**Research Article**

**Overpopulation in Developing Countries**

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**Abstract**

**Aim:** To examine the causes and implications of overpopulation in developing countries, as well as existing attempts and potential solutions for future efforts to address this problem.

**Background:** Overpopulation can be classified as a variety of things depending on the country, region or even period being referenced. Much of it has to do with resources so it can be simply worded as when the needs of a species in a certain location outnumbers the resources available. It is caused by many factors including immigration or new developments in medicine that lead to longer life expectancies and lower mortality rates, but this study will focus on a few factors specific to many developing countries.

**Method:** A review of literature examining case studies, reports, and other previously accumulated data on the causes and effects of overpopulation in developing countries, as well as historical and ongoing initiatives to solve the problem was completed.

**Conclusion:** Many studies demonstrate that promoting gender equality, education, and employment can help to reduce overpopulation in underdeveloped countries around the world.

**Keywords:** Developing Countries; Gender Equality; Overpopulation;Reproductive Health; Sexual Education

**Introduction**

One of the first names you learn concerning overpopulation is Thomas Malthus. Malthus was a British economist, demographer, and clergyman who lived from 1766 to 1834 [1,2]. He wrote several books about his concerns. The main idea was that the rapidly rising population was an issue and that it would surpass the food supply and cause problems down the road [2]. He felt that this growth needed to be regulated, things like controlling birth rates as well as famines and wars were mentioned [1]. His views were seen as radical and garnered a lot of attention. Defining overpopulation can be a challenge because around the world it means different things. Many areas have dense populations but would not be considered overpopulated. One commonly used definition comes from George Morris, “when there are more people than can live on the earth in comfort, happiness, and health and still leave the world a fit place for future generations [3].” Simply put it can be an overabundance of a species in a specific area where their needs outweigh what that area can supply.

As time has gone on high fertility rates, population density and over population remain subjects of great discussion. Many countries in Europe like Estonia, Bulgaria, and Greece have shrinking populations but in other countries the numbers continue to climb. One could argue that with some countries shrinking and others growing things will balance out. In some cases, this may be acceptable if the country has the means to support its growing population. The issue arises when a population continues to grow in a developing country that does not have all the resources it needs for the citizens it already has.

**Background**

There are numerous reasons for overpopulation including the advances in medicine leading to longer lives, but this paper will cover a few of the ones that are common in many developing countries. To start, many developing countries are lacking in education in general as well as a comprehensive sexual education. Another related issue is lack of contraceptives or a stigma behind their use. These ties into the third factor, a lack in gender equality.

**Methods**

To better, understand a subject a literature review was done using the following search terms: overpopulation,developing countries, sexual education, reproductive health, gender equality. Initial thoughts are to research the countries with the highest populations like the United States, China, and India [4]. Although that is important it is also vital to bring attention to the countries with the highest fertility rates and fastest growing populations and note that these are not always the same as the countries that currently have the most people. Many of the countries with rapid growth are underdeveloped nations. Looking back on the definition of overpopulation, the number of people in many of these countries is more than their countries can adequately provide for. These nations have a boom in population but many of those newborns will not have a high quality of life. These countries regularly have high fertility rates, high infant mortality rates, low GDPs, short life expectancies, weak infrastructures, environmental degradation, and civil unrest. The list of countries that these qualifiers apply to include but are not limited to Chad, Angola, Uganda, Afghanistan, Syria, Lebanon, etc [5].

A quick online search for the word “Overpopulation” yields a variety of results. Because of my location many of those results are geared toward the US. Article titles argue about whether overpopulation is something Americans need to concern themselves with. Many say that yes, it is important now and politics and immigration policies are mentioned while others argue that there is no cause for alarm and that we have all the resources we. Many of these arguments can be backed up by peer-reviewed research but the more pressing issues are the countries without the resources to take care of their current population.

As of 2019, there are close to 8 billion people on Earth. Since this is being written in 2020, we can expect that at least 50 countries will be doing a census so these numbers will be updated. Currently developed countries in Europe and North America are on the list of highest population but with recent trends this will change. Many of the countries I have mentioned as well as other African and Asia countries will be climbing the list to take top spots, particularly countries like the Democratic Republic of the Congo and Niger which has the highest average births per woman at 7 [6].

The UN began the UNFPA in 1969 and the UN Population division, they focus on human rights as well as reproductive health, gender equality, and population and development [7]. They understand that all these things are connected, poverty, human rights, water scarcity, and food insecurity and want to help turn the tides to lead to demographic dividends. This is a reduction in fertility and mortality rates leading to the number of adults outnumbering children [8]. The is to avoid the issue China came across by having a larger working population to contribute to and boost the economy.

**Results**

The research proved that the saying, “It’s a man’s world” does not come without evidence. In Seema Jayachandran’s *The Roots of Gender Inequality in Developing Countries* she says, “Gender gaps favoring males—in education, health, personal autonomy, and more-are systematically larger in poor countries than in rich countries” [9].She then goes on to explain that this is not exclusive to developing nations as men earn more than women in virtually every country [9]. Jayachandran also mentions how education can affect population. In many of these countries, men getting an education is seen as more important and common than a woman wanting to. Because of this she may not be encouraged or allowed to do so at all.

There is often a lack of comprehensive sexual education in schools and certain cultures around the world. Within a culture where it is taboo to discuss things of a sexual nature problems will arise. This includes sexual education, reproductive health, and puberty. Because this is a taboo subject many children grow up without knowing much about sex. They are also unaware of what is happening to their bodies, how pregnancy works, what contraceptives are, etc. Some children with a curiosity for the unknown turn to other sources for information, specifically the media. They then learn from a deeply flawed and unrealistic television show or movie and carry these falsehoods into adulthood. These issues flow downstream and affect the public health of people. It can lead to high likelihood of birth complications, infant mortality, and overpopulation.

Contraception is another factor to take into consideration when discussing population. In this situation it falls into two categories. One concern is the accessibility of contraception. For example, Colombia focused on providing its citizens with access to contraceptives. Over time they discovered that this increased the amount of time women waited to have children [9]. The women were using their time to get more education and start careers.9 This example is not exclusive to Colombia as similar results have been seen in other countries and could be put into action in the countries in need. Depending on if a village is in a valley, on a mountain or in the desert it may be hard for suppliers to get contraceptive to them especially if that is not considered a priority in that society. This problem is more prevalent in rural areas. The European Journal of Contraception and Reproductive Health Care published a study that stated, “Supply chain failures or bottlenecks may be attributed to: weak and poorly institutionalized logistic management information systems (LMIS), poor physical infrastructures in LMICs, lack of trained and dedicated staff for supply chain management, inadequate funding, and rigid government policies on task sharing [10].” The other side of it is the knowledge which goes hand in hand with sexual education. People need to be taught about the types of contraception, how to use them, and determine what works best for them.

Like all living things humans require sustenance, as Malthus often mentioned. Depending on the country people will plant, hunt and fish for their food; this is to say the demand will increase and the supply will continue to decrease. If more fish are being caught and more deer are being hunted, the equilibrium and biodiversity of that ecosystem will become unbalanced [11]. This could lead to certain animals going extinct and others not having predators at all and running rampant.

Also, this could lead to food insecurity and water scarcity. The International Food Policy Research Institute (IFPRI) found that many countries that do not have enough food now are still growing in population [8]. On a grand scale world hunger has reduced but for many countries it has remained the same or gotten worse [8]. With a growing population the issue of food insecurity will only continue to grow. One thing people often do not consider is the social and emotional impacts of not having enough food and water. Mental anguish often comes from a struggle for survival, specifically anxiety, helplessness, depression, and overall emotional distress [12,13]. In a situation where someone is unable to meet their basic needs (food, water, and shelter) they can become physically ill (diseases from contaminated water). The added emotional stress of dealing with that realization can exacerbate one’s health and shorten their life.

With a higher population comes a demand for more space. This can lead to deforestation, land is then cleared to make space for homes, stores, farms, and anything else to meet the needs of that society. With outside influence globalization may begin as well. Big private sector international companies see opportunities in developing areas and start marketing to make a profit. An example of this was in Poland when international companies came over and heavily marketed smoking. This led to tobacco use skyrocketed leaving Poland with a public health issue to rectify for years. You can swap out tobacco with paper, timber, or fuel and add an incentive to sell trees to these companies and the deforestation has begun. As a company tears down a forest, they use it for fuel, that fuel is burned and contributes to emissions, greenhouse gases, and climate change [11].

In a developing country the high fertility rates are sometimes coupled with high mortality rates. This is due to a lack of clean water, hygiene and other health practices that combat disease. Women in the countries with high fertility and mortality rates are also at higher risks for complications leading to high maternal and infant mortality rates, lowering life expectancies causing pregnancy to be a dangerous endeavor [9]. This is an issue because of a lack of resources as well as a smaller number of medical professionals.

In some developing countries, there are brain drains. This is when the people with the most education from that country migrate elsewhere, leaving their homeland short on professionals, tradesmen, and skilled workers. This is often because of their education and opportunities. Young people will travel abroad for school and once they graduate, they are in demand in countries outside of their own [14]. Though there may be jobs in their countries of birth, they may have gotten use to a certain lifestyle while in college or are offered more money in more developed nations.

In a country that is short staffed on skilled workers important jobs are sometimes left undone or not at the highest quality. An example being Afghanistan; Afghanistan most women will go to their initial appointment after discovering that they are pregnant but not even a quarter will return for follow ups unless they sense something may be wrong [15]. Some who have had medical attention report poor bedside manner and abuse from the medical facility’s staff [16]. Sometimes the only way around this is not returning, knowing someone that works there or pay offs [16]. On the other hand, medical staff report that they make low wages, work in poor conditions, and have a high amount of stress which can often lead to a lack of sympathy or concern for the patients [16].

**Past and Current Efforts**

Baby boomer is a very famous term that originated after the Second World War. Once it was over and men returned home population rates climb rapidly. At the same time, technology and medicine continued to advance meaning people were living longer than they had in prior generations. Worldwide the average fertility rate was 5 children in the 1960s, many nations did the math and saw that this all could lead to overpopulation, so they took action [17].

In Ruth Levin’s *Case Studies in Global Health,* she presents a case study about reducing fertility in Bangladesh. She reported that the country had a high number of its citizens living in poverty and a high population density.18 Because many of the women were less likely to have received an education or have access to contraceptives, the government took the initiative to educate young married women about contraceptive services and provide them with jobs as outreach workers to teach others [18].

Clinics specializing in family planning, contraception, and overall reproductive needs were established, and personnel were assigned zones to ensure that no areas were overlooked. The initiative also aimed to shift what was thought to be the cultural norm when it came to family sizes. They used movies, television, and radio to market to men [16]. By the late 1990s about 70% of the women had used contraception at some point, the average amount of children per family was cut in half, and women over 35 were having less children [16].

Afghanistan has a high fertility rate but is more known for its high infant mortality rate and rate of birth complications. The country’s Ministry of Public Health (MoPH) is aware of this issue and has started promoting health education, like nutrition, immunizations, mental health, and childcare [19]. Many of their efforts to educate is media based and the numbers showed that pregnant women with television and radios go to more doctor’s appointments [19]. While this is a good method, many people living in poverty that do not have access to these media outlets are not being reached. This is still leaving them susceptible to higher mortality rates.

In the early 2000s the MoPH started the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS). This was done with financial backing from different countries and international organizations, regardless of cultural and religious differences [20]. These programs were put in place to address the public health needs of Afghanistan, specifically those in rural areas. Initially some programs and services were not free, but it was realized that without the fees more people would use the services [20].

Due to religious and cultural customs it is not appropriate for men that are not relatives or husbands to be in certain situations with women. These situations may include private conversations and physical examinations that leave women in very vulnerable positions if they cannot have a male relative present. In response the MoPH has a goal of recruiting 5,000 female health workers [20]. More legislation has been put in place to protect women and more are getting education, so this is in the works.

As previously mentioned, some of these countries did have assistance from private organizations as well as other countries. As one author puts it, “The fear of a population explosion lent impetus to what effectively became a global population-control program [17].” Together many developed countries formed the World Population Conference and created policies to curb population rates. This included several countries that equates to 58% of the world’s population.17 Along with entire countries being involved private companies run by Ford and Rockefeller tossed their hats in the ring as well as organizations like USAID and the World Bank [17]. Their efforts went to countries like India, Sri Lanka, and Pakistan.

**Discussion**

The center of many discussions on childbirth and population sizes are those who bare children, the women of that society. Women have been fighting for equality throughout time and history has shown that in environments closer to gender equality economies can thrive. GDP per capita, life satisfaction rates, education, and employment rates rise as well [21,22]. It is a win for everyone. However, it may seem unrelated, governments providing more opportunities and possibly incentives for women in the workforce can be beneficial in this context. It would also be helpful in combatting the previously mentioned brain drain some countries face.

Another proposal is to normalize sexual education and to start young. If students are provided a comprehensive fact-based sexual education throughout their schooling by the time, they begin sexual activity they are more prepared. In many cultures if sex is even being discussed the biggest tactic used is fear. There is a fear of STIs/STDs and a fear of unwanted pregnancy. The solution then comes down to abstinence, end of discussion. That is not really an open and comfortable environment to ask questions and retain information. Abstinence is always the most concrete option to avoid overpopulation, unwanted pregnancies, and STIs/STDs but this is not the only option. It is only fair to provide all the available options. In that same vein a comprehensive sexual education must be for everyone. Frequently the burden of childbirth and child rearing falls solely in the woman’s hands and so they are the focus of many sex discussions and this should not be so. In countries, mostly European, where contraception is freely given and talking about sex, consent, contraceptives, reproductive rights/health, and puberty is normalized the fertility and STD rates are lower [12].

**Conclusion**

The final proposal is to focus on policy changes and improvements within the federal governments of the countries affecting by this issue the most. If there is a focus on enrollment and retention of girls in primary and secondary school, they are more likely to attend post-secondary school. For example, there could be a “Women in STEM” program offered to girls of all ages and scholarship opportunities provided to older girls as incentives. This puts them on a path to be eligible for jobs and enter the workforce. If there are more people in the workforce work can be spread evenly among everyone and help reduce brain drain. If a job is not notoriously stress, inducing it could draw more candidates. For jobs outside of STEM advertising the need for them as well as the benefits provided is a way to garner attention. This is similar to countries in Europe and Asia paying English speakers to teach English in their country. They often offer room, board, stipends, and other incentives to draw candidates. The way to get attention for this enterprise is to advertise at colleges and volunteer programs like Doctors without Borders and the Peace Corp.

This solution flows into the sexual education recommendation. These sexual education courses should be given by trained professionals. Often doctors are not providing these courses at primary and secondary schools. The idea is for them to head up the curriculum for the training on those courses. They would use their medical expertise to design an informative but not intimidating lesson plan for teaching sexual education to each age group through high school. Because of cultural differences, each country can pick professionals in its community to head this project. Manpower, and financial backing from the USAID UNICF, WHO and other world organizations could be requested. Some countries could even request grants from the private sector. Changing a country’s mentality about equal rights for women would be the hardest part of this initiative but if that barrier can be broken along with the other proposals presented here, we could possibly see a downward trend in fertility rates by the next census.

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