**MODULE 3: CHAPTER 6**

SOLUTIONS

**Question 1 What is the demographic trap, and why is it a threat for developing countries?**

The demographic trap occurs in late transition

when a low death rate combined with a continuing high birth rate results in a high natural increase in population. This high natural increase creates a problem because the wealth generated from the country’s economic growth goes toward supporting the needs of the booming population. It places great demands on the country for greater food supplies and services. Little revenue is left to promote the economic and social development necessary to proceed to post-transition. If the population growth continues unabated, a Malthusian collapse could result.

**Question 2 a) A number of factors that**

**contribute to the completion of demographic**

**transition were mentioned in this chapter. List these, and explain one way in which each contributes to transition.**

To complete demographic transition, a country

must control the growth of its population through

lowering its birth rate and its death rate. A decline in both rates will cause the population to either stabilize or decline. The factors that contribute to the completion of demographic transition are as follows:

***Education:***An educated population is better

able to gain information about birth control

techniques, and as a consequence, tends to

have fewer children than a poorly educated

population.

***The changing role of women:***As women

become better educated, obtain higher status in

society, work outside the home, and marry at a

later age, they have fewer children.

***Healthcare:***With improved healthcare, children

survive, thus eliminating the need for parents to

have many children to take care of them in their

old age. Improved healthcare also prolongs

adult lives. These two aspects of improved

healthcare lower birth and death rates. With the

lowering of the birth rate and the death rate, the

country moves through demographic transition.

***Urbanization:***As a country becomes urbanized, it changes from an agriculturally based economy to an industrially based economy. An industrially based economy offers more employment opportunities, thus eliminating the need to have many children to contribute to the support of the family.

***A rich resource base:***A rich resource base

provides revenue that helps to develop the

country’s economy, which in turn leads to the

growth of social services of all kinds. Social

growth generally leads to a decline in birth and

death rates.

***Access to advanced technology:***Advanced

technology provides family planning and lifesaving healthcare practices.

***Family planning information****:* The availability of family-planning information and services leads to a reduction in the birth rate.

***Rising standard of living:***A rising standard of

living resulting from more income, plus a more

equitable distribution of that income, reduces

the need for parents to have children to

contribute to the support of the family.

**Question 2 b) Explain why an educated**

**population is vital in helping a country move**

**through demographic transition.**

An educated population will find good jobs and earn more money than an uneducated

population. With the population working in

well-paid jobs, the economy thrives, and as a

consequence, the country has the resources

to develop healthcare services. Healthcare

services combat disease and prolong life, thus

lowering the death rate. As the death rate

declines, the country moves through

demographic transition.

An educated population will understand the

necessity of proper sanitation and nutrition;

these two things enable children to survive

childhood and prolong the life of adults. As the

death rate declines, the country moves through

demographic transition.

An educated population is better able to gain

information about birth control techniques.

Consequently, an educated population tends

to have fewer children than a less educated

population. As the birth rate declines, the

country moves through demographic transition.

Education gives women economic opportunities

outside the home. This has the effect of

reducing the number of children women have.

**Question 3 a) What population policies has**

**India followed since the middle of the 20th**

**century?**

India has followed six phases of population control policies.

Phase 1: Family planning through contraception

and sterilization, especially vasectomies

Phase 2: Target-oriented sterilizations in which

family-planning workers had to meet target

numbers for vasectomies and contraceptive

distribution

Phase 3: Target-oriented sterilizations that

focused on vasectomies in exchange for goods

and cash

Phase 4: A coercive approach in which family

planning was made compulsory, and families were restricted to three children

Phase 5: Compulsory sterilization was stopped

and emphasis was placed on education, voluntary contraception, and tubal ligation for women

Phase 6: A child-health approach that discarded

reduced growth targets in favour of health services aimed at lowering women’s fertility levels

**Question 3 b) What coercive tactics were used to implement some of these policies?**

Forced to have sterilization surgery.

Family-planning workers were given target

numbers for vasectomies; the desire to meet

targets resulted in forced vasectomies,

AND were given target numbers for the distribution of contraceptives, and target numbers became more important

than reduced birth-rates.

Officials were punished for not meeting targets

or quotas.

Men were “bribed” with goods and cash to have vasectomies.

Family planning was made compulsory.

Families were restricted to three children.

**Question 3 c) What effects did these coercive**

**tactics have?**

􀂄 They caused a major backlash against familyplanning methods that forced people to

be sterilized.

􀂄 Compulsory sterilization was stopped in 1977.

􀂄 Emphasis was shifted to education, voluntary

contraception, child-survival programs, and

voluntary tubal ligation for women.

􀂄 India signed the UN Program of Action that

discarded demographic growth targets.

􀂄 India adopted health services aimed at

achieving a fertility rate of 2.1 children per

woman by 2010.

**Question 4 a) What are the reasons for the**

**abnormally high ratio of boys to girls in India**

**and China?**

because they…

􀂄 convey status

􀂄 supply farm labour

􀂄 manage family farms

􀂄 work in family businesses

􀂄 carry on the family name

􀂄 provide monetary and physical care for elderly

parents. Neither India nor China have old-age

security programs.

􀂄 In Hindu (mainly Indian) families, they conduct

religious rites when parents die.

As a consequence of these attitudes, female

infants are killed after birth (infanticide),

abandoned, or denied healthcare in the hope that they might die. Abnormally high ratios of boys to girls are also a result of abortion of female fetuses, made possible by the development of ultrasound machines that can detect the gender of unborn children.

**Question 4 b) What are the implications of the gender gap?**

Negative implications

***In India:***

 Men wishing to marry must look far beyond the boundaries of their village and society, and

even to other countries, to find a wife.

 Some must marry women from different

socioeconomic groups.

 Poor families are selling or trading their

daughters into forced marriages to sons of

richer families.

 In some cases, the tradition of the bride’s dowry has been abolished: the groom now pays the wedding price to the bride’s family.

*In China:*

 By 2020, about 40 million men will be unable to marry because there will not be enough women available.

 The gender gap might lead to kidnapping and

trafficking of women.

 The government may be considering drafting

bachelors to keep them occupied and to quell

social unrest.

***Positive implications in both countries:***

 The lack of women has increased their social

standing.

 Society is paying more attention to women’s

education, economic development, and health.

 The shortage of women is now causing parents to value their female babies more than in the past.

**Question 4 c) What is being done about this**

**gender gap?**

***In India:***

􀂄 In 1994, the government passed a law making it illegal for ultrasound operators to tell families

the gender of a fetus.

􀂄 National campaigns, such as “Save a Girl

Child,” have been introduced to improve the

status of women, to encourage parents to value

female children, and to highlight the

achievements of young girls.

􀂄 The government mounted a publicity campaign to choose a baby girl as India’s “billionth baby” in May, 2000.

􀂄 Some Indian states mounted publicity programs to persuade citizens to value their girls

 􀂄 The city of Delhi developed a “Girl Child

Protection Scheme” in which money is deposited into an account for every girl born in

a government hospital or maternity home. The

money and accrued interest is given to the girl

when she turns 18 and has achieved a certain

level of education.

***In China:***

􀂄 The government has instituted policies to

improve the education of girls and to ensure the

equality of women.

􀂄 Discrimination against the maltreatment of

female infants is banned.

􀂄 Sex determination and sex-selective abortion

is prohibited.

**Question 4 d) The Indian and Chinese**

**governments have told their people that it is**

**the responsibility of every child (not just male children) to look after his or her parents. What is the purpose of this move? Is it likely to work? Explain.**

The purpose is to promote the acceptance of girl children, to protect them from harm, and to correct the potentially dangerous long-term problem of gender imbalance. The lopsided gender ratio is already creating social strains in India and China and is and helping to drive a thriving market for brides and prostitution. It is reported that rural men pay willingly for a wife, even one abducted and married off against her will. Traditionally, female children have not been as valued as male children in India and China. Only if traditional values are replaced with ones in which girls are treated equally with boys and are educated to the same extent will they be as highly valued. It is ironic that the lack of women in both countries may in fact improve their societal status.

The idea that female children have as much

responsibility as male children to care for aging

parents is also based on practical reasons.

Women’s roles are changing, and many now work outside the home and bring money into the family unit. This puts them in a position to be able to care for elderly parents not only physically, but also monetarily. There is evidence that when rural young women move to the cities, they are now able to find employment to provide income for their parents. Although societal values in these two countries

change at a slow pace, over time it is likely that

these moves will eventually cause male and

female children to be valued equally.

**Question 5 a) Why is the status of women a**

**critical factor in demographic transition?**

When the status of women is high, they generally have access to education. Their resulting high level of literacy allows them to take control of their fertility. This leads to lower birth rates. A higher level of education also leads to more opportunities outside the home and often delays marriage. The delay reduces the number of children that a woman conceives during her lifetime. A decrease in the birth rate is a critical factor in moving from early to late transition.

**Question 5 b) Why is it so difficult to make**

**changes in regard to the status of women?**

First, old traditions are ingrained and are therefore difficult to change. Second, because boys are expected to provide income to take care of their parents in old age, they often receive better

education than do girls. Until girls begin to receive equal education, contribute to the family income, and until they have better economic opportunities outside the home, their status will not improve very quickly.

**Question 6 Examine Figure 6–14. Demonstrate how the trend to smaller families in Kerala occurred as a result of a series of individual choices rather than due to a program of government measures.**

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People in Kerala made individual choices to have fewer children. Their decisions were personal and were based on knowledge achieved through education, government programs, and informal discussions with friends about the benefits of small families. Money from expatriates working abroad increased the standard of living that led to advanced healthcare and a healthy population.

The elevated status of women within society also led to the ability of women to take control over their bodies. In addition, the mass media helped changed people’s attitudes by depicting smaller families as desirable.

**Question 9 a) Do you find Kerala’s experience surprising? Why or why not?**

**Surprising!**

􀂄 it did not fit the demographic transition model

when it entered post-transition in the 1990s.

􀂄 it had an agricultural economy with limited

manufacturing and services sectors.

􀂄 it had a very high population density; more than 70 percent of its people living in rural areas.

􀂄 not only was Kerala poor; its economy was

stagnating while that of most of India was

growing.

Other students may not find Kerala’s experience

**Not Surprising!**

􀂄 when men and women are educated, they have the means to gain control over their fertility and will opt for fewer children.

􀂄 advanced healthcare, effective land reform, and progressive government have created the

conditions for population control.

􀂄 Kerala’s expatriate workers have had the

experience of living in more developed

countries, and have learned the advantages

of having smaller families.

**Question 9 b) Does the experience of Kerala**

**point the way to demographic transition for the poorest developing countries?**

Adopting programs similar to those in Kerala

would be a good way for developing countries to

achieve demographic transition because there

was no use of quota-based plans or coercive

policies that have met with resistance in most

countries. In Kerala, demographic transition

occurred as a result of high levels of literacy, an

elevated status of women, good healthcare, land reform, and change by diffusion. Many of these goals would be good for other poor countries to achieve and they would also reach demographic transition in the process.

Adopting programs similar to those in Kerala

would not be a good way for developing countries to achieve demographic transition because they do not have the money to invest in education and healthcare. Kerala achieved demographic transition under a Marxist government, a form of government not wanted by most developing countries. Most developing countries want to reduce population growth immediately, but the process followed by Kerala requires long-term investments. Societal changes regarding the status of women and land reform are not popular among the ruling elites of most developing countries.

**Question 10 You have seen the approaches**

**that India and China have taken to deal with**

**their population growth challenges. What**

**should other countries of the world do to deal with similar challenges?**

From the approaches of India and China, it

appears that in order to deal with similar

challenges, other developing countries of the

world should

* abolish coercive birth control policies
* attempt to provide better education for all citizens to improve literacy rates.

This would allow…

i) citizens to read information about birth

control techniques.

ii) citizens to read information regarding the

necessity of proper nutrition and sanitation.

This helps children to survive childhood,

thus reducing the need for many children.

iii) citizens to gain knowledge and skills for new

employment that provides higher income.

This eliminates the need for many children

to contribute to the support of the family.

iv) women to achieve a higher status within

society, work outside the home, marry later in

life, and consequently have fewer children.

v) allow women to take control of their fertility,

which generally leads to lower birth rates.

**Question 17 Examine the population pyramids in Figure 6–16. What evidence is given here about the relative success of China’s and India’s attempts to control fertility? Give specific references to the pyramids in your answer.**

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􀂄 Compared to India, it appears that China has

had better success in controlling its fertility rate.

Contrary to the shape of India’s pyramid, the

base of China’s pyramid is narrower than it was

approximately 20 years ago. This shape is

indicative of a country that is in the process of

controlling its fertility. Contrary to the shape of

India’s pyramid, the relatively wider sides at the

top and middle indicate that China’s

dependency load is becoming more balanced

between young and old.

􀂄 Compared to China, it appears that India has

not had as much success in controlling its

fertility rate. Contrary to the shape of China’s

pyramid, it has a wide base, concave sides,

and a narrow top. This shape is indicative of

a country that is still struggling with high birth

rates and comparatively high death rates.

Contrary to the shape of China’s pyramid,

India’s pyramid indicates a large, youthful

population that continues to grow. Its shape

is typical of a developing country.