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Empower Women, Protect Earth

Contribution to GTI Forum [The Population Debate Revisited](#)

David Korten

Population growth is indeed an elephant in the room, as Ian Lowe so expertly and articulately [outlines](#). And, as he observed, efforts to discuss the issue, given the conflicting and often highly charged perspectives, do feel like running up a down escalator.

Endless arguments about whether the greater fault lies with the over-consuming rich or the over-reproducing poor are pointless. We must address both.

As Eileen Crist, author of *Abundant Earth: Toward an Ecological Civilization*, points out, we need to look at the issue through an holistic lens that recognizes the need for deep transformation to what many of us now call an [Ecological Civilization](#) dedicated to the following:

1. Restoring Earth to full health,
2. Distributing wealth equitably to secure material sufficiency and spiritual abundance for all people, and
3. Ending and reversing population growth.

Humanity is awakening to a simple truth. There will be no winners on a dead Earth because there will be no people. The human species is currently on a path to self-extinction.

The basics are both clear and simple: the healthier living Earth's natural systems, the greater the number of humans Earth can support with healthy and fulfilling lives. The larger the human population, however, the more difficult it becomes to secure Earth's health and the less we can each consume without reducing Earth's ability to sustain us.

My experience in the mid to late 1970s suggests that if we look at three key goals—namely Earth health, equitable distribution of wealth, and reversing population growth—reversing population growth may be the most easily achieved. And with no need for coercive measures.

In 1970, Fran (my wife) and I moved to Nicaragua, where I served as the Harvard Business School advisor and Dean of the MBA program at INCAE (the Central American Management Institute), Latin America's leading graduate business school. Fran volunteered in a health clinic program for poor rural women, some of whom had six or more children and were stressed to the limit caring for them.

The women were Catholic, and the Church was taking a strong stand against the use of any form of birth control. But most women were so desperate to avoid having more children that when their priest said in church that going to a local clinic for a means to stop having babies was a sin against God, they heard only, "Your health clinic can give you something to prevent your having more babies." They immediately went searching for a clinic.

At Fran's urging, her group of health volunteers began offering contraceptive pills and injections. They were enthusiastically received by many of the women the group served.

This was a time of growing government concern, including in Catholic countries, about the consequences of rapid population growth for both people and Earth. Child mortality had been significantly reduced through the increased availability of immunizations, improved water sanitation, and increases in food supply. That reduction in child mortality was unleashing a population explosion among the poor in already densely populated places. This posed a significant barrier to helping poor families lift themselves from poverty. The pressures were greatest in the poorest communities and countries with the least ability to accommodate the growth.

Many governments were making the delivery of family planning services to poor families a priority, with strong support from the US foreign aid program. It was evident, however, that these services were having little impact on women's lives or overall population growth rates.

The Ford Foundation launched a program to find out why, which led to a Ford grant to INCAE to look at how the services were being delivered. I formed a team that included Fran and some other INCAE faculty wives who had been involved in the voluntary clinic program. The team looked at the family planning services delivery experience of the government health clinics in Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica, and Panama.

The reasons for the government program failures quickly became clear. Though demand was high, the standard clinic procedures imposed significant and unnecessary burdens on both the women and the clinic.

Women were required to come to the clinic (often many miles from their home) each month for a one-month supply of contraceptive pills. This not only placed a needless burden on the women but also overtaxed clinic capacity. If the clinic was overcrowded on the day of the woman's visit, she might end up waiting all day and leave without her needed pills. Even if the clinic visit was successful, it commonly took a day of her time away from work and child care.

We also found service providers who used innovative approaches to service delivery that were radically more efficient and responsive to client needs. We wrote case studies on the varied experiences in Central America and organized seminars for health professional throughout the region to share useful lessons.

This experience eventually led to my becoming a management and policy advisor to public population and family planning programs and supporting schools of business management in many of the most populous countries of Latin America, Asia, and Africa, including Mexico, Venezuela, Colombia, Nigeria, India, Pakistan, Bangladesh, Philippines, and Indonesia.

Fran and I eventually co-authored a casebook on the management of family planning programs. And, for a brief time, we co-taught a course on family planning management at the Harvard University School of Public Health.

The basic need was simple and obvious. Give every woman easy access to a safe and effective means to determine when she will bear a child. The health of these women and their children will improve. And the birth rate will decline.

Efforts to secure access to voluntary fertility control became an increasingly hostile political quagmire as far back as the late 1970s. Fierce opposition came from vocal religious fundamentalists who extended their battle against abortion into an attack on all family planning assistance efforts. Under political pressure, the US foreign aid program pulled back on its funding of family planning service delivery programs. That battle plays out in the United States today in the decision of a radically politicized Supreme Court to overturn *Roe vs. Wade*.

Those of us who had focused our attention on the management of family planning services shifted our attention to securing the ability of poor communities to access and manage the land and water resources on which they depended for their means of living. That work further affirmed that growing the numbers of poor is rarely beneficial to the poor—and that well-organized communities of “poor” people (those with limited financial resources) generally recognized this fact.

If we simply assure that women have attractive educational and occupational opportunities and the means to manage their fertility, they will happily limit the number of children they bear. As we are seeing in a growing number of countries, under such conditions, population numbers begin to decline. We have good reason to believe that the population problem will resolve itself if we simply provide women with the alternatives they already seek, to the potential benefit of all.

About the Authors



David Korten is a political activist, prominent critic of corporate globalization, and former professor at the Harvard Business School. He is president of the Living Economies Forum, board chair of *YES! Magazine*, co-chair of the New Economy Working Group, and the author of several influential books, including *When Corporations Rule the World* and *The Great Turning: From Empire to Earth Community*. His work centers on defining a system frame for and path to a new economy in which life is valued more than money and power resides with ordinary people who care about one another, their community, and their natural environment. He earned an MBA and PhD from the Stanford Graduate School of Business and worked for thirty years in international development in Africa, Asia, and Latin America.

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