Gerston (2002:3) says that public policymaking has many definitions, but that at a minimum it is ‘the combination of basic decisions, commitments, and actions made by those who hold or affect government positions’. Public policy does not include private initiatives undertaken outside of formal political and legal institutions (Gerston 2002:5). When, in 1973, the Supreme Court of the United States ruled that government could not restrict a woman’s right to abortion during the first trimester, this narrowed the role of government (Gertson 2002:7) and gave more autonomy to the individual woman.

Population policy also has many definitions but the work of demographers does not appear to be constrained by this. According to the United Nations (1973:632) there is no generally accepted definition of population policy. A narrow definition refers to all deliberate government actions (such as laws, regulations, and administrative programs) intended to influence population growth, size, distribution, and composition (see Eldridge 1968:381). Stycos (1977:106; 1982:531) defined policy as ‘a statement of important goals, accompanied by a specific set of means to achieve them. A well-elaborated set of means constitutes a program’. In the population field, perhaps family planning programs are the most well documented (see, for example, the March 2002 issue of Studies in Family Planning).

Berelson (1971:173) included ‘governmental actions that are designed to alter population events or that actually do alter them’. However, Stycos (1977:106) argues that Berelson’s broad definition causes confusion by including actions that have an unintended influence. For example, a health program to reduce venereal disease may also reduce sterility and thus increase fertility. Stycos argued that if the policymakers are unaware of this effect, or ignore it, the health program is not a part of their population policy.

An even broader definition, by the National Academy of Sciences in the United States (1974:86-7), would include population-responsive policies. This category covers the ways that governments respond to population changes e.g. by building more schools if the number of children is rising. The Kenyan Government responded to substantial migration to Nairobi in the 1960s by encouraging private employers to hire additional workers (Farooq 1975:143).
This population-responsive action might better be described as an employment policy, rather than as a population policy.

Dividing population policies into categories can also be confusing. According to various writers, population policies can be either:

- direct or indirect;
- explicit or implicit;
- policies of intervention or non-intervention;
- domestic or international.

Direct policies affect population variables directly. For example, encouraging immigration can increase growth rates. Rising levels of education usually result in lower fertility. Thus making secondary education compulsory could have an indirect effect on fertility. In France, Veil (1978:316) believed that people would disapprove of direct government intervention to raise the birth rate, but would overwhelmingly approve of the payment of family allowances. The French Government introduced these allowances to compensate parents for a part of the cost of childbearing, hoping that this indirect measure would raise fertility levels.

Explicit policies are associated with the stated intention of a national government to influence population events. For example, after the Second World War, Australia had a direct immigration policy designed to increase its population, summed up in the very explicit slogan ‘populate or perish’ (Jupp 2002:11).

Implicit policies are unstated, sometimes because the objective is universally acceptable, such as lowering mortality; or because publicising the policy may cause political controversy (Stamper 1977:44). For instance a government may give financial support for family planning at MCH (maternal/child health) clinics, but if family planning is controversial, the maternal and child health services of the clinics may be emphasised in the government’s public statements.

The United Nations (1979b:19) has indicated that a government may have explicit or implicit policies of non-intervention. This situation could arise when, perhaps after substantial investigation, the government concluded that intervention was unnecessary or undesirable.

According to Dobson (1975:625) the main goal of development is to increase human welfare, and population policies are one way of achieving that goal. In 1974 when the World Population Plan of Action was adopted at Bucharest, paragraph 14c read ‘population and development are interrelated: population variables influence development and are also influenced by them’ (World
Population Conference 1975:157). Many countries wish to integrate population policies with broader development policies, and so explicit population policies are often considered a part of the development plan. Stamper (1977:56–7) studied 60 plans from developing countries: 15 countries (five in Africa, eight in Asia and two in the Caribbean) had definite objectives or targets to reduce growth rates. For example, Bangladesh planned to reduce its rate of natural increase from 3% to 2.8% in the plan period 1973–78. After the Cairo Conference, demographic targets became unfashionable, and Bangladesh accepted the need to switch to a client-centred reproductive health approach (Singh 1998:178).

In China, rapid population growth was believed to have an unfavourable impact on economic growth. China’s target was to reduce its annual rate of natural increase to 0.5% by 1985, mainly by encouraging the one-child family. To achieve this objective, a number of government measures were planned. These included the mass production and free distribution of contraceptives, publicity and population education, and giving priority to women with one child when allocating housing, land, and government jobs (Chen 1979:19). China had considerable success in slowing population growth, and by 2001 the total fertility rate was 1.8 children per woman (State Planning Commission 2002:2; Weeks 2001:538).

Within a country, regions or cities may have their own policies particularly in federal or decentralised systems where states or provinces have considerable power. For example, access to abortion varies between states in both the United States and Australia. In the United States, 83% of women lived in counties with no abortion services, and in 10 States more than 20% of the women who had abortions in 1988 left the State to have them performed (DiConsiglio 1992). In the United Kingdom, abortions were made legal by the 1967 Abortion Act but Northern Ireland was specifically excluded from the Act. An estimated 20,000 women travelled to England for abortions each year (Family Planning World 1992:20). An interesting example comes from Papua New Guinea in the 1970s, where one province banned the injectable contraceptive Depo-Provera even though this method was approved by the central government (Lucas 1982).

Under the Australian’s Federal Constitution, powers not explicitly reserved to the Commonwealth Government remain with the State Governments. The Federal Government has powers in respect of immigration and emigration, of marriage and dissolution of marriage, and of census and statistics (Refshaugue 1982:259). Thus in many policy areas the powers rest with the States. This is perhaps reflected in Australian Government’s perceptions and policies as reported to the United Nations Population Division in 1996 (United Nations 1998). The fertility level was considered to be satisfactory, there was a policy of non-intervention, and indirect support was given for access to contraceptive methods. Immigration and emigration was also considered to be satisfactory,
policies of permanent settlement were to be maintained, and there was a policy of integrating non-nationals (United Nations 1998:32).

The 1974 World Population Plan of Action recommended that the monitoring of population trends and policies be undertaken continuously by the United Nations. Out of the 156 countries responding to the 1976 United Nations survey, 132 considered that their rates of natural increase or growth placed constraints on development. Nearly all of these 132 countries were undertaking multidimensional policy interventions, combining measures affecting demographic variables as well as economic, social, political, and technological factors (United Nations 1979a:14). The United Nations held its seventh monitoring inquiry, covering 169 countries, in 1990. One finding of this enquiry was that an increasing number of developing countries regarded their growth rates as too high (United Nations 1992:8–9).

The Eighth United Nations Inquiry among Governments on Population and Development (United Nations 2001) had sought replies to its 214 questions from 193 countries, but by October 1999, had received only 90 responses. In Oceania, Australia, New Zealand, Fiji and Papua New Guinea had responded, but the 14 smaller island nations had not, giving a response rate of 14%, the lowest out of the six major world regions (United Nations 2001:1–2). Australia reported it had no official position on population growth (United Nations 2001:28), but that older persons and the age composition were of major concern (United Nations 2001:30). For the majority of questions, Australia does not appear to have stated its official position. For topics such as ‘National policies in regard to reproductive health’ (United Nations 2001:47), this may be because many powers are under the jurisdiction of the States (see above). However Australia is also shown as ‘No response’ for questions on the level of immigration and emigration (United Nations 2001:57, 61).

Before discussing the influence of population policies on each of the components of population change, it must be remembered that some policies are never implemented, and that policies may change if the government changes (Stamper 1977:44). The Islamic revolution in Iran provides a dramatic example. In 1979 the new government cut family planning services, however, publication of the 1986 census results focused attention on the long-term implications of rapid population growth and in 1989 the Ministry of Health was authorised to establish family planning programs (Aghajanian 1992: Abbasi et al., 2002).

In writing about immigration to the United States during the 1970s, Teitelbaum (1982) felt that the United States had proved to be politically and administratively incapable of enforcing its own law. The same may be said about British policies on asylum seekers.
Furthermore, it must be noted that population policies may be in conflict with other government polices. France encouraged larger families by an extensive system of benefits, including the payment of family allowances based on the number of children and their ages (Bourgeois-Pichat 1972:8). At the same time, rights of the individuals to choose the number of children to have are recognised. Abortion, was legalised in 1975 and is available on demand, contraceptive sterilisation has been permitted since 1983 (United Nations 1987:220).

For this reason Johansson (1991:402) argued that fertility policy should be broadly defined, and puts forward the idea of ‘net policy’, since micro-level fertility decisions may be determined by various macro-level policies working at cross-purposes.

INTERNATIONAL POLICIES

So far we have only considered domestic policies. Bessemeres defined international policy as the official attitude adopted by a country in question to attempt to affect population growth rates in the world as a whole, or in particular countries or regions which are held to have a 'population problem'. This attitude can express itself in the giving or not giving of aid to family planning programs in other countries or through activity in any of the international agencies concerned with population problems (Bessemeres 1976:19). International policy might also include international agreements such as those made at the Earth Summit in Rio in 1992 and at the International Conference on Population and Development in Cairo in 1994. Unfortunately, ‘….among all the reams of paper covered with ink at these UN gatherings, one will never find a single binding commitment … if the output of these conferences can be considered law at all, it is the softest of soft law’. (Johnson1995:9).

The United States is a major donor to many international population agencies whereas the former USSR traditionally opposed all international efforts to reduce population growth rates, although some relaxation of the Soviet position was noticeable in the 1960s (Bessemeres 1976:19; Brackett 1968). In 1985, external assistance to population programs in developing countries exceeded US$500 million. About one-third of the population aid from 17 developed countries went to developing countries through bilateral programs, another third went through United Nations agencies, notably the United Nations Fund for Population Activities (UNFPA), and the remaining third through organisations in the private sector (Nortman 1988). Six of the 17 donor countries (Austria, Belgium, Finland, Italy, Japan, and Switzerland) directed 90–100% of their aid through the United Nations (Population and Development Review 1990: Table 2). In contrast, the largest donor, the United States, cut off funding to the UNFPA in 1986 after a
dispute over population assistance to China (Green 1993:316). This policy was rescinded by the Clinton administration in 1993, but re-instated by Bush in 2002. (Weeks 2001:543).

**POPULATION ASSISTANCE**

### 11.3. Population Assistance

International policy includes the giving of overseas aid, a subset of which is population assistance. Unfortunately, as put by Schindlmayr (1999:38), there is no consensus on what population assistance is, or on what it is trying to achieve. The latter term became more obscure when it was overridden by the term ‘reproductive health’ in Cairo in 1994.

An outspoken critic of Australia’s population assistance, Senator Harradine, held the balance of power in the Senate for much of the 1990s. In 1993 ‘elements of the aid community’ were outraged by a freeze on $35 million for population and family planning projects ‘… as a part of a budget deal with Independent Senator Harradine’. (McPhedran, 1994). This freeze was lifted in May, 1994, after experts had completed an *Independent Inquiry Report into Population and Development*, otherwise known as the Ahlburg report, for the Australian Government (This was subsequently published as Ahlburg et al. 1996).

In the 2001-02 budget, AusAid was able to claim that Australia’s support for health in developing countries had increased from 4% of overall aid expenditure in 1996-97 to 12% in 2001-02. Of this 12%, 19% was allocated to STD control, including HIV/AIDS, 9% to family planning and reproductive health, and 2% to population policy and management (AusAID 2001:16).

At a global level in 1995 eleven donors provided 96% of the population assistance. The percentage of the European Union’s aid going to population assistance almost quadrupled in the early 1990s, from 0.56% in 1990 to 2.26% in 1995. Major recipients included India, Bangladesh, and Indonesia (Schindlmayr 1999: 74,78,107)

**Policy Development**

In her book *Social Policy, Public Policy* (2001:4), Edwards shows a framework for policy development that comprises six steps:

1. Identify issues.
2. Policy analysis.
3. Consultation.
5. Implementation.

Although her case studies did not cover direct population policies, several had demographic implications, describing policies that had an indirect effect on population variables. For example the introduction of Higher Education Contribution Scheme in 1989 increased the cost of education to individuals and families, which could have an effect on fertility and on the timing of births.

Another study covered unemployment, a topic that largely concerns economists. However, demographers have a strong interest in employment and unemployment, partly because the supply of labour is influenced by the age-sex structure of the population, and, for women, by childbearing and childrearing. Demographers are frequent users of unemployment data that can be derived from the census every five years and also from regular sample surveys and administrative statistics on unemployment allowances.

In the early 1990s an important aspect of the policy analysis related to long term unemployment which had been shown by academic economists such as Chapman as intractable (Edwards 2001:Chapter 5). Although most of the interventions to tackle the problem would probably not be classed as population policies, one intervention that involved regional development initiatives (Edwards 2001:165) could be considered as having an indirect effect on internal migration.

In countries such as Australia, Ministers ultimately make policy but government officials can help them immeasurably (Edwards 2001:1). Social scientists are unlikely to be involved in the decision-making step. Policies relevant to mortality, fertility and migration will be discussed in the relevant chapters. At the time of writing the demographic issues concerning policy-makers in Australia include:

- Falling fertility.
- Asylum seekers.
- Ageing.

**Australian Institutions, Agencies and Advocacy Groups**

As shown above, the Australian Government has the power to regulate immigration and emigration and Jupp (2001:61) has noted that Australia is unusual in having a distinct and specialist Immigration Department which is normally represented by a Cabinet Minister. Details of the activities and research of the Department of Immigration, Multicultural and Indigenous Affairs can be found at: [http://www.dimia.gov.au](http://www.dimia.gov.au).
Although Borrie (1994:7) applauded the prodigious output of the Bureau of Immigration Research (subsequently the Bureau of Immigration and Population Research) in the five years since its creation in 1989, this did not prevent its demise shortly afterwards. According to Jupp (2002:218):

‘The Immigration Department regularly produces information and runs campaigns, designed to gain acceptance for the intake program and for the ethnic diversity which is its result. This function was also continued by the Office of Multicultural Affairs and the Bureau of Immigration Research until they were foolishly abolished in 1996’.

Whereas agencies may have diminished in number, advocacy bodies may have expanded their influence, both locally and internationally. Finkle and McIntosh (2002:6) have commented that NGO participation was a feature of UN conferences in the 1990s, including Cairo and the 1992 Earth Summit in Rio, and that this is ‘a new and distinct form of transnational politics’. Johnson (1995:8) has observed that 175 nations were represented at Rio, and that there were 1500 officially accredited NGOs.

Advocacy groups include NGOs that support a cause and also work for changes in policy and funding decisions. Here are three, all founded within the last fifteen years, arbitrarily taken from the web page of the Australian Parliamentary Library in 2002. Of these, the oldest was Sustainable Population Australia, founded in 1988, which is an ‘ecological group dedicated to preserving species’ habitat globally and in Australia from the degradation caused by human population growth’. (Sustainable Population Australia, 2003).

The Australian Reproductive Health Alliance was formally launched by the Minister for Development Cooperation, the Hon. Gordon Bilney, in November 1995, ‘to ensure that Australia understood and supported the goals of the Cairo Conference on Population and Development’. (Kane 1996). The ARHA provide secretariat support for the All Party Group Parliamentary Group on Population and Development.

The third advocacy group is the Australian Population Institute, or Apop, which ‘aims to develop a shared strategic direction within the Australian people that recognises the benefits of responsible population growth to Australia’. (APop 2002). ‘APop supports policies that will stimulate responsible population growth through both increased fertility and increased overseas migration’. One of Apop’s initiatives was convening Australia’s first Population Summit in February 2002.
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BEGINNING AUSTRALIAN POPULATION STUDIES


