



# Population policies in Brazil

A population policy is a plan to manage or control some aspects of a country's population. It may involve efforts:

- to reduce population growth (e.g. China's one child policy – See Factsheet No. 55 - Population Policy in China)
- to reduce the infant mortality rate
- to influence the distribution of population, i.e. reduce overcrowding in some areas and to attract people to others (See Factsheet No. 51 - Changing patterns of Migration in China)
- to improve the standard of living in a country – this includes access to water, health care, education, employment, housing and so on.

Thus, population policies are very broad in their aims. They also change over time, for example, as a country reduces its birth rate and death rate, it will put more resources into improving standards of living.

Brazil's population priorities mostly relate to the distribution of population, and increasing the standard of living of a large section of the population. As with most countries in South America, Brazil has a decreasing death rate (in particular its infant mortality rate has fallen from 125/000 in 1970, to 67/000 in 1998).

Table 1 shows birth rates, death rates and infant mortality rates for selected countries in South America.

**Table 1. Birth and Death rate in South America**

	Birth Rate		Death Rate		IMR	
	1980	1996	1980	1996	1970	1996
Argentina	24	19	9	8	178	124
Bolivia	39	34	15	9	153	67
Brazil	31	21	9	7	95	36
Chile	24	19	7	5	77	12
Peru	35	25	11	6	108	42
Uruguay	19	17	10	10	46	18
Venezuela	33	25	6	5	53	22

This is not to say that all parts of Brazil are equally well-off. The shanty towns, **favelas**, contain some of the highest birth rates and death rates in Brazil. For example, in Caxias, a favela outside Rio de Janeiro, the infant mortality rate is 200%. In these areas, the population policy is to reduce mortality, and this means improving the environment and people's quality of lives.

The reasons for the general fall in the death rate are:

- improvements in food supply
- more reliable, clean water
- better housing
- better sanitation

These have a tremendous impact – especially on the infant mortality rate.

The birth rate has fallen for many reasons. Some of these are quite complex and include a mixture of:

- urbanisation, industrialisation and the growth of services
- an increase in female labour (18.5% in 1970 to 26.9% in 1980)
- less need for children
- less pressure on women to have children
- a falling death rate means that fewer 'replacement births' are needed.

### Redistributing Brazil's population

There are two main forms of population movement – spontaneous (voluntary) and state-sponsored (Government incentives offered). There has been spontaneous movements of people from rural to urban areas (leading to the creation of shanty towns) and voluntary movement into the rain forest.

Rural-urban migration in Brazil has resulted in overpopulated urban areas in which employment, housing and services were lacking. The same was true in some rural areas, such as the North East. For Brazil's planners, the problem was how to encourage people from the shanty towns and the densely populated rural areas, such as the North East, to resettle in more remote and less densely populated rural zones in the countries interior.

Attention has focused on Amazonia, an area larger than Western Europe. It accounts for 60% of Brazil, but just 10% of Brazil's population. Large scale government development of Amazonia began in the 1950s and 1960s with the building of Brasilia (the new capital city and a highway (from the mouth of the Amazon to Brasilia). The initial plan for resettlement was based along the highway. However, many spontaneous settlements developed, largely in the south and south east of the region, involving landless farmers from the North East.

In the 1970s the Brazilian government produced a **National Integration Plan** aimed at developing, exploiting and settling the Amazon region. The trans-Amazonian highway was built and there was an ambitious colonisation scheme to resettle thousands of landless North Eastern farmers along the Amazonian Highway. This policy of resettlement was designed to allow emigration from the overpopulated North East, as well as to increase national food production. The policy was criticised for the lack of follow-up support or encouragement, e.g. clean water, housing, infrastructure. By contrast, Government has supported large-scale investment projects in agriculture, and industry. Subsequent developments have shown a similar pattern – i.e. nominally encouraging settlement in the region, but providing insufficient resources for settlers. At the same time, the regional government is encouraging and attracting investment from large corporations.

**Exam Hint** - Weak candidates still think that any question concerning population policies must concern (i) China's one child policy (ii) attempts to reduce birth rates. There are many other possible examples and objectives.

### Reducing inequalities

The Brazilian government is attempting to reduce regional inequalities in development, and to improve standards of living. For example, people living in the South East of Brazil live, on average, 27 years longer than those in the North East, due to the quality of life, and are 5 cm taller, due to a better diet.

However income inequalities in Brazil are increasing (Table 2).

**Table 2. Income inequalities in Brazil**

Percent of Population	Percent of wealth	
	1960	1990
Lowest 20%	3.5	2.3
Next 60%	42.1	31.6
Top 20%	54.4	66.1
Top 5%	277	358

There are also major regional contrasts in malnutrition (Table 3).

**Table 3. Regional contrasts in malnutrition**

Region	% of population with insufficient income to buy supplement food
North	13.9
North East	40.9
South	18.1
South East	12.4
Centre West	16.1
Brazil Total	21.9

Economic and social inequalities are increasing at a time of decreasing public investment. Inequalities are found in terms of income, housing, health and education. However, reliable data are lacking – especially among the poor.

Brazil's education system deteriorated during the 1980s (Brazil experienced huge foreign debts in the 1980s and public investment dropped significantly). Wealthy families responded by sending children to private schools. Hence inequalities in income were reflected by inequalities in educational achievements. The same was true in health care. The rich used private health care, the poor had to rely on an underfunded, poorly resourced, inefficient system of hospitals and clinics.

Housing inequalities were best shown by the movement of the rich out of large urban areas, such as Rio de Janeiro and Sao Paulo, to new fortified cities on the edge of towns such as Alphaville and Barra on the edge of Rio de Janeiro.

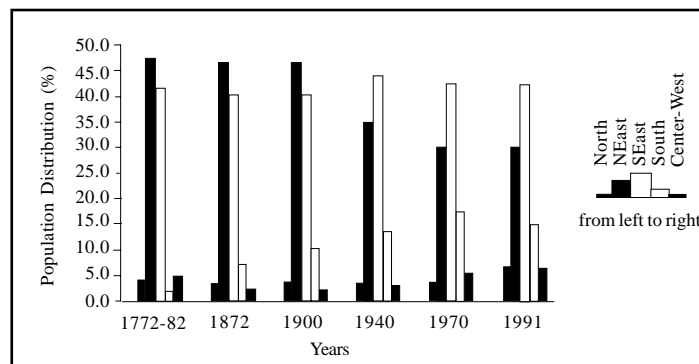
The aim of reducing inequalities is a worthy one, albeit seemingly impossible. It requires investment, economic development, infrastructural improvements, as well as long overdue investments in education, health care and housing. How Brazil will manage these – even if it could finance them, is another issue. As this Factsheet shows when you solve one population problem, you then have to solve other harder ones. The policies to tackle these are wide ranging and there is no guarantee of success.

**Exam Hint** - Candidates frequently assume that any questions on population policy is an invitation to concentrate on China's one child policy. Equally, many candidates take a simplistic approach to policy, discussing only declining population growth rates.

### Practice Questions

- Study Fig 1 which shows the distribution of Brazilian population by regions, 1972 – 1991.

**Fig 1.**



- Which region is the most stable in terms of % of population?
  - Which region has increased its proportion of population most?
  - Where has there been most population decline?
- (a) Which regions in Brazil have:
    - the highest proportion of households with insufficient food and
    - the lowest percentage of households with insufficient food.
  - (b) (i) Describe the trends in income inequality in Brazil between 1960 and 1990
    - How and why is this likely to change between 1990 and 2010?

### Answers

- (a) South East
  - South
  - North East
- (a) (i) North East
  - South East
- (b) (i) It has increased – the rich have become richer and the poor even poorer
  - These inequalities are likely to increase due to a lack of public investment in welfare services (education, health care etc.) while the rich can afford private education, health care etc. – and are therefore likely to become better educated, command a good job etc.

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