Health & Medicine

Can We Talk About Overpopulation?

As numbers soar, scholars revisit a thorny debate.

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Twenty years ago, farmers looked out at the tropical woodlands and savannahs of Uganda and saw endless virgin territory. A young man, upon starting a family, would clear a patch of wilderness near where he was raised and plant his own fields of sorghum, millet, groundnut, plantains, or cassava.

Now, after decades of unprecedented population growth, the land is running out. In southern Uganda, as in many parts of sub-Saharan Africa, farm communities are bumping up against one another and against dry lands, mountains, and rain forests. Pockets of arable land can still be found, but only in malaria-ridden hinterlands where nobody wants to live. Many farmers, rather than relocating long distances, are clearing rain forests near their homes, despite the fact that a tropical forest's acidic soil is poorly suited to growing grains, fruits, and vegetables. Other farmers are subdividing their parents' land, reducing the typical-sized farm plot in some parts of Africa to half an acre.

"That's too small to feed a family," says economist Jeffrey D. Sachs, who directs Columbia's Earth Institute.

Africans will never be able to grow enough food for themselves, Sachs argues in his latest book, *Common Wealth: Economics for a Crowded Planet*, unless they start having fewer babies. Subsistence farmers in sub-Saharan Africa today raise an average of six children, which is causing the populations of some nations to double every 20 years. Few of these farmers are able to feed their children properly, let alone afford their education. Children thus grow up desperately poor and have huge families of their own. Shrinking farm plots add yet another burden: Food production on a per-capita basis is declining and malnutrition is worsening, which means that children are likely to grow up even less healthy and less productive.

"The poorest places in the world right now are stuck in a demographic trap," says Sachs. "A family of subsistence farmers with six or seven kids doesn't stand a chance."

The only way to break this cycle of overpopulation and misery, Sachs writes in *Common Wealth*, is for wealthy nations to provide birth control to the world's poor. Sachs recommends that rich countries quadruple foreign assistance for reproductive health programs to roughly $25 billion annually. That's enough money, he estimates, to provide birth control, as well as maternal health care and STD treatment, to some 200 million women who lack it; most of them live in rural Africa.

The prospect of giving poor people contraceptives so they can lift themselves out of poverty might not seem particularly controversial, aside from the opposition that might be expected from some religious conservatives. Yet Sachs is the first mainstream economist in decades to formally propose this idea. Since the 1980s,

family planning programs have been promoted strictly as a human right, not as a way to kick-start economic development. That's because Western family planners in the 1960s and 1970s, in their zeal to slow population growth and to spur development in Asia, supported forced sterilizations, slum demolitions, and other abuses. Women's rights advocates subsequently wrested control of international family-planning programs and made sure they never again aimed explicitly to lower birthrates.

The days of promoting birth control purely as a way to empower women, however, may be ending. There is a growing sense among scholars that the topic of overpopulation — which has faded from public consciousness as the world's population growth rate has declined from its mid-1960s peak of 2 percent annually down to about 1.2 percent — is going to reemerge as a hot topic. Recently, the Sierra Club, the Worldwatch Institute, and other environmental groups have offered recommendations similar to those in *Common Wealth*, in which Sachs urges that we halt world population at 8 billion by 2050, rather than allowing it to grow to 9 billion from today's 6.7 billion, as the UN projects.

Still, many population experts wonder: Is the marriage bed really the place to address economic and environmental problems? Is it even possible to manage people as numbers while respecting them as human beings?

Don't blame the victim

Joel E. Cohen, a Columbia demographer, is an expert on population growth and environmental sustainability. He cringes at the term *overpopulation*.

"I have no idea what that word means, and you'll never hear me use it," he says. "It suggests that the size of a population can become so big that it starts causing problems in itself. That's not the way it works. I'd put the situation this way: Rapid population growth makes it trickier for a poor country to deal with every problem that it faces, from distributing food and water during a drought to providing education and health care in rural areas. But it doesn't cause these problems."

There's wide agreement among economists and demographers today that rapid population growth is troublesome. A report published in April by the UN Population

Division concludes that high birthrates are hampering economic development across sub-Saharan Africa, mainly by limiting per-capita investments in education and health care. (Columbia economist Xavier Sala-i-Martin has shown that high birthrates typically stunt economic development.) The UN report also states that population pressure is worsening food and water shortages in the region. Environmental concerns also are real: rain forests in sub-Saharan Africa and in South America are being destroyed primarily by subsistence farming, according to NASA data, and deforestation is reducing local rainfall and exacerbating global climate change.

Cohen's concern is that people often imagine a direct causal link between population growth and problems like hunger, poverty, and environmental degradation. It's easy to think this way when visceral images of teeming third-world slums and starving masses invite human-scale explanations: *Why do these people have so many babies?* Cohen says we then may ignore political factors that contribute to these problems. For instance, agriculture subsidies in rich nations contribute to hunger by driving down farm incomes in the developing world; and African governments are famous for mismanaging food and water supplies. "During the Ethiopian famines of the 1980s, cash croppers in that country were allowed to export alfalfa to Japan as cattle feed," he says. "Is that a population problem? I don't think so."

Cohen agrees with Sachs that international family-planning programs are underfunded. But he says that family planning should continue to be promoted — both to Western donors and to government officials in developing countries — strictly as a human right. To advance birth control as a means to slow population growth, Cohen says, implies that poor people need to solve their societies' problems through private choices of childbearing. Might this cause the West to back away from other aid obligations, or inspire poor countries to implement coercive methods of population control?

Cohen hesitates. "It's not as if a developing country's problems are going to vanish if it manages to lower birthrates," he says. "I would say that until the West has done its utmost to give poor people access to education, health care, job training, and family planning for the purpose of giving them more control over their lives, it's premature to talk about trying to convince them to have fewer babies."

Dirt to dust

Sachs insists that we speak clearly about population pressures. The problem of dwindling farmland in sub-Saharan Africa, he says, is insurmountable without a major effort to slow population growth.

As arable land in Africa has vanished, Sachs explains in *Common Wealth*, farmers have abandoned land-management techniques they used previously to sustain the long-term fertility of their fields, such as allowing one of the fields to lie fallow each season. Three-quarters of all arable land in sub-Saharan Africa today is severely depleted of nutrients because it has been overused, according to a recent study by the International Center for Soil Fertility and Agricultural Development.

A doubling of the region's population since the early 1980s helps explain why almost all of sub-Saharan African countries now depend on foreign food aid. Until a few years ago, most were food *exporters*. "There's a tyranny of the present at work," Sachs writes, "and the poor, in their desperation to survive, are often contributing to massive local environmental degradation."

Population control isn't the only way to address food shortages, of course. Sachs points out that farmers in sub-Saharan Africa can't afford chemical fertilizers, high-yield seed varieties, or modern irrigation. He and colleagues at the Earth Institute, as part of the United Nations Millennium Villages project, which Sachs initiated, are helping the governments of a dozen nations in Africa introduce modern farm technologies. They've had some remarkable success: The tiny, famine-prone nation of Malawi has tripled its grain yields in the past two years by subsidizing chemical fertilizer for all farmers.

"The problem is that these kinds of agricultural improvements never will produce gains to keep pace with a doubling of population every generation," Sachs says.

Other types of foreign aid, such as for education or health care, also will bring diminishing returns if population growth rates don't decline, says Sachs, who is academia's most influential proponent of aid to Africa. He says that countries in sub-Saharan Africa now must spend huge portions of their budgets providing basic services, which leaves little money for the type of agricultural investment that Malawi is making in its fertilizer program. Economists thus say that countries experiencing explosive population growth must expend their budgets on "service widening," to deliver basic services to more and more people, rather than on "service deepening," to improve average services per person.

“If people continue having huge numbers of kids, and if farm sizes continue to shrink,” Sachs says, “I can’t imagine how the next generation is going to make it.”

Sordid history

Back in the 1960s, the populations of many poor countries in Asia, Latin America, and North Africa were growing as rapidly as the populations in sub-Saharan African countries are today. International health programs had gone into former colonies in these areas following World War II with antibiotic drugs, vaccines, and pesticides, which lowered mortality rates dramatically. Farmers in poor countries had always had lots of babies: They needed to, in order to ensure that at least one son grew up to work their fields and to take care of them in their old age. The problem was that while more of their children were surviving, rural people retained a cultural proclivity for huge families. Furthermore, they had little or no access to modern birth control, so they ended up with even more kids than they would have otherwise chosen.

Population growth soon was outpacing food production, especially in Asia, causing Western officials to fear that widespread famine would destabilize the continent, Columbia history professor Matthew Connelly explains in his latest book, *Fatal Misconception: The Struggle to Control World Population*. President Lyndon B. Johnson and his advisers viewed the situation through a lens of Cold War–inspired paranoia: Johnson, speaking to U.S. troops stationed in South Korea in 1966, warned that hordes of starving Asians might one day “sweep over the United States and take what we have.” His fear didn’t seem so irrational: 19 Nobel laureate scientists in 1960 had issued a public letter decrying how overpopulation could push the world into “a Dark Age of human misery, famine, and under-education, which could generate growing panic, exploding into wars.”

So in the late 1960s, the U.S. government began pouring tens of millions of dollars annually into international family-planning programs. The programs were administered primarily by Planned Parenthood, under the auspices of the newly formed United Nations Population Fund (UNFPA), which was financed largely by U.S. dollars and which claimed that its programs provided contraceptives, sterilization procedures, and abortions on a voluntary basis. In reality, American and British economists and demographers had designed these programs to slow population growth by nearly any means necessary, according to Connelly.

South Asian countries with caste systems were willing to push family planning most aggressively, Connelly writes, because many ruling-class Hindus feared social unrest among the hungry lower castes. So Indian officials, under the guidance of Western family planners, agreed to pay famished people small sums of money to be sterilized; they also agreed to fire doctors who didn't meet sterilization quotas. India, Pakistan, Bangladesh, and Sri Lanka implanted in women a type of intrauterine contraceptive device that was proven to cause infections and the rupturing of the uterine wall. Couples in all of these countries lost medical, housing, and education benefits for having more than a designated number of children. When local health officials balked at implementing aggressive programs, the U.S. Agency for International Development and the UN threatened to shut off Western food aid.

The endgame for this chapter of family planning started to unfold in 1975, when Indira Gandhi's government bulldozed entire blocks of Delhi slums where large numbers of residents refused to be sterilized. Around the same time, police rounded up at gunpoint all of the men in the Indian village of Uttawar and forced them to get vasectomies. These atrocities drew international outrage and led to Gandhi's being voted out of power the following year. They also prompted a backlash from feminists and women's rights advocates who were assuming leadership roles within the NGO community in the 1970s.

International family-planning programs, which by this time had spread throughout Latin America and North Africa, gradually abandoned coercive methods over the next few years. The population control movement would have one last gasp, though, when UNFPA and Planned Parenthood helped China launch its draconian one-child policy in 1979.

Women's choice

By the late 1980s, the UNFPA and Planned Parenthood had cleaned up their programs so that medical workers on the ground no longer were expected to lower birthrates. Clinicians now concentrated on helping women make informed choices about their sex lives and childbearing. If family planning executives discussed the prospect of slowing population growth in public, Connelly says, it was only as an ancillary benefit of giving women more control over their bodies.

“The term population control has since had a negative connotation, as well it should,” Connelly tells *Columbia*.

The economic benefits of slowing population growth, though, were apparent: as birthrates plummeted in most of the developing world, prosperity and modernization typically arrived. The governments of many countries in Asia and Latin America, now that they had proportionately fewer poor people to care for, could afford to invest in industry and modern agricultural methods, which boosted grain production 300 percent in some nations between the 1960s and the 1980s. (Connelly, in *Fatal Misconception*, makes the controversial argument that family planning programs have received too much credit for declining birthrates, and hence for development; see sidebar to the left.)

The good news for women’s rights advocates was that voluntary family-planning programs seemed to have lowered birthrates just as much as had coercive programs. For instance, a UN-sponsored program that had offered birth control pills to all poor women in Thailand in the 1960s, on the advice of a young field-worker named Allan Rosenfield, who later became dean of Columbia’s public health school, helped to halve the number of children born per woman in that country, from six to three, in less than 20 years. Across the developing world, birthrates declined where family planners provided a range of safe contraceptives and taught people the benefits of limiting their family size — not only where they bribed people to be sterilized or threatened tax penalties.

Yet, just as family planning programs were beginning to define a new humanitarian mission, funding stagnated. The trouble started during Ronald Reagan’s first term as president, Connelly writes, when the emerging pro-life movement in the U.S. launched a major lobbying effort against international family-planning programs. Abortion opponents called attention to the fact that Planned Parenthood and UNFPA were providing technical assistance to China for its country’s one-child policy, which in the mid-1980s was in its most coercive phase, allegedly requiring some women to have abortions and to be implanted with intrauterine devices. “It was not much,” writes Connelly, “but it was enough of a perch to permit pro-lifers to pile calumny upon calumny on China’s program and all who could be associated with it.” Since then, every Republican president has refused to contribute to UNFPA, which is the primary source of funding for international family-planning services. Partly as a result, financial support for international family planning has remained flat, which means that the funding hasn’t kept pace with increasing demand as populations in

poor countries continue to climb.

Sub-Saharan Africa is home to most women who lack access to birth control today in part because family planning programs arrived to the region late, in the 1980s, when the money had already begun to dry up, say family planning executives. Family planning came to Africa late, they say, because international health programs, with their ensuing population boom, had arrived late, too.

A lack of money isn't the only thing that has kept family planning from many Africans, though: "There is mistrust in some nations about family planning programs because of their checkered past," Connelly says. "In African countries where there are ethnic tensions, for instance, it can be politically difficult for leaders to implement family planning programs because many people fear that they'll be used to reduce the populations of some groups, and not others."

Counting backward

Today, UN-backed family-planning programs operate in nearly all developing countries. If the UNFPA were better funded, say its proponents, birth control would be more available in rural Africa as well as in many Muslim and Catholic countries, where Western family planners must work hard to educate local leaders about the benefits of reproductive health services.

How to raise the money? Advocates for family planning are doing a lot of soul-searching these days. Many leaders in the NGO community believe that family planning organizations would be better financed if they once again promoted their work as a way to slow population growth, says Suzanne Petroni, a researcher who monitors funding for reproductive health programs at the Summit Foundation, a Washington, D.C.–based nonprofit that promotes environmental sustainability.

"The sense among many family planners is that they're getting less money than they used to from Western donors, in part because their programs are no longer connected to a practical purpose," says Petroni. "They believe that the human rights pitch hasn't worked."

Particularly tempting to some family planners, Petroni says, is the prospect of exploiting public concerns about global warming. The sales pitch would go something like this: if we limit the number of people on earth, we limit the number of carbon footprints. (Sachs validates this logic in *Common Wealth*, warning that decades from now, when the crowded nations of sub-Saharan Africa modernize — and Sachs is optimistic that they will modernize eventually — energy consumption on the continent will skyrocket.)

Many women's rights advocates fear that if family planning programs are positioned once again as a means to combat overpopulation, the door will open for more human rights abuses, Petroni says. This debate within the aid community is contentious because there remains distrust between feminists and some older environmentalists who backed the original population-control movement.

Matthew Connelly sides with the women's rights advocates. He was convinced in writing *Fatal Misconception*, he says, that family planning programs that aim to lower birthrates are bound to commit abuses. He found, for instance, that crimes occurred in the 1960s and 1970s even when Western family planners tried to operate their programs ethically: medical workers in several South Asian countries strong-armed patients into accepting sterilizations because they thought that lowering birthrates was good for their own careers, and family planning programs inevitably devoted more resources to sterilization procedures and to abortions than to follow-up care.

Connelly worries that Western nations, if their aid programs once again were promoted as a means to slow population growth, would be tempted to withhold other forms of development aid from countries if they don't lower birthrates to specified levels.

Lynn Freedman, a Columbia public health professor and an attorney who is an expert on population issues, concurs. "The idea that foreign aid could be linked to a country's success at lowering birthrates is not wildly unlikely," she says. "Aid agencies today are in the habit of designing all sorts of performance targets in order to account for the efficiency of their programs, and these targets can easily be misused in a way that violates people's rights. The '60s weren't that long ago."

Sachs doesn't see that happening. "The worst I could imagine is that an agency might attempt to link a country's family- planning money to birthrate reductions," he

says, “but I don’t think that other kinds of foreign aid would be linked in this way.” He also dismisses as unrealistic the possibility that international family-planning programs could once again employ coercive methods. Family planning programs must, and will, remain voluntary, he believes.

The greater moral danger today, Sachs argues, is that large numbers of women will continue to want for birth control, and populations will continue to grow rapidly in sub-Saharan Africa and in places like Haiti, Bolivia, Venezuela, Yemen, Afghanistan, Iraq, and Myanmar, in part because Western scholars and aid workers insist on tiptoeing around the subject of *overpopulation* for fear of being seen as insensitive to the abuses of the past. In *Common Wealth*, Sachs even advances the term population control, which has long been considered impolitic among scholars, because he says he wants to break the taboo.

“For years people have been telling me, ‘Don’t talk about population, talk instead about access to reproductive health services,’” Sachs says. “And I’ve said, ‘No, I want to talk about population, because it’s a serious problem.’ I think it’s time we take this subject out of the whispers.”

Birth control, under audit

Columbia professor Matthew Connelly’s Fatal Misconception, a history of the population-control movement of the 1960s and 1970s, is shocking for its parade of morally compromised scholars and diplomats who spread birth control around the world. There’s Planned Parenthood head and ecologist William Vogt, who thought that starving people in the developing world should be left to die and therefore opposed food aid; there’s Robert McNamara, who, as head of the World Bank, resisted funding healthcare programs in poor countries because they saved lives and contributed to overpopulation; there are the Planned Parenthood doctors who at a 1963 UN conference decided that a female contraceptive’s tendency to pierce the uterus, causing sterilization, was to be considered a side benefit.

Fatal Misconception was among the most controversial scholarly monographs of 2008, not just because Connelly calls out early family planners as xenophobic and racist, however. His most startling critique is that these programs didn’t even lower birthrates as designed: he says that between 1950 and 2000, the dozen or so

developing nations that employed the most aggressive family- planning tactics reduced birthrates little more than did other countries. Relying on UN data, Connelly notes that China, for instance, reduced the number of children per woman from 6.2 to 1.7 during that 50-year period. In Brazil, where little effort was made to encourage family planning, the numbers fell from 6.2 to 2.3 children during the same period. Connelly lists half a dozen such examples to make his point. He then argues that girls' education, women's employment, and other social factors affected birthrates more so than did family planning programs.

"In many poor countries where birthrates declined dramatically," Connelly tells Columbia, "the declines actually started before family planning programs even showed up."

How could people have managed to have fewer babies without contraception? The same way they did in early-19th-century Europe, where birthrates plummeted a full century before modern birth control became available, Connelly says: They used traditional forms of birth control like the rhythm method.

Connelly charges that UN and Planned Parenthood officials who administered most family-planning programs in the 1960s and 1970s knew that data on the ground weren't validating their efforts. They soldiered on, he says, because of institutional inertia. "These programs gave jobs to millions of people, and administrators weren't interested in scrutinizing the numbers," he says. "They were interested in making payroll."

Many contemporary family planners are apoplectic over Connelly's assertion that birth control programs don't lower birthrates. Steven Sinding, a professor at Columbia's Mailman School of Public Health and past director-general of Planned Parenthood International, has blasted Connelly over his book's conclusions. Sinding claims that about 50 percent of birthrate declines in poor countries are attributable to family planning programs.

Columbia called T. Paul Schultz, a Yale economics professor who has spent his career studying birthrate dynamics. This subject invites confusion, he says, because no long-term controlled studies have ever been conducted. That's partly because there are a multitude of factors that influence birthrates, so aid agencies whose programs target any one of these areas are reluctant to fund expensive, long-term studies to showcase the relatively small impact that their work likely has on fertility.

The dearth of data, Schultz says, allows both advocates and opponents of family planning to cherry-pick statistics.

But the most sophisticated data available, collected over two decades in Bangladesh, Schultz says, suggest that the availability of free contraception accounted for about 20 percent of the region's birthrate decline. That's a strong relationship, considering how many variables were tested, he says. "The intuition of development experts has always been that family planning must slow population growth," Schultz says, "and I've never seen any good data that suggest otherwise."

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