



Demographic Change : Population Growth

Defusing the Population Bomb

Governments have adopted various family planning and population control policies, often with totally different results. See what worked and what didn't.



People on a beach in Qingdao. China started its birth control policy in the 1970s. Despite their success the country's population grew to 1.3 billion individuals (Photo Reuters)

What's the only country in the world where couples have to attend contraception classes before they can get married? It might come as a surprise, but the answer is Iran.

The mullahs may not be the most obvious champions of condoms and the Pill, but they have been among the most effective, promoting contraception in order to halt runaway population growth. Between 1988 and 1996 the average Iranian family halved in size from 5.2 to 2.6 children after the authorities launched a family planning campaign.

The government encouraged women to wait three to four years between pregnancies. Childbearing for women younger than 18 or older than 35 was discouraged. Religious leaders issued fatwas (edicts) confirming a woman's right to control her fertility. This paved the way for free contraceptive distribution through a nationwide network of 15,000 "health houses" and the first access to male and female sterilization in the Muslim world.

In doing so, Iran went along the lines of action for successful family planning outlined in 2006 by scientists in the British medical journal *The Lancet*: "Legitimize the idea of modern family planning and smaller families...Create a broad coalition of support including religious, secular, and traditional leaders."

Removing socio-economic and physical barriers to women's control over their own fertility is equally important. That, for example, means more education for women and providing them with opportunities other than childbearing.

Bangladesh vs. Pakistan

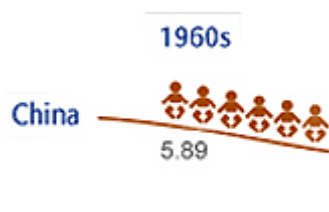
Bangladesh, one of the world's poorest and most densely populated

countries, also benefited from innovative government policies, says John Cleland, lead author of the Lancet study.

From the mid-1970s, Bangladesh adopted a community-based approach, recruiting married, literate village women trained in basic medicine and family planning to go door-to-door dispensing contraceptive pills and condoms and referring women for clinical contraception.

“They acted as a bridge between the modern medical world and the village world,” says Cleland. “Because they were literate, they were part of the elite, and as villagers, they had credibility among a suspicious and very religious population.”

The approach was successful. Fertility rates in Bangladesh halved from about six children per women in the early 1970s to three children per women now.



Infographic (click on the image to enlarge)

China's fertility rate from 1960 until 2040 (Graphic: Allianz)

In contrast to Bangladesh’s broad-based strategy, Pakistan in the 1960s attempted to promote one form of contraception only – the intrauterine device (IUD) – by paying doctors and midwives to promote the device or women to have it inserted.

“All that money meant vast corruption and falsified figures, while there was not enough medical backup so when women had problems with the IUDs they had nowhere to go,” Cleland says. “When someone did an honest survey, they found that no-one was using IUDs.”

As a result of these failings, and also for political reasons, Pakistan banned advertising for family planning and cut funding for similar projects during the 1970s and 1980s. The resulting comparison with Bangladesh is stark. In 1970, Pakistan’s population was five million smaller than Bangladesh’s, but, by 2050, its will be 62 million larger.

China’s command and control

Far from being ineffective, China’s birth control policies have been criticized as draconian, especially the “one-child” policy. The fertility rate among Chinese women has declined to around 1.7 children per woman today, but at a severe human cost. The public fury after schools collapsed in the Sichuan earthquake was compounded by the fact that a number of parents, who had been sterilized, lost their only child.

During the 1970s, China started a largely voluntary and effective “two-

child" policy, spearheaded by the slogan "later, longer, fewer." Women started to have children later, wait longer between children, and have fewer of them. Contraception was widely available, and fertility rates fell steeply.

To step up the effort, the government implemented the one-child policy in urban areas from the 1980s, mainly through female sterilization and IUDs. Fertility rates fell further, but female fetus abortion increased due to the cultural preference for boys, leaving China with gender imbalances unprecedented in human history.

According to David Phillips, a demography expert at Hong Kong's Lingnan University, the policy is now being rethought as the government faces the gender gap and the fact that the population is ageing rapidly.

"There are now effectively four gradations," he explains. "In cities it is 'one child.' Then in less-dense urban areas it is from one to two. In rural areas, if the first child is a girl, you might get permission to have two, and in non-Han ethnic areas, there is effectively no regulation. And if you are an only child boy and you marry an only child girl, you can have more than one child."

Brazil's fertility gap

Elsewhere, such as in Western Europe between 1880 and 1930, fertility fell with no state intervention and without modern contraception. Couples simply found ways to have smaller families, generally as they became more educated and wealthier. The same has happened in recent years in Algeria, Saudi Arabia, and Turkey, countries without population programs.

In 1960, the average Brazilian woman had more than six children. Successive military governments blocked family planning until 1985. But through oral contraceptives, family planning services provided by local authorities and NGOs, and doctors flouting the law, the fertility rate fell to 3.5 by 1986.

Not everywhere, however. Differences emerged between rich and poor, urban and rural regions, and educated and uneducated people. In 1986, rural fertility in Brazil was 66 percent higher than in urban areas.

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Poverty and fertility are intimately linked. This explains why many poor countries are relying on family planning programs rather than waiting to become rich and seeing population growth decline naturally, but slowly. In 2007, more than two thirds of the least developed countries had policies aimed at reducing their population growth rates. Iran is not such

an exception after all.

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