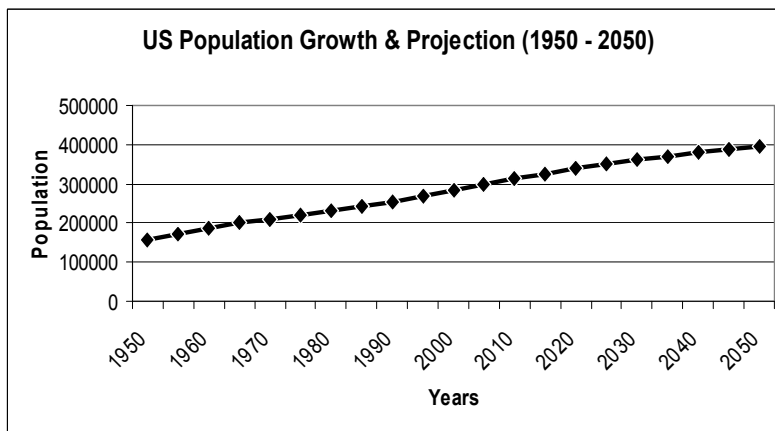


Additional Handouts

1. Compilation of articles on general key demographic trends
2. Compilation of articles on fertility and trends
3. Compilation of articles on mortality and trends

1. Key Demographic Data

Population, mid-2006	299,100,000
Births per 1,000 Population	14
Deaths per 1,000 Population	8
Rate of Natural Increase	0.6%
Projected Population, 2025	349,400,000
Projected Population, 2050	419,900,000
*Projected Pop. Change, 2006-2050	40%
Infant Deaths per 1,000 Live Births	6.7
Lifetime Births per Woman (TFR)	2
Population Age <15	20%
Population Age 65+	12%
Life Expectancy at Birth, Total	78
Life Expectancy at Birth, Male	75
Life Expectancy at Birth, Female	80
Urban Population	79%
HIV/AIDS Among Adult Population, Ages 15-49, 2003	0.6%
GNI PPP Per Capita, 2005	US\$41,950
Population per Square Mile	80
**Youth Ages 10-24, 2006	64,400,000
**Youth Ages 10-24, 2025	68,200,000



Ponder Responder

☞ Study the statistic highlighted in yellow / *. What are the implications of such dramatic population changes between 2006 and 2050 in USA?

☞ Study the statistics highlighted in green / **. Determine the percentage growth of youths aged 10 – 24 between 2006 and 2025, and the proportion of youths in comparison to the overall population for 2006 and 2025. Comment on the derived data in relation to benefits and consequences in demography.

2. Fertility of USA

Trends

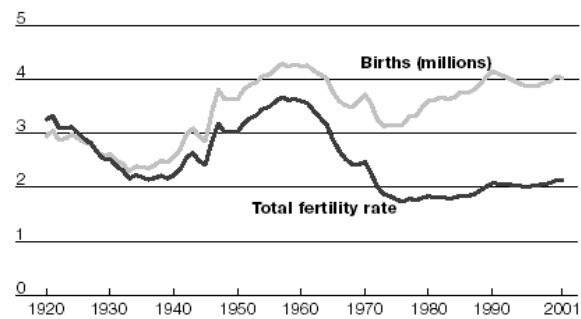
(a) *Oscillation in number of births*

(b) *Oscillation in TFR*

- ↑ Rebound in immigration
- ↑ Post-war baby boom
- ↓ Higher SoL
- ↓ Emancipation of women
- ↑ Government policies encouraging immigration
- ↑ Immigrants TFR increase total TFR

Figure 2

U.S. Births and Total Fertility Rate, 1920–2001



Government Policies

(a) *Emancipation of women*

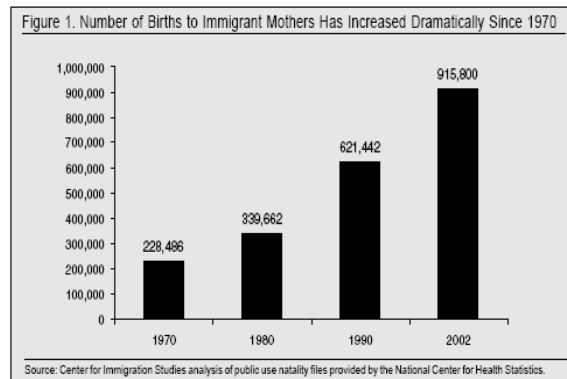
- ✓ Federal laws introduced to improve economic status of women (e.g. Equal Pay Act of 1963: equal wages for men and women doing equal work & Civil Rights Act of 1964: prohibits discrimination against women)

(b) *Immigration policies*

- ✓ Policies encouraging immigration introduced as TFR fell

- ✘ Immigration quotas on per-country basis established, discrimination against differences in immigrants removed
- ✘ In 1986, many illegal immigrants granted legal immigration status to curb illegal immigration
- ✘ New temporary visa for professionals

- ✓ Boosted population growth and negated effect of smaller American families and lower TFR
- ✓ Influx of immigrants pushed up TFR due to higher fertility rates and higher likelihood of being in reproductive ages



Socioeconomic Implications

(a) *Lack of education / schools*

- Many immigrants have little formal education, translating into poor employment opportunities
- May face problems like unemployment and poverty in future, threatening economic health of nation
- Hispanics especially vulnerable due to high drop-out rates from school
- Population growth increases dramatically number of schooling students, causing impact on education and thus future economic implication

(b) *Traffic congestion + Environmental degradation*

- More car owners with more people, potentially causing traffic congestion
- Greater pollution with more cars
- More people causes strain on environment and resources

(c) *Water and power shortages*

- Strain on energy and water resources cause frequent water shortages and power outages

(d) *Greater unemployment*

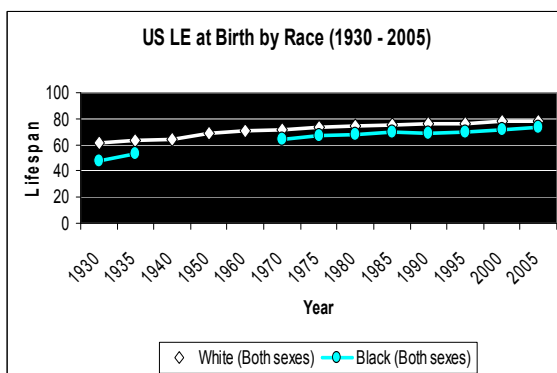
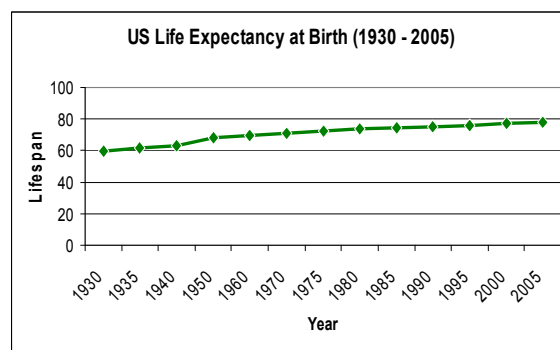
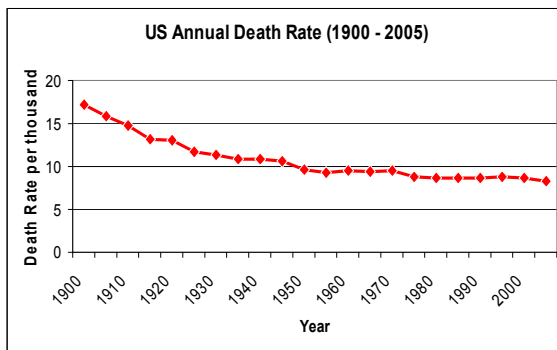
- Larger population but limited number of jobs despite greater labour force

(e) *Shortage of housing*

- Insufficient housing to house increased population size

DID YOU KNOW?

USA's higher immigrant population could have bearings on politics. During general elections, the votes of minority immigrants have an influence between who gets into political office in the state and even in the country. Certain groups of immigrants might also have preferences towards certain candidates.



3. Mortality of USA

Trends

(a) *Differing DR, IMR & LE among different races*

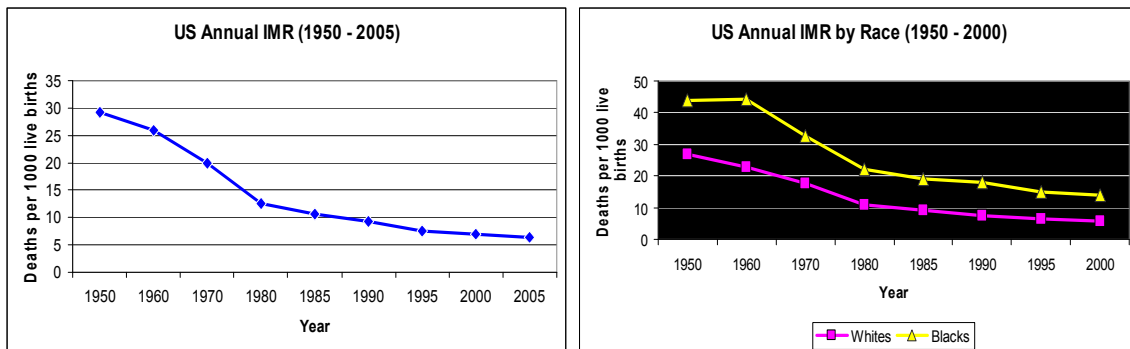
- ❑ Difference in life expectancy between whites, blacks (comparable to West African nations), Asians (highest) & native Indians
- ❑ Disparity in DR greatest among middle-aged,

especially blacks

- ❑ E.g. a black man living in high-crime city lives 21 years less than an Asian women
- ❑ HIV / AIDS possible factor influencing higher DR among blacks (higher occurrences)

(b) *Causes of death correlated to lifestyle / diet (Obesity)*

- ❑ Across races, causes of death related to American lifestyle and diet (though genetic and pollution-related diseases also fare high as a major cause of death)
- ❑ Sedentary lifestyle + unhealthy food = obesity
- ❑ Top 5 causes of death in 2004: Cardiovascular diseases, Cancer, Suicide, Cerebrovascular diseases, Respiratory diseases
- ❑ Obesity increases risk of death from related diseases (i.e. cardiovascular, cerebrovascular, diabetes, hypertension)
- ❑ 66% of Americans & 30% of American children are overweight, childhood diabetes has increased 10-fold in past 20 years
- ❑ American diet and lifestyle to blame for current obesity trend
- ❑ Prevalence of soft drinks, fast food, reduced PE lessons & greater SoL



(c) *Higher IMR than most MEDCs*

- ❑ 2nd highest IMR among 33 MEDCs (tie with Hungary, Malta, Poland & Slovakia), Cuba's IMR is lower than USA's, though this is not indication of better healthcare services in Cuba
- ❑ Black IMR closer to LEDCs
- ❑ Well-being of US mothers poorer compared to other MEDCs
- ❑ Short maternity leave & teen pregnancies lead to poor health care during pregnancy increases risk of premature births and thus deaths
- ❑ 30 - 40% infants die on their birthday in US, highest worldwide

Government policies

(a) *Healthcare policies*

- ❖ Government healthcare policies in two decades did not target middle-aged, instead targets children and elderly instead
- ❖ Disparities between middle-aged DR in past two decades thus widest
- ❖ Costly medical services cause income and racial healthcare disparities
- ❖ Expensive prenatal care results in higher IMR among blacks / poor
- ❖ Diversity of race and economy makes culture-specific policies difficult to implement
- ❖ No national health insurance policy (40 million don't have insurance!)

(b) *Emergence of anti-obesity policies*

- ❖ Banning soft drinks in school (Several states have implemented this)
- ❖ Banning trans fats in fast food (In New York, and pending in Boston)
- ❖ Curbs on junk food advertisement (especially advertisements targeting children) and taxes on junk food
- ❖ Stricter regulations on nutrition labelling

(c) *Emergency intervention for infants*

- ❖ Policy of emergency intervention: keeping premature and low birth weight babies alive by all means (Other MEDCs do not practice such policies)
- ❖ When stillborn baby is born, doctors will try reviving infant until resuscitation is impossible
- ❖ Such situation will be recorded as live birth, then death
- ❖ Meanwhile other European and MEDCs will record it as foetal death (which is not considered under IMR, and thus not reflected)
- ❖ Thus higher IMR of US could indicate greater intervention and life-saving

Socioeconomic Implications

(a) Decrease in minority population

- ⊗ Black population decrease due to high DR & IMR and low LE
- ⊗ Slowed and decreased population growth, despite high BR / TFR of minority
- ⊗ Worsen imbalance between races, hinder greater integration of blacks and minority with society

(b) Lower productivity

- ⊗ Productivity could decrease (due to obesity and fewer blacks), threatening economic growth

(c) Greater spending on health

- ⊗ Poorer health results in greater individual spending on healthcare
- ⊗ Public healthcare spending increase to cope with obesity-related diseases
- ⊗ Skew medical research from chronic diseases to obesity-related diseases

Ponder Responder

☞ Are there any benefits for higher DR / IMR? Discuss, with reasons.

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