

## Why the silence on population?

Martha Campbell

Published online: 4 July 2007  
© Springer Science+Business Media, LLC 2007

**Abstract** The tripling of the world's population growth since 1960 has received little public attention the past decade. Six reasons for the silence around this subject constitute a "perfect storm". The first five are: visibility of actual fertility decline in the developed countries as well as a number of the developing ones; well justified attention to the impact of high levels of consumption on the environment; an implicit welcome by conservative political and religious forces to reduced needs for family planning; the tragedy of AIDS dominating international health concerns; and the 1994 Cairo conference's focus on examples of coercive family planning while nearly ignoring the coercion of women forced into unwanted childbearing. These five relatively new developments have been supported by standard demographic theory containing an assumption that couples naturally want many children, making it difficult to see the many barriers blocking women's options to manage their own childbearing.

**Keywords** Family planning · Barriers · Cairo · Fertility · Silence · Perfect storm

In the 1960s and 70s much attention was paid to the world's rapidly growing human population. The number of people on this planet stood at three billion in 1960 and it was poised to double before the end of the century. Between 1999 and 2050 that number will likely expand by another three billion, and yet in contrast there has been nothing but silence. The subject of population growth has all but disappeared from the media in the past 25 years.

There is little current attention in the press or academia to the situations of the fastest growing countries. By year 2050 Uganda is projected to grow from

---

M. Campbell (✉)  
School of Public Health, University of California, Berkley, CA, USA  
e-mail: campbell@berkeley.edu

27 million to 131 million, Niger from 14 to 50 million, and Afghanistan from 30 to 82 million. Asia will add 500 million people in a single decade from 2005. India is growing by a net million every three weeks, nearly all of this growth in the lowest-income regions of the country, where the level of nutrition available to the poor has not changed over the last 15 or 20 years. In 1950, Pakistan had a total population of 37 million. Today it is 166 million and projected to grow to between 266 and 353 million by 2050 (United Nations Economic and Social Affairs, 2005). The implications for water needs in this largely arid country only 20% larger than Texas are a serious concern. In 1900, Ethiopia had 5 million people and 18.4 million in 1950. By the year 2000, its population was 69.5 million and it is projected to reach between 147 million and 195 million in 2050—a tenfold increase in a century. This rapid population growth has played a major role in the decimation of nearly all of Ethiopia's forests and consequently its climate change.

In some ways, lack of attention to population has been combined with actual hostility. Many young people on university campuses have been taught over the past decade that the connection between population growth and the environment is not an acceptable subject for discussion. For example, in many circles it is politically incorrect to say that slowing population growth will help to make it possible to preserve the environment for future generations. The question is why, and the answer is far from simple, although some generalizations are possible (Campbell, 1998).

### **A delicate, misunderstood subject**

Population growth, which I will refer to in this paper as simply population,<sup>1</sup> has always been a delicate, easily misunderstood subject, because it involves sex, reproduction, cultures, religion, and severe inequities around the world. Subtleties are easy to miss in this controversial field. For example, reducing fertility<sup>2</sup> has been framed as the sure way to achieve economic growth or development. But it is not any solution by itself, it is merely a necessary but not sufficient factor.

The rapid growth in the world's population over the past 200 years (Table 1) has been largely driven by the increased survival of the children who were born and not by higher fertility. More babies, small children and adults as well survived because of improved nutrition, better water, better hygiene and vaccines. It was a triumph of human success. The improved nutrition included the new forms of transportation that could carry farm produce to where people lived. The canals and railroads were important for reducing local famines. The improved hygiene was driven by new knowledge about bacteria and disease. Looking at the driving forces of population growth on the whole, what occurred during this period was the arrival of new and welcome technologies and information.

<sup>1</sup> Technically, "population" refers to growth, decline, migration, and mortality. In this paper the word is being used in its most common meaning, the one subject area that is less discussed, population growth.

<sup>2</sup> In this paper, fertility is used in the demographic sense, meaning the number of children born to a woman, in contrast to the meaning of fertility in biological terms, which is the ability to reproduce.

**Table 1** Population growth over last 200 years

A progression		
1 billion	1800	200,000? Years
2 billion	1930	130 years
3 billion	1960	30 years
4 billion	1975	15 years
5 billion	1987	12 years
6 billion	1999	12 years

*Source:* Scheidel, Walter, “Ancient World, Demography of”, Encyclopedia of Population, ed. Paul Demeny and Geoffrey McNicoll, New York: Macmillan Reference 2003. Vol. 1, pp. 44–48

The new technologies and information that dramatically reduced mortality did not spur controversy. Nearly everyone wants to save children’s lives. But the idea of enabling women to have control over their childbearing is widely treated as a sensitive subject and often controversial. For this reason the access to technologies, information and even the scientific underpinning of the technologies that women need to manage their fertility has been severely retarded (Potts, 2003); and they are still difficult for many women to obtain today.

### A perfect storm

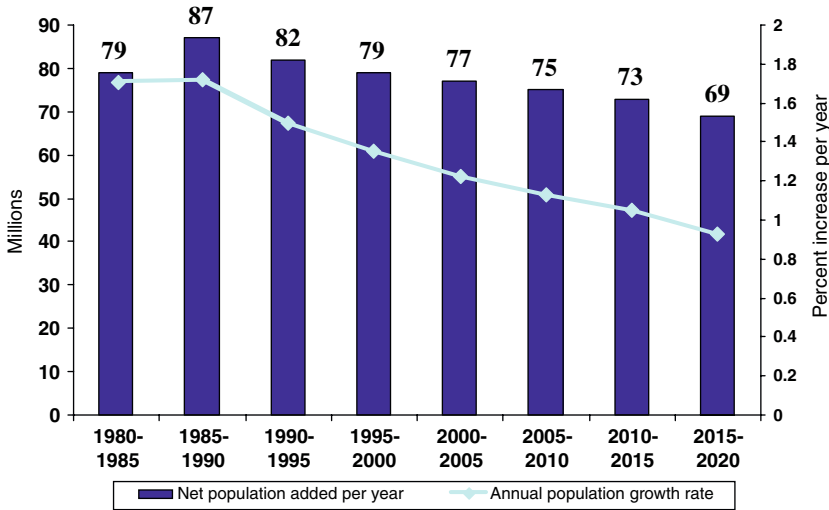
There are six identifiable reasons for the recent silence on population, six forces converging on this one subject to reduce its visibility. Together they constitute what we might see as the perfect storm.

First, birth rates have actually fallen in the world as a whole (Fig. 1), and this change has been described in the press. In many of the less developed countries, family planning programs have had a real impact since the 1950s, bringing down the world’s fertility from 5 and a half to 3 children per woman. In particular, average family size has fallen to very low levels in Europe and Japan, and much media attention has focused on the challenge of an aging population.

Second, patterns of consumption are a highly visible factor affecting the environment and natural resources, including the production of greenhouse gases, cutting down forests and losses in biodiversity. It is easy to see that we need to consume less. It is quite a bit more difficult to recognize any effect of population growth on the environment.

Many people argue that northern countries’ consumption, rather than population, causes environmental decline. To a very large extent and in many places they are correct. However, population is also an important factor, and in some places it is the principal driver of resource loss or environmental stress. The Nile is an excellent case in point. The demand for water is increasing in all ten countries of the Nile Basin,<sup>3</sup> as these countries all have agricultural economies and rapidly growing

<sup>3</sup> The 10 countries of the Nile basin are Burundi, Congo, Egypt, Eritrea, Ethiopia, Kenya, Rwanda, Sudan, Tanzania and Uganda



**Fig. 1** Trends in population growth worldwide

populations (Table 1). The Blue Nile from Ethiopia and the White Nile from Uganda merge at Khartoum, Sudan, and by the time this great river reaches the Mediterranean it is severely depleted. The populations Ethiopia, Sudan and the remaining countries in the Nile Basin are projected to *double* by 2050 and the amount of Nile water available for Egypt is likely to decline. Various studies have produced a range of possibilities from an 80% decline by the year 2060 to an actual gain of 22% if global warming results in more rainfall in the region (Sokka, 2004). The difficulty is that Egypt's population is also growing rapidly, as an earlier decline in the fertility rate has stalled at about 3.5, and projections show a near doubling of its 74 million people by 2050 (Table 2).

Population is the multiplier of everything we do and everything we consume. We need to consume less, but it is actually easier to change family size than it is to change patterns of consumption. There is a large unmet need for family planning today, while it is likely to take a long time for people to *want* to reduce their consumption.

The third element in the perfect storm has a different origin. Anti-abortion activists, religious leaders and conservative think tanks have been influential in reducing attention to population growth. They tend to welcome what they have seen in the media, that the population explosion is over (Lutz, Sanderson, & Scherbov, 2001). It is also worth remembering that the most extreme and vocal advocates against abortion are not supportive of family planning.

Fourth, the sheer scale of the AIDS epidemic has captured the world's attention. People often ask, isn't AIDS "taking care of" the population growth problem? The answer is no. In Uganda (population 5 million in 1950) the TFR is nearly seven per woman and in spite of the AIDS epidemic, the population is expected to more than quadruple by 2050 (from 29 million today to between 112 and 141 million in 2050). Eight countries in Southern or East Africa have an HIV prevalence in the adult

**Table 2** Population sizes (in millions) of the ten countries of the Nile Basin

Country	2006	2025	2050
Burundi	7.8	14	25.8
Congo, Dem. Rep. Of	62.7	108	183.2
Egypt	75.4	101.1	125.9
Eritrea	4.6	7.4	11.2
Ethiopia	74.8	107.8	144.7
Kenya	34.7	49.4	64.8
Rwanda	9.1	13.8	20.6
Sudan	41.2	61.3	84.2
Tanzania	37.9	53.6	72.7
Uganda	27.7	55.5	130.1
Total	375.9	571.9	863.2
	2006	2025	2050

Source: Population Reference Bureau. Data Sheet, 2006

population estimated to be 15% or more. In six of these, (Botswana, South Africa, Namibia, Swaziland, Zimbabwe, Lesotho) fertility has also fallen and thus population growth is now modest and may become negative. In the remaining two (Zambia and Mozambique) fertility is still high and population growth is still close to 2% per annum (Cleland, 2006).

Even if the demographic impact of HIV/AIDS were greater, to suggest that suffering and dying will solve a problem, one dying parent at a time, one dying child at a time, is not any kind of solution we would welcome. In all of the fast-growing countries there is a well documented need for family planning, which is often difficult for many women to obtain. One hundred and fifty million couples around the world do not want another child (at all, or soon) – but are not using contraception. This number rises to an estimated 201 million women when the use of modern contraception is the measure (Bernstein & Hansen, 2006).

The fifth factor in this “perfect storm” concerns policy developments. The 1994 United Nations International Conference on Population and Development (ICPD, or “Cairo”) was the turning point in removing the population subject from policy discourse. The important difference between ICPD and the previous decadal UN population conferences was its emphasis on drawing attention to the needs of women around the world. In the run-up to ICPD and following the two-week conference in Cairo, talking about population became politically incorrect in many circles. Drawing attention to any connection between population and the environment became taboo – again, because it was viewed, or promoted, as disadvantageous to women. It became inappropriate to say that slowing population growth will make it more possible to preserve the environment for future generations. “Malthusian” and even “demographic” became derogatory terms describing anyone still expressing interest in, or concerned about, population growth.

The ICPD recognized that in many societies large portions of the women are marginalized, often lacking equal treatment under the law, separated from educational and economic opportunities, doing large portions of the agricultural work while not being able to control property, and too often being victims of

violence. As part of this effort to help women, attention was drawn to coercion in family planning for which there was a history in India in the 1970s and in China later.

The strategy adopted at Cairo for addressing issues about pregnancy and childbearing was to combine family planning with all aspects of health that are particular to women, calling it reproductive health. The leadership of this movement promoted use of the reproductive health term in lieu of family planning, which was a component of it. They promoted the idea that all family planning efforts before Cairo were coercive, labelling them “population control” – and the term itself became purely derogatory. Addressing a hearing of the UK Parliament on Population and the Millennium Development Goals, the President of the International Planned Parenthood Federation said of the Cairo conference, “the taboo about population...was the result of a mythology...that equated population policies with coercion” (Sinding, 2006).

A strategy meant to improve women’s health led to a false generalization about all past efforts in family planning that is inconsistent with the way the more than a hundred family planning associations around the world were established and organized. In reality, the vast majority of the national family planning programs were designed to make family planning easier for women and men to obtain, not to force them to control their fertility. The decades of effort since the 1950s began in the hands of relatively rich women who already enjoyed the privilege of being able to manage their family size, and who were painfully aware that the poor women around them had no such option.

The shift of language from family planning to reproductive health, in particular, helped lead to reduced financial support for family planning budgets in foreign aid agencies. The term reproductive health was well understood in the women’s health community and in agencies working in these international areas, but it was less well understood, and less easy to identify with, in the parliaments of Europe and the U.S. Congress. A recent survey of insiders in the field of population studies that sought to understand factors contributing to its declining international visibility of the family planning movement elicited observations that the term “reproductive health” was not well defined and not a compelling concept (Blanc & Tsui, 2005).

The strategy to promote silence on population and family planning was meant to benefit women’s health and well-being. However, this strategy may well have been counterproductive, as access to family planning options did not expand with growth in the number of women who wanted them. Since Cairo, in a number of countries the disparity in TFR between the richest and poorest economic quintiles has increased (Fotso, 2006). While Cairo did produce some important benefits, expansion of access to family planning was not among them. This has been a problem, as the “ability of women to control their own fertility is absolutely fundamental to women’s empowerment and equality.” (UK DfID, 2006).

The sixth factor deflecting attention from population concerns demographic theory (Potts & Campbell, 2005). The dominant paradigm in understanding human fertility decline has helped to write population off the public agenda, out of public discussion and generally out of sight. It is the persistent “demand-side” model of fertility, which proposes that couples around the world have always wanted many

children, and that the only way they change their minds is when some change occurs in their societies. The assumption is that when this change occurs, somehow couples find a way to achieve their smaller family size. The belief that it is natural for couples to want many children leads to the inference that they have to be induced to want a smaller family. And this can be seen as entering the slippery slope toward population control, implying some form of inappropriate persuasion, or even coercion.

The classic theory of the demographic transition (attempting to explain the shift from high mortality and fertility to lower mortality while fertility stayed high, followed by the eventual decline in fertility) was that some external force was required to induce people to have smaller families. The theoretical framework for understanding fertility decline that was accepted in the 1950s has been adhered to tenaciously, even in the face of numerous exceptions to the basic model. The widely accepted assumption built into this theory reflects the conviction of Notestein in the 1953, that the final stage of the demographic transition to lower fertility occurred when factors of modernization such as urbanization caused a reduction in parents' natural desire for many children (Notestein, 1953). Over time, aspects of modernization other than urbanization have variously been seen by demographers as the principal instigators of this change, including socio-economic change, education, and opportunities for women's employment. At the core of the classic theory was the assumption that the demand for limiting family size was necessarily a change brought about by some societal change exogenous to the personal experience of the parents making the decision. The justification for this paradigm was provided through innumerable comparisons of fertility decline and large data sets describing socio-economic and related factors, showing significant correlation, interpreted as causality. As family planning spread in East Asia and Latin America in the 1970s and 1980s, more and more exceptions arose.

Like the geocentric model of the universe before Copernicus, the classic demand driven explanation of fertility decline has been sinking under the weight of an ever-increasing number of anomalies. Moreover, demand theories do not explain why *desired* fertility declines as actual fertility goes down, and typically lower than actual fertility. They do not explain why, as Prata has described in this issue, where family planning is made easy to obtain, as in Thailand, women with no education use birth control as much as those the educated women; while in the Philippines, where the government makes family planning hard to get, uneducated women have a very low use of contraception. The demand models also do not fit the biology of human reproduction, where, because of frequent sexual intercourse of couples in all societies, easy access to fertility regulation methods is a requirement to reduce average family size (Potts, 1997).

The barriers standing between low income women in low-resource settings include the sheer absence of important method options in clinics in 96 countries; a large number of medical rules and practices not based on medical evidence that make contraception difficult to obtain; provider bias; insufficient supplies of contraceptive commodities; national rules against sterilization (even though a number of Muslim countries, including Iran and Bangladesh, offer this option); old colonial abortion laws brought to Africa in the 19th century and never changed

while the colonizers changed their own in Europe; the prescription status of oral contraceptives, which is not needed for safety purposes; and misinformation—the widely held, incorrect belief by many uneducated women that contraception is more dangerous than another pregnancy (Campbell, Salin-Hodoglugil, & Potts, 2006). Social and cultural pressures play a role as well, but they appear to have little influence on women in settings where contraception is easily available. Many things we have now in our consumer lives—from photocopy machines to garage door openers and television remote controls—we did not want until they showed up as real, available options (Campbell, 2006). We find that women's decision-making processes around the use of family planning, and around having a smaller family, are similar.

Because of the very large number of barriers to fertility regulation, and the low birth rates wherever these barriers are not in place, there is good reason to suspect that the principal driver of fertility decline is simply the ease of access to the means and information women need to manage their own fertility. Childbirth has been dangerous since time immemorial, and maternal mortality rates are extremely high in low resource settings. It is logical to consider that virtually all women would like to have some control over their own childbearing.

### **Breaking the spiral of silence**

It is important to ask which of the six reasons for the silence on population are most readily amenable to change? One thing we should recognize is that the perceptions of current situations, easily derived from the way the situations are presented in the press, are often more important than the realities on the ground. The first, attention to the substantial fall in birth rates around the world has not been accompanied in the press by news that fertility in the world's poorest countries, such as Niger, Uganda and Nigeria is persistently high. Much has been written on poverty since 1994, but with little mention of the population growth factor. This may change however, as the report of the UK Parliamentary hearings on population growth in the low income countries and the Millennium Development Goals (MDGs) will be released in early 2007 (All-Party Parliamentary Group on Population, 2007). It will include expert testimony that no country, the exception of a small number of anomalous oil-rich states, has gotten out of poverty while maintaining high fertility rates.

The second reason, that the impacts of high levels of consumption on the environment are more visible than the population growth factor, is similarly spurred by the absence of public information that population growth is a major factor in the competition among Egypt, Ethiopia and Sudan for the waters of the Nile; among Turkey, Syria and Iraq for the Euphrates, and at least 6 other large anticipated trouble spots around the world over the critical resource of water. This situation could be changed if we could educate the media to see the role of population growth in these trouble spots.

The anti-abortion activists, religious leaders and conservative think tanks representing reason three appear intransigent in what they prefer to believe about population, which is consistent with their specific values. However, the rest of the



world is not as fanatical as these groups in the United States, and some important changes are occurring in Ethiopia, Colombia, Portugal and Mexico City, which have all recently liberalized their abortion laws.

Again, for reason four, the sheer scale of AIDS, the communication appears to be more influential than the disease on silencing the population subject. Some people have observed that the attention to AIDS grew when advocates for therapeutic drugs for HIV-infected people, recognizing that parliaments and foreign aid agencies cared less about health than about poverty, centered their publicity on the effect of the disease on poverty. In 2006 John Cleland and Steven Sinding pointed out in *The Lancet* that population growth might have a larger harmful impact on poverty in Africa than AIDS (Cleland & Sinding, 2005). We cannot know where this debate will lead, but as the connection between high fertility and poverty becomes better understood, attention to the population factor should follow.

Policy decisions that have constituted the fifth element in the “perfect storm” might be highly amenable to change. But this is dependent on and closely related to the sixth, the theoretical framework guiding people on how to think about population. As long as the classic theory of the demographic transition remains the basis of our understanding, it will be easy to continue seeing population and family planning as unacceptable subjects for discourse and policy planning. However, if, in contrast, we can show that what is required to reduce fertility is not coercion, but freedom for women to have control over whether and when to have a child, then the silence can end once and for all.

The close link between absence of communication and misperception that initiates that silence easily converts into a spiral of silence (Noelle-Newman, 1984; Brasted, 2007). The challenge is to break the spiral with greater clarity showing that (1) continuing population growth in the world’s poorest countries makes it impossible to escape from poverty, (2) high fertility is not due to women’s desire to subject themselves repeatedly to the extremely dangerous process of childbirth, and (3) fertility can decline when women are given the freedom to have control over their childbearing – which is strengthens their own health and the health and well-being of their living children as well.

### **A win–win strategy**

Use of family planning prevents death from unintended pregnancies and from induced abortions. There is excellent evidence that, given the same level of health care, a child born less than 18 months after an older sibling has a death rate two to four times that of a baby born after a longer interval (Rutstein, 2005). Children from smaller families are more likely to enter and stay in school, even when all other socio-economic variables are fixed (Knodel & Woogsith, 1991). There is also a new recognition that falling fertility offers an economic dividend (Birdsall, Kelly, & Sinding, 2001); and that it is difficult or impossible for any developing country to escape from poverty while fertility remains high (All-Party Parliamentary Group on Population, 2007).

Given the benefits of family planning to women, to their children, and to preserving the environment for tomorrow's children, we hope to see the day very soon when the silence on population can be ended and this subject will be addressed openly and with the compassion it deserves.

## References

- All-Party Parliamentary Group on Population. (2007). Development and Reproductive Health. *Return of the population factor: Its impact on the millennium development goals*. Report of U.K. Parliamentary hearings in 2006. Her Majesty's Stationery Office. Available at: <http://www.appg-popdevrh.org.uk>.
- Bernstein, S., & Hansen, C. J., (2006). *Public choices, private decisions: Sexual and reproductive health and the millennium development goals*. New York: United Nations Development Programme.
- Birdsall, N., Kelly A. C., & Sinding S. (Eds.). (2001). *Population matters: Demographic change, economic growth, and poverty in the third world*. London: Oxford University Press.
- Blanc, A. K., & Tsui, A. O. (2005). The dilemma of past success: Insiders' views on the future of the international family planning movement. *Studies in Family Planning*, 36(4), 263.
- Brasted, M. (2007). Protest in the media. *Peace Review*, 17(4), 383–388.
- Campbell, M. M. (1998). Schools of thought: An analysis of interest groups influential in international population policy. *Population and Environment*, 19(6), 487–512.
- Campbell, M. (2006). Consumer behavior and contraceptive decisions: Resolving a decades-long puzzle. *Journal of Family Planning and Reproductive Health Care*, 32(4), 241–244.
- Campbell, M., Salin-Hodoglugil, N., & Potts, M. (2006). Barriers to fertility regulation: A review of the literature. *Studies in Family Planning*, 37(2), 87–98.
- Cleland, J. (2006). Oral testimony in U.K. APPG Parliamentary Hearings. May 8, 2006. Transcripts available at: <http://www.appg-popdevrh.org.uk>.
- Cleland, J., & Sinding, S. (2005). Viewpoint: What would Malthus say about AIDS in Africa? *Lancet*, 366(9500), 1899–1901.
- Fotso, J.-C. Dr. (2006). The African Population and Health Research Center (APHRC), Kenya. Oral evidence to All Party Parliamentary Group on Population, Development and Reproductive Health, June 2006 (p. 6). Transcripts available at: <http://www.appg-popdevrh.org.uk>.
- Knodel, J., & Woogsith, M. (1991). Family size and children's education in Thailand: Evidence from a national sample. *Demography*, 28, 119–131.
- Lutz, W., Sanderson, W. C., & Scherbov, S. (Eds.). (2001). The end of world population growth. *Nature*, 412, 543–545.
- Noelle-Newman, E. (1984). *Spiral of silence. Public opinion – our social skin*. Chicago: University of Chicago Press.
- Notestein, F. W. (1953). Economic problems of population change. *Proceedings of the eighth international conference of agricultural economists* (pp. 13–31). Oxford University Press: London.
- Potts, M. (1997). Sex and the birth rate: Human biology, demographic change and access to fertility-regulation methods. *Population and Development Review*, 23(1), 1–39.
- Potts, M. (2003). Two pills, two paths: A tale of gender bias. *Endeavor*, 27, 127–130.
- Potts, M., & Campbell, M. M. (2005). Reverse gear: Dependence on a disappearing paradigm. *Journal of Reproduction and Contraception*, 16(3), 179–186.
- Rutstein, S. O. (2005). Effects of preceding birth intervals on neonatal, infant and under five years mortality and nutritional status in developing countries: Evidence from the demographic and health surveys. *International Journal of Gynaecology and Obstetrics*, 89 Suppl (1), S7–24.
- Sinding, S. (2006). Oral testimony in U.K. APPG Parliamentary Hearings. May 8, 2006. Transcripts available at: <http://www.appg-popdevrh.org.uk>.
- Sokka, L. (2004). Population network newsletter, Popnet No. 36, Autumn 2004, IIASA, p. 2; and Sir David King Oral evidence to APPG Pop Dev RH 3rd July 2006 (p. 15).
- UK DHID. (2006). Written evidence to All Party Parliamentary Group on Population, Development and Reproductive Health, March 2006 (p.16). Available at: <http://www.appg-popdevrh.org.uk>.
- United Nations Economic and Social Affairs. (2005). *World population prospects; The 2004 revision. Vol. 1: Comprehensive tables*. (ST/ESSA/SER A/244) New York, United Nations.