 1980 to 1983, UNFPA spent nearly \$30 million annually on basic data collection, including population censuses, vital statistics collection, and demographic and population-related studies.

Basic population research, policy formulation, and implementation form the link between the collection of population data and its subsequent analysis and utilization. Over \$26 million was expended in these areas in 1980, dropping to \$21 million in 1983. This included demographic training and research concerning the economic and social variables associated with fertility, mortality, and migration. The aim of this project is to establish research and training facilities within the developing world to increase the knowledge of the causes, consequences and determinants of population growth. Coupled with such research activities is population policy formulation, which generally involves assistance to national governments in adopting the necessary laws and legal instruments to establish a national family planning and maternal and child health program. Two additional areas are of concern for the UNFPA: (1) insuring that population policies are integrated into overall development activities; and (2) taking into account population factors when formulating national development plans.

Much has been made of UNFPA efforts in this area. Although impressive at first glance, such assistance has resulted in population and family planning activities being buried in various ministries of health or education, primarily focused on maternal

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<sup>12</sup> "1980 Report," *op. cit.*, p. 18.

<sup>13</sup> *Ibid.*, p. 19.

and child health programs, child spacing, and reducing the incidence of abortion. As a result, efforts to reduce desired family size and birth rates are abandoned. "Taking into account" population factors means mentioning the subject in lengthy "development plans" and acknowledging that, as the population grows, the number of classrooms and teachers, for example, also needs to be increased. The idea that none of this makes any difference never seems to occur to the UNFPA. Both Pakistan and Bangladesh, for example, have had innumerable changes in ministry names and functions and long ago acknowledged population growth as a key development factor. Nevertheless, the birth rates in both countries have remained stationary for the past twenty years, while the population growth rates have increased.

Family planning assistance receives the overwhelming percentage of UNFPA funds, with \$63 million allocated for these purposes in 1980, and \$54 million allocated in 1983. Programs to deliver modern means of contraception are almost universally integrated or folded into existing national strategies for the "reduction of maternal and infant morbidity and mortality" (which will cause the population to grow more rapidly). Thus, family planning services are seen as programs that people and government want, need, or request. The aim of the program administrators is to see that modern contraceptives are "accepted," "accessible," and "safe and effective,"<sup>14</sup> regardless of whether people have four, five, or six children. It is thus paradoxical that the desire for large numbers of children, precisely the central cause of the population explosion which UNFPA is ostensibly trying to slow, is a desire that UNFPA encourages.

Through radio, television, booklets, films, exhibitions, and training materials, UNFPA stresses the importance of using contraceptives or family planning--but not of achieving the small family size norm. Thus the fact that requests keep increasing for UNFPA activities does not necessarily mean that birth rate levels will drop if the requests are honored.

A major accomplishment of UNFPA during 1981, according to its senior officials, was not success in bringing birth rates down, but the convocation of an international family planning conference. The conference decided to "expand the availability, accessibility, and acceptability" of "family planning services," and to "sustain and increase" the national and international financial commitment to family planning programs. In short, more money was to be committed to UNFPA, irrespective of program success. This message was recycled at this month's Mexico City conference.

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<sup>14</sup> Ibid., pp. 24-26.

## UNFPA COUNTRY PROGRAMS

UNFPA projects in some of the largest less developed nations illustrate how the U.N. agency spends its assistance funds.<sup>15</sup>

### Nigeria

Although the government of Nigeria apparently does not see population growth as a detriment to economic development or living standards, the UNFPA is providing \$2 million to Nigeria for the period 1980-1984 (in addition to \$3.7 million provided between 1971 and 1980). In fact, the Nigerian national development plan places primary emphasis upon the reduction of maternal and child mortality, not birth rates.

UNFPA support largely has been limited to computer management, to assist the government in the collection of population statistics, and to conduct a national fertility survey, which will reveal that the average number of children per Nigerian couple is extremely high--something that most observers already know.

Despite no change in the extremely high Nigerian birth rate, however, UNFPA claims that the family planning programs "continued to perform well."<sup>16</sup> After visiting Nigeria in 1980, a UNFPA "needs assessment mission" concluded that additional support was warranted for further expansion of family planning and maternal and child health activities.<sup>17</sup> If past UNFPA efforts have resulted in no change in the national birth rate, why would an expanded UNFPA program be warranted?

### Egypt

UNFPA has provided \$20 million to the Egyptian population programs. Nearly \$3 million was awarded in 1978 for a population development program.<sup>18</sup> Its goals include: (1) improving the family planning services offered in the country program, (2) expanding efforts in education, motivation, and communication, and (3) raising the standard of living at the community level in the hope that this will encourage a smaller family size norm.

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<sup>15</sup> It should be noted that numbers used here refer to direct UNFPA expenditures by country through 1983 and do not include (1) funds channeled through an intermediary organization, such as the IPPF (International Planned Parenthood Federation) or UNESCO, and (2) funds spent for what are known as inter-regional programs, that is funds spent by various research organizations such as the Population Council or Population Crisis Committee. The funds spent in these regional and interregional programs over the last two years (1982 and 1983) have totaled approximately \$70 million.

<sup>16</sup> "1980 Report," *op. cit.*, p. 40.

<sup>17</sup> *Ibid.*, p. 41.

<sup>18</sup> "Inventory of Population Projects in Developing Countries Around the World," Population Programs and Projects, United Nations Fund for Population Activities, pp. 122-123.



Though its population problem is recognized by Egypt's leadership as particularly serious, the actual implementation of population policy has not received much attention. It has been directed for considerable periods of time by individuals and organizations hostile to the policies of family planning and the need for population stabilization policies.

Two years ago, Egyptian President Hosni Mubarak warned that "the present rate of population increase obstructs economic development and shatters our hopes for securing a prosperous life for every Egyptian." He added that, with the current population of 44 million projected to rise to 70 million by the year 2000, efforts to provide sufficient food, shelter, employment, health, and education for all Egyptians will be crippled unless the population problem is controlled.<sup>19</sup>

During early 1980, it appeared that senior Egyptian population policy officials were considering a program that would have awarded economic assistance to those villages with significant declines in birth rates.<sup>20</sup> This, however, does not appear to have been implemented.

Population assistance to Egypt was started by UNFPA in 1971. An initial four-year, \$5.8 million program consisted of supplies of contraceptives, establishing new and upgrading existing family planning units, and a number of research and management activities. In 1975, a UNFPA evaluation team visited Egypt to review family planning activities. Despite an increasing birth rate, a new agreement was established with Egypt in 1977, calling for about \$10 million in additional assistance,<sup>21</sup> with little if any change in program activities.

### Mexico

UNFPA assistance to Mexico was initiated in 1972 with a \$1.4 million program. It was expanded in 1975 to \$8,855,000. It funded medical services for maternal and child health and family planning programs, involving about 1,500 health centers, with the aim of assisting in a planned, gradual expansion of such services into the rural areas.<sup>22</sup>

In 1979, UNFPA extended its support for the Mexican family planning program with \$6.3 million committed for an additional

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19 "Development Rates Must Match Population Growth," Address by President Hosni Mubarak of Egypt, as reported in The Egyptian Gazette, February 14, 1982, p. 1.

20 Report by Ambassador Marshall Green, Egyptian and Pakistan Mission, February 9, 1981, pp. 5-6.

21 "Inventory of Population Projects in Developing Countries Around the World," op. cit., p. 121.

22 Ibid., p. 122.

3½-year period.<sup>23</sup> The emphasis of this program is on the extension of services to marginal rural and urban areas, including information, communication, and educational activities. Within a year, UNFPA approved an additional package of assistance in the amount of \$10.56 million for the next five years.

### Brazil

The Brazilian government wants to maintain the current rates of population growth as part of an effort to settle the country's north and west regions. UNFPA activity in Brazil therefore has been limited to a demonstration project in Rio de Janeiro, offering maternal and child health, as well as family planning services, to some of the marginal areas of the city.<sup>24</sup> The project was approved by the UNFPA in June of 1979, and consisted of \$1.1 million in project support over a two-year period, with the Brazilian government contributing \$1.4 million. (Overall, the UNFPA has spent but \$2.7 million in this country of 120 million.)

### Bangladesh

Bangladesh has received \$28.2 million in UNFPA assistance since 1974. The U.N. agency has supported over 40 population and family planning projects of one kind or another. Programs have been renewed regularly, despite the overwhelming evidence demonstrating that there has been no decline in the national birth rate.

UNFPA programs have included maternal and child health and family planning services, sterilization services in hospitals and health centers, and mobile sterilization teams to serve rural and remote areas. One project initiated in 1980 called for an assessment of the demographic impact of the family planning delivery system; this should have been relatively easy since the national birth rate has remained unchanged for the past 20 years.

### India

UNFPA assistance to India began in 1974 with a five-year \$40 million grant. By the following year, six family planning projects had become operational; by the middle of the year, other projects had been launched. Objectives have been to establish family planning services and information and education programs within the country's national health care system and within the organized labor sector. Additional activities focused on the local production of contraceptives and the delivery of equipment and supplies.

By far, the greatest UNFPA effort between 1976 and 1979 was the direct support of family planning activities, including the

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<sup>23</sup> Ibid., p. 270.

<sup>24</sup> Ibid., p. 271.

construction of over 800 rural family welfare planning centers, the training of 5,000 new auxiliary nurse midwives and 1,250 new Lady Health Visitors, and the training of medical officers, supervisors and other workers at both the state and local level for the Primary Health Centers. Over \$47 million was spent solely in training traditional birth attendants in "sound midwifery." A total of \$77 million has been spent by UNFPA over the past decade.

### Pakistan

UNFPA so far has spent \$20 million in population assistance to Pakistan. These outlays purchased transport (such as boats, jeeps, scooters, bicycles, and spare parts); contraceptives, medicines, and medical equipment; consultants and advisers; fellowships and study tours; training, research, and evaluation activities; clinical and basic medical research; maternity-centered family planning services; salary supplements for family planning and health field workers and salaries for 5,000 new field workers called lady motivators and lady welfare visitors.

### UNFPA PROGRAM COMMENTARY

From 1971 to 1982, the UNFPA spent nearly \$230 million in the ten largest less developed nations, some of which are nations cited in this report. The recipients are an extremely diverse group ranging from Catholic to Muslim, dictatorial to quasi-democratic, capitalistic to socialistic, 50 million population to over 700 million, and a few years to nearly three decades of experience with population programs and efforts. Despite this variety, the UNFPA programs in these countries are strikingly similar.

Contraceptive services are made available through clinics; teams of midwives, bureaucrats and motivators are hired to encourage people to use contraceptives, and depots and vehicles are provided to store contraceptives and disburse them through the community. These programs change very little from year to year, despite the noticeable lack of progress in such countries as Nigeria, Pakistan, Bangladesh, Egypt, and India. In Brazil, meanwhile, UNFPA ignores what has been happening as the national birth rate has been dropping from 40 to 32 per thousand without government supported family planning (services were available largely through commercial outlets).

The pattern of UNFPA programs is not surprising; they mirror the U.S. AID programs of the past 20 years. From 1965 to 1977, for example, AID was dominated by the "contraceptive inundation" theory of population limitation. Family planning enthusiasts, chagrined at the noticeable lack of progress in reducing birth rates, decided on a novel approach. Their most noted advocate, R.T. Rayenholt, the former director of AID's Population Office, argued that inundating the developing world with condoms, pills, and IUDs would result in everyone using the devices.

AID launched such a program in Pakistan in 1976. Condoms were produced in red, white, and blue in celebration of the U.S. bicentennial. "Try a new experience" was emblazoned on them. AID supplies of contraceptives sent to developing countries were often doubled, even if existing supplies were not being utilized. This was described as "programming for success." UNFPA policies are simply the legacy of this inundation philosophy.

Despite the failure of UNFPA programs to significantly affect birth rates in Bangladesh, Nigeria, Pakistan, India, Egypt, and Mexico, UNFPA continues to support programs that differ little from the failed policies of the early 1970s. Even after detailed assessments in the late 1970s of Bangladesh, India, and the Philippines, UNFPA program support continued unchanged despite evidence that project management, implementation and formulation were seriously deficient.

In addition, the June 1979 recommendation in the Indonesian program assessment that community incentive policies be adopted to spur fertility decline was not followed up by UNFPA. Similarly, the Bangladesh assessment of September 1978 notes that community participation in incentive programs was critical for program success. However, the UNFPA simply continued its previous contraceptive distribution schemes without an assessment of whether sufficient demand existed for their utilization.

Although the impact of population growth on economic development has been established for decades, additional millions have been spent on research on the "interrelationships between development and population." Despite the obvious connection between a rapidly increasing population and major increase in a nation's labor force, scarce resources are spent demonstrating this relationship over and over again. One program entitled "Strengthening of the National Family Planning Communication," begun in 1977, was to be "strengthened" again, just two years after being established. And communication programs, designed to complement and assist the family planning service aspects of population policy, are being shifted to focus "real support to such programs," raising the question of what it was these communication programs were doing in the first place.<sup>25</sup>

UNFPA recommendations and policy objectives often appear to be couched in equivocations and meaningless generalities. Typical was a key recommendation following a 1979 assessment of the Indonesian population program:<sup>26</sup>

Complementary action should also be taken to train and direct the attention of anthropologists/rural sociologists in concerned institutions and the social science

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<sup>25</sup> "Inventory of Population Projects in Developing Countries Around the World 1979-1980," *op. cit.*, pp. 340-343.

<sup>26</sup> *Ibid.*, pp. 414-417.

research training centers to the potential use of micro-study data for communication planning and strategy development to the quantitative information needs of the population/family planning communication program and to the consequent new training and research directions to be developed by the institutions concerned.

Such assessments indicate that UNFPA program administrators are far removed from the serious population problems facing developing nations and generally oblivious to the new directions in which population policies should move. UNFPA staffers apparently believe that they have made an important decision regarding communication activities when they change projects using film to ones which use synchronized slide-sound systems or transparencies. Such policy and program recommendations are the rule rather than the exception.<sup>27</sup>

## CONCLUSION

UNFPA Executive Director, Rafael Salas, concedes that family planning programs do not succeed. Even in those Third World countries in which birth rates declined modestly between 1960 and 1980, UNFPA acknowledges that the "family planning programs have merely reinforced an already existing trend toward fertility decline." Further, UNFPA questions why "couples in developing countries are not taking full advantage of the [contraceptive] services offered" and provides the right answer: "The high levels of fertility prevailing are the legacy of a long cultural tradition which has encouraged large-sized families. However, we have tended to assume that couples who want large families are behaving in an irrational fashion, in fact, they merely do not share our values regarding family size."

And in a remarkable display of candor, UNFPA declares, again correctly, that "population policies are too often confused with family planning," explaining that "It is important that we not look at family planning programs as the panacea to the world's population problems. While family planning programs...will help couples to have the number of children they wish, other economic and social factors lie behind their ideas of desired family size." In another statement, UNFPA concludes: "It has been clear for a long time that family planning campaigns are largely ineffectual in producing a lower rate of population growth."

UNFPA population and family planning service programs have been operating for more than a decade in most of the countries surveyed in this report. Despite growing evidence that these programs do not control population growth, UNFPA appears unwilling

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<sup>27</sup> Ibid., p 415.

to change policy or to move in new directions. The data illustrate the meager impact of UNFPA population programs:<sup>28</sup>

Table 2

<u>Country</u>	<u>UNFPA Program Start</u>	<u>Year(s)</u>	<u>Births (per 1000)</u>	<u>Growth Rate (percent)</u>
Bangladesh	1974	1974	46	2.6
		1980-1981	46	2.8
Brazil	1977	1977	32	2.4
		1980-1981	31	2.3
Egypt	1971	1971	38	2.3
		1980-1981	42-43	3.0
India	1974	1974	38	2.2
		1980-1981	37-38	2.3
Indonesia	1972	1972	41-42	2.1-2.3
		1980-1981	35-38	2.3
Mexico	1972	1972	43	3.6
		1980-1981	38-41	3.5
Nigeria	1975	1975	49	2.7
		1980-1981	49	3.2
Pakistan	1970	1970	45	2.7
		1980-1981	45	2.9
Philippines	1972	1972	41	2.7
		1980-1981	36	2.7

\* Growth rate figures used in this table refer to rates of natural increase and exclude emigration figures. Birth rate figures refer to benchmark data or rates calculated from comparisons of rates of natural increase with estimated death rates.

As Table 2 illustrates, UNFPA family planning assistance programs appear to have had little impact on the birth rate levels in Pakistan, Bangladesh, India, Egypt, Brazil, and Nigeria.

<sup>28</sup> U.S. Bureau of the Census, Department of Commerce, "World Population Reports in 1975"--1977--1979 and--1981; and "Demographic Estimates of Countries With a Population of 10 Million or More: 1981," U.S. Bureau of the Census, Department of Commerce. See also "Country Demographic Profiles," (Mexico, Thailand, India, Indonesia, Brazil, Pakistan, and Bangladesh), U.S. Bureau of the Census, U.S. Department of Commerce.

As far as Mexico, Indonesia, and the Philippines are concerned, birth rates there appear to have declined during UNFPA program activities. However, birth rate declines prior to family planning program initiatives by UNFPA appear to have generally matched subsequent declines:<sup>29</sup>

Table 3

Country	UNFPA Program Date	Birth Rate History	
		1972-1980	1964-1972
Mexico	1972	43-38 5 pt. drop	49-43 6 pt. drop
Indonesia	1972	40/1-35/8 2-6 pt. drop	46-40/1 5-6 pt. drop
Philippines	1972	41-36 5 pt. drop	47-41 6 pt. drop

In the case of Mexico, for example, a drop of 5 points in the national birth rate between 1972 and 1980 appears to have been matched by the drop in the national birth rate in the eight years prior to the initiation of UNFPA family planning programs. In Indonesia and the Philippines, the birth rate appears to have decreased prior to the initiation of UNFPA family planning programs at a rate equal to or greater than those rates of decline subsequent to program establishment (over the same period of time).

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<sup>29</sup> The Census Bureau, from which these data are taken, generally projects birth rate estimates on the assumption that trends generally are moving downward. This report prefers to rely upon "benchmark" data contained in the Census Bureau reports and publications, as they are usually based upon actual data rather than optimistic assessments of what might be happening. Where a range of estimates has been given by the U.S. Census Bureau, the midpoint has been used, e.g., in the case of Bangladesh, the birth rate estimates range from 44-48 per 1000. The table uses 46 per 100 as the midpoint between these two estimates. Where birth rate estimates were unavailable for a particular year, an estimate was used that was roughly midway between available estimates before and after a particular year.

Of particular importance are recent census results from such countries as India, Indonesia, and the Philippines, which have revealed population totals significantly higher than previous estimates had assumed would be the case. For example, the Indonesian 1980 Census revealed that the Indonesian population had grown by 28.2 million between 1971 (the year of the last census) and 1980, with a corresponding average growth rate of well in excess of 2 percent a year between 1975-1980, despite optimistic projections that showed a decline to below 2 percent.

The desired family size in nine of the ten countries in Table 4 exceeds four children. As a result, should family planning programs be 100 percent successful, and eliminate all unwanted child bearing, the populations of each of these nations would double each generation. The story is similar for other nations. Between 1970 and 1983, for example, according to AID testimony before House Appropriations Committee during the hearing on the FY 1984 Foreign Assistance Act, the birth rates of twelve African, Asian, and Latin American countries increased even though the governments supported family programs. In an additional nine nations receiving U.S. family planning assistance, birth rates remained unchanged.

More important, however, the world's annual average rate of population growth between 1980 and 1983 was 1.8 percent annually, up from 1.7 percent during the previous decade. In the developing world, excluding Mainland China, population growth rates remained at 2.4 percent annually between 1960 and 1977, during which time family planning programs greatly expanded. Since then, despite the increased expenditures for family planning, Third World population growth rates may have increased to the 2.5 to 2.6 percent level, the first such increase in nearly 25 years.

Of great significance, however, is that desired family size has remained unchanged in the great majority of Third World countries:<sup>30</sup>

Table 4

## Desired Number of Children Per Couple

	<u>1960-1965</u>	<u>1975-1980</u>
Indonesia	4.3	4.3
Thailand	3.7	3.8
Philippines	5.0	4.4
India	4.1	4.2
Pakistan	4.0	4.2
Brazil	4.0 (est.)	4.4
Egypt	4.0 (est.)	4.0 (est.)
Nigeria	--	6.0
Mexico	4.5 (est.)	4.5 (est.)
Bangladesh	3.5	4.1

Population assistance programs in most areas of the developing world are limited in scope and effectiveness, for they are primarily family planning programs. Family planning programs can succeed if desired family size norms substantially and significantly change from the current level of four to six children per couple to two or less children.

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<sup>30</sup> See Population Reports International, "To Inherit the Earth; An Inquiry into the Population Explosion and the Future" (Washington, D.C., 1984).



Unfortunately, it remains a common assumption--at the UNFPA, at the World Bank, and within the population community--that birth rate declines that have occurred in the developing world are a result of family planning service programs, and more of the same will lead automatically to further declines. Such an explanation, however, is a mere tautology, more accurately, an explanation in the accounting sense only.

A more realistic assessment of family planning programs is provided by Paul Demeny, Vice President of the Population Council, who notes that those family planning programs firmly established in such countries as Taiwan, Thailand, and Indonesia, for example, are more "a reflection of underlying fertility determinants" than an explanation of the fertility changes in these countries.<sup>31</sup>

Because of the widespread pervasiveness of this faith in family planning, the United Nations Fund for Population Activities is a prisoner of population policies that cannot work. The organization could be particularly effective if it would lead nations in the direction of encouraging the small family norm. Unfortunately, the process of moving toward population stabilization is viewed by the UNFPA and its member governments as the inevitable result of the right amount of modern contraceptive delivery and family planning programs, without the necessity of conscious policy decisions toward establishment of the small family norm goal. One way of moving toward this norm, of course, is to encourage those market economic policies that trigger growth and a rising standard of living.

To narrow substantially the economic gulf separating the rich from the poor nations, a "decisive decline" in fertility over the next two decades is imperative.<sup>32</sup> Without the initiation of new and creative population policies, the existing conditions of poverty, environmental deterioration, and resource scarcities will worsen, and with them, the lives of hundreds of millions of people. However, should incentives for small families be implemented, if coupled with decisions to spur free and open economies, mankind may be able to harness the intellectual genius of the human mind and insure progress for a more moderately sized human family rather than a menial existence for infinitely expanding numbers.

Prepared for The Heritage Foundation by  
Peter R. Huessy\*

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<sup>31</sup> Paul Demeny, "On the End of the Population Explosion," The Center for Policy Studies, The Population Council, No. 39, March 1979, p. 32.

<sup>32</sup> Ibid., pp. 3-4, 12, 32, 33.

\* Peter R. Huessy is President of PRHCO, a firm specializing in government relations, natural resource economics, and national security studies. He recently concluded a four year population study, on which this study is based.