

Are population policies effective?

Jacques Vallin | October 31, 2016



Let us look at four types of objective that can legitimize population policies in a given context: reducing mortality (Vallin et Meslé, 2006), limiting fertility if the population is growing too quickly (Locoh et Vandermersch, 2006), or encouraging it if the opposite is true (De Santis, 2006), and controlling migration (Baldi et Cagiano de Azevedo, 2006).

Reducing mortality

The oldest and most universally acknowledged demographic objective (that of reducing disease and death) is paradoxically the one that least naturally comes to mind in relation to population policy. Indeed, health policies have never been perceived by public opinion or by political decision makers as a demographic issue. Yet they are historically the first component of population policy and have triggered the start of the demographic transition. This is probably because improving health and fighting against death are natural aspects of the ancestral quest for a better life, which at the outset was quite independent of any demographic objective. For many years, countries across the world have devoted a growing share of their national income to health policies and, together, they have set up the World Health Organization, whose sole purpose is to achieve this goal.

But should the immense progress achieved be attributed to health policies alone? If the analysis is limited to policies under the direct responsibility of ministries of health, this is certainly not the case. But the answer is a definite yes if we combine all collective actions (both public and private) with an underlying health objective that contribute to this goal. Most notably, these would be policies that: improve agriculture and food safety, enhance social protection, broaden access to education, fight against inequalities, and improve living conditions, among many others. We cannot be sure that all actions taken to improve health are effective, but there is no doubt that, in both the strictest and a broader sense, health policies are of vital importance.

Limiting fertility

The need for political intervention to reduce fertility in countries where populations are

growing too fast is more debatable, especially if the question is viewed in the narrow sense of birth control programmes. This can be illustrated by two historical examples.

The first example concerns France, a country where the Catholic Church severely condemned the very idea of contraception. Despite a total lack of any collective will to limit population growth, the French population was the first to make widespread use of a birth control method (coitus interruptus) that, while archaic, was nonetheless effective. The Protestant countries, for their part, were more open to the idea in principle but followed suit only a century later, and again without any government intervention.

The second example concerns the three Maghrebian countries (Algeria, Morocco and Tunisia), which adopted radically different approaches in the 1950s and 1960s, when rich countries started expressing alarm about the supposed threat of rapid population growth in poor Southern countries. In the mid 1960s Tunisia set up an extensive programme with technical and financial backing from the United States. Algeria adopted a very different attitude, denouncing American neo-Malthusian imperialism and arguing that economic development would bring about change in fertility behaviours. Morocco, for its part, chose an intermediate stance and announced the creation of a programme to please the United States, although it endowed it with limited resources for fear of being outsized by Algeria. Yet to everyone's surprise, by the late 1990s, fertility in all three of these Muslim countries had fallen to around just two children per woman! (Ouadah-Bedidi et Vallin, 2000 and 2015) The decline began somewhat later in Algeria and Morocco than in Tunisia, but has been more rapid. Moreover, in all three countries, this trend is due as much to the considerable increase in age at marriage as to the spread of contraceptive use.

There are few examples of countries where the introduction of a birth control programme can be clearly identified as the main factor behind a desired reduction in fertility. The most well-known case is certainly that of China, where the effects of the birth control programme are undeniable, but where the methods applied (strict controls on marriage, couple separation, withdrawal of family benefits if a second child is born, punitive taxes for a third, etc.) are so incompatible with human rights that they can hardly be recommended as a model for others.

While classic birth control programmes have not proved entirely effective, other policies which were not directly designed for this purpose have had a much greater impact. These are the policies that have promoted universal access to basic education (for girls especially), which have opened the labour market to women and have improved their family, social, economic and cultural status. These factors are common to Algeria, Morocco and Tunisia, and they explain their similar fertility trends. Birth control programmes, for their part, have often extended access to contraception, providing greater physical and moral comfort to couples and women who would have reduced their fertility in any case. This in itself would have amply justified their existence.

Encouraging births

Similarly, symmetrical arguments can be used against policies designed to raise fertility by restricting access to contraception and abortion. The French law of 1920 made abortion illegal and prohibited the dissemination of information on contraception, and its main effect was an increase in the number of dangerous clandestine abortions. By contrast, the legalization of contraception and then of abortion produced neither a drop in fertility nor an explosion in the number of pregnancy terminations.

Family policies, for their part, were widely introduced in France and elsewhere after the

Second World War and appear to have played much more of a social than a demographic role. They did nothing, in any case, to prevent the spectacular European fertility decline observed in the last quarter of the twentieth century. The recent rebound in France mainly reflects the efforts made to enable women with children to pursue their working careers (daycare centres and nursery schools, school opening hours, etc.).

Finally, birth control depends first and foremost on the wishes of couples, and little can be achieved by directly seeking to contradict their desires. Unwelcome trends can only be slowed down or reversed through coherent sets of policies that modify the context in which these desires are formed.

Controlling migration flows

For policies aiming to influence international migration flows, the question is very different. Each nation is the guardian of its own borders. It may establish international agreements for freedom of movement (such as the Schengen agreements), impose a visa system to restrict the inflow of foreign nationals or even prohibit international migration altogether. While this national right is not open to discussion, restrictions seen as intolerable inevitably lead to transgression. Customs barriers have given rise to smuggling, the ban on drugs has led to drug trafficking, and border controls have produced illegal immigration.

In a world with an ever-widening wealth gap between poor and rich countries, pressure on borders is increasing and the traffic in illegal immigrants is becoming more and more profitable as emigration hopefuls are becoming ever more desperate. In Europe in particular, the measures against illegal migrants now openly challenge the principles of human rights. There is something absurd about a world economic system which imposes free trade upon poor countries at the cost of increased inequality while preventing their populations from circulating freely.

The only policy that would reduce migration pressure over the long term would be one that stimulates the development of poor countries and thereby narrows the gulf that separates them from the rich ones. Classical economists believed that the best way to achieve this was a “laissez-faire, laissez-passer” approach. Rich countries are refusing to apply this maxim to the circulation of persons, yet fail to deliver on their promises of development aid.

Adapting to demographic change

This brings us to two conclusions. First, in terms of objectives, implementation methods and efficacy, there are both good and bad population policies. While the former may be useful, we clearly have no use for the latter. Second, a population policy in the strict sense, however useful it may be, is unlikely to achieve the desired objective if it does not form part of a more general set of economic, social and cultural policies that favour changes in individual behaviour.

This leads to a third conclusion: it may be more important to take measures aimed at adapting our societies and our economies to demographic change than to seek ways of influencing this change. We all know that any attempt to counteract demographic ageing would be absurd. Indeed, this ageing process reflects one of humanity's greatest conquests: a life expectancy of nearly one hundred years! Rather than trying in vain to raise fertility above two children per woman, let us focus on providing decent living conditions for the growing cohorts of older adults in our modern societies.

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