



**Forum:** General Assembly

**Issue:** Population Management

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**Position:** Co-chair

### Overview of the Issue

The history of concern over the uncontrolled growth of populations is one that dates back as early as record, but it was not until the 1950s that fears over a rapidly expanding world population came to be combined with fertility practices on the family level. During the 19th century, attempts to educate the public about methods of birth control and the social and economic consequences of sexual ignorance were largely unsuccessful. In the United States it was birth control advocates such as Margaret Sanger who eventually overcame initial public resistance. Sanger established the first birth control clinic and published scientific information on sex and family planning, despite both legal and religious opposition to her activities. Supported by the efforts of Sanger and others, such as Aletta Jacobs in the Netherlands, Marie Stopes in England, and Dhanvanthi Rama Rau in India, clinics for family planning and health care were established in many countries of the world.

Family planning is the information, means and methods, which allow individuals to decide if and when they have children. It is linked to several other important issues with one such being the protection and wellbeing of women in regards to pregnancy-related health risks and access to contraceptives. Family planning allows sufficient time and spacing between each pregnancy, which can reduce the amount of pregnancies in young women at an increased risk of health and birth problems. Such problems include low birth rate/premature birth, high blood pressure, greater risk of birth defects and higher rates of infant mortality (death). Women are also able to decide on the maximum or minimum number of children that they are willing to have and thus reduce unintended pregnancies, especially in older women who have a higher risk of maternal mortality (causes relating to pregnancy and childbirth which are particularly high in developing countries).



Contraceptives are a crucial factor in regards to family planning. They not only prevent unintended pregnancies, but reduce the use of unsafe abortion practices. Women, including adolescents with unwanted pregnancies often resort to unsafe abortions when they cannot access safe abortions. This is often due to restrictive laws (laws that prohibit, restrict or otherwise regulate the availability of abortion), high costs, stigma and unnecessary requirements. In LEDC countries, unsafe abortions mainly occur when the pregnancies are terminated by persons who lack the necessary skills, or in environments that do not conform to minimum medical standards. Outdated methods or use of concoctions are often used and are accompanied by untrained persons lacking sufficient medical skill or information. Traditional methods of abortion, such as the use of aforementioned concoctions, largely stem from various historical cultural practices.

Family planning is also crucial in controlling population growth and is closely linked to economic growth. One of the greatest challenges facing LEDCs is the urgent need for comprehensive, integrated reproductive health services, including family planning. If unresolved, this challenge will hinder poverty reduction measures taken by governments, civil societies, and aid based organizations and threaten their long-term growth prospects. The economic growth and education that both fuels and results from economic innovations (technological advancements, trade, local business development) cannot be fully recognized without better access to family planning. For example, a woman with a small business might want her children to handle certain aspects of the business to avoid the reliance on a “middle-man” (a person who buys goods from producers and sells them to retailers or consumers). She knows that her children must be educated, but she does not have the resources to offer more than two children a proper education. The pressure is equally severe at the national level. Countries will struggle to prosper if the current youth population, who are characterized by crippling unemployment levels and economic exclusion, grow unchecked.

“For the world’s poor, increased population growth often leads to poverty, insecurity, political instability, and social unrest. Researchers have demonstrated that rapid population growth counteracts the benefits of economic growth. These analyses show how rapid population growth can be a significant threat to poverty reduction. In sub-Saharan Africa, in particular, economic growth of recent decades has not been sufficient to keep up with population growth” [ Phumaphi, 2011 ]. Despite this, women throughout developing countries want



to make family planning choices that could reverse these trends. The United Nations Population Fund has reported that “there are 215 million women who would like to delay or prevent pregnancy but do not have access to effective contraception. Without access to family planning, they are likely to have more children than they can feed, educate, and keep healthy. In addition, the added caregiving responsibility consumes their time, making it more difficult for them to work and earn a living.” These children then grow up to become part of a growing unskilled labor force that inhibits economic development.

In LEDCs, increased growth rates will also demand major development of government services and infrastructure, but given the limited resources available, it is more likely that the quality and coverage of health, education, and other social services will severely decline; young parents will need jobs and require skills to obtain them. Many African, Asian, and Middle Eastern governments are constantly trying to keep pace with the expanding youth population, but cannot offer the universal quality education or health services needed for them to compete in the labor market. Given current trends, it is likely that without family planning and reproductive health services, young couples will have more than two children. Childbirth is likely to occur outside of health-care facilities meaning prenatal malnutrition and susceptibility to diseases, such as malaria and HIV/AIDS, will increase. Parents will also be unable to afford to send their children to school. Furthermore, the burden of additional children will make it difficult, if not impossible, for mothers to secure formal employment.

### Key Terms

**Family Planning:** the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception or voluntary sterilization.

**Contraception:** the deliberate use of artificial to prevent pregnancy as a consequence of sexual intercourse. Such contraceptives may include

- I. Long -acting reversible contraception (LARC)
  - A. Intrauterine Device (IUD )
  - B. Contraceptive implant
- II. Hormonal contraceptives
  - A. Combined oral contraceptive pill



- B. Progestogen contraceptive pill
- C. Depo Provera injection
- III. Barrier Methods
  - A. Condoms
  - B. Internal condoms
- IV. Emergency contraception
  - A. Emergency contraceptive pill (ECP)
  - B. Copper IUD
- V. Permanent contraception
  - A. Vasectomy
  - B. Tubal ligation

Fertility awareness: a method to plan or avoid pregnancy by recognizing signs of fertility in a woman's menstrual cycle

Abortion: the ending of a pregnancy by removing a fetus or embryo before it can survive outside of the uterus, most often performed during the first 28 weeks.

There are two main methods of abortion:

- Early Medical Abortion (EMA)
- Surgical Abortion

LEDCs: Less Economically Developed Countries

MEDCs: More Economically Developed Countries

## **Countries and Organizations Involved**

The United Nations Fund for Population Activities (UNFPA)

The United Nations reproductive health and rights agency whose work involves the improvement of reproductive health, including creation of national strategies and protocols, and providing supplies and services.

World Health Organization (WHO)



The specialized agency of the UN whose main concern is in international public health and in aiding governments achieve better health services

#### World Bank

An international financial institution that work towards reducing poverty and encouraging shared international prosperity through the provision of loans

#### Planned Parenthood Federation of America (PPFA)

The non-profit organization, which provides information on family planning and its related topics such as contraception, birth-control measures, and reproductive health care. It is mainly based in the United States, however works on global projects as well.

### **Related UN resolutions and Previous Approaches to Solving the Issue**

#### World Population Plan of Action:

This document addresses the multiple issues related to rapid population growth, including the socio-economic effects and the general quality of life

<http://www.un.org/popin/icpd/conference/bkg/wppa.html>

#### World Population Policies:

This extended document addresses the issue of population growth and reduction through providing research and information on various topics surrounding the issue, in particular, fertility, reproductive health and family planning, and population size, growth, and age structure

<http://www.un.org/en/development/desa/population/publications/pdf/policy/WPP2013/wpp2013.pdf>

#### Population Division:

This extended document addressed the current government views and policies on fertility and access and providing access to contraceptive methods. It also



includes graphs charting reproductive behavior and government policies on providing access to contraceptives methods and on the level of fertility.

<http://www.un.org/esa/population/publications/contraception2003/Web-final-text.PDF>

UN Resolution (2010/24):

The role of the United Nations system in implementing the ministerial declaration on the internationally agreed goals and commitments in regard to global public health adopted at the high level segment of the 2009 substantive session of the Economic and Social Council

<http://www.un.org/en/ecosoc/docs/2010/res%202010-24.pdf>

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