

Birth control and poverty in South America

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The idea that inducing birth control is an important strategy for poverty reduction is still popular in groups with reasonable political power. For instance, concerns about increases in fertility became part of the debate about the results of cash transfer programs that deliver benefits proportionally to the number of children in the household, like *Bolsa Escola* in Brazil and *Progres*a in Mexico. Moreover, a study of the entrepreneurial elites in Brazil has shown that about one fourth of the people interviewed believe that birth control should be the main initiative to fight poverty in the country (Reis & Cheibub, 1995). The rationale behind this is very intuitive: many children in a family means more mouths to be fed by few hands, as children are usually economically dependent on their parents. Thus, the fewer children in poor families, the better for poverty reduction in the country.

When one considers that a couple with ten kids has much higher chances of being in poverty than a couple with no children, the argument for active birth control policies seems to be perfect. Moreover, transferring to the poor – especially poor women – the responsibility of avoiding the reproduction of poverty through the generations may sound comfortable to some.

However, evidence suggests this argument is wrong for the majority of South American countries. Although higher fertility may lead some families into poverty, the poor families have an average size similar to the non-poor. In most of the countries in the region, fertility rates are not high, around 2.4 children per woman. These are average rates, but as the low income portion of the population is clearly in the majority in these countries, the average is representative of the poor. Such rates show that, generally speaking, poor women already use some kind of birth control. Of course there are exceptions, but they are not very common.

The table shows what would be the effect on the incidence of poverty of simulated restrictions in the number of children in Brazilian households. In the columns are the maximum number of children a household would be allowed to have in the simulation. Without any restrictions, the observed incidence of poverty in the Brazilian population is 33% for the poverty line used.

The simulation shows that even if no woman in Brazil had a single child in the last 15 years, the proportion of poor in the population would still not fall below 30% (Medeiros, 2003). This is a clear sign that, in a

realistic perspective, an increase in birth control would result in few changes in the present incidence of poverty and would have high social costs. In the present, policies to achieve sharp reductions in fertility may have to be very intrusive in family decisions; they can also become a trap for the future. A reduction of 20% in South American fertility levels is enough to make them go below replacement levels. If this happens, in the next generations, we will have an inverted population pyramid, with high demographic dependency, and, therefore, we may be transferring the poverty from today's children to tomorrow's elderly. Poverty eradication policies will not gain from focusing on reductions in family size. The problem, as stated in many studies, is of increasing family income.

Incidence of poverty after simulated restrictions in the number of children born – Brazil – 1999

Years ago implemented	No children %	1 child %	2 children %	3 children %	4 children %
15 years	27	34	36	35	34
10 years	30	35	35	34	34
5 years	32	34	34	34	33

Source: Medeiros (2003), using a poverty line of R\$ 80.97 (around US\$ 43), values from September 1999.

The small impact that reductions in the current fertility rates would have on poverty does not lead to the conclusion that access to contraceptive methods is unnecessary for poor women. There is no doubt that the freedom to decide the size of one's family is an important reproductive right. Guaranteeing this access is both a matter of ensuring women's reproductive rights and of keeping fertility rates low. Poor women want to control their reproduction and need the State to provide the means to do that. What they do not need is birth control policies that force them to do so.

References:

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