POWER TO THE PEOPLE

How population policies work

A Population Matters Report

POPULATION MATTERS™

INTRODUCTION

FROM STATE POWER TO PEOPLE POWER

Across the world, population growth is slowing, family sizes are shrinking, and individuals, communities and our environment are reaping the rewards. While perceptions of "population control" in the Global North are dominated by China's one-child policy and grotesque abuses such as forced sterilisation in India, the reality is that overwhelmingly, these gains are not the product of the exercise of power, but the benefits of empowerment. Unnoticed, and for decades, governments and other agencies across the world have been implementing policies that gave people the opportunity to do what they wanted to do: have smaller families. By clearing away the obstacles and addressing the circumstances that leave people with few options other than to have many children, they have quietly brought about profound changes that deserve our attention, and our respect.

Contents

"In most high-fertility countries, governments have put in place policies and programmes that contribute to lowering fertility levels through various mechanisms, including by reducing women's unmet need for family planning, by raising the minimum legal age at marriage, by integrating family planning and safe motherhood measures into primary health care, or by improving female education and employment opportunities."
United Nations Department of Economic and Social Affairs (UNDESA)[1]

There is a prevailing narrative that population will "sort itself out", as though there is a natural process which brings it under control. That isn't the case. It is addressed through choices, policy and commitment. Without those, such progress as we've made will halt and fail. Overwhelming scientific evidence shows that growing human population is one of the key drivers of a planetary crisis that threatens us all,[2] and prevents people from leading the lives they deserve right now. Complacency is not an option.

This report provides some brief case studies of countries and regions that have effectively reduced

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population growth through policies and programmes which improved lives and enhanced opportunities. This handful of examples doesn't provide a prescription for future policies. None is perfect, and some have a long way to go if they are to achieve their aims. Every country facing the challenge of managing its population has its own circumstances, needs, threats and opportunities.

In one case, Costa Rica, we examine the impact of activists and organisations beyond government, and it is vital too to recognise how many organisations and individuals – the vast majority tiny and unknown much beyond their own communities – have taken and continue to take charge of their own destinies regardless of government successes, failures, indifference or, sometimes, hostility. Those people provide an inspiring vision of population action not just as a route to future wellbeing, but as a lived experience that brings multiple benefits today. Wherever it may originate, positive, empowering population action deserves to be celebrated. This report is, we hope, an opportunity to shine a light on a good news story that is under-reported and undervalued.

Glossary

Birth rate
The number of live births per 1,000 people in a population in a given time frame, usually one year. This is driven not just by average family size but number of families (see Total Fertility Rate and Population momentum).

Contraceptive prevalence rate
The percentage of women of reproductive age who are currently using one or more methods of contraception, or whose partners are using it. It usually includes both modern and traditional contraception methods.

Demographic dividend
The economic and social growth potential/ development that can result from shifts in a population's age structure, usually when reduced fertility leads to a lower proportion of children and higher proportion of working-age adults.

Demographic transition
The historical shift of birth and death rates from high to low levels in a population. The decline of mortality usually precedes the decline in fertility, thereby resulting in rapid population growth during the transition period. The demographic transition does not hold true in all circumstances, however.

Population growth rate
Annual increase in population, expressed as a percentage. A lower growth *rate* does not necessarily mean a lower *number* of people added, as the baseline population number increases each year.

Population momentum
The tendency for changes in population size to lag behind changes in fertility rates. If a country has a high fertility rate, the large number of babies born at that time will start having children themselves a generation later. Even if the fertility rate of that second generation decreases, the population is likely to continue growing simply because there is a large cohort of people of child-bearing age.

Total fertility rate (TFR)
The average number of children born to each woman over her lifetime if she were to follow prevailing patterns at the time TFR is recorded - or in simpler terms, the average number of children born to each woman.

Unmet need for modern contraception
Women with unmet need who are are currently wanting to avoid pregnancy, but not using any modern method of contraception.

POPULATION: WHAT WORKS?

The polices and actions which reduce population growth meet people's needs, fulfill their rights, and provide vital opportunities in themselves.

Contraception

At the heart of all programmes empowering people to manage the size of their families is modern contraception: without it, none of the others will have any effect. People must be able to access contraception, make fully informed choices about it, want to use it and be free to use it. Still today, half of all pregnancies are unplanned – 331,000 per day.[3] Not all unintended pregnancies are unwanted, but with 60% ending in abortion (and almost half of those abortions unsafe), the situation represents, as the United Nations Population Fund (UNFPA) puts it, "a global failure to uphold a basic human right".[4]

More than 250 million women have an unmet need for contraception,[5] with the number increasing since the 1990s and projected to increase further, because the real progress in meeting that need has, ironically, not kept pace with population growth in many of the places where it is most acute.[6] Contraceptive prevalence has increased significantly, but the reality is that targets to increase it are consistently missed – the flagship multinational FP2020 programme introduced in 2012 aimed to increase the number of women and girls using modern contraception by 120 million by 2020 – it missed that target by 60 million.[7]

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"Unless access is expanded rapidly in such settings, the availability of family planning services, including for modern methods of contraception, will continue to fall short of the projected demand."
UNDESA[8]

It is important to recognise that this challenge is not simply a question of *access* to contraception (or other family planning services, including abortion), however. Women may wish not to be pregnant but do not take up available family planning for many different reasons, including social and familial pressure, infrequent sex and, very commonly, concern about the side effects of pharmaceutical contraceptives.[9] Meeting unmet need demands integrated and holistic action acutely attuned to local needs, but on a global scale.

Contraception is critical, but far from enough. Multiple circumstances influence people's ability, freedom and desire to use it. Among others, in the words of UNDESA,

"Poverty, lack of education and gender inequality can deprive individuals of opportunities and choices, limiting their ability to control their fertility, perpetuating high levels of childbearing often starting early in life and ensuring the continued rapid growth of the population."[10]

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Education

Education is a "key determinant" of fertility rates.[11] In the words of a report by the office of the UN Secretary-General in 2023:

"Women with higher education levels generally bear fewer children than those who are less educated, with differences especially marked in low - and middle-income countries. More educated women have greater autonomy in reproductive decision-making and more knowledge about and access to family planning, and are more likely to delay their marriage and childbearing than women with less education."[12]

Similarly, in a classic example of the virtuous circle of population-related action, reducing fertility rates and population growth promotes better quality education. The projected decline in the number of children across all regions provides an opportunity, as the UN report puts it, "for many countries to invest in quality education and to increase expenditure per student without necessarily increasing the fiscal burden associated with supporting the school-age population."[13]

Only half of all countries (53%) guarantee free education through secondary school.[14] Similarly, for some parents living in poverty, using children as labour or marrying daughters off as children is viewed as an economic necessity, despite its impact on their education. One in every ten children worldwide is in work instead of school.[15] Tackling poverty is also key to minimising population growth.

Child and maternal health

Where children stand a higher risk of not making it into adulthood, parents have more children. A critical aspect of the "demographic transition" from low to high fertility is the reduction in child mortality,[16] familiar to many in the anecdotal form of large families with many children dying young in Victorian Britain. Most recently and extensively, a 2023 study using publicly available data from 64 low and middle-income countries, concluded that of all the factors contributing to reductions in fertility, child mortality was the strongest.[17] As one of its authors reported the findings:

"Keeping babies alive actually reduced average fertility and helps put the brakes on population growth. Essentially, higher infant mortality and a larger household size increased fertility, whereas greater access to any form of contraception decreased fertility."

Family planning is itself a driver of reduced infant and maternal mortality and ill-health, including through pushing back the age at which girls and women become mothers, and allowing them to increase spacing between births. Poverty and inadequate public health services push in the opposite direction – both exacerbated by population growth.

Globally, around one out of every fifty babies born does not survive its first year,[18] but as many as one in twelve may not survive in the worst affected countries,[19] all of which are in Africa. Around 2 million babies die each year globally in the first month of life.[20]

Photo © Adobe

Women's Empowerment

Gender inequality is the strongest of all predictors of unintended pregnancy.[21] By influencing social norms and limiting women's options, it also drives *intended* pregnancies, that may, in other circumstances, not have been wanted. Horrifyingly, less than half of women worldwide are able to make their own free decisions over their sexual and reproductive health and rights.[22] To provide one shocking example, a partner organisation of Population Matters in Uganda reported an incident in which a woman was beaten by her husband for having a long-acting contraceptive implant without his knowledge. The husband then bit the implant out of her arm.

The guiding document for population policies for the last thirty years has been the International Conference on Population and Development Programme of Action, agreed in 1994. It states:

"The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition, it is essential for the achievement of sustainable development ... [I]mproving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction. This, in turn, is essential for the long- term success of population programmes. Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women." [23]

Thirty years on, significant progress has been made - but nowhere near enough. The UN has estimated that at current rates, gender equality will not be achieved globally until the 22nd century, with progress actually falling backwards in a number of places.[24] Meanwhile, there is a black hole in funding. In 2020, UNFPA estimated it would cost $264bn to achieve the "three zeroes": zero unmet need for contraception, zero child marriage and zero female genital mutilation.[25] At that point, just $42bn had been pledged.

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Addressing desired family size

In simple terms, family planning (including contraception and abortion) addresses unwanted and/or unintended births. Historically, however, and today, people have often *wanted* larger families – in some parts of Africa stated average ideal family size is actually higher than (already high) fertility rates: in Niger, for instance, the "vast majority" of women state 10 as their ideal family size – the current TFR is 6.7.[26] Contraception only limits population to the extent that people want to use it.

Evidence shows that, crudely put, desired family size tends to be a product of social influences, rather than a matter of purely individual choice. Broadly, people desire the family size they see around them.[27] This is unsurprising given the very significant differences in desired family size across different countries and regions, and over time.

Desired family size is, of course, not fixed. Education and lower infant mortality tend to reduce it – as does increased affluence (measured by GDP per capita) though to a far less significant extent.[28] Evidence shows that family planning provision in itself influences desired family size.[29] A 2019 study examining data from sub-Saharan Africa also confirmed what seems intuitively obvious: "regardless of the country, more empowered women desire significantly fewer children compared with their less empowered counterparts."[30]

Directly addressing family size has been a feature of most population policies historically, however. Such messages can be crude (Singapore's in the 1970s was "stop at two"[31]) and risk stigmatising larger families and those who choose them. However, in principle they often chime with a recognition among people that smaller families have greater economic opportunities, such as in Rwanda (see page 12). Influencing social norms and behaviour change is complex, challenging and sensitive, but is widely recognised as legitimate in public policy, from environmental education to health outcomes.

Of course, desired family size – and population growth – are not just issues in traditional "high fertility, low-income" settings. An average child born in the UK or US has multiple times the environmental impact of one born in Afghanistan or Rwanda, for instance,[32] and, ironically, sustaining the wellbeing of children in affluent societies currently often has negative "spillover", to use the UN's term, on those elsewhere.[33] Where people largely have the opportunity and freedom to control their fertility, their actual choices have impacts beyond their own families and enhancing their understanding of those impacts allows them to make informed choices.

Tackling poverty

Poverty, both in individuals and in nations, contributes to population growth in multiple ways, as has already been described. Even in low-income countries, wealth differentials between individuals count. A 2015 study of 46 low-income countries found that on average 51% of the richest population quintile used contraception compared with 32% among the poorest quintile.[34]

Unsurprisingly, therefore improving affluence tends to correspond with lower fertility rates and reduced population growth.[35] Evidence also shows that countries which successfully lower fertility rates and population growth can grow their economies[36] and are better able to escape poverty.[37] The relationship is, of course, complicated, with benefits flowing in both directions in the classic population policy virtuous circle. The actions which reduce fertility – such as better education and health – also reduce poverty.

Increasing affluence cannot, however, be left to "cure" population growth. Such a simplistic approach ignores the impact of population growth on poverty. In a 2022 report, the UN Development Programme found that in 16 countries, although the proportion of people living in poverty had decreased, population growth had led to the *number* of people living in poverty increasing. In the case of Ethiopia, for instance, between 2011 and 2019, incidence of poverty dropped from 83% to 69%, but the number of people in poverty increased from 76m to 78m.[38]

THE RECIPE

The relative importance of each of these ingredients is, obviously, determined by the needs in any individual country. Similarly, the emphasis put on each may be determined by more than simply evidence of their effects on fertility: particular solutions may contribute better to other policy goals. The key and consistent message with regard to giving people the ability and freedom to control their own fertility – the principle at the heart of ethical and effective population policies – is the need for a holistic approach. The following case studies show exactly that.

Thailand: determination and imagination

Today, Thailand's population growth rate is near zero, with a total fertility rate of 1.3, lower than that of most European countries.[39] In 1970, the annual growth rate was 3% with a TFR of more than six children. Today, just 4% of women have an unmet need for modern contraception, with 90% of need met through modern methods.[40] This impressive progress took place despite the nation being largely rural, agricultural, and poor like others in South-East Asia.

The Thai government was actively pronatalist in the 1950s, but following tentative family planning steps in the 1960s, in 1970 the country established its first population policy, aiming to reduce the population growth rate to 2.5% by 1976 through voluntary family planning[41] and to a further 1.5% in 1986.[42] An ambitious target of increasing contraceptive prevalence rate by 20% in just five years accompanied the population target. To realise these plans, a holistic and creative suite of policies was introduced.

Thailand's approach did not neglect the basics, including provision of family planning clinics in all health centres and hospitals, and devolution of responsibilities to local level, bringing the services and messages closer to the communities using them. Recognising limitations in state capacity, the private sector was involved in distribution of contraceptive products to remote and hard-to-reach areas, including from pharmacies, local shops and even hairdressers.[43]

Mechai Viravaidya shows how he earned his nickname.

Low-level incentivisation was also employed, with loans and assistance in economic activities offered to service users.[44] The use of such incentives can and has been problematic in disadvantaged communities, including in Thailand, but also acts as a catalyst to help overcome barriers such as social opposition. Its context in Thailand was research showing that in the 1960s, three-quarters of women in rural areas wanted no more children than they already had.[45]

Accompanying the family planning programme was a development programme that addressed classic drivers of high family size. A virtuous circle of improving female empowerment, education, child mortality and health outcomes fed into and also benefitted from rapidly decreasing fertility rates.

Underpinning the mechanics, was a keen eye for culture and norms. Exploiting Theravada Buddhism's social influence and pragmatism on contraception and family size, religious leaders and institutions were also brought into the fold. Thailand also deployed mass media communication with over half of Thais getting information on family planning from either radio or TV. That was only one part of the communication campaign, however, and this is where Thailand's unique ingredient comes in: activist, politician and administrator Mechai Viravaidya – also known as Mr Condom.

Viravaidya recognised the need to change attitudes to contraception and, with others, spearheaded imaginative campaigns to gain popular attention, both in government and as an independent campaigner. From "cops and rubbers", where the police handed out condoms, via condom-inflating competitions to a Cabbage and Condoms restaurant chain, the family planning publicity campaign was given a populist edge.[46] (Ironically, today condom usage is relatively low in Thailand in comparison to other methods, but Mr Condom's campaigns are widely credited with improving contraception uptake overall.)

Thailand has reaped the benefits of its success in ending population growth. Before the 1997 Asian economic crash, it had an economic growth rate of 8% and it is now designated an upper-middle-income country,[47] while its GDP per capita is triple those of its nearest neighbours, Myanmar, Lao and Cambodia.[48]

Photo © MarioHeller / Unsplash

The OECD reports that "per capita incomes have continued growing steadily due to a rapid demographic transition as a result of birth control campaigns, rising prosperity and delayed childbearing for education and careers." [49]

Thailand's success does come with challenges. Like many other countries, its low birth rate means a lower proportion of young people to older people, which leads in time to increased costs in social and health care falling on a lower number of working-age taxpayers. While this inevitable demographic shift is sometimes talked about in apocalyptic terms,[50] Thailand is facing this challenge with the positivity and holistic perspective that characterised its past population policies. Through investing in human capital – promoting lifelong health, education and productivity – it seeks to reap what has been called the "third demographic dividend" – the economic and social benefits arising from a productive older generation.[51] Thailand may well, again, lead the way.

Thailand's remarkable population success story is, by the standards of these things, often and rightly celebrated. This is not least because the charismatic Mr Condom (still going strong, at 82, at the time of writing) and his imaginative programmes provide colourful human interest. Other places' tales of bureaucratic reorganisation and diligent policy development may lack the wow factor, but deserve recognition too.

Thailand

Population

1970:
35 million

2022:
71.8 million

Population growth rate
Annual increase in population.

1970: **2.85%**
2022: **0.16%**

Total fertility rate
Average number of children born to each woman

1970: **6.8**
2022: **1.3**

Infant mortality rate
Number of infant deaths for every 1,000 live births

1970: **73.1**
2022: **7.1**

Sources: UNFPA World Population Dashboard, World Population Prospects 2022 dataset

Kerala: putting it all together

India's population reached one billion in 2000,[52] and this year, 2023, it has overtaken China as the world's largest country. A concern with its rapid population growth led India in 1952 to be the first country to launch a national family planning programme.[53] However, a singular focus on population growth reduction targets – as well as pressure from international donors – led to cases of coercive methods that cost both men and women their human rights, particularly during the "Emergency" of the 1970s.[54] While India's approach has been far more in line with human rights principles for decades now, concerns remain about abusive practices and some states' polices discriminate against people with larger families.* Today, the country's total fertility rate is near the global average, but significant regional differences remain.

* See Population Matters' 2022 review of discriminatory two-child policies in some Indian states at https://populationmatters.org/news/2022/11/indias-coercive-population-policies/

Photo © Adobe

Amid the country's tainted family planning history, however, stands a bright outlier: the southern state of Kerala. During the 1950s, Kerala's population was growing faster than that of any other Indian state, but by 1987 it had become the first state to reach a replacement level fertility rate.[55] Kerala achieved such rapid birth rate decline – one of the fastest in South Asia – through early investment in women's empowerment, healthcare, and non-coercive family planning.[56]

Kerala has had a long history of promoting women's empowerment. By 1961, it had the highest female literacy rate in India, at 45.6% compared to 15.3% countrywide,[57] and now more than three quarters of women have completed at least 10 years of education.[58] Because of this, women have tended to marry later in Kerala than in most other parts of India. When Kerala started promoting smaller families as part of its family planning programme, high education rates and later marriage age made the idea more popular.[59]

Another important factor is Kerala's infant and child mortality rates, which for decades have been India's lowest.[60] This allows couples to have fewer children, knowing that they are likely to survive to adulthood.[61] For most of its history Kerala was a poor state, but was able to achieve low mortality rates even in rural areas by making healthcare widely accessible, particularly in rural areas.[62] Today, it is one of India's richest states and ranks first in human development indicators.[63]

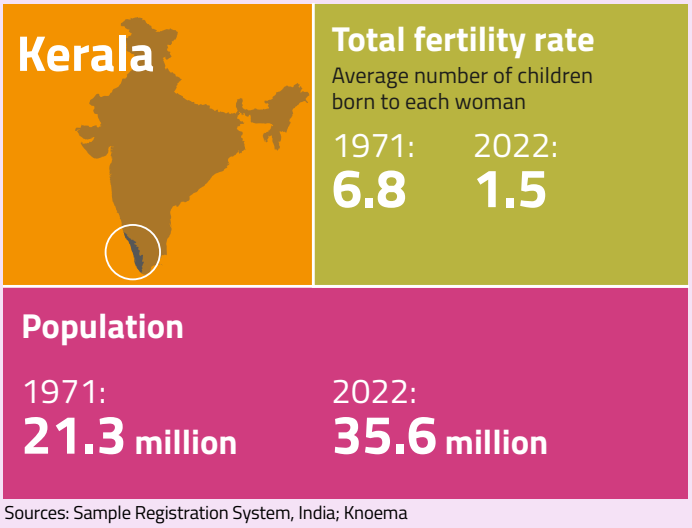
Finally, Kerala's birth rates went down because of the national family planning programme.[64] Kerala accelerated its fertility rate decline by making a variety of modern contraceptives available, promoting small families, and conducting community family planning education.[65]

As in much of India, the most common method of contraception in Kerala is female sterilisation,[66] and India's Ministry of Health and Family Welfare compensates patients for wage losses incurred by the procedure.[67] Concerns have been consistently raised about India's reliance overall on female sterilisation, which may be an effective and appropriate measure for wom-

Photo © Adobe

en who have completed their families and are making a free an informed choice, but carries risks if performed badly.[68] Similarly, government payments may incentivise very poor women to undergo tubectomies.[69] According to a recent study reviewing data from more than 160,000 Indian women who had undergone sterilisation, 7% expressed regret.[70] However, while other states explicitly forced people – often poor young men – to undergo sterilisations, Kerala's family planning officials have consistently rejected coercive methods in favour of influencing the public through education and awareness campaigns.[71]

Crucially, Kerala's fertility decline was not a consequence of economic development. In 1978, when its family planning programme was already well underway, Kerala's per capita income was only $80, far less than the Indian average.[72] However, after slowing its population growth, Kerala has had a much more rapid decrease in poverty than other Indian states[73], and by 2000 its GDP per capita was 20% higher than the country average.[74] Kerala demonstrates that it is not economic growth – nor coercion – but women's empowerment, education, healthcare and family planning access and promotion that effectively address population growth.



Sources: Sample Registration System, India; Knoema

Rwanda: from trauma to empowerment

"Family planning in Rwanda is not seen as population control, but rather as a way to empower the people." [75]

Rwanda, the most densely populated country in Africa, had one of the world's highest fertility rates in the 1980s, with each woman having on average 8.5 children in her reproductive life. Reducing population growth with the primary aim of promoting economic development and reducing poverty became a key government target.[76]

In 1982, the National Office of Population was established. Promoting uptake of family planning was prioritised and trained communicators known as Abakangurambaga ("Awakeners of the People") referred couples to health centres, gave them information on available services and even administered some methods.[77] In 1990, the government set an ambitious target to increase contraceptive prevalence from 2% to 40% in just 10 years.

In 1994, however, the Rwandan genocide took place, with a million people murdered in a country with a population of just eight million. Following the genocide and an exodus of millions of refugees, fertility rose amid social chaos and reluctance to see population shrink further: contraceptive prevalence shrank from 13% to just 4%.[78] Infant mortality climbed, and was still higher in 2000 than it had been in 1991.[79]

Photo © Stuart Isaac Harrier / Unsplash

In the early 2000s, population started to resurface as a policy concern. The National Policy for Sustainable Development was introduced in 2003.[80] The plan identified the importance of addressing population growth as part of a holistic programme for sustainable development, including ensuring universal education for all children, and equal economic opportunity for men and women. Political will was growing, with population action internally motivated, rather than heavily influenced by external donors as it had been in the past.

Bolstering this commitment, in 2005 Rwandan parliamentarians, health officials and other stakeholders were shown projections from RAPID, a USAID computer programme, which modelled different development scenarios based on projected population and fertility trajectories. In the words of one analysis:

"It had a powerful impact because it put a positive spin on things by talking about the advantages of having smaller families in terms of improved health and education … The RAPID Model brought home the idea that the goals of poverty reduction simply could not be met with high rates of population growth, and that lowering fertility—in part through family planning was essential."[81]

With explicit endorsement from the president, and the health minister giving condom demonstrations on television, the message was hard to miss. Messaging has focussed not on limiting procreation but the opportunities for families presented by having fewer children. Between 2000 and 2010, "ideal family size" in Rwanda dropped from 4.9 to 3.3.[82] On the ground, training and family planning infrastructure was improved, and supply logistics prioritised,[83] with locally elected community health workers equipped to distribute some methods: in the succinct words of Rwanda's DELIVER project - no product, no programme.

Photo © Adobe

There is much work still to do. Rwanda is a predominantly Christian, majority Catholic, country with many local health facilities church-provided, and, in turn, often reluctant to embrace family planning and hostile to abortion.[84] Adolescents are expected to practice abstinence and consequently have been underserved by sexual health services.[85] A 2022 bill to allow girls between 15 and 18 to legally access contraception was rejected in parliament.[86]

Despite the obstacles, and the challenges remaining for this tiny country, categorised as among the world's Least Developed, the achievements have been remarkable. Between 2005 and 2020, contraceptive use among married women increased from 17% to 64% in Rwanda.[87] Its TFR of 3.7[88] is the lowest in the region – neighbouring Congo, Burundi and Tanzania have rates of 6.1, 4.9 and 4.6, respectively.[89] In 2006, its population was projected to reach 16 million in 2020[90] – the actual figure was 13 million.[91] Child and maternal mortality have dropped significantly, and Rwanda was one of only two countries in sub-Saharan Africa to achieve the Millennium Development Goals for health.[92]

Government commitment is widely credited as an engine of success. Rwanda's approach has been one of systematically addressing the challenges, putting in the work rather than taking the shortcuts: an aberrant 2007 government proposal to legally limit the number of children to three was fortunately never realised.[93] Instead, paying attention to the basics has yielded genuine success.

Rwanda

Population

1990:
2.23 million

2022:
14.1 million

Population growth rate
Annual increase in population.

1990: **2.46%**
2022: **2.3%**

Total fertility rate
Average number of children born to each woman

1990: **6.87**
2022: **3.7**

Infant mortality rate
Number of infant deaths for every 1,000 live births

1990: **93.2**
2022: **28.3**

Sources: UNFPA World Population Dashboard, World Population Prospects 2022 dataset

Costa Rica: paving the way for progress

In the past 60 years, Costa Rica has undergone a remarkable transformation. Its GDP per capita grew from $380 to over $12,000, life expectancy climbed from 60 to 80 years, and the fertility rate fell from nearly seven to less than two.[94] The population growth rate – once one of the world's highest at 3.8% – has decreased to a more sustainable 0.9%.[95] Without the strain of a rapidly growing population, Costa Ricans now enjoy much higher standards of education and one of the world's most effective primary healthcare systems.[96] Nature, too, is flourishing: after years of intensive logging, Costa Rica became the first country to reverse deforestation, and now leads the world in renewable energy use.[97]

How did Costa Rica achieve such dramatic changes in just a couple generations? Clearly, progressive government policies like biodiversity laws and high education spending played a role. However, one of the single most important factors was Costa Rica's incredibly successful family planning programme.

In the early 1960s, forestry professor Henry Tschinkel and his colleague Alberto González noticed a link between Costa Rica's rapid deforestation and the extremely high unmet need for contraceptives among Costa Rican women.[98] Convinced that slowing population growth would simultaneously lift families out of poverty while also relieving pressure on Costa Rica's natural resources, González founded the Costa Rican Demographic Association to start promoting and providing family planning services.[99]

Despite never articulating an explicit population policy, the Costa Rican government also played a critical role in the country's fertility rate decline.[100] Through its family planning programme, the government made contraceptives much more accessible, particularly to rural and low-income communities.[101] As a result, the percentage of women in rural areas who used modern contraception jumped from 24 to 64 from 1969 to 1976.[102] Towards the end of the 20th century, however, government commitment to family planning waned, which contributed to a much slower reduction in the fertility rate.[103] By that point, however, Costa Rica had already achieved a very low fertility rate considering its income level.

Local churches of various denominations also contributed by normalising and helping distribute contraceptives. For example, Padre Carlo, a local minister, hosted a highly effective radio show called Dialogo, in which he challenged the cultural hesitancy to discuss sex and promoted contraceptive usage.[104]

Unlike many of today's programmes, Costa Rica's family planning movement actively promoted small families. Through mass communication and home visits – particularly important in rural areas – nurses, social workers, and priests explained to couples that having fewer children would enable them to save more money and enjoy more leisure time[105]. This approach worked: Costa Rica now has Latin America's highest rates of contraception usage – 84% - and one of the region's lowest birth rates.[106]

Costa Rica's progress in demographic terms is remarkable, but that should not obscure remaining challenges in fulfilling sexual and reproductive health and rights. Although births to 15-to-19 year-olds have halved over the last generation, they still account for almost one in ten of all births.[107] Socially and economically, progress has stalled in some respects, with inequalities continuing to impact on the health and rights of the most vulnerable: 70% of maternal deaths in 2020 were estimated to be among unemployed or underemployed women.[108]

While it would be a mistake to ignore its remaining and significant problems, in a 2021 evaluation, Costa Rica ranked as the 16th happiest place on Earth.[109] Like every country, Costa Rica's story is multi-faceted, and no one factor has driven the gains it has made. It nevertheless serves as an excellent example of how addressing population growth paves the way for women, children, and nature to flourish.

Costa Rica

Population

2022:
5.17 million

Population growth rate
Annual increase in population.

1965: **3.25%**
1995: **2.34%**

Total fertility rate
Average number of children born to each woman

1965: **5.9**
1995: **2.8**

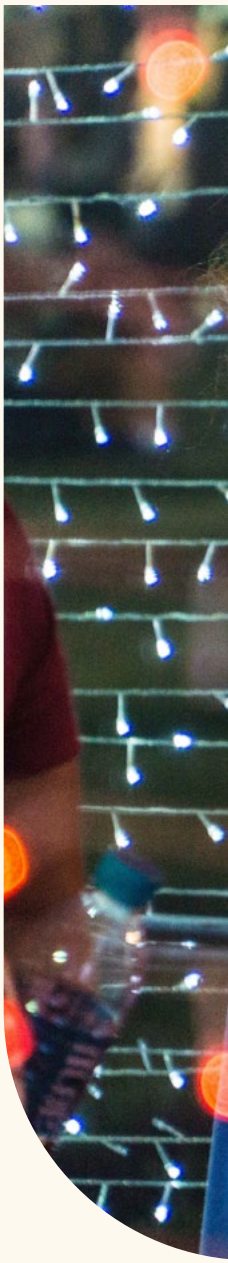
Infant mortality rate
Number of infant deaths for every 1,000 live births

1965: **76.5**
1995: **12.7**

Sources: UNFPA World Population Dashboard, World Population Prospects 2022 dataset

Photo © Adobe

CONCLUSION



According to the UN's 2021 *World population policies* report, in 2019, nearly three quarters of governments had policies related to fertility: 69 governments to lower it (including in half of all developing countries), 55 to raise it and 19 focused on maintaining existing levels.[110] It is time that perceptions of population policy come out of the long shadow of egregious population policies of the past. That shadow has obscured the reality that policies to address population are overwhelmingly positive, voluntary, empowering, and associated with beneficial outcomes in multiple areas.

"Some population policies, especially in past decades ... were not entirely voluntary, sometimes using strong incentives or coercion to ensure widespread adoption of family planning practices and leading in the most extreme cases to the use of forced sterilization or abortion as means of population control. However, most national population policies were not coercive and focused instead on promoting a desire for smaller families with fewer, healthier and better educated children."
UNDESA[111]

The case studies in this report are only a sample of those which have managed population growth and brought better lives to hundreds of millions. Bangladesh[112] and South Korea[113] are other classic examples but nations have been tackling the profound challenges of rapid population growth with unheralded diligence for generations now. In the 1990s, Ethiopia introduced a holistic population policy recognising the importance of gender equality[114] creating genuine, albeit insufficient, progress.[115] Even Iran, under an authoritarian Islamic theocracy, introduced a population programme in the late 1980s which implemented many of the positive principles established in these case studies.[116] From tiny Bhutan[117] to pioneering Kenya,[118] which has made huge gains in family planning but still faces damaging levels of population growth, population policies have often been at the heart of governments' attempts to develop their countries. Not all have achieved their goals, with the very population growth they have been trying to address being one of the factors handicapping the provision of health and education services on which the programmes rely.

Countries with high population growth have rarely been stable, functioning democracies with robust institutions, social stability, deep pockets and respect for the rule of law (as is still the case today). It is essential to identify if, when and how their population policies have abused human rights, or have fallen short of the standards of equity, freedom of choice and respect for the individual that all government policies should meet.[119] It is also important to recognise how abuses and failures have stemmed from historical and political context rather than the *principle* of having a population policy, and to recognise that in some cases, enlightened population policies have been drivers of wellbeing, progress and human rights *despite* the governments which implemented them.

The SRHR and human rights community is rightly vigilant for abuses today, and policies in some Indian states are a warning that sometimes old habits die hard. But good habits, as outlined in this report, are both more productive and far more prevalent. None of the most authoritative recent reviews - the UN's 2021 *World Population Policies* report, UNFPA's 2023 *State of World Population* report and the 2021 report on sexual and reproductive health from the UN's Special Rapporteur on the Right to Health - have identified any significant or widespread contemporary abuses arising from policies intended to reduce fertility.[120]

Where vigilance is certainly needed is in regard to policies intended to raise fertility, as detailed in Population Matters' 2021 *Welcome to Gilead* report.[121] While the majority focus on positive approaches such

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as enhancing parental leave and addressing childcare costs, pronatal rhetoric has also been associated with policies limiting access to contraception and abortion in countries from Poland to China, and most disturbingly, Iran, where severe restrictions on family planning are explicitly driven by the government's drive to boost population.[122] The world of low fertility is a new one, and we must be very aware that an SRHR community attuned to – or preoccupied with - the abuses of the past may not be best equipped to meet the threats it poses.

The past is not just a warning, and it is to our loss that the true history and current reality of population policies is almost invisible. The population policies of Indira Gandhi are infamous while those of Kerala are obscure; everyone knows what happened to tackle population growth in China but how many know about what happened in Thailand?

At their heart, effective population policies are about delivering what people want and giving them the opportunity to make their own decisions. From women's empowerment to schooling to child health, population policies have done immense good in the world. As we face the challenges of the 21st century, they can do even more.

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ABOUT POPULATION MATTERS

Population Matters is a UK-based charity which campaigns to achieve a sustainable human population, to protect the natural world and improve people's lives. We promote positive, practical, ethical solutions – encouraging smaller families, inspiring people to consume sustainably, and helping us all to live within our planet's natural limits. We believe everyone should have the freedom and ability to choose a smaller family. We support human rights, women's empowerment and global justice.

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