Neo-Malthusianism and development: shifting interpretations of a contested paradigm*

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Abstract
This article focuses on the connection between the ideology of neo-Malthusianism and development theory and practice from the mid 1940s to the present. First identified by a few demographic experts, population policies and family planning gradually turned into a global movement for the control of world population. From the beginning, population discourses and policies were intertwined with strategies of socioeconomic development. They were also a reflection of strategic concerns and deliberations about the role of the West in the Cold War and vis-à-vis the emerging Global South. Focusing on the collective impact of individual choices, population controllers assumed that top-down approaches could swiftly change reproductive behaviour. They gave priority to preventing births over health, education, and female empowerment. Family planning began to shift its emphasis from the collective to the individual only in response to outright coercive actions and with the emergence of new actors, most notably feminists, from the late 1970s on.

Keywords global family planning, global society, neo-Malthusianism, population control movement, socioeconomic development

Introduction
Today, the United Nations Population Fund (UNFPA, founded in 1969) is active in about 150 countries around the world. Its mission is to promote the rights of women, men, and children ‘to enjoy a life of health and equal opportunity’, to assist countries in using population data for development purposes, and ‘to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with...”

*I thank Ruth Jachertz, Alexander Nützenadel, Nicola Spakowski, Daniel Speich, William Clarence-Smith, and the anonymous reviewers of this journal for helpful comments. I also owe a great deal to Matthew Connelly’s book Fatal misconception: the struggle to control world population, Cambridge, MA: Belknap Press, 2008. While I share many of the basic assumptions, my emphasis is somewhat different. I am concerned about the connection between population discourses and global inequality, with its relation to development thinking.
dignity and respect’. Other international organizations, national government agencies, scientific institutions, and scores of non-governmental agencies, most notably the Population Council, are active in the fields of demographic research, population data, reproductive health, HIV/AIDS research, and family planning services. During the second half of the 1990s, more than US$600 million were spent annually on family planning services worldwide. By 2007, however, funding had been cut by almost half, to US$340 million, giving rise to renewed worries. Increasingly concerned about the connection between climate change and population growth, population experts therefore continue to ask the question that has been on their agenda for more than sixty years: ‘Is humanity on an irreversible trajectory toward disaster?’

The connection between the environment and the number of people is only one of the dominant themes in the current discourse on population. Another is the connection between development and population. It is generally believed among those concerned about global population that high numbers of children in the ‘developing world’ prevent the fulfilment of individual life opportunities for women, and that population growth retards economic growth. Population experts, then, direct their focus to mainly implicit assumptions of inequality and inequity. They point to differences among people in their command over social and economic resources and choices. Many have gone further in arguing that these differences are morally or ethically unjustifiable. Depending on the motives and aims, they draw different conclusions. The promotion of female education and the enhancement of choices for women are regarded as an important condition for gender equality. A second perspective concerns the question of rich and poor within societies: poor people with many children have fewer choices; they remain poor because they invest in children who have only limited choices in life rather than in the improvement of their living standards. Population growth, these experts argue, prevents economic growth per capita, breeds discontent, and thus fuels instability, migrations, and conflicts over scarce resources. Finally, population growth threatens the opportunities of future generations, as the ‘carrying capacity’ of the globe is increasingly tested.

The discourse on population is by no means a recent phenomenon. During Confucius’ time, and in ancient Greece, commentators were already concerned with the role of population and its connection with state resources and the ability to project power. Since the sixteenth century, states and empires have regarded growing populations as an asset and as instruments of power and symbols of grandeur. For much of recorded human history,
population growth was preferred all over the world. The anti-natalist perspective that has dominated global population discourse since the second half of the twentieth century marked a great divergence from previous social norms and practices. It rested on two inter-related but different phenomena: the measurement of an objective increase in world population and the interpretation of statistics based on an ideology of neo-Malthusianism.

I argue that a Western, Western-educated, or Western-influenced, mainly Protestant, elite-centred, transnational bio-political discourse, fuelled by a variety of initially divergent interests, crystallized in the early 1950s to produce a powerful 'epistemic community'. This transnational epistemic community, dominated largely by North Americans and held together by a shared set of values and norms as well as policy recommendations, convinced international agencies and national governments to take action on the 'problem' of national and global populations. Ideologically committed to liberalism, the community operated, until the 1970s, with paradoxes that it could hardly reconcile and disguise: it called for an amelioration of inequality while reserving for itself privileges that prolonged and cemented inequalities; it stood for individualism while admiring the determination of authoritarian population programmes; it emphasized emancipation and voluntarism while implicitly favouring coercion; and it called for a 'reproductive Westernization' of individuals and the comprehensive modernization of societies while in fact being more focused on reducing the number of poor instead of reducing poverty.

These paradoxes were only resolved in the early 1980s, under the impact of the most radical and controversial population policy in human history – the Chinese one-child policy. Since then, national, international, and transnational actors have become more modest and have concentrated on family planning and individual reproductive aims and hopes. I argue that this also reflected a paradigmatic shift in regard to the problem of inequality. After decades of focusing on macro-analyses, social classes, and overall numbers of human beings, the early 1980s saw the rise of micro-analyses and an appreciation of local conditions. With the exception of China, technocratic, top-down modelling of national populations and their reproductive behaviour was replaced by concerns for the wellbeing of the individual and his or her opportunities to make choices in life. However, after more than sixty years of heated debates and controversial policies on population, it is still not clear, with the exception of China, whether the global bio-political experiment in shaping quantities of people has achieved its stated goal of declining birth rates in much of the ‘developing world’, or whether this decline is a consequence of changing reproductive choices, and

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8 This is also reflected in the discussions leading up to the development of new indicators for measuring opportunities and qualities of life on a global scale, indicators no longer based on GNP per capita. The Human development index was first published by the United Nations Development Programme in 1990: see http://hdr.undp.org/en/reports/global/hdr1990/ (consulted 3 April 2010).
thus of modernization consequent on changes in the socioeconomic setting (education, health, urbanization, communication).9

There is no denying that global population grew tremendously during the twentieth century and that projections of demographers about population growth continually needed to be revised upwards. During the twentieth century, global population quadrupled. While around 2.8 billion people inhabited the world in 1950, in 2000 this number had increased to 6 billion. Birth rates in most countries of the ‘developing world’ have declined since the 1960s and early 1970s, but, owing to the absolute rise in the number of people and a spectacular decline in mortality rates since the 1940s, global population is still increasing. Estimates predict a world population of 9 billion by 2050, after which the absolute number of people is expected to decline. Many population experts (particularly those in the West) have been concerned not only with overall population growth but also with the equally pressing problem of the global distribution of population. Around 1900, about 27% of the world population was European or of European descent. By the year 2000, their numbers had declined to about 15%; over 95% of the population increase of recent decades occurred in the ‘developing world’.10

**Anti-natalist actors and networks**

In the pre-war period, some population experts had already become concerned with the increasing number of people, particularly poor people. Feminists like Margaret Sanger from the US, Marie Stopes from Britain, Elise Ottesen-Jensen from Sweden, and Rama Rau from India had promoted the use of contraceptives to slow down population growth.11 They argued that having fewer children would emancipate women and promote the common good of societies. In their view, poor women gave birth to too many children, thus prolonging vicious generational circles of dependence, deprivation, and poverty. Influenced by eugenic thinking, they believed that poverty would breed poverty, thus affecting the long-term ‘quality’ of populations and societies’ potential for social and economic progress. Actors as contrasting as the League of Nations, the Indian National Congress, social scientists in China, and some British colonial officials probed the connection between increasing populations and economic growth per capita in a neo-Malthusian way.12 However it was only in the

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12 Sanjam Ahluwalia, ‘Demographic rhetoric and sexual surveillance: Indian middle-class advocates of birth control, 1902–1940s’, in James H. Mills and Satadru Sen, eds., *Confronting the body: the politics of*
wake of the Second World War that neo-Malthusian ideology came to dominate national and
global discourses on populations in regard to the Global South. Following the hypotheses of
the English clergyman and economist Thomas Malthus, it was assumed that world population
would grow geometrically, while food production could only be increased arithmetically.\textsuperscript{13}

The reasons for the ascendancy of neo-Malthusianism were complex. In the newly
founded United Nations, there was a growing interest in mapping the globe by means of
statistics in order to assess, and possibly reduce, social and economic inequalities.\textsuperscript{14} Statistics became increasingly available as national governments throughout the world promoted
reconstruction and economic planning. In the United States, population issues came into
focus in the context of resource transfers to war-torn regions of the world and the emerging
Cold War.\textsuperscript{15} Colonial powers conducted censuses in order to assess the implications of
population growth for regime stability and development projects, which they then indirectly
used to legitimize further European control.\textsuperscript{16} In India, and somewhat later in Korea, Tai-
wan, and Egypt, members of the political elite identified population growth as a possible
impediment to economic development.\textsuperscript{17} But the identification of population as a ‘problem’
rested, to a very large degree, on the ideological assumptions of Western birth-control acti-
vists, population experts, and demographers. Without this epistemic community, which
interpreted statistical evidence, developed theories, and devised action plans, it may well
have been that population as a problem would have emerged much later.

Three organizations in particular became the drivers of the population discourse during
the 1950s: the International Union for the Scientific Study of Population (IUSSP, founded in
1949), the International Planned Parenthood Federation (IPPF, founded in 1952), and the
Population Council (founded in 1952). The IUSSP was and is an international association

\textsuperscript{13} Thomas Robert Malthus, \textit{An essay on the principles of population}, Cambridge: Cambridge University

\textsuperscript{14} Symonds and Carder, \textit{United Nations}, pp. 33–66; Michael Ward, \textit{量化世界: UN ideas and

\textsuperscript{15} Kingsley Davis, ‘The world demographic transition’, \textit{Annals of the American Academy of Political and
Balfour, Roger F. Evans, Frank W. Notestein, and Irene Taeuber, \textit{Public health and demography in the

\textsuperscript{16} See John Caldwell and Chukuka Okonjo, ‘The population of tropical Africa’, \textit{Studies in Family Planning},
1, 29, 1968, pp. 10–12; Frederick Cooper, \textit{Decolonization and African society: the labor question in
French and British Africa}, Cambridge: Cambridge University Press, 1996; Frederick Cooper, \textit{Africa since
Andreas Eckert, ‘Exportschlager Wohlfahrtstaat? Europäische Sozialstaatskultur und Kolonialismus in

\textsuperscript{17} Rao, \textit{From population control}, pp. 24–30; Warren C. Robinson and Fatma H. El-Zanaty, ‘The evolution
of population policies and programs in the Arab Republic of Egypt’, in Robinson and Ross, \textit{Global
of demographers aimed at raising awareness about all aspects of population, including migration, mortality, and reproduction. The IPPF, founded, among others, by the four feminists mentioned above, was less scientific and more oriented towards policy and action. From its headquarters in London, and via an increasing number of affiliated national organizations, it promoted (and still promotes) the distribution of contraceptives, maternal health services, and the emancipation of women. In its earlier years, however, its central aim was to reduce the reproduction of poor people through birth control measures, especially in the Global South. The third organization, the Population Council, was probably the most influential in terms of resources and impact. Founded on the occasion of a conference attended by health experts, demographers, economists, and biologists near Washington, DC, the Population Council was the brainchild of John D. Rockefeller III, a prominent American philanthropist and chairman of the Rockefeller Foundation. Rockefeller, who had supported earlier activities in the field of demography, was concerned about global poverty. He also believed that population growth in the Global South constituted a serious threat to the security of Western societies.

In the early 1950s, the Rockefeller and Ford foundations (founded in 1913 and 1936 respectively) identified population issues as an ideal field for support. In the pre-war period, the Rockefeller Foundation had already supported social science research and public health programmes in the United States and beyond. Imbued with a technocratic understanding of problem-solving in regard to social relations, the two philanthropic foundations believed in the capacity of social engineering on an international scale. Population and family planning policy appealed to them because it was an area in which other actors were not yet ready to become involved. Between 1952 and the end of the 1960s, the Ford Foundation alone supported population research and population programmes to the tune of US$270 million. Population growth, according to the two foundations, increased social inequality, diminished opportunities for poor women in the Global South, and posed a security threat to the Western world.

Demographic research had, until the 1940s, been largely confined to national contexts. Moreover, apart from a few specialized research institutes, demography had not been a

19 Today, the IPPF is active in 170 countries. See http://www.ippf.org/en/ (consulted 15 March 2010).
21 Connelly, Fatal misconception, pp. 155–94.
discipline anchored in universities. For instance, in the United States in 1950, there were only three universities that offered graduate training in demography, among them the prestigious Office of Population Research of Princeton University (founded in 1936). Over the next fifteen years, the Ford Foundation supported the establishment of sixteen graduate programmes throughout the United States. A major emphasis of these programmes was provided by population issues in societies in the ‘developing world’, in which students were trained for applied research and field work. These two foundations also provided funding for the establishment of demographic research centres in Bombay (1954), Santiago (1957), and Cairo (1963). They sent population experts to countries in the ‘developing world’, and provided grants for scholars from those countries to study population issues in the United States. Moreover, the foundations provided significant support for the establishment of early family planning programmes in countries around the world. Without their support, it would not have been possible to create and sustain the institutional infrastructure and the knowledge base upon which the global discourse and general practices of population control rested.\(^{24}\)

In the more immediate post-war period, few national governments paid much attention to the growing number of people on earth. Both in the Soviet orbit and in the Western world, governments were decidedly pro-natalist in regard to their populations. Growing national populations were considered to be an asset for economic reconstruction and progress, and were regarded as a factor of power in the confrontation between blocs. The sale of contraceptives was either strictly regulated or prohibited, and Western societies promoted the role of women as mothers, thus reinforcing gender inequalities. In Africa, British colonial governments were indifferent to the issue of population growth, though some officials regarded it as a possible problem for the future. French colonial regimes executed, if at all, the pro-natalist policies of France. For Catholic Latin America, population growth was not an issue. Exceptions to this global pro-natalist sentiment during the 1950s could be found among some members of ruling elites in the People’s Republic of China, Sri Lanka, and India, where anti-natalist policies were either discussed or implemented on paper. The Swedish government voiced its concern about population growth within the United Nations, but only offered to become involved in population control programmes from the late 1950s onwards. This left the field of anti-natalist policies to Japan, where pre-war experiences with eugenic laws paved the way for the first post-war population control programme in the world.

Global propositions

In Japan, the post-war government was faced with problems of reconstruction, high unemployment, and the repatriation of around six million Japanese who had either settled in the former Japanese empire or had served in the armed forces. Declining death rates and temporarily rising birth rates, made visible by the census of 1947, prompted medical doctors in the Diet to demand new laws designed to lower population increase. The 1948 Eugenic

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Protection Law liberalized abortion to the effect that women could terminate pregnancies for ‘physical or economic’ reasons. Two years later, a family planning programme was introduced that encouraged the spread of information and the distribution of condoms to both urban and rural populations. American population controllers had played a certain role in this as informal advisers, but there is no evidence that US occupation authorities were actively involved in Japanese family planning programmes. The birth rate did indeed fall significantly, from an estimated 188 births per 1,000 women in 1950 to 129 in 1955, declining below the replacement rate in subsequent years. Whether declining birth rates were the result of the family planning programme or of changing socioeconomic boundary conditions, most notably an economic boom in the wake of the Korean War, remains unclear. What is less disputed is the fact that the family planning programme met with little resistance and that it increased the acceptance of contraceptives among the population at large. Japanese society had been accustomed to a military version of developmentalism and state intervention in the pre-war period, and so the post-war version of trade-oriented business–state cooperation turned out to be, from a structural point of view, not so different in its emphasis on state intervention, setting norms, and social responsiveness. Government unity, the undisputed character of the family planning programme, and changing socioeconomic boundary conditions may thus explain the unique circumstances in which one of the first family planning programmes evolved.

As in Japan, the discourse on population in the People’s Republic of China was closely intertwined with notions about national modernization. But here, socioeconomic boundary conditions in terms of literacy, urbanization, and living standards were quite different. Rural populations regarded many children, and as many boys as possible, as an investment in the future. Some members of the leadership, most notably the prime minister, Zhou Enlai, were concerned about the growing size of the population. But with the exception of the period of the Hundred Flowers campaign of 1957, during which more open debates were encouraged for a short time, the party’s official policy was decidedly pro-natalist. Mao Zedong, whose opinions on population prevailed until the early 1970s, summed up his rationale in 1949: ‘It is a very good thing that China has a big population. ... Even if China’s population multiplies many times, she is fully capable of finding a solution; the solution is production. ... Revolution plus production can solve the problem of feeding the population’. As early as the pre-war period, the Indian National Congress had drawn a connection between population growth and per capita economic growth. After independence in 1947, the prime minister, Jawaharlal Nehru, pointed out ‘the socialist predicament that development is the best contraceptive’. But political and social elites were divided on this issue. The first and second five-year plans described population growth as a possible impediment

29 Quoted in Scharping, Birth control, p. 29.
to economic growth and to the government’s efforts to ameliorate socioeconomic inequalities. However, owing to conflicting opinions on population growth within the federal government (and most provincial governments as well), anti-natalist thoughts did not translate into much action.

With very few exceptions, indifference, neglect of population growth as an actual problem, and hostility to anti-natalist ideology thus characterized the position of national governments around the world. This also explains why the United Nations only actively responded to the claims of population experts from the mid 1960s onwards. On the initiative of Great Britain and the United States, in 1946 the UN established a Population Commission to undertake demographic studies and to supply demographic information, to be produced by a Population Division headed by the American demographer Frank Notestein, succeeded by Pascal Whelpton. Both believed that population growth in the Global South would soon outpace global food production and would slow down economic growth in these regions. But Commission members from Catholic and socialist countries opposed discussions on the possible implications of population growth. Its most prominent member, Alfred Sauvy, was very sceptical of ‘le malthusianisme anglo-saxon’, and he, along with other members from pro-natalist countries, ensured that the Population Commission and the Population Division confined their work largely to the collection, review, and publication of population data.31

Equally unsuccessful was the most vocal promoter of population control within the early UN system, the biologist and eugenicist Julian Huxley. Huxley, Director-General of UNESCO from 1946 to 1948, strongly believed that ‘population must be balanced against resources or civilization will perish’.

Scientization and politicization

Towards the end of the 1950s, the normative claims of population experts received powerful support from two angles. In 1958, the social scientists Ansley J. Coale and Edgar M. Hoover published a book in which they claimed that children, rather than providing an economic asset, were costly and absorbed consumption needs in terms of health and

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education (commonly classified not as consumption but as investment). They argued that more non-working dependants in a society reduced savings and investments. Family planning, they suggested, was thus an important instrument of economic development.33 The Coale and Hoover study was followed by a number of related works in the 1960s and 1970s, starting with the influential standard reference for students of demography, *The study of population*, edited by Philip Hauser and Otis Dudley Duncan in 1959.34 Though challenged by other economists and social scientists (among them the Nobel laureate Simon Kuznets), the Coale and Hoover model gained ground in the two succeeding decades, especially among politicians and practitioners of development.35

While demographic research confirmed the ideological assumptions of population experts, it was in the field of national politics that concern about population growth received a boost, pushing population issues squarely to the centre of public debates. In the same year that Coale and Hoover published their findings, President Dwight D. Eisenhower commissioned a general review of American military and economic assistance since the end of the Second World War. The committee’s chairman, the investment banker and former general William H. Draper, summarized the review in a Senate hearing in 1959 with the following words: ‘The population problem . . . is the greatest bar to our whole economic aid program and to the progress of the world.’36 President Eisenhower, though sympathizing with this in private, felt that individual reproductive behaviour was a private affair, and should not be of official concern to governments.37

This changed during the Kennedy Administration. People such as Walt Whitman Rostow, director of the State Department’s policy planning staff and author of a bestselling study on economic history and development, and Dean Rusk, Secretary of State and former president of the Rockefeller Foundation, felt that fertility rates and population growth did have social and political implications.38 In August 1961, the State Department set up a

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desk responsible for the study of population questions. State Department and Central Intelligence Agency analysts regarded population growth as an impediment to economic development, and as a source of future conflicts. Equally important to them, however, was the differential birth rate between ‘developed’ and ‘developing’ societies. Increasing numbers of people in the Global South confronted, relatively speaking, stabilizing populations in the West, and they put pressure on regimes around the world to cope with what American commentators called the ‘revolution of rising expectations’. As more and more people experienced growing inequality, more and more might turn to communism and stage insurrections, thus changing the overall strategic position of western Europe and North America vis-à-vis the communist world.

In the United States, the population lobbyist William H. Draper, more than anyone else, brought about a closing of ranks between the actors of civil society and the administration. On his initiative, Rusk met representatives of more than thirty foundations concerned about population growth at the prestigious Council on Foreign Relations in New York in the autumn of 1962. Participants were deeply moved by the threat of population growth: ‘Rusk said that something like an “explosion” of interest in population problems seemed to be taking place’. Rusk’s reference to an ‘explosion’ of interest was accurate, though in no way connected to possible food crises or conflicts over resources induced by population growth. In fact, while population in the ‘developing world’ grew by 60% in the years between 1954 and 1973, food production increased by 75%. Rusk’s statement was more a reflection, and a consequence, of successful lobbying by non-governmental organizations in the United States. For population experts, the situation in the early 1960s was becoming more alarming. The measured increase in population growth, alarming forecasts, and an increasing awareness of the problems associated with decolonization, nation-building, and development in newly independent Africa, provided population experts with pertinent arguments. The fusion of cultural stereotypes and concern about governance, population increase, and development was aptly encapsulated by Time Magazine in January 1960. In the centre of the front cover there was an image depicting women with babies from different ethnic groups, but the focus was on the only bare-breasted woman, an African holding her child.


44 http://www.time.com/time/covers/0,16641,19600111,00.html (consulted 25 February 2010).
By the mid 1960s, a number of factors had accumulated into an anti-natalist movement in which discourses and practices of population control quickly flourished around the globe. In the United States, President Lyndon B. Johnson elevated population control to a new position of high importance for his government. In his State of the Union message to Congress on 4 January 1965 he declared, ‘I will seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity of world resources.’45 The United States Agency for International Development (USAID), as well as the Swedish government, began sponsoring family planning programmes. A number of countries in Asia introduced population control policies, usually supported by American foundations, the Population Council, or the IPPF. These institutions also sponsored a large conference in Belgrade in 1965, at which some two thousand delegates, under the auspices of the United Nations, discussed population issues in a way that equated population growth with ‘disaster’.46 And finally, science, in part funded by activists concerned about population growth in the Global South, supplied new techniques of contraception in the form of the pill and the intrauterine device (IUD).47 Global society, represented by national governments, international organizations, non-governmental organizations, science, the general public, and the media had finally identified population growth as a menace to the future wellbeing of the planet.

By this time, the debate about population growth had assumed a decidedly alarmist undertone. One reason was the fact that demographers estimated that global population growth had achieved new heights. The population growth rate, resulting from the baby boom in many industrialized countries and a continuing fall in mortality in most ‘developing countries’, was estimated to have reached 2.1% per year.48 Another reason was a growing dissatisfaction with existing family planning programmes. Population experts found them to be either insufficient or of too small an impact on a global scale. In South Korea, a military regime had introduced a family planning programme, with the assistance of the Planned Parenthood Federation, in 1963. However, the target reduction in births over time was deemed to be too moderate, while in the early stages of the programme there were no incentives or disincentives to promote birth control. The programme consisted mainly of distributing information and contraceptives.49 With the assistance of American population experts and non-governmental organizations, the government of Taiwan also launched a family planning programme in 1963. As in South Korea, the emphasis was on media campaigns promoting fewer children, and on the widespread distribution of contraceptives. In both cases, population experts had to acknowledge that a decline in fertility rates and individual responses to changing socioeconomic boundary conditions had preceded the introduction of

family planning programmes. In Singapore, the government launched a family planning programme soon after the island state had become independent in 1965. But the programme did not take off until 1969, when the government introduced coercive elements in the form of a comprehensive scheme of incentives and disincentives to encourage couples to give birth to three or two children only. In South Korea, Taiwan, and Singapore, authoritarian governments promoted family planning because they believed that population growth would retard economic development.

In other countries, the reasons for adopting birth control measures were somewhat different. In Indonesia, a military-authoritarian government had come to power following the coup of General Suharto against President Sukarno in 1965. Suharto’s advisers argued that, in order to gain much-needed foreign development assistance, the government would have to introduce a family planning programme to placate donor countries. A programme was therefore launched in 1967; it consisted, again, of media campaigns to promote fewer children, and the distribution of contraceptives. The programme assumed coercive elements from 1970 on, when rural women ‘were rounded up for mass lectures on the need for birth control’. Following a visit of Margaret Sanger to Sri Lanka in 1953, the government allowed the establishment of birth control clinics in Colombo. In 1958, the Swedish government agreed to cooperate in a pilot family planning programme, an agreement that was extended in 1965. Owing to a lack of political support, however, the programme lingered on without any discernable impact on the reproductive behaviour of Sri Lankans.

In yet other countries, however, governments were not so responsive to the ideology of population controllers. In Thailand, the Population Council sponsored a few birth control clinics in Bangkok, and tried to alert government officials to the dangers of population growth. But a governmental family planning programme, sponsored by USAID and consisting of the widespread distribution of contraceptives, media campaigns, and the establishment of birth control clinics, only evolved after 1970. In the Philippines, a coalition of non-governmental organizations and USAID became active in the mid 1960s and, by 1969, ‘the resulting network clearly helped to move the government toward an explicit population policy’. But

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56 Warwick, *Bitter pills*, p. 16.
resistance from the Catholic Church and the lukewarm support of the authoritarian Marcos regime, which had introduced the programme only on the insistence of USAID, ensured that the programme was considered to be dysfunctional by population experts.

On the African continent, the modernizing regime of Gamal Abdel Nasser was at first confident that the effects of population increase could be offset by economic development. By 1962, however, Nasser had come to believe that population growth actually impeded economic development. Accordingly, the government launched a national family planning programme in 1966. However, rural women were not reached in significant numbers, and bureaucratic confusion undermined the effectiveness of the programme. By the end of the 1970s, population experts could discern no impact of the programme whatsoever.\(^{57}\) Further south, the government of Kenya introduced their first family planning programme in 1966. Here, expatriate British advisers pressed for action in the expectation that a family planning programme would attract more foreign aid. The emphasis was on the spacing of births. But a variety of factors, including ‘tribalism’, non-cooperation by dominant circles of the ruling elites, and administrative weaknesses made the programme ineffectual, with promoters of birth control castigated as neo-colonialists.\(^{58}\) Ghana was the only other sub-Saharan country to introduce a family planning programme at that time. Following the coup against President Kwame Nkrumah in 1966, a military government invited two population experts commissioned by the Ford Foundation. Subsequently, a family planning programme was set up under a civilian government, emphasizing spacing of births and the delivery of contraceptives. But, as in the case of both Egypt and Kenya, population experts found the impact to be non-existent.\(^{59}\)

Of most pressing concern to population experts and non-governmental organizations was India, the largest recipient of foreign aid and a country whose population continued to grow fast. The 1951 census had counted 361 million; by the end of 1956 the overall number of people had already reached around 400 million.\(^{60}\) With the support of the Population Council and the Ford and Rockefeller foundations, by 1961 the Indian government had set up around 4,000 health clinics, which supplied information on birth control and distributed condoms, diaphragms, and vaginal foaming tablets. The population census of that year, however, counted 440 million Indians. These statistics had a tremendous effect on the Indian government. The third five-year plan (1961–66) envisaged a five-fold increase in funding and a six-fold increase in the number of clinics, and it called for a strategic shift away from the clinic approach to an extension approach. Information campaigns were stepped up, mobile units were formed that made house-to-house visits to motivate couples, while towns and villages throughout India were now called upon to form family planning committees.\(^{61}\) An army of family planning officers, educators, assistant surgeons, nurses,

\(^{57}\) Ibid., pp. 11–12, 83–4, and 108–13.


\(^{60}\) Rosanna Ledbetter, ‘Thirty years of family planning in India’, Asian Survey, 24, 7, 1984, here pp. 737 and 739.

and volunteers was recruited to ensure the government’s goal of reducing the birth rate from 41 live births per 1,000 people to 25 was achieved.\textsuperscript{62} Incentives were paid to both motivators and acceptors, which, for poor people with a low average income (the gross national product per capita around 1960 being less than US$70 a year), constituted a substantial amount of money.\textsuperscript{63} Especially in times of food scarcity, most notably during the drought of 1966, which caused widespread famine in northern parts of India, incentive payments were in many cases the only means to survive. Food scarcity and incentives had a significant impact on the number of sterilizations. In 1965–66, about a million vasectomies were conducted; in 1966–67 some two million, levelling off to about one and a half million in 1970–71. But, as the census of 1971 would show, population growth did not slow, resulting in considerable frustration in government circles and with foreign donors.\textsuperscript{64}

The impression that population experts gained from these experiences in family planning was indeed very sobering. Writing in 1970, Bernard Berelson, a behavioural scientist and president of the Population Council, found ‘the present state is simultaneously impressive, frustrating, uneven, inadequate, and doubtful or unknown’, and he identified political, bureaucratic, organizational, economic, cultural, religious, and personal ‘difficulties’ to be responsible for the poor performance of family planning programmes in most countries.\textsuperscript{65} Echoing and representing the epistemic community of population experts, he called for improvements in the programmes, incentives to birth controllers and acceptors, improvements in contraceptive technology, a legalization of abortion, and outreach to rural areas on a massive scale. This more-of-the-same approach went hand in hand with only a thinly veiled admiration for coercive measures, such as those undertaken by Singapore. This put Berelson and the proponents of family planning programmes squarely on a confrontational course with most economists and other social scientists, who argued that the driving forces of declining birth rates were changes in socioeconomic boundary conditions. As early as 1967, Kingsley Davis, a leading American sociologist and early proponent of fertility control, had argued that it was ‘difficult to prove that present population policies have even speeded up a lowering of the birth rate (the least that could have been expected), much less that they have provided national “fertility control”’.\textsuperscript{66}

From the late 1960s on, the debate about global population growth intensified, assuming an unprecedentedly alarmist tone. Scientists warned of ecological disaster. Paul Ehrlich’s book \textit{The population bomb} (1968) and the influential study \textit{The limits of growth} (1972) became international bestsellers. Many inside and outside of academia agreed with biologist Garrett Hardin’s call for coercion in regard to individual reproductive behaviour, because ‘freedom to breed will bring ruin to all’.\textsuperscript{67} The most encompassing and well-publicized

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\textsuperscript{63} Connelly, ‘Population control’, pp. 629, 643, and 656.


study on development and foreign aid of these years, the Report of the Commission on International Development, entitled *Partners in development* and commissioned by the World Bank, also called for an increase in family planning programmes. Concern about population growth was reflected in the number of major international conferences, which increased from four in the early 1960s to almost twenty in the early 1970s (and then fell to between eight and ten in the 1980s, and declined thereafter). John D. Rockefeller and the Population Council had secured the signatures of thirty heads of state demanding population control programmes (1966–67). The development community continued to emphasize the connection between growth and population, while ecologists were concerned about the carrying capacity of the planet. Inequality within and between countries was also an argument. This was reflected, for instance, in the broadly accepted aim to increase development assistance from 0.39% of GNP to 0.7% in 1975. In the main, however, birth controllers took their privileges as citizens of rich Western countries or as members of elites as self-evident, and they regarded growing numbers of people, especially poor people, as a threat to their security, their opportunities, and their wellbeing.

National donors responded to the calls for urgency as well. The US government began sponsoring family planning programmes on a large scale from 1967. Up to 1980, annual funding amounted to US$120 million and US$180 million. Sweden, with a tradition of social engineering and eugenic sterilization laws going back to the 1930s, and with its more recent emphasis on women’s rights, became an important donor country, together with Japan. Either explicitly or implicitly, foreign aid was made conditional on the establishment of family planning programmes, thus prescribing Western family norms and reproductive behaviour on ‘developing’ societies, while also infringing the principle of national sovereignty.

Non-governmental actors and national governments had also finally overcome the reluctance of UN bodies in addressing the population issue. As more and more countries established family planning programmes, and as India as a major proponent of non-alignment became more and more concerned about population growth, opposition from communist and Catholic countries became muted. In 1968, the World Health Organization (WHO) recognized that family planning was an important component of family health, and UNICEF and UNESCO climbed on the bandwagon, allocating limited funds to family

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planning. The Food and Agricultural Organization (FAO), under the leadership of the Indian B. R. Sen (Director-General from 1956 to 1967), had tacitly promoted population control all along. Starting in 1967, the FAO, though officially non-committal to the issue, introduced information campaigns on family planning in its efforts to reach its constituency, the rural population. In terms of resources and impact, two UN organizations became particularly important. One was the United Nations Fund for Population Activities (UNFPA), founded in 1969 and supported lavishly with money from Western governments, the United States in particular. The other was the World Bank under the leadership of its new president, the former US Secretary of Defence Robert S. McNamara. McNamara, who had assumed his new position in February 1968, had been interested in the connection between population growth, security, and conflicts for quite some time. At the World Bank, he emphasized mass poverty in the ‘developing world’ and inequality between rich and poor: ‘If there is anything certain about the population explosion, it is that if it is not dealt with reasonably, it will in fact explode: explode in suffering, explode in violence, explode in inhumanity.’

The global neo-Malthusian moment, which had crystallized in the mid 1960s, had now transmogrified into a mass movement of governments, non-governmental organizations, international organizations and hundreds of thousands of activists around the world. Population control had become a prime concern of global governance. In the early 1970s, actors of the movement spent hundreds of millions of dollars on information and education, health clinics, the distribution of contraceptives (condoms and IUDs in particular), and sterilizations. Twenty-three countries conducted family planning programmes, and more showed an official interest in establishing one. For activists around the world, who expressed themselves in martial language, this was indeed a war: a war for economic growth and against hunger; a war for food and against resource depletion; a war for education and against ‘backwardness’; and a war for women’s emancipation and against male sovereignty in the bedroom. There was general agreement that family planning could not by itself solve these conflicts and that changing the boundary conditions in the form of development policies and development assistance was necessary as well. When confronted with the question of whether to reduce poverty or the number of poor, however, most population experts opted for the latter option.

**Turning points**

In 1970, the UN General Assembly designated 1974 as World Population Year. A World Population Conference, to be held in Bucharest, was meant to be the crowning moment

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of population controllers. However, the Bucharest conference did not end in triumph but in painful reappraisals of the merits of family planning and birth control. More than a thousand delegates from 133 countries, 1,400 representatives of NGOs, 400 members of a ‘Youth Conference’, and around a thousand accredited journalists descended on Bucharest in August 1974. Ironically, this was the capital city of the only regime in the world that pressured its population to increase, through targets, incentives, and disincentives.74 Conflicts erupted over gender issues. The few female delegates and women’s activists argued that male family planners, while paying lip service to women’s emancipation, were only interested in reducing the number of births. Conflicts also emerged at the intersection of race and class. Delegates from the Global South demanded a much more determined effort in regard to development cooperation. They based their arguments on the Declaration for the establishment of a new international economic order, which had been adopted by the UN General Assembly just a few months earlier, and which demanded improved terms of trade, tariff reductions in ‘developed’ countries, and more development assistance.75 When even John D. Rockefeller, while defending the need for family planning programmes on account of women’s health and emancipation, called for vastly increased efforts in the field of development cooperation, it was clear that Bucharest had turned into a setback for the population control movement.76

After Bucharest, the movement diffused. It had consisted of a variety of social actors from different backgrounds, united around the ideology of birth control, including female activists promoting women’s emancipation, affluent social engineers interested in preserving status privileges, technocrats pursuing the goal of population control, and politicians concerned about security. This, however, did not mean that population control and family planning receded from the agenda of global governance. Rather, social actors tried to realign their strategies in accordance with an increasing awareness of poverty on the part of the international community of development aid donors. As women, the underprivileged half of the world population, came into focus for NGOs, international NGOs, and inter-governmental organizations, family planning organizations shifted from an emphasis on the reduction of births to women’s health, reproductive rights, and emancipation. This shift was quite often more rhetorical than substantive and, as gender equality and the environment assumed increasing importance for global governance, the boundaries between an emphasis on the reduction of births versus women’s freedom of choice and reproductive rights became blurred.

The confusion within the family planning movement and the heterogeneity of their aims became strikingly apparent during the two largest, most determined and coercive family planning programmes in history, the mass sterilization campaign during the Indian Emergency of 1975–76, and the one-child policy in China from 1979. In both cases, the position of international organizations, national governments supporting family planning, and


NGOs demonstrated perplexity and uncertainty about where to draw the line between liberal ideals and tacit support for coercion.

In India, governmental support for family planning programmes had increased significantly from the mid 1960s onwards. The fourth five-year plan, on development (1969–74), assigned family planning ‘the highest priority’; the birth rate was to be brought down substantially as early as possible. Targets were raised, government pressures on villagers to undergo sterilization increased, and incentives increased to an average of one month’s income for poorer families. Highly publicized mass sterilization camps were set up. The Ernakulam Camp in Kerala, in which over 65,000 vasectomies were conducted in just two weeks, became a model for other such camps. In 1969, some 1.4 million sterilizations were performed (75% being vasectomies); in 1972 3.1 million; and in 1974 1.4 million. Millions of condoms were distributed. Family planners estimated that, since the introduction of family planning programmes, some 21.5 million couples had used contraceptives, and that a total of 14.5 million sterilizations had been performed. But census data revealed that population growth continued unabated, from 439 million in 1961 to 550 million a decade later. This led to ‘extensive frustration in government circles’.

The declaration of a state of emergency by the prime minister, Indira Gandhi, in June 1975, in response to an economic crisis brought about by crop failure and rising oil prices, provided Indian family planners with the opportunity to enforce more stringent measures. Directed by Gandhi’s son Sanjay Gandhi, who held no official position, the central government imposed a coercive programme in which government employees and doctors had to fulfil sterilization quotas. Some states withdrew food rations from couples with more than three children. In Uttar Pradesh, for example, teachers with too many children were required to undergo sterilization or lose a month’s pay, and in Maharashtra couples with three children were also forced to undergo sterilization. Police officers, railway ticket collectors, and other public employees were forced to select a male family member to undergo sterilization. Not all of these measures were actually carried out, and evidence about people being rounded up in the streets and forced into sterilization camps has been contradicted. The anthropologist Emma Tarlo, who did extensive field research, nevertheless concludes:

They [the poor] submitted their own bodies for sterilization, not out of choice or, on the whole, for financial incentives, but rather in order to gain or retain access to basic civic amenities such as work, housing, hospital treatment and education. For many of those at the bottom end of the socio-economic heap, life in Delhi without a sterilization certificate became untenable, if not impossible.

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During 1976, a total of 8.26 million sterilizations were conducted, most of them vasectomies on poor men. State coercion, compulsion by public authorities, and the suffering of millions of individuals turned the elections of February 1977 into a referendum on family planning policies. Later governments emphasized voluntarism and an integrated approach combining information, provision of contraceptives, maternal and child health, and female education.

Responses of the international network of family planning organizations varied. The Swedish and Norwegian development organizations continued their support for family planning in India during the emergency, as did UNFPA and many of the non-governmental agencies. But in the wake of the emergency, public outcry in Sweden against the coercive measures was so intense that government support for family planning in India had to be withdrawn. Other agencies such as USAID, the Norwegian development organization, or UNFPA survived the storm, but the more information about coercion became public, the more these organizations emphasized individual reproductive rights, freedom of choice, and women’s emancipation.82

The upheavals caused by the Indian emergency had just quietened down when an even more coercive population programme was launched: the one-child policy in China. Until the late 1960s the official Chinese population policy had been one of approval of large families. By 1970, however, the Politburo of the Communist Party of China, including Mao Zedong, concluded that population policies should be dealt with in the context of food and economic policies. In view of the economic dislocations caused by the Cultural Revolution, birth control occupied an increasingly important role in government policies. The production and distribution of contraceptives was increased, along with information and propaganda campaigns. New recommendations for later marriages were promulgated (23–5 for women, 25–8 for men), and a rule of four to five years between the first and second child (spacing) was introduced. By 1978, the total fertility rate had dropped by 50%.83

But the economic problems caused by radical Maoism and the changing ideological perspectives on the economy after the death of Mao in 1976 prompted the new leadership around Deng Xiaoping to intensify existing family planning programmes. Contrary to earlier Maoist doctrines, Deng believed that population growth was detrimental to economic growth. From November 1979, when China’s one-child policy was officially implemented, the campaign progressed in waves with alternating coercive measures, incentives, and disincentives. Sanctions included compulsory attendance at mass meetings and endless group discussions for pregnant women, forced sterilizations and abortions, even after the sixth month of pregnancy during high times of the campaign, income deductions, higher health insurance

fees, and so forth. During 1984–85, rules were relaxed somewhat, and rural second-child permits extended from 5% to 10% of births. The number of abortions, around 5 million per year in the early 1970s, reached a combined total of more than 120 million in the decade between 1980 and 1990. IUD insertions stood at more than 10 million per year during this time, while tubal ligations were performed on a mass basis only in 1983 (with 16.4 million in that year). Compared to these, vasectomies played a relatively minor role. This is not the place to describe the physical and psychological impact of the one-child policy on Chinese individuals, and the impact of the one-child policy on gender roles, family size, and sex preferences. Chinese and foreign experts have found it difficult to assess the overall ‘successes’ of the policy. Even before the one-child campaign, the concept of the nuclear family had gained in popularity, especially among the urban population. Changing socioeconomic boundary conditions from the 1980s, most notably urbanization and the tremendous increase in living standards for ever larger segments of the Chinese population, had a dramatic impact on family norms. The draconian policies of the 1980s, and the coercive ones since the 1990s, have contributed to fertility decline, but to what degree remains unclear.

Contrary to all other family planning programmes, the contribution of foreign organizations in the Chinese programme was insignificant. However, organizations such as UNFPA did assist with modest funds, technical expertise, contraceptives, and medical technology. In doing so, they provided critics with powerful arguments why global family planning, though emphasizing reproductive rights and individual choice, was in reality still about population control and fertility decline. Another powerful blow against the network of family planning organizations came in 1984, when thousands of delegates convened in Mexico City for a follow-up conference to the one held ten years earlier in Bucharest. What was meant as an opportunity to reaffirm the commitment of the world to voluntary family planning programmes turned into a heated debate about the future sustainability of the network itself. The reason for such a debate was the American decision to stop funding organizations dealing with population issues. Devised by the Reagan administration, which delivered on a campaign promise to the religious right in the United States, the new US population policy categorically opposed abortion, which was contested terrain for female activists and family planning organizations alike, and assumed that there was no proven connection between population growth and economic decline. With the retreat of the US government from most population policies, the network lost its most influential and most generous donor.

Conclusion

By the end of the 1980s, terms such as population ‘bomb’, ‘explosion’, or ‘overpopulation’ had fallen into disrepute. Three basic notions upon which population control and family

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84 White, *China’s longest campaign*, p. 136.


86 The United States resumed funding family planning organizations in the mid 1990s on a modest scale. The George W. Bush administration, with its principled opposition to abortion, made it very difficult for organizations to apply for US government funds.
planning had rested since the 1940s had come under attack from a wide array of critics: first, on a global basis, food supplies had not lagged behind population growth; secondly, overall achievements in socioeconomic development in much of Asia and parts of Latin America had contributed to a dramatic decline in birth rates, thus contradicting the argument of family planners that people had to be persuaded, or forced, to have fewer children before socioeconomic changes could take place; and thirdly, it had been demonstrated that voluntary family planning could not be implemented through a top-down approach, with little regard to socioeconomic boundary conditions, such as education, health, and culture.87

Parallel to the demolition of these decades-old axioms, new actors entered the arena of family planning. More women assumed influential positions in organizations, most notably Nafis Sadik, who became executive director of UNFPA in 1987. Feminists created new networks across the globe, emphasizing reproductive rights, individual choice, and women’s and children’s health. Others concentrated on Africa and on HIV/AIDS in particular, which became a global concern from the late 1980s on. This new coalition was visibly dominating the field of family planning at the time of the 1994 International Conference on Population and Development in Cairo, the last UN conference on population and the first (and only) to combine population and development. Thousands of delegates devised a ‘plan of action’ that explicitly called for dropping targets. The plan emphasized a broader understanding of women’s reproductive rights and called for a series of social and economic policies designed to improve gender equality and women’s living conditions throughout the world.88

Global society as a whole repudiated the neo-Malthusian presumption that lower birth rates among the poor would be the only path to development. After decades during which demographers had identified rising populations in the Global South as the main impediment to socioeconomic development, the debate had decidedly shifted from macro-analyses – the reduction of birth rates of social classes – to the micro-level, the individual. With that, notions of inequality also came to focus on the individual.

Several issues emerge from this history of population policies. First, the study of family planning policies shows how important non-governmental actors were in identifying and defining the ‘problem’, popularizing it, and promoting it on a global scale. The history of population policies also reflects, to some degree, the history of the rise of global society in the second half of the twentieth century. Few other policy issues of the post-Second World War period were worked out in such a decidedly transnational background. Population discourses and policies were a reflection of the growing influence of science on the social, a phenomenon that predated the Second World War but that, under the impact of planning needs and technocratic modelling of societies, took on a dynamic of its own after 1945. From the beginning, population discourses and policies were intertwined with strategies of socioeconomic development. The neo-Malthusian dominance inherent in this discourse was far from predetermined. As has been shown, it was a confluence of notions about women’s emancipation, concerns about global inequality, and strategic concerns and deliberations about the role of the West in the Cold War. Family planners assumed that people throughout the Global South wanted fewer children and would readily follow their

87 Hartmann, Reproductive rights, p. ix; Robinson and Ross, ‘Family planning’, p. 435.
prescriptions. Focusing on the collective impact of individual choices, they assumed that top-down approaches could swiftly change reproductive behaviour. In doing so, they gave priority to preventing births over health, education, and female empowerment. Population controllers questioned national sovereignties as their programmes were designed to change national populations. But family planning raised fundamental questions about sovereignty in the bedroom as well, thus impacting both on gender relations and on notions of family and sexual preferences at the level of the individual. This turned family planning programmes into frustrating experiences for those who designed them, and frustration lowered resistance to applying forms of compulsion. Where elites devised targets, incentives, and disincentives, the freedom of choice of poor people became circumscribed. This, too, was a form of inequality. Family planning began to shift its emphasis from the collective to the individual only in response to outright coercive actions and with the emergence of new actors, most notably feminists, from the late 1970s onwards. The current emphasis on reproductive choices, women’s empowerment, and maternal and child health may not mark the final stage in the history of family planning and population policies. As world population continues to grow, we will all be witnesses to possible changes in ideology, actor composition, and network structures of population policies.

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