

Does it take two to tango?  
**Sex and Population**

A literature study exploring the place of sex, population and their combination  
in the “Population and SRRH” issue culture.

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## Abstract

With the ICPD in 1994 a new focus within the population field emerged. The main concern shifted from demographic targets to people in need of reproductive health and rights. More than 15 years after ICPD the question rises whether sex and population issues have become integrated. Do sex, population and their combination have a place in the 'population and SRRH' issue culture? To assess this, an explorative literature study has been conducted. Reviewed were abstracts from 123 articles published since 1994 in scholar demographic journals mentioning both sex and population related topics. This paper presents the findings. Main conclusion is that neither sex, nor population, nor do their combinations have a place in the issue culture. The field is dominated by family planning and reproductive health. Demographic numbers are replaced by reproductive health numbers; the involvement of the targeted people is largely absent. Few regions are considered and the focus is almost exclusively on women. Men, couples and youth hardly receive attention, nor do the broader social, cultural, economic and environmental context. The approach is mostly generalist while contextualisation is essential. Funding plays a marginal role and the private sector is excluded. Missing are fundamental questions and research on what is considered problematic and what justifies certain interventions. Recommended is the introduction of more critical program evaluations. In general a broader and more inclusive approach is suggested.

### Keywords:

Population debate, SRRH, sexuality, sexual and reproductive rights, reproductive health, population problems, overpopulation, demography, literature study.

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## **Introduction**

‘At the beginning of the twenty-first century, the variety of population issues confronting the global community is considerably broader than those that have been the historical preserve of UNFPA, even in the expanded form of reproductive and sexual health and rights’ (Finkle and McIntosh, 2002, p. 20). ‘The population field is not defined and driven by a single interest group, nor by an alliance with concerns that can readily be addressed by a sectorally structured national government. Rather, the population field is made up of a coalition of interest groups whose goals and purposes overlap in many important respects and ... diverge at other times and in other important respects’ (Finkle and McIntosh, 2002, p. 15), ... ‘As a consequence, the field has grown in scope and complexity and may be at risk of losing coherence and focus’ (p. 20). The population field can be seen as an ‘issue culture’, which is an ‘ongoing discourse that evolves and changes over time, providing interpretations and meanings for relevant events’ (Gamson and Modigliani, 1989). A clear shift in what is considered relevant in the population issue culture became apparent during the UN International Conference on Population and Development in 1994. During this conference individual sexual and reproductive rights and health entered the discussion. The population debate was no longer merely about population numbers. In fact, this was the first international conference at which sexuality sneaked in ‘... as something positive rather than violent ... and hidden within heterosexual marriage and childbearing’ (Petchesky, 2000, p. 83). From population problems to sexual rights might seem a whole journey. However, traditional views on sex and sexuality are changing in the Western world. This emphasizes the necessity of ‘social reflexivity’ stimulating the establishment of new paradigms (Giddens and Griffiths, 2006 in Vanwesenbeeck, 2008). The question thus rises whether such social reflexivity has taken place within the population issue culture. Has the ICPD managed to establish a new paradigm in the population field? More than 15 years after the ICPD, which place do sex, population and their combination have within the population debate?

## **Research aim**

The aim of this study is to explore the combined field of Population and Sexual Reproductive Rights and Health (SRRH). What the “field” is about? What is it *not* about? What should it be about? Where do both topics overlap one another? By exploring these broad questions, perhaps population and sexuality issues can be brought together. A preliminary literature study on this topic revealed that so far no research has been conducted on this topic. The novelty and relevance of this topic justifies the need for this exploratory study.

## **Research questions**

To explore the ‘Population and SRRH’ issue culture, the broad questions have been narrowed down the following research questions:

In the scholar demographic literature published since the ICPD in 1994 dealing with both population and SRRH topics;

- 1: Are sex, population and their combination considered?
- 2: If so, in what context are they mentioned?

## **Report Structure**

To place the research in a context and to justify the combination of the presumably quite distantly related issues, Chapter 1 provides a more elaborate introduction. It devotes some words to the structure of population debate; sexual rights and their possible combination. Chapter 2 will deal with the specific research question, study-design, methods and data-collection. Chapter 3 presents the results obtained and the conclusions derived are discussed in chapter 4. Further (research) recommendations will be given in chapter 5.

# 1. Background

The place of sex in the population debate is not yet self evident. So before diving into the results of this study it might be useful to devote some attention to why sex could/should have a place in it at all. In this more elaborate introduction to the background of the topic, some words will be devoted to the structure of population debate, to sexual rights and their possible combination. This is done to justify the combination of these presumably quite distantly related issues.

## 1.1. About the population debate

Without fully going into the content of the whole population debate, something can be said about its structure. First of all, the debates revolve around two questions; whether there is a problem and -if so- how they should be solved (Sinding, 2000). Before addressing these questions it is important to realize that population numbers themselves cannot be considered problematic, but *only in relation* to certain values and circumstances. If there is no problem with the population size, the relation with the values and circumstances can be represented by the following abstract equation (Ryberg, 1998):

$$\text{Value}^{\text{Maximum}} = (\text{Population size}^{\text{optimal}}, \text{circumstances } X_1, X_2, X_3, \dots)$$

When speaking of overpopulation, an imbalance in the equation is suggested. The number of people is too much for the Value in the Specific circumstances. For instance, the amount of natural resources available per person (Value) is not sufficient for the number of people (Population Size), in a specific region and given the current use and distribution (Circumstances). In this example the conclusion could be that there are too many people and therefore overpopulation is a problem. Overpopulation is a normative concept with reference to some ideal situation. Something is not too large by nature, but by comparison. The first problem thus arises with the comparative nature of the concept. What is the *optimum* population size to which it is compared? And then the second question is: optimal population size for what exactly? And for who, in which places and in which time period should things be optimized? To answer this, three things are important to define:

- 1) The value that should be maximized (food, schooling, rights, resources etc). Quite some different Values are formulated in the population debate (Wilmoth and Ball, 1995).
- 2) The methods to achieve the maximization of the specified value. This can be done by adjusting the value itself (produce more food, or simply accept a smaller diet), adjusting the population size or changing circumstances. Much of the critique on the population debate provided by social sciences (Ratner, 2004) relate to the 'given' circumstances which are changeable too.
- 3) The circumstances under which the optimum population size should be calculated (the ideal situation or the current, local reality).

So the population debate is a complex one and population policies can never be justified as the only solution. However, discussions about overpopulation hardly ever use satisfactory definitions of what overpopulation exactly means (Ryberg, 1998). He continues 'This is most unsatisfactory, especially because whether or not overpopulation is a fact is often claimed to be crucial when it comes to the justification of population policy recommendations'. 'The concept of overpopulation and its political implications should be handled very carefully- more carefully than is often the case in population debates'.

## 1.2. About sexuality

The SRRH field might be as broad as the population field itself. As Petchesky (2000) explains, the concept of both sexual and reproductive rights might be more like a code, meaning different things to different people. The World Health Organization defines sexual health as a state of physical, emotional and mental wellbeing related to sexuality. Sexual rights comprise some general human rights, such as the safeguard against force, discrimination and violence. These negative rights require others to refrain from certain conducts (Shue, 1980). But they also entail positive rights which put others under a duty to do something (Shue, 1980). Examples are the right to proper information and sexual development, access to good sexual and reproductive health, and bodily integrity. The ability to make choices concerning sexual activity, relationships, marriage, having children and finally, the pursuing a satisfying sexual life without experiencing unwanted pregnancies and contracting STD's, also belong to the scope of sexual rights (Vanwesenbeeck, 2008). Reproductive rights are thus a part of sexual rights, but the scope of sexual rights is much broader than the issues related to reproduction.

## 1.3. About the combination of population and sex

From population problems to sexual rights might seem a whole journey. But logically, sex is very relevant for population problems. The eminent reason is that sex results in reproduction, which results in population growth and thus possibly in population problems. This is about reproduction, but sex itself should also be included in the population debate because it is fundamental to life. Sex is a need almost as essential as food and shelter (Nussbaum and Glover, 1995). As explained in the previous paragraph, the 'Value' under consideration in the population debate is highly debatable. Without defining what the Good Life is, the broadly defined goal could well be for all people 'the ability to live a sustainable life worth living'. The formulation of this goal gives sex, not only reproduction, a place in the population debate. As far as the Population Debate is in essence about the people living in a population, people's rights have suddenly become as important as population numbers. By striving for the ability that people now and in the future can live a life worth living, fulfilling human rights in fact becomes the goal of the whole Population Debate too. It also makes human rights the boundaries in which to operate. Also, granting human -and especially sexual- rights provide a means of achieving the goals.

To slow population growth and reduce its size, family planning is often advocated. However the more encompassing sexual rights might be very necessary for family planning to work in the first place. As (Coale, 1973) stated, for fertility to decline substantially there are three preconditions. The first one is acknowledgement of one's ability to influence fertility. This is followed by the required desire people need to have for influencing their fertility. Only in the third place, their ability to do so comes into play. This last precondition is what family planning and reproductive rights and health seem to be about: providing knowledge, means and education in how to use contraceptives. However, experiencing positive sexual rights might contribute to the fulfillment of the first two preconditions.

So if sexual rights can be so central to the population debate, is population relevant for the SRRH field too? The exercising of reproductive rights by individuals assumes the results of these aggregate free choices are in harmony with societies interests (Demeny, 2003, p. 17). If this is not the case, societies would soon come up with regulations, because 'individuals live in a social matrix that can, in the name of the public good, constrain the rights, even if they are said to be sovereign (Demeny, 2003, p.18). The reality of the population context is very relevant for the fulfillment of these human rights, including sexual rights. For instance, consider Uganda which currently has a population of about 30 million people. For 2025, it is projected to be 53 million people (UNPD, 2009). This means that within a time span of only 15 years, the population will be almost doubled. On average every year more than a 1.7 million people will be added. When thinking about the right to education, which is already difficult to grant it for all people around now, the population growth makes it increasingly difficult. Say for instance 500 children can go to one school. This would imply an additional 3500 schools are required just to keep up with the growth *each year!* So population numbers do matter!

The combination of sex and population could be a very nice balancing one. In this the population perspective can provide a larger and less individualistic context for individuals exercising sexual rights. On the other hand, the sexuality perspective can provide a human and individual face to the

more generalist population view. Besides that, both perspectives would benefit from the following. As Parker mentions (Parker, 2010, p.62) for granting sexual rights 'it is important to dismantle the existing division between private and public domains'. Together with the necessity to make a distinction between sex and reproduction, these two goals could provide a common ground for both population motivated and feminist SRRH advocates.

In conclusion, the presumably quite distantly related issues of population and sexuality can be combined. First of all because both are important realize the ability for people to 'live sustainable lives worth living'. Second, both perspectives balance and complete each other. Population provides the necessary context and sexuality the necessary individuality. And thirdly, a common ground can be found in the aim to get sexuality out of the private into the public sphere and to distinguish it from reproduction.

Sexuality and population can be combined, but are they also in practice? In the following chapters the presence of both topics and their combination is studied in the scholar demographic literature on the 'Population and SRRH field' published since 1994.



## 2. Methodology and Data collection

After introducing the research topic in the previous sections, this chapter will deal with the specific research questions, study-design, and data collection.

### 2.1. Research questions and study design

As explained in Chapter 1 the combination of sex and population is justifiable on a theoretical base. However the question is whether both topics are combined on a practical level too. The broad research questions are; what is the issue culture of 'Population and SRRH' about? What is it *not* about? What *should* it be about? And where do both topics overlap one another?

To answer these very broad questions, they have to be narrowed down. Which place sex, population and their combination have in the issue culture will be answered by conducting a systematic literature analysis of the scholar demographic literature published since 1994, after ICPD. By conducting a text analysis, replicable and valid inferences can be made from texts to their content (Berelson, 1952; Krippendorff, 2004). This research will assess the awareness and knowledge of sex, population and their combination in the 'Population and SRRH' issue culture, as will the importance given to and the attitude towards them. By focussing on scholar articles of course only one element of the issue culture is used. However the analysis of these texts may be used for inferences on all other elements of the communication process. Following from the aim of the research – and by using a interpretative paradigm – a representational perspective will be applied to the text analysis, meaning, the texts are used as a means to understand the authors meaning (Krippendorff, 2004). The specific research questions answered in this study are:

In the scholar demographic literature published since the ICPD in 1994 dealing with both population and SRRH topics;

- 1: Are sex, population and their combination considered?
- 2: If so, in what context are they mentioned?

### 2.2. Data

The texts that serve as input for this review are obtained by searching through important demographic literature databases, namely POPLINE and JSTOR. POPLINE is the world's largest database on reproductive health and contains almost 370.000 documents (Popline, 2010). JSTOR has indexed 24 journals specific for Population Studies (Jstor, 2010). Searching at least 2 databases is necessary because the indexed journals differ per database. By searching only one database one will miss out on certain relevant information; also keywords to find articles differ per database, as do their hierarchical ordering (Krippendorff, 2004).

After determining the most important themes for both population and SRRH, specific search words for the search entries are determined. The choice of the search words is mostly based on POPLINE's keywords dictionary. For this study the topics for the population are: ones *perspective* guiding the *interpretations* of demographic *descriptions* such as pop size, distribution and processes, resulting in attempts to *influence* them. The population themes in this study therefore are 'perspectives', 'descriptions', 'interpretations', and 'influence'. To retrieve these themes from the texts they are operationalized in the following search words;

- Perspectives: population debate, population problem, population theory
- Descriptions: population dynamics, population decrease, population growth, population distribution
- Interpretations: overpopulation, population pressure, optimum population, population stabilisation, underpopulation
- Influence ; population policy, population control

The SRRH themes for this study are based on the following description by Vanwesenbeeck (2008). Sexual rights comprise some general human rights, such as the safeguard against force, discrimination and violence. Besides these negative rights they also entail positive rights, such as: the right to proper information and sexual development, access to good sexual and reproductive health and bodily integrity. The ability to make choices concerning sexual activity, relationships, marriage, having children and finally the pursuing of a satisfying sexual life without experiencing unwanted pregnancies and STD's also belong to the scope of sexual rights. The SRRH themes for this study are: sex, rights, gender, violence, reproduction, education and health. They are operationalized by the search words:

- Sex: sexuality, sex behaviour, sexual behaviour,
- Rights: sexual rights, reproductive rights, bodily integrity
- Gender: gender issues, women's groups, sexual minorities
- Violence: sex discrimination, sexual violence, sexual exploitation, sexual abuse, sexual trafficking, sexual harassment, rape
- Reproduction: reproduction, family planning
- Education: sex education, family planning education
- Health: sexual health, reproductive health, women's health

To assess whether population, sex and their combination have a place in the 'Population and SRRH' issue culture, first the number of hits retrieved by all the search words are obtained. Each search word and all the combinations of Population and SRRH words are entered in the two different data bases, and by using two different search criteria therein. For both databases a first search is conducted on 'abstract' level. This means only the abstracts of articles are searched for the specified search terms. In addition to that, the POPLINE database is searched using 'keywords' as criterion. This means that the search words have to be assigned specifically as a keyword to the article in order to be retrieved. JSTOR does not work with keywords and is instead searched for the 'Full-text', meaning the search words have to occur at least once. Only allowed are articles published in English since 1994, in peer reviewed journals and occurring in the database itself (POPLINE) and in one of the Population Studies discipline journals (JSTOR).

The results of all these searches are provided in matrices. Based on them, a sample is drawn for answering the second research question, namely in which context sex, population and their combination are mentioned. In order to review as much articles as possible, only their abstracts will be analyzed. The abstracts will be analyzed on some characteristics and also on their content. Explored will be the; publication dates, journals, publishers, times the article occurs within the sample and times cited, geographical regions discussed, types of research. Also the mentioning, meaning and context of sex, population and the combination is explored. And finally, because the "Population and SRRH" issue culture is not merely descriptive, but very prescriptive too. Therefore the abstracts will also be placed in the policy circle based on (Hardee et al., 2004).

For the eventual sample, abstracts included were the ones retrieved from the following combinations of population and SRRH search words. For the population themes, the most important one is the 'perspectives' since this provides the motivational and interpretational framework and determines which facts are considered relevant (Wilmoth and Ball, 1995; Ratner, 2004). Therefore this whole theme is included (population debate, problem and theory). Furthermore, the most extreme interpretation (overpopulation) and method of influence (population control) are included. Their combinations with the following 'Sex ...' terms 'are included in the sample; Sexuality, Sex behavior, Sexual behavior, Sexual rights, Sexual Minorities, Sex discrimination, Sexual Violence, Sexual exploitation, Sexual abuse, Sexual trafficking, Sexual harassment, Rape, Sex education, Sexual Health and also Bodily Integrity and Gender Issues. This combination resulted in 155 unique articles, of which 123 had an abstract. These 123 abstracts constitute the sample for the second part of this study.

In the next Chapter, the obtained results are presented. Details can be found in the appendices.

### 3. Results

This chapter presents the study results. The first paragraph deals with the first research question, namely whether sex, population and their combination are mentioned in the demographic scholar literature published since 1994. The number of hits resulting from searching two databases is depicted for all separate and combined ‘SRRH’ and ‘Population’ search words. Following from these first results a more detailed look at a selection of these hits is taken in the second part of the chapter. Here the second research question is answered, namely in which context sex, population and their combination are mentioned. First some (quantitative) characteristics of the whole sample are provided. After that some more qualitative content wise results are presented

#### 3.1. Do sex, population and their combination have a place in the population literature?

The first research aim is to assess whether sex and population issues are related in the literature. This is done by performing multiple database searches. In two different databases all the predetermined sex and population search words and their combinations were entered under different search criteria. The resulting hits of all these searches are presented hereunder in four separate tables.

##### 3.1.1. How are the tables constructed?

The four separate tables are organized by the four different population themes;

- Perspectives
- Descriptive
- Interpretation
- Influence

Each of these four tables contains the theme specific population search words combined with all the predetermined ‘SRRH’ search words. Besides the combinations of the SRRH and population search words, the resulting hits from the separate search words are presented too in order to provide a reference for the number of hits resulting from their combination. The population search words are depicted horizontally, the SRRH search words vertically.

Each search was conducted in two different data bases, namely Popline and Jstor and by using two different search criteria therein. For both databases a first search was conducted on ‘abstract’ level. This means only the abstracts of articles are searched for the specified search terms. The Popline database was also searched using ‘keywords’ as criterion. This means that the search words have to be assigned specifically as a keyword to the article in order to be retrieved. Jstor does not work with keywords and was thus instead searched for the ‘Full-text’, meaning the search words have to occur at least once somewhere in the article.

The results from both databases and both search criteria (four in total) are all depicted together in the column underneath each population search word. Their origin is indicated by PA, JA, PK and JFT, which are the abbreviations for the four different types of conducted searches. PA stands for Popline ‘Abstracts’, JA for Jstor ‘Abstracts’, PK for Popline ‘Keywords’ and JFT for JStor ‘Full-text’. Not every search word or combination resulted in hits. One reason is that not every search word is used as a ‘keyword’ by Popline too. In those cases, the absent hits are indicated with an X. For instance, the Popline Keyword dictionary does not contain ‘Population Debate’, so underneath this search word the ‘PK’ column displays an X. The rest of the column is therefore also left open. If an SRRH search term is not applicable, the combination with a population search term results in an open place on their cross section in the table. So the combination of ‘Bodily integrity’, which is not included as a keyword, combined with ‘population theory’, gives an open spot in the table. If a search word is usable but does not generate any hits, it is indicated by a zero.

For all searches, only English articles published since 1994 were considered. Furthermore, in Popline only peer reviewed journals were searched and in Jstor the search was limited by only searching the discipline “Population Studies” and not permitting searches outside the database.

When reading the table it is important to keep in mind not all the hits are unique articles. For instance, when searching Jstor Full-text for ‘population debate’, this resulted in 44 hits (displayed in the row above the double bar). When combining this search SRRH search term ‘sexuality’ only 9 articles were found (of the total 1068 JFT articles on sexuality). Another combination of ‘Population Debate’ with for instance ‘sexual behavior’ resulted in 4 hits. These four articles may well be present in the 9 articles generated by the former search too. All that can be said is about the different articles generated by both searches is that there are at least 9 different ones and 13 at most.

### **3.1.2. Perspectives**

The resulting hits from combining search terms for the population theme ‘perspectives’ with all the SRRH search words are displayed at the end of the subchapter in Table 1A.

Within the population ‘perspectives’ theme not much literature is available. ‘Population theory’ (PT) has the largest share of the literature, ‘Population Problem’ (PP) generates less literature and ‘Population Debate’ (PD) the least. Articles that do mention the topics mostly do so somewhere in their full-text, but hardly in the abstracts or keywords. The number of articles obtained when combining these population topics with SRRH topics are thus modest too, most combination are even non-existent. The hits that are generated by the combinations are a small share of all the articles that that specific SRRH search word generates (mostly less than 1 percent). Their share of the population articles is larger, but neither very large. Exceptions are the combinations of ‘reproduction’ and ‘family planning’ with all three population topics. Reproduction is quite often mentioned in the population articles, in half of the PD and PT articles and little less than one third of the PP articles. Family Planning is mentioned in almost three quarters of PD, four fifth of PP and a third of PT articles. Their share of the number of articles considering Reproduction or Family Planning however are very small, namely less than  $\pm 5\%$  and  $\pm 3\%$ . Sexuality, sexual behavior, reproductive rights and reproductive health and women’s health combinations also generate quite some hits, but as share of all the specific SRRH articles again very little. Combinations with the other SRRH topics generate hardly any hits, but the total numbers of articles for these SRRH topics are much less too.

The population articles do not really consider SRRH topics, other than Reproduction and Family Planning. SRRH topics mention population debate, problems and theories even less. Their combinations are almost exclusively present in the JFT. This means that considering them as being about ‘Population and SRRH’ would be quite a bold statement, since both topics only have to be mentioned once in the whole article to result in a hit.

### **3.1.3. Descriptions**

The results from combining search terms for the population theme ‘Descriptions’ with all the SRRH search words are displayed at the end of the subchapter in Table 1B.

When looking at the different population topics within the ‘Descriptives’ theme, ‘Population Growth’ (PG) generates the most literature, followed by ‘Population dynamics’(PDyn) and ‘Population Distribution’(PDis). ‘Population Decrease’(PDec) is hardly considered in the literature.

#### **Dynamics**

When searching Popline Keywords for Population dynamics many articles are found (6431). This can be explained by the broad definition and hierarchical structuring Popline uses for the keyword, for instance ‘Demographic Survey’s’ are also grouped under ‘Population dynamics’, and of course all articles about fertility, mortality and migration too as are population growth and decrease. Again the combinations with reproduction and family planning stand out with more than 1000 hits. Also reproductive health generates quite some literature with 222 hits. Remarkably sex behavior (as a keyword) generates 507 hits. This is probably because of the broad definition which Popline uses, ranging from masturbation to sugar daddies. Other SRRH topics get little attention.

### Decrease

Population decrease does not generate much literature, especially not compared to population growth. Its combination with any SRRH generates hardly any literature. Only 12 hits are found for reproduction and family planning.

### Growth

Reproduction, family planning, reproductive health and to a lesser extent women's health, sexuality and reproductive rights are combined with population growth. Gender issues seems not very relevant to population growth, women's groups are even mentioned more often. Articles on gender issue often do deal with population growth, in more than 1 on 3 times. Articles on women's groups do mention population growth often too. Population growth hardly mentions sex discrimination, while the other way around, sex discrimination is often mentioned together with population growth. Articles on population growth consider sexual violence more often than sex discrimination, while articles on sexual violence only mention population growth in about 9 percent of the cases. Population growth mentions rape more often than either sex – or family planning education. The latter is mentioned in less than 1 percent of the articles on population growth. The other way around, again, family planning education considers population growth in little more than quarter of the articles. On abstract and keyword level almost exclusively combinations with family planning, reproduction and reproductive health are given attention.

### Distribution

Relative large share of the Population distribution articles mention sex behavior. Gender issues as a keyword gets some but little attention. Again reproduction, family planning and reproductive health generates most hits. Other SRRH topics are mostly absent.

## **3.1.4. Interpretations**

There is a lot less literature on the population theme “Interpretations” than about “descriptives”. Overpopulation and population pressure are the largest groups with hits, followed by stabilization and optimum population; underpopulation is hardly mentioned.

### Overpopulation

On abstract and keyword level no combinations with any SRRH topics are found except reproduction and family planning (2 out of 9 articles). In the full text little less than one third mentions reproductions, and half of the articles mention family planning. However the attention devoted to the other SRRH topics is far less. Reproductive health is only mentioned in one fifth of the articles and reproductive rights in only one tenth. Again the other SRRH topics are mostly absent.

### Population Pressure and Optimum Population

They give the same picture as Overpopulation, but now the attention for SRRH topics other than reproduction and family planning is even less.

### Population stabilization

Remarkably population stabilization does generate combinations with almost all SRRH topics. The largest group is again formed by reproductive rights, reproduction, family planning, reproductive health and women's health. Also notable is that the number of articles considering reproductive rights are as much as the articles considering reproduction.

Underpopulation is hardly mentioned, once in abstracts and 8 times in the full text, half of them in combination with family planning and reproduction.

The resulting hits from combining search terms for the population theme ‘interpretations’ with all the SRRH search words are displayed at the end of the subchapter in Table 1C.

### **3.1.5. Influence**

General: Quite some has been written about population policies and population control. For both again most attention is given to the combination with reproductive rights, reproduction, family planning and reproductive and women's health. Also sexuality is quite often mentioned. Again women's groups are given more attention than gender issues.

Remarkable is the fact that rape is mentioned many times. Also remarkable is considering the fact that influence is assumed to deal with family planning issues; it is not mentioned in all articles. Education is shining in absence while you would expect this to be very present when talking about Influence.

Population policy is mentioned in less than one sixth of the family planning articles, suggesting that family planning has become an issue in itself, not (always) in relation to population policy. On abstract level the difference is even more apparent – 21 out of 1143. The resulting hits from combining search terms for the population theme 'influence' with all the SRRH search words are displayed at the end of the subchapter in Table 1D.

### **3.1.6. Other findings**

Not all the specified search words were available as keywords in POPLINE. This is remarkable since this database considers itself to be 'the world's largest database on reproductive health, containing citations ... in the field of population, family planning and related health issues', and contains 'more than 370.000 records and over 2400 keywords used to index documents in the database' (<http://www.popleft.org/aboutpl.html>). 'Population debate' and 'population problem' are not included in these 2400 keywords, nor are 'sexual rights', 'bodily integrity', 'sexual minorities' and 'sexual health'. This although two of the explicitly mentioned subjects covered are 'Population and Environment' and 'HIV/AIDS and Sexually Transmitted Diseases/Infections'.

An additional two points can be drawn from 'Popline's about' page. First of all, it mentions the population policies are one of the subjects covered internationally. 'Population and Environment' and HIV/ AIDS and STD's however, are mentioned as subjects in relation to developing countries (<http://www.popleft.org/aboutpl.html>). This suggests both topics are not relevant for developed countries, but population policies are considered international relevant. This confirms the picture presented from the abstracts that population and SRRH seem to be international concerns for regional issues, how debatable this interpretation may be. Besides that, by defining 'Population and Environment' as the 'Effects of overpopulation on ecology, natural resources, and environmental health', the picture is confirmed that overpopulation is perceived as solely and unidirectional related to the environment and not to development in a broader context or gender issues at all.

Table 1A: Resulting hits for Population perspectives and SRRH search words.

	"SRRH" Database						"Population"						Population Debate						Population Problem						Population Theory					
	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT						
Sexual	443	118	362	1068	0	0	0	9	0	0	0	23	0	0	0	1	0	0	0	13										
Sex behavior	16	122	3723	114	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	4										
Sexual behavior	0	0	X	830	0	0	0	4	0	0	0	12	0	0	0	12	0	0	0	12										
Sexual rights	37	12	X	106	0	0	0	0	0	0	0	2	0	0	0	2	0	0	0	2										
Reproductive rights	97	29	181	371	0	0	0	14	0	0	0	17	0	0	0	3	0	0	0	6										
Bodily Integrity	3	1	X	34	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0										
Gender Issues	32	8	760	134	0	0	0	2	0	0	0	5	0	0	0	0	0	0	0	7										
Women's groups	43	7	79	161	0	0	0	5	0	0	0	8	0	0	0	1	0	0	0	0										
Sexual Minorities	8	2	X	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
Sex discrimination	7	1	102	36	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0										
Sexual Violence	169	20	156	176	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1										
Sexual exploitation	25	3	16	48	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
Sexual abuse	137	20	245	190	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0										
Sexual trafficking	1	1	36	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1										
Sexual harassment	14	2	31	49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
Rape	172	41	171	441	0	0	0	3	0	0	0	6	0	0	0	0	0	0	0	2										
Reproduction	175	660	3376	1373	0	0	0	22	0	0	0	39	0	0	0	1	0	0	0	73										
Family planning	1443	514	10891*	3210	0	0	0	31	0	0	1	102	0	0	0	7	0	0	0	45										
Sex education	158	30	390	387	0	0	0	1	0	0	0	8	0	0	0	0	0	0	0	6										
Family planning edu	5	0	80	61	0	0	0	3	0	0	0	2	0	0	0	0	0	0	0	0										
Sexual Health	398	53	X	451	0	0	0	2	0	0	0	7	0	0	0	0	0	0	0	1										
Reproductive health	1170	33	925	2429	0	0	0	17	0	0	0	43	0	0	0	1	0	0	0	14										
Women's Health	279	52	105	831	0	0	0	10	0	0	0	18	0	0	0	0	0	0	0	0										

Sources: www.poplina.org, www.jstor.org.

Notes: The tables displays the number of hits retrieved for multiple literature searches on population and SRRH issues in scholar demographic database. Horizontally the population search words are presented and vertically the SRRH search words. PA, JA, PK, and JFT indicate the different types of searches. An X indicates the absence of the specific search words in the Popline keywords dictionary. In the cross section part of the table, an open space indicates that the combination of search terms is not valid. A zero indicates no hits were obtained.

\* 'Family planning' as a Popline Keyword generated 10891 hits in total over all years, specifying since 1994 was not possible.

PA = Popline "Abstracts", Since 1994, Only English, Only Peer Reviewed Journals, search date 28-6-2010

JA = Jstor "Abstracts", Since 1994, Only English, Articles, Discipline "Population Studies", search date 3-7-2010

PK = Popline "Keywords", Since 1994, Only English, Only Peer Reviewed Journals, search date 28-6-2010

JFT = Jstor "Full-text", Since 1994, Only English, Articles, Discipline "Population Studies", search date 19-6-2010

Table 1B: Resulting hits for Population Descriptions and SRRH search words.

	"Population"																													
	"SRRH" Database						Population Dynamics						Population Decrease						Population Growth						Population Distribution					
	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT		
	31	0	6431	440	1	0	48	20	172	164	117	1841	10	4	797	151														
Sexuality	443	118	362	1068	0	0	41	48	0	0	0	1	2	1	2	187	0	0	0	0	0	0	0	6	13					
Sex behavior	16	122	3723	114	0	0	507	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115	3					
Sexual behavior	0	0	0	830	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Sexual rights	37	12	X	106	0	0	0	3	0	0	0	0	1	0	0	22	0	0	0	0	0	0	0	0	0					
Reproductive rights	97	29	181	371	0	0	33	13	0	0	0	0	2	0	1	115	0	0	0	0	0	0	0	3	7					
Bodily Integrity	3	1	X	34	0	0	0	2	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0					
Gender Issues	32	8	760	134	0	0	152	9	0	0	0	2	1	0	2	41	0	0	0	0	0	0	0	32	2					
Women's groups	43	7	79	161	0	0	11	9	0	0	0	0	2	1	0	50	0	0	0	0	0	0	0	2	2					
Sexual Minorities	8	2	X	11	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	1					
Sex discrimination	7	1	102	36	0	0	22	0	0	0	0	0	0	0	0	10	0	0	0	0	0	0	0	2	2					
Sexual Violence	169	20	156	176	0	0	22	7	0	0	0	1	1	0	0	16	0	0	0	0	0	0	0	4	2					
Sexual exploitation	25	3	16	48	0	0	2	2	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	1					
Sexual abuse	137	20	245	190	0	0	49	2	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	6	0					
Sexual trafficking	1	1	36	5	0	0	13	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1					
Sexual harassment	14	2	31	49	0	0	7	1	0	0	0	0	1	0	0	5	0	0	0	0	0	0	0	1	2					
Rape	172	41	171	441	0	0	29	14	0	0	0	0	1	0	0	64	0	0	0	0	0	0	0	9	5					
Reproduction	175	660	3376	1373	0	0	1021	166	0	0	0	12	5	8	4	510	0	0	0	0	0	0	0	20	38					
Family planning	1443	514	10891*	3210	1	0	1541	189	0	0	0	9	6	11	31	848	0	0	0	0	0	0	0	67	47					
Sex education	158	30	390	387	0	0	70	17	0	0	0	0	0	0	0	58	0	0	0	0	0	0	0	9	3					
Family planning edu	5	0	80	61	0	0	21	5	0	0	0	0	0	0	0	17	0	0	0	0	0	0	0	1	0					
Sexual Health	398	53	X	451	0	0	0	14	0	0	0	0	1	1	0	60	0	0	0	0	0	0	0	0	5					
Reproductive health	1170	33	925	2429	0	0	222	83	0	0	0	3	12	4	7	370	0	0	0	0	0	0	0	18	23					
Women's Health	279	52	105	831	0	0	23	34	0	0	0	0	0	3	0	160	0	0	0	0	0	0	0	4	3					



Table 1C: Resulting hits for Population Interpretations and SRRH search words

	"SRRH" Database												"Population"																				
	PA				JA				PK				JFT				PA				JA				PK				JFT				
	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	
Sex	443	118	362	1068	0	0	0	14	0	0	0	7	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sex behavior	16	122	3723	114	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sexual behavior	0	0	0	830	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sexual rights	37	12	X	106	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Reproductive rights	97	29	181	371	0	0	0	15	0	0	0	6	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	17	0	0	1	
Bodily Integrity	3	1	X	34	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gender Issues	32	8	760	134	0	0	0	3	0	0	0	3	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	
Women's groups	43	7	79	161	0	0	0	4	0	0	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	
Sexual Minorities	8	2	X	11	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
Sex discrimination	7	1	102	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sexual Violence	169	20	156	176	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	
Sexual exploitation	25	3	16	48	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
Sexual abuse	137	20	245	190	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
Sexual trafficking	1	1	36	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sexual harassment	14	2	31	49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
Rape	172	41	171	441	0	0	0	4	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	1	
Reproduction	175	660	3376	1373	2	0	0	49	1	0	0	46	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	17	0	0	3	
Family planning	1443	514	10891	3210	2	0	0	80	1	0	2	68	0	0	0	17	6	0	0	41	0	0	0	0	0	0	0	0	4	0	0	4	
Sex education	158	30	390	387	0	0	0	4	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
Family planning edu	5	0	80	61	0	0	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	
Sexual Health	398	53	X	451	0	0	0	3	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	
Reproductive health	1170	33	925	2429	0	0	0	29	0	0	0	1	18	0	0	0	5	3	0	0	27	0	0	0	0	0	0	0	0	0	0	0	0
Women's Health	279	52	105	831	0	0	0	12	0	0	0	7	0	0	0	2	0	0	0	17	0	0	0	0	0	0	0	0	0	0	0	0	

Table 1D: Resulting hits for Population Influence and SRRH search words.

	"Population"															
	"SRRH" Database						Population Policy						Population Control			
	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT	PA	JA	PK	JFT
Sex	443	118	362	1068	0	0	2	128	1	1	0	60				
Sex behavior	16	122	3723	114	0	0	8	10	0	0	0	2				
Sexual behavior				830				0				18				
Rights	37	12	X	106	0	0	0	16	0	1	0	13				
Reproductive rights	97	29	181	371	1	0	23	105	6	1	5	66				
Bodily Integrity	3	1	X	34	0	0	0	5	1	0	0	6				
Gender	32	8	760	134	0	1	19	34	0	0	0	12				
Women's groups	43	7	79	161	0	0	5	47	0	0	0	30				
Sexual Minorities	8	2	X	11	0	0	0	3	0	0	0	1				
Sex discrimination	7	1	102	36	0	0	3	5	0	0	0	2				
Sexual Violence	169	20	156	176	1	0	1	14	0	0	1	9				
Sexual exploitation	25	3	16	48	0	0	0	6	0	0	0	3				
Sexual abuse	137	20	245	190	0	0	4	8	0	0	0	4				
Sexual trafficking	1	1	36	5	0	0	0	0	0	0	0	2				
Sexual harassment	14	2	31	49	0	0	0	0	0	0	0	1				
Rape	172	41	171	441	1	0	2	50	0	0	0	30				
Reproduction	175	660	3376	1373	2	10	9	286	2	1	2	130				
Family planning	1443	514	10891*	3210	21	13	160	702	12	1	26	215				
Sex education	158	30	390	387	0	0	3	34	0	0	4	13				
Family planning edu	5	0	80	61	0	0	1	21	0	0	0	7				
Sexual Health	398	53	X	451	0	0	0	50	0	0	0	27				
Reproductive health	1170	33	925	2429	10	7	45	336	8	0	9	133				
Women's Health	279	52	105	831	0	3	1	138	0	0	0	82				

Sources: www.poplina.org, www.jstor.org.

Notes: The tables displays the number of hits retrieved for multiple literature searches on population and SRRH issues in scholar demographic database. Horizontally the population search words are presented and vertically the SRRH search words. PA, JA, PK, and JFT indicate the different types of searches. An X indicates the absence of the specific search words in the Popline keywords dictionary. In the cross section part of the table, an open space indicates that the combination of search terms is not valid. A zero indicates no hits were obtained.

\* 'Family planning' as a Popline Keyword generated 10891 hits in total over all years, specifying since 1994 was not possible.

PA = Popline "Abstracts", Since 1994, Only English, Only Peer Reviewed Journals, search date 28-6-2010

JA = Jstor "Abstracts", Since 1994, Only English, Articles, Discipline "Population Studies", search date 3-7-2010

PK = Popline "Keywords", Since 1994, Only English, Only Peer Reviewed Journals, search date 28-6-2010

JFT = Jstor "Full-text", Since 1994, Only English, Articles, Discipline "Population Studies", search date 19-6-2010

### 3.2. Which place do sex, population and their combination have?

Based on the results of the database searches, a sample is drawn. This sample is used to answer the second research question namely in what context sex, population and their combination are discussed?

The sample contains all the articles combining 'sex ...' and the most relevant population terms for the population debate. These are all three 'perspectives' (population debate, problem and theory), the most extreme interpretation (overpopulation) and also the most extreme influence (population control). The following 'Sex ...' terms are used; Sexuality, Sex behavior, Sexual behavior, Sexual rights, Sexual Minorities, Sex discrimination, Sexual Violence, Sexual exploitation, Sexual abuse, Sexual trafficking, Sexual harassment, Rape, Sex education, Sexual Health and also Bodily Integrity and Gender Issues. These combinations resulted in 155 unique articles of which only 123 of them have an abstract. So when it comes to comments on abstract level this smaller selection is used. First the quantitative analysis is presented, than the qualitative analysis.

#### 3.2.1. Quantitative results

Subsequently the following aspects will be presented;

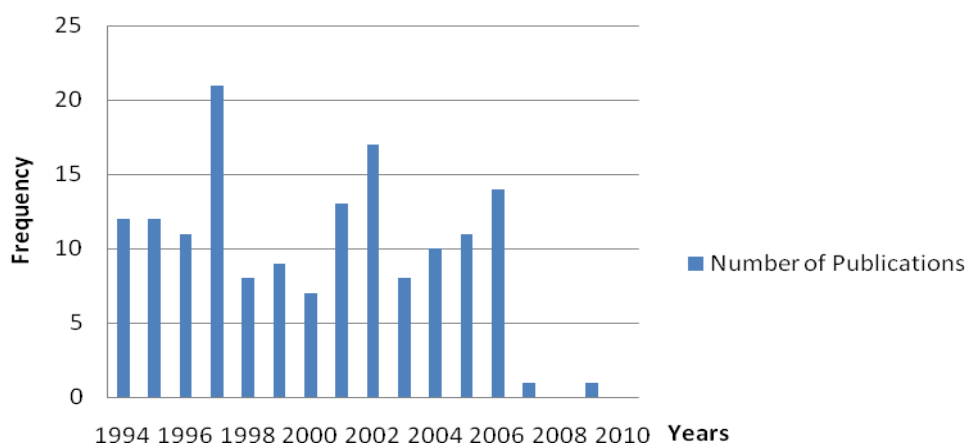
- publication dates
- journals
- publishers
- times the article occurs within the sample and times cited
- geographical regions,
- types of research
- mentioning of sex, its meaning and context
- mentioning of population and its context
- link between sex and population
- place in the policy process

The percentages mentioned are about the share of articles that mentioning a specific category.

##### 3.2.1.1. Publication dates

As can be seen in Figure 1, there are some peaks in numbers of publications, but a clear pattern in publication dates is absent. In the most recent years, publications are almost absent.

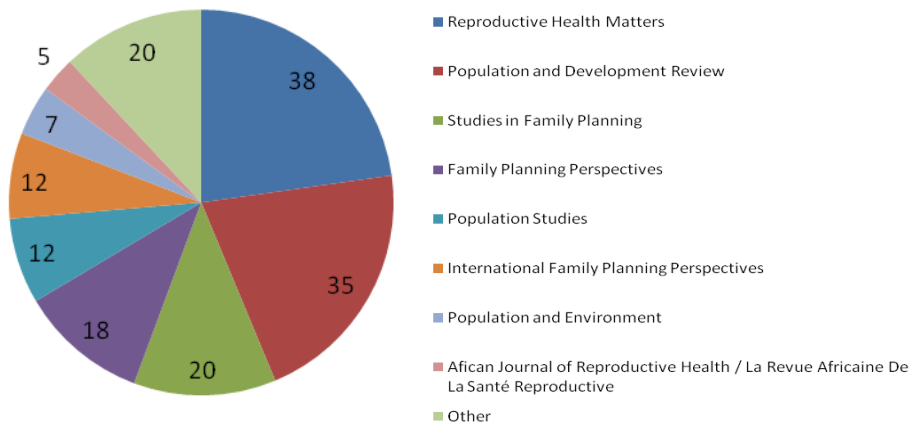
Figure 1: Publication dates



### 3.2.1.2. Journals

Figure 2 shows the journals in which the 155 articles are published. There are 22 different titles in which the articles are published, but the largest share are published in Reproductive Health, followed by Population and Development review and Studies in Family Planning.

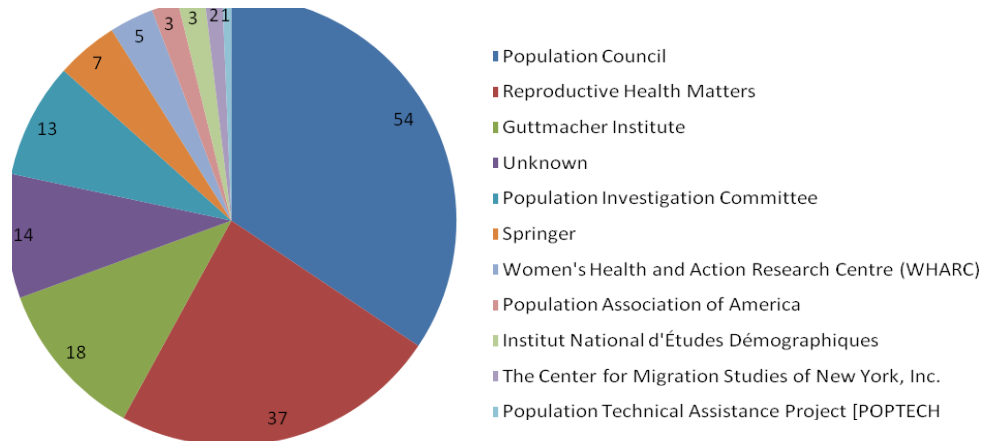
Figure 2: Journals



### 3.2.1.3. Publishers

The three largest publishers are the Population Council, Reproductive Health Matters and the Guttmacher Institute. Together they are responsible for almost three quarters of the articles. Unfortunately this does not show the affiliation of the authors.

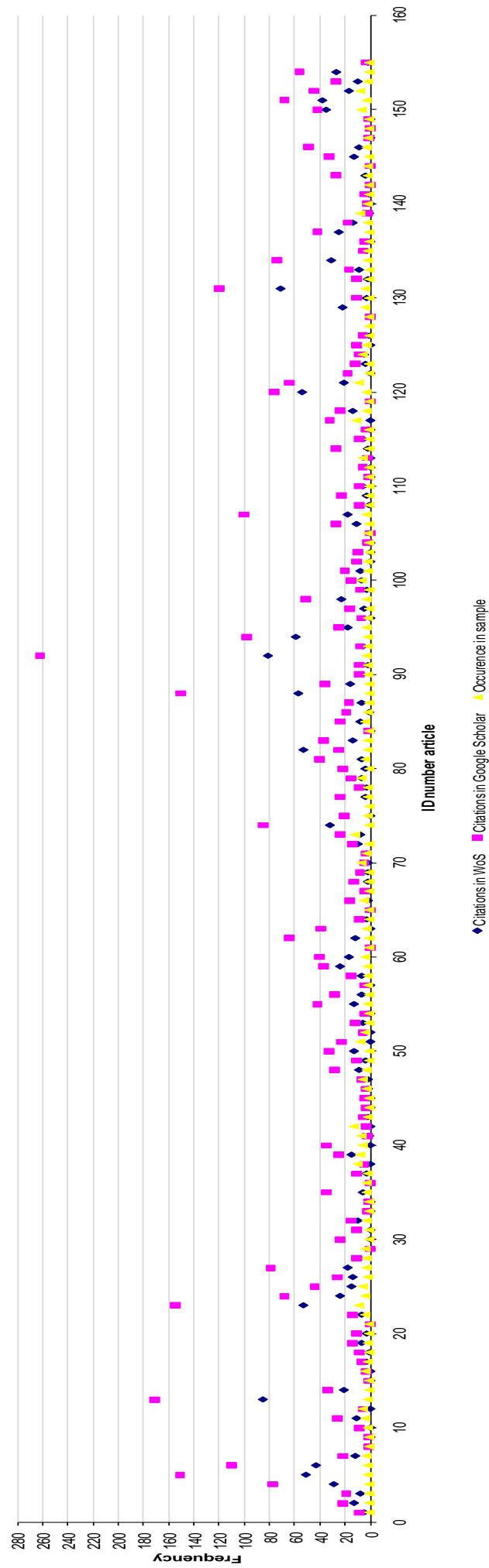
Figure 3: Publishers



### 3.2.1.4. Occurrence in sample and citations

Articles occurring more than once in the sample, are not necessary the ones most often cited. With 262 cites, Kirk's (1996) 'Demographic transition theory' is most cited. Figure 4 on the next page depicts the times an article occurs in the sample and its citation frequency in Web of Science and Google Scholar.

Figure 4: Articles occurrence in the sample and times cited



Note: The times an article is cited is checked on 27-7-2010. Sources: WoS (Web of Science) and Google Scholar

### 3.2.1.5. Geographical regions

By far, most articles are about Asia and Africa. As Table 2 shows, they are followed by articles which are intended to apply globally or are not clear in their geographical orientation. A more detailed look at the specific countries involved reveals some countries occur more often than others. Within Africa, Kenya (5 times), South Africa (4) and Nigeria (3) are most prominent. In Asia, India (15) and China (8) contribute the most. In Europe both France (3) and the UK (3) are the largest. Iran (3) is the most frequent in the Middle East and the USA (10) in North America. South America is composed mostly of Brazil (3). And finally, Other groupings, is an aggregate of developing countries, pre-modern societies (together 4) and developed countries, western counties and modern world (together also 4). The most articles are thus about India or an Indian region, or at least mention India explicit in the abstract. Some make a general point, but use India as an example.

Table 2: Geographical regions

Geographical region	Percentage
Unknown/Not Applicable	11
Global (Probably)	17
Africa	18
Asia	25
Central America and Caribbean	3
Europe	8
Middle East	3
North America	7
South America	3
Other groupings	5

Note: total number of geographical regions is 148, which is more than the 123 abstracts studied. This is because some abstracts discuss more than one country. Also, some articles make a global applicable point, but illustrate it with specific country examples. In those cases the article is categorized as both Global and Indian. ‘Global’ means the articles intends to apply globally, not necessarily that its data or research is global.

Figure 5: Countries mentioned in the abstracts



### 3.2.1.6. Type of study

As can be seen in Table 3.1 most studies are empirical. There are not so many theoretical articles.

Table 3.1: Types of studies Empirical-Theoretical

Type of study	Percentage
Empirical	54
Theoretical	11
Both Empirical and Theoretical	18
Overview, Review or Discussion	16

Note: *Empirical* studies are abstracts mentioning research methodologies; studies are *theoretical* when theories are explicitly discussed. When hypotheses are tested or theories clearly illustrated with lots of empirical data, abstracts are considered to be *both* empirical and theoretical. *Overviews* are studies describing historical developments, *review studies* compare other studies and *discussions* are articles containing contributions from several authors on a specific topic.

By far, most articles are qualitative in nature, as can be seen in Table 3.2.

Table 3.2: Type of studies Quantitative/ Qualitative

Type of study	Percentage
Unclear / Not applicable	15
Qualitative	63
Quantitative	15
Both Quantitative and Qualitative	7

Table 3.3 shows the aim of the studies. Most studies try to induce results to broader context, thereby generalizing. The few articles that do aim to specify often conclude that contextualization is essential.

Table 3.3 Types of study Generalize/Specify

Aim of study	Percentage
Unknown / Not applicable	10
Generalize	53
Specify	14
Both Generalize and Specify	24

### 3.2.2. Scale of the studies

As Table 4 shows most studies consider a single country, only two articles are about individuals.

Table 4: Scale of the study

Scale Study/Article	Percentage
Unknown / Not applicable	25
(Applies) Global	13
Several Countries	10
Single Country	28
Several Provinces	3
Single Province	5
Several Communities	3
Single Community	4
Large sample	5
Small sample	2
Individuals	1

### 3.2.2.1. Sex

Only a small share of the articles is really about sex. Most of the articles that do (implicitly) mention sex are in fact about reproduction, as can be seen in Table 5.1. When sex (or reproduction) is mentioned, it is mostly done so in the context of health, fertility and family planning. Table 5.2 shows education; decision making and identity are not often mentioned.

Table 5.2: Sex or reproduction?

Sex or reproduction?	Percentage
Not about sex	13
Sex	5
Reproduction	62
Both Sex and Reproduction	20

Table 5.2: Sexual context

Sexual context	Percentage
Not about sex	13
Sexual behavior	11
Decision making	3
Fertility/Reproduction	34
Identity	3
Family	4
Family Planning	22
Contraceptive methods	19
Education	7
Health	43
Abortion	13
Rights	16
Violence	12

### 3.2.2.2. Population

As Table 6.1 shows most abstracts do not explicit mention population.

Table 6.1 : Population mentioned?

About Population?	Percentage
No	56
Yes	20
Not really	25

As Table 6.2 on the next page shows, the abstracts that do mention population are mostly about population influence, followed by population descriptions. Little attention is paid to population perspectives and interpretations. This is remarkable, since the sample is composed of articles about population perspectives, overpopulation and population control. With 4 percent the share of abstracts discussing all four aspects of the population debate is very small.



Table 6.2: Population Themes

Population Themes	Percentage
Not about Population	43
Perspective	9
Descriptions	26
Interpretations	7
Influence	37
All	4

Table 6.3 shows that population problems and concerns do not play a large role, even though the category is broad and composed of topics as far from each other as population explosion and precipitous decline.

Table 6.3 Population context

Population Context	Percentage
Not about population at all	48
Background Information	3
Demographic descriptions	11
Demographic Transition	4
Fertility reduction	7
Discipline and Organisations	7
Conferences	7
Concerns	5
Population problems	5
Influence	20

Note: Categories are broadly defined. Influence for example also includes 'unsuccessful/ unsupported national FP programs and demographic descriptions also include internal migration and (infant) mortality.

### 3.2.2.3. Link between sex and population

The link between sex and population is not often made, Table 7 shows this is only done in 8 percent of the abstracts. None of these articles is really about sex, all deal with both sex and reproduction or only reproduction, mainly in the sense of family planning.

Table 7: Are population and sex linked?

Link Sex and Population	Percentage
No	74
Yes	8
Not really	18

### 3.2.2.4. Policy circle

Most abstracts are about policy itself or an aspect of the policy making process, as seen in Table 8.1.

Table 8.1: Policy relatedness

Policy related?	Percentage
No	21
Yes	60
Not really	20

Table 8.2 shows only a few abstracts mention/ are applicable to all aspects of the policy circle. Almost 70 percent deal with 'policy process', which includes data analysis, agenda setting, advocacy and dialogue. Less than 10 percent pay attention to the costs involved in the implementation of policies. Only two of these articles are explicitly about funding.

Table 8.2: Policy aspect

<u>Policy aspect</u>	<u>Percentage</u>
Context	56
Problem	38
People	46
Process	69
Price tag	9
Paper	42
Program/performances	47
All	3

### 3.3. Qualitative Results

After the quantitative analysis in the previous paragraphs, the following will deal in a more qualitative way what the abstracts say about sex, population and their combination.

The 123 abstracts differ very much in many ways. To get an idea of its content keywords and remarks were applied to all of them. These extensive overviews are given in the appendices. All abstracts have been rated according to their relevance, according to personal and subjective criteria. Here the findings based on the 21 articles considered most relevant are presented. Most abstracts are not dealing with either sexuality or a population issue as such, but their content does provide valuable insights.

About the social, cultural, economic and political context:

- Demography as a discipline has evolved. A historically overview thereof and the factors determining its focus are discussed in (Caldwell, 1996).
- Overview history population conferences (Finkle and McIntosh, 2002).
- Understanding the role of culture in demographic behaviour at micro level (Lockwood, 1995).
- The ICPD POA can be seen as an almost entirely feminist vision of the reproductive rights and gender equality instead of population control. However, the mainstream model development remains same, which constraints the realisation of reproductive rights. It configures a gap between politics of body, sexuality, reproduction and social development and global economic transformation. Analysis making concrete and explicit links between them is necessary (Petchesky, 1995).

About what is considered the problem:

- Research using more valid units of analysis obtains more valid conclusions. There is a need to differentiate between different subgroups within a population. Studying aggregated population data conceals the underlying, different processes at work for different subpopulations (Anderson, 1998).
- Also a focus on sexually active couples instead of merely women is more useful and necessary (Becker, 1996).
- The concept of risk, as related to reproductive health and rights issues, seems like an objective figure that guides policies and interventions, but it is a subjective value (Maine et al., 1995).
- The ICPD PoA's pillars mentioned are to achieve universal access to reproductive health, promote gender equality and end discrimination against women. When discussing it, problems mentioned are the remaining ideological and conservative opposition. When right policies and effective models are in place, resource and capacity constraints make it difficult to scale-up, monitor and coordinate development programmes. Development programmes that are effective however do not manage to reach and transform the lives of the very poor (Obaid, 2006).
- HIV/AIDS and reproductive health programs are thought of and implemented as different things, to detriment of both. When prioritising policies it is necessary to consider why certain priorities are set and that choices are made according to the needs of the specific setting. (Richey, 2003).
- Little is known about perceptions on population in relation to the environment; some methodological research suggestions are made (Stycos, 1996).
- In Botswana rapid population growth requires population policies (VanderPost, 1995).
- The socio- economic problems related to rapid population growth are not severe enough or visible enough (VanderPost, 1995).

About the people and places considered:

- Policies and programmes on fertility should address couples, not one partner (Becker, 1996).
- Involvement of men and their attitudes towards contraceptive use are essential for the success of family planning programmes in Nigeria (Duze and Mohammed, 2006).
- Gender has a central role in the population policy field, but not in the demographic discipline. By incorporating a gender systems approach to the discipline, demography will

become a more relevant science for understanding social inequality and population change (Presser, 1997).

About the policy development process:

- Perceptions about fertility are politicized to achieve other goals which are not related to fertility (Basu, 1997).
- To keep family planning as a focus, strategic alliances with the HIV/AIDS are mentioned (Blanc and Tsui, 2005).
- In the past, groups involved in advocacy and agenda setting of SRRH issues collaborated but fell apart (Hodgson and Watkins, 1997).

About programmes and their performances;

- Population policies can both have a beneficial and disruptive effect on society (Basu, 1997).
- The impact of population control can vary from empowerment to abuse (Connelly, 2006).
- Apparently Family Planning service delivery is not ok. Leadership is missing in the field (Blanc and Tsui, 2005).
- The limited success of Family Planning programmes in Nigeria is partly because children still have an economical value so parents have no desire to limit family (Duze and Mohammed, 2006).
- A precondition for a successful programmes is a desire for smaller families, which is absent in Botswana (VanderPost, 1995).
- Statistically speaking, when general education is taken into account together with knowledge about contraceptives, the latter might even have a negative effect on contraceptive use in Nigeria (Duze and Mohammed, 2006).
- It is important to embed programmes in the actual social structure where they have to be implemented (Duze and Mohammed, 2006).
- Technical review of three decades of UNFPA population education programmes (Anonymous, 2005).
- HIV/AIDS and reproductive health programmes are difficult to integrate in practice and in thinking, but using an inclusive and broad approach is necessary (Richey, 2003).
- In Santa Lucia educational entertainment radio soap operas work. When using them think about reach of program (timing other shows) and keep monitoring listeners perceptions to detect and correct misinterpretations of program messages (Vaughan, Regis, Catherine, 2000).
- It is necessary to incorporate the rights based approach at every political level for their successful implementation (Jacobson, 2000).

Debate issues raised:

- The use and usefulness of family planning for the future is questioned (Blanc and Tsui, 2005).
- What do sexual health, sexual rights and reproductive rights mean? Their conceptualisations are considered in the context of social transformation (Corrêa, 1997).
- Using the history of China's one child policies, population problems are explained as social constructs. As such they are defined by those in power and used for their own objectives; including use and interpretations of scientific data (Greenhalgh, 2003).
- Incorporating a rights based approach to Family Planning emphasizes the importance of the process itself and not just its outcomes. Also there is a need to move beyond the technical focus and enhance the entitlement of problems and solutions by the people addressed (Jacobson, 2000).
- Discussed are the consequences of the change in focus from population to reproductive health and rights and the hurdles to the implementation of the latter (Jacobson, 2000).

## 4. Conclusions and Discussions

The main research aim was to explore the 'Population and SRRH' issue culture. What it is about, what it isn't about and what it should be about are assessed by answering two main research questions. The first question was whether sex, population and their combination have a place in the scholar demographic literature on 'Population and SRRH' published since the ICPD in 1994. The second question was, if they have a place, in which context they are mentioned?

From the many data collected a diverse picture appears from a field missing focus and legitimization. The main conclusions are;

- Sex does not really have a place in the specified literature.
- Population neither has a place herein.
- And the link between sexuality and population issues appears to be absent.

The different parts of the study have resulted in a lot of conclusions of which many are overlapping. Therefore they are presented together in the following.

### 1. Sex does not have a place in this literature, except as reproduction.

Only small shares of the articles are really about sex. Most of the articles that do (implicitly) mention sex are in fact about reproduction. When sex (or reproduction) is mentioned, it is mostly done so in the context of health, fertility and family planning (FP). This is also the case in the sample of abstracts, from which the categories 'reproduction, FP, and reproductive health' were purposely excluded. Sex education, decision making, bodily integrity and sexual rights are neglected. Even if rights are considered it is mostly done so using the same narrowly defined concept of SRRH; namely in the context of access to FP and reproductive health.

### 2. Population is not a topic.

Population is not often seen as problematic. The underlying fundamental concerns about why it could be seen as such, plays an even smaller role. One abstract mentioning three pillars of the ICPD PoA (Petchesky, 1995), does not even mention population. The abstracts that do mention population are mostly about influencing population, followed by factual population descriptions. Little attention is paid to population perspectives and interpretations. This is remarkable, since the sample is composed of articles about population perspectives, overpopulation and population control. Also when looking purely at the number of hits, population problems, debate and overpopulation receive little attention.

### 3. The link between sex and population does not really seem to live.

As for sex and population separately, the few abstracts that make the link all deal with sex implicitly and only by combining it with reproduction and mainly in the sense of family planning to influence population.

### 4. There are not many theoretical articles.

Most theoretical articles are about possible future developments. They are hardly about theories underlying or explaining research.

### 5. The whole field of population and sexuality is dominated by the SRRH discourse.

Population and explicitly overpopulation are absent. When looking at the number of articles of SRRH and Population themes as such, the question rises whether population has become an even more taboo subject than sex itself? SRRH is mostly narrowly defined as FP and reproductive health.

6. Most abstracts are about policy itself or about certain aspects of policy making.

The aspect of policy making that receives most attention is the 'policy process', which includes data analysis, agenda setting, advocacy and dialogue. Almost 70 percent of the abstracts deals with this part, other parts are much less prominent.

7. Most studies are generalist while contextualization is required.

Most studies use a universal approach or try to induce their results to broader context and are thereby generalizing. This is very problematic, since the few articles that do aim to specify often conclude that contextualization is essential (Avong, 2000; Duze and Mohammed, 2006; Ravindran, 2002; Richey, 2003; VanderPost, 1995). Insights obtained in other regions or settings do not automatically apply somewhere else. This finding is highly relevant, especially for the prescriptive field of 'Population and SRRH'. When policies and programs are designed, they require contextualization to local setting (Avong, 2000). To do so, attention has to be given to the people targeted. Within the research however, little room is reserved to incorporate perspectives of the people involved. There is strong top/down and generalizing tendency. This hinders both successful implementations (Jahan, 2003; Rutenberg and Watkins, 1997), but more importantly troubles the ability to regard people as being capable to deal with their own life. Also, examples of the completely different effects of population (control) policies in different settings (Basu, 1997; Connelly, 2006) again under scribe the importance of context. Population control cannot by definition be good or bad.

8. People have been put out of their environmental, social and temporal context

Also missing in the 'Population and SRRH' field is the necessary broader context. Even the current broader social- economical context is often missing. The only context available is as a limiting one in which goods and services are not yet available, in which oppressive power structures exist or as a historical one. Future generations and the environment do not play a role at all. As mentioned by (Stycos, 1996), population and the environment are still treated as separate pillars and should be integrated more. It seems like the reproductive rights and health approach is an individualistic and independent one. People have been put out of their environmental, social and temporal context, from which they cannot be separated.

9. People are still not considered as people.

When looking at who are considered in the research, it is very often the policy itself and (aggregated) women in need of reproductive rights and health. Men and to a slightly lesser extent couples are mostly absent but should have a center role (Becker, 1996; Danforth and Jezowski, 1994; Duze and Mohammed, 2006; Omondi-Odhiambo, 1997). Youth, individuals and communities neither play a substantive role. The little attention given to embodied experiences suggests that, ironically, reproductive women remain objects although in a different context. The 'demographic' numbers are just replaced by a different kind of numbers; namely the 'in need for reproductive rights and healthcare' numbers. So, more attention should be given to assess what the people involved see as the problems and what kind of solutions they propose.

10. Little attention is given to financial aspects.

Only two of these articles are explicitly about funding (Austveg and Sundby, 2005; Dalen and Reuser, 2006) and one only one is about positive involvement of the private sector (Seltzer and Gomez, 1998). The private sector is mostly mentioned as private (abortion) clinics, condom provision and pharmaceutical industry.

11. Both sex and FP education have a marginal role in the issue culture.

FP education is even more absent than sex education. Given the dominance of reproductive health and FP, the question therefore rises what is actually meant with sex education. Is sex education defined as reproduction and STD prevention education? The share of FP- or sex education is even smaller when combined with population issues. This suggests FP and sex education mostly stand alone and they do not relate to population issues.

12. Ideal or optimum population sizes are not considered

Optimum population is not mentioned as often as overpopulation or population pressure. This is remarkable, since both overpopulation and population pressure are relative concepts which should make a reference to some 'ideal' population size for certain values and specified circumstances. There is hardly any literature on population decrease and under population and even less combines them with SRRH topics. This suggests that population problems relate to too many people and not to an imbalance between population size, values and circumstances. It also suggests that SRRH are related solely to (limiting) population growth. This is intriguing, since pro-natalistic policies are also assumed to relate to a decreasing or too small population and restricted SRRH. It would be interesting to see if and why pro-natalistic policies are related to population developments and their combination with SRRH. Is it the flip side of the coin, or are other processes involved?

13. SRRH topics are not an integral part of population problems.

Within the literature discussing different perspectives on the population debate, little attention is given to SRRH topics. When the problems as such are discussed, overpopulation and population pressure, SRRH receives even less attention. This suggests that SRRH topics are not seen as an integral part of population problems, but are only introduced in the broader context of perspectives on the population debate. Implications of limiting family size are hardly considered in population policies.

14. Implications of limiting family size are hardly considered in population policies.

Problematic consequences of limiting family size, such as sex discrimination in the form of sex selective abortions, are hardly considered from a population perspective. The other way around, when gendercide and consequences of son preference are discussed, the link with population policies is quickly made. This imbalance in attention seems to reflect different realities: One universal overview and one of personal experiences.

15. Women's groups are mentioned more frequent than their issues.

Population has incorporated gender issues less than the other way around. Women's groups are mentioned even more frequent than the issues they presumably address. In the population literature, are gender issues mentioned on their own or only in combination with the women's groups that put them forward? The question rises what this imbalance in interest suggests?

16. The 'Population and SRRH' field is mostly composed of a discussion; about and with itself.

There are quite some articles reviewing and discussing 'the field' and its impact on society, now and in the past. Population problems and debates play a marginal role in this literature, except when discussed as such. In this discussion, most research is done to under scribe its own need. Critical question about the underlying assumptions and relations are largely absent, as is research on its impact.

17. 'Population and SRRH' issues are seen as global concerns about local issues.

The abstracts are dealing with a limited number of geographical regions. By far, most articles mentioning any are about Asia and Africa. Within Asia the most dominant country is India. This suggests that the 'SRRH and Population' issue culture plays in and is concerned with a selective number of regions and is not global at all. Most of the abstracts that do consider the developed world are historical studies. It seems like 'Population and SRRH' issues are global concerns about local issues. This also raises the very relevant question whether the field still has a North-South, paternalistic approach, but now dealing with different issues? Are the concerns and activities of the issue culture a new form of cultural 'imperialism'?

18. There is a gap between advocacy and policy implementation.

A lot of attention is given to policies and advocacy, however many articles that deal with their practical implications and implementation highlight an enormous gap between the two sides. More attention should be devoted to the practical side (Datta and Misra, 2000), to all people involved and to the specific context.

19. Groups involved in the 'Population and SRRH' field do not look outside their own circle.

Past alliances between a broader range of groups, feminists and neo-Malthusians, have been successful due to their common ground, goals and perceived mutual benefit (Hodgson and Watkins, 1997). A few questions follow from this. First of all, why did the alliance fall apart soon after Cairo? Secondly, what is it that drives the issue culture currently? From this, what kind of common ideologies, goals and mutual benefits could be thought of? Perhaps the issue culture can find a common ground in an abstract developmental ideal as striving for 'sustainable lives worth living'. In general broader alliances are recommended.

20. Research in the FP and reproductive health sector is uncritical and self justifying.

Most research is conducted as a way of justifying the need for the field. This is done in terms of availability and accessibility. The formulation of underlying aims seems absent and motivations are unclear. Also the functioning and impact of programs are hardly evaluated, which makes the development of effective programs very difficult. The few that do so have raised important issues about current practices. Some of those conclusions are that the involvement of men is essential. Knowledge about FP is in itself not motivating its use, general education has a much greater influence on this. Mass media campaigns are mentioned as ineffective (Gupta and Leite, 1999), but other approaches such as educational entertainment soap operas have proven to be successful (Vaughan, Regis, Catherine, 2000). For changes in family size preference, broader societal changes are required that reduce the value of children (VanderPost, 1995). It seems like actors in this field are doing as they like.

21. The 'Population and SRRH' field unjustified remains in the medical and women's sphere.

At this moment, the field and especially FP remain in the medical and women's sphere, without justification for this narrow approach. It seems like reproductive health and rights issues are beyond questioning and belong solely to the women's and health 'area's'. Also they are regarded as topics beyond questioning and need for justification and scrutiny. However, because population growth is slowed in many regions, questions are raised about the need for and legitimacy of FP Programs (Caldwell, Phillips, Barkat-e-Khuda, 2002). In a response to this a repositioning of the field is proposed to the more medical sphere, by forming closer alliances with the HIV/AIDS sector (Blanc and Tsui, 2005). There is hardly any attention for other perspectives, disciplines and approaches; authors mostly remain within their own field.



22. Solutions for presumed population problems are directly sought in FP and reproductive health.

It seems like population problems are mentioned in one breath with FP and reproductive health. This is done without paying attention to underlying fundamental problems and relations. Solutions for these presumed population problems are directly sought in adjusting population size. This gives little fundament for population policies.

In summary, it seems as if the 'Population and SRRH' field is mostly composed of a discussion; about and with itself. In this discussion, most research is done to under scribe its own need. Critical question about the underlying assumptions and relations are largely absent, as is research on its impact. There is little attention for other aspects of the population debate. People involved hardly play a role (gender), fundamental parts of their lives hardly (sex), their rights, the involved power relations (gender) and abuse (violence) play no big role; education and broader development issues neither. The whole approach appears to be from a health perspective.

A paradigm shift has occurred in the 'population and SRRH' issue culture. The SRRH approach, or actually the reproductive health and FP approach, has managed to position itself firmly. However, this has not lead to an inclusion of sexuality into the population debate, but to an exclusion of population. Instead of only taboo subject - sex - there is now a second one: population problems.

## 5. Recommendations

### 5.1. Recommendations

Based on this research some general recommendations and suggestion for further research are made.

- A clearer conceptualisation of sexual rights and overpopulation is recommended.

At the moment neither sex nor population nor their combinations have a place in the 'Population and SRRH' issue culture. A clearer conceptualisation of sex and overpopulation is recommended. This would be useful for their repositioning and for fundamental research on causality. For research on solutions, for interventions and advocacy it is a precondition. Perhaps conclusive definitions are impossible and even unnecessary.

- Some reflexive soul searching together with 'outsiders' is advisable

What do actors themselves mean with 'overpopulation' and why is it that the chosen solutions are sought in population policy or reproductive rights and health? Discussions with people outside 'the field' might be very useful for this soul searching and conceptualisation. Ideas can be shared and one can become more critical to own unnoticed presumptions.

- Use insights and knowledge from other disciplines, especially ethics and environment

Many (underlying) issues in the 'Population and SRRH' field are not discipline specific. They are in fact ethical problems. Some fundamental ethical issues are for instance how individual and societal 'rights and duties' relate to each other. Which means are allowed to guard 'the common good'? When are personal rights to actions limited if their aggregated effects are problematic? What to do when the ones causing problems are not the ones suffering from them, both in time and geographical scale? Which claims can future generations make? How to deal with uncertainty about multi-causal and interrelated effects, over time and including the future? How do development, cultural relativism and cultural imperialism relate? Cooperation with the environmental field might be useful too, even if it is just to share strategies. For instance, the environment movement also has to bridge the gap between macro and micro levels, direct needs and long term effects, lack of interest for abstract problems and questions of fairness and responsibility.

- Consider ethical implications of activities

The previous questions are fundamental and very relevant for this field because of its prescriptive character, attempting to change of *other* people. Accomplishing these changes is not only done by providing knowledge, infrastructure and means, but it requires the acceptance and desire of these changes and therefore it requires change of mentality and social organisation(s). Changing family size is not only changing in family size!

- Search for common grounds, shared ideologies and mutual benefits

This soul searching could be very useful to find more common grounds, shared ideologies and mutual benefits within the field and with other development sectors. A shared ideology might be globally working towards 'sustainable lives worth living', using Sen's Capabilities Approach. In this broader goal both rights and responsibilities have place, for privileged, unprivileged and future people. Shared benefits for combining Population and SRRH could be making sex a public issue and distinct from reproduction. Experiencing positive sexual rights related to autonomy could also be essential for the desire for FP.

- Evaluate programs and involve the people concerned

The gap between advocacy, policy and practice appears to be large. A good start to bridge this gap could be *valid* evaluations of program impact. For that involvement of the people affected by the presumed problems and solutions is essential, as it is for the development of future programs. This includes the need to involve men, couples and youth instead of focussing mostly on women. More attention to specific cultural setting is also necessary. Action research is a useful research methodology. As Pereira mentioned about the population conferences, there is a need to allow for ‘differences of identity, geographical location, age and economic status’. The conferences ‘... focussed too much on publicity and not enough on needs assessment’ (Pereira, 2002, p. 796).

- Sex and Population education deserve more attention

In this the more positive sexual rights should also have a place. For the development of such education programs contextualisation is essential. What should and could be addressed in what way according to the people targeted? This might be more useful and respectful than implementing general programs designed elsewhere.

- Restrict programmes to a limited number of cultural regions

For efficiency and impact reasons, it might be useful to work only in one or a few countries and for a prolonged period. By doing so, advocacy, research and programmes can all be integrated and strengthen each other. (For more information see (Hardee et al., 2004). A stricter selection of countries and more attention for their specific demographic characteristics and needs are also recommended by two recent Dutch reports (WRR, 2010) and (AIV, 2009).

- Involve private sector

It could be beneficial to get out of the donor funding dependency development setting. More cooperation with the private sector might be beneficial for three things; for generating money, broader attention for the issues and more involvement of the people addressed. If people are prepared to pay for something they can become “owner” of the problems and solutions. Educational soap operas for instance could provide an opportunity for enterprise and private/public cooperation. Commercial breaks can raise money and also advertise local facilities, programs and products.

- Explicitly combine Population and SRRH for funding

When addressing potential donors the combination of Population and SRRH might provide opportunities to appeal to a larger and more diverse group of donors than separately. Some people are more appealed by the fields’ abstract and long term ideals, while others are more prepared to fund the concrete, direct need projects (Van der Velden, 2007).

- Use an open mind, focused towards the future

Population thinking has had problematic consequences, stimulating the emergence of the distinct SRRH field. However, now might be the time to incorporate both topics in a new and constructive approach. Sexuality and Population should go together; society is made up of individuals and those individuals are part of a society and a whole ecosystem. Ensuring sexual rights in an enabling demographic setting can both contribute to the development and well being of individuals. Applying a social constructionist approach to both population problems and sexual rights might contribute to take off some of the emotional leadenness.

In conclusion, a more critical and inclusive approach is recommended with more attention for the used arguments, practical sides, people involved and the broader cultural, environmental and historical context.

As Parker mentions (2010, pp. 64, 65) an obstacle to realizing sexual rights are identity politics. 'Coalitions and alliances that cross the boundaries of identity based politics have been especially important in encouraging a conception of sexual rights – understood as something broader than ... women's rights- that can shift attention ... to a broader politics of solidarity and common cause'.

### **Research specific recommendations**

- Use a professional text analysis program

If a follow up study will be done, using text analysis, a proper program to do so is recommended, for instance AtlasTI or MAXQDA. Also a proper reference manager program is useful, for instance RefWorks.

- Reconsidered the study design how to retrieve the perspectives used in the field.

Search words used in this study may not cover all aspects of the population and SRRH field. Specifically the most important population theme, the perspectives on the debate, is difficult to operationalize in specific search words. Perspectives are important but often implicit and there hard to derive by specific search words. It might be more useful to use explicit theories and stances, instead of the more objective ones used in this study. Special attention should than be given to include all possible perspectives.

## 5.2. Some specific research questions:

### Based on this research and using the data gathered:

- How can the 'Population and SRRH' issue culture be described using the Policy Circle as a framework?
  - Which role do social, economic, cultural and environmental context have?
  - Which problems are addressed?
  - Which people and places are discussed?
  - For which part of the policy process does the research contribute?
  - What is said about the financial aspects of research, advocacy, policy implementation and programmes?
  - What is said about laws, policies and other documents?
  - Which programmes are developed and how are they evaluated?
- Based on the times subjects are cited, which topics are most prominent in the field?
- Are there (statistical) correlations between the topics, people and regions and the research methodology?
- From which perspectives are actors in the 'Population and SRRH' field working?

### Other questions:

- What is meant by SRRH and population related concepts such as sexual rights and overpopulation?
- How are these concepts used and how could they be used?
- What implications do specific interpretations of these concepts have for the formulation of policies and programs?
- Which explanations of population problems justify population/SRRH related interventions and why?
  - Who are targeted by those interventions, why them and does this solve the original problem?
  - What is the effect of those interventions?
- Are reproductive rights individual and universal rights and if so, how do they relate to their consequences for society in large and for future generations?
- Why are population problems no (explicit) topic in the 'Population and SRRH' issue culture?
- Why are SRRH and Population issues mostly seen as women's (health) issues in developing countries and not as general issues of global justice, sustainability and development?
- What influence do the specific ideological perspectives of actors have on the interpretation and construction of the population debate?
- How do people outside 'the field' perceive population problems, SRRH and their combination?
  - In donor countries; what implications does this have for funding?
  - In programme countries; what does the mean for the legitimacy of the programs?
- How do the people targeted by SRRH and population programmes view the supposed problems, goals and solution strategies?
- What do men and youth think of Population and SRRH issues? How can they be involved and motivated?
- What could the role of the private sector be in this field?
- Which rights based population programmes have been most effective in reducing fertility levels and how could sexuality be included in these programmes?
- When is fertility decline caused by FP programmes and when and why not?
- Which opportunities does the population perspective provide for realizing sexual rights among uninterested or unwilling groups?
- Which common ground, goals and mutual benefits do Population and SRRH have?

## References

- Reviewing UNFPA's role in PopEd programmes. 2005. *Adolescence Education Newsletter* 8(1):3-4.
- AIV. 2009. Demographic changes and development cooperation. The Netherlands: AIV. Report nr 66. 1 p. .
- Anderson M. 1998. Highly restricted fertility: Very small families in the British fertility decline. *Population Studies* 52(2):177-99.
- Austveg B and Sundby J. 2005. Norway at ICPD+10: International assistance for reproductive health does not reflect domestic policies. *Reprod Health Matters* 13(25, Implementing ICPD: What's Happening in Countries: Maternal Health and Family Planning):23-33.
- Avong HN. 2000. Perception of and attitudes toward the Nigerian federal population policy, family planning program and family planning in Kaduna state, Nigeria. *African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive* 4(1):66-76.
- Basu AM. 1997. The 'Politicization' of fertility to achieve non-demographic objectives. *Population Studies* 51(1):5-18.
- Becker S. 1996. Couples and reproductive health: A review of couple studies. *Stud Fam Plann* 27(6):291-306.
- Berelson B. 1952. *Content analysis in communication research*. New York: Free Press.
- Blanc AK and Tsui AO. 2005. The dilemma of past success: Insiders' views on the future of the international family planning movement. *Stud Fam Plann* 36(4):263-76.
- Caldwell JC. 1996. Demography and social science. *Population Studies-a Journal of Demography* 50(3):305,&.
- Caldwell JC, Phillips JF, Barkat-e-Khuda. 2002. The future of family planning programs. *Stud Fam Plann* 33(1, Family Planning Programs in the Twenty-First Century):1-10.
- Coale A. 1973. The demographic transition. *International population conference Liege, Belgium: IUSSP*. 53 p.
- Connelly M. 2006. Population control in india: Prologue to the emergency period. *Population and Development Review* 32(4):629-67.
- Corrêa S. 1997. From reproductive health to sexual rights: Achievements and future challenges. *Reprod Health Matters* 5(10, The International Women's Health Movement):107-16.
- Dalen HPv and Reuser M. 2006. What drives donor funding in population assistance programs? evidence from OECD countries. *Stud Fam Plann* 37(3):141-54.
- Danforth N. and Jezowski T. 1994. Beyond cairo: Men, family planning, and reproductive health. 122nd annual meeting of the american public health association [APHA]; October 30 - November 3, 1994; Washington, D.C. . 11 p.
- Datta B and Misra G. 2000. Advocacy for sexual and reproductive health: The challenge in india. *Reprod Health Matters* 8(16, Reproductive Rights, Advocacy and Changing the Law):24-34.
- Demeny P. 2003. Population policy dilemmas in europe at the dawn of the twenty-first century. *Population and Development Review* 29(1):1-28.
- Duze MC and Mohammed IZ. 2006. Male knowledge, attitudes, and family planning practices in northern Nigeria / connaissance, attitude et pratiques de la planification familiale chez les hommes au Nigéria du nord. *African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive* 10(3):53-65.

- Finkle JL. and McIntosh CA. 2002. United Nations population conferences: Shaping the policy agenda for the twenty-first century. *Stud Fam Plann* 33(1, Family Planning Programs in the Twenty-First Century):11-23.
- Gamson WA and Modigliani A. 1989. Media discourse and public opinion on nuclear power: A constructionist approach. *The American Journal of Sociology* 95(1):1-37.
- Giddens A and Griffiths S. 2006. *Sociology*. Cambridge Polity.
- Greenhalgh S. 2003. Science, modernity, and the making of China's one-child policy. *Population and Development Review* 29(2):163-96.
- Gupta N and Leite IdC. 1999. Adolescent fertility behavior: Trends and determinants in northeastern Brazil. *International Family Planning Perspectives* 25(3):125-30.
- Hardee K, Feranil I, Boezwinkle J, Clark B. 2004. The policy circle: A framework for analyzing the components of family planning, reproductive health, maternal health, and HIV/AIDS policies. USAID. Report nr 11. 1 p. .
- Hodgson D and Watkins SC. 1997. Feminists and neo-malthusians: Past and present alliances. *Population and Development Review* 23(3):469-523.
- Jacobson JL. 2000. Transforming family planning programmes: Towards a framework for advancing the reproductive rights agenda. *Reprod Health Matters* 8(15, Reproductive Rights, Human Rights and Ethics):21-32.
- Jahan R. 2003. Restructuring the health system: Experiences of advocates for gender equity in Bangladesh. *Reprod Health Matters* 11(21, Integration of Sexual and Reproductive Health Services: A Health Sector Priority):183-91.
- JSTOR [Internet]: ITHAKA; c2010 [cited 2010 27-7-2010]. Available from: <http://www.jstor.org.proxy-ub.rug.nl/action/showJournals?selectDiscipline=43693418&browseType=discipline&x=12&y=16> .
- Kirk D. 1996. Demographic transition theory. *Population Studies-a Journal of Demography* 50(3):361,&.
- Krippendorff K. 2004. *Content analysis: An introduction to its methodology*. Beverly Hills, California, USA: Sage.
- Lockwood M. 1995. Structure and behavior in the social demography of Africa. *Population and Development Review* 21(1):1-32.
- Maine D, Freedman L, Shaheed F, Frautschi S, Akalin MZ. 1995. Risks and rights: The uses of reproductive health data. *Reprod Health Matters* 3(6, Women's Health Policies: Organising for Change):40-51.
- Nussbaum MC and Glover J. 1995. *Women, culture and development: A study of human capabilities*. Oxford, UK: Oxford University Press.
- Obaid TA. 2006. Reaching the MDGs: Why population, reproductive health and gender matter. *Asia-Pacific Population Journal* 21(2-3):9-20.
- Omondi-Odhiambo. 1997. Men's participation in family planning decisions in Kenya. *Population Studies* 51(1):29-40.
- Parker R. 2010. Reinventing sexual scripts: Sexuality and social change in the twenty-first century (the 2008 John H. Gagnon Distinguished lecture on sexuality, modernity and change). *Sex Res Soc Policy* 7:58-66.
- Pereira C. 2002. Configuring "global", "national" and "local" in governance agenda's and women's struggles in Nigeria. *Social Research* 69:781-804.

- Petchesky RP. 2000. *Sexual rights, inventing a concept, mapping a international practice*. In: Framing the sexual subject, the politics of gender, sexuality, and power. Parker R, Barbosa RM, Aggleton P, editors. Berkely and Los Angeles, California USA: University of California Press.
- Petchesky RP. 1995. From population control to reproductive rights: Feminist fault lines. *Reprod Health Matters* (6):152-61.
- POPLINE [Internet]. USA: Knowledge for Health Project, Johns Hopkins Bloomberg School of Public Health, USAID; c2010 [cited 2010 27-7-2010]. Available from: <http://www.popline.org/aboutpl.html> .
- Presser HB. 1997. Demography, feminism, and the science-policy nexus. *Population and Development Review* 23(2):295-331.
- Ratner BD. 2004. Equity, efficiency, and identity: Grounding the debate over population and sustainability. *Population Research and Policy Review* 23(1):55-71.
- Ravindran TKS. 2002. Understanding health sector reforms and sexual and reproductive health services: A preliminary framework. *Reprod Health Matters* 10(20):16-8.
- Richey LA. 2003. HIV/AIDS in the shadows of reproductive health interventions. *Reprod Health Matters* 11(22, HIV/AIDS, Sexual and Reproductive Health: Intimately Related):30-5.
- Rutenberg N and Watkins SC. 1997. The buzz outside the clinics: Conversations and contraception in Nyanza province, Kenya. *Stud Fam Plann* 28(4):290-307.
- Ryberg J. 1998. The argument from overpopulation: Logical and ethical considerations. *Popul Environ* 19(5):411-26.
- Seltzer J and Gomez F. 1998. Family planning and population programs in colombia, 1965 to 1997. Arlington, Virginia: Population Technical Assistance Project [POPTECH].
- Shue H. 1980. *Basic rights: Subsistence, affluence, and U.S. foreign policy*. Princeton University Press.
- Sinding SW. 2000. The tumultuous demography of the 20th century and its implications for the 21st. In: *Global population issues, the human dimension*. 2002nd ed. NGIZ and WPF, The Netherlands.
- Stycos JM. 1996. Population and the environment: Polls, policies, and public opinion. *Popul Environ* 18(1):37-63.
- Van der Velden F. 2007. *Wereldburgerschap: handreikingen voor vergroting van betrokkenheid bij mondiale vraagstukken*. The Netherlands, Assen: Koninklijke Van Gorcum BV, NCDO.
- VanderPost C. 1995. Preconditions for a population policy in botswana. *International Family Planning Perspectives* 21(2):70-4.
- Vanwesenbeeck I. 2008. Bittere noodzaak: Een essay over het maatschappelijke belang van een adequate seksuele gezondheidspolitiek. *Tijdschrift Voor Sociologie* 2(3):352-71.
- Vaughan PW, Regis A, Catherine ES. 2000. Effects of an entertainment-education radio soap opera on family planning and HIV prevention in St. Lucia. *International Family Planning Perspectives* 26(4):148-57.
- Wilmoth JR and Ball P. 1995. Arguments and action in the life of a social problem: A case study of "overpopulation," 1946-1990. *Soc Probl* 42(3):318-43.
- WRR. 2010. *Less pretention, more ambition: Development aid that makes a difference*. Netherlands: AUP.



## Appendix Articles in the sample

ID #	Sample	Keywords	Rel.?
1	Abernethy, V. D., & Penaloza, R. V. (2002). Fertility decline in former "asian tigers". <i>Population and Environment</i> , 23(3), 245-265.	family size, economic conditions, Asia	yes
2	Ali, M. M., & Cleland, J. G. (2001). The link between postnatal abstinence and extramarital sex in cote d'ivoire. <i>Studies in Family Planning</i> , 32(3), 214-219.	male extramarital sexual behavior, postnatal abstinence, west Africa, adverse health effects	no
3	Anderson, M. (1998). Highly restricted fertility: Very small families in the british fertility decline. <i>Population Studies</i> , 52(2), 177-199.	fertility decline, influential factors, differentiation among subpopulations	yes
4	Arland Thornton. (2001). The developmental paradigm, reading history sideways, and family change. <i>Demography</i> , 38(4), 449-465.	developmental idealism, changes in family living arrangements, northwest Europe	no
5	Arnold, F., Choe, M. K., & Roy, T. K. (1998). Son preference, the family-building process and child mortality in india. <i>Population Studies</i> , 52(3), 301-315.	India, son preference, family size, child mortality	mwa
6	Arnold, F., Kishor, S., & Roy, T. K. (2002). Sex-selective abortions in india. <i>Population and Development Review</i> , 28(4), 759-785.	Sex selective abortions, India, son preference, social change required for success laws	mwa
7	Attane, I. (2002). China's family planning policy: An overview of its past and future. <i>Studies in Family Planning</i> , 33(1, Family Planning Programs in the Twenty-First Century), 103-113.	China, overview FP policies goals trends effects, population change	yes
8	Austveg, B., & Sundby, J. (2005). Norway at ICPD+10: International assistance for reproductive health does not reflect domestic policies. <i>Reproductive Health Matters</i> , 13(25, Implementing ICPD: What's Happening in Countries: Maternal Health and Family Planning), 23-33.	Good reproductive health care, Norway, development assistance, policy, difference in domestic views and foreign policy	mwa
9	Avong, H. N. (2000). Perception of and attitudes toward the nigerian federal population policy, family planning program and family planning in kaduna state, nigeria. <i>African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive</i> , 4(1), 66-76.	Nigeria, contextualization policy, evaluation success FP program, community case study, religion	yes
10	Azize-Vargas, Y., & Avilés, L. A. (1997). Abortion in puerto rico: The limits of colonial legality. <i>Reproductive Health Matters</i> , 5(9, Abortion: Unfinished Business), 56-65.	Puerto Rico, abortion rights, policy implementation, opposition, study of current abortion practice and hurdles	mwa
11	Basu, A. M. (1997). The 'Politicization' of fertility to achieve non-demographic objectives. <i>Population Studies</i> , 51(1), 5-18.	perception fertility determinants and decline, politicization, policies, beneficial and disruptive, examples from India	very
12	Basu, A. M. (2005). The millennium development goals minus reproductive health: An unfortunate, but not disastrous, omission. <i>Studies in Family Planning</i> , 36(2), 132-134.		
13	Becker, S. (1996). Couples and reproductive health: A review of couple studies. <i>Studies in Family Planning</i> , 27(6), 291-306.	design studies, FP, couples i.s.o. one sex, effectiveness policies	very
14	Becker, S., & Costenbader, E. (2001). Husbands' and wives' reports of contraceptive use. <i>Studies in Family Planning</i> , 32(2), 111-129.	DHS meta study, concurrence couples reporting of contraceptive use and method	no
15	Begum, H., Shervington, D., Schrater, A. F., Macklin, R., & Bean, B. (1994). Vaccine contraceptives: Wisdom, optimism and combatting the potential for abuse. <i>Reproductive Health Matters</i> , 2(4, Motherhood, Fatherhood and Fertility: For Women Who Do and Women Who Don't Have Children), 107-114.	vaccine contraceptives, debate, fears	yes
16	Berer, M. (1998). Sex, sexuality and sexual health. <i>Reproductive Health Matters</i> , 6(12, Sexuality), 7-10.		
17	Billari, F., Frejka, T., Hobcraft, J., Macura, M., & Kaa, D. J. v. d. (2004). Discussion of paper 'explanations of the fertility crisis in modern societies: A search for commonalities', "population studies" 57(3): 241-263, by john caldwell and thomas schindlmayr. <i>Population Studies</i> , 58(1), 77-92.	fertility crisis, modern societies, debate, comments	yes
18	Binion, R. (2001). Marianne in the home. political revolution and fertility transition in france and the united states. <i>Population: An English Selection</i> , 13(2), 165-188.	determinants early fertility decline France and USA, debate, far reaching implications	mwa
19	Blanc, A. K., & Tsui, A. O. (2005). The dilemma of past success: Insiders' views on the future of the international family planning movement. <i>Studies in Family Planning</i> , 36(4), 263-276.	FP relevance and future, declined visibility, solutions	very
20	Bledsoe, C. (1996). Contraception and "natural" fertility in america. <i>Population and Development Review</i> , 22(, Supplement: Fertility in the United States: New Patterns, New Theories), 297-324.		
21	Bullough, V. L., & Bullough, B. (1994). A brief history of population control and contraception. <i>Free Inquiry</i> , 14(2), 16-22.	historical overview contraceptive usage/advocacy, focus western world	mwa
22	Burgard, S. (2004). Factors associated with contraceptive use in late- and post-apartheid south africa. <i>Studies in Family Planning</i> , 35(2), 91-104.	SA, FP programs, actual use contraceptives by (racial) subpopulation and stage in reproductive career, policy and research implications	mwa

23	C. Alison McIntosh, & Jason L. Finkle. (1995). The Cairo conference on population and development: A new paradigm? <i>Population and Development Review</i> , 21(2), 223-260.	UN population conferences, analyzing politics, Cairo, political process and funding implementation	yes
24	Caldwell, J. C. (1996). Demography and social science. <i>Population Studies</i> , 50(3), 305-333.	Study of demography as discipline and influential factors on investigated research subjects	very
25	Caldwell, J. C. (1997). The global fertility transition: The need for a unifying theory. <i>Population and Development Review</i> , 23(4), 803-812.	Global fertility transition, unified fertility transition theory, need for single process view in IUSSP.	yes
26	Caldwell, J. C. (1999). The delayed western fertility decline: An examination of English-speaking countries. <i>Population and Development Review</i> , 25(3), 479-513.	determinants for fertility decline UK, moral reform, marital contraceptive discussion demand availability, use	yes
27	Caldwell, J. C., Caldwell, P., Caldwell, B. K., & Pieris, I. (1998). The construction of adolescence in a changing world: Implications for sexuality, reproduction, and marriage. <i>Studies in Family Planning</i> , 29(2, Adolescent Reproductive Behavior in the Developing World), 137-153.	development concept 'adolescence', a. sexual behavior reproduction marriage, enormous regional differences, traditional culture more important the globalization	mwa
28	Caldwell, J. C., Phillips, J. F., & Barkat-e-Khuda. (2002). The future of family planning programs. <i>Studies in Family Planning</i> , 33(1, Family Planning Programs in the Twenty-First Century), 1-10.	FP programs and field, global and region evaluations, overview, future adjustments field	yes
29	Calne, R. (1995). Why, too many people? A world program. <i>Population and Environment</i> , 17(2), 161-187.		
30	Carey, J. R., & Judge, D. S. (2001). Principles of biodemography with special reference to human longevity. <i>Population: An English Selection</i> , 13(1, Biodemographic Perspectives on Human Longevity), 9-40.	human longevity, biodemography, comparative bd, proximate determinants human longevity, costs reproduction, mortality human growth phases, kinship lifespan, self reinforcing nature of longevity extension	no
31	Caselli, G., & Vallin, J. (2001). Demographic trends: Beyond the limits?	human longevity, fertility level consequences future population size, age structure, different projections	no
32	Chan, K. Y., & Reidpath, D. D. (2003). "Typhoid mary" and "HIV jane": Responsibility, agency and disease prevention. <i>Reproductive Health Matters</i> , 11(22, HIV/AIDS, Sexual and Reproductive Health: Intimately Related), 40-50.	health risks, social science and public health discourse logic, individual responsibility, professional responsibility, agency	yes
33	Chandeying, V. (2005). Sexual health promotion in Thailand. <i>Sexual Health</i> , 2(3), 129-134.	Thailand health sector reform, sexual, reproductive and population problems	mwa
34	Charbit, Y., & Virmani, A. (2002). The platonic city: History and utopia. <i>Population (English Edition, 2002-)</i> , 57(2), 207-235.	Plato, precursor demography, misunderstanding	no
35	Cohen, S. A., & Richards, C. L. (1994). The Cairo consensus: Population, development and women. <i>Family Planning Perspectives</i> , 26(6), 272-277.		
36	Cohen, S. A., & Richards, C. L. (1994). The Cairo consensus: Population, development and women. <i>International Family Planning Perspectives</i> , 20(4), 150-155.		
37	Coleman, D. (2006). Europe's demographic future: Determinants, dimensions, and challenges. <i>Population and Development Review</i> , 32(, The Political Economy of Global Population Change, 1950-2050), 52-95.		
38	Connelly, M. (2006). Population control in India: Prologue to the emergency period. <i>Population and Development Review</i> , 32(4), 629-667.	India, Population control, historical development, power motives different parties, start debate how population policy can empower people	very
39	Cooper, D., Morroni, C., Orner, P., Moodley, J., Harries, J., Cullingworth, L., et al. (2004). Ten years of democracy in South Africa: Documenting transformation in reproductive health policy and status. <i>Reproductive Health Matters</i> , 12(24, Power, Money and Autonomy in National Policies and Programmes), 70-85.	South Africa, sexual health policy and practice, evaluation	mwa
40	Corrêa, S. (1997). From reproductive health to sexual rights: Achievements and future challenges. <i>Reproductive Health Matters</i> , 5(10, The International Women's Health Movement), 107-116.	understanding status and meaning of concepts sexual health, sexual rights, reproductive rights	very
41	Corrêa, S., Germain, A., & Petchesky, R. P. (2005). Thinking beyond ICPD+10: Where should our movement be going? <i>Reproductive Health Matters</i> , 13(25, Implementing ICPD: What's Happening in Countries: Maternal Health and Family Planning), 109-119.	reflection with prominent SRRH activists on impact Cairo, Beijing, future SRRH, strategies	yes
42	Cottingham, J., Norsigian, J., Guzman, C., Berer, M., Ravindran, T. K. S., Coney, S., et al. (1997). The personal is political: Beginnings and endings in an ongoing history. <i>Reproductive Health Matters</i> , 5(10, The International Women's Health Movement), 9-28.	personal experiences in international women's health movement, issues, challenges future directions	yes
43	Crane, B. B. (1994). The transnational politics of abortion. <i>Population and Development Review</i> , 20(, Supplement: The New Politics of Population: Conflict and Consensus in Family Planning), 241-262.		
44	Dalen, H. P. v., & Reuser, M. (2006). What drives donor funding in population assistance programs? Evidence from OECD countries. <i>Studies in Family Planning</i> , 37(3), 141-154.	gap ICPD funding promises and behavior, explanations, aid channels	yes
45	Danforth, N., & Jezowski, T. (1994). Beyond Cairo: Men, family planning, and reproductive health. <i>122nd Annual Meeting of the</i>	ICPD male involvement FP, options and recommendations	yes

	<i>American Public Health Association [APHA], Washington, D.C. 11.</i>		
46	Danielson, R., Barbey, A., Cassidy, D., Rosenzweig, J., & Chowdhury, D. (1999). Couple-friendly services in a metropolitan sexually transmitted disease clinic: Views of clients and providers. <i>Family Planning Perspectives, 31(4)</i> , 195-199.		
47	Datta, B., & Misra, G. (2000). Advocacy for sexual and reproductive health: The challenge in india. <i>Reproductive Health Matters, 8(16, Reproductive Rights, Advocacy and Changing the Law)</i> , 24-34.	India, ICPD policies, need for implementation, directions for focus and advocacy and alliances	yes
48	DeJong, J., Jawad, R., Mortagy, I., & Shepard, B. (2005). The sexual and reproductive health of young people in the arab countries and iran. <i>Reproductive Health Matters, 13(25, Implementing ICPD: What's Happening in Countries: Maternal Health and Family Planning)</i> , 49-59.	review Youth SRRH, Arab states, Iran, programs absent but needed, lack of population data, taboo sexuality discussion	mwa
49	Demeny, P., & McNicoll, G. (2006). The political demography of the world system, 2000-2050. <i>Population and Development Review, 32(, The Political Economy of Global Population Change, 1950-2050)</i> , 254-287.		
50	Diaz, M., Simmons, R., Diaz, J., Gonzalez, C., Makuch, M. Y., & Bossemeyer, D. (1999). Expanding contraceptive choice: Findings from brazil. <i>Studies in Family Planning, 30(1)</i> , 1-16.	Participatory approach, Brazil, demands, problems and solutions for FP and RH service provision	yes
51	Dixon-Mueller, R., & Germain, A. (1994). Population policy and feminist political action in three developing countries. <i>Population and Development Review, 20(, Supplement: The New Politics of Population: Conflict and Consensus in Family Planning)</i> , 197-219.		
52	Djamba, Y. K. (1997). Theoretical perspectives on female sexual behaviour in africa: A review and conceptual model. <i>African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive, 1(2)</i> , 67-78.	female sexual behavior, Africa, theories, conceptual framework, testable hypothesis, study with event history models	yes
53	Donaldson, P. J. (2002). The elimination of contraceptive acceptor targets and the evolution of population policy in india. <i>Population Studies, 56(1)</i> , 97-110.	India, evolution population policies, key factors changing target to target free policies.	yes
54	Duze, M. C., & Mohammed, I. Z. (2006). Male knowledge, attitudes, and family planning practices in northern nigeria / connaissance, attitude et pratiques de la planification familiale chez les hommes au nigéria du nord. <i>African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive, 10(3)</i> , 53-65.	Nigeria, determinants contraceptive (non) use, attitudes, knowledge, males, paterlineal society, FP programs	very
55	Fragomen, A. T., Jr. (1997). The illegal immigration reform and immigrant responsibility act of 1996: An overview. <i>International Migration Review, 31(2)</i> , 438-460.		
56	Frejka, T., & Ross, J. (2001). Paths to subreplacement fertility: The empirical evidence. <i>Population and Development Review, 27(, Supplement: Global Fertility Transition)</i> , 213-254.		
57	Fried, M. G. (1997). Abortion in the US: Barriers to access. <i>Reproductive Health Matters, 5(9, Abortion: Unfinished Business)</i> , 37-45.	USA, abortion debate, anti-abortion tactics, challenges and strategies pro-choice movement	mwa
58	Gillespie, D. G. (2004). Whatever happened to family planning and, for that matter, reproductive health? <i>International Family Planning Perspectives, 30(1)</i> , 34-38.		
59	Goldstein, A., White, M., & Goldstein, S. (1997). Migration, fertility, and state policy in hubei province, china. <i>Demography, 34(4)</i> , 481-491.	China, FP policy impact on fertility behavior, different groups compared, migrants temporary and long term, non migrants	no
60	Greenhalgh, S. (2003). Science, modernity, and the making of china's one-child policy. <i>Population and Development Review, 29(2)</i> , 163-196.	China, one child policy history, population problem, original background arguments, science, politics, policy consequences,	very
61	Guillebaud, J. (2009). Contraception and sexual health. <i>Best Practice and Research: Clinical Obstetrics and Gynaecology, 23(2)</i> , 163-164.	*FP, technological developments, discrepancy, new demands	mwa
62	Gupta, N., & Leite, I. d. C. (1999). Adolescent fertility behavior: Trends and determinants in northeastern brazil. <i>International Family Planning Perspectives, 25(3)</i> , 125-130.		
63	Gupte, M., Bandewar, S., & Pisal, H. (1997). Abortion needs of women in india: A case study of rural maharashtra. <i>Reproductive Health Matters, 5(9, Abortion: Unfinished Business)</i> , 77-86.	India, abortions, women's perceptions and needs, policy, service delivery	no
64	Guttmacher, S., Kapadia, F., Naude, J. T. W., & Pinho, H. d. (1998). Abortion reform in south africa: A case study of the 1996 choice on termination of pregnancy act. <i>International Family Planning Perspectives, 24(4)</i> , 191-194.		
65	Hardon, A. (1997). Contesting claims on the safety and acceptability of anti-fertility vaccines. <i>Reproductive Health Matters, 5(10, The International Women's Health Movement)</i> , 68-81.	Overview Debate anti-fertility vaccine, role researchers and women's health advocates, responses to concerns.	mwa

66	Hardon, A. (2003). Reproductive health care in the netherlands: Would integration improve it? <i>Reproductive Health Matters</i> , 11(21, Integration of Sexual and Reproductive Health Services: A Health Sector Priority), 59-73.	Overview Dutch RH system	no
67	Hardon, A. (2006). Contesting contraceptive innovation--reinventing the script. <i>Social Science and Medicine</i> , 62, 614-627.	case studies different positions women's health advocates and developers long term contraceptives, collaboration, opposition	yes
68	Heathe Luz McNaughton, Blandón, M. M., & Altamirano, L. (2002). Should therapeutic abortion be legal in nicaragua: The response of nicaraguan obstetrician-gynaecologists. <i>Reproductive Health Matters</i> , 10(19, Abortion: Women Decide), 111-119.	Nicaragua, abortion debate, policy/law reform, politics	mwa
69	Hill, P. S. (2002). Commentary: Between intent and achievement in sector-wide approaches: Staking a claim for reproductive health. <i>Reproductive Health Matters</i> , 10(20, Health Sector Reforms: Implications for Sexual and Reproductive Health Services), 29-37.	SWA'ps, implications new structure aid financing for reproductive health sector.	mwa
70	Hill, P. S., & Ly, H. T. (2004). Women are silver, women are diamonds: Conflicting images of women in the cambodian print media. <i>Reproductive Health Matters</i> , 12(24, Power, Money and Autonomy in National Policies and Programmes), 104-115.	Cambodia, SRRH issues, government, sex work and associated crimes, AIDS/HIV	mwa
71	Hill, P. S., Dodd, R., & Dashdorj, K. (2006). Health sector reform and sexual and reproductive health services in mongolia. <i>Reproductive Health Matters</i> , 14(27, Human Resources for Sexual and Reproductive Health Care), 91-100.		
72	Hirve, S. S. (2004). Abortion law, policy and services in india: A critical review. <i>Reproductive Health Matters</i> , 12(24, Supplement: Abortion Law, Policy and Practice in Transition), 114-121.	India, abortion laws, policies overview, requirements	no
73	Hobcraft, J. (2006). The ABC of demographic behaviour: How the interplays of alleles, brains, and contexts over the life course should shape research aimed at understanding population processes. <i>Population Studies</i> , 60(2), 153-187.	Demographic discipline, shift in research topics and strategies, reassessment priorities	yes
74	Hodgson, D., & Watkins, S. C. (1997). Feminists and neo-malthusians: Past and present alliances. <i>Population and Development Review</i> , 23(3), 469-523.	Historical analysis alliances feminists neo Malthusians America	very
75	Hoodfar, H. (1996). Bargaining with fundamentalism: Women and the politics of population control in iran. <i>Reproductive Health Matters</i> , 4(8, Fundamentalism, Women's Empowerment and Reproductive Rights), 30-40.	Iran, changes in laws, FP, feminists, fundamentalism	mwa
76	Human Rights in China. (1996). <i>Women's Rights Law Reporter</i> , 17(3), 285-307.	China, Women's human rights violations, overview.	mwa
77	Isaacs, S. L. (1995). Incentives, population policy, and reproductive rights: Ethical issues. <i>Studies in Family Planning</i> , 26(6), 363-367.		
78	Iyengar, S. D. (2005). Introducing medical abortion within the primary health system: Comparison with other health interventions and commodities. <i>Reproductive Health Matters</i> , 13(26, The Abortion Pill), 13-19.	Abortion pill, demedicalisation, options to achieve it.	mwa
79	Jacobson, J. L. (2000). Transforming family planning programmes: Towards a framework for advancing the reproductive rights agenda. <i>Reproductive Health Matters</i> , 8(15, Reproductive Rights, Human Rights and Ethics), 21-32.	Shift to Reproductive health and rights, practical implications, requirements and barriers implementation	very
80	Jahan, R. (2003). Restructuring the health system: Experiences of advocates for gender equity in bangladesh. <i>Reproductive Health Matters</i> , 11(21, Integration of Sexual and Reproductive Health Services: A Health Sector Priority), 183-191.	Bangladesh, health sector reform, advocacy gender equality, design success, implementation failure, (non endured) engagement civil society	yes
81	Jason L. Finkle, & C. Alison McIntosh. (1994). The new politics of population. <i>Population and Development Review</i> , 20(, Supplement: The New Politics of Population: Conflict and Consensus in Family Planning), 3-34.		
82	Jason L. Finkle, & C. Alison McIntosh. (2002). United nations population conferences: Shaping the policy agenda for the twenty-first century. <i>Studies in Family Planning</i> , 33(1, Family Planning Programs in the Twenty-First Century), 11-23.	UN population conferences, historical overview evolvment, participants, issues, population policies and problems, politics	very
83	Johansson, A., Nga, N. T., Huy, T. Q., Dat, D. D., & Holmgren, K. (1998). Husbands' involvement in abortion in vietnam. <i>Studies in Family Planning</i> , 29(4), 400-413.	Vietnam, abortion, husbands, perceptions, involvement	mwa
84	Jones, G. (2003). The fifth asian and pacific population conference: Towards a repositioning of population in the global development agenda? <i>Asia-Pacific Population Journal</i> , 18(2), 21-32.	Population, international development agenda, goals, human welfare	yes
85	Jones, G. W. (2007). Delayed marriage and very low fertility in pacific asia. <i>Population and Development Review</i> , 33(3), 453-478.	Pacific Asia, fertility decline, delayed marriage, more singles, unwanted childlessness	no

86	Jones, G., & Leete, R. (2002). Asia's family planning programs as low fertility is attained. <i>Studies in Family Planning</i> , 33(1), Family Planning Programs in the Twenty-First Century), 114-126.	Asia, fertility decline, FP programs, effectiveness, changes, countries responses, future?	yes
87	Juarez, F., Cabigon, J., Singh, S., & Hussain, R. (2005). The incidence of induced abortion in the philippines: Current level and recent trends. <i>International Family Planning Perspectives</i> , 31(3), 140-149.	Philippines, abortions, frequency, post abortion care, trends, large quantitative study	no
88	Kaa, D. J. v. d. (1996). Anchored narratives: The story and findings of half a century of research into the determinants of fertility. <i>Population Studies</i> , 50(3), 389-432.	Historical overview research determinants fertility	yes
89	Kaler, A., & Watkins, S. C. (2001). Disobedient distributors: Street-level bureaucrats and would-be patrons in community-based family planning programs in rural kenya. <i>Studies in Family Planning</i> , 32(3), 254-269.	Kenya, implementation FP street level, clientelism, own agenda's agents	mwa
90	Kaufman, J., Erli, Z., & Zhenming, X. (2006). Quality of care in china: Scaling up a pilot project into a national reform program. <i>Studies in Family Planning</i> , 37(1), 17-28.	China, FP reform, up scaling small pilot projects to national level	mwa
91	Kihara, M. O., Kramer, J. S., Bain, D., Kihara, M., & Mandel, J. (2001). Knowledge of and attitudes toward the pill: Results of a national survey in japan. <i>Family Planning Perspectives</i> , 33(3), 123-127.	Japan, introduction oral contraceptives, knowledge and attitudes towards pill, men and women	no
92	Kirk, D. (1996). Demographic transition theory. <i>Population Studies</i> , 50(3), 361-387.	Demographic transition theory, fertility transition, explanation	mwa
93	Klitsch, M. (1995). Still waiting for the contraceptive revolution. <i>Family Planning Perspectives</i> , 27(6), 246-253.		
94	Kohler, H., Rodgers, J. L., & Christensen, K. (1999). Is fertility behavior in our genes? findings from a danish twin study. <i>Population and Development Review</i> , 25(2), 253-288.	Denmark, genetic disposition fertility (related behavior), historical twin study, nature vs nurture	no
95	Kuiper, H., Miller, S., Martinez, E., Loeb, L., & Darney, P. (1997). Urban adolescent females' views on the implant and contraceptive decision-making: A double paradox. <i>Family Planning Perspectives</i> , 29(4), 167-172.	Contraceptive implant declined popularity, influential factors, adolescents,FGD IDI	no
96	Kumar, A., & Vlassoff, C. (1997). Gender relations and education of girls in two indian communities: Implications for decisions about childbearing. <i>Reproductive Health Matters</i> , 5(10, The International Women's Health Movement), 139-150.	India, rural, female education effect insufficient, gender power relations, decision making, childbearing,	mwa
97	Livi-Bacci, M. (2006). The depopulation of hispanic america after the conquest. <i>Population and Development Review</i> , 32(2), 199-232.	Collapse American population after conquest Europeans, reappraisal causes, diseases, other factors	no
98	Lockwood, M. (1995). Structure and behavior in the social demography of africa. <i>Population and Development Review</i> , 21(1), 1-32.	Sub Sahara Africa, cultural influence behavior, theory, structural-functional approach, alternative hypothesis micro level, meanings	very
99	Low, B. S. (1996). Men, women, and sustainability. <i>Population and Environment</i> , 18(2, Women and Sustainable Development), 111-141.		
100	Luke, N., & Watkins, S. C. (2002). Reactions of developing-country elites to international population policy. <i>Population and Development Review</i> , 28(4), 707-733.	Developing countries, new population policies, elite response, discourse, implementation, theoretical frameworks, spontaneous cultural spread, direct diffusion cultural items.	yes
101	Lush, L. (2002). Service integration: An overview of policy developments. <i>International Family Planning Perspectives</i> , 28(2), 71-76.		
102	Lush, L., Walt, G., Cleland, J., & Mayhew, S. (2001). The role of MCH and family planning services in HIV/STD control: Is integration the answer? <i>African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive</i> , 5(3), 29-46.	SSA, integrating policies STD's MCH/FP, policy design, policy implementation, practice	mwa
103	Maine, D., Freedman, L., Shaheed, F., Frautschi, S., & Akalin, M. Z. (1995). Risks and rights: The uses of reproductive health data. <i>Reproductive Health Matters</i> , 3(6, Women's Health Policies: Organising for Change), 40-51.	Concept of risk, Reproductive rights, health, objectivity, value-laden choices, consequences, policy choices, individual decisions	vey
104	Margolis, S. P. (1997). Population policy, research and the cairo plan of action: New directions for the sahel? <i>International Family Planning Perspectives</i> , 23(2), 86-89.		
105	Marion Stevens, & Xaba, M. (1997). Choice on termination of pregnancy act 1996: Republic of south africa. <i>Reproductive Health Matters</i> , 5(9, Abortion: Unfinished Business), 116-120.	South Africa, Abortion, law, content and commentary, amendments	mwa
106	Martin, K., & Wu, Z. (2000). Contraceptive use in canada: 1984-1995. <i>Family Planning Perspectives</i> , 32(2), 65-73.	Canada, trends contraceptive use 1984-1995	no
107	Martine, G. (1996). Brazil's fertility decline, 1965-95: A fresh look at key factors. <i>Population and Development Review</i> , 22(1), 47-75.	Brazil, rapid fertility decline, causes, context	yes
108	Mazrui, A. A. (1994). Islamic doctrine and the politics of induced fertility change: An african perspective. <i>Population and Development Review</i> , 20(, Supplement: The New Politics of Population: Conflict and Consensus in Family Planning), 121-134.		
109	McNicoll, G. (2001). Government and fertility in transitional and		

	post-transitional societies. <i>Population and Development Review</i> , 27(, Supplement: Global Fertility Transition), 129-159.		
110	Mueller, U. (2001). Is there a stabilizing selection around average fertility in modern human populations? <i>Population and Development Review</i> , 27(3), 469-498.	Demographic transition, fertility decline, evolution, explanations, stabilizing selection hypothesis testing, cohort study	no
111	Obaid, T. A. (2006). Reaching the MDGs: Why population, reproductive health and gender matter. <i>Asia-Pacific Population Journal</i> , 21(2-3), 9-20.	ICPD PoA, World Summit, realize commitments, limitations, challenges, commentary.	very
112	Omondi-Odhiambo. (1997). Men's participation in family planning decisions in kenya. <i>Population Studies</i> , 51(1), 29-40.	Kenya, FP, men's involvement and attitudes, communication, improve design FP programs	yes
113	Oomman, N. (1998). Sexuality: Not just a reproductive health matter. <i>Reproductive Health Matters</i> , 6(12, Sexuality), 10-12.		
114	Oomman, N., & Ganatra, B. R. (2002). Sex selection: The systematic elimination of girls. <i>Reproductive Health Matters</i> , 10(19, Abortion: Women Decide), 184-188.	India, sex selection, discussion issues involved, gender based preference, law, antenatal diagnostic technology, empowerment, reproductive choice, female status	mwa
115	Padmadas, S. S., Hutter, I., & Willekens, F. (2004). Compression of women's reproductive spans in andhra pradesh, india. <i>International Family Planning Perspectives</i> , 30(1), 12-19.	India, Andhra Pradesh, fertility decrease to near replacement level, sterilization acceptance, gradual compression reproductive spans, NFHS analysis.	mwa
116	Perlman, M. (1995). The population summit: Reflections on the world's leading problems. <i>Population and Development Review</i> , 21(2), 341-349.		
117	Petchesky, R. P. (1995). From population control to reproductive rights: Feminist fault lines. <i>Reproductive Health Matters</i> , 3(6, Women's Health Policies: Organising for Change), 152-161.	ICPD PoA, feminist vision Reproductive Rights, gap with broader context development, links necessary.	very
118	Plummer, M. L., Wight, D., Wamoyi, J., Mshana, G., Hayes, R. J., & Ross, D. A. (2006). Farming with your hoe in a sack: Condom attitudes, access, and use in rural tanzania. <i>Studies in Family Planning</i> , 37(1), 29-40.	Tanzania, Mwanza rural region Men, condom use, attitudes, access, knowledge, participant observation	no
119	Pope john paul II on abortion, contraception, and euthanasia.(1995). <i>Population and Development Review</i> , 21(3), 689-696.		
120	Potts, M. (1997). Sex and the birth rate: Human biology, demographic change, and access to fertility-regulation methods. <i>Population and Development Review</i> , 23(1), 1-39.	Causes fertility decline, perspective, wealth increases means to surmount barrier contraceptive technology, not demand, derived policies discussion	yes
121	Presser, H. B. (1997). Demography, feminism, and the science-policy nexus. <i>Population and Development Review</i> , 23(2), 295-331.	Demography scientific discipline, need to incorporate gender systems approach	very
122	Rajaretnam, T., & Deshpande, R. V. (1994). The effect of sex preference on contraceptive use and fertility in rural south india. <i>International Family Planning Perspectives</i> , 20(3), 88-95.	India, contraceptive use, sex preference, marital fertility	no
123	Ramachandar, L., & Pelto, P. J. (2002). The role of village health nurses in mediating abortions in rural tamil nadu, india. <i>Reproductive Health Matters</i> , 10(19, Abortion: Women Decide), 64-75.	India, abortions, use public and private facilities, role village health nurses in obtaining abortion services, qualitative study	no
124	Ramsden, E. (2003). Social demography and eugenics in the interwar united states. <i>Population and Development Review</i> , 29(4), 547-593.	USA, interwar era, relation demography eugenetics, fascism, social demography	mwa
125	Ravindran, T. K. S. (1995). Introduction: Women's health policies: Organising for change. <i>Reproductive Health Matters</i> , 3(6, Women's Health Policies: Organising for Change), 7-11.		
126	Ravindran, T. K. S. (2002). Understanding health sector reforms and sexual and reproductive health services: A preliminary framework. <i>Reproductive Health Matters</i> , 10(20, Health Sector Reforms: Implications for Sexual and Reproductive Health Services), 16-18.		yes
127	Review: [untitled].(2003). <i>Population and Development Review</i> , 29(2), 328-330.		
128	Reviewing UNFPA's role in PopEd programmes.(2005). <i>Adolescence Education Newsletter</i> , 8(1), 3-4.	UNFPA, Population Education, 3 decades technical review, categories programs, common elements	very
129	Richey, L. A. (2003). HIV/AIDS in the shadows of reproductive health interventions. <i>Reproductive Health Matters</i> , 11(22, HIV/AIDS, Sexual and Reproductive Health: Intimately Related), 30-35.	Tanzania, HIV/AIDS, reproductive health, participant observation, discussing of AIDS, policy, difficulties integration health programs, contextualization	very
130	Rodgers, J. L., John, C. A. S., & Coleman, R. (2005). Did fertility go up after the oklahoma city bombing? an analysis of births in metropolitan counties in oklahoma, 1990-1999. <i>Demography</i> , 42(4), 675-692.	Influence of disasters on fertility, hypothesis testing replacement theory, community influence theory, terror management theory, quantitative empirical data analysis, Oklahoma city bombing	mwa
131	Rutenberg, N., & Watkins, S. C. (1997). The buzz outside the clinics: Conversations and contraception in nyanza province, kenya. <i>Studies in Family Planning</i> , 28(4), 290-307.	Informal social interactions, women, influence FP use, Kenya, rural area, Survey and IDI	yes
132	Ryerson, W. N. (1994). Population communications international: Its role in family planning soap operas. <i>Population and Environment</i> , 15(4), 255-264.		
133	Saavala, M. (1999). Understanding the prevalence of female	India, sterilization, popularity, cultural meaning, explanation,	mwa

	sterilization in rural south india. <i>Studies in Family Planning</i> , 30(4), 288-301.	generational conflict, own identity, anthropology, demography	
134	Santow, G. (1995). Coitus interruptus and the control of natural fertility. <i>Population Studies</i> , 49(1), 19-43.	Coitus Interruptus, birth spacing, natural fertility limitation, pre-transitional populations	no
135	Schuster, S. (2005). Abortion in the moral world of the cameroon grassfields. <i>Reproductive Health Matters</i> , 13(26, The Abortion Pill), 130-138.	Abortions, moral dilemmas, women, Cameroon, qualitative study	no
136	Seltzer, J., & Gomez, F. (1998). <i>Family planning and population programs in colombia, 1965 to 1997</i> . Arlington, Virginia: Population Technical Assistance Project [POPTTECH.	Colombia, FP, USAID, PROFAMILIA	yes
137	Simon Gregson, Zhuwau, T., Anderson, R. M., & Chandiwana, S. K. (1999). Apostles and zionists: The influence of religion on demographic change in rural zimbabwe. <i>Population Studies</i> , 53(2), 179-193.	Zimbabwe, rural, different religions, impact on recent demographic trends	no
138	Simon Szreter, & Garrett, E. (2000). Reproduction, compositional demography, and economic growth: Family planning in england long before the fertility decline. <i>Population and Development Review</i> , 26(1), 45-80.	England, reinterpretation chronology control reproduction, history, prudential marriages	no
139	Stycos, J. M. (1996). Population and the environment: Polls, policies, and public opinion. <i>Population and Environment</i> , 18(1), 37-63.	Population, Environment, research, need polls, knowledge, opinions	very
140	Tan, M. L. (2004). Fetal discourses and the politics of the womb. <i>Reproductive Health Matters</i> , 12(24, Supplement: Abortion Law, Policy and Practice in Transition), 157-166.	Abortion debate, legal and popular discourse analysis, USA, Philippines, Iran, examine experiences, advocacy and policy implications	mwa
141	Ting, T. (2004). Shifts in reproductive patterns in china. <i>Population and Environment</i> , 25(4, Unforeseen Consequences of Policy Decisions), 299-317.	China, demographic trends, second half 20th century, reproduction, comparison 3 provinces, differential policy influences	no
142	Trussell, J., Jewell, A., Billings, J. J., Wilson, M. B. H., Hume, K., Jarvis, G., et al. (1994). Natural family planning: Values and evaluations. <i>Reproductive Health Matters</i> , 2(3, Contraceptive Safety and Effectiveness: Re-Evaluating Women's Needs and Professional Criteria), 63-67.	Natural Family planning, effective birth control supported by Catholic Church, discussion, response letters	yes
143	Vallin, J. (2002). The end of the demographic transition: Relief or concern? <i>Population and Development Review</i> , 28(1), 105-120.	Demographic transition theory, end, population problems, acute and future, end paradigm	mwa
144	VanderPost, C. (1995). Preconditions for a population policy in botswana. <i>International Family Planning Perspectives</i> , 21(2), 70-74.	Botswana, rapid population growth, need for population policy, preconditions implementation	very
145	Vaughan, P. W., Regis, A., & Catherine, E. S. (2000). Effects of an entertainment-education radio soap opera on family planning and HIV prevention in st. lucia. <i>International Family Planning Perspectives</i> , 26(4), 148-157.	St Lucia, entertainment-education programs, soap-opera's, FP, contraceptives, HIV, effect assessment, knowledge, attitudes, practice, lessons learned	very
146	Visaria, L., Jejeebhoy, S., & Merrick, T. (1999). From family planning to reproductive health: Challenges facing india. <i>International Family Planning Perspectives</i> , 25(, Supplement), S44-S49.		
147	Vos, T. (2001). Ranking reproductive health problems to define service priorities. <i>African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive</i> , 5(1), 31-39.	New paradigm priority setting Health Services, burden of disease, DALY, reproductive health, assess usefulness methodology	mwa
148	Waldner, R. (1997). Innovations in traditional vietnam. <i>Planned Parenthood Challenges</i> , (1-2), 37-39.	Viet Nam, population growth, policy, FP, different contraceptives, demand, provisions, abortions, problems, obstacles	yes
149	Walle, E. v. d., & Luca, V. D. (2006). Birth prevention in the american and french fertility transitions: Contrasts in knowledge and practice. <i>Population and Development Review</i> , 32(3), 529-555.	France, USA, comparison onset fertility transition, fertility control, 18th and 19th centuries	no
150	Watkins, S. C. (2000). Local and foreign models of reproduction in nyanza province, kenya. <i>Population and Development Review</i> , 26(4), 725-759.	Kenya, rural community, historical development cultural models reproduction, wealth, colonialism, development, fertility control, FP, 1930-2000	mwa
151	Watkins, S. C. (2004). Navigating the AIDS epidemic in rural malawi. <i>Population and Development Review</i> , 30(4), 673-705.	Malawi, AIDS, prevention strategies, expert and innovative local strategies, ethnography, effectiveness, applicability other population	mwa
152	Winckler, E. A. (2002). Chinese reproductive policy at the turn of the millennium: Dynamic stability. <i>Population and Development Review</i> , 28(3), 379-418.	China, population policy reforms, 1990-2002 changes in approach, goals and methods	mwa
153	Wood, K., & Jewkes, R. (2006). Blood blockages and scolding nurses: Barriers to adolescent contraceptive use in south africa. <i>Reproductive Health Matters</i> , 14(27, Human Resources for Sexual and Reproductive Health Care), 109-118.		
154	Yang, Q., & Guo, F. (1996). Occupational attainments of rural to urban temporary economic migrants in china, 1985-1990. <i>International Migration Review</i> , 30(3), 771-787.	China, rural to urban migration, study characteristics migrants, economic activities, variations	no
155	Zuckerman, B. (1999). The sierra club immigration debate: National implications. <i>Population and Environment</i> , 20(5), 401-412.	USA, population doubling, hardly noticed, relation environment, publicize connections, Sierra Club	mwa

