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Who Runs the World: Girls
The Correlation Between Female Cultural Empowerment and Population Density

What is the carrying capacity of the planet? How many people will it take before we run out of resources and space? With four babies being born every second, and increasing life expectancy, the day will probably come sooner than we think. The population is growing at a rapid rate; over 228,000 people are born a day across the globe. It is estimated to reach 9.6 billion by 2050 (Palmer, 2014). As the population grows, an increasing amount of resources are needed to support it. As the earth has only a fixed amount of resources, this is a prominent, impending problem. A population of 10 billion is predicted to cause food scarcity (Hanmer, 2015). Although population growth has slowed in recent years, the current rate of increase will still leave the planet with shortages of food, water, land, and materials. The largest growth is predicted to come mainly from underdeveloped and impoverished countries; these are also environments where resources are most unequally distributed (Palmer, 2014). Additionally, in these areas women tend to be less respected, and regarded as second-class citizens. Although several approaches could serve as solutions, the most effective one would be to focus societal efforts on the empowerment of women. In order to fully address the problem of the planet's rapidly rising population, solutions must focus on increasing women's social status, education, and access to health care in developing countries.

In most places in the world, especially impoverished areas, women are undervalued and have a low societal status. Women's status can be defined as a women's autonomy, power, value and well-being relative to men within the same society (Smith, 2003). When compared to men, women tend to have less access to education, land, and power over their own decisions. Countries such as Asia and Africa put a much lower value on women's status and well-being than countries like America (Smith, 2003). They are thought of as lower-class citizens and are given less food than the men. They are expected to have children as an investment, to help on the farm, and to support their parents during old age. Women are often not allowed to hold positions of leadership in the community or family. On average globally, men are considered to be twice as empowered as women (Hanmer, 2015).

In countries where women are undervalued, they are restricted from making decisions about their own lives. One of the main decisions that may not be theirs to make is the number of children to have, or the amount of time between birthing children (Palmer, 2014). Too often, a woman is not allowed to refuse sex or ask her partner to use a contraceptive if it is available (Caldwell, 1979). In countries where women have a high social status, they make more choices that support their own well-being. When given the choice, women have fewer children and typically wait until later in life to become mothers (Palmer, 2014). As a result, a family is more likely, and able, to provide children more access to education, resources, and parental attention.

Some of the other main contributors to women's empowerment within society is their ability to have a job, own land, and have a voice in the community (Hanmer, 2015). Just like women in developed countries, women in developing countries have goals, want to succeed, and wish to support their families. Financial security provides benefits such as allowing women to receive health care for herself and her children, therefore reducing the mortality rate (Hanmer,

2015). A women's low social status is the fundamental reason that prevents her from having the autonomy she deserves to make decisions about her own life and the family she will have. Increased women's status in a country directly correlates to an increase in income and a decrease in the number of children a family has (Hanmer, 2015). When women feel financially secure, respected, and given they access to necessary resources, they are far more likely to have fewer children. Furthermore, if a women is granted social status equal to men, she will most likely choose to be educated and educate her children, further combating the population issue.

Females in developing countries are usually not allowed access to an education. For their families, it is much more advantageous to spend what little money they have to send the males to school (Palmer, 2014). Due to the structure of society, when the boys grow up they may be able to get paying jobs, unlike most of the girls. Therefore, girls are regarded as having no need for an education. Women tend to have more children in countries where the child mortality rate is high and the education levels are low. For example, in Mali, women with secondary education have three children, while women with no education have seven (Palmer, 2014). In these countries, the lack of education provided to women correlates with the mortality rates of their children. Infant mortality rates soar as the educational level of the mother declines. Infants born to completely uneducated mothers face a mortality rate four times higher than those born to mothers with elementary education. Infants born to mothers with little education suffer mortality rates twice as high as the infants of elementary-educated mothers (Caldwell, 1979). One of the primary reasons for this correlation is that women without educations are usually unaware of the best ways to care for a child. They lack knowledge of germs, sanitation, and basic health care that is taken for granted in developed countries (Caldwell, 1979). Therefore, they lose more children, and birth more to compensate. For example, when an infant gets diarrhea, the

uneducated mother may stop giving the baby fluids in order to stop the loss of fluids, increasing the child's dehydration. On the other hand, an educated mother would give the baby a mixture of water, salt and sugar, possibly saving its life (Caldwell, 1979).

With each additional year of education, women tend to wait longer to have children and have fewer when they do. A recent study has shown that with each additional year of schooling in Ethiopia, teen pregnancy decreased by 7 percent and teenage marriage decreased by 6 percent (Pradhan, 2015). The reason for this seems to be incentives; in terms of lost income, educated women have a higher opportunity cost of bearing children (Pradham, 2015). In addition, with more education about health care, women gain more confidence that their child will survive. This confidence allows them more freedom to choose how many children to bear. Interestingly enough, the largest decline in family size correlates to both men and women receiving access to secondary education (Pradhan, 2015).

There are many barriers keeping girls in developing countries from receiving an education. The prominence of patriarchal culture is typically the main factor. Others obstacles include early marriage, unequal division of housework, low motivation and social status of girls, and harmful cultural traditions (Jones, 2011). For example, girls going through menstruation are often forced to miss school up to five days a month (Jones, 2011). This could be due to lack of access to sanitary products and running water, or to cultural restrictions that do not allow them to go in public while menstruating (Jones, 2011). These missed days add up quickly and can cause girls to fall behind in school. Another problem for girls is that they are expected to stay home and tend to the house and farm work. Contrary to developed countries' ideas of women's responsibilities, women in developing countries are often performing hard manual labor. Case in point, women make up 43 percent of farmers worldwide (Palmer, 2014). Furthermore, it is not

uncommon for lack of money to be justification for a family not sending daughters to school. Too often, this results in a girl having sex for tuition money (Jones, 2011). When women are given access to the basic human right of an education, they tend to choose to have smaller families. While in school, they learn about health care, an essential factor for reducing population.

Women's status and education both directly affect their access to health care. Fertility rates are highest in countries without access to family planning and health care (Palmer, 2014). In developing countries, health care is usually limited, especially with regard to female reproductive care (Smith, 2003). There are high risks associated with having a child in a developing country. Compared to developed countries, mortality risks are 300 times more likely for women, and 14 times more likely for infants (Smith, 2003). Much of this has to do with both mother and baby's weakened immune systems from being underweight and undernourished (Mora, 2000). On average, pregnant and nursing women in developing countries only consume two-thirds of the recommended daily intake of energy (Mora, 2000). The lack of energy and nutrients received by pregnant women slows the baby's growth and development in the womb. In turn, their babies are born underweight and with a weakened immune system. Low birth weight is the best predictor of malnutrition in a developing country (Smith, 2003). These factors lead to higher infant and child mortality, and an increased number of babies born per family to compensate for the expected loss of several children. Family planning has the potential to reduce infant mortality by 10 percent and maternal mortality by 32 percent (Caldwell, 1979).

Once a woman gives birth, she might not be aware of the appropriate precautions to take to make sure her baby stays healthy. If she doesn't have access to an education or health care, she will most likely not know about proper sanitation, food storage, and how to treat illness

(Smith, 2003). Many babies are lost due to lack of basic sanitation and knowledge of germs. Beyond postmortem healthcare, knowledge of reproductive options before pregnancy is a pivotal factor in population size. Without access to family planning, women might not be aware of reproductive choices, like being able to use contraception and spacing out the births of children. Once women are educated on alternative family planning choices and contraception, they almost always choose to have fewer children (Mora, 2000). Access to family planning and health care increases women's autonomy over their own bodies. When given the choice, women would rather give birth to fewer children and be able to provide them with resources such as health care and education (Jones, 2011). Health care is an extremely important factor in population reduction; mortality decline is considered the main determinant of fertility decline (Caldwell, 1979). Over the past 40 years, family planning has already helped to increase the use of contraception from 10 to 60 percent; on average, this reduced the typical number of children per mother from six to three (Caldwell, 1979). Improving women's access to health care and family planning in developing countries is a guaranteed way to reduce population growth.

In order to fully address the problem of the planet's rapidly rising population, solutions must focus on increasing women's social status, education and access to health care in developing countries. All three aspects of concern are interconnected and involve more respect, opportunity, and choice for women. The repression of women, especially in developing countries, has lead to increased mortality rates, and therefore a higher birth rate. Contrary to evidence of the substantial population change that can come with these aspects, some critics of the women empowerment solution say that it will not make a real difference. They believe that the solutions should focus directly on forcing poor individuals to have fewer children. They don't understand that empowerment of underprivileged women will lead to reduced population

and increased well-being of communities. The population issue is not going to be solved by developed countries demanding that developing countries have fewer children. Americans must not think that the problem is not ours. Instead, well-off countries must assist countries with rapid population growth by helping them perpetuate women empowerment. Most solutions to these issues require policy changes. Improving women's access to education, broadening access to health care and nutrition, and increasing women's views of self-worth are important aspects (Mora, 2000). These are all realistic goals that we have more-or-less achieved in the United States. Nevertheless, America must continue to set a good example, by taking actions such as increasing access to birth control and reducing the price of health care. Then, developed countries must use experience and resources to encourage developing countries to follow suit. When these efforts are implemented in developing countries, they will accelerate the demographic transition. The results will be beneficial for all- not just women. Beyond just reducing population, the empowerment of women stimulates the community and economy of a country (Jones, 2011). If having resources and space is important to human kind, then it should be a joint human effort to reduce the population growth. Based on data, studies, and the humanitarian concept that women deserve equality: the empowerment of women is essential to reducing the population problem on our planet.

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