

### Chapter 3 – Population Debates and Policies

How many people can Earth sustain without depleting or critically straining its resource base?

#### Population and Resources

- Thomas Robert Malthus (1766-1834) created a theory of population relative to food supply established resources as the critical limiting condition on population growth
- Malthus's theory was published in 1798 and set up two important concepts
  - Food is necessary to the existence of human beings
  - The passion between the sexes is necessary and constant
- Changes – prompted by technological innovations – revolutionized the English agriculture and industry and eliminating traditional forms of employment faster than new ones can be created
- Condition led to a fairly widespread belief among wealthy members of English society that a surplus of unnecessary workers existed in the population
- Malthus insisted that “the power of the population is indefinitely greater than the power of the earth to produce subsistence”
  - Essentially, he said that the population of the world will inevitably exhaust food supplies

#### Population, Resources, and the Environment

- David Harvey, a geographer, has explored the population-resources issue and has shown that the limitations of Malthus's approach, demonstrated that with a certain scientific approach, leads to only one possible outcome- a doomsday conclusion about the limiting effects of resources on population growth
- Harvey argues that human innovation and creativity will be able to overcome the limitations of their environment
- Today, Malthus's perspective is still seen as a stepping stone to doomsday, as many believe that as the population of the world continues to rise, will pose the most dangerous threat to the environment
- Some approaches see the people and governments responsible for the availability of scarce resources needed for human survival
- Some see the issue as political, as governments continue to avoid the issue because they lack the will or resources necessary to redistribute wealth or the resources to reduce poverty
- International agencies have created conferences for the world's countries to establish globally acceptable population policies

#### Population Policies and Programs

- **Population policy** – an official government policy designed to affect any or all of several objectives, including the size, composition and distribution of population.
- Implementation of a population policy is known as a population program
- Population policies of the last two decades have been directed at reducing the number of births worldwide
- It has been projected that the global population is rapidly increasing, as well as social and

economic inequalities

- By the next century, the majority of population growth will be from Africa, Asia and Latin America, whereas Europe and North America will experience very low and in some cases, low population growth
- September 2000 – the “Millennium Declaration” adopted by 189 nations made a commitment to achieve eight key “Millennium Development Goals” by 2015
  - Eradicate extreme poverty and hunger
  - Achieve universal primary education
  - Promote gender equality and empower women
  - Reduce child poverty
  - Improve maternal health
  - Combat HIV/AIDS, malaria and other diseases
  - Ensure environmental sustainability
  - Develop a Global Partnership for Development
- Enabling more sustainable economic growth worldwide is a way of also shaping population growth and the quality of life for people in the periphery
- Many demographers note that the relationship between a woman's status and fertility can determine the rate of population growth since if more women are at work, they will not be able to take care of a high number of children.
- More equality between men and women inside and outside the household is also believed to have a significant impact on reducing fertility.
- Enabling voluntary constraints that give both men and women a choice, and educating them about the implications of such choices, can improve and help smaller populations
- Population experts have provided evidence that an excess of female mortality characterizes much of the periphery
- Estimated that 60 million and 100 million more females would be alive today were it not a preference for male children.

### **Population, Health and the Environment**

- **Medical Geography** – the part of geography that considers patterns of health and the spread of diseases
- Made up of four distinct approaches
  - The study of the cause and spread of disease
  - The study of the provision and consumption of health care
  - The study of the social construction of health and the study of the effects of environmental change
- **The Study of the Cause and Spread of Disease**
  - Mapping patterns of disease, geographical analysis has been able to pinpoint possible causes of illness
  - The work of Dr. John Snow examined the geographical pattern of cholera cases in London, England and showed that they were the product of a water supply contaminated by sewage

- Connection between disease incidence and geographical patterns continues to be explored as the focus is now on ecology of diseases, their ecological relations with their agents of transmission and the environments in which both disease and vector interact with human populations
- **Epidemiological Transition** – a theory stating that the prevailing forms of illness changed from infectious to degenerative types as the demographic transition occurred
- It could be argued that high death rates are mainly caused by very high rates of infectious and parasitic diseases
- Contrasts with the situation after the transition, when mortality is mainly the result of degenerative diseases caused by aging and changing lifestyles
- **The Study of the Provision and Consumption of Health Care**
  - Urban areas have a better provision of health care than rural areas
  - Discrepancies raise questions about the social justice of such spatial inequalities of service provision
  - Prompt further research into the provision of health care for groups, such as single parents, people with disabilities and Aboriginal communities, because of their disadvantaged position in society
- **The Study of the Social Construction of Health**
  - Work of scholars have proven that health care and medical care are not the same
  - Ideas of good health and the nature of illnesses are defined by their social norms
  - Medical traditions are themselves an outcome of our views about nature and science
  - Forces of industrialization and consumption have fundamentally altered what we consider to be “good health” and our view of how to achieve it
- **Environmental Change**
  - John Eyles and Susan Elliott noted that environmental change can adversely affect the overall health and well-being on people
    - Climate Change – if global warming continues, heat related deaths will be on the rise. Respiratory based disorders and increases in waterborne infections could result. Hotter conditions have allowed deadly pathogens to gain a foothold in southern Ontario, Manitoba and Quebec
    - Pollution – Particulate matter in the air result in about 70 cases of premature deaths per year and 300 additional hospital admissions
    - Psychosocial effects – Our fear of change, the context in which change occurs, and its impacts on the community can affect how we are able to deal with environmental changes.

### **The Geography of Canadian Health**

- Population experts regard life expectancy as one of the basic indicators of the overall health of a population, and one that allows reliable comparisons to be made among places and over time
- Canada currently ranks among the top three most developed countries of the world in terms of its life expectancies, self-rated health, and mortality statistics
- Though Canada's health care may be high in the world rankings, Canada also faces a significant

problem of poverty

- People with higher incomes generally live longer than people with lower incomes
- The geography of health is simply one manifestation of the spatial inequalities generated by Canada's economic geography
- Experts remark that it is the relative distribution of income in a given society, rather than the total income, that is the important determinant of health status
- The geography of Canadian health can be looked based on mortality rates from all districts around the country
- Most health patterns have considerable variation around the national averages
  - For example, breast cancer rates in the Peace River region of BC have higher levels of breast cancer whereas the Northwestern region of Alberta has high levels of mortality from circulatory diseases
  - Life expectancies in Richmond, BC are much higher than those in Nunavut
- Medical geographers look at two types of explanation
  - A behavioural (or lifestyle) hypothesis argues that the geographical differences in health arise because certain groups of people more commonly engage in health-threatening activities and less commonly participate in health-promoting activities
  - The pattern of health inequalities looks against the lifestyle approach and sees this based on the economy and society as a whole
    - Less wealthy people are more likely to be exposed to health hazards where they live or work simply because those necessary health-care resources tend to be located in the more wealthy parts of town
- Canadian medical geographers have observed that there are marked discrepancies in the provision of medical services and that a more equitable spatial pattern would be one possible public policy solution to all health care problems
- A provisional list must surely put the various advantages and disadvantages of urban and rural living in the balance with the spatial inequalities inherent in the basic differences in Canada's economic geography.