

Lottery of birth



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Introduction

Introduction

Everyone has experienced a childhood and a family life of some kind. This is profoundly influenced by the society and culture into which you are born, and the society and culture into which others are born. While these are widely diverse, they will always reflect gender, ethnic, class and religious assumptions. And early lives will reflect the very mixed, complex and sometimes contradictory concerns of their place and time.

Start your work on this course by watching the following video.

Video content is not available in this format.



Big picture, small picture

This free course will look, simultaneously, at the big picture of the lottery of birth and the smaller, human stories of the lottery of birth. In the first week, you'll consider the concept of the lottery of birth, inequalities both between countries and within countries and the effects of the lottery of birth on human well-being, particularly wealth, income, power, health and education.

In the second week, you will use the perspective of time to question whether this is a good time to be born and you'll look at the lottery of choice as it relates to becoming a parent, as an example.

The third week looks at being born in different countries around the world. You'll look at the global inequalities agenda as seen in the Sustainable Development Goals (SDG). You'll examine, in particular, the lottery of being born female in different places today.

In the fourth and final week, you'll focus primarily on the ways inequalities are hard wired into societies and at the lottery of birth, examining how individual countries and global organisations have responded to demographic changes.

Inequalities across countries are still larger than inequalities within most countries, so, you'll also consider whether, in the future, children's futures should still depend strongly on the income and wealth of their families or that of their place of residence.

Life chances at birth, the choices people and their governments have or don't have – and make or don't make – and the complex challenges that the lottery of birth presents, provide the structure of each week's learning on this course.

An interdisciplinary issue

The complexities and breadth of the lottery of birth means it has to be treated as an interdisciplinary issue and you will be using a variety of disciplines as you study this course. These will include demography, development studies, health studies, family studies, sociology, comparative social policy, history, political science and economics.

Using these disciplines brings together different perspectives to focus on an issue, providing fresh insight and framing different questions. These methods can accelerate the ability to solve problems and provide a bridge for different ideas to feed into social and political change and perhaps inform policies that have the potential to address the lottery of birth.

Dr Pam Foley is the author of this course. She is a Senior Lecturer in Health and Social Care (Children and Families) at The Open University. Her teaching and research focuses on child and family social policy and on European models of children's services.

Week 1: What do we mean by a lottery of birth?

Introduction



Figure 1

By 'birth is a lottery' we mean that how, when and where you are born, grow up and live is so profoundly and widely unequal and that these inequalities will shape your whole life. So being born with a disability, for example, will be experienced very differently depending on when and where you are born.

One viewpoint says that there is no better time than now to give birth and to be born. The huge benefits of improved nutrition and sanitation, widespread immunisation, greater access to education and health care and greater legal protection for women and children are well recognised.

However, despite such advances having been made, a different viewpoint might focus on how armed conflict, disparities of income and wealth, abuse of all kinds and discrimination still damage the lives of countless numbers of women, men and children and will continue to do so. Adversity and trauma, and the ability of individuals to deal with what life throws at them, is reflected in the video you watched in the Introduction.

In the next section, you will start to think about how birth is a lottery.

1 The world's 7 billionth baby

On the occasion of the birth of the world's 7 billionth baby in 2011, UN Secretary-General Ban Ki-moon encouraged the world to recognise the moral and pragmatic obligation to do the right thing for that baby.



Figure 2 The world's population grew to 7 billion in 2011.

Mr Ban highlighted that the world today is one of 'terrible contradictions' where there is plenty of food but 1 billion people go hungry; there are lavish lifestyles for a few, but poverty for too many others; huge advances in medicine while mothers die every day in childbirth; and billions spent on weapons to kill people instead of keeping them safe.

Activity 1

Think about how this challenge affects you. In particular:

- What does 'lottery of birth' mean to you?
- In what ways have you benefitted from the birth lottery?

Write your response in the box below.

Provide your answer...

In the next section, you will check your privilege.

2 Thinking point: check your privilege

The phrase 'check your privilege' is often used on social media to remind others that the life they were born into came with specific privileges.

It is also used to remind others that every individual may need to acknowledge their own inherent privileges and be willing to recognise structural social advantages that they have by virtue of birth and position – such as being born wealthy, being born male and being born white – in order to gain a better understanding of what is said, thought or done.



Figure 3 Some people are born into more privileged lives than others

Most of us are privileged in some ways and less privileged in others. So if you 'check your privilege' about whether you are a lottery of birth winner or loser, lots of things are likely to spring to mind. These things will depend on your age, your class, your gender, where you were born, your family income and wealth, but also the wider context such as the political stability of your country or the laws and rights in existence within your society.

You may consider that science and technology made it a very safe time for you to be born, perhaps that your parent(s) had a stable job in a strong economy, perhaps that there was good maternity health care for your mother. However, you may be thinking that there was no free health service in place to provide immunisations and medical treatment for you as a new-born baby, or perhaps you thought ahead a little and regretted that there wasn't a straightforward path to a good education waiting for you.

If you didn't have the best start in life, were there social economic or political forces at work that enabled you to be 'socially mobile'? Social mobility looks at the ability or difficulty with which individuals are able, or not, to move up the socio-economic ladder. You will return to the issue of social mobility later this week.

Next you will look specifically at how poverty and the lottery of birth can profoundly affect your chances in life.

3 Poverty

Poverty remains the biggest threat to maternal and infant well-being across low-, middle- and high-income countries alike.

Poverty is most commonly discussed either in terms of 'absolute poverty' (such as the widely used 'one dollar a day' threshold for survival) or 'relative poverty'. Absolute poverty is used most commonly with regard to low-income countries. 'Relative poverty' compares people on a distribution of resources and defines poverty as falling below the median or average income for their economy (most commonly used when focusing on middle- and high-income countries).



Figure 4

Income equality

The most commonly used measurement of income inequality is the Gini co-efficient. This is an indicator of inequality across the whole of society rather than, say, comparing the richest 10 per cent with the poorest 10 per cent which is another way to look at inequality. The Gini coefficient represents the extent of income or wealth that must change hands to lead to greater equality. It measures the extent to which income or wealth differs from perfect equality. It takes a value of 0 (perfect equality) to 100 (most extreme inequality). In the next section, you will find out what we mean by the lottery of birth as we look at being born rich and being born poor, at health and at education, all of which profoundly affect your chances in life.

4 Being born rich, being born poor

While today fewer children are born into poverty, this progress has not been evenly spread around the world or even within the 'developed' world. Poverty, even in the West's richest countries, has a dire impact on the lives of children at, and even before, birth.

Documentary film-maker Brian Hill travelled from the UK to America, Cambodia and Sierra Leone to reveal the shocking lottery of childbirth across the globe in a series called 'Why poverty'.

The following video shows a clip from Hill's documentary. It focuses on a family in the USA and one in Cambodia each struggling with poverty in very different parts of the world.

Video content is not available in this format.



The USA has one of the worst infant mortality rates in the developed world. In San Francisco, you meet expectant mother Starr, her partner and two children. A year ago, they became homeless, making her children among the 1.4 million homeless children now living in the US (Child Trends, 2019). In Cambodia, where babies are more likely to grow up malnourished than attend high school, you meet Neang, 36, and her 12-year-old son Pisey, who helps support his mother and little sister by scavenging the street for tins and plastic.

In the next section, you will look at income inequality from a global perspective.

4.1 Global income inequality

It will come as no surprise that the world is unequal, particularly in relation to life expectancy, health, income and education. The availability of detailed data from around the world means it is possible to see this data in more detail than ever before.

View the [Gapminder World interactive graph](#) to see how life expectancy and income levels have changed for countries across the world from the start of the 19th century. Press the play button in the bottom left hand corner to follow the timeline.

Using graphic data like this you can clearly see the overall picture. You can see how over the most recent centuries the progress has at first been slow and then rapid, towards more people being able to live longer lives with fewer living their lives in poverty.

In the last 20 years, the rapid economic growth in Asia, in particular in China and India, has lifted millions out of absolute poverty. You will look more closely at this remarkable phenomenon later in the course and hear from some families who have experienced this first-hand.

Now take a look at '[Dollar Street](#)' from the same website. This gives an illuminating glimpse into the lives of many families in different parts of the world by showing their average monthly income.

The website shows how the differences in what people own, and what people can inherit and earn, are very real. The families whose lives you glimpse at are certainly affected by the global disparities you have begun to look at in this course. However, as you looked at the different families you may have also thought about the resilience that is often within families, notwithstanding its wealth or income level, and that many of them would still provide for, protect and nurture their children.

It is also clear that the problem of income and wealth inequality remains acute within individual countries, and that this has a serious impact on well-being, economic growth, social cohesion and social mobility.

Activity 2

Follow the steps below to see how life expectancy and income have changed over time across the globe. You will be using Gapminder's interactive graph that illustrates both global progress towards longer lives and the reduction of poverty.

1. Click on the link: [Gapminder World interactive graph](#).
2. Select a country. This could be where you live or another country that you are interested in.
3. Press play to see how the country's life expectancy and income has changed from the start of the 19th century.

(Note, this tool uses Flash, and will likely not run on your mobile device.)

Using mass visual data that is readily available is a new, relatively straightforward way to learn about demographic changes and social and economic developments.

You may wish to become more familiar with other data interactives such as this, which you can find on the Gapminder website. Use the buttons labelled Income, Maps, Trends, Ranks or Ages and focus on something you found particularly interesting or revealing. Then write a short paragraph about why you selected it and what you learnt from it. Click on the 'Share Graph' button and copy the link if you would like to keep it or share it with anyone else.

Provide your answer...

In the next sections, you'll look at health and educational inequalities.

4.2 Health inequalities and their causes

Although, as you have already seen, significant progress has been made in income levels and life expectancy over the centuries, material inequalities and inequalities in health and education remain some of the biggest problems that individual countries and global organisations face.



Figure 5

The World Health Organization (WHO) sums up the current key health inequalities and their causes in the ten points below.

Interactive content is not available in this format.

[Slideshow 1](#)

Most of the figures here relate to comparison/inequality between countries but it is important to keep in mind that within-country inequalities also exist. The extent of it varies between countries (Latin American countries, for example, are more unequal than some Asian countries even though they are all usually described as less developed countries). So, the links between levels of inequality, child and adult morbidity, premature mortality, life expectancy, and slow development can be clearly demonstrated. It's also clear that many of these factors are bound up together and cannot be separated from each other. In the next section, you will find out about an example of health inequality in the UK.

4.3 Lives on the line

Inequality within countries as well as between countries remains a deeply rooted issue. For example, while life expectancy in the UK may have increased so much that it is among the longest in the world, there are still wide differences even within the same city.



Figure 6

Life expectancies in London were added to a map of the London underground railway network, which you will look at in the next activity. The results are interesting especially if you are reasonably familiar with London.

Activity 3 Thinking point

Look at [Lives on the Line](#), a website which illustrates the differing life expectancies of people despite living in the same city at the same time. Can you tell from the map which are the richest and poorest parts of London?

What might the result of people living very different lives (in terms of inequality) so close together be?

Provide your answer...

Answer

If you don't know London at all, Kensington, Knightsbridge and the area called the 'City of London' have some of the highest property prices in the world and attract many very wealthy people. The 'East End' of London is, and has been for centuries, an area of high deprivation.

There are many manifestations of inequality (such as differences in life expectancy), but when people live close together the manifestations of inequality, such as homelessness and food banks, are difficult to ignore.

In the next section, you will find out about educational inequalities.

4.4 Educational inequalities

The UN's Sustainable Development Goals are 17 global goals to be achieved by 2030. They build on the Millennium Development Goals set out at the start of the millennium.. The goals include the reduction of poverty and hunger, climate action, worldwide clean water and sanitation, sustainable economic growth and universal access to quality education. Each has measurable targets and detailed reports are published annually. As a result of the Millennium Development Goal to 'achieve universal primary education', the number of children attending primary school has increased. Now 90 per cent of the world's children are enrolled in primary school.



Figure 7

Despite these achievements, educational inequalities between the developed and developing worlds remain. The gap is noticeable in average levels of attainment, how much children have learned and how long they have spent in school.

In an article, Rebecca Winthrop, Director for the Center for Universal Education at the Brookings Institute, explains that in developed countries the education levels of the adult workforce – often measured by average numbers of years of school – is nearly double that of their developing country peers.

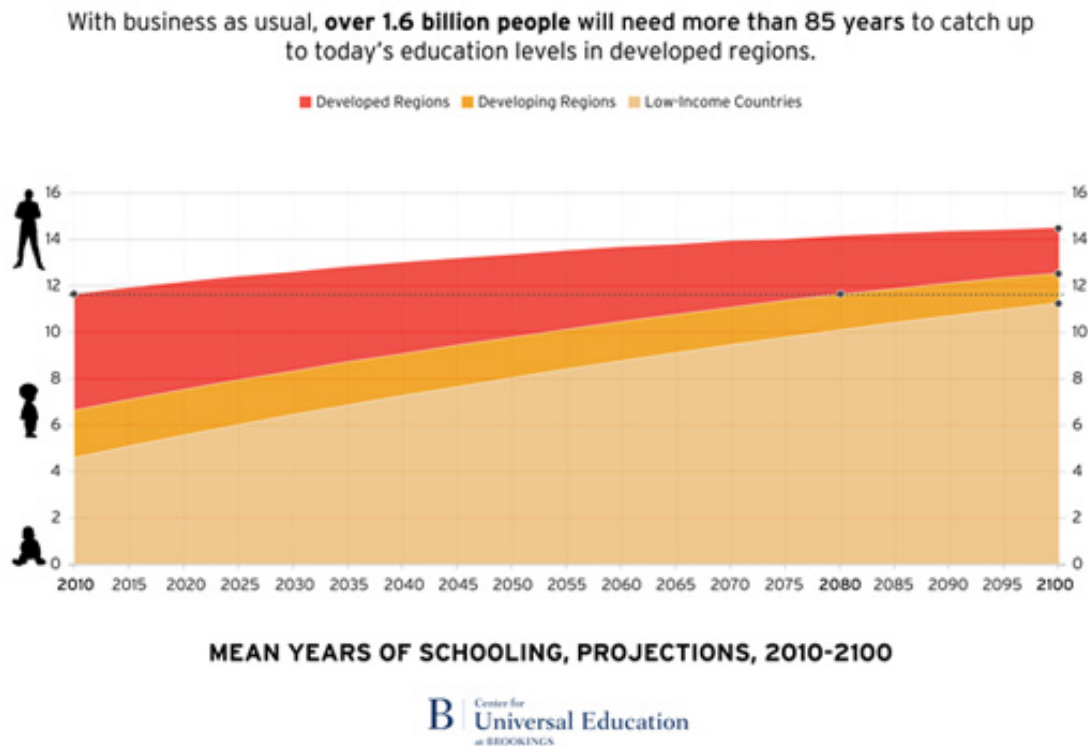
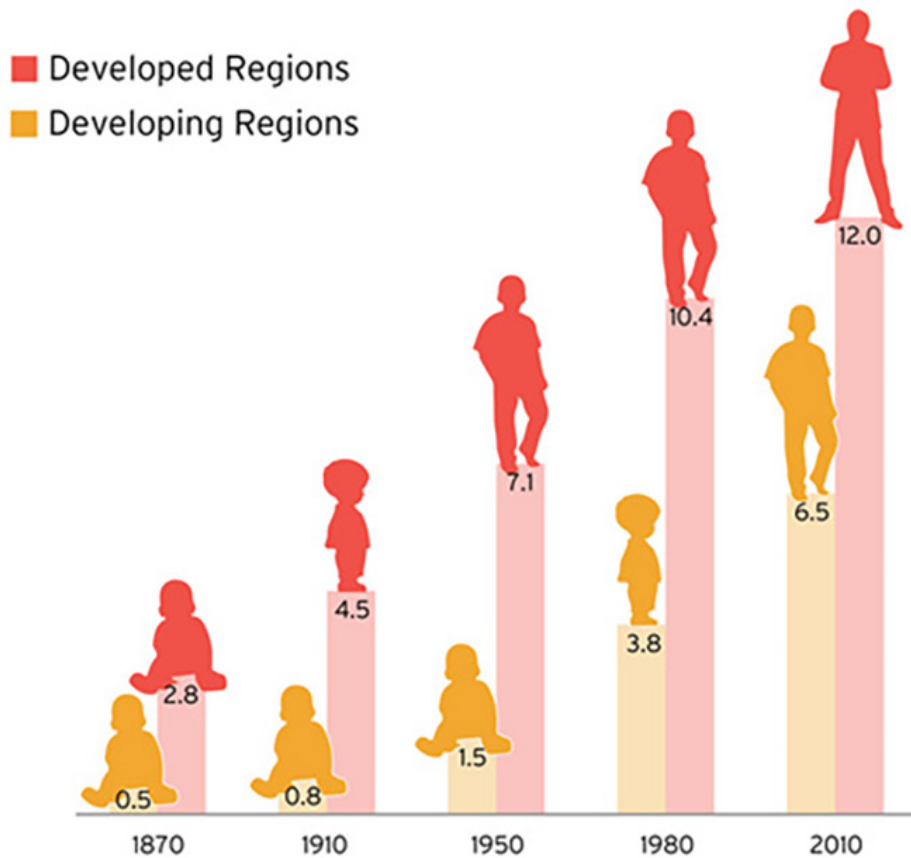


Figure 8 With business as usual, over 1.6 billion people will need more that 85 years to catch up to today's education levels in developed regions

In developed countries, adults have an average of 12 years of school, compared with 6.5 years of school for those in developing countries. This shows that these poorer countries still have average levels of education in the 21st century that were achieved in many western countries by the early decades of the 20th century. The developing world is about 100 years behind developed countries.

Even after 100 years, developing countries lag significantly behind in education levels.



MEAN YEARS OF SCHOOLING, ADULT POPULATION

B Center for
Universal Education
at BROOKINGS

Figure 9 Even after 100 years, developing countries lag significantly behind in education levels

The gap is somewhat historical as mass schooling only spread across the developing world after the 1948 Universal Declaration of Human Rights. This came roughly 100 years after the idea that all young people should have an opportunity to be educated had spread across Europe and North America. Despite this, developing countries still lag significantly behind and the gap is not expected to close anytime soon.

Next, you will find out more about how inequality is measured.

5 Measuring inequality

The 'egalitarian ideal' that has dominated left-leaning thinking since the 1960s is repeatedly challenged by a counterargument that people are not obsessed by fair outcomes, but accept even wide disparities of income and wealth if they are believed to be based on talent, effort and fair processes.

Both sides of this argument use data, produced by governments and global organisations such as the United Nations, as this can be a powerful tool for those who wish to engage with the arguments.

However, as you saw in Section 4.1, global inequality is most certainly falling; but within countries, the richest are still pulling away from the rest.

Country	Year	Percent of income owned by top 1%	Annual growth rate of top 1% income share since 1980 (in %)
Argentina	2004	16.7	
Australia	2008	9.2	2.2
Canada	2010	12.2	1.7
China	2003	5.9	4.7
Denmark	2005	4.3	0.3
Finland	2009	7.5	1.9
France	2006	8.9	0.6
India	1999	8.9	
Indonesia	2004	8.5	0.8
Ireland	2009	10.5	1.5
Italy	2009	9.4	1.5
Japan	2010	9.5	0.9
Mauritius	2011	7.1	0.2
New Zealand	2010	7.3	0.9
Norway	2008	7.9	1.8
Portugal	2005	9.8	3.3
Singapore	2010	13.4	0.8
South Africa	2009	16.6	1.4
Spain	2010	8.2	0.3
Sweden	2011	7	1.8
United Kingdom	2009	13.9	2.6
United States	2012	19.3	2.7

Figure 10 Share of income owned by the top one percent.

Alvaredo *et al.*, UN (2013).

The United States of America is still the country with the wealthiest 1 per cent (United Nations, 2013). In the USA, the average income of the top 5 per cent increased at an annual rate of 1.5 per cent between 1980 and 2011. In contrast, the average real income of the bottom 99 per cent of income earners grew at an annual rate of only 0.6 per cent

between 1976 and 2007 meaning the top 1 per cent captured 58 per cent of income growth through those decades.

The report by Alvaredo et al. (2013) addresses a common misunderstanding about the relationship between economic development and inequality.

Figure 12 shows how Scandinavian countries, which already have the least inequality in the developed world, are continuing to make progress towards more equal societies.

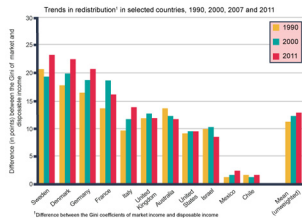


Figure 11 Trends in redistribution in selected countries, 1990, 2000, 2007 and 2011.

Source: UN (2013), calculations based on data from Solt, Fredrick (2009).

The debate continues about whether inequalities are best tackled by government intervention or market forces. As the UN (2013) report illustrates, most of the world's poor, and people in marginalised groups, start life in highly disadvantaged positions, but inequality can be reduced. However, national attitudes with regard to the role of the state and the role of markets will continue to determine the extent to which addressing inequalities tops a particular country's priority list.

In the next section, you will find out about social mobility and inequality.

6 Social mobility

Social mobility, or more accurately a lack of social mobility, is a key aspect of inequality. In many countries, the reduction of economic and social inequality is ostensibly a major objective of public policy. The idea that people should succeed if they have the talent and opportunity to do so, is a key element to any consideration of the lottery of birth.



Figure 12

If a lack of social mobility is a problem, then it's a problem for pretty much everyone, in developed and developing countries alike. With social mobility weakened by social inequalities, the poor are unlikely to be upwardly mobile and the wealthy are even less likely to be downwardly mobile (UN, 2013).

Political leaders, policy makers and commentators point to the thorny issue of stagnant social mobility and ask whether there are policies and practices that strengthen social mobility. Clearly, education systems lie at the heart of a low mobility culture. Educational inequalities mean poorer children's education is more likely to be affected by less parental support and cognitive stimulation, they are likely to live in poorer neighbourhoods with less well-resourced schools and to have conflicting pressures such as domestic tasks and paid work (UN, 2013).

Belonging to a certain social group, gender, class, minority ethnic group or having a disability, for example, can also reduce the effectiveness of education to create social mobility (UN, 2013).

There is, of course, no agreement about the desirable levels of social mobility or even whether it's necessary at all. If there is a lack of social mobility, should it be accepted as a natural process or should it be seen as the deliberate outcome of particular actions? Or is social mobility a reflection of a country's values and a vital element within every modern state's potential?

Next, you will be asked to think about how opportunities for social mobility might have changed.

6.1 Social mobility – growing or shrinking?

Looking back at your own childhood, do you think there was greater social mobility (defined as the link between a person's occupation or income and the occupation or income of their parents) when you were growing up than there is today?



Figure 13

In the UK social mobility has, officially, stagnated making current widespread pessimism about the level of social mobility seemingly justified (Social Mobility Commission, 2018).

Activity 4

Think about your own experiences of social mobility where you live.

- Do you think that that social mobility has stagnated or is increasing or decreasing?
- What evidence do you have of that?
- What, if anything, is being done in your part of the world specifically about social mobility?

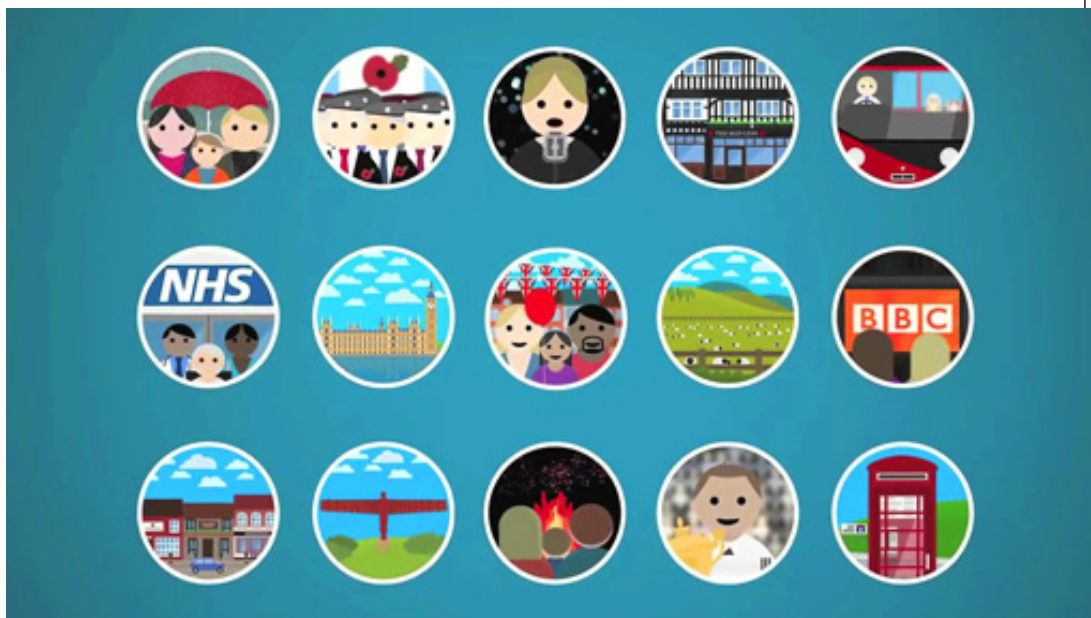
Provide your answer...

7 Is it fair?

Inequality constantly attracts attention because of the visibility of both the extremely rich and the extremely poor. Individuals, social commentators, the media, academics and politicians frequently debate people's income (money acquired) and wealth (what people own – homes, savings, investments, property, businesses etc.) and the effects of the distribution of income and wealth on a society.

While most people would express the opinion that they would want their country to be fair, it seems that people's grasp of the extent of inequality in their own countries is frequently poor. The following video, from the Inequality Briefing, illustrates this point in relation to the British public.

Video content is not available in this format.



7.1 The spirit level

In their widely read book, *The Spirit Level*, Wilkinson and Pickett (2009) argued that people in the West are reaching the end of what economic growth can do to improve well-being. In the video below, Richard Wilkinson explains his views.

Video content is not available in this format.



Wilkinson and Pickett suggest that people living now are the first generations to have to find a different answer than economic growth to improving human well-being. They believe that they have that answer.

They brought together evidence that appears to show that the majority of social ills, including ill health, violence, drug abuse, obesity, mental illness and large prison populations are more prevalent in less equal societies (such as in the UK). They suggest that inequality should be the main focus of social and economic policies. They constructed a detailed and persuasive argument stating that we are more affected by income differentials within our own societies than by our wealth. They offer two plausible explanations for their data.

One is that what matters in rich countries may not be your actual income level and living standard, but how you compare with other people in the same society. Perhaps average standards don't matter and what does is simply whether you are doing better or worse than other people – where you come in the social pecking order.

The other possibility is that the social gradient in health...results not from the effects of relative income or social status on health, but from the effects of social mobility, sorting the healthy from the unhealthy. Perhaps the healthy tend to move up the social ladder and the unhealthy end up at the bottom.

(Wilkinson and Pickett, 2009, p. 13)

In the next section, you will explore the spirit level hypothesis a little further.

7.2 Thinking point: the spirit level hypothesis

The 'spirit level hypothesis' has been widely read and debated. For example, the UN report 'Inequality Matters: Report on the World Social Situation 2013', that you heard about earlier, acknowledges the validity of the 'spirit level hypothesis'.

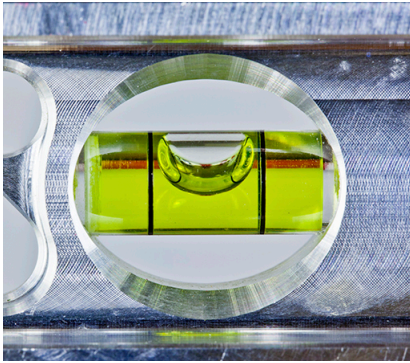


Figure 14

In this report, the view of American economist Joseph Stiglitz was included:

There is growing evidence and recognition of the powerful and corrosive effects of inequality on economic growth, poverty reduction, social and economic stability and socially-sustainable development ... the many adverse consequences of inequality affect the well-being not only of those at the bottom of the income distribution, but also those at the top. Specifically, inequality leads to a less stable, less efficient economic system that stifles economic growth and the participation of all members of society in the labour market.

(Stiglitz, 2012)

Activity 5

There are arguments for and against the 'spirit level hypothesis'. Find some coverage of the debate and summarise it, with a link to your source.

Provide your answer...

Discussion

So, for example, Christopher Snowden, at the Institute of Economic Affairs has disputed the statistics, alleging selection bias and has written 'The Spirit Level Delusion' – you can see it here.

[The Spirit Level revisited](#)

8 The global picture

To end this week, you will read a statement from the UN, who highlighted why it is vital to remain focused on personal, real lives when thinking about the changing, global picture.



Figure 15

The Executive Director of the UN Population Fund (UNFPA) underscored some of the challenges in an expanding global community, including in promoting the rights and health of 7 billion women, men and children.

‘We must ensure that, in areas of the world where population is growing fast, we raise the status of women and young girls to be able to access education and make choices for themselves,’ Babatunde Osotimehin said at the gathering.

‘We also owe it to the 215 million women worldwide who require family planning and are not getting it to make it available,’ he said, adding it is also necessary to ensure safe pregnancy and delivery for every woman that wants to give birth.

At the same time, he highlighted the need to give ageing populations in many parts of the world a life of dignity, and to tackle the rapid urbanization and migration which many countries have to face.

The UN human rights chief also marked the occasion, stating that the 7 billionth child is, by virtue of her or his birth, a permanent holder of rights, with an ‘irrevocable’ claim to freedom. ‘But she or he will also be born into a world where some people, given the chance, will trample on those rights and freedoms in the name of state security, or economic policy, or group chauvinism,’ High Commissioner for Human Rights Navi Pillay said in a statement.

‘If she was born a girl, she will have fewer choices. If born in the developing world, she or he will have fewer opportunities. If born a descendant of Africans in a non-African country, or as an indigenous person, member of a religious

minority, or as a Roma, she or he is likely to face discrimination and marginalization, with a childhood rife with vulnerability, and a future adult life hedged in by exclusion.

‘But he or she has also been born at a time of great hope,’ Ms. Pillay added, noting that the demonstrations and mobilizations of civil society seen in 2011 in a sense ‘provide a birthday celebration for the 7 billionth person on this planet, and also serve as a warning to those who might be inclined to deprive this child, like many others, of his or her birthrights.’

(UN News Centre, 2011)

9 Summary of Week 1



Figure 16

This week, you have thought about inequality and engaged with data, arguments and ideas that are circulating at the moment.

You have also considered how inequality relates to income and wealth, health and education on a national and international scale.

In Week 2, you will think about childbirth as a lived, human experience and look at the history of birth and childhood in Europe. You'll also consider the choices faced by individuals and the challenges this creates for countries.

Week 2: Giving birth

Introduction

This week you'll begin to look at childbirth as a lived, human experience.



Figure 1

In the first part of the week, you will look further into birth as a lottery, looking at how, if you were born today, in any society around the globe this is almost certainly a better time to be born than in the past.

However, it is still very much the case that when and where you are born remains crucial to your chances. Huge disparities in choices for parents, chances of health, wealth and well-being, and challenges to whether children will survive and thrive still exist.

This week you will use visual art to think about the experience of giving birth in the past. You will then move on to look at maternal and child mortality today and at how where you give birth profoundly affects survival and life chances.

1 A history of European childbirth through art

There is little direct access to the lives of women and children of the past. However, art provides one way in which we can take a look back at birth through the ages.

While there are many representations of birth around the globe and it would be possible to use images from the Americas, Australasia, Asia or Africa, in the following video we have focused on European art so that we are able to illustrate change in one part of the world.

Video content is not available in this format.



2 Maternal and infant mortality today

High death rates among women and infants in childbirth run throughout human history. Gradually, fewer women and babies have died, fewer families have had to cope with such significant losses and fewer children have been traumatised by the loss of a mother or sibling or both. But today, maternal mortality and infant mortality still remain real dangers for many millions of women and their families.



Figure 2

So, the headlines are that:

- every day, approximately 800 women die from preventable causes related to pregnancy and childbirth
- 99% of all maternal deaths occur in developing countries
- maternal mortality is higher in women living in rural areas and among poorer communities
- young adolescents face a higher risk of complications and death as a result of pregnancy than older women
- skilled care before, during and after childbirth can save the lives of women and newborn babies
- between 1990 and 2013, maternal mortality worldwide dropped by almost 50%.

(WHO, 2013)

A reduction in maternal mortality was one of the Millennium Development Goals and, as you can see, significant progress was made towards achieving this goal. Re-read the last bullet point again. Surely this is something not widely known, but is something to celebrate?

Despite this reduction in maternal mortality, however, there is still much to do to protect women and children on the most dangerous day of their lives, the day of birth.

The next section provides an overview of global child mortality today and the ongoing battle to address preventable and treatable conditions that still lead to many deaths in childhood.

2.1 Maternal and infant mortality

WHO and UNICEF's continuing global drive to reduce the numbers of mothers and children dying at or around the time of birth is called 'Every newborn'. The UNICEF infographic in Figure 3 shows the number of preventable stillborns and newborn deaths.

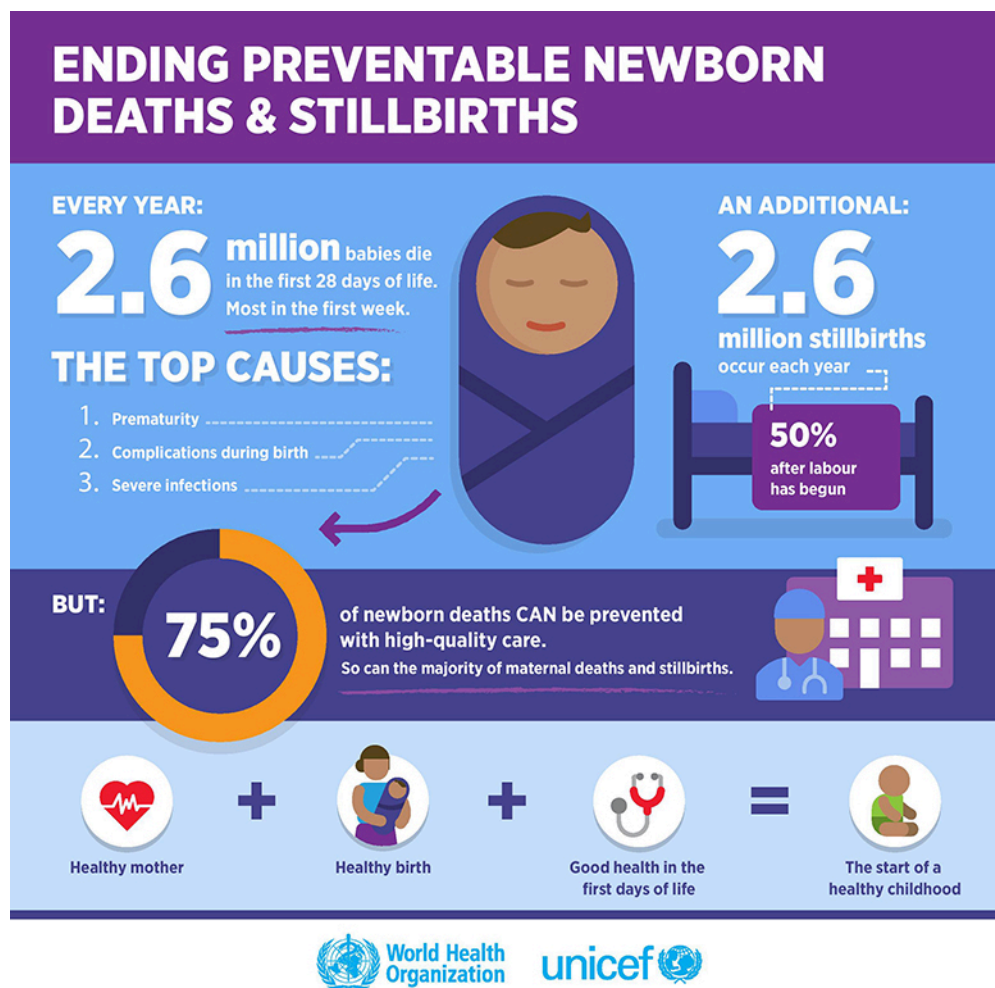


Figure 3 Ending preventable newborn deaths and stillbirths

Below is an extract from the executive summary of the 'Every newborn' report.

3 million babies and women could be saved each year through investing in quality care around the time of birth and special care for sick and small newborns. Cost-effective solutions are now available to protect women and children from the most dangerous day of their lives – the day of birth.

Unfinished agenda: Newborn health and stillbirths are part of the 'unfinished agenda' of the Millennium Development Goals for women's and children's health. With newborn deaths still accounting for 44% of under-5 deaths globally, newborn mortality and stillbirths require greater visibility in the emerging post-2015 sustainable development agenda if the overall under-5 mortality is to be reduced.

We have solutions to address the main causes of newborn death: More than 80% of all newborn deaths result from three preventable and treatable conditions – complications due to prematurity, intrapartum-related deaths (including birth asphyxia) and neonatal infections. Cost-effective, proven interventions exist to prevent and treat each main cause. Improving quality of care around the time of birth will save the most lives, but this requires educated and equipped health workers, including those with midwifery skills, and availability of essential commodities.

Women's and children's health is a smart investment, particularly with specific attention to care at birth: High coverage of care around the time of birth and care of small and sick newborns would save nearly 3 million lives (women, newborns and stillbirths) each year at an additional running cost of only US\$ 1.15 per person in 75 high burden countries. This would have a triple impact on investments – saving women and newborns and preventing stillbirths.

(WHO UNICEF, 2014)

You have already explored some of the issues discussed in the executive summary in Week 1. For example, you looked at health and educational inequalities. Perhaps the main thing to take away from this summary is that so much can be done in the earliest years of life to address the most fundamental of inequalities: who survives infancy and childhood.

In the next section, you will read some recent analysis on maternal and infant mortality rates from the organisation Save the Children.

2.2 State of the world's mothers

Today, much of infant mortality is preventable. However, while you may or may not have been surprised by some of the maternal and infant mortality figures you have just read, there are some interesting anomalies worldwide.



Figure 4

The USA, for example, has a surprisingly high number of babies dying on the first day of life. The Save the Children report, 'State of the World's Mothers 2013', from which you will read an extract of next, shows how even in such highly developed Western countries such as the USA there are still issues to be dealt with.

Saving newborn lives in industrialized countries

While only 1 percent of the world's newborn deaths occur in industrialized countries, the newborn period is still the riskiest time, no matter where a baby is born. The percentage of infant deaths that occur during the newborn period is rising in wealthy countries, as it is in poor countries. Almost everywhere, the day of birth is the riskiest time for newborns. Some causes of newborn deaths in wealthy countries are similar to those in developing countries, especially those related to preterm birth. But many common killers of newborns in developing countries – such as birth complications and infections – almost never cause babies to die in rich countries.

The United States has the highest first-day death rate in the industrialized world. An estimated 11,300 newborn babies die each year in the United States

on the day they are born. This is 50 percent more first-day deaths than all other industrialized countries combined. The 33 other industrialized countries for which there are data have a combined total of 7,500 first-day deaths each year.

The large U.S. population size explains some of this disparity, but it does not explain all of it. The U.S. represents 31 percent of the population in these 34 industrialized countries and 38 percent of the annual live births, but it has 60 percent of all first-day deaths. When first-day deaths in the United States are compared to those in the 27 countries making up the European Union, the findings show that European Union countries, taken together, have 1 million more births each year (4.3 million vs. 5.3 million, respectively), but only about half as many first-day deaths as the United States (11,300 in the U.S. vs. 5,800 in EU member countries).

Canada and Switzerland have the second and third highest first-day death rates in the industrialized world, respectively. Switzerland has the highest share of newborn deaths that are first-day deaths found anywhere in the world: 71 percent of Swiss babies who die in their first month die on their first day.

Newborns in these three countries – the United States, Canada and Switzerland – are at least 4 times as likely to die on the day they are born as babies born in the lowest-mortality countries where first-day death rates are at or below 0.5 per 1,000 live births.

Across these industrialized countries, first-day deaths account for 30 percent of under-5 mortality. In Australia, Austria, Canada and the United States, the share is higher – more than 1 in 3 deaths to children under age 5 are to newborns on their first day of life. In Switzerland, it's closer to 1 in 2 (48 percent).

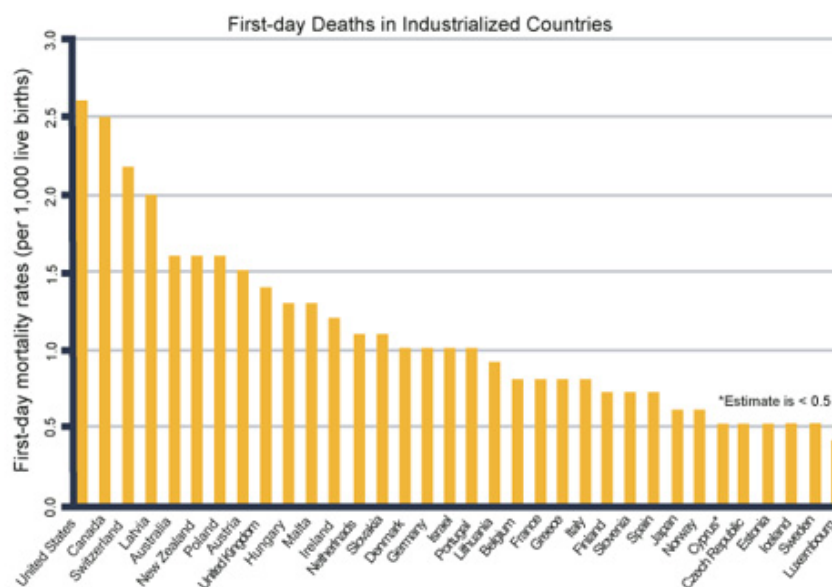


Figure 5 First-day deaths in industrialised countries.

Why does the United States have so many first-day deaths?

Many babies in the United States are born too early. The U.S. preterm birth rate (1 in 8 births) is one of the highest in the industrialized world (second only to

Cyprus). In fact, 130 countries from all across the world have lower preterm birth rates than the United States. The U.S. prematurity rate is twice that of Finland, Japan, Norway and Sweden. The United States has over half a million preterm births each year – the sixth largest number in the world (after India, China, Nigeria, Pakistan and Indonesia).

According to the latest estimates, complications of preterm birth are the direct cause of 35 percent of all newborn deaths in the U.S., making preterm birth the number one killer of newborns. Preterm birth is a major cause of death in most industrialized countries and is responsible for up to two-thirds of all newborn deaths in countries such as Iceland and Greece.

The United States also has the highest adolescent birth rate of any industrialized country. Teenage mothers in the U.S. tend to be poorer, less educated, and receive less prenatal care than older mothers. Because of these challenges, babies born to teen mothers are more likely to be low-birthweight and be born prematurely and to die in their first month. They are also more likely to suffer chronic medical conditions, do poorly in school, and give birth during their teen years (continuing the cycle of teen pregnancy).

Poverty, racism and stress are likely to be important contributing factors to first-day deaths in the United States and other industrialized countries. Current data do not allow for analysis of first-day death rates among disadvantaged groups in wealthy countries, but newborn and infant mortality are often higher among the poor and racial and ethnic minorities, and populations with high newborn mortality rates also tend to have high first-day death rates. Poor and minority groups also suffer higher burdens of prematurity and low birthweight which likely lead to first-day deaths in the U.S. and elsewhere. One recent analysis of U.S. data found that most of the higher infant mortality experienced by black and Puerto Rican infants compared with white infants was due to preterm-related causes. These groups are also less likely to receive the high-risk care they need, which puts their babies at even higher risk.

(Save the Children, 2013, pp. 56–9)

So, even in a wealthy and industrialised country such as the USA, where wide disparities of income, wealth, health and education exist, they are reflected in things such as high mortality rates among young children. Disadvantaged groups experience a greater number of pre-term births, low birth weight babies and births to teenage mothers. This, along with unequal access to medical care, leads to poor outcomes.

However, countries like the USA do actually possess social services and educational institutions and their hospital and community health services can respond to these problems.

2.3 Kangaroo mother care

You may have heard of ‘kangaroo care’. It’s a technique that has been used to reduce newborn deaths.

The Save the Children report, ‘State of the World’s Mothers 2013’, that you read from in the previous section, explores it’s use in the USA. You will read an extract from the report below.



Figure 6

What can be done to reduce first-day deaths in the United States and elsewhere in the industrialized world? Investments in education, health care and sexual health awareness for youth will help address some of the root causes. Wider use of family planning will also improve birth outcomes and reduce newborn deaths. In the United States, 49 percent of pregnancies are unplanned and these babies are at higher risk of death and disability. Efforts to improve women's health would also have a positive impact on survival rates of babies. High-quality care before, during and after pregnancy (including home visits by nurses or community health workers if appropriate) and access to the appropriate level of care at the time of delivery can result in healthier mothers giving birth to healthier babies. More research is needed to better understand the causes of prematurity in high-income settings and to develop better solutions to prevent preterm births.

Lessons without borders

In recent years, a number of solutions that were pioneered in developing countries have been gaining acceptance – and saving lives – in richer countries. For example: kangaroo mother care is now being used to improve newborn survival outcomes and support parent-child bonding; community health workers have been trained to reach marginalized communities where there are fewer doctors; and the emphasis on breastfeeding that started in developing countries has now begun to catch on in Australia, Canada, New Zealand, the United States and many European countries, with an increase in baby-friendly hospitals and the adoption of other efforts to encourage breastfeeding.

Kangaroo mother care (KMC) – also known as skin-to-skin contact – originated in low-income countries, but it provides high-quality, cost-effective care in high-income settings as well. Many developed countries are now taking KMC to scale and moving away from incubators and other invasive approaches. Countries where large percentages of neonatal intensive care units now routinely offer kangaroo mother care include: Denmark, Finland, Iceland, Japan, Norway, Sweden and the United States.

Community health workers have become significant providers of health care, not only in low-income countries, but in industrialized countries as well. The first prominent large-scale community health worker programs were in Latin America, Tanzania, Mozambique, Malawi and China as early as the 1960s. Since then, the model has been picked up in many high-income countries, driven by the need for mechanisms to deliver health care to culturally-distinct, marginalized, and/or minority communities and to support people with a wide range of health issues. In New Zealand, health workers from the Maori community deliver services to some of the most marginalized families

throughout the country. In Canada, the United Kingdom and the United States, community health workers in urban areas have been successful in increasing the number of women who initiate breastfeeding and exclusively breastfeed their babies. And in Ireland and the United States, they have increased the number of low-income children who are immunized.

(Save the Children, 2013, pp. 56–9)

Next, you will go on to look at the kinds of reproductive choices that exist and how these play a part in the lottery of birth.

3 What choices do individuals have?

Everyday, millions of individual decisions about reproduction, are made by women and men around the world.

They make decisions about whether or not to have children, whether to have another child, whether to delay having children, whether to use contraception or abortion, or more specifically whether to abort a girl child. These choices are shaped by many social, cultural, political and economic forces that may be present nationally and internationally at a particular time, but they are experienced by individuals who need to make decisions in their lives.



Figure 7 A health worker in Odisha, India gives advice on contraception to mother-of-two, Tuni, so she can plan the size of her family.

Intentions with regard to having children or how many children, will often be developed, and expressed, in relation to perceived societal norms and familial expectations. Over time, these intentions change according to changes in circumstances.

Haskey (2013) believes that there may be a deeper, more powerful explanation as to why people make the choices they do. For example, a desire for achievement might be linked to the higher social and economic status and higher education achievements of what some prefer to call 'childfree' women. Likewise, in more competitive and individualistic societies, there seems to be greater approval, for both men and women, of goals such as higher status employment or financial success, and the bearing and raising children can drift down personal agendas.

Clearly, to some extent, individual choices are also affected by external factors such as whether the country a woman is living in makes it easy or easier to combine employment and family life.

In Figure 8, you can see some of the choices made by women, and men, in different countries about whether to have children and how many children to have.

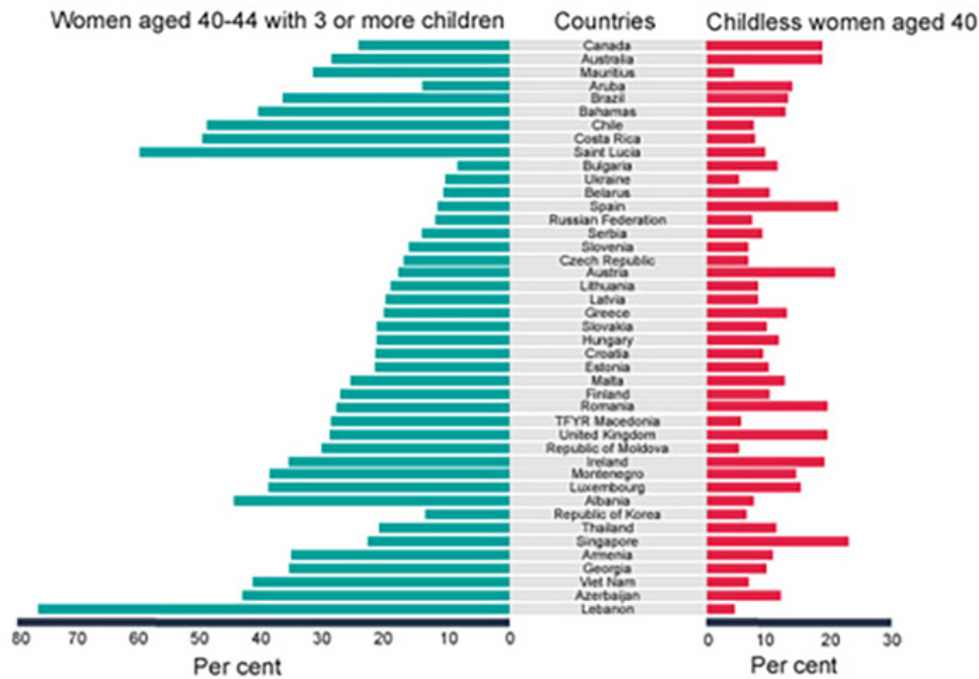


Figure 8 Percentage of women aged 40–44 who are childless or with three or more children, latest point available, low-fertility countries.

As the graph shows, almost all countries are at different stages of demographic transition. ‘Demographic transition’ is a model that describes changes in population structure as a result of the fall in birth and death rates that is observable right around the world. The video below helps to explain.

Video content is not available in this format.



Demographic transition begins with mortality rates – including child mortality rates – falling. Improvements to sanitation and agriculture as well as medical care and education

drive down rates of human mortality. Then women, and men, make the choice to raise a smaller number of children whose health and education needs can more easily be met. And as more girls survive and become educated, they too acquire choices other than early marriage and endless childbearing.

The differences between countries at different points on the demographic transition path can be illustrated by looking at two countries with similar population sizes. The table in Figure 9 below contrasts Germany and Ethiopia. They have very similar population sizes but drastically different birth and death rates:

	Germany	Ethiopia
Population, mid-2010	82m	85m
Population 2050 (projected)	72m	174m
Percent of population below age 15, mid-2010	14%	44%
Percent of population aged 65+ , mid-2010	20%	3%
Elderly support ration, 2010	3	17
Elderly support ration, 2050	2	11
Total fertility rate, 2010	1.3	5.4
Annual births, 2010	650,000	3.3m
Annual deaths, 2010	840,000	1m
Life expectancy at birth, 2010	80 years	55 years
Infant mortality rate, 2010	3.50%	50%
Annual infant deaths, 2010	2,250	250,00

Figure 9 Key demographic indicators for Germany and Ethiopia, 2010 and projected for 2050.

As you can see, there are some striking differences in the demographic projections of these two countries. May (2011) draws out some of the profoundly difficult decisions facing both of these countries.

A comparison of Germany and Ethiopia provides a stunning example of the current global demographic divide (see table above). On the one hand, persistently low fertility rates in many developed countries jeopardize the health and financial security of the elderly, as illustrated in the case of Germany. On the other, less developed countries and LDCs [Less developed countries] continue to experience rapid population growth, which exacerbate poverty and threaten the environment, as shown by the example of Ethiopia (Kent and Haub 2005). Although roughly similar with respect to their population size, Germany and Ethiopia have very different demographic regimes. More significantly still, the demographic outlook of the two countries will continue to diverge over the next decades. Germany will likely see its total population shrink by about 10m during the next 40 years, while Ethiopia's population will more than double over the same period, increasing from 85m to 174m. Age structures of the two countries are [...] strikingly different. Germany has three times less young people (i.e. below age 15) than Ethiopia. By 2050, Germany's elderly support ratio will drop to two persons for every German aged 65+. Conversely, Ethiopia has a huge 'youth burden' since almost half of its 2010 population is below age 15.

Other demographic indicators continue to highlight the different stages of demographic transition that Germany and Ethiopia have reached. Ethiopia still has high fertility at five children per woman on average, which fuels its rapid population growth. Germany's fertility, on the contrary, no longer ensures the replacement of generations, which will lead to depopulation. There are more deaths than births in Germany, leaving immigration as the only possibility to counter balance negative population growth. Finally, mortality conditions in Ethiopia are likely to improve: the gap in life expectancy at birth between the two countries is a whopping 25 years and there are more than 100 times more infant deaths in Ethiopia than in Germany.

The global demographic divide does challenge the convergence theory of demographic trends across the globe, which had been proposed by some demographers in the second half of the twentieth century, they based their analysis on the convergence that was observed over the past 50 years in health, wealth, and fertility and mortality trends, probably due to widespread economic and social development.

In fact, two major demographic trends have been observed in most recent decades. The first is the still ongoing decline of mortality, which may increase the natural rate of demographic growth, since more people survive. Nevertheless, mortality conditions have started to diverge, as some developed countries have experienced a worsening of their life expectancy at birth. The example of Russia comes to mind, where alcoholism disease and accidents explain past increases of adult mortality rates. The second trend is the slower than anticipated decline in fertility, particularly in the LDCs, but also in many other developing countries (Bremner, et al., 2010:2–3). Some countries, like Kenya have also experienced stalling fertility transitions (Bougaarts, 2006:3). Indeed fertility decline had been considerably uneven across the world, because fertility could have been less consistently linked to development than have other variables (Dorlet, 2004:534).

(May, 2012)

Millions of decisions made by individual women and men are contributing to these fundamental population shifts and the social and political changes being discussed in this course. For example, the unprecedented low fertility rate (fertility rate refers to the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age specific fertility rates) and longer life expectancy in some places, such as some parts of Europe and some parts of Asia, the still high but falling fertility rates in other places, such as some parts of Asia and Africa, continuing high infant mortality in some places such as parts of Africa and low birth rates (birth rate refers to number of live births per 1000 population per year), with a return to high mortality in others such as Russia.

4 Over population, under population

Population policies are those actions taken to prevent, delay or address misalignments between demographic changes and social, economic and political goals. Today, population issues are concerned with both expansion and stagnation. These concerns have featured in public conversation and public policy for some time. Invariably, both seem to be sources of anxiety and pessimism, with dire predictions about the lives of the upcoming generations within rapidly ageing societies, very low birth rates and high rates of international migration.

However, policies and predictions can get it wrong. For example, Paul Ehrlich, in his 1968 book *The Population Bomb*, predicted that millions would die of starvation in the 1970s and 1980s. What actually happened was what has been called the 'Green Revolution', a series of major changes to food production such as high yield cereals and use of pesticides, which led to a tripling of food production in the 1970s and 1980s.



Figure 10 Migration is a major global issue in the 21st century

The effects of changes in the balance of young and old people in a country, the interactions between countries (for example with regard to migration) and power differentials between countries give rise to some hugely important questions for most nations today.

For example, emerging population growth anxieties in the middle of the last century, led to some top-down targets for 'family planning'. By the 1960s and 1970s, the world's most populous countries, China and India, alarmed by the projected figures, resorted to coercion and decided to pursue aggressive population control measure (as you heard about earlier in the course). This is because in this century, as before, poverty still means that some parents see a large family as a rational economic strategy, while other parents still consider children as offering security for their old age. Not everyone believes that population growth is an impediment to economic growth and development or that population growth can't be adequately matched by the growth of the world economy.

However, by the 1980s and 1990s, there was a discernible shift to focus more on the individual when considering responses to population trends and predictions. By the time of the International Conference on Population and Development in Cairo in 1994, a global consensus was emerging that population objectives were more likely to be achieved if individual men and women's needs and rights were to be taken into account (May, 2012). By the time of the setting of the Millennium Development Goals, the emphasis was shifting to the empowerment of women, improving maternal and child mortality, improving girls' education and voluntary family planning (May, 2012).

Now in the 21st century, ongoing discussions of population policies – how to implement them and which policies are effective – are subject to change based on social, economic and political changes and in particular the main engines of socio-economic development: education, urbanisation and women's empowerment.

The UN summarises the contradictory trends over time in government population policies thus:

Government policies to influence fertility, whether to raise or lower it, have changed significantly since the ICPD in 1994. There is now far more concern about fertility levels, with more low-fertility countries expressing concern about and adopting policies to raise fertility and high-fertility countries doing the same to lower fertility.

For some countries, the change in policy came about due to a realisation of the impact of continued fertility levels at either the high or low extremes. In other countries, in particular the low-fertility countries that had very rapid fertility transitions, policies changed to accommodate a new demographic reality. While demography is not destiny, the implications of fertility levels at the extremes will continue to reflect and shape the well-being of individuals, families, countries and, ultimately, the world.

(UN World Fertility Report 2013, 2014)

Difficult choices need to be made about whether a country is willing, or able, to avoid what appear to be damaging outcomes of population trends. But, in this century, as countries will be wrestling with the serious social and economic and political issues related to population changes (such as migration, unequal access to modern contraception, and ageing populations), individuals will continue to make choices about whether to have children at all, when to have children and how many children to have. These choices may, or may not, be influenced by the population policies of the countries in which they live. Many demographers now believe that the demographic pattern will result in the world population stabilising by 2050 and perhaps even falling by the end of the century. . In the next section, you'll hear statistician Hans Rosling talk about the distribution of wealth and the growth of population.

4.1 Don't panic: the truth about population

The statistician Hans Rosling has some interesting ideas about population change and whether or not, we, or our children and grandchildren, have anything to be worried about. In the video below, Rosling discusses the distribution of wealth and the growth of population and asks some key questions about whether Africa can possibly respond to the forecasted growth in its population later this century.

Video content is not available in this format.



In the next section you'll consider Hans Rosling's views in more detail and consider whether you agree or disagree with him.

4.2 Thinking point: optimism or pessimism

Hans Rosling's opinions are quite controversial and there has been lots of debate over whether his figures and forecasts are valid. The next activity will give you an opportunity to reflect on his comments and consider your own views on population change.



Figure 11

Activity 1

Having listened to the views of Hans Rosling, what do you think?

- Do you agree that we don't actually have to worry about population growth?
- Why? Because of individual decisions people can and do make or because of the trends within the countries they live in – or both?
- How important do you think it is to simultaneously address other big issues such as gender inequality, inequality more widely, or perhaps there is something else that we should be more concerned about, such as climate change?

Write a paragraph explaining your views.

Provide your answer...

In the next section, you will think about choices in relation to reproduction.

5 Reproductive choices

Reproductive health, reproductive choices and reproductive rights (which have emerged as a goal since the International Conference on Population and Development in 1994) are important to individuals, but not everyone gets to choose.



Figure 12

Decisions about what people want for themselves and what they want for their children are set within broader contexts. Analysis of reproductive decision making is a particular challenge. Women (and men) consider childlessness, or decide to delay or widely space their children, in relation to economic factors, housing, employment and career choices, availability and cost of childcare, education, attitudes, individualism, gender roles, partnership history and cultural and societal attitudes and norms (Haskey, 2013). There are then also some women and men simply don't want children or just don't think they would make good parents. A complicated decision indeed.

The ways women and men think about and decide on having children constantly evolves. So, for example, in countries that have introduced old age pensions, they no longer have children in order to be cared for when they get old. Or where a family's well-being is no longer dependent on children as workers, parents no longer feel they have to replace children who die. Men and women have seized upon economic and social changes to renegotiate the boundaries between family expectations and self-fulfilment. Perhaps the biggest factor today is the transformation in the lives of girls and women whose educational and employment choices have been opened up by social change and birth control, with profound and irreversible effects on most societies.

In the next section, you will think about how some of those cultural and societal attitudes and norms might complicate decisions about having children.

5.1 Parents with disabilities

Laurence and Adele Clark are parents of two boys, Tom and Jamie. Both Laurence and Adele have cerebral palsy. They have made a documentary about their experiences as disabled parents.

In this video you can see Laurence and Adele (and Laurence's mother) in the early days at home with their second son, Jamie.

Video content is not available in this format.



Laurence and Adele are open about the additional challenges of being disabled parents but argue they 'aren't special', they just want to be able to experience one of life's great elements, being a parent, like everyone else.

Their decision to have children was not taken lightly but may, to some people, seem difficult to understand. You'll consider your feelings about Laurence and Adele in the following activity.

Activity 2

Think about your feelings and reactions to Laurence and Adele. Consider these questions and write your answers in the box below:

- What did you feel when you watched Laurence and Adele bathing and changing their new born son?
- Are the barriers to disabled parenting purely social?
- Should any barriers to disabled parenting exist?

Provide your answer...

In the next section, you will think further about the choices surrounding parenthood.

5.2 Choices about parenthood

One of the mistakes policy makers who wish to address low fertility issues probably make today is to assume that there are a range of obstacles to people having children, or to having more children, that can be altered through public policies.



Figure 13

This results in some population policies in some countries trying to address these assumed barriers such as balancing work and family life, economic support for the cost of raising children, or the provision of childcare. However, Gauthier (2013) found that the top reason identified for not wanting children (or more children) in the European countries they surveyed was none of these. Instead she uncovered a lack of confidence in the future of any children they might have.

Children can often be the repository of adults' anxieties about the future. This suggests a reason why family policies such as cash support for families with children, maternity and paternity leave, and the provision of childcare are of limited success when seeking to reverse falling birth rates.

The ability and inability to make choices, with regard to reproduction, still vary hugely around the world. In high fertility, high mortality countries, such as in sub-Saharan countries, health policy makers and international agencies address contrasting issues. Two of the key elements in the ability to make the choices that enable individuals to control their own lives are the availability of contraception and abortion. You'll consider these next.

5.3 Contraception and abortion worldwide

Forms of contraception and abortion have been used for thousands of years.

There is a long history of religions and states prohibiting either or both. Particular religions and many nation states have struggled to accept a fundamental shift in how men and women view sex that is contained within the availability of modern contraception. Now, in many parts of the world, contraception and abortion are provided within reproductive health services rather than debated as a moral decision.

Whilst almost every religion and society continues to deal with contraception and abortion controversies, a range of modern contraceptives are now available and safe abortion procedures are used by millions of women. However, as you will see in the maps below, both contraception choices and abortion rights remain dependent on where you live.

World contraception use

Nine out of every ten contraceptive users in the world rely on modern methods of contraception. But that still leaves 225 million women who are not able to choose to use modern contraceptive methods (UN, 2014). The map below shows the percentage of women using modern methods of contraception. You'll notice that the lowest levels occur in developing countries, mainly in Africa, and poorer countries of Eastern Europe.

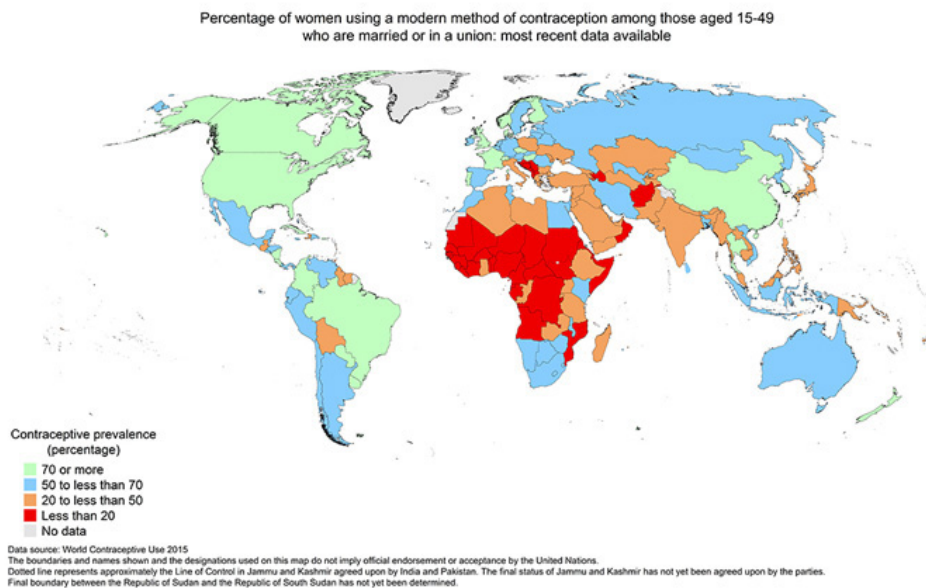


Figure 14 Percentage of women using a modern method of contraception among those aged 15–49 who are married or in a union: most recent data available.

Many women's needs for contraception are just not being met in some parts of the world. The percentage of women using a modern contraceptive method varies from as low as 4 per cent in South Sudan to 88 per cent in Norway. You may also have noticed that this data describes only women who are married or in a union. Women who are neither are likely to have unmet contraceptive needs that may in fact be higher than these collected and published figures.

The graph below shows countries by the percentage of women with unmet family planning needs. Unmet family planning needs are likely to describe access to contraceptives, but girls and women also need knowledge of what is available, information on how it works and an understanding of how to use it. You'll notice that countries with the highest levels are developing countries. In fact, one out of every five women with an unmet need for modern methods of contraception live in developing regions.

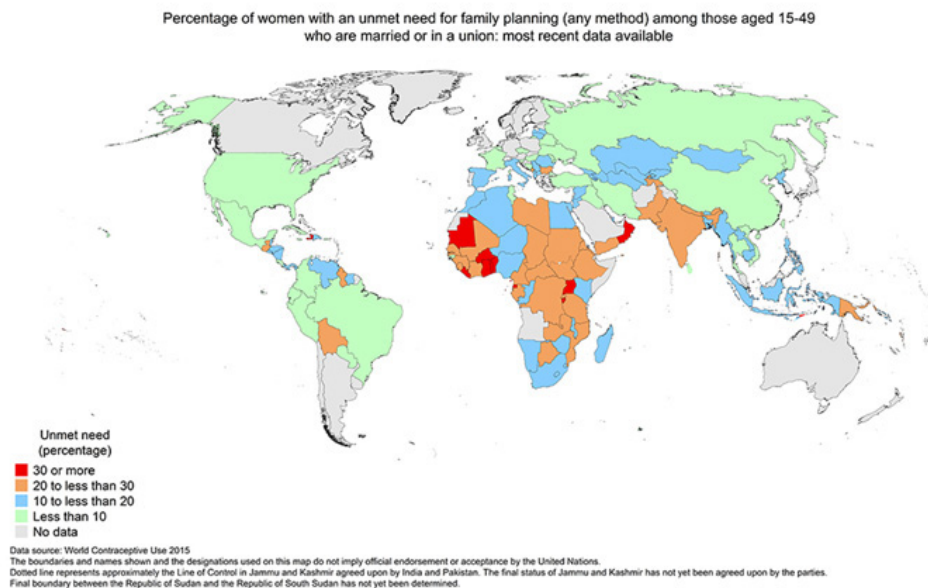


Figure 15 Percentage of women using a modern method of contraception among those aged 15–49 who are married or in a union: most recent data available. Source: World Contraceptive Use 2015

The final graph of this section shown below shows how funding for family planning programmes has changed between 2000 and 2010. It's encouraging to see funding increasing in developing countries, particularly as these are the same countries highlighted in the graph in Figure 15 where there were unmet needs.

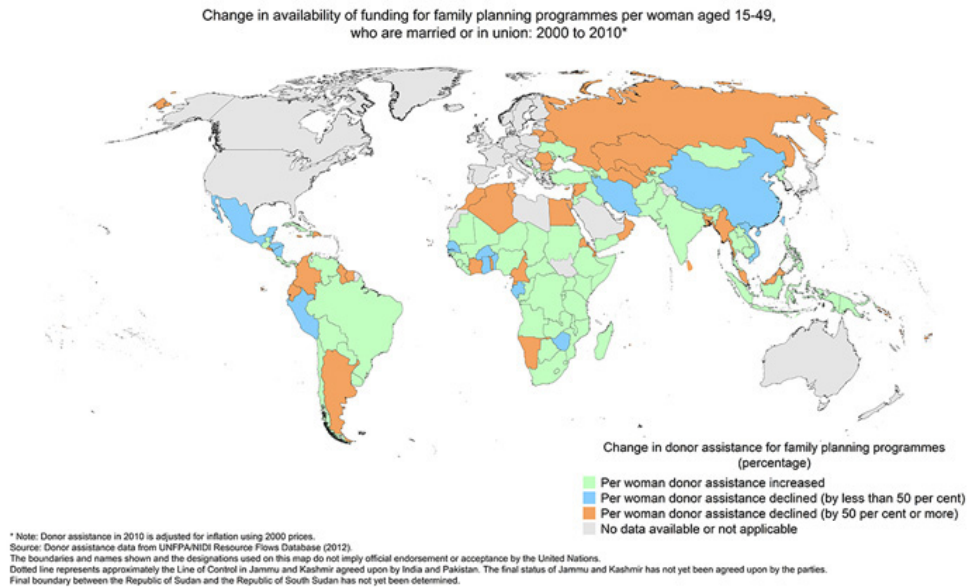


Figure 16 Change in availability of funding for family planning programmes per woman ages 15–49 who are married or in a union: most recent data available. . Source: World Contraceptive Use 2015.

So there remains a huge difference in people's ability to make decisions that affect their lives based on where they live. For example, despite being an emerging world power with a newly industrialised economy, Mexico has some of the strictest abortion laws in the world. Both the pro-choice and the anti-choice campaigners claim their argument is based on human rights..

In the next section, you'll consider the rights and responsibilities surrounding abortion in your country.

5.4 Thinking point: Abortion rights and responsibilities



Figure 17

Take a look at how your own country's abortion rights compare and contrast with that of others.

Activity 3

Explore the data at the Guardian site [Abortion rights around the world](#).

Then consider each of the questions below.

- Are you surprised at any statistics you see here?
- In your own part of the world, what is the history of abortion rights?
- Is there controversy about abortion in your country – by whom is it led?

Note down your thoughts on these questions.

Provide your answer...

In the next section, you'll move on to think about how countries respond to choices.

6 Pro-natalism and anti-natalism



Figure 18

So how do countries respond to choices made by individuals?

There are a range of ‘pro-natalist’ (encouraging and supporting of increasing the birth rate) or ‘anti-natalist’ (discouraging and unsupportive of increasing the birth rate) approaches. Some countries, such as Sweden are pro-natalist and aim to demonstrate that social changes, which have resulted in their very high levels of female employment, are not incompatible with birth rates above the European average. Other countries, such as Russia, adopt pro-natalist policies to address low fertility rates, high mortality rates and stagnant immigration that has resulted in a shrinking population.

In the world’s biggest economy, the US, there is a more neutral approach as it has a relatively robust fertility rate and, as it is a country still immigration friendly, it is likely to avoid the low fertility and aging issues now unfolding in Europe (more in Week 4).

In contrast a few decades ago, China and India decided to pursue aggressive anti-natalist population control measures in response to projected population growth.

In the next section, you will hear about the reasons behind China’s one child anti-natalist policies.

6.1 Anti-natalist policies

China has probably the most famous anti-natalist policy in their one child policy introduced in the 1970s.

The policy was created after Chairman Mao had encouraged people to have lots of children to increase the country’s workforce. The population doubled from 1949 to 1979. This increase outstripped China’s supply of food and there was a famine in 1958–1960 in which 20–48 million died. Drastic measures were believed to be needed and this led to the formation of the one child policy which became law in 1979 and was abolished in 2015.



Figure 19 A Chinese poster asking citizens to ‘Carry out family planning – implement the basic national policy’.

Birth policy in China now allows married couples to have two children but it will still be tightly controlled by the issuing of 'birth permits' to eligible couples, fines known as 'social compensation fees' if you have more than two children, and significant difficulties for any additional children who have to struggle through life without a birth registration document. However, it is possible that only children will have now become the norm with surveys showing that couples now believe the ideal number of children is one (Zheng, 2013). Frequently expressed anxiety concerning psychological damage to only children have failed to materialise as lone children have appeared to thrive (Falbo and Polit cited in Buchanan and Rotkirch, 2013). But China must now face up to the consequences of this policy that has resulted in an alarmingly unbalanced population with respect to gender, and a predicted 200 million old people with little social support in place.

In the next section, you will read about the gender imbalance that has been a result of policies to control population.

6.2 The missing girls



Figure 20

Population policies such as the one child policy in China have far reaching consequences. This extract provides description and analysis of some of the very troubling outcomes of population policies that are facing several countries.

In several countries, the preference for a son over a daughter has created the 'missing' girls phenomenon. At least 100 million newborn infant girls have disappeared or have not been born. In some societies, especially when reproductive decisions are constrained, preferences for a male baby are so strong that female fetuses may be aborted and baby girls killed or neglected. Apart from being a gross violation of human rights, this type of gender-selection also has many social and economic repercussions. The normal sex ratio at birth is around 105 boys for every 100 girls. However, societies' and families' preferences for a son rather than a daughter have grossly distorted the natural ratio. 'In China and Northern India more than 120 boys are being born for every 100 girls' (The Economist 2010: 13). In China in the late 1980s, there were 108 boys for every 100 girls. In the 2000s, this ratio increased to 124 boys for every 100 girls. In several Chinese provinces, the ratio has even reached 130–100.

Gender imbalance among newborns is a serious demographic problem facing China's 1.3 billion people. For years, China's One-Child Policy has been blamed for the imbalance. The Chinese population policy may have indirectly led to gender-selection abortion, female infanticide, and/or female infant neglect because parents were forced to have only one child and wanted strongly to have one son for socioeconomic and cultural reasons. Ironically, it was the wide availability of ultrasound machines (spread all over the country to

make sure women had their IUD in place) that made gender-selection abortions possible on such a large scale.

Preference for male children is also widespread in India, Taiwan, Singapore, the Balkans, and even in parts of America's population (e.g., among Chinese and Japanese Americans). In these countries, it afflicts the poor and the rich, the educated and the illiterate, and people of all religions. However, in China, it is more acute in rural than urban areas. This suggests there is more to the story of 'missing' girls than simply policy. In fact, 'the destruction of baby girls is a product of three forces: the ancient preference for sons; a modern desire for smaller families; and ultrasound scanning and other technologies that identify the sex of the fetus' (The Economist 2010: 13). The desire to have a smaller family often means that unborn daughters will be sacrificed in pursuit of a son.

It should be noted that the ratio of male to female babies increases as income and education increase. This finding debunks the myth that 'backward thinking' is responsible for the sex ratio imbalance. It suggests that the spread of foetal-imaging technology may be a main cause instead. Richer, well-educated families tend to have smaller families, and their preference for a son exerts greater pressure on the family to have a boy (The Economist 2010: 79). Again, the case of China might be different because of coercive policies.

The sex ratio imbalance has many other negative consequences for society (Attané 2010: 201–209). One of these is a shortage of brides. In 2010, the Chinese Academy of Social Sciences (CASS) has found that if the trend of not valuing baby girls continues, then within 10 years one-fifth of men would be incapable of finding a bride (The Economist 2010: 77). According to the CASS, China will have by 2020 30m to 40m more men aged 19 and below than women. To put this statistic in perspective, there are 23m men below the age of 20 in Germany, France, and Britain combined.

Another consequence of the sex ratio imbalance is increased violence (Hvistendahl 2011: 225). 'In any country rootless young males spell trouble; in Asian societies where marriage and children are the recognized routes into society, single men are almost like outlaws' (The Economist 2010: 13). New research has focused on the plight of these young men deprived from the joys of marrying and parenting. Crime rates, bride trafficking, sexual violence, even suicide rates are all on the rise as the sex ratio becomes more lopsided. The increase in the sex ratio in China accounted for about one-seventh of the rise in crime, and similar results have been found in India (The Economist 2010: 79).

South Korea seems to be the only country that used to have a very high sex-ratio, similar to that of China's, which has made some radical improvements. South Korea's sex ratio, although still high, is now getting closer to normal, and this has been attributed to a change in the culture, an emphasis on female education, anti-discrimination suits, and equal-rights rulings eliminating the need for old fashioned preference for a son (Chung and Das Gupta 2007: 778). China and India may experience reductions in son preference even before these countries become as developed as South Korea. These countries have put in place strong public policies addressing gender inequality, which will trigger the shift away from a focus on son preference. Also, they are well underway in industrialization and urbanization, two other key factors that have aided South Korea in its transition (Das Gupta et al. 2009: 413).

(May, 2012, pp. 261–2)

In the next section, you will move on to think about pro-natalism.

Jamaica death toll rises; gang boss eludes police
 storms
 Sept. 11
 Apartment destroyed by fire in tragedy
 A tsunami
 bug spray likely killed infant
 Explosion kills 5 at Conn. plant
 Aftershocks hit Chile
 Bombing train kills one, hurts one
 way blaze
 Assassination
 heroin crisis
 100,000 still in dark a day after storms
 loads flood
 TACK
 miners trapped
 Quake Chile
 City hit with most snow
 Deadly fire
 lost in fire
 Fire ravages church
 Fire ravages church
 Girl, 7, shot in head
 2 teens questioned
 Greektown restaurant burns
 54 SHOT
 VIOLENCE
 35,500 customers still without power
 flood victim found
 storm
 anxiety
 2 died for \$5
 tragedy
 fatal
 death
 Earthquakes shake up mood
 Survivors family mood
 blaze round of storm
 STORM
 survivors life's hard

Pro-natalism also acts at an individual level and can be seen at work through behavioural genetics meaning that most adults will wish to have children.

Social institutions and social norms also mean that there are often expectations of both men and women that they will become mothers and fathers. And frequently adults will choose to become parents as it gives, they say, a sense of meaning or order in life.

However, as we have seen, there certainly exists a prevailing trend around the world that when people can make the choice, they choose to have fewer children and some will choose not to have children at all. Could the 'risk-averse society' provide some understanding of the fertility patterns that have emerged in Europe and that are also emerging worldwide?

The German sociologist Ulrich Beck's influential book *Risk Society: Towards a New Modernity* (1992) identified an element of modern life which has resonated with many. Beck argued that most people develop an awareness of the world as a highly unpredictable place. The world seems to contain serious issues to worry about, such as terrorism, global warming and the modernisation process itself. These issues are both beyond an individual's control and are likely to have disastrous consequences. Experts seem to be as much in the dark as everyone else and our media frequently amplifies both the disasters and horrors that occur and those that might occur.

Perhaps, so many are choosing one child, or childlessness, because we are living in a 'risk society'. Childbearing raises the stakes of domestic partnerships and makes major demands on the time and resources of both women and men. So, low fertility is the result, perhaps, not of adults having more options in life and choosing to keep more options open, but, about choosing to take fewer risks.

Risk aversion may be why we see the deterioration of some key institutions such as marriage and of some key concepts such as the importance of creating one family to follow another, with 'the family' as a haven from a heartless world.

In the next section, you will consider how nations can try to influence parental choice in very direct, but benign ways.

6.4 Pro-natalist support for parents and babies



Figure 22 Infant sleeping in a Finnish baby box that doubles as a crib.

Many countries are troubled by low birth rates and by the ‘lottery of birth’ experienced by children.

A shrinking population, an unusually high infant mortality rate or a decline in social mobility are all things that can reflect badly on a country.

Many countries have developed a range of economic, social and medical support and interventions for families at the time of childbirth. Is your country one of them? There is a huge variation in support for families around the world, from basic medical care through to cash, maternity and/or paternity leave, and free childcare.

One example, which you might have heard about via social media, is the Finnish baby boxes. Finnish mothers receive a large cardboard box from the government. It contains clothes, outdoor gear, bathing product, nappies, bedding and a mattress. The box then becomes the baby’s first crib. The boxes were introduced in the 1930s to give every Finnish baby the same start in life and to address the high infant mortality rate. Read the BBC article [Why Finnish babies sleep in cardboard boxes](#) to find out more.

Other countries have followed suit. Scotland now provides every baby born there with a box of clothes, bedding and other useful things for a newborn.

In the next section, you will consider what happens in your country.

6.5 Thinking point: State support where you live



Figure 23 Some countries provide mother and baby bonding activities, such as swimming lessons.

You've heard about the support offered to mothers in Finland (and Scotland). Now it's time to consider what happens where you live.

Activity 4

If you don't already know what support is offered for new babies in your country, do some research and find out. Consider these questions:

- What is provided for parents around the time of pregnancy and birth and the first year of a baby's life where you live?
- Is state support for parents when a child is born a recent development or has this become one of your country's deeply rooted traditions like the Finnish example you just read about?
- If it's comparatively new, is this connected with concerns about population anxieties or some other kind of social change such as a change to women's lives?
- If it's not new, why do you think your country responded to the needs of families in this way?

Make notes on your findings.

Provide your answer...

In the next section, you will move on to consider what makes a good parent.

7 Getting a 'good parent' in the lottery of birth

What is seen as good parenting and the responsibilities of parents differs around the world, but the idea that structural inequalities that affect children may be offset by a particular kind of parenting is a deep seated and pervasive idea.



Figure 24

Family policy often revolves around the concept of a 'good' and effective parent. However, in her book *Parenting, Family Policy and Children's Well-Being in an Unequal Society*, Dimitra Hartas (2014) makes some interesting observations about the ways in which parents and the state negotiate roles and responsibilities in unequal societies.

The making of the 'good' parent in late modernity

The obsession with effectiveness and efficiency as key organising principles of late modernity is felt in almost every domain in life, including parenting. Parents are expected to engage with the task of child rearing effectively and, in so doing, are encouraged to acquire parenting skills.

Within the family policy, narrow and prescribed views of an optimal child and a good and effective parent are based on the rationalisation of everyday life whereas the professionals' expertise has eclipsed individual parents' judgement. The state has become prescriptive about a parent-child interactions, considering child management, monitoring and control as indicators of effective parenting. Parents are expected to manage, monitor and control their children

and to engage in specific activities with them that are deemed to be effective in creating responsible future citizens.

As such, parenthood is normalised as a formulaic a process that can be broken down into a series of prescriptive steps towards good parenthood, achieved through advice from parenting experts. For parents who do not abide by this orthodoxy and do not comply with the policy demands to mould their children's lives (to fit the market), their effectiveness is questioned.

Original research by Baumrind (1967) in the United States produce three categories of parenting, namely 'authoritative', 'authoritarian', and 'permissive'. Subsequent studies have proposed further categorisation, for example 'traditional', 'intelligent' and 'indifferent' (Maccoby and Martin 1983), and 'intrusive' and 'inconsistent' parenting (Feinstein et al. 2008). Policy-endorsed norms for parenting appear to favour authoritarian or intrusive types of parenting (Churchill and Clarke, 2010) in that the ideal parent is one who monitors and controls their children, whereas the duty to assist them in developing as morally competent agents has become increasingly marginalised.

Parenting is deemed successful or not and its evaluation relies on policy-endorsed criteria of good parenting backed by the parenting 'science'. This, however, raises important ethical and philosophical questions about the implications of reducing complex relationships, affective experiences, social interaction and moral dilemmas into a checklist. Despite parents being seen as omnipotent, as Judith Suissa argues, 'parenting has become not so much expanded and impoverished' (2006: 32). Increasingly, children's and parents' social and Civic spaces, crucial for developing autonomy and moral judgement, are shrinking. The policy focus on the parental governance has restricted parents diverse possibilities because parents operate within communities, such as families and schools and neighbourhoods, within which they can easily become invisible because their voices do not challenge the boundaries of these spaces (Rose, 1999a). What some children lack, especially disadvantaged children, is accessing public spaces and interacting with adults who are in a position to exercise adult authority.

However, the type of parenting that is considered effective in family policy is about social control, and relating to children through control and monitoring is a troubling prospect. Further, current policy advocates conception of parenting of human and financial capital maximises whose parenting practices should lead to a predetermined outcomes, rather than a parent who rewards and punishes children in an attempt to cultivate certain mores and codes of behaviour, congruent with their family and community values. Children as future investments and the parental capacity to operate with in the market have become proxy indicators of how well the task of parenting is accomplished: market logic and values have replaced nurturing.

As such, a good parent is a learning parent and entrepreneur against whom good and effective parenting is measured: a specific life plan is promoted with clear consequences if the plan is not followed. This explains the high levels of parental anxiety and child and happiness in the 21st-century Britain as identified in the 2007 UNICEF report.

The notion of 'good' parenting has a judgement value that is hard to define, becoming a platform for the projection of various meanings to fit various agendas. The emphasis on parenting in family policy is justified through invocations of research evidence, neuroscience mainly, to objectify the role of parent in raising children and maximising opportunities for social advancement and social mobility. As such, good parenting is through to compensate for social and economic disadvantage.

New Labour's and the coalition government's stance of what the parents do and not who they are matters, has introduced a new moral code, especially considering that such a statement has lately been articulated by David Cameron and Nick Clegg whose developmental and professional trajectories, life chances and opportunities of social advancement were the result of who their parents were in terms of their capacity to access and use resources and networks and offer a privileged upbringing to them. Such attempts to diminish the impact of privilege and deny role of social class in defining young people's life chances invoke a new morality in the political discourses about poverty and child rearing, one that does not engage with the societal and economic constraints and affordances in people's lives. Furthermore, the view that what parents do makes all the difference in children's lives invokes hubris and has negative implications for cultural understandings of parenthood and childhood.

A state-endorsed view of the 'good' parent has corrosive effects on parents' confidence. The economic calculations coupled with a lack of confidence that some parents may have in their parenting can be disempowering. Conceptions of parenting as another proximal factor are reductionist in that they imply that the emotional and intellectual exchanges and experiences between children and parents can be reduced into a set of variables whose effect on child well being can be calculated and approximately remodelled. 'Good' parenting is regarded as a question of technique instead of being fundamentally about quality of relationships and affective experiences between parents and children. Parenting is not a set of skills but an object of care [...].

Raising children is not a practical problem that requires technical or managerial solutions, panic driven in most cases, about how to make parenting effective. Increasingly, parents are under pressure from family gurus and educational institutions (e.g. schools) to offer concerted cultivation to their children. However, good parenting is not about moulding children to an image of a child with a competitive edge but about the richness of relationships with others. As Sandel argues, children's qualities are unpredictable and influenced by many factors, and parents alone cannot be held wholly responsible for the kind of children they have. Child rearing is an invitation to many possibilities, an 'openness to the unbidden' (Sandel 2004).

(Hartas, 2014)

In the next section, you will review the week's learning.

8 Summary of Week 2



Figure 25 A mother and her newborn child, beneficiaries of a UK-funded maternal health and family planning programme in Orissa, one India's poorest states.

This week you have looked over the politics, ideas and history that have shaped the lottery of birth in the past and in the present.

You have also looked at how parental choices are made by individuals within the wider political, social and cultural contexts that shape their lives. Nation states, both pro-natalist and anti-natalist, will continue to influence birth choices and outcomes and influence the lottery of birth for good or ill.

In Week 3 you will consider what is being done worldwide to address birth inequalities. Equality is our ideal but people are still born, live and die in radical inequality. We look at progress made and changes underway, particularly in the lives of girls and women around the world.

Week 3: The lottery of birth – a good time to be born?

Introduction



Figure 1

Children occupy a position at the heart of every society so every nation state is wise to take a close interest in the children being born.

The ideal of a safe birth, set within women's reproductive health choices is endlessly challenged by political, demographic and economic upheavals. Internally too, families are subject to change driven by new ideas, values and beliefs.

Global struggles to combine economic efficiency, social justice and personal liberty are dogged by the deeply rooted, perennial issues of unequal access to resources (rich countries versus poor countries) and unequal distribution of power and influence. As you have seen in this course so far, the survival, health and well-being of all childbearing women and their babies still varies hugely.

There does, however, remain a common compulsion to try to protect the youngest and most vulnerable from conflict, poverty, neglect and disease and give as many children as possible a fair chance in life. As has been discussed throughout this course so far, this involves working at the macro level – specifically addressing global and national patterns of income, health and wealth – and at the micro level, in day to day decisions made by individuals, their families and communities.

This week you will again be looking at both the macro and micro levels as you look at the lottery of birth.

1 Is global inequality rising or falling?

Listen to the audio below which opens with a few lines from the former US President Barack Obama. Here he reflects an understanding, held by many, that there is real progress around the world, and that this is, in fact, a good time to be born.

The discussion that then follows involves two academics discussing whether global inequality is rising.

Audio content is not available in this format.

So, the answer to the question: Is global inequality rising? depends on how you look at it. The first thing to remember is that huge global income inequality still exists (one of the contributors mentions that the eight richest people in the world are wealthier than 40% of the world's population combined), but it has decreased. This is largely because of the remarkable rise of income levels in China in the last 30 years or so.

The second key point to consider is that income inequality should perhaps not be the thing that is focused on; infant mortality and maternal mortality have reduced and life expectancy has steadily improved.

Now listen to the rest of the clip in which the discussion moves on first to consider the idea of China as an 'outlier' and the pros and cons of excluding the country from statistics, and then to the definition of 'absolute poverty' and whether this also distorts the global picture.

Audio content is not available in this format.

As an issue of such importance to everyone, poverty and inequality are, as here, continually debated and challenged.

You will now look at the successors to the Millenium Development Goals next.

1.1 Sustainable development goals

In 2015, the United Nations Sustainable Development Goals were launched in New York. These aim to build upon the successes of the Millennium Development Goals and to complete what they had left unfinished. The new goals were as ambitious as the previous ones:

We resolve, between now and 2030, to end poverty and hunger everywhere; to combat inequalities within and among countries; to build peaceful, just and inclusive societies; to protect human rights and promote gender equality and the empowerment of women and girls; and to ensure the lasting protection of the planet and its natural resources. We resolve also to create conditions for sustainable, inclusive and sustained economic growth, shared prosperity and decent work for all, taking into account different levels of national development and capacities.

(United Nations, no date)

You can see all 17 of the Sustainable Development Goals (SDG) in the slideshow below. .

Interactive content is not available in this format.

Slideshow 1

As with their predecessors, the Millennium Development Goals, the Sustainable Development Goals will receive a great deal of national and international resources over the next few years. They have the potential to improve the lives of many millions of people. Look in more detail at the statistics given of any of these SDG that you are particularly interested in and that are particularly relevant to the lottery of birth theme. As you read, also consider how these goals are linked. For example, if you are particularly interested in the impact of the SDGs on children and young people you might choose to focus on:

Goal 3 Ensure healthy lives and promote wellbeing for all at all ages

or

Goal 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

or if you want to learn more about the SDG that specifically focuses on inequality you might choose:

Goal 10 Reduce inequality within and among countries.

Now, if you haven't already, look at the SDG regarding gender equality – a topic you will be focusing on more this week. The data in the link below highlights the distance still to be travelled towards these goals.

[Snapshot of gender equality across the Sustainability Development Goals](#)

You'll now look at the issue of the registration of births.

1.2 A 'passport to protection'

In many parts of the world a system to formally recognise that a woman has given birth is not yet in place.

UNICEF promotes registration for every child as it establishes the existence of the child under law and provides the foundation for safeguarding many of the child's civil, political, economic, social and cultural rights.

The collection of accurate data and the presentation of reliable statistics are also vital for the development of services (such as health and education) and for the monitoring of inequalities, such as gender inequality. The following video explains the importance of a birth certificate in more detail.

Video content is not available in this format.



In the next section you'll consider in more detail the importance of birth registration when seeking to address the lottery of birth.

1.3 230 million invisible children

It is difficult to overemphasise the importance of birth registration as UNICEF made clear in the video in the previous section. It is the gateway to each child's rights. Figure 3 illustrates the wide variation in birth registrations around the world.

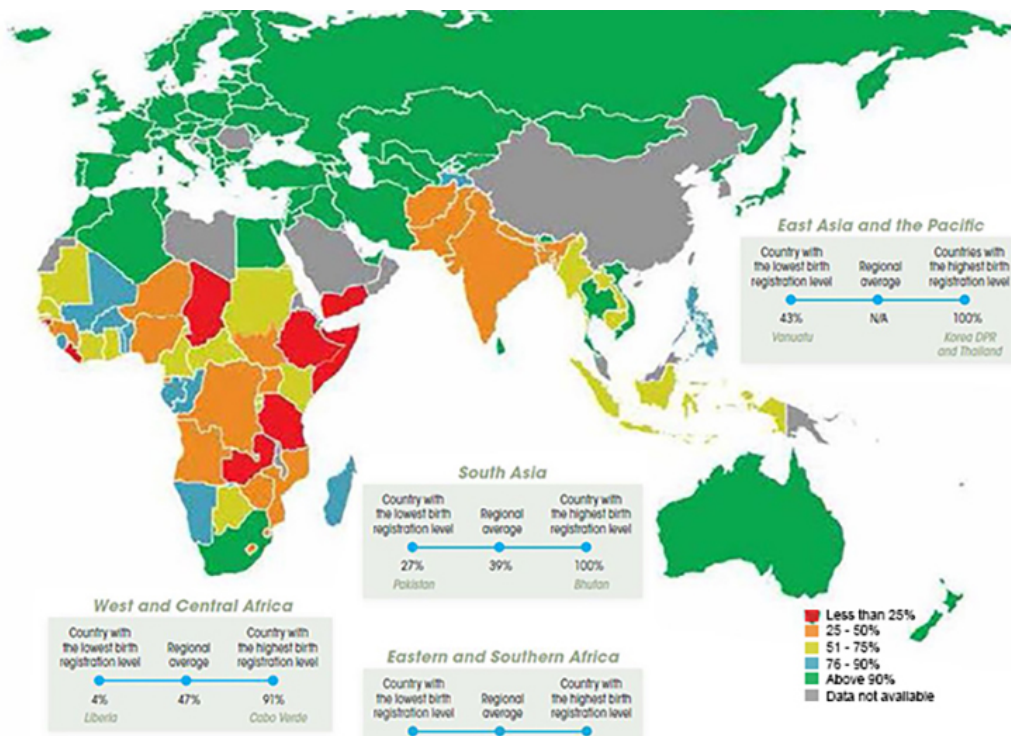


Figure 2 The lowest birth registration levels are found in sub-Saharan Africa

Children's rights, as named in the United Nations Convention on the Rights of the Child (referred to below), are essential to protect and provide for children and to ensure their rights to participation. Building on children's rights to protection, provision and participation has to be a vital element when seeking to address the lottery of birth.

Read an extract from the UNICEF report 'Every child's birth right: inequalities and trends in birth registration' below.

Birth registration, the official recording of a child's birth by the government, establishes the existence of the child under law and provides the foundation for safeguarding many of the child's civil, political, economic, social and cultural rights. Article 7 of the Convention on the Rights of the Child specifies that every child has the right to be registered at birth without any discrimination.

Nevertheless, the births of nearly 230 million children under the age of five worldwide have never been officially recorded. Asia is home to more than half of these children.

Apart from being the first legal acknowledgement of a child's existence, birth registration is central to ensuring that children are counted and have access to basic services such as health, social security and education. Knowing the age of a child is central to protecting them from child labour, being arrested and treated as adults in the justice system, forcible conscription in armed forces, child marriage, trafficking and sexual exploitation. A birth certificate as proof of birth can support the traceability of unaccompanied and separated children and promote safe migration. In effect, birth registration is their 'passport to protection.' Despite the importance of obtaining official and documented proof of registration, around 290 million children (or 45 per cent of all children under age five worldwide), do not possess a birth certificate. Universal birth registration is one of the most powerful instruments to ensuring equity over a broad scope of services and interventions for children.

(UNICEF, 2013)

Unicef have provided a review of the sustainable development goals from a child rights perspective, 'A post-2015 World Fit for Children'. The child right's perspective is key to addressing the lottery of birth. Read an extract from the review below.

Never before has there been an articulation of all aspects of sustainable development – the social, the economic and the environmental – together in one place.

Crucial issues for children have been captured across the goals and targets: the strengths of the MDGs have been enhanced, and several areas where the MDGs were silent – including reducing inequality, ending violence against children and combating child poverty – are now recognized and addressed. Right from the introductory text, children youth and future generations are referenced as central to sustainable development.

This year, as we celebrate the 25th anniversary of the Convention on the Rights of the Child (CRC), the review examines the **critical goals and targets for children proposed by the OWG [Open Working Group] that must be maintained in the final SDGs** and highlights areas that could be further reinforced.

As important as the goals, targets and indicators themselves is the **world's shared vision of the future we want**. It is a world that is safer and cleaner, where all people live free from fear and want, where all people are healthy, well-educated and treated equally and with dignity. It is a world where they have hope. The fundamental building block for achieving that future is an investment in the rights of all children, in every place in the world – regardless of the child's gender, ethnicity, race, economic, disability or other status. If we do not make this investment, the future will not only be unsustainable, it will be bleak. When a child is not healthy, is chronically malnourished, does not receive a quality education, does not feel safe in his or her home, school or community, or lacks the opportunity to have his or her voice heard, this child will not be best equipped to fulfil his or her full potential. That not only denies the individual child his or her rights, but also deprives the entire human family of the intellectual, social, moral and economic benefits that derive from the fulfilment of these rights. The future will be filled with both great opportunities and immense challenges. Children must be able to harness those opportunities and face those challenges. At the heart of these goals are future generations – today's and tomorrow's children.

(UNICEF, 2015)

In the next section, you will shift your focus to find out more about a particular element of the Sustainable Development Goal that focuses on climate change, believed by many to be the most worrying part of growing up in the early 21st century.

1.4 Thinking point: Activism

When you looked at the Sustainable Development Goals earlier in the week, there were some startling statistics about the looming climate catastrophe. As a result, some may say that this is a really awful time to be born.



Figure 3 Greta Thunberg

Take a look at the goals listed below in this link:

<https://unstats.un.org/sdgs/report/2019/storymap/>

Look at the goals addressing climate change, specifically Goals 13, 14 and 15. Climate change is now at the top of the global agenda.

- Goal 13 Climate action
- Goal 14 Below water
- Goal 15 Life on land

Certainly, the eyes of world are now being drawn to climate change as never before because of a series of climate scientists' reports and climate emergency activists. In 2016,

Greta Thunberg, a climate change activist, appeared on the world stage. Her speeches have contributed to a global youth movement, challenging world leaders to declare a climate crisis and act to implement a radical and extensive series of changes to avert it. However, many national leaders remain unconvinced that they need to drastically remodel their economies or abandon a constant drive for economic growth. It is this drive for economic growth which also raises climate change as an inequality issue because countries with more wealth will be provided with many more options to tackle the situation compared to poorer countries.

In the following activity you'll consider the extent to which there is an urgent debate about meeting the Climate Change Sustainable Development Goals where you live and what part children and young people are playing.

Activity 1

Take ten minutes to find out about whether your country, or a country that you are interested in, is playing a part in the Climate Change youth movement.

Using your preferred search engine, search 'Climate Emergency' along with the particular country you have chosen and select items from the past year.

As you find articles, consider these questions:

- What kind of people are at the forefront of climate change activism?
- Are children and young people in your country (or the one you have chosen to focus on) involved in climate change activism?
- Should children and young people be more involved in your opinion? Why or why not?
- Is the issue of climate change rising up the political agenda where you live and what evidence do you have for that? Note down your findings.

As an example, this is some of the media coverage of youth activism in the U.K.

<https://www.bbc.co.uk/news/world-europe-49918719>

Provide your answer...

As mentioned before, climate change too is an inequality issue, with some countries being able to take action to protect themselves and other countries finding themselves in the front line as the consequences of climate change begin to have an impact.

In the next section you will return to considering the issue of gender equality.

2 Changing lives of girls and women

Being born female, or male, is as significant in the 21st century as previous centuries. In this next part of this course you will be focusing on the ways gender inequalities shape lives and how the empowerment of girls and women is vital for everyone's future.



Figure 4

The lottery of birth is about inequality, of the circumstances in which you are born, of the circumstances in which you give birth, and of the consequences of both of these for your life chances.

It is possible to understand these unequal circumstances and their unequal consequences both at the level of whole populations and in terms of individual experience. Throughout this course, you will have noticed policies, cultures and practices that have a profound influence on gender. For example, you saw last week that a combination of anti-natalist policy and greater use of scanning technology has led to a higher percentage of female foetuses than male foetuses aborted in China with troubling consequences for Chinese women and men.

At a global level, social, economic and political changes affect the construction of gender and gender relations. While laws and policies can be created to value girls and women, it is also as much about everyday relationships between the sexes and changing attitudes towards girls and women.

In the next section, you will hear about how the lives of girls are changing.

2.1 The changing lives of girls

The statistician Hans Rosling has some interesting and controversial ideas about the changes to the world population that are happening now and about those projected, by some, for our future.

World fertility levels have dropped from an average of 5.0 in 1963 to an average of 2.5 in 2013. In most places around the world two children families are becoming the norm. In the following video Rosling follows Tanjina, a 15-year-old school girl in Bangladesh, whose family – the Khan's – are responding to the changes related to population and gender. You will see how this can be highly advantageous to girls and women.

Video content is not available in this format.



Today, men and women are making reproductive choices not just on fiscal circumstances (their own and what the state is prepared to offer) but on changes to women's lives (in terms of employment) and men's lives (in terms of their involvement in parenting), and the availability of employment to both genders. As this video makes clear, many parents, as they have always done, project upon their children their hopes for their future and that of their country.

This section showed how the lives of girls have improved, however next you'll consider the ways the lives of girls have not changed.

2.2 The unchanging lives of girls

Hearing about the Khan family in the previous section was a good illustration of how some girls' lives have changed very much for the better.

But however good, and important, it is to read that inequality (here it is gender inequality) is being successfully targeted and that health, education, employment prospects, political power, safety and general well-being is improving for many girls and women around the

world, it is crucial to keep in mind that change, even significant change, is diffused and unevenly spread across and within countries.



Figure 5 A six month old baby girl, suffering from cerebral palsy, who was abandoned by her mother at a supermarket on 3 July 2012 in Nanjing, Jiangsu, China.

In 2010 *The Economist* reported on a ‘worldwide war on baby girls’. You will remember this issue from last week. Read the extract below from Xinran Xue a Chinese writer who describes visiting a peasant family in the Yimeng area of Shandong province where a woman was giving birth.

“We had scarcely sat down in the kitchen”, she writes, “when we heard a moan of pain from the bedroom next door...The cries from the inner room grew louder—and abruptly stopped. There was a low sob, and then a man’s gruff voice said accusingly: ‘Useless thing!’

“Suddenly, I thought I heard a slight movement in the slops pail behind me,” Miss Xinran remembers. “To my absolute horror, I saw a tiny foot poking out of the pail. The midwife must have dropped that tiny baby alive into the slops pail! I nearly threw myself at it, but the two policemen [who had accompanied me] held my shoulders in a firm grip. ‘Don’t move, you can’t save it, it’s too late.’

“‘But that’s...murder...and you’re the police!’ The little foot was still now. The policemen held on to me for a few more minutes. ‘Doing a baby girl is not a big thing around here,’ [an] older woman said comfortingly. ‘That’s a living child,’ I said in a shaking voice, pointing at the slops pail. ‘It’s not a child,’ she corrected me. ‘It’s a girl baby, and we can’t keep it. Around these parts, you can’t get by without a son. Girl babies don’t count.’”

(The Economist, 2010)

While one girl’s or woman’s life is today radically different from that of her mother or grandmother, other girl’s and woman’s lives in 2020 seem to hardly have changed at all. You will look at one example of this next.

2.3 What is FGM?

That there has been huge positive change to the lives of girls and women all around the world is pretty clear. But the campaign against female genital mutilation demonstrates how deeply rooted and difficult to change some cultural practices can be.

Female genital mutilation (FGM) is an example of how, in some cultures, there remain certain practices that aim to control women’s sexuality and sexual lives.



Figure 6 A counsellor in Minia, Egypt, holds up cards used to educate women about female genital mutilation.

Female genital mutilation refers to the procedures that alter and cause harm to the female genital organs (clitoris, labia and vagina) for non-medical reasons. Despite being illegal in many countries, it continues, severely damaging women's sexual lives and their ability to give birth safely. It is a cultural practice rather than a religious one and in some countries organised religion has been influential in changing opinions about FGM.

Fighting against these practices and protecting girls from a painful and traumatic experience is an example of how girls and women in those communities affected have been empowered. Campaigns like this positively values girls and women and ensures that the life chances of everyone are improved, making birth less of a lottery.

In the next section, you will find out about some young women who are fighting to change this deeply rooted practice within their communities.

2.4 Challenging FGM

The worldwide campaign against FGM is beginning to build, helping to increase awareness and eliminate it within communities.



Figure 7 Villagers in the Muslim area of the Erer Valley, a rural area in eastern Ethiopia, have started a campaign against female genital mutilation (FGM).

In Kenya, Nancy is one of the young women struggling to have the chance at a life better than that of her mother. Watch the video of Nancy from *The Guardian* website at the link below. (The video is 30 minutes long so watch as much or as little as you have time to).

[‘I will never be cut’: Kenyan girls fight back against genital mutilation.](#)

In the UK, the National Health Service has taken a clear stand against FGM as an illegal act and as a child protection issue. They have produced an information video to raise awareness. Watch [What is FGM?](#).

Next, you will find out how FGM has been both challenged and changed through the impact of social media..

2.5 Thinking point: Social media campaigning

Social media is, perhaps, changing the rules about who gets to speak and who has to listen.

Traditional forms of social action have been joined by social media and the boundaries to sharing information have been redefined. More pluralistic methods and forms of expression can inform those who would otherwise remain uninformed and disconnected. This is a key development in how societies and cultures generate new ideas and change things. There is a global rise in use of social media to campaign. The campaign against FGM is one example.

Case study: Fahma Mohamed



Figure 8 Fahma Mohamed

Schoolgirl Fahma Mohamed, led a successful campaign to raise the issue of FGM in UK schools through the use of social media. Within three weeks, her petition via Change.org had attracted more than 230,000 signatures. She received support from

Pakistani girls' education campaigner Malala Yousafzai and the UN secretary general, Ban Ki-moon, who said he had been inspired after meeting Mohamed. Then education secretary, Michael Gove, agreed to write to all teachers in England and Wales to warn them about the dangers of FGM.

Activity 2

Using your preferred search engine, consider whether social media has significantly altered how things are challenged and changed.

Find an example of a similar, relevant social media campaign and summarise it, making a note of what it challenged and the effect it had.

Provide your answer...

In the next section, you'll again consider how the lives of girls and women have really changed.

3 One woman's lifetime

The world has changed dramatically in the past 100 years, from technological advances such as mobile phones and the internet, to social and political changes, to scientific and medical advances.

But, over the past 70 years, what do you think has caused the lives of women and girls to change for the better? Which have been the most influential?

3.1 'It's a girl!'



Figure 9

So far in this course you have looked at the patchy progress towards gender equality, looking at some of the traumas of our recent past and at some horrific experiences that continue to damage the lives of some girls and women even today.

You have looked in particular at how the lives of some girls and women have been transformed (think about Tanjina Khan), but also how many other girls and women are still a long way from living safely in a gender equal society (think about the FGM video).

Activity 3

Imagine that tomorrow your baby daughter is born. Consider these questions:

- What changes would you like to see over her lifetime that would mean that she is less disadvantaged by being born female?
- The private and public lives of women have been profoundly altered in the last century and these will hugely benefit most girls born today, including yours. But do you think this could be reversed – if so what could reverse it?

Write a paragraph explaining your views.

Provide your answer...

You will now review your learning from this week.

4 Summary of Week 3



Figure 10

Over the course of the learning this week you have considered some of the challenges set by the Sustainable Development Goals and the progress made if they are achieved, or partially achieved.

The inequality you have been focusing on this week is gender and you've heard about some of the challenges that women and girls face all over the world simply because they were born female.

That there has been huge, mostly positive, change to the lives of girls and women all around the world is pretty clear. But the campaign against female genital mutilation demonstrates how deeply rooted some cultural and social practices that do extensive harm to young women can be.

In Week 4, you will be able to think about what is perhaps the key question when it comes to considering the lottery of birth. Some degree of income and wealth inequality is probably unavoidable but how much is too much? And how can deeply entrenched inequality be reduced?

You will hear from some key thinkers addressing this issue. You will also think about how inequality will continue to affect upcoming generations. Finally, you'll be invited to finish the course by selecting a socio-cultural, political, economic or scientific change or breakthrough which addresses the lottery of birth and write a short piece explaining its importance and impact.

Week 4: Lottery of birth in the twenty-first century

Introduction

The challenges of inequality, alongside those of demographic changes and climate change, are arguably the biggest issues of our time and of the next generation's futures. This week you will again look at how the big picture is played out in real, individual human lives. You'll consider whether the inequalities at birth – that have been present for hundreds of years – are likely to be reduced in this century and if so, how.



Figure 1

The week begins by looking at some of new ways that data can be presented in order to broaden out the inequalities picture, beyond income and wealth. It goes on to look at a summary of the population changes that will continue to be the backdrop to the lottery of birth in this century. You will then look at some key points within the debates around how to address inequality.

Half of this week's learning will be directed by yourselves. The course ends with an opportunity for you to identify something that you think might play a significant role in addressing inequalities in the future and to write something about it. This may be a particular political, socio-cultural or scientific change or breakthrough.

1 An unequal world

Professor Danny Dorling, human geographer and a leading academic in the field of inequality in the UK, encourages people to take a wider view of global inequality by looking at the unequal distribution of global resources. This is an issue that, in an era of climate change, is likely to be of increasing relevance to any debates about responding to global inequality.



Figure 2 A horse drawn carriage passes Occupy London protesters outside St Paul's Cathedral during the Lord Mayor's Show on 12 November 2011 in London, England.

Watch the following TED talk at the link below in which Dorling picks up on many of the issues you have looked at in this course, such as the fears about population growth and the improvement in child mortality rates. He also goes on to highlight how the global population has enough water, food, and indeed energy, if everyone is seen as 'one people'.

Video content is not available in this format.



2 Over population or under population

Demographics (the study of the structure and dynamics of human populations), like human geography that Dorling used, is an essential element of any examination of inequalities.

Box 1 details some of the key facts about the world's population from the United Nations Population Fund (UNPF). You will notice some familiar topics from this course.

Box 1 Key facts about the world's population

1. **There are more young people in the world than ever before, creating unprecedented potential for economic and social progress.**

There are about 1.8 billion young people between the ages of 10 and 24 – the largest youth population ever. Many of them are concentrated in developing countries. In fact, in the world's 48 least developed countries, children or adolescents make up a majority of the population.

Too many of these young people see their potential hindered by extreme poverty, discrimination or lack of information. But with proper investment in their education and opportunities, these young people's ideas, ideals and innovations could transform the future.

2. **Women in sub-Saharan Africa are as likely to die in pregnancy or childbirth as women in nineteenth-century England, when Charles Dickens described these horrors in *Oliver Twist* and *A Christmas Carol*.**

Put another way, for every 100,000 babies born in sub-Saharan Africa, 510 women die from maternal causes. Globally, some 800 women die every day from causes related to pregnancy.

Yet there has still been enormous progress: since 1990, there has been a 45 per cent decline globally in maternal mortality rates. And the actions needed to save more women are well known, including expanding access to maternal health care and voluntary family planning. Even so...

3. **A staggering 225 million women in developing countries want to avoid pregnancy but are not using modern contraceptives. And tens of millions of women do not receive the basic pregnancy and delivery care they need.**

If all women who wished to avoid pregnancy were able to use modern contraceptives, and if all pregnant women and newborns received appropriate care, maternal deaths would drop by an estimated 67 per cent, according to the most recent data. Unintended pregnancies would fall by about 70 per cent, and newborn deaths would drop by about 77 per cent.

4. **Despite prohibitions, child marriage remains widespread around the world. About 37,000 child marriages take place each day.**

Although child marriage is banned around the world, it persists because of poverty and gender inequality. To end this harmful practice, gender equality must be promoted and extreme poverty must be eradicated.

Empowering girls can also play a powerful role in ending this practice. When girls know about their human rights, and when they are equipped with basic life-skills and education, they are far less vulnerable to child marriage.

5. **Complications in pregnancy and childbirth are the second leading killer of adolescent girls in developing countries.**

Every day in developing countries, 20,000 girls under age 18 give birth, and many become pregnant before they are physically mature. Tens of thousands of adolescents die annually of causes related to pregnancy and childbirth.

There has been a significant decline in adolescent births since 1990, but progress has been uneven, and much more work remains to be done. As is the case with eliminating child marriage, improving girls' status and access to information is essential to reducing pregnancy, and pregnancy-related deaths, among adolescent girls.

6. **By the end of the century, the world's population might be as high as 17 billion or as low as 7 billion, according to the most recent UN estimates.**

Much of the difference will depend on how fast fertility rates fall. Fertility rates have been declining for many years, the result of a growing desire for smaller families and improved access to voluntary family planning. In the early 1970s, women had on average 4.5 children each; by 2014, women had around 2.5 children each.

Taking these declines into account, the UN has developed three population projections: the highest suggests the world could see 17 billion people by 2100, and the lowest estimates around 7 billion people – roughly the size of today's global population. The middle projection suggests that this century will end with about 11 billion people.

7. **HIV-related deaths are down 35 per cent from 2005 – but estimates suggest that deaths among adolescents are actually rising.**

Globally, HIV deaths are falling, and new HIV infections are falling as well. But alarmingly, young people remain particularly vulnerable to the disease.

Much more must be done to provide adolescents with comprehensive sexual and reproductive health information, services to help them prevent HIV transmission, and treatment for those who are infected.

8. **If current trends continue, an estimated 15 million girls between ages 15 and 19 will be subjected to female genital mutilation (FGM) between now and 2030.**

Globally, an estimated 100 million to 140 million girls and women alive today have undergone some form of FGM. The practice can cause chronic pain, infections, birth complications, and other adverse effects.

But community dialogues about the health and human rights consequences of FGM have led many to abandon this harmful practice. In 15 key countries where UNFPA and UNICEF are jointly working to help end the practice, an estimated 12,357 communities have committed to abandon FGM.

9. **There are more people migrating than ever before. In 2013, some 232 million people were international migrants, up from 175 million in 2000.**

Half of all international migrants live in just 10 countries, with the top five destinations being the United States, the Russian Federation, Germany, Saudi

Arabia and the United Arab Emirates, according to data from the UN's Population Division.

But while many people assume migrants just move from developing countries to developed ones – called 'South-North migration' – movement between developing countries, called 'South-South migration', is slightly more common.

Migrants can be vulnerable to exploitation, abuse and discrimination. But they make important contributions, both to the countries they move to and to the countries they move from.

10. More than half of the global population is urban – and history's largest-ever urbanisation wave will continue for many years to come.

Urbanization brings enormous changes to landscapes and lifestyles. It offers many opportunities, including increased access to jobs, education and essential services, but it can also see inequalities concentrated in slums and informal settlements.

To ensure all residents are able to benefit from urbanization, forward-looking policies are needed, especially those promoting sustainable development and human rights.

(UNFPA, Steven Edwards, 13 April 2015)

2.1 Population policies

In Week 2 you looked at some of the pro-natalist and anti-natalist population policies, some of which have been continued into this century. These policies have had some positive, negative and even unintended consequences.



Figure 3

The effectiveness of population policies on fertility rates is difficult to assess, however. There is a timeframe problem – how long should you give population policies before you can make a judgement about their effectiveness?

There is a commitment problem, as in many cases countries put together a patchwork of measures that are ‘family friendly’ (as they are called in the UK), but these can be unreliable, increased or decreased according to prevailing economic conditions (Gauthier, 2013).

There is a variables problem – how do you disaggregate the effects of population policies from broader social policies such as women’s education and empowerment which may be happening simultaneously? And there have been some unintended consequences amounting to serious human rights abuses, as you will have realised when you read about ‘the missing girls’ in Week 2.

So far, population studies have been unable to offer a reliable scientific method of predicting significant shifts in population. Even looking at clear patterns that already exist, such as the plunge in fertility in Europe, little can be confidently predicted. There is no reason to believe, for example, that Europe has reached the bottom of the decline in fertility. There is no generally accepted theory, or comprehensive causal explanation of long-term decline in fertility rates. The closest we have to an accepted theory of a world population pattern is the ‘demographic transition’ that you learnt about earlier in the course (Week 2).

3 A good time to be born?

There remains considerable debate about the causes and end points of the current demographic transition (in which a fall in mortality rates is quickly followed by a fall in birth rates, and full control over fertility results in fertility declining below replacement levels). But the big story is that a dramatic change has taken place right around the world – people are choosing to have fewer children.

Low fertility is becoming a feature of both rich and poor countries alike. In Western Europe, most countries are below replacement level and a similar feature is emerging in Asia led by Singapore and Korea. Even countries such as Pakistan and Afghanistan are predicted to halve their current rate and reach just above replacement levels by 2050 (Harper, 2013).

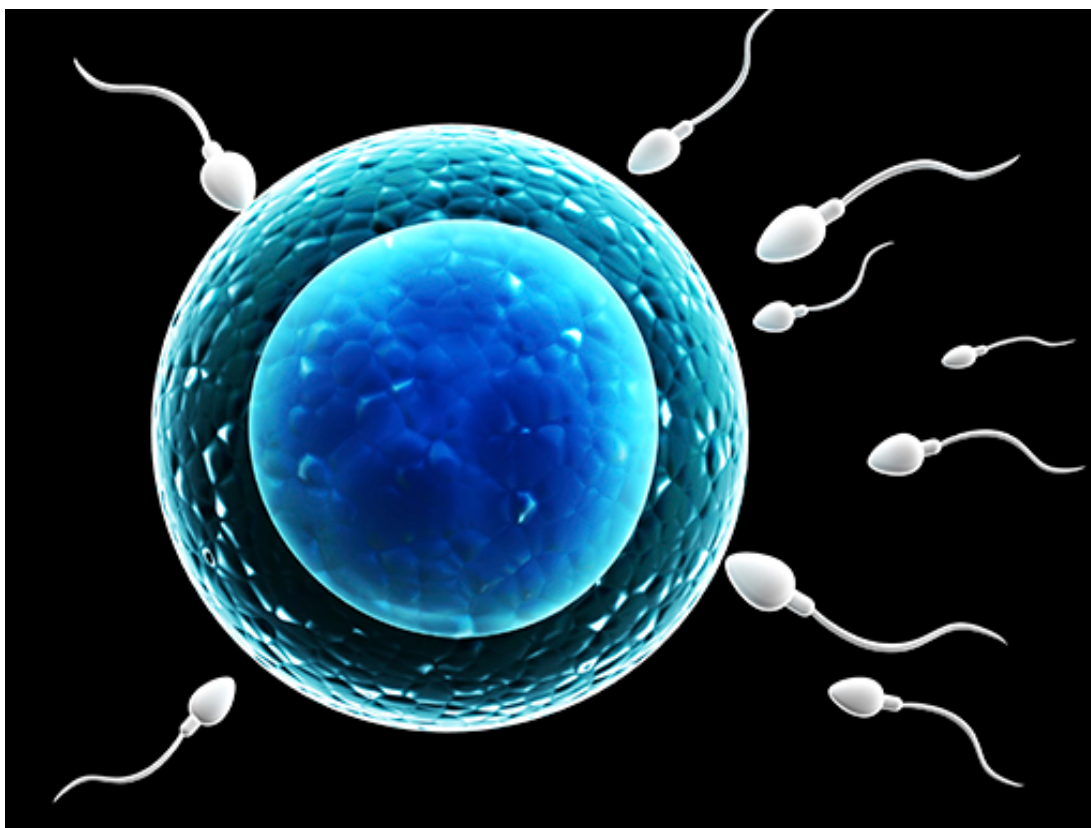


Figure 4

Although the steady and unrelenting fall in the number of children being born frequently makes the headlines (particularly the unprecedented decline in Europe's population), this is a varied picture with the most severe decline projected for Eastern Europe, more modest declines in Western Europe and slight increases in Northern Europe (Coleman and Rowthorn, 2013).

If you're interested to find out more, you can explore the [Telegraph's interactive population growth map](#) showing how European countries' birth rate are much lower than other countries across the world. (Click on each country to find out the rate and the population growth percentage, according to data from World Bank and CIA).

Whether a government can, or should, interfere with fertility rates raises profoundly troubling ethical and political issues.

You have looked briefly at these issues already in Week 2 when you read about, for example, state support for families.

Whether population policies actually increase or decrease fertility will become an easier question to answer with the increasing data collection and analysis of the past couple of decades.

It seems that, according to the evidence we have at present, it is easier to reduce fertility levels than to increase them, and pro-natalist policies only marginally improve fertility rates (Gauthier, 2013). However, that doesn't mean nation states won't continue to be concerned about this issue and how to respond to it.

Of equal importance, of course, is a response to the next generation: the quarter of the global population growing up now. This next generation, while they are the healthiest and most educated generation ever, will still experience the distorting effects of inequalities of birth on their lives, priorities, aspirations and choices. The report by the UN Population Fund at the link below highlights some of the key issues.

[My body my life my world UNPFA](#)

4 Thinking point: the inequality debate



Figure 5

The inequality debate is very much an ongoing one. Below you will hear from four of the key people working in the field: Thomas Piketty, Angus Deaton, Danny Dorling and Richard Murphy. Their recent contributions to the inequality debate include an argument to recognise the centrality of the ownership of 'capital', that which is owned and generates an income (Piketty); thoughts about how policy levers, such as collective bargaining, minimum wages and universal basis incomes could affect inequality (Deaton working through the IFS); the suggestion that we should focus on the richest 1% to help them share better (Dorling); and consideration of widening the redistribution of income and wealth through taxation (Murphy).

Thomas Piketty

View at: [youtube:HL-YUTFqtul](https://www.youtube.com/watch?v=HL-YUTFqtul)

Angus Deaton

To generate effective policies to combat inequality, we need to understand the nature of the divides today and what types of inequalities matter most.... How can we best combine policy levers to address inequality and minimise adverse effects? For example, if trade has reduced the bargaining power of the low-skilled workers, would it be more effective to restrict trade, invest in retraining or increase their bargaining power through other means, such as institutions for collective bargaining, minimum wages or a universal basic income... We need a comprehensive approach to answer these big questions – one that spans the social sciences and draws on theory, empirical evidence from different countries and the experiences of citizens. This means looking beyond economic inequality towards health, family structures, norms and attitudes, social capital and political engagement.

(Institute for Fiscal Studies, 2019, p. 27)

Danny Dorling

The gaps between us have grown again, becoming chasms. ... In 1912, a century ago, the richest 1% took almost a quarter of all income, and paid far less of that in tax (even less than today). Currently the richest 1% are taking around 14% of all the income that is declared for tax purposes. At the same time their huge share of the annual income cake is growing, even as the overall size of the cake shrinks. It currently appears inconceivable, but, if we were to allow inequalities to continue to grow, the share of total income taken by the

richest 1% could again rise to a quarter. If we were to help them to share better, it could again fall below one 17th (to 5.72% even).

(Dorling, 2019, pp. 28-9)

Richard Murphy

...it is entirely appropriate to say that the redistribution of both income and wealth within an economy is [another purpose of] taxing. That does not mean that taxation is the only way to achieve this goal: redistribution of income can, of course, be achieved through government spending. This happens when the government makes payments through a social security system to those in need...It is fair to say, however, that most countries do deliberately use their tax systems to redistribute both income and wealth as a matter of policy.

(Murphy, 2015, p. 73)

If you would like to look more into these publications, full details can be found in the References list. You should now complete the first activity of this week, which asks you to reflect on what you have learned throughout this course.

Activity 1

- As you worked through this course, did you find yourself agreeing or disagreeing with the causes and cures for growing inequality? Why?
- Which of those approaches and actions to address inequality would you choose to implement if you could? How?

Provide your answer...

In the next section you will complete a self-directed piece of study to consider what might help address inequalities in the future.

5 Looking into the future



Figure 6

Throughout the course you have been considering the issues around the lottery of birth in a variety of ways, drawing on a range of disciplines.

When sociologists talk to demographers, and both talk with economists, political scientists and human geographers, they can begin to join the dots. Different questions and different answers can emerge.

Activity 2

Find media coverage of a particular political, socio-cultural or scientific change or breakthrough that is directly related to inequality. This could be gender, disability, income, wealth, or geographical inequality.

As an example, watch Hans Rosling explain how the washing machine helped to push back gender inequality.

Video content is not available in this format.



Now, using your own example, consider the three questions below and write between 300 and 600 words explaining your answers.

1. Describe the issue (include link to the news story) and explain why you have chosen that example.
2. Why is this important to the lottery of birth?
3. What might this mean for the lottery of birth in your country?

Remember that the phrase 'lottery of birth' is used to mean that how, when and where you are born, grow up and live is profoundly and widely unequal and that these inequalities will shape your whole life. The important thing here is that the change or breakthrough is new and/or significant in some way.

The issues that you could discuss include:

- an underlying demographic transition and the issues this will give rise to
- the economic forces that will alter inequalities, for better or worse
- social cultural changes that will address inequalities
- the (lack of) political will to tackle inequalities both within and across nations.

Provide your answer...

The aim of this activity was to help you to put into action some of what you've learned throughout the course. Looking for new developments and assessing their ability to affect change in a country or in the world is important in learning about the lottery of birth. You'll have used critical analysis, a skill which will help you in any further study.

6 Summary of Week 4



Figure 7

Over the final week of *Lottery of birth* you've heard about some key demographic facts from the United Nations.

You also heard from some of the leading thinkers on the issue of inequality. Public discussion of the big issues that are facing all of us are as essential to a healthy democracy as voting. You have also continued to develop your understanding and examine your thoughts about the causes and consequences of inequalities, and the lottery of birth.

If you are particularly interested in something you have heard from Thomas Piketty, Richard Murphy or Danny Dorling they all have published books on this subject where you can find out more.

To end the course, read the beautifully written, fundamentally optimistic paragraph that concludes Wilkinson and Pickett's book:

Caught up in day to day events, it is easy to forget that a longer view reveals an almost unstoppable historical trend towards greater equality. It runs like a river of human progress from the first constitutional limitations on the 'divine' (and arbitrary) right of kings, and continues on through the slow development of democracy and the establishment of the principle of equality before the law. It swells with the abolition of slavery and is strengthened by the extension of the franchise to include non-property owners and women.

It picks up pace with the development of free education, health services and systems of minimum income maintenance covering periods of unemployment and sickness. It runs on to include legislation to protect the rights of employees and tenants, and legislation to prevent racial discrimination. It includes the decline of forms of class deference.

The abolition of capital and corporal punishment is also part of it. So too is the growing agitation for greater equality of opportunity – regardless of race, class, gender, sexual orientation and religion. We see it also in the increasing attention paid by lobby groups, social research and government statistical agencies to poverty and inequality over the last fifty years; and most recently we see it in the attempt to create a culture of mutual respect. All are different manifestations of growing equality ... That this river of human progress is occasionally briefly dammed up, or we experience eddying currents, should not blind us to its existence.

(Wilkinson and Pickett, 2009, pp. 260–1)

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Find out about a charity working in developing countries to help women and girls access the high quality maternal healthcare they need to be able to give birth safely – [Maternity Worldwide](#).

Read the full article from [The Economist: The Worldwide War on Baby Girls](#).

If you think this upcoming generation has gender inequality fixed you might like to watch ['Like a girl'](#).

Find out more about the [United Nations Social Development Network](#).

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[UNFPA – 10 things you didn't know about the world's population](#)

Acknowledgements

Introduction

Images

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Figure 11: Trends in redistribution in selected countries, 1990, 2000, 2007 and 2011.

Adapted from: United Nations Department of Economic and Social Affairs (2013) Inequality Matters: Report of the World Social Situation. Available at <http://www.un.org/en/development/desa/publications/world-social-situation-2013.html> Trends in redistribution in selected countries, 1990, 2000, 2007 and 2011 graph - Source: UN (2013), calculations based on data from Solt, Fredrick, (2009).

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Figures 14, 15 and 16: Maps based on United Nations, Department of Economic and Social Affairs, Population Division (2015). World Contraceptive Use 2015 (POP/DB/CP/Rev2015). See:

<http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2015.shtml>

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Week 3

Images

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<https://www.youtube.com/watch?v=A5giOGjj5X8>; courtesy AJ+ Al Jazeera Media Network

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Extract from: Steven Edwards: UNFPA (2015) '10 things you didn't know about the world's population' Available via

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Rights and choices for all adolescents and youth: a UNFPA global strategy; Danielle Engel, Irem Tümer, Cecile Mazzacurati, Mandira Paul, Satvika Chalasani, Ilya Zhukov, Bente Faugli, José Roberto Luna and Soyoltuya Bayaraa.

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