

# **Overpopulation During My Lifetime of Eighty Years, with a Focus on Fifty-Six years of Advising Governments on Policies and Programs to Achieve Population Stabilization**

**Bob Gillespie**

In 1938, when I was born, the global population was 2.2 billion. Today there are 7.7 billion. A child born today, who lives to 80, will witness 5.5 billion more deaths of humans in their lifetime. If the United Nations estimate of 11.2 billion by 2100 becomes a reality, a child born at that time who lives to 80 will witness 9 billion more deaths. During the last 26 years more people have been added to the planet than when I was born.

I believe that heads of government should take an active personal role in achieving population stabilization. In 1964, when I was in Taiwan as a resident representative of the Population Council, I initiated with Council founder John D. Rockefeller III a "World Leaders Declaration on Population," which was presented on Human Rights Day, December 10, 1967, to U.N. Secretary-General U Thant with the signatures of thirty heads of government. In 1985, Prime Minister Rajiv Gandhi presented the "Statement on Population Stabilization" that I authored to U.N. Secretary-General Javier Perez de Cuellar on the 40th anniversary of the United Nations. In 1995, President Suharto presented the Statement to U.N. Secretary-General Boutros Boutros-Ghali on the U.N.'s 50th anniversary, signed by seventy-five heads of government. The Statement was also presented at U.N. Population Conferences in Mexico in 1984 and Cairo in 1995. I have learned that it's easy to get heads of government to sign a population-stabilization statement but not so easy to get them to take an active personal role.

I founded Population Communication in 1977 to explore cradle-to-the-grave actions to achieve population stabilization. Beginning in 2010, in collaboration with the intergovernmental initiative Partners in Population and Development (PPD), I contracted with authors in eighteen countries from ministries concerned with women's affairs, youth, environment, healthplan organizations, and from government-sponsored population centers, to prepare population-stabilization reports. These reports describe the cultural and religious settings in their respective countries — that is, the opportunities and obstacles in providing contraceptive services that allow pregnancies to be wanted. They are written with human rights, justice, and equity in mind, while assessing the education and health services that are fundamental preconditions for population stabilization. Most of the countries reported on have populations of over 20 million and total fertility rates (TFR) greater than 3. Many of them lack the governance, political support, budgets, infrastructure, or management capacity to deliver basic health and education services, much less contraceptive services.

Here is a list of the contracted reports:

- "Population Programs in Bangladesh: Problems, Prospects and Policy Issues," by Dr. Atiqur Rahman Khan, former director of training and MCH-FP Services and chief of population in the Bangladesh Planning Commission; and Ms. Mufaweza Khan, executive director of Concerned Women for Family Development.
- "Population Stabilization Policies and Programs in Egypt: 2014" by Dr. Osama Refaat, International Institute, Arab Academy for Science & Technology.
- "Population Stabilization Report, Ethiopia," by Gemechu Kuffa, Federal Ministry of Health.
- "Ghana Population Stabilisation Report," by Ghana's National Population Council.
- "Population Stabilisation in Bihar, India: Situational Analysis and Future Directions," by Anant Kumar, assistant professor of the Department of Rural Development at Xavier Institute of Social Service), and Jay Satia, advisor of the Public Health Foundation of India, and director-in-charge of Indian Institute of Public Health.
- "Population Stabilization in Uttar Pradesh, India: Past, Present and Future Directions," by Dr. Usha Ram, professor, Department of Public Health & Mortality Studies, International Institute for Population Sciences.
- "Population Stabilization: Kenya Case," by Charles Oisebe, National Council for Population and Development.
- "Demography in Mali: Situation and Implications," by Mountaga Toure, executive director of Malian Association for the Protection and Promotion of the Family.
- "Nigeria's Progress in Achieving Population Stabilization," by F.N. Abdulraheem, National Planning Commission.
- "Population Stabilization: the Case for Pakistan," by Abdul Ghaffar Khan, director general, Ministry of Population Welfare.
- "The Evolution of the Population in Senegal," by Dr. Boubacar Samba Dankoko, medical public health specialist, technical adviser No 1 of the Minister of Health, Public Hygiene and Prevention.
- "Uganda's Population Stabilisation Report," by Dr. Betty Kyaddondo, head of Family Health Department, Population Secretariat.
- "Population Stabilization: Efforts and Challenges: Case of Yemen," by Mr. Abdul-Malik Sharafuddin, director general of planning and resource mobilization, Technical Secretariat of the National Population Council.
- "Zimbabwe Population Stabilisation Report," by Dr. Munyaradzi Murwira, executive director, Zimbabwe National Family Planning Council.

Using the same criteria for non-PPD countries, we have contracted the following country-specific reports on population:

- "State and Dynamics of Population in the Democratic Republic of Congo," by Mangalu Mobhe Agbada, national coordinator of the Unit of Studies and Planning of the Promotion of the Family, Women and Child Welfare, Ministry of Gender, Family and Children.
- "Stabilization of the Population: the Madagascar Case," by Dr. André Pierre Lazamanana, national coordinator of Social Protection Programs, Ministry of Population, Social Protection and Women Empowerment.
- "People Beyond Numbers: The Road to Population Stabilization in the Philippines," by Tomas Osias, Lolito Tacardon, and Luis M. Pedroso, Commission on Population.
- "Population Stabilization in Tanzania," by Grace Lusiola and Maurice Hiza, national family- planning coordinator for the Ministry of Health.

We are pursuing reports on Angola, Niger, and Burkina Faso and are currently editing a report from Cameroon. Charts revealing the momentum built into age profiles, using population projections for one-, two-, and three-child families, the current total fertility rate, and the desired family size as reported in USAID's latest Demographic Health Surveys, can be found on our [website](#), for the following countries: Angola, Bangladesh, Burkina Faso, Cameroon, Côte d'Ivoire, the Democratic Republic of Congo, Egypt, Ethiopia, Ghana, India, Indonesia, Kenya, Madagascar, Mozambique, Niger, Nigeria, Pakistan, Philippines, Sudan, Tanzania, and Zimbabwe.

The Bangladesh report describes a new population policy, in contrast to past policy ("Two children are enough"), of promoting family sizes lower than two, with a new slogan: "Not more than two, it is better to have one." In Bangladesh, conventional methods were delivered by full-time family-planning field workers, and a social marketing program focused on delivering contraceptives in retail outlets. The first priority was establishing 2,350 family-welfare centers consisting of a medical assistant, a family-welfare visitor and a pharmacist. In addition, 48 health sub-centers and 1,275 rural dispensaries were established. Sterilization services were provided by physicians with fee-for-service contracts. A coupon system measured and monitored the performance of the program and arranged appropriate payments. An active information, education and motivation program used both the mass media and a multi-sectoral approach. Beginning in 1975, 6,700 traditional birth attendants, 13,500 dais (village midwives), 13,500 family-welfare attendants, 2,722 family-welfare visits and 18,000 family-welfare workers were trained and mobilized at twelve welfare-training sites. These efforts were

complemented by extensive research and evaluation. All cabinet members, the district councils, Thana (councils), union parishads, and village leadership structures were mobilized. The total fertility rate today is 2.1.

Satia and Kumar's report on India announces that India has mobilized over 750,000 accredited social health activists and trained 46,000 auxiliary nurse midwives, 17,500 paramedics, 25,000 staff nurses, and 8,600 doctors. A thousand mobile medical units were established. Maternal and child health measures and family planning have been introduced into every village and urban center. The emphasis has been on community-based distribution and improved management and quality of services in both the public and private sector: each of the 146,000 sub-centers reaches between 3,000 and 5,000 people. An active decentralization program with flexible financing encourages community participation. India has a TFR of 2.3, still above the replacement rate, and adds 1.5 million more births than deaths every month. Yet great progress has been made: Total fertility rates have dropped in Kerala (1.8), Andhra Pradesh (1.8), West Bengal (1.8), Maharashtra (1.9), and Tamil Nadu (1.7). The major challenges are in Uttar Pradesh, with a current TFR of 3.5, Bihar (3.7), and Rajasthan (3.1). In addition Bangladesh has 2.1, Mexico 2.2, Brazil 1.7, Indonesia 2.4, Thailand 1.5, South Africa 2.4, and Iran 2. Each of these countries has success stories to chronicle and explore as models to emulate.

Population Communication, sponsored a survey of contraceptive practices in teaching hospitals in Bangladesh, Egypt, Guatemala, India, Nigeria, and the Philippines. To the 264 hospitals that responded, we sent a copy of *Contraceptive Technology* (R.A. Hatcher et al., 19th revised edition; New York: Ardent Media). The surveys were conducted by Dr. Atiqur Rahman Khan in Bangladesh, in Egypt, Dr. Felix Barrah (director of the El-Norf Clinic, Gombe) in Nigeria, and Dr. Fides Rodriguez-Ababon (chair, Department of OB/GYN, Davao Medical School Foundation) in the Philippines. The responses from India were sent directly from the teaching hospitals.

Population Communication also financed the 2017 publication of the PPD's, "Ageing: Learning from the Global South." This compendium explores how rapid population ageing and a steady increase in human longevity will alter social, economic, and political systems in China, Ghana, Kenya, Mexico, Nigeria, South Africa, and Vietnam.

We developed an Indian Vital Statistics app. The app can be downloaded for free in the Apple app store. The India vital signs are: arable land lost (soil lost this year in tons), forest area (area in square meters), CO2 emissions (emissions in kg), India net population, deaths/births (total per second for each year), air pollution (contaminants released in tons), and desertification (area lost this year in square meters). We will be adding declines in fish catch and water tables and will transfer the app to an Indian NGO that will provide additional information on each of

the population, resource, and environmental indicators. Users will be given information on specific actions that can be taken in the public and private sector.

The billion wealthiest people on the planet — those with annual incomes of \$12,000 per capita and two children — emit thirteen times as much CO<sub>2</sub> as the poorest billion, with below \$1,000 per capita and four or more children.

Populations will peak and decline with the depletion of gas, oil and coal and other finite resources. The sustainability of 11.2 billion in 2100 will be determined by viability of habitats, the energy sources that power economies and future levels of development. With the depletion of finite resources and the destruction of habitat, the movement of humans within and between countries will become increasingly predictable, governed by push and pull factors. Population stabilization will occur when families have no more than two surviving children.

Population Communication is endowed with the capacity to update the population projections, the country-specific reports, the vital sign apps and reveal the progress or lack of progress in achieving population stabilization.

## **Conclusion**

Each of the countries we are working in should take actions that achieve population stabilization. The consequences of inaction with a population of 11.2 billion in just 80 years will be Draconian. The best way to explore the strategies that have been most effective during my career is to go to our website, [www.populationcommunication.com](http://www.populationcommunication.com). You can read the interviews resulting from a feature-length documentary we produced in collaboration with Michael Tobias and his wife Jane Morrison. The chapters in "No Vacancy" are worth reading and cover Iran, Indonesia and Mexico. The interviews in India touch on why Kerala, Andhra Pradesh (1.8), West Bengal (1.8), Maharashtra (1.9), and Tamil Nadu (1.7) have low TFRs.

During the next 80 years, the governments and the private sector must realize that achieving replacement size families is a function of lowering infant mortality, improving access to education, especially for girls, preventing child marriages, having contraceptive services available for adolescents, increasing the age at marriage to 18 or 20 and birth spacing by two to three years. Individuals, families and the communities have two-child families when the parents understand the functional relationship of education, health and economic opportunities. This transition takes place in countries with strong government support for the two-child family without religious and political restrictions.

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