Sustainable Population Australia

DISCUSSION PAPER




Reproductive rights:

an unfinished project and an ecological imperative

Jane O'Sullivan and Sandra Kanck

www.population.org.au

Sustainable Population Australia

Sustainable Population Australia (SPA) is an independent not-for-profit environmental advocacy organisation established in 1988. SPA seeks to protect the environment and quality of life by ending population growth in Australia and globally, while rejecting racism and involuntary population control. SPA works on many fronts to inform public awareness about population issues from ecological, social and economic viewpoints, and to advocate for how Australia and the world can achieve an ecologically sustainable population.

SPA Patrons

Dr Katharine Betts

The Hon. Bob Carr

Dr Paul Collins

Prof. Tim Flannery

Emeritus Prof. Ian Lowe

Prof. Anne Poelina

Contact SPA

www.population.org.au
www.facebook.com/population.org
Twitter: @SustPopAus
info@population.org.au

Sustainable Population Australia Inc.

DISCUSSION PAPER

Reproductive rights:
an unfinished project and an ecological imperative

Jane O'Sullivan and Sandra Kanck

Published by Sustainable Population Australia
ISBN: 978-1-7649681-0-2 (print)
ISBN: 978-1-7649681-1-9 (digital)

This report may be cited as: O'Sullivan, J. and Kanck, S. 2026. *Reproductive rights: an unfinished project and an ecological imperative*. Discussion Paper. Sustainable Population Australia. https://population.org.au/discussion-papers/reproductive-rights

Graphic design and layout: Stream Art Design. Cover images credit: iStockphoto
This report is printed on 100% recycled paper.

For enquiries or to offer feedback, email discussionpapers@population.org.au.

About the Authors

Jane O'Sullivan, BAgrSc, PhD, is a cross-disciplinary researcher spanning the nexus between agriculture and demography, embracing food security, ecological sustainability and economic development. She has led international research on tropical subsistence and semi-subsistence crops and farming systems, before shifting her focus to the threats posed by population growth to food security, economic development and ecological sustainability, and the effectiveness of measures available to limit population growth. She has participated in numerous collaborations with international colleagues in ecological economics, environmental philosophy, climate change responses and family planning promotion and implementation. She is a co-convenor of The Overpopulation Project https://overpopulation-project.com/

Hon. Sandra Kanck, DipTeach, for three years a primary school teacher in NSW, was an Australian Democrats' member of South Australia's Legislative Council for 15 years. As the oldest of a family of seven children, she grew up understanding at a micro level the impacts this burgeoning population had on everything from clothes, to food, to having to sleep in the family's loungeroom. She subsequently chose to have just one child. Between 2009 and 2026 she served continuously in leadership positions in Sustainable Population Australia and has been awarded life membership of the organisation. She is now concentrating on the writing of books: having published two she is currently working on her third.

Contents

Summary

Since the 1960s, modern contraception has brought a revolutionary advance in women's bodily autonomy and their freedom to shape their own lives.

Simultaneously, it was a powerful tool for reducing poverty and enabling economic development in low-income countries.

Those countries that embraced this synergy through well-executed voluntary family planning campaigns have experienced steady improvement in their circumstances. Those that did not, and retain high rates of population growth, have floundered.

However, such family planning programs were deprioritised in the 1990s, due to a campaign to discredit population stabilisation efforts. Family planning was reframed as exclusively serving women's reproductive health and rights, without attempting to influence reproductive choices. Subsequently, both domestic and international support for family planning shrivelled, leaving women's reproductive rights worse off.

Even now, around half of pregnancies are unintended. Even in rich countries, many women face formidable barriers to obtaining contraception that suits their needs. In low income countries, cultural influences add to problems of access and affordability. UN data shows that the number of women 15-49 years who have unmet need for modern contraception has increased from 236 million in the year 2000 to 260 million in 2025.

At the same time, world population growth continues unabated. The common claim, that a 'birth dearth' is about to precipitate population collapse, is ill-founded, ignoring the increasingly dominant influence of the rapidly growing, low-income countries. The majority of children born this century will be born in these countries.

These low-income countries tend to be very conservative societies, characterised by high levels of religiosity and patriarchy. This makes it harder to shift cultural norms to accept that small families are beneficial and that women may have autonomy over their reproduction and their careers. In these countries, simply providing access to contraception is not enough. Renewed efforts are needed to promote small family norms and debunk harmful myths that make people fear contraception.

However, instead of renewed efforts, many developed countries are reducing spending on international aid, including family planning. Reasons given include the need for increased spending on defence and on accommodating immigrants seeking asylum. Thus overpopulation is fuelling an ironic vicious cycle, where population growth leads to resource scarcity, violent conflicts and out-migration, causing destination countries to reduce the aid that might have eased the pressures.

While the UN has projected that global population will peak at around 10.2 billion later this century, this depends on all the remaining high-fertility countries experiencing a much more rapid fall in fertility than they have achieved so far.

Without a renewed commitment to support family planning, world population will likely exceed the UN's projection, further jeopardising food security, climate change mitigation and ecological sustainability.

1. Introduction

Since the 1960s, contraception has been a crucial enabler of women's expanding rights and freedoms. Women in industrialised countries readily embraced these technologies wherever they became legally available. This brought a rapid end to the post-WWII baby boom. In less developed countries, whether and when women have enjoyed similar reproductive freedoms has depended on the attitude of their government to family planning.

Early adopters, like South Korea and Thailand, were highly motivated by the recognition that population growth impeded their development efforts. By enabling people to avoid unwanted pregnancies and by encouraging small families and well-spaced intervals between births, they could not only improve the health and nutrition of women and children but could lessen the relentless burden of building out to accommodate each year's population growth and, instead, start to gain ground on improving services and reducing unemployment. Other countries followed suit with varying degrees of effort and success, often supported by international humanitarian efforts through the UNFPA (United Nations Fund for Population Activities) or non-government organisations (NGOs) affiliated with the International Planned Parenthood Federation (IPPF).

Today, two thirds of people live in countries with fertility rates below the 'replacement rate' of roughly 2.1 children per woman. The proportion of married women of child-bearing age who use some form of modern contraception is about 55% globally, but in low-income countries it is below 30%, in some cases below 10%.[1] Still, roughly half of pregnancies are unintended, and more than half of unwanted pregnancies end in abortion.[2] Even in high-income countries where contraception is generally regarded as available and affordable, many women and girls face barriers to reliable access. In low-income countries, social and cultural barriers can be formidable.

At the same time, the world population continues to grow by between 70 million and 90 million people per year.[3] Despite the remarkable spread of contraception, population growth continues to expand the number of women without effective birth control. While the United Nations projects world population to peak later this century at around 10.2 billion (from the current 8.3 billion), *this depends on all the remaining high-fertility countries experiencing a much more rapid fall in fertility than they have achieved so far*. Ten billion is already pushing at the very limit of sustainable food production,[4] and far exceeds the number that could be provided with modern,

[1] Population Reference Bureau. 2024 World Population Data Sheet. https://www.prb.org/wp-content/uploads/2026/05/2024-World-Population-Data-Sheet-Booklet-1-1.pdf
[2] UNFPA. 2022. Nearly half of all pregnancies are unintended—a global crisis, says new UNFPA report. https://www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended%E2%80%94-global-crisis-says-new-unfpa-report
[3] O'Sullivan J. 2023. Demographic delusions: world population growth is exceeding most projections and jeopardising scenarios for sustainable futures. *World* 4:545–68. https://www.mdpi.com/2673-4060/4/3/34
[4] Gerten, D.; Heck, V.; Jägermeyr, J. et al. 2020. Feeding ten billion people is possible within four terrestrial planetary boundaries. *Nature Sustainability* 3:200–208. doi.org/10.1038/s41893-019-0465-1

energy-intensive lifestyles.[5] After decades of improvement, hunger and undernourishment are rising again[6] and population growth, not climate change, is the main cause.[7] There remains an urgent need to avoid overshooting the UN's 10.2 billion projection, and if at all possible to reach an earlier, and lower, peak.

[5] Dasgupta P, Dasgupta A, Barrett S. 2021. Population, ecological footprint and the Sustainable Development Goals. *Environ. Resource Econ.* 84, 659–675. doi.org/10.1007/s10640-021-00595-5

[6] FAO, IFAD, UNICEF, WFP and WHO. 2024. *The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms*. Rome. https://doi.org/10.4060/cd1254en

[7] Molotoks A, Smith P, Dawson TP. 2021. Impacts of land use, population, and climate change on global food security. *Food Energy Sect*:10:e261. https://doi.org/10.1002/fes3.261

2. Reproductive rights – an unfinished project

Sustainable Population Australia (SPA) upholds the right of women to control their own bodies, both in Australia and overseas. This includes the right to refuse sex, the right to access contraception and to legal, safe abortion,[8] an important fall-back when family planning fails.

With some exceptions, information, advice and medical support around family planning and contraception is widely and readily available in Australia. For a minority, access can be difficult particularly for those dependent on medical practitioners who do not see this as part of their remit because of personally held religious beliefs. Although the 'morning after pill' is available at pharmacies without prescription, some pharmacists have been recorded as refusing to dispense them in the mistaken belief it brings about an abortion. For women in regional and remote areas, there might be only one pharmacist or GP in town, if at all. Women who are refused the morning after pill can, and do, find themselves pregnant. These highly qualified pharmacists or GPs should educate themselves: the 'morning after pill' simply delays ovulation, and cannot cause an embryo to abort. This conscience opt-out should be removed.[9]

Another barrier to contraception, termed 'reproductive violence', occurs when a woman is denied the right to choice about birth control by someone else. Also known as reproductive coercion and abuse, it occurs in developed and developing nations, most often at the hands of intimate male partners. The Australian Institute of Family Studies[10] describes a range of coercive behaviours such as forcing a woman to become pregnant by not allowing her to use contraception, or assault to bring about a miscarriage. Up to 30% of Australian women who have experienced intimate partner violence report reproductive abuse.

Nevertheless, reproductive rights have been incrementally improved in Australia, including law reforms increasing access to safe abortion, access to the pill without prescription and better services for adolescent girls. By contrast, in low-income countries progress in sexual and reproductive health and rights (SRHR) over the past thirty years has been glacial. This paper therefore explores the thinking which has created this hiatus, the heavy reliance on international aid for family planning services, as well as the power of conservatism and political correctness in constraining what we regard as rights and not mere privileges, including within some developed nations.

[8] The term 'abortion' is used to encompass any termination of pregnancy achieved by external intervention, in contrast with a spontaneous miscarriage.
[9] Sustainable Population Australia. 2025. World Contraception Day reminds us that access to contraception is a human right. https://population.org.au/media-releases/wcd2025/
[10] Australian Institute of Family Studies. 2023. *Reproductive coercion and abuse*. www.aifs.gov.au/resources/practice-guides/reproductive-coercion-and-abuse

3. Family planning's successful track record

Pioneers of family planning date from the early 1900s, in response to the often desperate needs of women to limit their childbearing. Its most notable champions were Marie Stopes in England and Margaret Sanger in USA.[11] Interest widened in response to accelerated population growth in low-income countries in the 1950s as post-war sanitation and immunisation programs rapidly increased child survival rates. Thus, the goals of reproductive health and rights were seen as inherently synergistic with those of population stabilisation, not in conflict, as often portrayed these days. Importantly, demographic concerns leveraged political will and resources to deliver reproductive health services and to shift patriarchal attitudes to women's roles and rights. The International Planned Parenthood Federation was established in 1952 to co-ordinate support, promote reproductive choice and work to destigmatise birth control.

However, birth control was always a sensitive topic, subject to religious and cultural judgement, and some governments were more willing to promote it than others. India formed a family planning program in 1951, focused on offering female or male sterilisation surgery. Once the pill and intra-uterine devices (IUDs) became available in the 1960s, early adopting governments such as South Korea and Ceylon (later Sri Lanka) sought assistance from donor governments and NGOs to provide and promote family planning. The Swedish and US aid programs were particularly supportive, along with foundations such as Rockefeller, Packard and Pathfinder. Other countries, including Thailand, Indonesia, Vietnam and Bangladesh followed suit with well supported government programs. All saw fertility rates fall rapidly, although in some cases this progress slowed when programs were not sustained. In Latin America, governments came under pressure from the Vatican not to support family planning, so adoption was more reliant on NGOs and fertility declines were more gradual.

The international family planning movement has always stressed that family planning is primarily about giving couples, and especially women, choice and control. Programs were usually integrated with maternal and child health services, simultaneously improving health outcomes. Forced acceptance or punishment for non-acceptance were never deemed acceptable. However, within national programs there have been some instances where people were forced, pressured or tricked into sterilisation procedures. These tactics are not only morally unacceptable, they have proven ineffective in lowering birth rates, more often causing a backlash that takes decades to rebuild community trust. This was the case in India from 1975-1977, when an aggressive campaign for sterilisations (particularly vasectomy) imposed ambitious targets for states and districts to achieve and led, in some places, to men being rounded up for forced vasectomies, and in other instances jobs or licences could depend on proof of sterilisation. A later episode of coerced or non-consensual female sterilisations occurred in Peru in the late 1990s under the

[11] Marie Stopes and Margaret Sanger were acknowledged pioneers of modern family planning; however, this paper emphatically rejects their views on eugenics which were prevalent at the time.

dictatorial Fujimori government, also due to local providers pressured to meet targets.[12] This episode was surprising in that it occurred well after international consensus had hardened against coercion. These episodes gave family planning a bad name globally, despite most programs focusing on voluntary uptake.

China is an exceptional case, commonly misunderstood. Support for family planning increased in urban areas following the famine from 1959 to 1961, but wider coverage was delayed by the Cultural Revolution and began in earnest around 1970 with the promotion of the 'later, longer, fewer' (Wan, Xi, Shao) campaign and deployment of family-planning trained primary health workers to villages. Uptake of birth control was ostensibly voluntary although various pressures were applied especially to officials expected to set a good example.[13] Such pressures were characteristic of Chinese initiatives during the Cultural Revolution, not characteristic of birth control programs *per se*. Fertility dropped rapidly during the 1970s. The one-child policy was introduced in 1980 and can't be credited with significant impacts on fertility, which declined much more slowly after its introduction, although there are several other factors that likely contributed to the slowing.

China's one-child policy is also commonly blamed for a skewed sex ratio in China, with some parents aborting female foetuses in the hope of conceiving a son. The natural ratio is slightly in favour of boys, typically 104–106 males to 100 females, but ratios above this suggest selection – if not achieved by selective abortion, they may result from infanticide or neglect of the girl-child. The Chinese sex ratio peaked at 118 male to 100 female births in the mid-2000s and is now around 112. However, such skewed ratios have existed for millennia before the one-child policy, and exist also in many parts of Asia, particularly Pakistan, as well as among Chinese diaspora elsewhere. For example, children born to Chinese migrants in Australia exhibited a sex ratio of 109, representing 3730 missing female births between 2003 and 2019.[14] The one-child policy almost certainly increased this behaviour, but the ratio was also exaggerated by non-registration of female births.[15,16] On the other hand, small family norms have greatly elevated women's status, in China and elsewhere, as parents invest in their only-daughters and encourage them to pursue careers rather than rushing to marry them off.

While coercive programs have been generally ineffective, voluntary family planning has a strong track record of success, not only in rapidly reducing fertility but in stimulating economic betterment. A number of studies have reviewed the impacts of national family planning programs. An extensive review by the World Bank concluded that, 'for the most part, the family planning program "experiment" worked: policy and program interventions contributed substantially to the revolutionary rise of contraceptive use and to the decline in fertility that has occurred in the developing world in the past three decades.'[17] While it is popular to attribute fertility decline to improvements in child survival, women's education or economic development, these have been relatively minor influences compared with the level of effort in national family planning programs.[18] Even in sub-Saharan Africa, where family planning efforts have been slow

---

[12] Boesten, J. 2007. Free choice or poverty alleviation? Population politics in Peru under Alberto Fujimori. *European Review of Latin American and Caribbean Studies* 82, 3-20. https://doi.org/10.18352/erlacs.9637

[13] Banister, J. 1987. *China's changing population*. http://books.google.com/books?id=1_yrbXvyvoYC&pg=PP1&dq=China%27s+Changing+Population&sig=jVMu7j1B01mThGyXv7GCF9qbE1w#PPP1,M1

[14] Chan E. 2021. Gender selection: More boys born in Australia's Chinese community, data reveals. SBS, 1 July 2021. https://www.sbs.com.au/language/chinese/en/article/gender-selection-more-boys-born-in-australias-chinese-community-data-reveals/kbyb92y29

[15] Mei L, Jiang Q. 2021. Overestimated SRB and missing girls in China. *Front Sociol*. 6:756364. https://doi.org/10.3389/fsoc.2021.756364

[16] Wikipedia. Sex-ratio imbalance in China. https://en.wikipedia.org/wiki/Sex-ratio_imbalance_in_China

[17] Robinson, WC. and Ross, JA.. 2007. The global family planning revolution: three decades of population policies and programs. World Bank. http://hdl.handle.net/10986/6788

[18] de Silva, T. and Tenreyo, S. 2017. Population control policies and fertility convergence. *J. Econ. Perspect*., 31, 205–228. https://pubs.aeaweb.org/doi/pdf/10.1257/jep.31.4.205

to emerge and relatively weak, contraceptive use is more influenced by family planning programs than by girls' education.[19]

Importantly, all the countries that lowered their fertility to near or below replacement level have subsequently enjoyed rapid economic betterment, while those retaining high fertility have failed to reduce poverty and many are seeing increasing levels of hunger and civil conflict.[20]

The saying, 'Development is the best contraceptive' was coined by India's health minister in 1974, but by 1994 he had changed his view to 'Contraception is the best development stimulus.' However, those who seek to discredit birth control programs persist with this myth that family planning efforts were ineffective and unwarranted, and that population stabilisation is better achieved by eschewing all demographic goals and focusing on poverty reduction and girls' education. To understand how this position became dominant, we must understand the political theatre of the United Nations.

[19] Bongaarts, J. and Hardee, K. 2019. Trends in contraceptive prevalence in sub-Saharan Africa: The roles of family planning programs and education. *Afr. J. Reprod. Health*, 23, 96–105. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3255823

[20] O'Sullivan, J.N. 2017. The contribution of reduced population growth rate to demographic dividend. 28th International Population Conference, Cape Town 30 Oct – 3 Nov 2017. https://www.researchgate.net/publication/404472820_The_contribution_of_reduced_population_growth_rate_to_demographic_dividend

4. UN population conferences

As the young United Nations focused on how best to assist development in low-income countries, many participants saw rapid population growth as a serious threat. However, influence from the Holy See prevented UN agencies such as the World Health Organisation from including family planning in their agenda.[21] Nevertheless, beginning in 1954, the UN held population conferences each decade. The first two were meetings of experts and practitioners. The 1974 World Conference on Population in Bucharest was the first intergovernmental meeting.[22] Despite often fierce debate, it succeeded in negotiating and adopting the World Population Plan of Action (PoA), in which participating countries committed to collaborate to support voluntary birth control to stem global population growth while advancing the reproductive rights of women and couples. While emphasising the relationships between population and development, the PoA affirmed that population policies are the sovereign right of each nation, and that 'all couples and individuals have the right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.'

The 1974 conference was instrumental in increasing family planning activities in many countries. However, it also galvanised opponents of contraception to lobby against the movement, especially in USA and within the UN. Alternative economic theories were promoted in which population growth was seen as benign and resource scarcity always surmountable by innovation.[23] Incidents of family planning administrators applying coercion (most notably, India's brief period of forced vasectomies in 1975-76, and China's one-child policy applied from 1980) were used to cast all demographically motivated family planning programs as coercive. Catholic influence over the newly-elected Reagan administration led to staff changes within USAID to deprioritise family planning.[24]

The 1984 UN population conference in Mexico City saw a new US delegation with newly politicised messages.[25] While developing countries had, over the previous decade, increasingly realised the problems with rapid population growth and sought increased family planning aid, the USA insisted that 'population growth is, of itself, a neutral phenomenon' and that countries should focus on economic growth, rather than family planning, to lower fertility rates. They also announced that USA would not allow funding of any organisation involved in abortion care or

[21] Mumford S. 2012. Vatican control of World Health Organization policy: an interview with Milton P. Siegel. *Church and State*, https://churchandstate.org.uk/2012/02/vatican-control-of-world-health-organization-policy/
[22] World Conference on Population. 1974. https://www.unfpa.org/events/world-conference-population
[23] Mumford S. 2016. How the Catholic Church undermined the population growth control movement https://churchandstate.org.uk/2021/03/how-the-catholic-church-undermined-the-population-growth-control-movement/
[24] Mumford S. 1994. The life and death of NSSM 200: how the destruction of political will doomed a US opulation policy. http://churchandstate.org.uk/2012/04/the-life-and-death-of-nssm-200/
[25] Finkle J.L. and Crane B.B. 1985. Ideology and politics at Mexico City: The United States at the 1984 International Conference on Population. *Popul. Dev. Rev.* 11, 1–28. https://www.jstor.org/stable/1973376

counselling, even if the funds for those activities came from other sources. Known as the Mexico City Policy or 'global gag rule', this policy has since been rescinded by every incoming Democratic president and reinstated by every Republican president, causing repeated disruptions to reproductive health programs in low-income countries.[26]

Over the subsequent decade, a long campaign was waged on many fronts to discredit family planning, drawing on increasing outrage at stories coming out of China of human rights abuses associated with the one-child policy. The 'Women's Health and Rights' (WHR) movement coalesced around a view that all family planning programs aimed at reducing births and population growth were politicising women's bodies and undertaken 'without heed to people's reproductive aspirations, their health, or the health of their children.'[27] They also accused family planning advocates of eugenics, attempting to suppress coloured races.

Many of these feminists, and progressives more generally, were influenced by an anti-Malthusian ideology inspired by Marxism, which believes that poverty and environmental harms blamed on overpopulation are better explained by the capitalist organisation of production which exploits workers and mismanages resources. While acknowledging the theoretical possibility of overpopulation, they argue that carrying capacity could be much greater under socialism.[28] Hence, Marxists cast any expression of concern about population growth as a ruse by rich elites to 'blame the poor' for social and environmental ills instead of addressing their own culpability.[29]

These accusations are inconsistent with published texts by members of the international family planning movement, for whom improving women's health and rights were paramount and voluntary uptake was always advocated. In addition, the movement was motivated by population concerns to avert hunger and conflict and to improve economic opportunities for the next generation. Leona Baumgartner, launching USAID's population assistance program in 1965, spelled it out:

> The goal [of family planning programs] is not reducing, increasing, or stabilizing the numbers of people. It is helping make more possible a richer, fuller life – jobs; homes; resources; freedom from hunger, disease, ignorance; time for development of innate capacities – in short, enriching the quality of life for an increasing proportion of the world's people.

Thus, reproductive rights did not overshadow rights to sufficient food, shelter, livelihood and security. The opponents of the family planning movement deny these latter outcomes are related to population growth, but history (see above pp. 11-12 and below 17-18) has vindicated the movement's concerns.

The WHR movement became a coordinated lobby determined to use the next UN population conference to denounce all demographic motives for the provision of family planning. This was achieved not only through high-profile lobbying by the 'women's caucus' but also the placement

---

[26] Population Connection. Global gag rule. https://www.populationconnectionaction.org/policy-priorities/global-gag-rule/

[27] UNFPA. 2014. Framework of Actions for the Follow-Up to the Programme of Action of the International Conference on Population and Development Beyond 2014: Report of the Operational Review of the Implementation of the Programme of Action of the International Conference on Population and Development and its Follow-up Beyond 2014. Quote from p 223. https://www.unfpa.org/publications/framework-actions-follow-programme-action-international-conference-population-and

[28] Marxists' vehement antipathy to what they like to call neo-Malthusianism is largely based on mis-association of population stabilisation advocates with Thomas Malthus who argued government support for the poor would only encourage childbearing and breed more poverty. His pessimistic conclusion was based on his rejection of contraception and the non-existence of effective modern contraceptive options in his time. This clearly separates him from modern advocates of contraception as a means to reduce poverty, yet Marxists condemn them similarly as followers of Malthus and therefore enemies of the poor. It is beyond the scope of this paper to disentangle Marxists' many arguments and accusations against population concerns. One motivation is the idea that poverty must be entirely attributed to capitalist social organisation, with no role for biology. For a balanced account of Malthus' views on population, see Pullen, J. 2022. *The macroeconomics of Malthus*. Routledge, esp. chapter 5. For an insightful comparison of the views of Marx and Malthus, see Petersen, W. 1964. Marx versus Malthus: the symbols and the men. In Petersen, W. 1964. *The politics of population*. Garden City, NY: Doubleday.

[29] Napoletano, B.M. 2018. Ecological Marxism vs. environmental neo-Malthusianism: An old debate continues. *Climate and Capitalism*. https://climateandcapitalism.com/2018/04/30/ecological-marxism-vs-environmental-neo-malthusianism/

of 'sisters' in national delegations, as well as in positions of influence in all the main private funders of international family planning efforts, including the Population Council and the Ford, MacArthur, Hewlett and Rockefeller foundations.[30]

The 1994 International Conference on Population and Development, held in Cairo, became a watershed moment in international population discourse and policy. Delegates overwhelmingly embraced the women's lobby's call for foregrounding women's health and rights, as well as greater attention to adolescents, sexually transmitted diseases (especially HIV/AIDS) and unsafe abortions. The resulting treaty, the Programme of Action on Population and Development (PoA) still retained wording affirming the importance of population policies for development and environmental protection. However, over subsequent decades, all such references were expunged from the UNFPA and from many NGOs whose original mandate had been to reduce population growth through voluntary family planning. Family planning should henceforth be exclusively for the sake of women's health and rights. Total fertility rate was dropped as a metric of interest, with 'unmet need for contraception' taking centre stage.

Stanley Johnson, a member of the UK delegation at the Cairo conference, published a detailed account of the negotiations both inside and outside the tent.[31] He identified the strength and influence of the women's movement as the leading reason 'why population was effectively dropped from the population conference,' noting, 'Even if the message from the NGO Forum and the women's caucus was not coming through loud and clear, there were enough "sisters" on the delegations to keep any troublesome delegates in line' (pp. 185-186). He noted incongruous collegiality between members of the WHM and the Holy See. Nevertheless, he probably reflected the view of most delegates that population issues, while not foregrounded, were not to be abandoned:

> One must not, of course, exaggerate the problem. At the time of going to press, it seems clear that – at least as far as the international level is concerned – the United Nations leaders have no intention of allowing the UN's specifically demographic objectives (as confirmed by numerous resolutions of the General Assembly and the Economic and Social Council) to be kicked into the long grass. As they see it, the focus of attention may have shifted but essentially the argument is about means, not ends (p. 189).

Sadly, Johnson underestimated the extent of ideological capture of the UNFPA. Not content with omitting population concerns, in recent years it has become a vociferous denouncer of 'population alarmism', declaring all such concerns a distraction from addressing people's real needs, denying that population growth has anything to do with their food insecurity or lack of economic opportunities.[32] It denies the successes of past voluntary family planning programs, claiming they 'had been shown by history to be ineffective and even dangerous'[33] while accusing those responsible for them of acting 'without heed to people's reproductive aspirations, their health, or the health of their children'.[34] No further UN population conferences have been convened at which this fictitious version of history might be challenged.

---

[30] Caulier M. 2010. The population revolution: from population policies to reproductive health and women's rights politics. *International Review of Sociology*, 20:2, 347-376, DOI: 10.1080/03906701.2010.487675

[31] Johnson, S. 1995. The politics of population: the International Conference on Population and Development Cairo 1994. Earthscan Publications, London, 247 pp. ISBN 1 85383 297 9

[32] Weld, M. 2023. The United Nations Population Fund promotes population denial. https://overpopulation-project.com/the-united-nations-population-fund-promotes-population-denial/

[33] Davies, L. 2022. UN warns against alarmism as world's population reaches 8bn milestone. *The Guardian*, https://www.theguardian.com/global-development/2022/oct/18/global-population-growth-8-billion-unfdp-united-nations-warning-alarmism

[34] UNFPA. 2014. Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development. https://www.unfpa.org/publications/framework-actions-follow-programme-action-international-conference-population-and

The UNFPA now styles itself as 'the sexual and reproductive health agency of the UN. UNFPA aims to ensure that every pregnancy is wanted, every childbirth is safe, and every young person can fulfil their potential.'[35]

The UNFPA says,

> The International Conference on Population and Development (ICPD) in Cairo in 1994 – convened by UNFPA and the United Nations Population Division – was a turning point in the global conversation around demography. The outcome document of this conference, the ICPD Programme of Action (PoA), affirmed that population was not the problem, but that rights and choices were the solution. Backed by this global consensus, UNFPA has become a passionate defender of sexual and reproductive health and rights, provider of sexual and reproductive health services, and champion of dignity and bodily autonomy.[36]

The PoA document did not affirm that population was not the problem. It highlights 'the crucial contribution that early stabilization of the world population would make towards the achievement of sustainable development' (para 1.11). It advises, 'interrelationships between population, resources, the environment and development should be fully recognised, properly managed and brought into harmonious, dynamic balance. To achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate policies, including population-related policies' (Principle 6); and 'Explicitly integrating population into economic and development strategies will both speed up the pace of sustainable development and poverty alleviation and contribute to the achievement of population objectives and an improved quality of life of the population' (para 3.3). While admonishing any form of coercion, it legitimises population concerns: 'Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients' (para 7.12).

However, the PoA, while held sacrosanct and above renegotiation by any future conference, has been quietly superseded by the 2014 'Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development', whose only mention of population growth is to admonish 'population controllers'.[37]

[35] UNFPA. About Us. https://www.unfpa.org/about-us. Accessed 18/09/2026.
[36] UNFPA. About Us. https://www.unfpa.org/about-us. Accessed 18/09/2026.
[37] O'Sullivan J. 2022. History was rewritten to delegitimize population concerns: we need to reassert the truth. https://overpopulation-project.com/history-was-rewritten-to-delegitimize-population-concerns-we-need-to-reassert-the-truth/

5. The fate of family planning and world population post-Cairo

The shift from demographic goals to exclusively women's reproductive health demoted family planning programs from central pillars of national development agenda to minor activities of health departments.[38] Programs to advertise and encourage birth control were abandoned. Without such promotion and the social licence created by community advocates, few people resisted the traditional norms favouring large families. Aid funding for family planning plummeted from over 50% of 'population assistance' in 1995 to around 5% in 2008.[39] While the HIV/AIDS response brought considerable new funding to 'population assistance', in real terms family planning's allocation declined by 44% from $723 million in 1995 to $404 million in 2008.[40]

Fertility declines that were underway in several countries, including Kenya, Egypt and Indonesia, stalled[41] or even rebounded.[42] In other countries, fertility has simply stayed high for much longer than anticipated. World population growth has consistently exceeded the UN's projections, with each new revision elevating the estimate of current population above previous expectations.[43]

Hunger is again on the rise: after decades of steady improvement, the number of chronically hungry people grew from 777 million in 2015 to 815 million in 2016.[44] While global numbers have since fallen, they continue to rise in Western Asia and Africa.[45] According to the World Population Review, over 266 million people in 47 countries are facing acute food scarcity, a number which has doubled in ten years. Overall, 690 million people are malnourished.[46] Child stunting soon followed suit, now affecting one in three South Asian children and two out of five in

[38] SPA. 2024. Thirty years is too long to turn a blind eye to world population growth. https://population.org.au/media-releases/thirty-years-is-too-long-to-turn-a-blind-eye-to-world-population-growth/

[39] Sinding, S.W. 2009. Population, poverty and economic development. *Phil. Trans. R. Soc. B*, 364: 3023-3030. https://doi.org/10.1098/rstb.2009.0145

[40] Delacroix, C. 2024. Joseph Speidel on Carl Wahren and the early days of family planning. https://overpopulation-project.com/joseph-speidel-on-carl-wahren-and-the-early-days-of-family-planning/

[41] Ezeh, A.C., Mberu, B.U., Emina, J.O. 2009. Stall in fertility decline in Eastern African countries: regional analysis of patterns, determinants and implications. *Phil. Trans. R. Soc. B* 364, 2991–3007. https://doi.org/10.1098/rstb.2009.0166

[42] Bongaarts, J. 2008. Fertility transitions in developing countries: progress or stagnation? *Stud. Fam. Plan.* 39 (2), 105–110. https://doi.org/10.1111/j.1728-4465.2008.00157.x

[43] O'Sullivan, J. 2023. Demographic Delusions: World population growth is exceeding most projections and jeopardising scenarios for sustainable futures. *World* 4, 545–568. https://doi.org/10.3390/world4030034

[44] FAO. 2017 State of food security and nutrition in the world. https://openknowledge.fao.org/items/0f85cf59-0370-461b-9481-f0f708ed024d

[45] FAO. 2025. Hunger declines globally, but rises in Africa and western Asia: UN report. https://www.fao.org/newsroom/detail/global-hunger-declines--but-rises-in-africa-and-western-asia--un-report/en

[46] World Population Review. 2026. Malnutrition rate by country 2026. https://worldpopulationreview.com/country-rankings/malnutrition-rate-by-country

sub-Saharan Africa.[47] It is no coincidence that food insecurity is worst where populations grow fastest.

The links between rapid population growth and conflict are similarly well established. These are summarised in the Population Institute's 2015 Demographic Vulnerability report.[48] A 2003 study found the risk of conflict related to three stress factors: the proportion of those aged 15 to 29 in the adult population (i.e. the presence of a youth bulge), the rate of urban population growth, and the per capita availability of cropland and fresh water.[49] Each of these factors is a consequence of high birth rates. A 2011 study demonstrated spikes in food prices triggered violence during the 'Arab Spring' and elsewhere.[50] In Africa, while conflict tended to increase food prices, rising food prices increased the incidence of conflict with greater certainty.[51] And food prices rise wherever demand outstrips supply.

The United Nations' response to persistent poverty and insecurity has been channelled through two framework agenda: the Millennium Development Goals were initiated in 2000, setting targets for 2015. They were superseded by the Sustainable Development Goals applying from 2015 to 2030. Neither includes population growth, either as a threat to human wellbeing and sustainability, or as a target for interventions.

The Millennium Development Goals initially contained no reference to family planning or reproductive health. However, when a major report sponsored by the UK government demonstrated that all the MDGs were threatened by population growth,[52] in 2007 an additional target was added under MDG #5 'Improve maternal health': *5b Achieve, by 2015, universal access to reproductive health*. Indicators included contraceptive prevalence rate, adolescent birth rate, antenatal care coverage and unmet need for family planning. However, progress on this target was among the weakest of all the MDGs, despite strong progress on child survival and girls' education, two factors widely claimed to drive fertility decline.[53]

Reflecting on the consequences of the MDGs' inattention to demography, Herrmann and colleagues noted, 'while the share of the poor fell in the group of the Least Developed Countries, their absolute numbers are higher than ever. This is because poverty reduction did not keep pace with population growth'.[54] Unless the UN development agenda embraced demography, they suggested, its goal of eradicating extreme poverty in one generation would be futile.

---

[47] Unicef, 2025. Levels and Trends in Child Malnutrition. https://data.unicef.org/resources/jme/

[48] Walker D., 2015. Demographic Vulnerability: where population growth poses the greatest challenges. Population Institute, Washington DC. https://www.populationmedia.org/wp-content/uploads/imported-files/Final-DVI-report.pdf

[49] Cincotta R., Engelman R., Anastasion D., 2003. The security demographic: population and civil conflict after the Cold War. PAI, Washington DC. https://www.researchgate.net/publication/235024308_The_Security_Demographic_Population_and_Civil_Conflict_After_the_Cold_War

[50] Lagi, M., Bertrand, K.Z., Bar-Yam, Y., 2011. The Food Crises and Political Instability in North Africa and the Middle East. New England Complex Systems Institute. http://arxiv.org/pdf/1108.2455.pdf

[51] Raleigh C., Choi HJ, Kniveton D., 2015. The devil is in the details: An investigation of the relationships between conflict, food price and climate across Africa. *Global Environmental Change* 32: 187-199. https://doi.org/10.1016/j.gloenvcha.2015.03.005

[52] APPG-PDRH, 2007. 'Return of the Population Growth Factor: Its Impact on the Millennium Development Goals', All Party Parliamentary Group on Population Development and Reproductive Health, London: HMSO. http://www.appg-popdevrh.org.uk/

[53] United Nations, 2015. The Millennium Development Goals Report 2015 https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20%28July%201%29.pdf

[54] Herrmann, M., ed. (2015) Consequential omissions: How demography shapes development – lessons from the MDGs for the SDGs. UNFPA, Berlin Institute for Population and Development. ISBN: 978-3-9816212-5-9 https://www.berlin-institut.org/fileadmin/Redaktion/Publikationen/aeltere_Studien/Consequential_omissions/UNFPA_online.pdf

6. Sustainable Development Goals

As the MDGs approached their use-by date, a new set of goals, the Sustainable Development Goals (SDGs) was developed by the United Nations. These goals also had a 15 year deadline, hence the program is known as the '2030 Agenda for Sustainable Development'. With 17 goals and 169 targets, SDG#3 'Good health and wellbeing' is where we now find contraception and family planning tucked away as one of thirteen targets within that goal:

> *3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes*

The indicators for this goal are:

- Indicator 3.7.1: The proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods of contraception, and
- Indicator 3.7.2: The adolescent birth rate, measured as the number of births per 1,000 women in specific age groups (10–14 years and 15–19 years).

The change from 'unmet needs' to 'met needs' means that the effect of population growth is reported as a pleasing increase in women with met needs instead of a disappointing increase in women with unmet needs. Neither measure values a shift in desired family size: under the current ideology, it is fine if fertility remains at five or seven children per woman as long as those women don't express a desire for fewer pregnancies. The harm done to children, families and nations from the resulting population growth is ignored or denied. The enormous economic benefit that early-adopters of family planning derived from promoting small families and shifting cultural norms cannot even be spoken of in UN circles. Without motivation to shift cultural norms, progress on reproductive rights is inevitably slow.

The 2024 UN report on this target stated:

> *The proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods increased slightly from 76.5% to 77.6% between 2015 and 2024. This corresponds to an increase of 75 million women of reproductive age using modern methods since 2015. The adolescent birth rate has globally declined from 47.2 births per 1,000 girls and women aged 15 to 19 years in 2015 to 40.7 in 2024.*

It must be noted that, since the total number of women aged 15-49 increased by some 124 million over this period, this corresponds to an increase in the actual number of women whose needs for family planning are not satisfied. With this as the status after eleven years, it would appear unlikely this target will be reached in the remaining years till 2030. UN data shows that the

number of women 15-49 years who have unmet need for modern contraception has increased from 236 million in the year 2000 to 260 million in 2025.[55] The universality which was aimed for in 2000 is still not within reach after 25 years.

The SDG monitoring project *Countdown to 2030* reported in 2025 that, for health-related targets in low- and middle-income countries (LMICs), there was 'a notable slowdown in the rate of improvement after 2015, falling well short of the pace needed to achieve the 2030 SDG targets.'[56] This was consistent with other trends, 'including slowing economic growth, stagnating poverty reduction, and a major debt crisis. In 2021, 25 (58%) of 43 countries with data in sub-Saharan Africa spent more on public external debt servicing than health. Additionally, the pace of improvements in education and gender equity has slowed since 2015.' In addition, they report more countries are affected by armed conflicts. This situation has become much worse since the Trump presidency of USA began in 2025.

[55] United Nations. Data Portal, Population Division. https://tinyurl.com/musfbcnd . Date accessed 21/09/2026. See also, UNFPA. 2025. Five myths – and facts – about contraception. 30 October. https://www.unfpa.org/news/five-myths-%E2%80%93-and-facts-%E2%80%93-about-contraception

[56] Amouzou A., Barros A., Requejo J, et al. 2025. The 2025 report of the Lancet Countdown to 2030 for women's, children's, and adolescents' health: tracking progress on health and nutrition. *The Lancet,* 405: 1505-1554. https://doi.org/10.1016/S0140-6736(25)00151-5

7. International aid

The provision of contraception to developing nations through international aid has often been at the mercy of ruling parties in developed nations, in particular the USA which has contributed significantly to the global aid budget until 2025. In 2023, under the Democratic Presidency of Joe Biden, the US supplied 43% of worldwide family planning aid. Whenever that financial tap is restricted the impacts are substantial. As mentioned above, 'the global gag rule' first implemented by Republican President Ronald Reagan in 1984, cuts aid to NGOs which perform abortions or simply offer referrals or advocate for legal access. Since then, that policy pendulum has swung to and fro, depending on whether the elected President is a Democrat or a Republican. If the latter, NGOs are forced to withdraw that particular service/provision of advice, or alternatively accept the resulting loss of funding which in turn impacts their provision of family planning. Many find it unconscionable to turn away girls they know will then resort to unsafe abortion providers, so they forego the funding. Impacts on reproductive health programs are estimated to be substantial, including perversely increasing rates of abortion, and particularly unsafe abortions, as a consequence of reduced access to family planning.[57]

Less than a week after his inauguration, in January 2025, Republican President Donald Trump reinstated the global gag rule. But this was only the beginning. Project 2025, a blueprint for an incoming Trump government prepared by The Heritage Foundation,[58] described USAID (the United States Agency for International Development) as having been captured by 'the left' and which 'aggressively promotes abortion on demand under the guise of 'sexual and reproductive health and reproductive rights', 'gender equality' and 'women's empowerment'.[59] It recommended such terms and any references to 'controversial sexual education materials' be removed from the USAID website. Trump did much more, proclaiming USAID to be corrupt and on 20th January 2025 signed one of his infamous orders declaring such aid as being 'not aligned with American interests and in many cases antithetical to American values'.

Trump's 'new broom' took the form of the radical Department of Government Efficiency (DOGE) headed by Elon Musk—the world's richest man, Tesla car manufacturer, pronatalist and father of (at least) fourteen children—who took the axe to assorted government-funded bodies in the name of efficiency, including USAID. Up to 83% of its programs were throttled by him, followed a few weeks later by an order from the Secretary of State to sack its entire workforce, advising the Department of State would assume its responsibilities. The vacant building would be reallocated to the FBI. There was no phasing out, no opportunity to protect resources, no chance to establish alternative organisations which might have filled some of the roles USAID had performed.

---

[57] Mavodza C, Goldman R, Cooper B. 2019. The impacts of the global gag rule on global health: a scoping review. *Glob Health Res Policy* 4:26. https://doi.org/10.1186/s41256-019-0113-3

[58] The Heritage Foundation is a US conservative think-tank

[59] The Heritage Foundation. 2023. *Mandate for leadership: the conservative promise. Project 2025: Presidential transition project*, p. 259. https://static.heritage.org/project2025/2025_MandateForLeadership_FULL.pdf

Additionally, in February 2025 the Trump administration terminated all funding agreements to the UNFPA, totalling $377m, resulting in the loss of SHRH services to at least 1.7m people. The UNFPA's Executive Director pointed out that this funding, in the previous four years, had prevented more than 17,000 maternal deaths, 9 million unintended pregnancies and almost 3 million unsafe abortions.[60] Their appeal to the US government to reconsider the decision resulted in a restoration of $89m for seven projects.

Another consequence was the discontinuation of the Demographic and Health Survey (DHS) Program which assisted low-income countries to collect and collate health and population data and provided an invaluable database for socioeconomic research and policy. The website with all the data collected since 1984 was taken down, ensuring that information was not available. Fortunately, as of January 2026, the IUSSP (International Union for the Scientific Study of Population) announced their reinstatement of the DHS program, with the help of a three-year grant from the Gates Foundation.[61] Nevertheless, aid cuts are likely to make future surveys less frequent.

After consultation with their member associations and collaborative partners around the world, the International Planned Parenthood Federation (IPPF) released a study[62] which estimated the consequences of these decisions: 8.6 million people would be denied access to sexual and reproductive health services with the result over four years being 3,900 maternal deaths, 3.1 million unintended pregnancies and almost 800,000 unsafe abortions, the impacts being felt hardest in Africa where 77% of the contraceptives were destined.

A study published in The Lancet estimated, 'A complete cessation of US funding without replacement by other sources would lead to drastic increases in deaths from 2025 to 2030: 4·1 million (range 1·6–6·6) additional AIDS-related deaths across 55 countries, 606 900 (95%, uncertainty interval [UI] 466 000–768 800) additional tuberculosis deaths across 79 countries, 40–55 million additional unplanned pregnancies and 12–16 million unsafe abortions across 51 countries, and 2·5 million (1·3–4·5) additional child deaths from causes other than HIV and tuberculosis across 24 countries.'[63]

The prospect of 'replacement by other sources' looks bleak as many high-income countries have also cut aid budgets generally,[64] and family planning aid in particular.[65] The UK has scheduled a 40% reduction in aid, from 0.5% of gross national income (GNI) to 0.3% in 2027, citing higher defence spending as a reason.[66] We may already be feeling the vicious cycle of overpopulation leading to conflict, refugee flows causing defensive nationalism in receiving countries leading to reduced aid for family planning, contributing to more overpopulation.

Australia had its own version of the 'global gag rule', restricting aid for family planning if abortion advice or services were included. This was imposed by the Howard government in 1996, at the insistence of independent Senator Brian Harradine, in return for his support for the partial

---

[60] UNFPA. 2025. Statement by UNFPA Executive Director on the United States Government funding cuts. 28 February 2025. https://www.unfpa.org/press/statement-unfpa-executive-director-united-states-government-funding-cuts

[61] DHS Program. https://dhsprogram.com/

[62] IPPF. 2025. IPPF global research exposes devastating impact of the Trump administration - over half of partners and $85 million affected. 8 April 2025. https://www.ippf.org/media-center/breaking-ippf-global-research-exposes-devastating-impact-trump-administration-over

[63] Stover J., Sonneveldt E., Tam Y., et al. 2025. Effects of reductions in US foreign assistance on HIV, tuberculosis, family planning, and maternal and child health: a modelling study, *The Lancet Global Health* 13(10): e1669-e1680. https://doi.org/10.1016/S2214-109X(25)00281-5

[64] Galvin G. 2025. 'Utterly devastating': global health groups left reeling as European countries slash foreign aid. *EuroNews*, 07/03/2025. https://www.euronews.com/health/2025/03/07/utterly-devastating-global-health-groups-left-reeling-as-european-countries-slash-foreign-

[65] Wexler A., Kates J. and Lief, E. 2025. Donor government funding for family planning in 2024. https://www.kff.org/global-health-policy/donor-government-funding-for-family-planning-in-2024/

[66] House of Commons Library. 2025. UK to reduce aid to 0.3% of gross national income from 2027. https://commonslibrary.parliament.uk/uk-to-reduce-aid-to-0-3-of-gross-national-income-from-2027/

privatisation of Telstra. The ban reduced Australian aid for family planning. It remained in place for 13 years until removed by Prime Minister Rudd in 2009.[67]

Today Australia makes a very small contribution to family planning through international aid. According to the UNFPA, in 2024 Australia's contribution to the UNFPA resulted in the prevention of 512,000 unintended pregnancies and 215,000 unsafe abortions[68]. Australia's Department of Foreign Affairs and Trade reported[69] its Official Development Assistance for Health in 2023-24 totalled $636,310,000 (roughly 13% of the aid budget). Of that, the Family Planning and Reproductive Health Program comprised $114,182,000. In turn, of the four sub-categories within that program, family planning and reproductive health care accounted for $19,067,000 and $33,471,000 respectively. Thus, family planning receives less than 0.4% of Australia's aid. A majority of this money is spent in the Asia-Pacific region. However, like European countries, Australia has also reduced foreign aid as a proportion of GNI, now below 0.2%, despite a decades-old commitment to raise it to the UN-recommended level of 0.7%.[70]

[67] Grattan, M. 2014. Brian Harradine – a one-off who played the power of one to the max. *The Conversation*. https://theconversation.com/brian-harradine-a-one-off-who-played-the-power-of-one-to-the-max-25626

[68] https://www.unfpa.org/donor/australia

[69] https://www.dfat.gov.au/sites/default/files/australias-official-development-assistance-statistical-summary-2023-24.pdf, Table 14, p. 43.

[70] Austen A. 2025. Overseas aid at an all-time low and outrage is absent. *Independent Australia*, 13 October 2025. https://independentaustralia.net/politics/politics-display/overseas-aid-at-an-all-time-low-and-outrage-is-absent,20260

8. Conservatism and religiosity

Compounding the challenges of weakened messaging and funding cuts is the problem that the remaining high-fertility countries are highly conservative societies. They typically hold 'traditional' values about gender stereotypes and the primacy of 'the family' with a male head and a domesticated wife. A religious belief system can strengthen conservatism, adding resistance to change and providing justification for maintaining traditional views. The more fundamentalist practitioners of the three Abrahamic religions – Christianity, Islam and Judaism – are able to find relevant quotes in their founding documents to justify their conservatism, although such views cannot be ascribed to the progressive adherents of these same religions.

Religiosity – the importance a person places on their religion – is associated with larger family sizes across many cultures,[71] although individual reproductive choices might be more influenced by the religiosity and family norms of one's community than one's own religiosity.[72] The effect of religion overrides other socio-economic factors such as education, income or child survival.[73]

Common to all these religions is faith in God's providence, absolving parents of responsibility to ensure they have the resources to support all their children. Also common is patriarchy, limiting women's control over their own lives, including decisions about childbearing and contraception. Despite 23 years of implementation of the Maputu Protocol on the Rights of Women in Africa,[74] many see treatment of women worsening.[75] The escalation of conflict adds to the challenge, as men exposed to war more often exhibit domestic violence.[76]

Judaism begins with their god instructing them 'to be fruitful and multiply'. In the Talmud (Gittin 41B) this is taken to mean that the earth should be inhabited and not left void, citing Isaiah 45:18 'For He formed the world not for waste but for habitation.' The subsequent Code of Jewish Law sees the minimal fulfilment of this commandment to be one male child and one female child per couple. But what would this mean to a couple who had produced two girls? Would they be required to continue reproducing until the birth of a male child? Generally speaking, the Jewish attitude to reproduction is that whilst bringing a child into this world is a

[71] Turner, N. and Gotmark, F. 2023. Human fertility and religions in sub-Saharan Africa: A comprehensive review of publications and data, 2010-2020. *African Journal of Reproductive Health*, 27(1):3683. https://www.ajrh.info/index.php/ajrh/article/view/3686

[72] Gould, R. 2025. Community pressure drives population pressure: evidence of social influence on Israeli fertility. *Journal of Population and Sustainability* 9(2): 145-184. https://doi.org/10.3197/JPS.63799977346502

[73] Westoff, C.F. and Bietsch, K. 2015. Religion and reproductive behavior in Sub-Saharan Africa. *DHS Analytical Studies No. 48*. USAID, ICF International, Rockville, Maryland, USA. https://dhsprogram.com/pubs/pdf/AS48/AS48.pdf

[74] Ajayi, A.I. 2023. Africa's groundbreaking women's rights treaty turns 20 - the hits and misses of the Maputo protocol. *The Conversation*, https://theconversation.com/africas-groundbreaking-womens-rights-treaty-turns-20-the-hits-and-misses-of-the-maputo-protocol-209607

[75] Ray, J. 2024. Gender power imbalances shape women's lives in Africa. Gallup, Washington DC. https://news.gallup.com/poll/646721/gender-power-imbalances-shape-women-lives-africa.aspx

[76] Lin Y. and Smith-Greenaway E. 2026. Violence begets violence. Evidence from the Nigerian Civil War (1967–1970). *N-IUSSP* https://www.niussp.org/health-and-mortality/violence-begets-violence-evidence-from-the-nigerian-civil-war-1967-1970/

great gift and contribution to the state of the world, practical considerations are to be considered, especially once the minimal fulfillment of the injunction to be fruitful and multiply has been fulfilled. However, for many religious and Haredi (ultra-orthodox) Jews, the duty to populate means unlimited childbearing and material concerns are frowned upon. Replacing those lost in the Holocaust remains a strong motivation. This religiosity makes Israel an outlier among developed nations in still having high fertility.[77]

Islam contains no directives for or against family planning or contraception. The Quran is silent on the matter, the view of the Quran's interpreters being that Allah will determine whether or not a child is conceived regardless of birth control measures used. [78] However in the Middle-East and across the African Sahel, having large families is encouraged and expected. The primacy of the individual in western society has assumed great significance in the last century, whereas the family holds that position in Islam, with children being regarded as a gift from Allah. The strongly patriarchal culture of Islamic societies is more influential on childbearing than religious dictates. A wife is expected to be subservient to her husband, but this limits her capacity to control her fertility. In many societies, women are not allowed to work outside the household and their only chance of respect is to bear sons. The low status of women means daughters are often viewed as burdensome and married off as soon as possible. Early marriage tends to mean high birth rates and short generations, both accelerating population growth.

Nevertheless, some Islamic countries have run very successful family planning programs and many now have below-replacement fertility. Tunisia was among the earliest to achieve a fertility transition, with various laws and policies in the 1970s legalising contraception and advancing the status and autonomy of women, as well as extending health services emphasising perinatal care and family planning.[79] Bangladesh is noteworthy for innovative approaches to delivering family planning to poor, rural and conservative households, with government and NGO agencies working collaboratively. However, funding cuts since the Covid pandemic have seen fertility rise again to 2.4 in 2025.[80] Indonesia also ran a highly successful program, using a range of media from school curricula to radio serialised dramas to discuss population and family planning concepts, with the general message that two children are enough.[81] However, following the Cairo ICPD, its program was weakened and fertility rebounded. Iran's family planning campaign, beginning in 1989, was among the most rigorous in elevating women's reproductive rights, ensuring access to services throughout the country, enlisting the endorsement of religious leaders and targeting both men and women with information. The result was a remarkable fall in fertility from near six in 1989 to near two in 2000.[82] However, Iran caught the developed-world's panic about demographic ageing and reversed its policies spectacularly in its 2015 'Comprehensive Population and Exaltation of Family Bill' stripping women of reproductive rights and contraception access.[83,84] Such coercive pro-natal policies have happened in other countries also,

[77] Gould, R. 2025. Community pressure drives population pressure: evidence of social influence on Israeli fertility. *Journal of Population and Sustainability* 9(2): 145-184. https://doi.org/10.3197/JPS.63799977346502

[78] Merali, S. 2005. From marriage to parenthood: the heavenly path. Chapter 4: Family planning. https://al-islam.org/marriage-parenthood-heavenly-path/chapter-4-family-planning#family-planning-islam

[79] Singh, R. 1994. *Family planning success stories*. Ch 8: Tunisia. UBS Publishers' Distributors.

[80] *The Daily Star*. 2026. High fertility isn't good news. https://www.thedailystar.net/opinion/editorial/news/high-fertility-isnt-good-news-4221266

[81] Dodson, J. 2019. 'Two children are enough' – 'Dua anak cukup': Indonesia: Population policy case study 1. https://overpopulation-project.com/two-children-are-enough-dua-anak-cukup-indonesia-population-policy-case-study-1/

[82] Dérer, P. 2019. The Iranian miracle: The most effective family planning program in history? https://overpopulation-project.com/the-iranian-miracle-the-most-effective-family-planning-program-in-history/

[83] Kokabisaghi, F. 2017. Right to sexual and reproductive health in new population policies of Iran. *J. Public Health Policy* 38 (2), 240–256. https://doi.org/10.1057/s41271-017-0068-x.

[84] Zaynab, H. 2018. Women's bodies have become a battleground in the fight for Iran's future. *Open Democracy*, 29 August 2018. https://www.opendemocracy.net/5050/zaynab-h/womens-bodies-battleground-fight-for-iran-future.

reminding us that a government's desire to increase fertility can be more dangerous to women's rights than its desire to lower births.[85]

Islam in western nations is often less conservative and more pragmatic. For example, in the upper house of the South Australian Parliament in November 2025 when a controversial bill to prevent abortions after 22 weeks of pregnancy was being debated, the Islamic Society of South Australia issued a statement which declared 'all human life is sacred' but 'Islamic Law recognises that pregnancy and childbirth can involve genuine medical danger. Ethical decision-making therefore requires balancing the duty to preserve life with the obligation to alleviate harm, guided by compassion, evidence and expert medical advice'. For them, after 120 days of pregnancy, the foetus is regarded as a living soul. Yet even then there are two circumstances in which a medical termination can occur: (a) if the mother's life is endangered, her life takes precedence 'because her existence and rights are already established'; or (b) 'doctors confirm the foetus suffers a lethal abnormality rendering survival impossible'.[86]

Fundamentalist Christians single out from their Bible *1 Timothy 2:15* which says, in modern parlance, 'But a woman will be saved through having children, if she perseveres in faith and love and holiness, with modesty' which is preceded by St Paul's admonition for women to simply 'keep quiet'. On the other hand, even the more conservative of the protestant denominations such as Lutherans, Church of Christ and Baptists have no proscriptions about family planning. On the fringes, the Pentecostal churches often preach a message of financial prosperity which, for most people, requires relatively small families.

In the United States, Christian conservatism is wielding increasing power. In 2020 a study by the organisation Power to Decide[87] revealed more than 19 million women in the US live in 'contraceptive deserts', their barriers to contraception being created by poverty and restrictions under administrative law. In Texas in particular 'roughly 1.2 million women … live in counties without a single clinic that offers the full range of contraceptive methods'.

With the 2022 overturning of the US Supreme Court's Roe v Wade decision which legalised abortion nationally,[88] at least sixteen US states have re-enacted laws to ban abortion. It is noteworthy that eighteen babies were illegally abandoned in Texas during 2024,[89] following that state's implementation of laws restricting abortions, not even allowed for rape or incest—a vindication of the power of fundamentalist Christianity (and ironic considering Jane Roe was a Texan woman). Texan media coverage suggests the solution to these abandonments is greater awareness of legal drop-off points for 'unwanted' babies, rather than looking at the need for contraception to prevent the pregnancies.

The Roman Catholic Church is the most conservative of the mainstream Christian denominations, and the world's most powerful opponent of contraception.[90] It debated the morality of contraception in the Second Vatican Council[91] in 1962–65, a congress tasked with modernising church positions and practices. Most priests and laity supported contraception. However, after the death of Pope John XXIII, Pope Paul VI removed the issue of contraception from Vatican II to a separate Pontifical Commission on Birth Control. However, when the

[85] Scigliano, M. (2021). Welcome to Gilead: Pronatalism and the threat to reproductive rights. A Population Matters report. https://populationmatters.org/news/2021/11/welcome-gilead-how-population-fears-drive-womens-rights-abuses
[86] Islamic Society of Australia. 2025. ISSA Statement on the Pregnancy Termination & Game Amendment Bill 2025. Instagram. https://www.instagram.com/p/DQtHLHSj_m4/
[87] Power to Decide. Contraceptive deserts. https://powertodecide.org/what-we-do/contraceptive-deserts
[88] Roe v Wade was a 1973 US Supreme Court decision determining the US Constitution over-rode state laws which prevented abortions. https://en.wikipedia.org/wiki/Roe_v._Wade
[89] Salazar, M.L. 2024. Abandoned babies in Texas prompt calls for action as numbers climb. *Lonestar Live*. https://www.lonestarlive.com/news/2024/12/abandoned-babies-in-texas-prompt-calls-for-action-as-numbers-climb.html
[90] Dérer, P. 2020. The Catholic Church and contraception. https://overpopulation-project.com/the-catholic-church-and-contraception/
[91] Wikipedia. Second Vatican Council. https://en.wikipedia.org/wiki/Second_Vatican_Council

Commission ultimately recommended easing the church's restrictions, Pope Paul VI rejected the majority advice of his commission. In July 1968, he issued the encyclical *Humanae Vitae*, reaffirming the traditional teaching that every marital act must remain open to the transmission of life. Mumford argues that this position was taken to preserve the principle of Papal Infallibility, fearing that contradicting earlier popes would fundamentally undermine papal authority.[92] This decision committed the Church to undermine family planning efforts and discredit concerns about population growth through its vast political influence.

In practice, the church's control over personal reproductive decisions is not strong: Catholic women in developed countries are as likely to use contraception as other women. Nor does the Vatican advocate unlimited childbearing – Pope Francis famously said good Catholics 'do not need to breed like rabbits'.[93] Its position is not so much about a duty to breed but that sexual intercourse should be for procreation and not pleasure.

However, the church has instead chosen to exert its position through political and institutional channels. As mentioned above, it has considerable leverage within the United Nations to veto the inclusion of family planning and any references to population growth as problematic, in a range of UN agencies and instruments.[94] It also has considerable influence on US politics, with the 'global gag rule' being one of the more explicit examples.

Perhaps most importantly, the Catholic Church runs a large share of the world's health facilities, as well as many schools, especially in low-income countries. The church manages over 20,000 hospitals and health centres globally, including around 7,000 in Africa.[95] While this reflects a sincere and commendable commitment to universal access to healthcare and education, it makes the church a gatekeeper controlling which services are offered and which messages communicated. These facilities receive government funding but usually refuse to supply or promote contraception, thwarting government goals to ensure universal access.

The US-based advocacy organisation Catholics for Choice documents the church's obstruction of reproductive freedom, including through political influence, service denial and the dissemination of misinformation.[96] They argue:

> The Catholic hierarchy's insistence that *Humanae Vitae* guide the health policies of governments, and often foreign assistance for these policies, has led to a persistent unmet need for modern family planning in developing countries. This gap has set back development progress, led to increased abortion, death and disability for women denied the ability to limit pregnancies and hurt efforts to stem the spread of HIV&AIDS. The Catholic hierarchy is a vociferous opponent of modern contraception on the African continent, which has the world's lowest rate of contraceptive use. … Pope John Paul II called the promotion of contraceptives in developing countries attacks on the family and part of a 'culture of death.' Bishops routinely make false charges that modern contraception is harmful to women's health, that the increased use of contraception leads to increased levels of abortion and that international family planning programs are western plots to destroy African society. This is especially concerning because Catholicism is growing fastest in Africa—the Catholic population on the continent has increased by 238 percent since

[92] Mumford S. 2016. Infallibility and the population problem. *Church and State*. https://churchandstate.org.uk/2016/03/infallibility-and-the-population-problem-2/
[93] BBC. 2015. Pope Francis: No Catholic need to breed like 'rabbits' https://www.bbc.com/news/world-asia-30890989
[94] Rogers, B. 2021. Pro-natalism: The role of the Vatican. https://overpopulation-project.com/pro-natalism-the-role-of-the-vatican/
[95] Wodon Q. 2023. Faith-based healthcare in Africa: stylized facts from data collected by the Catholic Church. *Christian Journal for Global Health*, 11:6–9. https://cjgh.org/articles/10.15566/cjgh.v11i1.933
[96] Catholics for Choice. *Humanae Vitae* and global health. https://www.catholicsforchoice.org/resource-library/humanae-vitae/humanae-vitae-and-global-health/

1980 and Catholics are predicted to account for nearly 25 percent of the population by 2040.

In 2014 and 2015, Catholic bishops in Kenya claimed that a government tetanus immunization campaign backed by the World Health Organization (WHO) and UNICEF was a secret sterilization plot.[97] Although the claims were quickly debunked, they sewed distrust and urged their congregations to reject immunisations, first of tetanus and then of polio,[98] putting people's lives at risk for the sake of discrediting birth control.

In the Philippines, despite majority support for contraception among the overwhelmingly Catholic population, the Catholic bishops pressured the Arroyo government to cancel its family planning provision in 2001, and successfully blocked several bills intended to restore it. In 2012, the Reproductive Health bill was passed but the church managed to block its implementation through the High Court. The bill was not fully implemented until 2017 under order from President Duterte. Still, Catholic control of schools and hospitals limits access to information and contraceptive options.

The influence of church leaders has slowed the fertility transition in majority-Catholic countries but most have now reached below-replacement fertility and high rates of contraception use. As the Philippines has shown, sufficient political will can over-ride church influence. However, finding political will in African countries where population pressure is increasingly destabilising democratic systems is a challenge. The retreat of the UNFPA from advocating for population stabilisation and its link to development has not helped.

[97] BBC. 2014. Kenya Catholic Church tetanus vaccine fears 'unfounded'. https://www.bbc.com/news/world-africa-29594091
[98] Warner G. 2015. Catholic bishops in Kenya call for a boycott of polio vaccines. National Public Radio. https://www.npr.org/sections/goatsandsoda/2015/08/09/430347033/catholic-bishops-in-kenya-call-for-a-boycott-of-polio-vaccines

9. Myths about contraception

A major barrier to uptake of modern contraceptive methods, particularly in low-income nations, are myths and fears about their 'dangers', which are often deliberately spread by those who disapprove of their use (especially, as discussed above, Catholic church leaders).[99] The UNFPA has recently released a fact sheet about five of these myths.[100] For instance, it is widely believed that contraception causes permanent infertility. The most common misconception is that contraception is unsafe for a woman's health. Yet, in low-income countries one in 66 women die from complications related to pregnancy, childbirth or abortion.[101] In Australia, of those women giving birth vaginally more than 6% experience post-partum haemorrhage (PPH) with major blood loss. In low-income countries, such complications are more likely fatal. Clearly, giving birth is one of the most dangerous things a woman will ever do.

Side-effects from using contraception are not uncommon but are orders of magnitude less dangerous, generally mild and short-lived and are usually remedied by changing method. It is important for contraception providers to ensure clients are informed of possible side-effects and can access follow-up to address them. However, the prevention of unwanted pregnancies must surely be paramount.

Hormonal contraceptives can also have a range of positive health impacts, from reduced teenage acne to reduced risk of ovarian or uterine cancer.[102] Retired Australian obstetrician Dr Graeme Dennerstein praises the health benefits of the oral contraceptive pill which, apart from preventing conception, include regulating menstrual cycles, alleviating painful periods, and reducing anaemia-causing heavy blood loss.

[99] Burke S. 2026. The anti-birth control movement is harmful to young women. *FSView*. https://www.fsunews.com/story/opinion/2026/02/04/birth-control-misinformation-is-spreading-its-bad-news-for-everyone/88433796007/

[100] UNFPA. 2025. Five myths – and facts – about contraception. https://www.unfpa.org/news/five-myths-%E2%80%93-and-facts-%E2%80%93-about-contraception

[101] WHO. 2025. Maternal mortality. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

[102] Jordan, S., Tuesley, K. and Webb, P. 2025. Long-acting contraceptives seem to be as safe as the pill when it comes to cancer risk: new study. *University of Queensland News*. https://news.uq.edu.au/2025-01-15-long-acting-contraceptives-seem-be-safe-pill-when-it-comes-cancer-risk-new-study

10. Conclusion

> Sixty years ago, US civil rights leader and Nobel laureate Martin Luther King commented: Unlike plagues of the dark ages or contemporary diseases we do not understand, the modern plague of overpopulation is soluble by means we have discovered and with resources we possess. What is lacking is not sufficient knowledge of the solution but universal consciousness of the gravity of the problem and education of the billions who are its victim.

Despite sixty years of family planning efforts, the world population continues to grow apace and the 'universal consciousness' to which King aspired is supplanted by a divisive minefield of vitriolic denials and accusations. United Nations' institutions have become beholden to a curious mix of conservative religious interests and ideological anti-Malthusians who censure any mention of limiting population growth.

Meanwhile, the goal of ensuring universal access to reproductive health and autonomy remains distant. Some 259 million women globally who want to avoid pregnancy are not currently using safe and effective family planning methods, similar to the number estimated thirty years ago.[103] While most countries have enjoyed the benefits of lower birth rates and slower population growth underpinning broad-based development, the remaining high-fertility countries suffer deepening poverty, environmental degradation and often instability and violence due to their rapid population growth. In these countries, the fertility transition has occurred much slower than was widely anticipated, leading to world population persistently exceeding the UN projections. Compared with the progress made in the 1970s, over the past thirty years global fertility decline has slowed to barely a crawl.

The reasons for this slow-down are several, but central is a lack of political will at national and international levels. In the 1970s, voluntary family planning to stem population growth was seen as a development imperative, and proved very effective. Since the 1990s, the demographic motive was taken off the agenda due to a misguided focus on coercive birth control measures in China and elsewhere, which were atypical. While the UNFPA continues to work and advocate for women's access to contraception, it does little to encourage smaller families. Women's rights are less motivating to country leaders than economic development.

Instead of renewed efforts, many developed countries are reducing spending on international aid, including family planning. Reasons given include the need for increased spending on defence and on accommodating immigrants seeking asylum. Thus overpopulation is fuelling an ironic vicious cycle, where population growth leads to resource scarcity, violent conflicts and out-migration, causing destination countries to reduce the aid that might have eased the pressures.

This weakened effort has met a hardening of cultural resistance. The remaining high-fertility countries tend to be more conservative, patriarchal and religious than the early adopters of

[103] United Nations Population Division data portal. https://population.un.org/dataportal/data/indicators/12/locations/900,902,941,934/start/2025/end/2025/table/pivotbyindicator?df=727318f2-186b-4459-bebb-0d11a87f1a48

family planning. In these settings, simply providing access to contraception is not enough to achieve behavioural change. Nor has educating girls made much difference. Change requires more active promotion of the benefits of delaying, spacing and limiting childbearing, and of the safety and moral acceptability of modern contraceptive methods.

Many strategies have proven effective in other countries, from radio infotainment series to enlisting religious leaders as champions of contraception. The cost is modest and typically pays for itself three-fold in avoided health expenses for mothers and infants.[104] The alternative is increasing poverty and instability in low-income countries.

The taboo that has developed around discussing and addressing population growth constitutes a missed opportunity for simultaneously advancing reproductive rights, societal wellbeing and environmental sustainability.[105,106]

Although two-thirds of the world's people now live in countries with below-replacement fertility, it is worth noting that a majority of children are born in countries with higher fertility.[107] This means most children born this century will a) live in poor countries with growing populations, b) require much more resources and energy if they are to be lifted out of poverty, and c) must choose to have, on average, fewer children than their parents for the UN's projection of world population not to be greatly overshot.

Until we can dispel the myths and loosen the social norms anchored in religion and patriarchy, women's lives will remain hostage to unregulated childbearing and the world population will probably exceed current projections, to the detriment of the environment, the poorest nations and the most disadvantaged people, principally women.

[104] Sully, E.A., Biddlecom, A., Darroch, J.E., Riley, T., Ashford, L.S., Lince-Deroche, N., Firestein, L., Murro, R. 2020. *Adding it up: investing in sexual and reproductive health 2019*. Guttmacher Institute: New York.. https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019

[105] Speidel J. and O'Sullivan J. 2023. Advancing the welfare of people and the planet with a common agenda for reproductive justice, population, and the environment. *World*, 4(2), 259-287; https://doi.org/10.3390/world4020018

[106] Delacroix C., Hardee K. and Speidel J. 2024. Breaking silos: ending the silence on population and reproductive health and rights. Population Matters, UK. https://populationmatters.org/wp-content/uploads/2024/02/Breaking-Silos-Report.pdf

[107] O'Sullivan, J. 2025. The imminence (or otherwise) of depopulation. https://overpopulation-project.com/the-imminence-or-otherwise-of-depopulation/

Other titles in this series of discussion papers commissioned by Sustainable Population Australia:

Big thirsty Australia: how population growth threatens our water security and sustainability

Jonathan Sobels, Peter Cook, Sandra Kanck and Jane O'Sullivan

Most Australians are oblivious of the momentous changes taking place in Australia's water security due to population growth and climate change. For 200 years, Australia's expanding population has driven demand for more water. As population continues to grow due to high immigration levels, concerns about water security are also mounting. Recent major droughts (1997-2009 and 2017-19) have put pressure on water supplies in both small towns and capital cities, prompting state governments to commission large-scale desalination plants. Even if the government succeeds in reducing immigration to pre-Covid levels, Australia will grow from 27 million to 40 million people inside of 40 years, and would continue growing indefinitely thereafter. There has been surprisingly little discussion about whether there will be enough water to support this goal. Despite Australia being the driest continent with the least run-off and most variable rainfall, water planning simply assumes the population projections of the Treasury Department must be achieved. It is assumed technological fixes, particularly desalination, will save the day. This Discussion Paper argues those assumptions of water abundance are dangerously flawed. It explains why expanded desalination, rather than being a solution, is a further symptom of the financial, environmental and social costs of population growth.

Population growth and infrastructure in Australia: the catch-up illusion

Leith van Onselen, Jane O'Sullivan and Peter Cook

Sydney and Melbourne now have worse traffic congestion than New York and Toronto. This congestion is but one symptom of an infrastructure shortfall caused by Australia's rapid population growth, with both births and immigration elevated since the beginning of this century. If these trends continue towards a 'Big Australia', Australian living standards will continue to decline as people are forced into smaller, more expensive and lower-quality housing, endure worsening traffic congestion, pay more to access basic infrastructure and services, and have less access to public services and green space. Our political leaders are claiming that these problems can be managed by decentralisation, better planning and more investment.

This paper finds that these proposed solutions will not work under conditions of high population growth. Instead, the increasing cost and complexity of adding new infrastructure in our already sprawling cities can only guarantee declining living standards and growing deficits.

Silver tsunami or silver lining? Why we should not fear an ageing population

Jane O'Sullivan

With people living longer than ever and the baby-boomer generation reaching retirement age, some people worry that we will run short of workers and taxpayers. Media reports and political discourse about our ageing population often adopt a tone of panic.

But is this panic justified? This discussion paper untangles the facts from the myths, so that Australians can look afresh at the population ageing issue.

This paper addresses key questions, including:

- Will an ageing population blow government budgets?
- Will ageing cause a shortage of workers?
- Is high immigration and more population growth the answer?

A thorough analysis of the evidence finds that each of these concerns is unfounded. Far from being an economic calamity, our demographic maturity offers many advantages for improving social and environmental outcomes.

Population and climate change

Ian Lowe, Jane O'Sullivan and Peter Cook

Climate change is one of the greatest self-inflicted threats that human civilisation has ever faced. An unprecedented global effort is under way to change course to avert catastrophic outcomes – but doubts remain whether enough is being done, and quickly enough. In the flurry of activity and proposals, the role of human population size and growth is virtually ignored or actively rejected. This paper fills this gap with an in-depth review of the evidence. It explores questions such as:

- How is population a key driver of climate change?
- How has population growth contributed to Australia's greenhouse gas emissions?
- What are the implications of population growth for climate change mitigation and adaptation in poorer countries, compared to the more affluent countries?
- How does the greenhouse gas impact of having fewer children compare with other climate-friendly actions such as eating less meat or avoiding air travel?
- How can population policy be used as part of the actions to avoid catastrophic climate change?
- How will climate change affect the health, safety and growth of populations?
- Why has population been so often ignored in the policy prescriptions for combatting climate change?

This paper includes unique insights by lead author Ian Lowe, who has been deeply involved in climate policy and research in Australia from its very beginning in the 1980s.

How many Australians? The need for Earth-centric ethics

Paul Collins

Australia is a big country. Surely, we should allow the world's 'tired, poor, huddled masses' to settle here? And yet, despite its physical size, Australia is limited in biophysical and geophysical terms. All our State of Environment reports have found the demands of the current population have been degrading natural systems irreversibly. We are not living sustainably with the numbers we have at current standards of living.

And yet, the world is clamouring at our doors. Millions want to come and share the riches we enjoy. Do we have a moral duty to let them come and allow them a better life? Or should we protect the ecosystems in our care, not least the habitat of our iconic koala that is currently threatened by urban expansion and deforestation?

Immigration has made up the bulk of Australian population growth for the past quarter century. This critical discussion paper on the ethics of immigration addresses the competing demands of human beings seeking a better life, with the rights of our natural systems to prevail against the demands of human activities.

In this paper, Dr Paul Collins calls for a totally new moral principle to guide and govern our ethical behaviour as a species.

Visit www.population.org.au/discussion-papers

For enquiries or to offer feedback, email
discussionpapers@population.org.au

Sustainable Population Australia

DISCUSSION PAPER

Reproductive rights:

an unfinished project and an ecological imperative

By Jane O'Sullivan and Sandra Kanck

Since the 1960s, modern contraception has brought a revolutionary advance in women's bodily autonomy and their freedom to shape their own lives.

Simultaneously, it was a powerful tool for reducing poverty and enabling economic development in low-income countries.

Those countries that embraced this synergy through well-executed voluntary family planning campaigns have experienced steady economic betterment. Those that did not, and retain high rates of population growth, have floundered.

However, such family planning programs were deprioritised and defunded in the 1990s, due to a campaign to discredit population stabilisation efforts. Fertility declines stalled and population growth in low-income countries has exceeded United Nations projections.

While the UN has projected that global population will peak at around 10.2 billion later this century, this depends on all the remaining high-fertility countries experiencing a much more rapid fall in fertility than they have achieved so far.

In these countries, high levels of religiosity and patriarchy make it harder to shift cultural norms to accept small families and women's empowerment. Renewed efforts are needed to promote small family norms and debunk harmful myths that make people fear contraception.

Without a renewed commitment to support family planning, world population will likely exceed the UN's projection, further jeopardising food security, climate change mitigation and ecological sustainability.

For details of other discussion papers in this series, see overleaf.

Sustainable Population Australia's vision is for 'A relationship between people and the biophysical environment in which the human population size and its ecological footprint are well within planetary boundaries and national carrying capacities, such that both universal human wellbeing and resilient, fully-diverse, and functional ecosystems are permanently sustained at global and bioregional scales'.

From this is derived an objective 'To promote policies that will lead to stabilisation, and then to reduction, of global population size, while rejecting involuntary population control'.

SPA's policy position can be found here: https://population.org.au/about-population/family-planning-and-womens-empowerment/.