

**wanted:
another leap
ahead**

**SWEDEN AND THE
WORLD POPULATION
CRISIS**

By Ernst Michanek

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WANTED: ANOTHER GIANT LEAP AHEADSweden and the world population crisis

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The present world population crisis has had forerunners, at least on the national level.

IN PREDOMINANTLY agricultural Sweden of the 19th Century, malnutrition and not seldom starvation was very common in spite of improved health and increasing food production. Eight to ten childbirths in a family was normal, but many died early. Still, the population increased. Tuberculosis and other "poor man's diseases" were endemic.

The country has never been crowded by people - but it became economically overpopulated. Sweden's population was around 5 million, her land area the size of France, or California. People left the country-side by thousands for the towns, where they built and crowded the slums, searching for jobs, often in vain. Due to lack of economic opportunity in their native land, in some decades more than one million Swedes emigrated, most of them to North America.

This was in grand-mother's time, less than a hundred years ago. There are still many Swedes who remember these times vividly.

People began to see for themselves the relationship between economic opportunity, food supply and health on the one hand, and population number and family size on the other.

During these same decades, Sweden passed important stages of development. Education spread, foreign capital and know-how helped the domestic forces exploit rich natural resources, industrialisation developed.

THIRTY-FIVE YEARS ago, suffering from the great depression of that time, Sweden now a predominantly industrial country, experienced a different population crisis. Families were becoming very small, fertility was record-low. Most people practised birth limitation, but still also the rate of illegally induced abortions was found to be high. Some observers saw a risk to national development in too low a population increase.

Private organisations had taught the practice of family planning and fought for everybody's right of knowledge in this regard - as a human right and as a means of economic, social and cultural advancement, and of individual happiness. State and community had done little or nothing to promote such ideas or knowledge - or had even barred free discussion. But the message responded to the wishes and needs of people - and to their experience.

More and more people in Sweden demanded more from their government and community: better education, housing and town planning, maternal and child care, health, social security, employment and economic opportunity. And they proved to be prepared - through a parliamentary multi-party system of democratic decision-making - to take upon them the taxes and other burdens needed to run what they regarded to be a just society. One demand was for children to be children welcome - by their parents, by their community.

The Swedes turned a great deal of these wishes into reality. Sweden to-day is often labelled a "welfare state" for her 8 million population, which is increasing by less than 1 per cent a year. Much remains to be done to increase equality and justice. But the base is there: Sweden's per capita income is now among the highest in the world.

THIS SIMPLIFIED story of a people developing from poverty to prosperity in two generations' time, is part of the background of Sweden's activity in the field of international cooperation for development. Population restraint - on the basis of individual knowledge and decision - is looked upon as one of the means of development, and as a goal in itself at the same time.

Sweden introduced a general registration and census system already 200 years ago. Vital statistics and other demographic data made possible to follow and study the development closely, as changing conditions of food, health, education, migration, employment, etc, influenced the picture.

Swedish specialists were among the first to see or foresee the results on world population of the successful fight against epidemic diseases and of increased food production. In bodies of the United Nations, specialized groups and political assemblies, they joined those who tried to make heard their warnings, that the limitation of deaths must be accompanied by a limitation of births, if the equilibrium were to be sustained and levels of living in the poor countries were to be raised. They encouraged census systems to be introduced everywhere in international cooperation, thus creating the basis for knowledge and action.

This was back around 1950. But at that time and for some years still, family planning with the help of contraceptives, although widely practiced in the industrial countries, was not allowed even to be mentioned in official gatherings of the international community, such as the UN sponsored World Population conference in Rome, 1954. The work still had to be based primarily on voluntary activities, Bombay, New York and Stockholm - where particularly important meetings were held - may be mentioned as footsteps

for a tripod from which came the warning and the message, and the call to action.

IN 1958, the Swedish government decided to join in the endeavours of the International Planned Parenthood Federation, the Population Council, and other non-official bodies, to encourage population and family planning programs in less developed countries. A research-cum-training project, closely linked with maternal and child health, was initiated in agreement with the government of Ceylon. In 1961, Sweden entered into participation in the national family planning program of Pakistan.

The United Nations was still denying delegates the right to put on the agenda the matter of an active international population program. Consequently, those who rang the alarm clock also had to try to man the fire brigade - however badly equipped they were, in fact, for such a tremendous task. The government of Sweden, for one, had never run a national family planning program, in her own country or elsewhere. It was a pioneering task, a painstaking experience of trial and error, to learn from, to build upon.

But the will and the conviction were there, a few devoted people, and some money. The need was apparent, and the demand for action came from an increasing number of quarters.

IN CLOSER and closer collaboration with others and a beginning coordination of activities, the Swedish government through its international development authority, SIDA, has gone on supporting financially and otherwise pilot and research projects, planning and administrative units, training institutions, conferences and seminars, some population centres in less developed countries, communication media services, the provision of supplies of all kinds

(contraceptives, IUD-clinic, equipment, vehicles, printing presses and paper, etc). SIDA has been in a position to do, sometimes, what other donors could not do - or to do it quicker. It started contributing financially to the budget of the IPPF. Sweden could earlier than other governments supply contraceptives for mass distribution. As SIDA funds are not tied to procurement in Sweden (where condoms, e.g., are not produced) the agency can buy where the quality/price ratio is best. As the world's largest buyer of such articles at present, SIDA can press the prices to the benefit of all customers. All Swedish contributions under the family planning program are made on a grant basis, which simplifies and speeds action.

Not one voice of any strength has been heard in Sweden against the program, but many have demanded stronger action.

The work towards a concerted international action program has proceeded. The Swedish Government, in conformity with her traditional policy, looks forward to the United Nations system of organisations shouldering a leading role in this regard. Even before that stage can be reached, Swedish financial support has been made available to the UN agencies for their build-up of an operative machinery, and the World Bank activities in the population field have been welcomed with great satisfaction.

To join forces more and more with the medical and social field services - e.g., in collaboration with UNICEF - seems to be a main road to follow, and this SIDA endeavours to do. A closer connexion between health control - e.g. cythology, cancer testing - and family planning is favoured. A greater participation in education for family living and in sexual information to the general public is underway.

For the next future, research activities, primarily for new, safe contraceptives and also in the field of social adjustment, will need stronger support, and Sweden will try to do her part. The problems "beyond family planning" merit attention now; among them is the question of the status and employment of the woman after the childbearing age.

IN THE WAR against hunger, new high yielding seed varieties seem to have opened the door to new opportunities. Tremendous "second generation" problems have to be solved to bring the new seeds to grow in the fields of small farmers, and the bread to get into the stomachs of poor people. But the goals are set, the means are known, and the fight is on.

In human reproduction, not even the "first generation" technical problems are yet fully solved, but while means are sought, the problems of dissemination of convincing knowledge are being attacked. To change habits and attitudes of the nature involved is normally a long-term task. For man and woman to draw their own conclusions from experience would cost two generations. What is at stake now is, that we must gain the time of one generation, for the period of grace afforded us is short.

Be it the satellites that are needed to carry the message via space to the 560 000 villages of India and to the rest of the world - so, let us employ those means! - to tell everybody, school-children and adults alike, how to improve health and hygiene, how to increase food production, how to economize the resources of our planet, how to limit family size to the desirable and the responsibly bearable, how to bring man and his environment in equilibrium, how to make mother Earth inhabitable for the generations to come.

In these last months of the 1960's it has become clear, that the problem of population and family size is equally important for all nations. It is important for those who are fighting for the bare necessities of life and trying to overcome the under-utilization of resources of their lands. It is important for those who are fighting the consequences of their overcrowding the cities, their overutilization of the resources of the earth; and it is particularly important for those who have two nations in one country, the haves and the have-nots. Population policies and family planning is not a field where donors and receivers are apart, it is a field for real cooperation and mutual advantage.

Another giant leap for mankind is ahead - and we can make it, provided we are prepared to take on the task of organizing ourselves for action, and to start the engine. The Swedish people has requested its agency for development cooperation to do its part.

Swedish Family Planning Assistance

Disbursements, US \$ 1 000's

	F Y <u>1958 - 1968</u>	F Y 1968/69
<u>Countries</u>		
Algeria		11
Ceylon	1 267	133
Costa Rica		15
El Salvador		4
Ethiopia		3
Gaza	52	
Guatemala		4
India	97	1 011
Kenya		8
Korea (South)	344	266
Malaysia	124	92
Mauritius	21	4
Morocco	27	1
Pakistan	4 788	1 742
Trinidad-Tobago		76
Tunisia	457	137
Turkey	95	16
<u>Organizations</u>		
IPPF	993	580
UN Fund for Population	50	150
WHO		200
UNICEF		601
UNESCO		58
OECD		111
<u>Other</u>		
Seminars, conferences etc	101	127
Research		44
TOTAL	8 416	5 394

Note. For fiscal year 1969/70, disbursements are estimated to reach more than US \$ 8 mill. Among countries now under active consideration for inclusion in the list are Afghanistan, Chile, Colombia, Cuba, Dominican Republic, Indonesia, Iran, Nicaragua and the United Arab Republic.

Swedish Family Planning Assistance

Basic information

Distribution of disbursements F Y 1968/69

	%
Courses, conferences	2
Research and education	4
Experts	11
Contribution to IPPF	11
Contributions to other international organizations	20
Contraceptives and equipment	52

