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Policies to address population growth nationally and internationally

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Policies to Address Population Growth Nationally and Internationally

Populations: Policies to Address Population Growth Nationally and Internationally

Background

Global population is increasing by about 1.5 percent per year, a growth rate (should it persist) that in less than half a century will double the number of people who live on the planet. On the other hand, modern medical techniques are producing life extension but not healthy life extension, and we are seeing numbers of old and chronically sick or disabled elderly people in increasingly longer economically unproductive retirements, who need consequentially increasing numbers of younger people to support them.

The ability of the Earth to sustain the human population, posed by Malthus over 200 years ago, is a serious question. Dependence on finite resources for energy and water is already threatening international stability. Potentially exponential population growth can only make matters worse. Improving economic development in the most populous countries of the developing world (India, China) is leading to changing patterns of demand, as people seek more affluent lifestyles. Food and energy demands are increasing faster than had been predicted. Air quality resulting from over-rapid industrialisation is becoming a major problem that will have major public health effects. The likely determinants of climate change, usually attributed to the developed nations, are now spread throughout the developing world, making the ability of nations to achieve the targets signed-up to at Kyoto unlikely to be achieved. Religion is a significant factor in population growth: families in catholic families tend to be larger than protestant, and Muslim tend to be larger than others. In both class, the religion tends to relegate the role of women to the second class.

International Moves

In 1994 the United Nations Population Information Network (POPIN) organised an International Conference of Parliamentarians on Population and Development (ICPPD) and an International Conference of Parliamentarians on Population and Development (ICPD) in Cairo. There was a shift in thinking recognized at Cairo, towards viewing population from a more humane and equitable perspective. The consensus document that was produced recognizes that consumption in wealthy countries and rapid population growth in poor countries put pressure on the natural environment, both locally and globally. The OCPPD group issued an agreed statement that included the following items:

We therefore commit ourselves, as elected representatives of the people, to do our utmost to remove all remaining barriers in our countries that inhibit access to family planning services, information and education, as well as to help support the provision of reproductive health and family planning services as widely as possible.

We acknowledge the fact that abortions constitute a major public health concern for women all over the world. Since the use of family planning methods may prevent the prevalence of unplanned pregnancies, we call upon all national Governments to reduce the need for abortion by providing universal access to family planning information and services.

The empowerment of women and the improvement of their political social, economic and health status are highly important ends in themselves. We further believe that human development cannot be sustained unless women are guaranteed equal rights and equal status with men. In this process women should be seen not merely as the beneficiaries of change but as the agents of change as well. This entails an enhancement of their own gender awareness. We believe that education is the single most important element on the road to equality and empowerment of women.

Rather than simply equating population policy with family planning, the new thinking is that population growth should be stabilized - and development enhanced - by attacking some of the roots of the problem: by improving women's access to education, health care, and economic and political decisions.

Today, more than half of all developing countries have national population policies, and about 130 national governments subsidize family planning services. When polled by the UN in 1994, 91 percent of the countries that lacked national population policies stated that they intended to formulate them in the near future, reflecting a rising global commitment to population-related concerns. But national policy statements do not necessarily translate into program implementation.¹

Examples from various cultures

China has operated a **one-child policy** for a number of years, enforced through a system of fines, relaxed after mass bereavements such as Sichuan Earthquake; the focus of China on population control helps provide a better health service for women and a reduction in the risks of death and injury associated with pregnancy. At family planning offices, women receive free contraception and pre-natal classes. Help is provided for pregnant women to closely monitor their health. Culturally, traditional religious practice requires a son to perform the parents' funerals, leading to resistance to the policy in some rural areas when the first-born is a girl.

Growth has indeed slowed, yet during 1996 China added 13 million people to its numbers. Rural folk have been less cooperative; however, the one-child policy has achieved statistical wonders. In one generation, China's birth rates have plunged to 1.9 children per mother - a rate that, if sustained, will lead to depopulation.

According to a recent survey, ethnic minorities are currently growing about 7 times faster than [Han Chinese](#).²

The decline in population growth rate has exacerbated another problem familiar in the West: rapid aging. There will be 129 million Chinese over the age of 60 as of the year 2000. By 2020, one in four will be elderly (twice the *total present population of the United States*) - a rare burden for a low income country.

The **sex ratio** at birth (between male and female births) in [mainland China](#) reached 117:100 in the year 2000, substantially higher than the natural baseline, which ranges between 103:100 and 107:100. This suggests differential abortion if the sex is known antenatally?

India operates a **two-child policy**. During 1970s they used forced sterilisation of the poor. India has greatly increased food production per head over last 20 years, making it better placed to absorb higher numbers. The country's most recent approach to population issues focuses on the advancement of women economically, academically, and socially, as independent women are more likely to have small families.

Africa: birth rates in Africa are the highest in the world. By the year 2050, twenty percent of the world's population will live on the African continent. That will be almost two thousand

million people, up from eight hundred fifty-five million people today. Especially large population growth is expected in Nigeria, Ethiopia and the Democratic Republic of Congo. Other countries likely to have major growth include Burkina Faso, Mali, Niger, Somalia and Uganda.

Kenya was the first country in sub-Saharan Africa to view runaway population growth as a serious impediment to economic prosperity, and it became the first, in the late 1960s, to begin developing a national family-planning campaign. The country's official population policy calls for matching population size with available resources, yet leaves decisions on family size up to individual families.

As recently as 1970, Africa was essentially self-sufficient in food. What fostered a breakdown in the continent's ability to feed itself has been a decline of nearly 1 percent per year in per capita grain production since 1968 - in part due to an annual population growth for the continent approaching 3 percent.

The root cause of Africa's crisis, according to Worldwatch Institute analyst Lester Brown, is population growth faster than on any continent in history, widespread soil erosion and desertification, and a failure by African governments to adequately support agriculture.

Europe: by contrast, France offers financial incentives for larger (3 child) families. The population of Europe is also aging faster than any other part of the world, except Japan. Birth rates are also down in many European countries. The number of people depending on workers will rise as the number of workers falls. Spending in European countries will have to increase for retirement, health care and long-term care for old people in the future.

Russia faces the most severe population decrease of any country. The population of Russia is now one hundred forty-three million. It is expected to drop twenty-two percent over the next forty-five years. If this happens, Russia could lose more than forty percent of its active workforce and have economic problems. Part of the problem is the short length of time that Russian men generally live. The average life expectancy for Russian men is just fifty-eight years. Russian women live fourteen years longer. Men in Western Europe live sixteen years longer. Drugs, tobacco smoking and alcohol are some of the main causes of death among Russian men. Russia also has low birth rates.

<http://www.voanews.com/specialenglish/archive> [accessed 20 June 2008]

The Millennium Development Goals (MDGs), committed to by all 191 United Nations member states, are rooted in the concept of sustainable development. Although 2007 (midway) reports indicated that programs are under way, unfortunately many countries are unlikely to reach their goals by 2015 due to high levels of poverty.

References

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