

Overpopulation in Developing Nations
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Abstract

This paper provides a review on literature regarding international overpopulation and birth control. In these nations, the fertility rates have remained constant while mortality rates have decreased, dramatically increasing the population of these nations. First, background information and history regarding the population peak in the twentieth century is presented. The US involvement in overseas family planning programs is then discussed. Overpopulation in sub-Saharan Africa and the Middle East are each briefly discussed also, followed by discussion of the influence of the Roman Catholic Church. In conclusion, recommendations for further research are presented.

Introduction

One of the major concerns for many developing nations is the overpopulation that is occurring within their societies, conflicting with limitations on the use of contraceptives or family planning. There are many nations that are becoming dangerously overpopulated due to advances in the medical field that allow people to live longer and live in spite of diseases and conditions that would precipitate a premature death. In many cases, these nations have social standards that restrict or completely prohibit all discussion of contraception or family planning. Most experts agree that overpopulation in developing nations is a pressing issue; however the controversy lies in which approach should be taken in mediating the overpopulation.

Background and History.

Developing nations around the world are experiencing a population explosion, while at the same time developed nations, in the West and in Asia, are experiencing a decreasing fertility rate, resulting in an aging and dwindling of population. Researchers are not yet certain whether this contrasts yields an overall population explosion or shrinkage. However, researchers and demographers all agree that in developing nations, the population has been growing faster than it has been shrinking (“Transitions in World Population,” 2004).

During the twentieth century, the advances in modern medicine dramatically decreased the death rate, and in many nations the population increased even as fertility

rates fell, due to the greater number of people living longer. In developing nations, however, the population actually quadrupled in the twentieth century, reaching 5 billion. In the second half of the twentieth century, the average life expectancy in less developed countries rose from 41 to 63 years old. At the same time, the infant mortality rates fell from 180 deaths to 61 deaths per 1000 births. For some nations, the value is higher, namely sub-Saharan Africa and South- Central Asia (“Transitions,” 2004).

The areas that have the most growth in total fertility rate (TFR) are in sub-Saharan Africa and in the Middle East. In Africa, the nations that have the most population increase include Mali, Niger, and Uganda. In the Middle East, Yemen is in the worst condition regarding drastically increasing fertility rates. Yemen’s social standards are too strict to advocate the use of contraceptives in their society (“Transitions,” 2004)

During the 1950’s and 1960’s, the Western world reached out to developing nations with new and innovative technology in contraception. Suddenly the developing nations were the object of attention. The Western world began using contraceptives extensively in the late 1900s, and this more than anything is probably the reason that attention suddenly shifted to the overpopulation of development countries, and the need for family planning. In India in the 1950’s, exhaustion of food and resources to support the population resulted in the implementation of family planning techniques (Caldwell, 2005).

Records from the League of Nations show that during the first third of the twentieth century, most population growth occurred in Asia, Africa, and Latin America, all of which contain developing nations. Before the First World War, it was evident that these regions were increasing rapidly in population. During the 1940s, it became evident that contraceptive measures had to be introduced to non-industrial or developing nations. However, the agencies set up in these nations were powerless to provide contraception due to the social stigmas and rules of each society. For a while, all they were capable of really doing is providing educational measures for other methods of family planning (Caldwell, 2005).

The population boom really took off in the 1950’s when more contraceptive technology was available, as well as better health care for those who were not well off. The dramatic increase in fertility encouraged family planning strategies in Asia in the

early 1950's, and also encouraged India to look into it. From 1950 to 1965, the population in Latin America increased by 50 percent, and in Asia it increased by 36 percent. The death rate fell substantially in relation to the fertility rate (Caldwell, 2005).

During the second half of the twentieth century, industrialized nations have branched out to distribute information on family planning as well as contraceptives. Most nations have been hostile towards this attempt to subvert their own cultures and beliefs. However, there is proof that slowly nations are becoming more open to the technology (Caldwell, 2005).

U.S. Involvement

Mary Cooper's article, entitled "Population and the Environment," gives a background regarding the United States involvement in global family planning. In the late 1960's, the U.N. Population fund was organized to try to slow rapid population growth. Funding was provided through the United Nations as well as through the United States, namely the U.S. Agency for International Development (AID). This organization helps governments and non governmental organization with setting up voluntary international family planning programs. However, according to Cooper, the U.S. has been accused of unfair policies, of forcing abortion and sterilization on women in less developed nations against their will (Cooper, 1998). In addition, Kim Krisenberg presents the fact that a condition of American aid with contraception and family planning is that no aid is given to organizations that advocate abortion in anyway, unless the woman's life is at risk, the woman is a victim of rape, or if she participated in incest. Many clinics have refused American aid because they believe that women have a right to be informed of all of their options (Krisberg, 2006).

John Caldwell states in his article, entitled "Demographers' involvement in twentieth-century population policy; Continuity or Discontinuity?" that there have been numerous researchers who have looked into the pros and cons of American involvement in international family planning programs. Caldwell presents the opinion of a researcher by the name W.S. Thomson, who believed that the United States must become involved in family planning practices in Asia, handing out contraceptives as well as information regarding family planning. Caldwell goes on to state that other researchers had claimed

that “it would be irresponsible to assist with the decline of the death rate but not the birth rate.” (Caldwell, 2005)

Cooper states that although there are many who object to the involvement of the United States overseas in family planning practices, there are also many who support the U.S. involvement. They say that the United States is in no way forcing women not to have children, but women are deciding not to have children on their own (Cooper, 1998). Also, Kim Krisinberg argues in her article that the United States involvement with international family planning policies has had many benefits. She states that according to the United Nations Population Fund, U.S. international family planning has prevented an average of 60 million unplanned pregnancies, 105 million abortions, 22 million miscarriages and almost 3 million infant deaths. Recently, the President has been cutting off money to the United Nations Population Fund, and this has impacted family planning clinics around the globe. It is a decision that remains highly controversial (Krisberg, 2006).

Focus on Africa

In sub-Saharan Africa, the question does not regard the ethical considerations of contraception as much as the costs. The poorest developing countries are often the ones with the greatest fertility rates and the least resources to maintain the population. This is the case with many sub-Saharan African nations, including South Africa and Zimbabwe. Statistically, it has been proved that the fertility rate in African nations is higher than in the Western nations. The problem is that more developed nations consume the most resources, leaving a minimal amount to sustain the population of African nations. In addition to the actual contraceptives themselves, African nations would have to be provided the proper sexual education for the appropriate use of the contraceptives. Studies have been done by the United States Agency for International Development (AID) that indicate that in developing nations, more than 100 million married women do not have access to family planning information or contraceptives (Cooper, 1998).

Focus on the Middle East

In regards to family planning and contraceptives, the Middle East is a unique area, particularly the Arab nations in the Middle East. In many cases, the strictness of the Muslim religion prevents the discussion or use of contraceptives as a family planning measure. Women are not afforded the right to decide for themselves whether they will have children, in accordance with the Islamic religion, and the childbearing decisions are left to the father. However, in the face of national pressures, the Middle East nations have begun to change their policies in favor of less strict practices (Nelson, 2005).

There are quite a few nations who have looked into contraceptive education and family planning. Iran and Jordan have both begun to implement effective family planning strategies, and have allowed the use of contraceptives. Other nations, such as Saudi Arabia, Algeria, and Morocco are also beginning to implement plans (Nelson, 2005).

Some nations, however, refuse to accept foreign ideas of family planning. In Yemen, for example, the fertility rate has not decreased, while the mortality rate has decreased. Yemen follows strict Islamic religion, however, and will not condone the use of contraceptives, or the education of family planning, despite international pressure (Nelson, 2005).

Influence of the Roman Catholic Church

So far, the regions of the world that have been discussed include sub-Saharan Africa and the Middle East. However, apart from specific regional environmental factors such as enforced restrictions and want for resources, there are also other important factors, a key factor in this case being the influence of the Roman Catholic Church. The Church does not influence any one specific region, however it is powerful when considering the widespread groups of people that follow the Vatican.

The Roman Catholic Church is infamous for its condemnation of contraception and other methods of birth control. According to the article, "Condom Conundrums," published in the Economist by an anonymous author, dogma dictates that sexual acts must be committed with the possibility of conception, and anything barring conception is counteractive to nature and the formation of life ("Condom Conundrums," 1993). The author argues that since conception can only occur in a small span of time between

ovulation, then the creation of life cannot be the only purpose of sex. The article states that because the Vatican supports family planning around ovulation cycles, there is no reason for the Vatican not to support family planning through the use of contraceptive techniques such as condoms or pills. It argues that family planning in itself is an act of responsibility, as opposed to self-indulgence, which is how it is viewed by the Church. Thus the Church has no reason not to condone the use of contraception (“Condom Conundrums,” 1993).

Conclusion

It is evident from extensive demographic research that there is inequity regarding population growth between less developed nations and developed nations. Though fertility rates continue to decrease in both places, the rate of fertility in developed nations is nonetheless significantly smaller than the fertility rate in less developed countries. The statistics are unmistakable, and something that everyone agrees on; many developing nations are experiencing problems with overpopulation, draining their resources and endangering their economic standing.

Beyond this conclusion, it is difficult to draw any definite plans for improvement of the situation through either family planning or providing added resources to overburdened nations. More research would have to be done that is specialized to the society of each particular nation, because there are so many factors to take into consideration when formulating family planning and educational plans. The plans would have to take individual culture and belief into account, to avoid infringing on the nation’s sovereignty and effectively solve the problem simultaneously.

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