

[Population Control Policies and Fertility Convergence](#)

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The rapid population growth in developing countries in the middle of the 20th century led to fears of a population explosion and motivated the inception of what effectively became a global population-control program. The initiative, propelled in its beginnings by intellectual elites in the United States, Sweden, and some developing countries, mobilized resources to enact policies aimed at reducing fertility by increasing information about and availability of contraceptive methods, and establishing a new small-family norm using public campaigns. By 1976, following the preparation of the World Population Plan of Action at the World Population Conference in Bucharest in 1974, 40 countries, accounting for 58 percent of the world's population and virtually all of the larger developing countries, had explicit policies to reduce fertility rates. Between 1976 and 2013, the number of countries with direct government support for family planning rose to 160.

In the subsequent decades fertility rates fell dramatically, with a majority of developing countries converging to a fertility rate just above two children per woman, despite large cross-country differences in economic development. In this paper, we argue that although socioeconomic factors do play an important role in the worldwide fertility decline, they are not sufficient to account for the timing and speed of the decline over the past four decades. Using several different measures of family planning program intensity across countries, we show a strong positive association between program intensity and subsequent reductions in fertility, after controlling for potential explanatory variables, such as GDP per capita, schooling, urbanization, female labour force participation and mortality rates. We conclude that concerted population control policies implemented in developing countries are likely to have played a central role in accelerating the global decline in fertility rates and can explain some patterns of that fertility decline that are not well accounted for by other socioeconomic factors.