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| **Learning Table 8 – Births, Deaths and The Ageing Population** | | |
| **Births** | **Deaths** | **Ageing Population** |
| * **Birth Rate** – number of live births per 1000 of the population. * Birth rate has **declined** in 1901 it was 29 whereas in 2012 it was 13. * **General Fertility Rate** – number of lives births per 1000 women of childbearing age per year. * **Total Fertility Rate** – the average number of children women will have during their child-bearing years (both the above have also declined). * Since 1900, average family and household size have been dropping, from around 6 dependent children per family to an average of 1.7 dependent children per family in 2012.   **Explanations for the decline in birth rate, fertility rate and smaller families:**   1. **Contraception** – More effective, safer and cheaper methods of birth control have been developed over the last century, and society’s attitudes to the use of contraception have changed from disapproval to acceptance. This is in part due to secularisation occurring in the UK. Safe and legal abortion has also been available since 1967 which has also contributing to a decrease in birth rates. 2. **Compulsory Education** – Education became compulsory for children in 1880, therefore they have ceased to be an economic asset that can contribute to family income and therefore children are now more of an economic liability. Many parents now support their children financially well into their 20s. People are having fewer children as a result. 3. **The Changing Position of Women** – Women now have a more equal status within society and so greater employment opportunities. McRobbie (2008) argues that the once common aspiration among many young women for marriage and motherhood has now been replaced by a desire for a degree qualification and an interesting and rewarding career. Therefore, women are either choosing to establish themselves in a career and have children as they reach mid to late 30s; or not have children at all. 4. **Declining Infant Mortality Rate** – Before the 1940s, parents would still have many children as a safeguard against some of them dying. As the infant mortality rate began to decline, it meant that parents could have fewer children as there was a greater chance that they would survive into adulthood and be able to look after their parents once they reached old age. | * **Death Rate** – number of deaths per 1000 of the population per year. * Death rate has declined in 1900 it was 19 whereas in 2014 it was 9.   **Explanations for the changes in death rate:**   1. **Improved hygiene, Sanitation and Medicine (**McKeown, 1976)**.**  * Construction of the public sewer systems and provision of clean running water has improved hygiene and sanitation. * Public awareness of causes of infection has also contributed to the elimination of epidemic killers such as cholera, diphtheria and typhoid. * McKeown argues that these changes are more important to the decline in death rate than medical improvements. * However, it cannot be denied that medicine has also caused a decline in death rate with the introduction of anti-biotics, transplant surgery and other medical advances.  1. **Higher Living Standards**  * Higher wages, better food, more amenities and appliances in the home and improved housing conditions with less damp and outside toilets have all assisted in the decline of the death rate and improving life expectancy.  1. **Public Health and Welfare**  * State intervention in public health and welfare, particularly since the establishments of the welfare state in 1948. * The NHS provides free comprehensive healthcare and much better antenatal and postnatal care for mothers and babies.  1. **Health Education**  * A growing awareness of nutrition and its importance to health has also contributed to a decline in death rate and an increase in life expectancy. * Websites like NHS Choices, Netdoctor and Patient.co.uk provide guidance on the prevention and treatment of illness.  1. **Improved Working Conditions**  * Technology has taken over the most dangerous or jobs. Higher standards of health and safety and shorter working hours have all reduced the risk to health. | * **Average Life Expectancy** has risen – in 2012 – 2013 estimates suggest that men can expect to live to around age 79 and women to around 83. * An ageing population refers to the average age of the population getting higher, with a greater proportion of the population over retirement age and a smaller population of young people.   **Consequences of an Ageing Population:**   * Spijker and MacInnes (2013) point out that although there are now more people over 65 than children under 15 in the UK, this should not be regarded as a problem. * Lawton (2013) argues that the legal abolition of the retirement age in 2011 has given old people the freedom to work for longer if they choose and in turn promote the growth of the economy through continuing application of their skills.   **Advantages of an Ageing Population:**   * **Boosting the Economy** – Lawton (2013) argues that the purchasing power of older people (the grey pound) will has boosted the economy such as in the leisure and culture industries (travel, tourism, theatres, galleries, museums etc). * **Social Cohesion and Community Involvement** – The department of Culture, Media and Sport’s Taking Part Survey (2013-2014) found nearly 4.9 million people ages 65 and over in England took part in volunteering (running events, campaigning, conservation, raising money, providing transport, tuition etc). * **Less Crime** – Older people are in general more law abiding than younger people, so societies with ageing populations are likely to have lower crime rates. * **Family Support** – Grandparents now often play an important role in providing unpaid childcare. This allows both parents to return to work and continue to contribute to the economy.   **Disadvantages of the Ageing Population:**   * **The Growing Burden of Dependence/ ’Pensions Timebomb’ –** An ageing population creates an increasing dependency ratio. This means that older people have to be supported by a decreasing working population. This could mean higher taxes on those working to pay for pensions and other welfare benefits such as the NHS. For example a report in June 2014 found that although people over aged 65 account for 1 in 6 of the population, they take up over half of the time people spend in hospital. Around half of the state welfare budget is spent on pensions and without reforms this is expected to keep rising (pensions timebomb). * **More Poverty and Hardship –** Marxists argue that an ageing population results in poverty as they are no longer capable of selling their labour power. In 2013, 1.6 million pensioners were living below the poverty line. This may lead to the whole family encountering hardship as people have to support their children as well as their parents. * **More ill-health and disability –** As people live longer, this brings an increase in diseases such as Alzheimer’s and dementia, various cancers and heart disease. This creates an even bigger burden on the NHS and other healthcare services. * **More work for Women –** Feminists point out that the practical burden of caring for an elderly relative often falls to the women. This is often in addition to caring for their own homes and families.   **The social construction of old age**   * Old age is not a fixed biological status, but something shaped and defined by society. * Old age is seen as a problem to be dealt with – meeting the costs of health care and pensions etc. * Creation of a statutory retirement age – creates a period of dependency as people are expected to stop working and rely on inadequate benefits. * Ageism exists – the negative stereotyping of people based on their age. For example, the elderly are seen as vulnerable, incompetent, irrational and a burden on society. In other cultures the elderly are revered, respected, and gain status. |
| *NB: A common exam question involves asking for the causes or consequences of changes in births/deaths/ageing population. In order to evaluate this research – you must comment on which factors are most important and why.* | | |