BORDER CROSSING Tessa Richards

The hitch hiker's guide to population growth

Educating and empowering young girls in poor countries is part of the solution

At next month's United Nations meeting on climate change the impact of this year's record breaking floods, storms, and heat waves will no doubt add to the contentious and geopolitically charged debate on a successor to the Kyoto protocol. Among the many facets of this complex debate is a growing controversy about population growth. The world's population is currently around 6.2 billion, and the UN's Population Division estimates that it will reach 9.2 billion by 2050. The growth will be greatest in Asia and Africa, particularly in already impoverished urban areas.

The advocacy groups Population Connection in the United States and the Optimum Population Trust in the United Kingdom claim that overpopulation is the cause of many, if not all, of the world's problems, including climate change. Limiting population growth is essential, they argue, and it should be regarded as a cost effective strategy to offset carbon emissions.

Others refute the idea that population growth is a threat and question whether curbing it is an effective way to tackle global warming. As observed by Robin Stott, who chairs the Climate and Health Council established by the *BMJ*, the carbon footprint of the average Tanzanian is a fraction of that of their counterpart in the West.

While we attempt to "think globally and act locally" with respect to climate change, it's hard to do the same with population growth. The *Economist* has mooted providing financial incentives to women in rich countries with ageing populations to have more children. And although I have heard of GPs refusing to refer women for in vitro fertilisation treatment on the grounds that they are concerned about population growth, it's hard to square this with a commitment to act in the interests of the patient.

Arguably the most useful step that doctors can take is to add their voice to those drawing attention to the inter-relationships between poverty, environmental decline, a high burden

of disease, and population growth.

These links were emphasised by Jeffrey Sachs in this year's BBC Reith lectures and repeated by the UK All Party Parliamentary Group on Population, Development, and Reproductive Health. The group's recent report says that "population growth is a threat to human health, socioeconomic development, and the environment."

Chris Rapley, former director of the British Antarctic Survey, is pushing a similar message. On the BBC, in the *Observer* newspaper, and in an address to the Earthwatch Institute he has stated that the global population is higher than the earth can sustain. Solving environmental problems such as climate change will be impossible without tackling population growth, and the way to do this is through increasing women's access to family planning services.

This last message bears repeating—although it's scarcely new. It was the leitmotiv of the 1994 international conference on population and development in Cairo and is still being reiterated, not least by Thoraya Ahmed Obaid, executive director of the UN Population Fund.

Globally, around 76 million unwanted pregnancies occur each year, and around 200 million women lack access to family planning services. Expanding such services, Ms Obaid says, should be part of the drive to provide universal access to comprehensive reproductive health services. Access to services would reduce the number of unintended pregnancies, lower maternal and infant mortality, and curb population growth.

It's hard to defend our lamentable progress in providing women with safe reproductive health services. Last year the UK's Department of International Development pledged funds for safe abortion services in Africa in open defiance of the Bush administration's 2001 "global gag rule." This rule requires any organisation applying for US funds to sign an undertaking not to counsel women on abortion (other than

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advising against it) or provide abortion services. More organisations should counter political, cultural, and religious objections to such services.

In October the UN will take part in an international conference on improving the health and social status of women in poor countries (www.womendeliver.org). Its primary aim is to galvanise political will for action to reduce high maternal mortality. A glance at the comparative data on the conference website is sobering. The lifetime risk of a woman dying from causes linked with pregnancy or childbirth is 1 in 6 in Sierra Leone and Afghanistan but 1 in 29 800 in Sweden.

Family Care International is the lead organisation behind the conference. Its president, Jill Sheffield, says that—along with improving access to family planning, increasing the number of midwives and doctors, and ensuring that health facilities can manage obstetric emergencies—getting girls into school is crucial. Jim Doman, vice president of the Royal College of Obstetrics and Gynaecology of London, agrees: the longer that girls remain in education, the lower their rates of abortion and all forms of obstetric complications, he says.

Empowering women can also help lift people out of poverty and encourage development, as the experience of supporting women to run their own small businesses through microcredit schemes has shown. "It may be scary for men," says Professor Dornan, "but it's women who deliver—for the family, for communities, and the nation."

In Douglas Adams's book *The Hitch Hiker's Guide to the Galaxy* the computer's ultimate answer was "42." Few would assert that keeping girls in education, upholding women's rights, and improving their access to effective reproductive health services is the ultimate answer to all the challenges the world faces, but it's good for health and development—and, who knows, maybe for climate change too.

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