

over the coming decade, although precise estimates are not yet available. It will however hit some élites particularly hard.

Truly severe **malnutrition** is rare enough that it does not noticeably affect population growth statistics; mild malnutrition, while sadly common in a number of countries, has little effect on fertility.

Except in a few very small countries, **permanent emigration** is not a major factor in reducing population growth, as it was in 19th century Europe. As a percentage of population increase it is only 2-3% in Latin America and much less in Asia and Africa.

Religious factors have uneven effects. **Papal teachings** on contraception are heeded in some Catholic countries, e.g. the Philippines, less in others, e.g. much of Latin America, and very little in European countries such as Spain, Italy and Austria, which now have some of the world's lowest fertility rates. **Islamic theology** does not have tenets that prohibit modern contraceptive methods except those which are irreversible, and certain Koranic texts can be interpreted as actively encouraging child spacing. Resistance in some conservative Muslim societies mainly reflects their view of women's subordinate status and a feeling that family planning is a Western intrusion into traditional ways.

National Government Population Policies

There are population policies now in the majority of developing countries, particularly in Asia, less in Latin America, and still less in Africa. The first such policies were mostly Western-inspired, and many in developing countries initially considered them as a Western scheme to curtail aid demands. This has gradually but almost completely changed over the past three decades. Governmental policies can help to reduce population growth by:

- altering the economic and social conditions, particularly those affecting women, that encourage high fertility;
- instituting or expanding **family planning programs**, through popular education about benefits and methods, and the provision of actual contraceptive and other family planning facilities; 123 countries now support such programs and only 4 are against them;
- providing direct incentives or disincentives, such as tax deductions, maternity benefits, housing, direct payments, and in some countries, openly coercive measures, as in China and, for a time, in India. In desperately poor countries and among local bureaucracies anxious to please overenthusiastic foreign donors, the distinction between incentive and coercion (a sari in return for sterilisation?) is not always clear -- whence the importance of voluntarism as a principle, rightly emphasized in Canada's own policy (see Annex III).