

## Chapter 11 Summary: Human Population: Growth, Demography & Carrying Capacity

### 11-1 Factors Affecting Human Population Size

Statistics in [demography](#) describe [population change](#), which is influenced by [fertility](#) and [death rates](#). Worldwide [birth rates](#) (also called [crude birth rates](#)) and death rates are coming down, but death rates have fallen more sharply than birth rates. As a result, the world's population is still increasing.

In 2004, the [total fertility rate \(TFR\)](#) was 1.5 in developed countries and 3.1 in developing countries. Although global TFR has been declining, it is still above [replacement-level fertility](#). In the United States, a drop in TFR has led to a decline in the rate of population growth. However, the population of the United States is still growing faster than any other developed country.

Birth rates are affected by the role of children in the workforce, the degree of urbanization, costs of raising children, [infant mortality rates](#), availability of private and public pension systems, average age at marriage, availability of birth control and legal abortions, and opportunities for women.

[Life expectancy](#) and infant mortality rate are useful indicators of the overall health of people in a region.

### 11-2 Population Age Structure

The [age structure](#) of a population affects its growth. A country with many people below age 15 has built-in momentum to increase in population size. Age-structure diagrams can be used to predict the effects of booms or busts in a population.

Worldwide, the percentage of people over age 60 is expected to increase. The number of deaths from HIV/AIDS in Africa is expected to double within the next decade.

### 11-3 Solutions: Influencing Population Size

According to the [demographic transition](#) model, as countries become industrialized, first their death rates, then their birth rates, decline until their population growth levels off and can eventually decline.

[Family planning](#) can help lower birth rates and abortion rates. Increasing women's access to education and paying jobs also lowers birth rates.

### 11-4 Case Studies: India and China

The world's first family-planning program began in India in 1952. The results of the program have been disappointing. Indian women still have an average of 3.1 children. Despite education about contraception, the need for child labor and a

strong cultural preference for male children encourage couples to keep having children.

China has achieved a sharp drop in fertility through the world's most extensive, intrusive, and strict population control program. Couples are urged to postpone marriage and to have no more than one child. Couples who have more than one child are penalized economically. There is ready access to sterilization, birth control, and abortion.

### **11-5 Cutting Global Population Growth**

The 1994 United Nations Conference in Cairo resulted in a population plan endorsed by 180 governments. Developing countries agreed to cover two-thirds of the cost but have provided only about 40% of their commitment.

The best route to slowing population growth is by investing in family planning, reducing poverty, and elevating the status of women.