

RECENT REFLECTIONS ON POPULATION GROWTH

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Rapid population growth is for many people the most dramatic aspect of the problems of development. This quality of drama has hardly helped understanding. At its worst it has given rise to some lurid pictures of the future: frightening visions of life in mushrooming cities are conjured up, often with the assistance of illegitimate analogies from laboratory studies of animals. Even sober minds are sometimes led to wonder whether the development effort is worthwhile, if so much is going to be washed away by the flood of increasing numbers.

And yet the population problem is not insoluble. All the historical evidence points to the fact that the modernization of society, the improvement of health and education, the creation of employment — particularly female employment — bring in their train not only a reduction in mortality, but ultimately a decline in birth rates and a balance of births and deaths capable of approaching the stationary state, or zero growth.

This note will not dwell on the projected future population of the world. It is well enough documented elsewhere. Typical birth rates in the developing countries today are 40 and more per thousand. Death rates are very much lower, with the result that population growth rates ranging from two to three per cent per annum are common — much higher than the rich countries ever grew at their fastest. Yet there are developing countries where birth rates are declining — several have reached rates in the low 30s¹. They do not include any of the countries of large populations; indeed they are mostly small, several are islands, and most socio-economic indicators are at levels above the developing country average. The pertinent questions are whether other developing countries will follow this path, and if so when, and on what this demographic transition depends.

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¹ Examples are Chile, Puerto Rico, Jamaica, Trinidad, Sri Lanka, Taiwan, Malaysia, Fiji, Mauritius.

The transition from high to low birth rates in the developed countries took several decades. While modern means of birth control did play a part in the transition, historical demographers emphasize the changes wrought by new social and economic circumstances in attitudes towards the desired size of families. Similarly the evidence of developing countries today is that birth control is only a part of the solution to the population problem. Where conditions favour the desire for smaller families — on the whole, where education is widespread, health is good, incomes are rising, and children have a good chance of surviving to adulthood — family planning programmes have had a certain amount of success. The evidence suggests that they can accelerate, but only rarely initiate, declines in the birth rate. Among uneducated, ill-nourished rural populations subject to high mortality they are unlikely to make much of an impact.

In countries now developed, the demographic transition accompanied urbanization and industrialization. If developing countries must wait for their demographic transition until the majority of their people participate in urban industrial life, they will have to wait a very long time. For economic considerations indicate that, in the poorer and more populous developing countries at least, much of the expansion in employment must be in rural employment.

The question for demographic enquiry is, then, whether there can be a tendency towards lower birth rates in such predominantly rural populations. It may be so, provided rural life begins to incorporate some of the important benefits brought by urbanization — in particular improved education, health, higher incomes and long-run security.

That family planning programmes are more likely to succeed in the context of better health and education is widely accepted, — the belief dies hard that birth rates will be radically lowered simply by the presence of means to control births, but it is dying. This is not to suggest that family planning programmes are unimportant; on the contrary. But they must be accompanied by improved economic and social conditions. One should not misunderstand the significance of this latter proposition, since for many countries it implies a fundamental change in development strategy, and should also imply changes in the policies of rich country governments.

A major part of the health problem in developing countries is nutrition. Although something can be achieved with special feeding programmes for vulnerable groups, the only real solution is to put purchasing power in the hands of the mal-nourished. (Since major feeding programmes involve major transfers of resources, it is in any case more efficient that these resources should be the wages of useful employment, rather than handouts). In education the simple provision of school places by governments is not enough. Even where schooling is free, it is not costless to the family which relies on the child's labour for part of its income. And even in ordinary health care, it is quite likely that the very poor may be less able to benefit from provided services. Finally, people who are unable to save and make provision for old age, and who cannot rely on the state, look to children for future support. The conditions which produce large families in other words, are unlikely to yield to limited package programmes. Large families are part of a nexus of poor education, poor health and nutrition, and absence of security; this nexus is held together by poverty.

If these arguments are correct, the lessons for the international community are clear. They should continue to make financial and technical assistance available to countries who ask for it – on the whole this is already aid givers' practice. But there is probably more aid available for and tied to family planning than developing countries are ready to absorb. Aid givers should probably be more reticent about their attempts to support family planning – the kind of statements made, however well intended, are frequently an affront to developing country opinion. They come ill from countries whose per capita consumption of the world's resources is much higher than that of the developing countries, and whose governments do little to control their own growing populations. And they are, as this note suggests, somewhat partial, as long as they do not stress the conditions in which family planning is likely to succeed.

If the rich countries really want to see a reduction of population growth in the developing world, they should make far more determined efforts to assist countries to eliminate poverty. This would imply a vastly greater engagement, over the entire field of trade, aid, and investment, to promote the interests of the Third World. To ask the developing countries to 'solve' their population problem while

maintaining trade barriers which hinder their development is inconsistent, to say the least. The population problem will be resolved by social and economic progress in the developing countries. It makes a great difference, though, whether that progress takes place in one or several generations.

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