

Population growth and family planning are still important. Has UNFPA forgotten?

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Projected population growth of about 2 billion in Africa and elsewhere will contribute to poverty, poor reproductive health, environmental degradation and climate change. Frank Götmark, Chukwuedozie Ajaero, Mohammad Mainul Islam, Rhoda Mundi, Nebechukwu H. Ugwu, and Malte Andersson argue that the UN Population Fund (UNFPA), among others, is neglecting this problem, and failing to promote the positive role of family planning programs. The time has come to restore family planning as a central priority for high-fertility settings.

In parts of Asia, and especially Africa, the population is still growing rapidly - it is projected to rise from 1.4 billion today to 3.4 billion in 2100 according to UN's latest *World Population Prospects* - and fertility remains high, at 4.1 births per woman (4.3 in sub-Saharan Africa).

Undernourishment has increased globally according to FAO and the *State of Food Security and Nutrition*. In Africa, for instance, 298 million people were undernourished in 2023, and 847 million were food insecure. Rapid population growth contributes to poverty, climate change and poor health services.

The perils of population growth

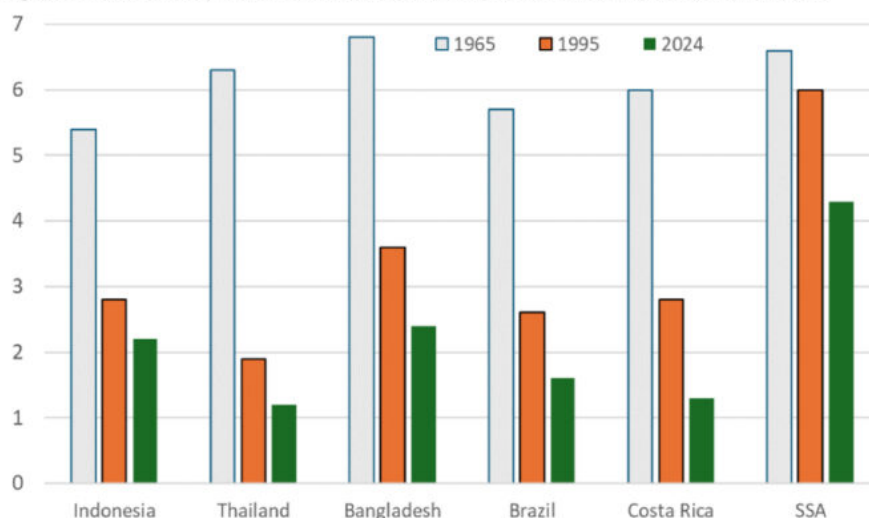
Rising global and African populations, and increasing per capita consumption in high- and middle-income countries, are major threats to food production, ecosystem functions and biodiversity (Dasgupta & Dasgupta 2024). In IPCC's *Sixth Assessment Report* in 2022, the two strongest identified drivers of CO₂ emissions were economic growth (GDP per capita) and population increase. Consumption in rich countries must decrease, and countries with high birth rates need to reduce their fertility.

Contraception, family planning programs, and social norms

From about 1960, global population growth and poverty motivated many family planning (FP) programs that improved life for women and children, helping to raise contraceptive use from 10 to 60 percent and reduce fertility from about 6 to 3 births per woman (Cleland et al. 2006, World Bank 2007, TOP 2024). Recent evidence from Brazil, Ecuador, Egypt, Ethiopia and Rwanda show that these countries successfully increased family planning coverage between 1950 and 2023 (Hellwig et al. 2024). In short, excepting cases where violation of human rights occurred, such as China's earlier one-child policy (started in 1979), India's vasectomy campaign of 1975-76, and Peru's sterilizations in 1996-97, such programs have a history of success.

FP programs have played an important role in reducing fertility rates in developing countries (Figure 1), and they are still needed today, in Africa and some other regions.

Figure 1 Total fertility rates in 1965, 1995 and 2024 in selected areas and countries.

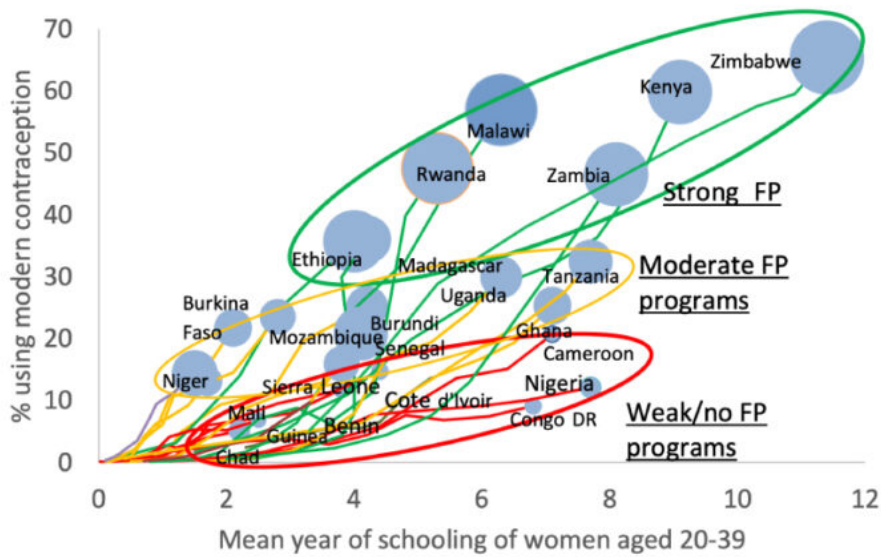


Note. The five Latin American and Asian countries are examples of early and comprehensive family planning programs. Such programs began later and/or were less comprehensive in most countries of sub-Saharan Africa. Family planning programs were implemented in many developing countries 1965-1995, a period of rapid decrease in TFR.

Source: UN, *World Population Prospects 2024*, and Bangladesh MICS 2025 (Multiple Cluster Indicators Survey, BBS and UNICEF). Own graphic presentation.

In sub-Saharan Africa, contraceptive use has increased where longer education is combined with FP programs (Bongaarts & Hardee 2019, see Figure 2), two factors that are also major determinants of fertility decline (Bongaarts 2020).

Figure 2 Use of modern contraception, women's education and strength of national family planning programs in SSA, 1970-2015



How to read the figure: The use of modern contraception in sub-Saharan Africa is correlated with the relative strength of national family planning (FP) programs (size of grey circle), also after controlling for women's educational level. FP "strength" ranges from 0 in the absence of any government program, to a theoretical value of 100 for the strongest program. The lines linking circles represent time series of five-year estimates for contraception.
 Source: Bongaarts & Hardee 2019 (figure used with permission from authors).

Contraceptive use and family size also depend on culture, and what others are doing (Dasgupta & Dasgupta 2024). Africa seems partly trapped in unfortunate social norms of high fertility, and efforts to lower these norms are essential for reducing unsustainably high population growth. Policies should consider people's overall situation, not only human rights, but also human responsibilities.

The UN reported that unmet female need for FP was as high as 37% in sub-Saharan Africa in 2022. A UN/UNFPA Summit in Nairobi 2019 celebrated 25 years since Cairo with a laudable goal of no unmet need for FP. Yet, review and revision of the Cairo program is needed, given the high fertility and population growth in sub-Saharan Africa and other regions.

Family planning programs can improve maternal health and reduce unintended pregnancies. FP services should promote longer female education, school teaching of safe contraceptive use, easy access to free contraceptives, and information about the need to slow population growth. Social legitimation of contraception lets individuals re-assess how many children they want. Improved status and empowerment of women as well as FP education of men are also crucial.

Smaller families improve living conditions and may also produce economic benefits at country level. According to government reports, FP programs are strongly needed in Africa. In 2015, 42 of 54 African nations reported to the UN a policy of "lower population growth", and in 2017, 45 of these 54 nations reported the need for a "lower fertility level", important information that was omitted in UNFPA (2023).

The role of the United Nation's Population Fund

In a recent publication (Götmark et al. 2026) we evaluated the policy of the United Nations

Population Fund (UNFPA). Since 1973, UNFPA has been mandated to promote awareness of population problems and to devise strategies to deal with them. But according to its current website, the goal since the 1994 UN population conference in Cairo has been to “ensure reproductive rights for all”. Its Executive Director regards concerns about population growth as “population alarmism” and has criticized focus on numbers (*The Guardian*, 18 October, 2022).

After the Cairo conference, FP programs were largely replaced by a focus on sexual and reproductive health and rights (SRHR), with reduced financial and other support for FP. With the exception of the *FP2020* (now *FP2030*), supported by the Gates Foundation and partners, concerns about population growth waned. The Cairo program of action emphasized the rights of people “to be informed and to have access to safe, effective, affordable and acceptable methods of family planning”, and the need for countries to “contribute to the stabilization of the world population”. Yet, 10 years after Cairo, the global population had increased by almost one billion.

Current concerns about low fertility overshadow the worrying prospect of a 2 billion population increase by the end of this century, mainly in sub-Saharan Africa. Despite much scientific evidence (e.g., Cleland et al. 2006, World Bank 2007, Hellwig et al. 2024), UNFPA underrates the negative human effects of continued rapid population growth and the need for FP programs. In its *State of the World Report* (UNFPA 2023) it says that “population sizes are neither good nor bad”, which is of little help to policymakers. According to Bajaj et al. (2024), UNFPA’s “extreme reluctance to address the population factor has resulted in messaging that excludes the impact of demographic realities on women, girls, ecosystems and vulnerable human communities”. Such policy contrasts with insightful evaluation of population growth and FP by the UN in *World Population Prospects 2024* (see, e.g. Summary in ch. IV).

According to its website, UNFPA is the world’s largest public-sector procurer of contraceptives. With insightful UNFPA leadership, SRHR and improved contraceptive use should be an integral part of complete FP programs where the positive humanitarian roles of fertility decline and population stabilization in Africa and elsewhere are emphasized. Strong commitment by political leaders is essential, and outreach and communication through the media can improve FP programs. Policies should also highlight the environmental benefits: saving more forests, savannahs, freshwater habitats and the Earth’s last populations of mega-fauna, which still remain viable in some African and other countries.

For many years, the United States were a major supporter of family planning. Unfortunately, many health programs supported by USAID were ended by President Trump in 2025, and their closure has also reduced FP services. African commentators point to opportunities for countries to reconsider aid programs, increase self-reliance, and reduce dependency on uncertain foreign donors. But international aid has, for instance, helped lower adolescent fertility rates in low-income countries, and it is still much needed.

Conclusions

Voluntary family planning programs help increase contraceptive use, slow population growth, promote economic development and improve the lives of children, women and men, thereby facilitating several of the UN’s Sustainable Development Goals. The leadership of UNFPA should therefore emphasize and support FP programs and return to its historic mandate of improving human welfare through slower population growth. This is especially important for countries in Africa and elsewhere that are seeking to invest in such programs.

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