

Imperialism by Family Planning

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These days, Britain, Denmark, France, and Canada would never think of imposing their values on the developing world. Instead, they push abortion and contraception.

On Tuesday, the U.K. announced that it would spend more than 1 billion pounds over the next five years to extend family planning, including “safe abortion,” to countries in need. A [recent poll](#) shows that 65 percent of the British public opposes funding abortion overseas, but what does that matter? British elites have a civilizing mission to carry out.

Denmark’s minister for development cooperation, Ulla Tornaes was surprisingly honest about one of the reasons her nation promotes family planning in Africa: “If the population growth in Africa continues as now, the African population will double from 1.2 billion people to 2.5 billion people by 2050,” Tornaes said. “Part of the solution to reducing migratory pressures on Europe is to reduce the very high population growth in many African countries.” What better way is there to keep Africans out of Europe, after all, than to keep them from being born?

France has made family planning “a major focus of its strategy to reduce child and maternal mortality,” notes its directorate-general for global affairs. In order to prevent complications from pregnancies, the thinking goes, just reduce the number of third-world pregnancies. At the G-20 summit, [Emmanuel Macron](#), the president of France, claimed to be alarmed by African “women having seven or eight children.” To think of people this way — not as unique individuals created by a loving God, but as burdens and roadblocks to economic development — is cruel, but liberal above all.

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Man admits to killing four men who went missing in Pennsylvania

The Canadians are no less strident. The Trudeau government announced a “Feminist International Assistance Policy.” It also allocated \$650 million (CAD) for the provision of abortion, contraception, and the advancement of “reproductive rights” overseas. Part of the goal is to overturn anti-abortion laws all over the world. Canada, by way of comparison, has spent only \$119 million on famine relief in South Sudan, Yemen, Nigeria, and Somalia. The United Nations calls that four-country catastrophe the largest humanitarian crisis since the Second World War.

Do not think, however, that this bespeaks skewed priorities; Canadian foreign affairs minister Chrystia Freeland has made clear that abortion rights are “at the core of Canadian foreign policy.” Reducing the number of Africans is apparently an important Canadian strategic interest.

Fearing overpopulation and dismissing the rights of poorer people from other cultures, Western governments and NGOs once thought coercion, in the form of various imposed population-control measures, was the humanitarian solution. But coercion is no longer de rigueur, so that’s not how they phrase it.

Now, one hears about the millions of women who “need” contraception but lack “access.” This allows the West to appear generous, not imperialist. For example, when confronted on Tuesday with Obianuju Ekeocha, an African pro-life activist, a BBC World News presenter [declared](#), “If we’re talking about contraception, the fact remains that hundreds of millions of women don’t have access and should.”

You may have heard that claim before. There’s only one problem: It’s not true.

Global leaders are regularly called upon to stop this grievous injustice, to meet the unmet global need. The

International Planned Parenthood Federation once placed a billboard in Times Square. “Over 200 Million women want access to contraception but can’t get it,” it read. The claim has been made in a letter from Pathfinder International, which “champion[s] sexual and reproductive health and rights worldwide,” to the U.S. Congress. A Canadian minister used it to justify her nation’s policy. The figure just won’t die.

It comes from the United Nations Population Fund (UNFPA) and the pro-abortion Guttmacher Institute. Their 2012 report found 222 million women around the world with an “unmet need for modern contraception.” The [2017 edition](#) placed the number at 214 million.

These figures are designed to mislead. On its face, “unmet need” would appear to mean something like unmet demand, encompassing the people who desire contraception but do not have access to it. But this is not what “unmet need” actually means.

The U.N. Millennium Development Goals, which uses “unmet need” as one of its indicators, says the term “points to the gap between women’s reproductive intentions and their contraceptive behavior.” But as Rebecca Oas notes in an excellent piece in [The New Atlantis](#), “the central problem with this definition is that it equates the desire to avoid pregnancy with the desire to use contraceptives.” Many women, after all, want to avoid pregnancy without the aid of contraception or abortion.

In fact, according to the [Guttmacher Institute’s own research](#) from 51 country-level surveys in Africa, Asia, and Latin America and the Caribbean between 2006 and 2013, shockingly few of the women described as having “unmet need” for contraception actually cited lack of access as a reason for not using contraception. In Africa, under 2 percent of the surveyed married women reported a lack of access to contraception. Yet the U.N. and the Guttmacher Institute still hold that a whopping 24 percent of married African women have an “unmet need” for contraceptives.

These women choose not to use contraceptives, citing personal opposition, infrequent sexual activity, postpartum infecundity, and concerns about health risks. In other words, they do not “need” contraception. They already have access but choose not to use it.

So why do Western governments and NGOs still paternalistically describe these women as in “need”?

Sometimes, misinformation is blamed. If these women only knew the truth, the argument goes, they would not fear the health impacts of birth control. But as the country-level Guttmacher study shows, these fears are also prevalent in areas with high contraceptive use. Here, as demographer John Cleland and coauthors wrote in 2014, “these concerns are more likely to be based on personal experience than on perceptions.” Take the example of the birth-control injection Depo Provera, which was linked to heightened risk of HIV transmission in some studies. Pfizer, with help from the Gates Foundation, still decided to promote a new injection method for the same drug.

The U.N. also makes a tricky distinction between “modern” and “traditional” methods of family planning to inflate the “unmet need.” When “traditional” methods, such as periodic abstinence, are counted, since the “need” of many of these women has been satisfied, the size of the unmet need falls drastically, by over 80 million, according to a [2015 U.N. calculation](#).

The use of “unmet need” figures is irresponsible. The statistic refuses to acknowledge legitimate reasons for choosing to avoid pregnancy without the use of contraception. As Harvard economist Lance Pritchett has [written](#), “The usual numbers bandied about for estimates of ‘unmet need’ do not correspond to any definition of ‘unmet need’ that any economist (or just common sense) could agree to.” They are “an advocacy tool,” he concluded, “not particularly relevant to conceptually or empirically informed discussions.”

This sort of dishonesty, shielding controversial assumptions behind statistics from reputable organizations, is all too common. In 2015, Melinda Gates and Graça Machel, the former South African first lady, [wrote](#) that “if the world extended contraceptive access to only a quarter of the women with an unmet need, it could save the lives of 25,000

women and 250,000 newborns each year.” They cite the 2012 Guttmacher and UNFPA report, which estimates that by averting pregnancies, fewer women and children will die in childbirth. As Rebecca Oas explains, “their solution, apparently, is to avoid pregnancy rather than to make childbirth safer.”

These Malthusian tendencies also dovetail with the efforts of the environmentalist movement. To combat global warming, concluded a recent article in the *Guardian*, the best thing to do is “have fewer children.” Yet this is preaching to the choir. Birthrates in most Western nations have already declined below replacement levels. The message is really directed, it seems, at the developing world. To allow *us* to continue our extravagant consumption, *they* must stop having so many children.

We tell the Third World that we act for their own good: With fewer of them, after all, the remaining people will have larger slices of the pie. This is why they must have contraception and abortion. Even if they don’t want it — well, blinded by superstition and religion, they don’t know what they want. After all, those human lives that the childless president of France found so superfluous and destabilizing could retard the all-important goal of material advancement.

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The Western mission to save Africa by stopping the birth of African children or by killing them in the womb must be considered a form of paternalism or imperialism. The widespread official use of “unmet need,” for example, assumes that we know that African women need contraceptives, even when they tell us that they don’t. Going beyond “access” and “knowledge,” it includes “those women who require motivation to want what they are presumed to need,” as Pritchett put it.

One could argue that no values are being imposed, that contraceptives are merely being offered for those who want them. While it may have been coercive in the 1970s when forced sterilizations were performed, this view maintains that it is now strictly voluntary. This, however, is a little naïve. Many family-planning programs offer incentives, including cash, for use of contraception. This means that international organizations are dangling help in front of women in desperate need of things as basic as food and water — but will give it to them only along with permanent or other forms of contraception.

As authors from the pro-birth-control [Population Council](#) acknowledge, “defining coercion or coercive actions too broadly could incriminate all family-planning programs.” That is exactly right, and worrying.

There are plenty of questions to ask. For instance, why must Western governments push a development strategy — emphasizing promotion of contraception and abortion — that most Africans find abhorrent? Why must our strategies require efforts like those of the Canadian government, which devote taxpayer monies to convincing African governments to legalize abortion?

Marie-Claude Bibieu, Canada’s minister of international development, recently [said](#), “Contraception and even abortion is only a tool to end poverty.” Abortion and mass contraception for poverty reduction — it’s that simple.

I wonder if it ever occurred to her that this tradeoff is not hers to accept.

READ MORE:

[Population Control, the Undying Dream of the Left](#)
[Planned Parenthood’s Century of Brutality](#)
[Planned Parenthood’s Lavish Private Donations](#)

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