



Economic & Social Councils *Topic Guide*

CPD

Commission on Population and Development

Yale Model United Nations China III

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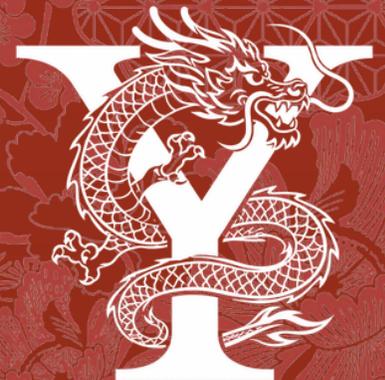


Table of Contents



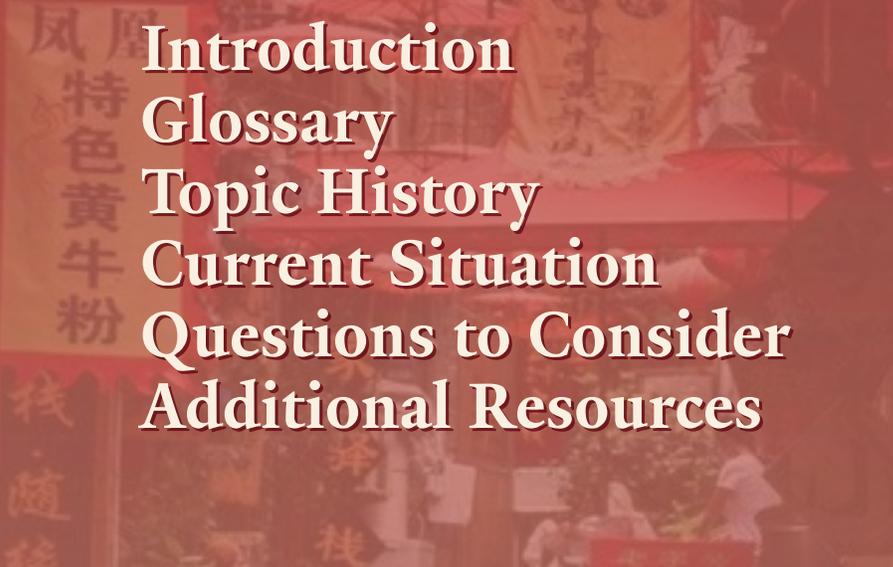
Introduction

Welcome Letter
Committee History

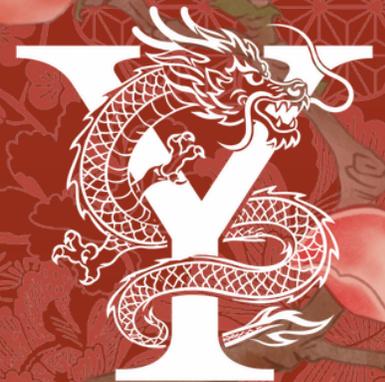
Topic 1

Introduction
Glossary
Topic History
Current Situation
Questions to Consider
Additional Resources

Topic 2



Introduction
Glossary
Topic History
Current Situation
Questions to Consider
Additional Resources



Letter from the Dais

Dear Delegates,

Welcome to YMUN China! My name is Lauren Kim (she/her), and I am honored to serve as your Chair for the Commission on Population and Development (CPD). I am a sophomore in Silliman College at Yale University, double majoring in Applied Mathematics and Global Affairs. I participated in Model UN throughout high school and quickly came to love it – not only for the debate, but for the friendships, global perspective, and creative problem-solving it encourages. I am excited to now help organize conferences like YMUN China and have served on 5 secretariats at Yale.

Outside of Model UN, I'm involved with Movement (Yale's K-pop and open-style dance group) and work in the Silliman Buttery, where I get to serve the best late-night food to fellow students – think cheesy chicken quesadillas, milkshakes, and buldak. I enjoy spending time in the pottery studio, trying new cafés, and sharing good meals with friends whenever I can. I also love staying active through activities like golf, skiing, pilates, pickleball, and dance.

This committee will address two closely connected and timely topics: Declining Birth Rates and Population Aging, and Family Planning. The first topic explores the demographic shifts many countries are experiencing and the long-term social and economic challenges associated with shrinking workforces and aging populations. Delegates will examine how governments can respond through sustainable, culturally sensitive population policies. The second topic focuses on the role of family planning in promoting public health, gender equality, and economic stability, while considering disparities in access and the importance of informed decision-making across different national contexts.

I encourage all delegates to come prepared to engage thoughtfully, collaborate across perspectives, and develop innovative policy solutions. Please feel free to reach out with any questions – I look forward to seeing the discussions and ideas this committee brings forward in China.

Sincerely,
Lauren Kim
Chair of the Commission on Population and Development (CPD)
Under-Secretary-General of Conference



Committee History



The Commission on Population and Development (CPD) is a functional commission of the United Nations responsible for monitoring global population trends and advancing policies related to population, development, health, and family planning. Originally established in 1946 as the Population Commission, the body was restructured and renamed following the 1994 International Conference on Population and Development (ICPD), which marked a significant shift in how population issues were understood within the UN system. Rather than focusing solely on population control, the ICPD emphasizes a rights-based, development-oriented approach that links population dynamics with social, economic, and environmental outcomes. Instead of aiming for a specific national fertility rate, many countries rewrote policies to guarantee that “all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.” Uganda’s 2020 National Population Policy, for example, emphasizes improving quality of life (health, education, maternal mortality, and jobs) rather than controlling population size or growth.

The CPD works closely with the United Nations Population Fund (UNFPA), national governments, and other UN agencies to analyze demographic data and assess challenges such as fertility decline, population aging, migration, and access to reproductive healthcare. Its primary responsibility is to monitor and review the implementation of the ICPD Programme of Action at the national, regional, and global levels, identify successes and gaps, and provide policy recommendations to ECOSOC and the broader UN system.

In December 1994, the UN General Assembly decided that the CPD should be organized in a “three-tiered intergovernmental mechanism”. Under this structure, the Commission fulfills three core roles: analyzing global population trends and advising on population-development policy integration; supporting the design and implementation of population policies and programs; and monitoring the implementation of the Programme of Action from the ICPD. The CPD is composed of 47 member states, elected by ECOSOC for four-year terms based on equitable geographic representation, and convenes annually to negotiate resolutions and agreed conclusions.

While the CPD does not possess enforcement authority, it plays an influential role in shaping international norms and guiding national policy priorities. Past sessions of the Commission have addressed issues directly related to declining birth rates, population aging, and family planning, making these topics central to its ongoing activities. At YMUN China 2026, delegates will engage with these challenges within the CPD’s advisory mandate, crafting recommendations that reflect both national perspectives and collective international goals.



Commission on Population
and Development
Topic Guide

1



Topic
One



Declining Birth Rates & Population Aging

Introduction

Declining birth rates and population aging are reshaping demographic structures worldwide, placing increasing pressure on labor markets, social welfare systems, and healthcare services. Our first topic examines how governments can respond to these trends through sustainable and culturally sensitive population policies.

Glossary

- **ICPD Programme of Action:** a landmark 1994 agreement by 179 nations to shift population policy from demographic targets to human rights, prioritizing reproductive health, women's empowerment, and education. It advocates for sustainable development by focusing on individual needs rather than just population control.
- **Old-age dependency ratio:** the number of elderly individuals relative to working-age individuals.
- **Replacement level:** the average number of children a woman must have to exactly replace herself and her partner in a population, without accounting for migration.
- **Fertility rate:** The average number of children born to a woman over her lifetime within a specific population and time period.
- **Total fertility rate (TFR):** A demographic measure estimating the average number of children a woman would have assuming current age-specific fertility rates remain constant.
- **Ageing population:** A demographic trend in which the proportion of elderly individuals increases relative to younger age groups.
- **Working-age population:** The segment of a population typically between ages 15 and 64 that is considered economically productive.
- **Demographic transition:** The historical shift from high birth and death rates to low birth and death rates as a country develops economically.
- **Pronatalist policy:** Government measures intended to encourage higher birth rates through financial incentives, family benefits, or structural support.
- **Pay-as-you-go pension system:** A retirement system in which current workers' contributions are used to fund the pensions of current retirees.
- **Intergenerational equity:** The principle of fairness between age groups, particularly regarding the distribution of economic burdens and social benefits across generations.

- **Family planning:** the ability of individuals and couples to decide freely and responsibly the number and spacing of their children
- “**Unmet need**” typically refers to individuals who wish to delay or limit childbearing but do not have access to modern contraceptive methods.
- **Dependency Ratios:** the balance between working-age individuals and dependent populations

Topic History

Concerns about population size and structure have existed for centuries, but the modern issue of declining birth rates and population aging emerged primarily in the late nineteenth and twentieth centuries. Early demographic thought, most notably Thomas Malthus’ 1798 *Essay on the Principle of Population*, focused on the fear of overpopulation and resource scarcity. At the time, high fertility and high mortality characterized most societies, and population growth was viewed largely as a constraint for a nation’s development. However, advances in medicine, sanitation, and agricultural productivity during the Industrial Revolution significantly and quickly reduced mortality rates, reshaping long-standing demographic patterns and laying the groundwork for modern population analysis within international institutions.

By the mid-twentieth century, many industrialized countries began to undergo the demographic transition, a process closely monitored today by the CPD. As living standards improved, child mortality declined, access to education expanded, but fertility rates began to fall. This trend accelerated after World War II as urbanization increased and economies shifted away from agriculture toward industrial and service sectors. Over time, children became associated with increased financial and social costs related to education, housing, and healthcare, leading to smaller family sizes and delayed childbearing. These developments marked an important shift in how population dynamics were understood in relation to economic and social development.

Population aging became a central policy concern in the late twentieth and early twenty-first centuries due to rising life expectancy combined with persistently low fertility rates. Countries such as Japan and many European states, followed later by East Asian economies including South Korea and China, began facing shrinking workforces and increasing old-age dependency ratios. These trends raised concerns regarding labor supply, pension sustainability, and healthcare systems – issues that fall squarely within the CPD’s mandate to assess population trends and advise on development strategies.

The 1994 ICPD marked a significant evolution in global population policy. Rather than prioritizing numerical population targets, the ICPD framework emphasized a holistic approach linking population dynamics with gender equality, health, education, and sustainable development. Since then, the CPD has played a key role in monitoring how population aging and fertility trends intersect with broader development goals, including poverty reduction, social protection, and economic resilience.

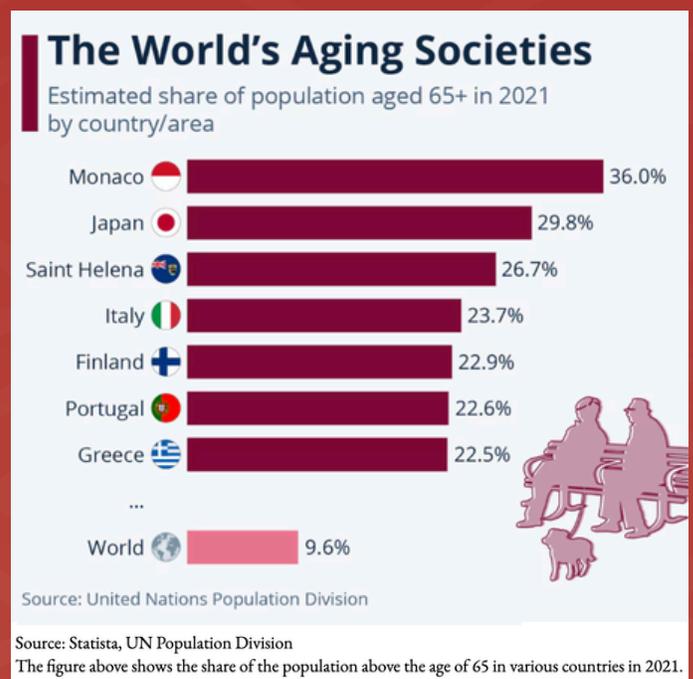
Today, declining birth rates and population aging are shaped not only by economic factors but also by social and cultural changes, including shifting gender roles, increased female labor force participation, urban living, and evolving attitudes toward marriage and family life. As an advisory body to ECOSOC, the CPD evaluates these trends through a long-term, forward-looking lens, recognizing that demographic change unfolds gradually but produces lasting effects.

Current Situation

Declining birth rates and population aging have emerged as defining demographic trends of the 21st century, affecting countries across nearly every region of the world. While demographic transition – the shift from high fertility and mortality to low fertility and mortality – has long been associated with economic development, the pace and depth of current changes are unprecedented. Many countries now face fertility rates well below the replacement level of approximately 2.1 children per woman, alongside rapid increases in life expectancy. As a result, the proportion of elderly individuals is growing while the share of working-age populations is shrinking, fundamentally reshaping economic structures, social contracts, and political priorities.

Though historically this issue was confined to developed nations, this is no longer the case. Countries such as Japan, South Korea, Germany, and Italy were a few of the first countries to experience rapid population aging. However, similar patterns are now visible in middle-income and even some developing countries, including China, Thailand, Brazil, and parts of Eastern Europe. Importantly, many of these countries are aging before reaching high-income status, limiting their fiscal and institutional capacity to respond effectively. The global nature of this challenge makes declining birth rates and population aging a critical issue for international dialogue, cooperation, and policy innovation.

Population aging affects nearly every dimension of public life. Economically, it threatens long-term growth by reducing labor supply and increasing dependency ratios. Socially, it places strain on pension systems, healthcare infrastructure, and intergenerational solidarity. Politically, it reshapes voter demographics and policy preferences and implementation. Culturally, it challenges traditional family structures and expectations around caregiving, work, and retirement. The current situation is therefore highly multidimensional, requiring delegates to consider a wide range of interlinked factors when debating potential solutions.



Causes

To address this issue, we must study the potential causes of declining birth rates. One of the most commonly cited drivers of declining fertility is the rising cost of living, particularly in urban centers where economic opportunity is concentrated. Housing costs have increased dramatically in many countries, making home ownership or adequate living space for families increasingly unattainable for younger generations; according to CNBC, property prices around the world have been increasing 2.4 times faster than inflation. At the same time, the costs associated with raising children – such as childcare, education, healthcare, and extracurricular activities – have risen faster than wages in many economies. Employment insecurity further compounds these pressures. Younger adults increasingly face temporary contracts, gig-based employment, and volatile labor markets. Without stable income or predictable career trajectories, many delay marriage and childbearing or choose to have fewer children. These economic uncertainties disproportionately affect women, who often face career penalties related to motherhood, reinforcing decisions to limit family size.

Rising levels of educational attainment, particularly among women, have also contributed to delayed fertility and lower birth rates. Many research studies show that higher education is strongly associated with later entry into marriage and parenthood, as individuals increasingly are able to prioritize career development and personal autonomy; according to the Pew Research Center, “each additional year of schooling reduces marriage likelihood by roughly 4 percentage points”. While increased access to education represents a major social achievement, it has unintentionally reshaped reproductive timelines. Simultaneously, shifting gender norms have altered expectations surrounding family roles. In many societies, women are increasingly expected to participate fully in the workforce, but domestic labor and childcare responsibilities remain unevenly distributed. Where institutional support for work-life balance is insufficient, women often bear a double burden, making childbearing seem like a hindrance to their career and thus, even less attractive. In contrast, countries that have made progress toward gender equality in both public and private spheres tend to experience slightly higher fertility rates, even if still below replacement level. For example, Nordic countries, which lead in gender equality, maintain relatively higher fertility rates (1.25–1.55 according to the Nordic Statistic database) compared to lower-equality countries in Southern Europe and East Asia (1.0–1.4 according to the UNFPA).

Urbanization also plays a significant role in fertility decline. Urban environments typically offer greater access to education, employment, and cultural amenities, but they also entail higher living costs and less space for children. As populations move from rural to urban settings, the economic function of children shifts significantly. In agrarian economies, children often contribute to household labor and represent long-term support for aging parents. In urban economies, however, children typically entail direct financial costs, including housing, education, childcare, and healthcare, without offsetting economic contributions. High housing prices, limited living space, competitive schooling systems, and demanding workplace cultures increase the perceived opportunity cost of childrearing. Moreover, urban labor markets often reward continuous employment and long working hours, particularly in professional sectors, making career interruptions associated with parenting more costly.

In addition, changing preferences among younger generations have shifted attitudes toward marriage and parenthood. Many individuals place greater emphasis on personal fulfillment, travel, and career development, viewing childbearing as one of many life options rather than a social expectation. Expanded educational access, especially for women, delayed marriage, and greater economic independence have redefined life trajectories. While these shifts enhance individual freedom, they also contribute to persistently low fertility patterns.

Population Aging & Economic Consequences

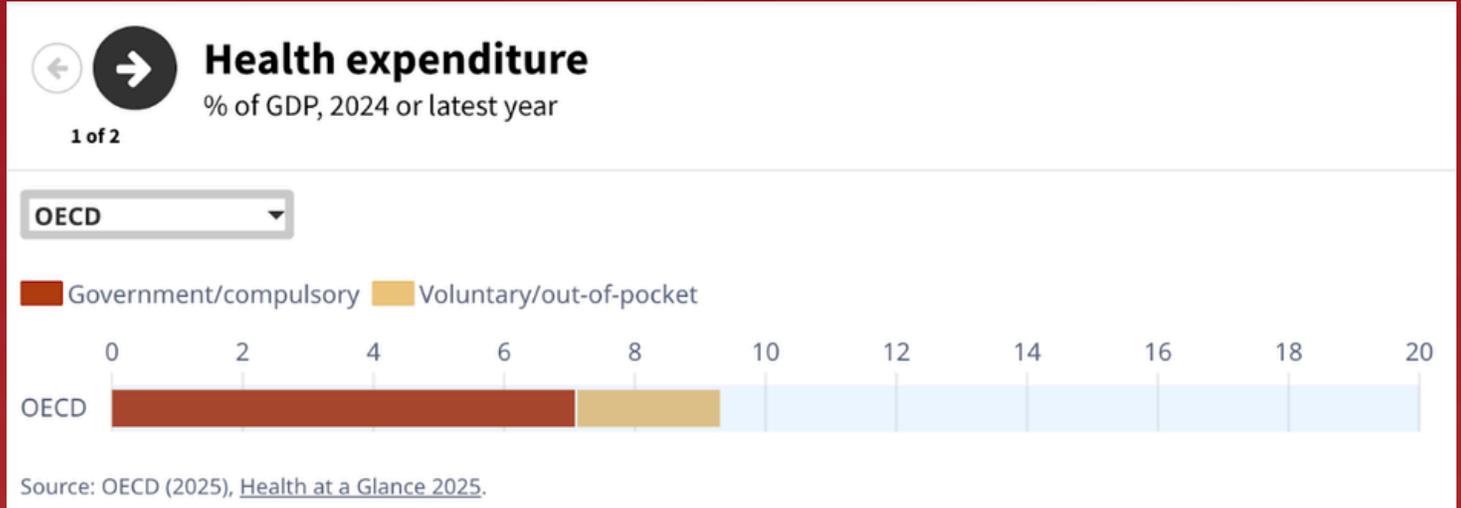
As fertility declines and populations age, the size of the working-age population decreases relative to dependent populations. This demographic shift directly reduces labor supply, which can constrain economic output and productivity. In industries reliant on physical labor or large workforces (such as manufacturing, healthcare, and agriculture), labor shortages are already evident in several aging societies including Japan and Italy. The old-age dependency ratio is increasing sharply in many countries. This shift places greater financial responsibility on the smaller, younger workforce to support pensions, healthcare, and other age-related services. Without policy reform, these pressures risk overwhelming public finances and undermining intergenerational equity. Additionally, in pay-as-you-go pension systems, declining worker-to-retiree ratios threaten the sustainability of retirement benefits.

Governments may respond by raising retirement ages, reducing benefits, or increasing payroll taxes, each of which carries political and social trade-offs. These decisions often provoke public resistance, particularly when perceived as unfair or abrupt. Raising retirement ages or reducing benefits can disproportionately affect workers nearing retirement who planned around existing policies, while higher payroll taxes may increase the burden on younger generations. Reforms are often viewed as abrupt when implemented quickly without gradual phase-ins or sufficient public communication. In systems where pensions are tied to long-standing social expectations, sudden changes can be seen as a breach of trust between the state and its citizens.

Strain on Social Welfare and Healthcare Systems

Population aging significantly increases demand for healthcare services, long-term care, and social support. Older populations experience higher rates of chronic illness, disability, and mobility limitations, requiring sustained medical and caregiving resources. Healthcare systems designed around acute care for younger populations are often ill-equipped to manage long-term, age-related conditions. Many systems were built to treat short-term illnesses or injuries through hospital-based interventions rather than provide continuous, coordinated care for chronic diseases such as dementia, cardiovascular conditions, or diabetes. Aging populations require long-term care infrastructure, rehabilitation services, home-based support, and specialized geriatric professionals, which are areas that are often underdeveloped or underfunded. As a result, systems optimized for episodic treatment struggle to adapt to sustained, resource-intensive care needs. These demands significantly increase public spending. Countries with aging populations already devote significant shares of their budgets, 9% to 10% of their GDP to healthcare and pensions, limiting fiscal

space for education, infrastructure, and climate adaptation, according to the Organisation for Economic Co-operation and Development. For developing countries aging rapidly, these pressures arise before comprehensive welfare systems are fully established.



Source: Organisation for Economic Co-operation and Development (https://www.oecd.org/en/publications/health-at-a-glance-2025_8f9e3f98-en.html#:~:text=Health%20systems%20account%20for%20around,can%20achieve%2C%20and%20ageing%20populations)

The figure above shows the % of GDP spent on health expenditure for OECD countries

Uneven Global Impact

It is important to note that population aging does not affect all countries equally. High-income countries often possess stronger institutions and fiscal capacity but face political resistance to reform. Middle-income countries may lack sufficient resources to expand social protection systems at the necessary scale. Low-income countries, while currently younger on average, are expected to age rapidly in the coming decades, raising concerns about preparedness.

Migration patterns further complicate the global landscape. While immigration can partially offset labor shortages in aging countries, it raises questions about integration, political acceptance, and global equity. Sending countries may experience brain drain, losing younger, skilled workers critical to their own development. Within countries, demographic change can exacerbate regional inequality. Rural areas tend to age more rapidly as younger individuals migrate to cities, leading to depopulation, service gaps, and economic decline in certain regions. These disparities pose governance challenges and fuel political polarization.

Policies to Date

Many governments have introduced pronatalist policies aimed at increasing birth rates. These measures range from cash bonuses for childbirth, tax incentives, parental leave benefits, to subsidized childcare, and housing support for families. While such policies can temporarily increase fertility or encourage earlier childbearing, evidence

suggests they rarely restore birth rates to replacement levels on their own. Successful cases tend to involve comprehensive, long-term strategies rather than isolated incentives. For instance, policies that support gender equality, affordable childcare, and flexible work arrangements appear more effective in the long term than one-time financial payments.

Countries such as Sweden and France, which combine parental leave policies with accessible childcare and high female labor force participation, have historically maintained higher fertility rates relative to other developed economies that rely primarily on cash bonuses. However, these programs require sustained investment and political commitment, and the results from these programs take many years to see.

To address shrinking workforces, many countries have pursued labor market reforms aimed at extending working lives. Raising retirement ages and encouraging lifelong learning allow older individuals to remain economically active longer. Flexible retirement schemes can help balance labor supply needs with individual well-being. Governments have also invested in reskilling programs to adapt workers to changing economic demands. However, these efforts often face implementation challenges, particularly for older workers or those in declining industries.

Immigration has been used by some countries to mitigate labor shortages and demographic decline. Younger migrant populations can contribute immediately to the workforce and support social welfare systems. Nevertheless, immigration is not a permanent solution to population aging, as migrant populations also age over time. Moreover, immigration policies are often politically contentious as they often force competing national priorities to clash (such as national sovereignty and human rights arguments) and must be paired with effective integration strategies to maintain social cohesion. Cultural sensitivity, anti-discrimination measures, and access to services are critical components of successful migration policies.

Cultural Considerations

Making cultural considerations when approaching this issue is critical. Demographic policies intersect deeply with cultural values and personal autonomy. Efforts to influence family size raise ethical questions about state involvement in private life. Coercive or overly prescriptive approaches risk violating individual rights and provoking backlash. Cultural norms surrounding family, caregiving, and aging vary widely across societies. Policies that succeed in one context may fail in another if they do not align with social expectations. For example, generous cash-based pronatalist incentives introduced in some East Asian countries have had limited long-term impact on fertility, partly because underlying workplace cultures emphasize long hours and rigid career structures that make balancing employment and childrearing difficult. In contrast, Nordic countries that pair financial support with ample and strong gender-equality norms, accessible childcare, and flexible work policies have seen comparatively more stable fertility rates. As such, culturally sensitive and

inclusive policymaking is essential. Intergenerational equity also emerges as a central ethical concern. Younger generations may feel burdened by supporting aging populations through taxation and caregiving, while older generations may fear loss of security and dignity. Balancing these interests requires transparent dialogue and trust in institutions.

Challenges of Long-Term Impact Policies

Given the global nature of demographic change, international organizations play a critical role in facilitating knowledge sharing, technical assistance, and coordinated responses. Best practices in family policy, aging care, and labor market adaptation can inform national strategies. Data collection and demographic forecasting can also be essential for effective long-term planning. Population aging and declining fertility intersect with other sensitive global challenges, including migration, technological change, and economic inequality. Addressing this issue holistically requires collaboration across policy domains and levels of governance, and a level of flexibility so that policy is successful for each nation.

Population aging and declining fertility also intersect with broader structural forces, including technological change and economic inequality. Rapid automation and artificial intelligence may reduce labor demand in some sectors while increasing demand in others, complicating assumptions that shrinking workforces will necessarily produce shortages. At the same time, technological change can widen skill gaps, leaving older workers vulnerable to displacement and limiting their ability to extend participation in the workforce. Economic inequality further constrains demographic policy: in highly unequal societies, the rising costs of housing, childcare, and education disproportionately affect middle- and lower-income households, intensifying fertility decline. Policies that fail to address these structural inequalities may produce limited or uneven results.

Migration adds another layer of complexity. While immigration can temporarily ease labor shortages, it raises political, social, and integration challenges that require long-term planning and public trust. Additionally, demographic trends differ widely across countries, meaning solutions that work in one national context may not translate effectively elsewhere.

For these reasons, delegates must consider fiscal sustainability, political feasibility, labor market transformation, inequality dynamics, and cultural context when designing long-term demographic strategies. Effective policy requires cross-sector coordination and flexibility rather than isolated or short-term interventions.

Case Studies

To better illustrate the diversity of demographic trajectories and policy responses, examining country-specific experiences provides important context for delegates. National case studies highlight how economic structure, institutional capacity, cultural norms, and political constraints discussed earlier shape the effectiveness of

demographic strategies. They also demonstrate that there is no single model for addressing declining birth rates and population aging; rather, each country faces distinct trade-offs.

Social Adaptation in Japan

Japan represents one of the most advanced cases of population aging globally. With one of the world's lowest fertility rates (1.2 in 2023) and the world's highest proportion of elderly citizens (36.25 million, around 30% of the total population according to outside sources), Japan has experienced prolonged labor shortages, rising healthcare expenditures, and mounting pressure on its pension system. The Japanese government has pursued a range of policy responses, including encouraging later retirement, increasing female labor force participation, and investing heavily in automation and robotics to compensate for labor shortfalls. Despite generous childcare subsidies and parental leave policies, fertility rates have remained persistently low, illustrating the limits of financial incentives in isolation. This is exemplified by the “gap” phenomenon; a report by the Institute of Economic Affairs suggests that pro-natal policies focused on cash transfers fail to address the root causes of declining fertility, acting as a limited, costly solution.

Cultural expectations surrounding intensive parenting, long working hours, and rigid corporate norms continue to discourage family formation. Japan's experience underscores the difficulty of reversing fertility decline once it becomes deeply entrenched and highlights the importance of early, comprehensive intervention.

Institutional Support in France and Nordic Countries

France and several Nordic countries, including Sweden and Norway, are often cited as examples of relatively successful demographic management. These countries maintain fertility rates higher than many of their peers (around 1.2-1.7 for Nordic countries according to the Nordic Statistics database), though still below replacement level (2.1). Their approaches emphasize universal childcare, generous parental leave, flexible work arrangements, and strong social safety nets. Crucially, these policies are embedded within broader commitments to gender equality and work-life balance. By reducing the opportunity cost of childbearing – particularly for women – these systems make family formation more compatible with labor market participation. However, such models require high levels of public spending and broad social consensus, raising questions about transferability to countries with different fiscal capacities or political cultures.

Rapid Aging in China

China faces a unique demographic challenge due to its combination of rapid aging, low fertility, and incomplete welfare systems. Decades of population-centered policies, followed by rapid urbanization and rising education levels, have contributed to a sharp fertility decline. Although China has changed its family planning regulations and introduced pronatalist measures, birth rates have not rebounded significantly. At the same time, China's population is aging before the country has fully transitioned to a high-income economy. Rural-urban disparities, uneven access to healthcare, and limited pension coverage complicate policy responses. China's case illustrates the risks associated with a large demographic changing faster than institutions can respond and highlights the importance of aligning demographic policy with broader social and economic reforms.

Immigration for Canada and Australia

Countries such as Canada and Australia have relied heavily on immigration to mitigate population aging and labor shortages. For example, immigrant workers in Canada accounted for nearly 80% of labour force growth between 2016 and 2021 according to outside sources. By maintaining relatively open, skills-based immigration systems, these states have been able to sustain workforce growth and alleviate pressure on social welfare systems. However, immigration-based strategies are not without challenges. Successful integration requires investment in housing, education, and social services, and public support for immigration can fluctuate in response to economic conditions. Furthermore, reliance on immigration raises ethical questions about global inequality, particularly when migrants originate from countries facing their own demographic or development challenges.

Conclusion

The current situation surrounding declining birth rates and population aging represents one of the most complex policy challenges governments face today. It is shaped by economic pressures, cultural shifts, institutional constraints, and global interdependence. Short-term incentives alone are insufficient to reverse these trends; instead, nations must focus on long-term, comprehensive approaches.

For delegates, this topic demands careful consideration of trade-offs between economic efficiency, social equity, cultural values, and political feasibility. Effective responses crafted in committee must support families, adapt labor markets, strengthen social protection systems, and uphold dignity across generations. Ultimately, addressing demographic change proactively offers delegates an opportunity not only to manage decline but to reimagine inclusive and sustainable models of growth in an aging world.

Questions to consider:

1. What should the role of government be in attempting to influence fertility decisions?
2. How can governments design family and childcare policies that effectively support higher fertility while also advancing gender equality in both labor markets and the home?
3. How can pension systems and retirement policies be reformed to remain fiscally sustainable while preserving dignity and financial security for older generations?
4. How do demographic trends differ across regions and income levels, and what challenges arise when countries age before achieving high-income status?
5. What mechanisms can international organizations use to support states facing rapid demographic change, and where is international cooperation most necessary or effective?
6. How can we ensure international recommendations made for multiple nations are effective for different economic climates and cultures?
7. How can governments promote intergenerational solidarity and social cohesion in societies where demographic change may intensify political and economic divides?
8. In what ways can lifelong education and reskilling initiatives help mitigate the economic consequences of population aging?

Additional Resources:

<https://www.imf.org/en/publications/fandd/issues/2025/06/the-debate-over-falling-fertility-david-bloom>

<https://www.healthdata.org/news-events/newsroom/news-releases/lancet-dramatic-declines-global-fertility-rates-set-transform>

<https://read.dukeupress.edu/demography/article/62/2/489/399027/Declining-Fertility-Human-Capital-Investment-and>

<https://onlinelibrary.wiley.com/doi/full/10.1002/jid.3983>

<https://www.tandfonline.com/doi/full/10.1080/17441730.2024.2430035>

<https://onlinelibrary.wiley.com/doi/full/10.1111/sifp.12282>

<https://link.springer.com/article/10.1007/s12546-024-09353-y>

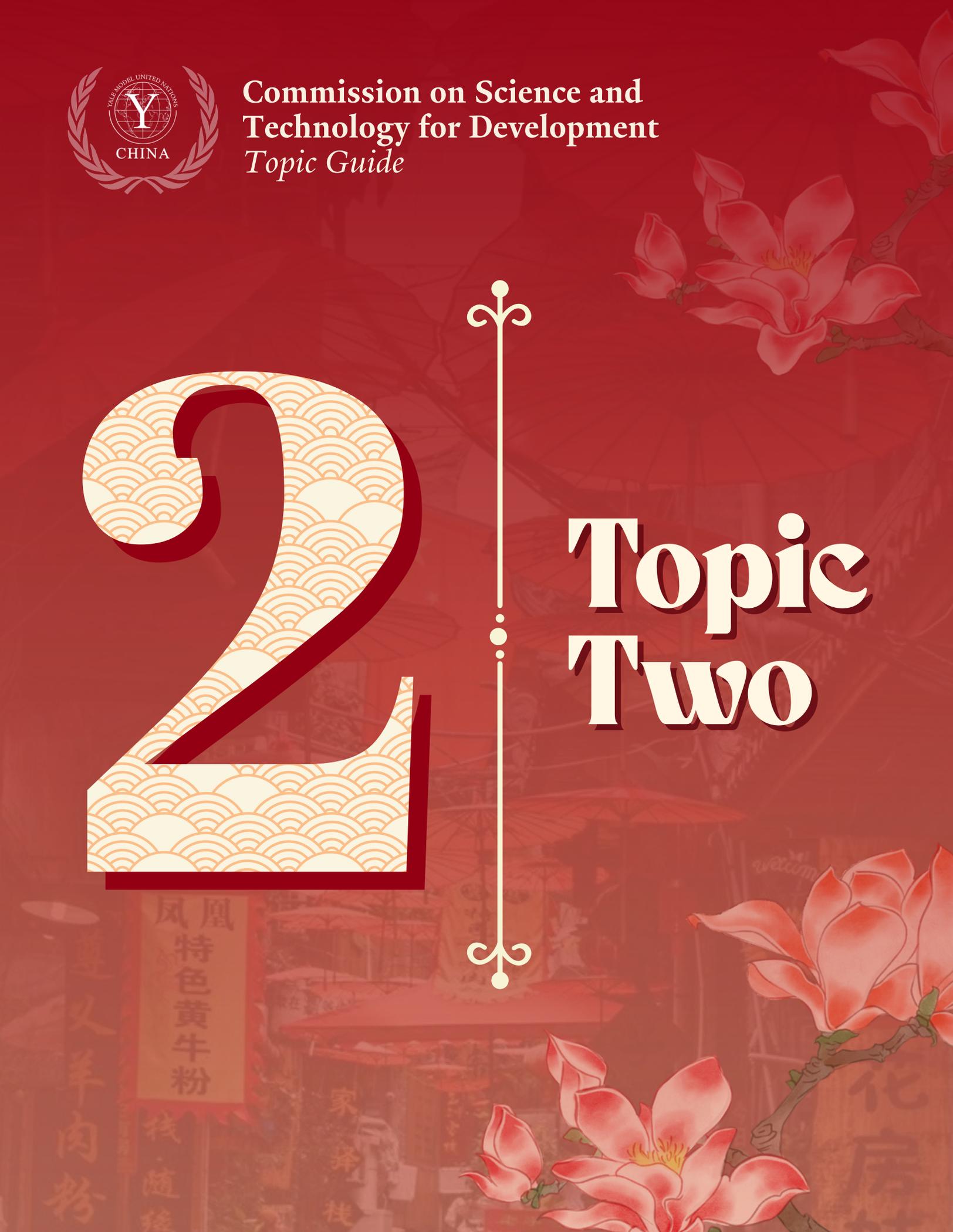
<https://ourworldindata.org/global-decline-fertility-rate>



Commission on Science and
Technology for Development
Topic Guide

2

Topic
Two



Family Planning

Introduction

Family planning remains a cornerstone of sustainable development, one that shapes public health outcomes, economic stability, and gender equality worldwide. This topic invites delegates to examine how equitable access to reproductive health services can support both individual well-being and long-term national development goals.

Glossary

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- **Family planning:** the ability of individuals and couples to decide freely and responsibly the number and spacing of their children
- **“Unmet need”** typically refers to individuals who wish to delay or limit childbearing but do not have access to modern contraceptive methods.
- **Dependency Ratios:** the balance between working-age individuals and dependent populations

Topic History

Family planning has evolved significantly over time. While methods of birth spacing and fertility control existed in various forms throughout ancient civilizations (including herbal contraceptives, prolonged breastfeeding practices, and social customs surrounding marriage), the issue did not emerge as an organized public policy concern until the late nineteenth and early twentieth centuries. Early advocacy movements in Europe and the US focused on maternal health and women’s autonomy, though they were often controversial and shaped by political and moral debates. It was not treated as a public policy issue earlier mainly because reproduction was seen as a private, religious, and patriarchal matter rather than something the state should regulate in women’s interest.

In the early twentieth century, rapid population growth in many parts of the world drew attention from governments and researchers who were concerned about resource scarcity, poverty, and economic strain. By the mid-century period, family planning became increasingly linked to economic development strategies. During the 1960s and 1970s, several national governments and international organizations promoted large-scale population control programs, often emphasizing fertility reduction as a path to modernization. However, many of these early efforts were criticized for prioritizing demographic targets over human rights and for insufficiently considering cultural and social contexts.

A significant turning point in family planning occurred in 1994 at the International Conference on Population and Development (ICPD) in Cairo, Egypt. The ICPD Programme of Action redefined family planning within a broader framework of reproductive health, gender equality, and sustainable development. Rather than focusing solely on reducing birth rates, the international community adopted a rights-based approach that emphasized informed choice, voluntary participation, and access to comprehensive reproductive healthcare services. This shift placed individual dignity and empowerment at the center of global family planning initiatives. Since then, the CPD has been responsible for reviewing progress toward these commitments and advising ECOSOC on implementation challenges and successes.

In the decades following the ICPD, family planning has remained a global priority due to its far-reaching implications. Research has consistently shown that access to contraception and reproductive health education improves maternal and child health outcomes, reduces maternal mortality, lowers rates of unintended pregnancy, and supports women’s participation in education and the workforce. At the national level,

family planning contributes to economic planning by influencing dependency ratios, labor force participation, and long-term fiscal stability.

Despite progress, disparities in access persist across and within regions. In some areas, limited healthcare infrastructure, insufficient education, cultural stigma, or economic barriers restrict access to family planning services. Additionally, evolving debates around autonomy, privacy, and the role of the state continue to shape policy discussions. The modern conversation surrounding family planning is therefore not only about population numbers but also about health equity, gender equality, and sustainable development.

Family planning remains highly relevant today because demographic trends influence nearly every sector of society. Access to reproductive healthcare affects poverty reduction, economic growth, and social stability. Furthermore, in a globalized world, population dynamics intersect with migration, urbanization, and environmental sustainability. For these reasons, family planning continues to be central to the CPD's mandate and the broader goals of the UN system. Understanding its historical evolution provides essential context for developing balanced, informed, and culturally responsive policy solutions.

Current Situation

Background

Family planning remains one of the most consequential and multidimensional policy areas within global development. It sits at the intersection of public health, gender equality, economic growth, migration, urbanization, and state capacity. While the international community has made measurable progress in expanding access to reproductive healthcare and reducing maternal mortality, profound disparities persist across regions.

At the same time, the global demographic landscape has become increasingly complex: some countries continue to experience high fertility and unmet need for contraception, while others face declining fertility and aging populations, as discussed in Topic 1. As such, family planning today is not solely a question of increasing or reducing birth rates, but rather of ensuring informed, voluntary access to reproductive health services within diverse national contexts.

Unequal access and unmet needs

One of the most pressing contemporary challenges in family planning is unequal access to contraceptive services and reproductive healthcare. Although global contraceptive prevalence has increased over the past several decades, millions of individuals (especially women in low-income areas) still face an unmet need for family planning.

Barriers to access often include

- Limited healthcare infrastructure
- Shortages of trained providers
- Geographic isolation
- Cost barriers
- Lack of comprehensive sexual education
- Cultural stigma

In parts of Sub-Saharan Africa, for example, healthcare facilities may be concentrated in urban areas, leaving rural populations underserved. In fragile states or conflict-affected regions, supply chains for contraceptive commodities are often disrupted, according to outside sources. Even where services technically exist, misinformation or social stigma may discourage utilization.

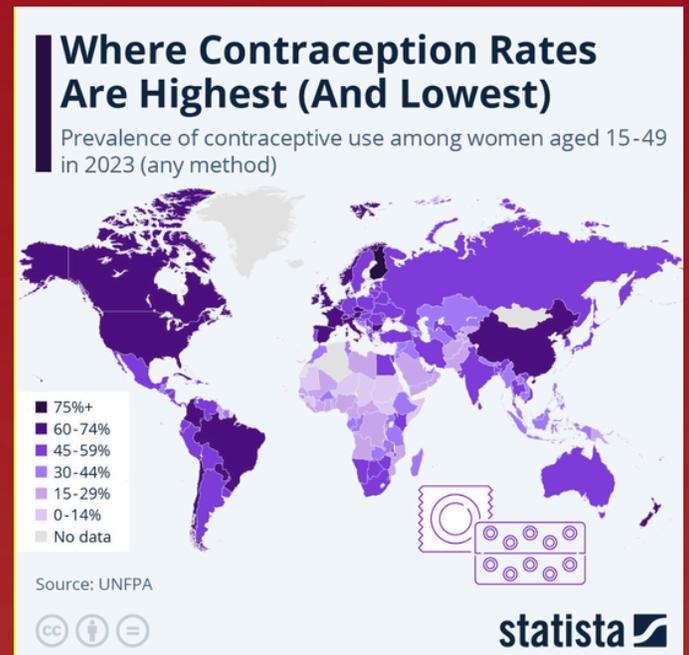
These access gaps have measurable consequences. Limited access to contraception contributes to unintended pregnancies, unsafe abortions, maternal morbidity, or higher fertility rates than desired. In some regions, maternal mortality remains high, partly due to inadequate reproductive health infrastructure. Expanding voluntary access to family planning services is therefore widely considered essential to improve public health outcomes.

However, access to family planning must be understood holistically. Contraceptive availability alone does not guarantee uptake, and instead, factors such as education, trust in healthcare systems, gender norms, and partner dynamics all shape reproductive decision-making. Delegates should consider both supply-side and demand-side barriers when evaluating policy solutions.

Family planning and public health outcomes

Family planning plays a central role in maternal and child health. Closely spaced pregnancies increase health risks for both mothers and infants, including low birth weight, premature delivery, and maternal complications, according to Mayo Clinic. Access to birth spacing methods has been shown to reduce these risks and improve long-term health outcomes.

Additionally, voluntary contraceptive access contributes to reductions in unsafe abortion practices. In countries where reproductive healthcare services are unavailable or legally restricted, unsafe procedures can significantly increase health risks. While national laws vary widely, from liberal to restrictive frameworks, the public health implications of limited access remain central to policy discussions.



The figure above shows the contraceptive rates of countries across the globe in 2023 by women.

Family planning is also related to adolescent health. Early pregnancy carries higher health risks for young mothers and can significantly disrupt educational progress. Many governments have therefore prioritized adolescent reproductive health education and access to youth-friendly services. However, such initiatives often face political and cultural resistance, particularly where discussions of reproductive health are socially sensitive. For example, national public-health and education bodies (like the CDC and major medical associations) recommend comprehensive sex education that covers contraception, STI prevention, and consent as part of adolescent health and rights, and a number of states and school districts have tried to introduce or expand such programmes. However, in many communities, these efforts encounter strong political and cultural resistance from religious organizations, parent groups, and local policymakers who argue that talking about contraception or sexual orientation “promotes” sexual activity or conflicts with moral or religious values, leading to the adoption of abstinence-only or heavily restricted curricula instead.

The broader healthcare system also bears costs associated with unintended pregnancies. Preventative family planning services are often more cost-effective than managing complications associated with high-risk or unintended births. This economic dimension reinforces family planning’s place within broader health system strengthening strategies.

Economic Implications

Family planning is closely linked to economic stability and development. At the macroeconomic level, fertility trends shape dependency ratios. High fertility in low-income countries can strain education systems, employment markets, and public infrastructure, particularly when population growth outpaces economic expansion. Conversely, access to family planning has been associated with the “demographic dividend”. When fertility declines and the working-age population grows relative to dependents, countries may experience accelerated economic growth provided that sufficient employment opportunities exist. This was observed in parts of East Asia during the latter half of the 20th century. However, demographic transitions are not uniform. Some middle-income countries face the dual challenge of moderate fertility decline and rapid aging before achieving high-income status. In such contexts, family planning intersects with labor force participation, social protection systems, and fiscal sustainability. At the microeconomic level, family planning can influence household income stability. Smaller, planned families may allocate more resources per child toward education and healthcare. Women’s participation in the labor force also tends to increase where reproductive autonomy is greater, influencing household and national productivity. Nevertheless, economic arguments surrounding family planning must be approached cautiously. Reducing family planning to purely economic outcomes risks overlooking human rights and autonomy considerations. Delegates should balance developmental framing with individual-centered perspectives.

Gender Inequalities and Women Empowerment

Family planning is deeply intertwined with gender equality. Access to reproductive healthcare enables women to pursue education, employment, and political participation with greater agency. Delayed childbearing is associated with higher levels of educational attainment and career continuity. However, reproductive decision-making is rarely isolated. Gender norms influence who controls healthcare access, how contraception is negotiated within partnerships, and how caregiving responsibilities are distributed. In some contexts, women may lack financial autonomy or face domestic pressure regarding childbearing expectations. Policy debates often center around how governments can strengthen women's agency without imposing top-down demographic objectives. Comprehensive education, economic independence, and legal protections tend to correlate with more voluntary reproductive decision-making. Still, gender equality remains uneven globally. Women in certain regions face discriminatory inheritance laws, limited labor rights, or restricted access to education, all of which indirectly influence fertility decisions. Family planning policies that fail to address these broader structural inequalities may produce limited impact.

Cultural Sensitivities

Family planning policy is rarely purely technical, and it often intersects with religion, tradition, and ethical philosophy. In some societies (including those throughout the Indian subcontinent, Africa, Latin America, and the Middle East), large families are culturally valued or associated with social security in old age. In others, small families are seen as economically rational or socially desirable.

Attempts to implement uniform international standards may encounter resistance if perceived as externally imposed. Historical experiences with coercive or overly prescriptive policies (particularly during the mid-twentieth century) have left lasting mistrust in certain regions.

Ethical concerns typically center around:

- Voluntariness and informed consent
- Privacy and autonomy
- State involvement in reproductive decisions
- Equity in access

Policies must therefore avoid coercion while promoting accessibility. For example, conditioning social benefits on reproductive decisions may raise ethical concerns, even if framed as incentive-based.

Ethical Tensions and the Role of the State

Family planning raises fundamental questions about the appropriate role of the state in private life. While governments have legitimate interests in public health, labor

force sustainability, and long-term fiscal planning, reproductive decisions remain deeply personal. Historical examples of coercive demographic policies – whether through forced sterilizations, restrictive quotas, or conditional access to benefits – have shaped contemporary sensitivity around state involvement. Even well-intentioned policies may generate mistrust if they are perceived as manipulating demographic outcomes rather than empowering individuals.

At the same time, complete state disengagement can perpetuate inequality. Without public investment in reproductive healthcare, education, and outreach, marginalized communities may face disproportionate barriers to access. This creates a tension between promoting autonomy and ensuring equitable opportunity. Delegates must consider where the line lies between enabling informed choice and subtly incentivizing specific reproductive behaviors. Transparency, accountability, and voluntariness are essential safeguards. Furthermore, reproductive health data collection raises privacy concerns. Policymakers must therefore strike a balance between demographic forecasting and personal confidentiality.

The ethical dimension of family planning policy underscores that demographic outcomes cannot justify overriding individual dignity. Successful frameworks will likely emphasize accessibility and informed consent rather than demographic targets. For delegates, understanding this balance is critical to crafting policies that are both effective and ethically defensible.

Migration

Migration adds complexity to family planning discussions. Labor mobility can partially offset demographic imbalances between aging and youthful populations. However, migration policy often intersects with domestic politics, integration challenges, and public opinion. Family planning access among migrant populations may also vary significantly, particularly for undocumented individuals. Language barriers, legal status, and limited healthcare coverage can restrict access to reproductive services. Delegates may consider how international coordination can improve healthcare continuity for mobile populations without infringing upon national immigration policies.

Policy up to date

Governments and international organizations have implemented a range of approaches, including public education campaigns, subsidized contraceptive distribution, insurance coverage mandates, school-based health education, community outreach programs, and partnerships with NGOs. Outcomes vary widely. Countries that integrate family planning into primary healthcare systems and broader gender equality frameworks often see stronger results than those relying solely on isolated interventions. Funding remains a persistent challenge. International funding streams fluctuate based on donor priorities, while domestic budget allocations compete with other pressing needs.

Implementation and political economy constraints

Designing effective family planning policy is one challenge; implementing it is another. Programs often require sustained funding, trained healthcare personnel, supply chain stability, and community trust. Many developing states face limited fiscal space, and international funding for reproductive health programs can fluctuate due to geopolitical priorities. As a result, even well-designed initiatives may encounter operational bottlenecks.

Political considerations also shape implementation. In some countries, family planning remains a politically sensitive topic that intersects with religion and social norms. Policymakers may hesitate to expand programs for fear of backlash. Conversely, top-down reforms imposed without community engagement can produce resistance or low uptake. Public trust in healthcare institutions significantly affects program success.

Additionally, economic inequality influences policy outcomes. Even when contraceptive services are legally available, indirect costs (transportation, time away from work, childcare responsibilities) can discourage utilization. Urban-rural divides further complicate access. Technological innovations such as telehealth may alleviate some barriers, but digital inequality creates new ones.

Regional differences in fertility

Today's global landscape presents two contrasting realities: some low-income countries continue to face high fertility rates and unmet need for family planning services, while many high-income and middle-income countries face declining fertility and aging populations. Family planning, therefore, operates in different policy environments. In high-fertility contexts, the focus may be on expanding voluntary access and improving maternal health. In low-fertility contexts, governments may emphasize work-life balance policies or gender-equitable labor markets rather than direct fertility promotion. Understanding this divergence is critical. A uniform solution is unlikely to succeed across such varied demographic trajectories.

Urgency

Family planning remains urgent because demographic patterns shape the long-term trajectory of societies in ways that are often irreversible. Population structure influences economic growth, public expenditure priorities, labor force composition, healthcare demand, and social stability. Access to reproductive healthcare directly affects maternal and child health outcomes, poverty reduction, and gender equality, all of which are foundational components of sustainable development. At the same time, demographic dynamics now intersect with emerging global pressures, including climate adaptation, rapid urbanization, technological transitions in labor markets, and migration flows. In many countries, policymakers must plan decades ahead to

account for workforce sustainability and dependency ratios, yet the political incentives to invest in long-term demographic planning remain limited. Because reproductive decisions are deeply personal but collectively consequential, family planning occupies a unique position at the intersection of private autonomy and public policy. The urgency of this issue lies not in short-term crises but in its structural, generational impact on economic resilience, social equity, and institutional stability.

Conclusion

When debating this topic, delegates must recognize that family planning policy operates within a complex web of fiscal, cultural, ethical, and institutional constraints. Any proposed initiative must balance voluntariness with accessibility, ensuring that reproductive decisions remain informed and free from coercion. Fiscal sustainability is another critical consideration; healthcare infrastructure, education systems, and social support programs require long-term funding commitments that may strain national budgets. Delegates should also consider how gender norms, labor market dynamics, and legal protections shape reproductive autonomy in practice, not merely in law. Additionally, solutions that appear effective in one national context may not translate successfully elsewhere due to differing cultural expectations, levels of economic development, or administrative capacity. International cooperation, while valuable for knowledge-sharing and technical assistance, must respect national sovereignty and social norms. Effective proposals will therefore require integrated, adaptable approaches that account for healthcare systems, economic inequality, education, and governance capacity rather than relying on isolated or short-term interventions.

Questions to consider:

1. How can governments expand family planning access while ensuring policies remain fully voluntary?
2. What structural barriers limit access to reproductive healthcare in your country?
3. How should family planning policies adapt to differing cultural and religious norms?
4. What is the appropriate role of international organizations in national family planning efforts?
5. How does economic inequality affect reproductive healthcare access and outcomes?
6. How can family planning initiatives promote gender equality without social backlash?
7. What policies can improve access for rural and marginalized populations?
8. Should family planning focus solely on healthcare access, or also address broader economic factors like employment and childcare?
9. How can governments balance demographic objectives with individual autonomy and privacy?

Additional Resources:

<https://www.sciencedirect.com/science/article/pii/S0002937809009478>

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1728-4465.2011.00267.x>

<https://www.jstor.org/stable/25472414?seq=1>

<https://www.jstor.org/stable/44015612?seq=1>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60827-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60827-7/fulltext)

https://knowledgecommons.popcouncil.org/departments_sbsr-rh/1001/

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1728-4465.2003.00227.x>

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