Commentary
Population and climate change: moving toward gender equality is the key

Robin Stott
Address correspondence to Robin Stott, E-mail: robin.stott@uhl.nhs.uk

Despite the clamour of climate change deniers, the overwhelming scientific view is that anthropogenic emissions of carbon dioxide (CO₂) are leading to an increasing instability of our climate. These emissions, around 240 billion tons since the start of the industrial revolution, are perturbing the natural cycles, which always cause the climate to change. The predictions are that these perturbations will get worse as the atmospheric concentration of CO₂ rises.

Responsibility for the overwhelming majority of the emissions lies with the economically advanced nations, as evidenced by the present per capita emissions of inhabitants of these countries. Those in the European Union are 10 tons/year, the USA 20 tons/year, Australia 25 tons/year, the emirates 30 tons/year, whereas those in sub-Saharan Africa are less than 1 ton/year. Even the rapidly developing countries such as China (5 tons/year), India (2 tons/year) and Brazil (2.5 tons/year) have lower emissions.

The likely impacts of climate change will fall most heavily on the poor, particularly poor women, so those who have had virtually no responsibility for the problem will be worst affected (www.thelancet.com/climate-change).1

Clearly, the number of people living on the globe has an impact on the amount of emissions humanity generates. However, in formulating our global response to the intertwined issues of climate change and population, we must remember that those who caused the problem still emit much more carbon on a per capita basis than those who bear the brunt of the consequences.

Irrespective of climate change, a human rights approach to development demands a move to gender equality, with unprejudiced access to education and family planning, and equal representation in decision-making. Wherever these are in place, women elect to have fewer children, and the demographic transition we have seen in rich countries happens very rapidly. Indeed, in most rich countries, the fertility rate is less than replacement, and the population is falling.

Tackling climate change must thus have two components. The first is a rapid and radical reduction of carbon emissions by the rich. This must be coupled with a transfer of, and control over, resources to the disadvantaged, a necessary condition for a rapid move to gender equality worldwide. Both these measures will give enormous health benefits (thelancet.com/series/health-and-climate-change) and so offer a positive prism through which to view our response to climate change.

Health professionals have a key role to play. We must inform our colleagues and the wider public, we must lead exemplary low carbon lives and insist that our institutions adopt a low carbon policy, and use our extensive networks to recruit millions of health professionals to our cause. Above all, we must use the above initiatives to advocate for a global framework, which has the objectives of capping the amount of carbon the globe emits in such a way as to ensure the massive transfer of resources to the poor parts of our interdependent world (www.climateandhealth.org). Any framework must therefore fulfil the following criteria:

(i) A globally-binding commitment to reduce carbon emissions within 10 years to a safe limit proposed by the scientific community.
(ii) A mechanism to:

• ensure that resources are transferred to countries where both living standards and fossil fuel use have been low. These resources must be sufficient to ensure that we achieve gender equality as the resulting access women will get to education on
family planning and decision-making will ensure that the demographic transition will lead to a stable population.

- encourage people everywhere to make low-carbon choices, promoting sustainable development.

Health professionals should demand that any global framework promotes these objectives. The UK-based Climate and Health council considers that the Contraction and Convergence framework advocated by the Global Commons Institute (www.gci.org.uk) is the best present option and unless any better framework emerges, health professionals should support it.

Discussion on population and climate change, when it all too infrequently occurs, is usually acrimonious and confrontational. Adopting the above approach offers a way forward. The paper by Stephenson in this issue explores and illuminates many aspects of the problems, and I commend it to you.

References
