

Focus

POPULATION POLICY

Between self-determined family planning and selective birth control

In 2021 the population of the Earth reached 7.8 billion. While birth rates are decreasing in many places, other regions are experiencing steady population growth. The term “population policy” refers to political measures aimed at changing the size and composition of a country’s population. To this end, state institutions intervene directly or indirectly in the reproductive behaviour of citizens by making laws, initiating policy programmes, or launching campaigns. A distinction can be made between pro-natalist, i.e. birth-promoting, and anti-natalist, i.e. birth-reducing, measures. But populations can also be controlled through migration and immigration policy. Depending on the objective, measures can be selectively targeted at a particular social group. This often results in pro-natalist and anti-natalist measures co-existing side by side, within a single state or globally. While in the Global North people are encouraged to have children, in the Global South programmes of so-called development aid tend to aim at reducing the birth rate. A connection is often drawn between population growth and poverty or resource scarcity instead of focusing on the unjust distribution of wealth and resources. Until the 1990s, international population conferences primarily followed the idea of reducing populations in the Global South. The 1994 UN Conference on Population and Development in Cairo marked the beginning of a paradigm shift that is continuing to this day. That is when sexual

and reproductive rights were recognised as human rights for the first time. The so-called Cairo Consensus – an alliance between women’s health NGOs and the “population establishment” (see info box) – is regarded as a disruption to the purely quantitative and neo-Malthusian population policy of the Global North. However, many feminists and activists from affected regions see the Consensus as a way of disguising population control in the Global South as feminism. What is certain is that the issues of population policy and sexual and reproductive rights and health remain controversial around the globe.

(NEO-) MALTHUSIANISM

Malthusianism has its origins with British economist Thomas Robert Malthus (1766-1834), who held uncontrolled population growth responsible for famine and poverty. To counteract this development, Malthus proposed sexual abstinence and the abolition of poor relief. Although Malthus’s theory has not proved to be true, his ideas remain popular today. Neo-Malthusian attitudes can be found among those on the far right, but also within environmental movements. Neo-Malthusianism refers to an approach that propagates strict birth control, especially in the Global South, for the supposed good of the (world) economy and the prevention of war.



LOOKING BACK

MILESTONES IN POPULATION POLICY

1968

INTERNATIONAL CONFERENCE ON HUMAN RIGHTS IN TEHERAN

The right to family planning was discussed for the first time as a human right rather than a population policy issue.

1974

WORLD POPULATION CONFERENCE IN BUCHAREST

For the first time, a controversy arose with regard to the extent to which the Global North should interfere in the population policy of countries in the Global South.

1979

CEDAW CONVENTION

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was adopted by the UN General Assembly. It guarantees individuals' right to decide on the number of children they wish to have and the age gap between them. It also guarantees access to the necessary information and resources to allow individuals to exercise that right.

1994

REPRODUCTIVE JUSTICE

Black feminists in the US developed the concept of reproductive justice as an intersectional extension of the white and middle-class pro-choice movement. Reproductive justice combines demands for reproductive rights with the struggle for social justice. It takes a critical view of racist and selective elements within global population policies.

POPULATION POLICIES HAVE BEEN DISCUSSED AT VARIOUS UN CONFERENCES AND BEEN THE SUBJECT OF SEVERAL INTERNATIONAL AGREEMENTS.

2000

MILLENNIUM DEVELOPMENT GOALS (MDGS)

Two of the eight MDGs relate to sexual and reproductive rights: reducing the maternal mortality ratio by three quarters and improving access to reproductive health.

1994

WORLD POPULATION CONFERENCE IN CAIRO

A “Programme of Action” was adopted that focused on sexual and reproductive health and rights for the first time. In line with human rights, the Programme of Action determined that each individual is free to make decisions about their own body, partnership, and family planning. While the conference marked a paradigm shift in population policy for some, many activists and feminists criticised the continuation of population control under the new label of reproductive health and rights.

2015

SUSTAINABLE DEVELOPMENT GOALS (SDGS)

The SDGs aim to ensure universal access to sexual and reproductive health services, reduce maternal mortality, end the HIV epidemic, and provide basic health care for all by 2030.

2019

ICPD25 SUMMIT IN NAIROBI

Twenty-five years after the Cairo Conference, measures were agreed to accelerate the implementation of the Programme of Action. Because the issue of reproductive health was a key focus of the conference, Vatican City did not participate.

POPULATION POLICIES WORLDWIDE

The income-related parental allowance introduced in 2007 is a wage replacement benefit that is paid during the first 12 or 14 months after the birth of a child. However, this mainly benefits parents with high incomes. Feminists criticise the parental allowance as a selective pro-natalist measure intended to encourage rich and privileged people to have children, while disadvantaging people living in more precarious situations. Child benefit, which is not dependent on income, is counted towards the standard rate of Hartz IV unemployment benefits.

GERMANY

TURKEY

PUERTO RICO

In the post-war period, Puerto Rico was used as an experimental laboratory for the development cooperation policy of the Global North, especially the United States. The goal was to combat so-called overpopulation and thus poverty within Puerto Rico. Law 136 introduced a sterilisation quota of initially 6.5% and then 17% in 1953 and legalised forced sterilisations, especially of poor and Black women. As a result, 35% of all women of reproductive age had been sterilised by 1969.

Since the creation of the Turkish Republic, falling birth rates have been construed as a threat to the nation state. Despite the formal legalisation of abortion until the tenth week of pregnancy in 1983, a de facto ban on abortion has prevailed in Turkey since President Erdoğan took up office. In most regions it is impossible to find a clinic that will perform the procedure – and/or it is too expensive. The Tenth Development Plan formulated the goal of gradually increasing the country's birth rate between 2014 and 2018. President Erdoğan publicly recommends that women have at least three children and has referred to abortion as "murder".

The European Union (EU), which considers itself a champion of human rights, is committed to the Cairo Programme of Action and the right to sexual self-determination. However, there are dissenting voices among the EU member states. In Poland and Hungary, for example, some politicians and sections of the population regard sexual self-determination as a threat to the “traditional” family. Another example is the worldwide anti-choice movement or “Agenda Europe”, in which more than 100 different organisations work together to restrict sexual and reproductive rights. These are just a few examples of worldwide conservative forces opposing the right to sexual self-determination and thus impeding implementation of the agreements reached in Cairo.

CZECH REPUBLIC

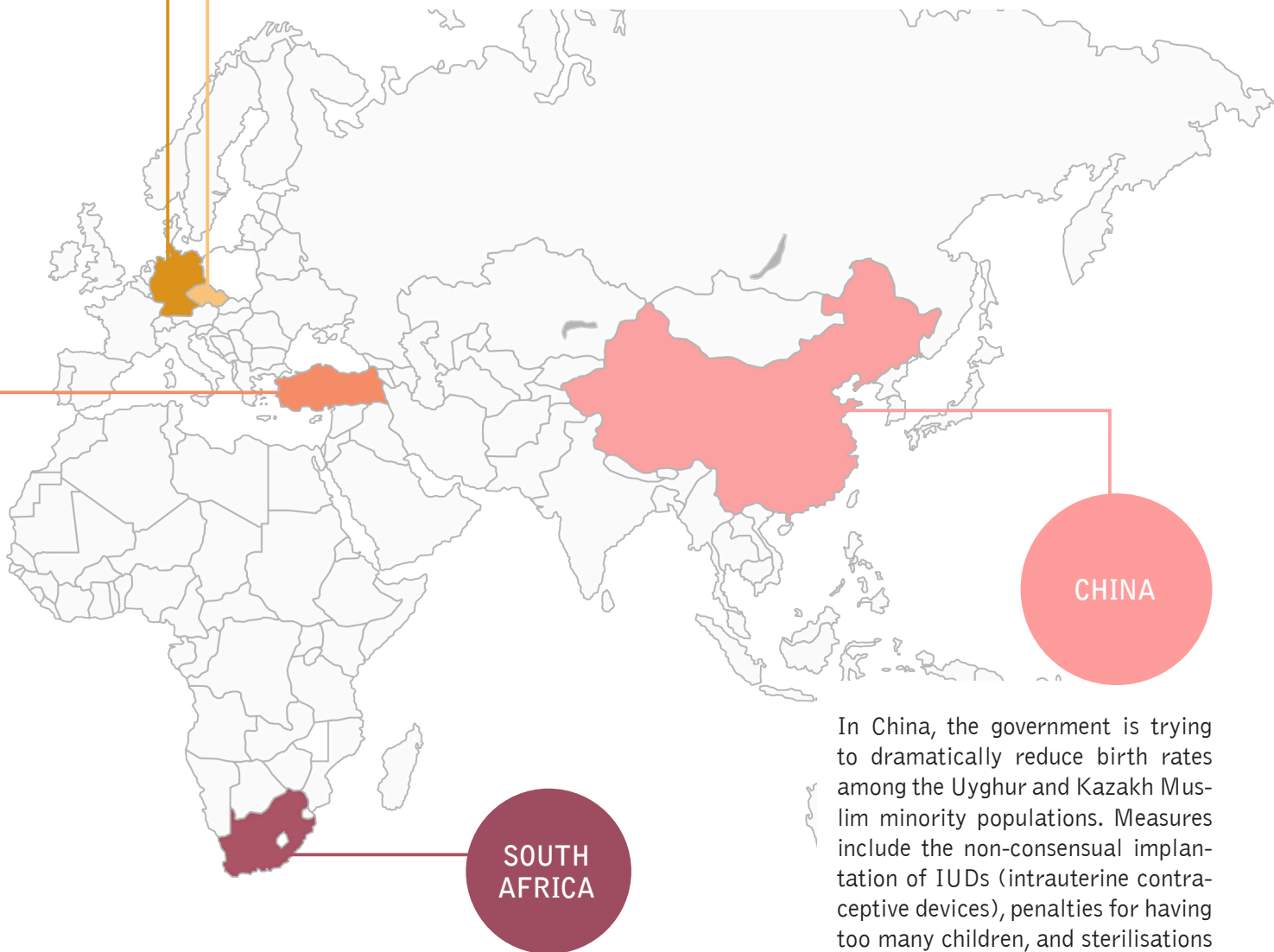
During the communist period in Czechoslovakia, many Romani people underwent forced sterilisation, with the aim of lowering the birth rate in that community. Forced sterilisation of Romani people had previously been a policy of the occupying Nazi forces. In addition to forced sterilisations, there were also financial incentives for Roma to be sterilised “voluntarily”. The forced sterilisations were mostly carried out during childbirth, when the woman giving birth was given a form to sign. Although forced sterilisation was formally banned in 1993, the last reported case of unlawful sterilisation in the Czech Republic occurred in 2007. For a long time, the victims received no compensation, although several of them filed a complaint with the EU Court of Human Rights. Only in July 2021 did the Czech government pass a law granting victims the right to compensation.

CHINA

In China, the government is trying to dramatically reduce birth rates among the Uyghur and Kazakh Muslim minority populations. Measures include the non-consensual implantation of IUDs (intrauterine contraceptive devices), penalties for having too many children, and sterilisations in at least two Uyghur regions. Unlike China’s former one-child policy, these measures target only the minority Uyghurs and Kazakhs and are thus a part of the systematic repression of those minority groups.

SOUTH AFRICA

South Africa was a major target of Western population policy until the 1990s. Measures to combat “overpopulation” were directed exclusively at the Black population, especially people who were considered too poorly educated to understand how to use contraceptives.



POPULATION POLICY STANCES



UNITED NATIONS POPULATION FUND (UNFPA)

Founded in response to a perceived “excessive” population growth in the Global South, UNFPA is the world’s largest source of funding for population programmes. The World Population Report is published annually; in 2021 its focus was on the right to physical self-determination.



MARIE STOPES INTERNATIONAL (MSI) REPRODUCTIVE CHOICES

By changing its name in 2021, this organisation finally distanced itself from the eugenics ideas of its founder. Today, MSI Reproductive Choices promotes self-determination in matters of the body and personal health, with a focus on unrestricted access to contraception and safe abortions.



POPULATION COUNCIL

The Population Council is a think tank founded by John D. Rockefeller in 1952. It plays a central role in the development of demographic research in the United States. The Population Council’s research and projects pursue a “sustainable balance between people and resources”.



DEVELOPMENT ALTERNATIVES WITH WOMEN FOR A NEW ERA (DAWN)

DAWN is a network of feminist scholars and activists that critiques global development policies, including anti-natalist policies, from the perspective of the Global South. It addresses issues such as sexual and reproductive rights and health from a critical standpoint, utilising local expertise.

OF INTERNATIONAL ORGANISATIONS, FOUNDATIONS AND NGOS

Various international organisations, foundations and NGOs work in the field of population policy with a focus on sexual and reproductive rights and health.



INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

IPPF's co-founder Margret Sanger was known as a eugenicist even before the Second World War, and IPPF is only gradually coming to reflect critically on its past. Today, it is primarily concerned with the right to self-determination over one's own sexuality and wellbeing.



DEUTSCHE STIFTUNG WELTBEVÖLKERUNG (DSW)

DSW states that its goal is to contribute to “sustainable population development” by promoting reproductive rights and health. It carries out projects exclusively in Africa and its main target group is young people in eastern Africa; DSW wants to improve their access to sex education, healthcare and further education opportunities.



WORLD BANK

In the 80s and 90s, the World Bank granted loans to countries in the Global South on the condition that they uphold birth-reducing policies. Today, the World Bank's involvement in population policy is formulated as family planning and reproductive health goals.



POPULATION ESTABLISHMENT

This is a term to describe a network of private foundations and organisations (e.g. Rockefeller Foundation, IPPF), government institutions (e.g. US-AID), and international organisations (e.g. UNFPA) whose common goal is to reduce the birth rate in the Global South instead of addressing the unequal distribution of wealth and resources as the main cause of poverty in those regions.

FROM BIOPOLITICS TO REPRODUCTIVE JUSTICE

Governments have a duty to guarantee the sexual and reproductive rights of their citizens, but at the same time they have an interest in controlling the population, and thus the bodies, health, and life of those citizens, through the regulation of reproduction, mortality and immigration within national borders. Such state action that impacts on the very existence of human life can be defined as biopolitics – a term that originates with French philosopher Michel Foucault. Foucault describes how, from the late 18th century onwards, population became a political issue. Since then, states, governments and politicians have begun to actively influence reproduction. Often, population policies have racist, classist, ableist and anti-queer elements and seek to perpetuate colonialist forms of

oppression. Such policies also mask social injustice as a cause of poverty and an obstacle to reproductive rights and health. Proponents of reproductive justice (activists and intellectuals) therefore regard population policy as a tool of reproductive oppression. They have formulated three human rights that should be guaranteed for all: The right to freely decide to have children, the right to freely decide not to have (more) children, and the right to self-determined parenthood free from repression, violence and poverty. Their criticism is primarily targeted at selective population policies that encourage certain, privileged social groups to reproduce while preventing marginalised groups from having (more) children.

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