**Unit 2: Population and Migration**

**Key Terms**

**Chapter 2: Population**

Population Density Population Composition

Arithmetic Population Density Infant Mortality Rate

Physiological Population Density Child Mortality Rate

Population Distribution Infectious Diseases

Ecumene Chronic (Degenerative) Diseases

Age Dependency Ratio Genetic (Inherited) Diseases

Total Fertility Rate (TFR) Endemic

Doubling Time Expansive Population Policies

Natural Increase Eugenic Population Policies

Demographic Transition Restrictive Population Policies

**Chapter 3: Migration**

Remittances Pull Factors

Cyclic Movements Intervening Opportunity

Periodic Movements Deportation

Migration Intervening Obstacle

Activity Spaces Refugees

Nomadism Internally Displaced Persons

Migrant Labor Asylum

Migration Transition Repatriation

Immigration Unauthorized Immigrants

Push Factors Quotas

**Key Concepts**

Demography

Total Fertility Rate (TFR), Crude Birth Rate (CBR), Crude Death Rate (CDR), Natural Increase Rate (NIR), Infant/Child/Maternal Mortality Rates

Factors that Contribute to NIR: Economic Development, Education, Gender Empowerment, Healthcare, Cultural Traditions, and Public Policy

Calculations: Natural Increase Rate (NIR), Net Population Growth Rate, Doubling Time

Age Dependency Ratio (ADR)

Population Ranks of Countries/Regions

Ecumene

Population Density (Arithmetic, Physiological, Agricultural)

Demographic Transition Model

Population Cartogram

Population Pyramids (shapes and interpretation)

Demographic Momentum, Baby Boom

Thomas Malthus

Types of Migration- Intraurban, Interurban, International, Interregional, Intraregional, Transhumance

Rust Belt, Cotton Belt, Sun Belt

Push/Pull Factors that Cause Migration- Political Issues, Economic Factors, Environmental Issues, Cultural Issues, Transportation Routes

Political Asylum, Brain Drain, Chain Migration, Step Migration

Intervening Opportunity, Intervening Obstacle

Ravenstein’s Laws of Migration

Wilbur Zelinsky’s Migration Transition Theory

Periods of U.S. Immigration & Migration

**Key Content**

**Chapter 2: Population & Health**

The study of population geography is especially important for three reasons:

* More people are alive at this time than at any other point in Earth’s long history.
* Virtually all global population growth is concentrated in developing countries.
* The world’s population increased at a faster rate during the second half of the twentieth century than ever before in history; the rate has slowed in the twenty-first century but is still high by historical standards.

**Distribution of the World’s People** The world’s population is not distributed uniformly; two properties may be employed by Geographers to understand this distribution: **concentration and density.** These concepts can be displayed cartographically many ways, such as looking at concentration using a **cartogram.**

**Four Population Clusters** – East Asia, South Asia, Europe, and Southeast Asia.

**East Asia** Roughly 1/4 of the Earth’s population is centered in East Asia. East Asia’s population is mostly concentrated in China, but also Japan, North and South Korea, and Taiwan. Population is clustered near fertile river valleys and the Pacific Coast and urban areas in China.

**South Asia** Roughly 1/4 of the Earth’s population lives in South Asia, comprising the countries of India, Pakistan, Bangladesh, and Sri Lanka. Population is concentrated along the Indus and Ganges rivers, and also along the two coasts of India.

**Europe** Four dozen countries constitute Europe, ranging from Monaco (with 1 square kilometer in land area) to Russia (the world’s largest country by land area, including its Asian part). People occupy mostly cities, with three-quarters of Europe’s inhabitants living in urban areas.

**Southeast Asia** Approximately 600 million people live in Southeast Asia, with population concentrated on a series of islands that lie between the Indian and Pacific oceans. This concentration is distinguished by a high percentage of people working as farmers in rural areas.

**Other Clusters** Africa’s two largest population clusters amount to roughly 300 million people, are located along the west coast between **Senegal and Nigeria** and along the east coast between **Eritrea and South Africa.**

In the Western Hemisphere, **northeastern United States, and southeastern Canada** make up the largest population cluster, with 100 million people.

The **ecumene** describes the areas of permanent human habitation.

**Sparsely Populated Regions: Dry Lands**, **Wetlands, Cold Lands, and High Lands.**

**Arithmetic Density** In population geography **arithmetic density** refers to the total number of people divided by the total land area (usually square kilometers or square miles).

**Physiological (Real) Density** In a region, the number of people divided by the total amount of arable land.Physiological density can be considered a rough measure of a country’s food security.

**Agricultural Density** The number of farmers per area of arable land.

**Natural Increase** The **natural increase rate (NIR)** is the percentage by which a population grows in a year, excluding growth by migration.

**Population Growth in History** For the several hundred-thousand-year occupancy of Earth, the NIR was essentially zero. While the world NIR peaked in 1963 at a rate of 2.2 percent and has been in decline since the 1990s, the NIR during the second half of the twentieth century was considerably high by historical standards. The number of people added annually has decreased from a historic peak of 88 million in 1989 to the present level of 75 million people. This drop is less acute than the drop in NIR as the world population base is larger now than in the past. World population increased from 3 to 4 billion in 14 years, from 4 to 5 billion in 13 years, from 5 to 6 billion in 12 years, and from 6 to 7 billion in 12 years.

The NIR affects the **doubling time**, which is the number of years required to double a population, assuming a steady rate of natural increase. If the present rate of 1.2 percent per year holds, world population would double in approximately 54 years.

**Life expectancy** is the average number of years an individual can be anticipated to live, assuming current social, economic, and medical conditions remain in place. Life expectancy in developed countries is about 80 years, while in developing countries in sub-Saharan Africa is only 57 years.

**Regional Variations in NIR** More than 95 percent of the natural increase is concentrated in developing countries. In most countries of sub-Saharan Africa, the NIR is greater than 2.0 percent. In contrast to the relatively high NIR in developing countries, Europe’s NIR is negative, meaning that population is in decline (and has been in decline since 1980). Since 1980, 67 percent of the world’s population growth has been centered in Asia, 20 percent in Africa, and 9 percent in Latin America.

**Births and Deaths** Population increases rapidly in locations where more people are born than die, and it decreases in locations where more people die than are born.

**Fertility** The **crude birth rate (CBR)** is the total number of live births in a year for every thousand people alive in society.

**Mortality** The **crude death rate (CDR**) is the total number of deaths in a year for every thousand people in society.

**The Demographic Transition Model (DTM)** is a model of population change where high birth rates and death rates transition to low birth rates and death rates. It is divided into four stages.

*(Refer to the Models Review, your Notes, or the Lecture slideshows for a visual)*

**Stage 1: Low Growth** Crude birth and death rates are both high, resulting in a low rate of natural increase. For most of this period, people depended on hunting and gathering for food. When food was easily obtained, a region’s population increased, but it declined when people were unable to locate enough animals or vegetation nearby. There are no countries presently in stage 1.

**Stage 2: High Growth** The move to stage 2 is caused by a rapid decline in crude death rates. Crude birth rates remain high, leading to rapid population growth. Developed regions such as Europe and North America entered stage 2 as a part of the **Industrial Revolution**. Many less developed countries entered stage 2 much later as a result of the diffusion of medical technologies and knowledge into the less developed world (the **medical revolution**).

**Stage 3: Moderate Growth** Stage 3 is marked by a drop in fertility, which brings down the crude birth rate and decreases the natural increase rate. A society enters stage 3 when people have fewer children. The decision to have fewer children is partly a reaction to a decline in mortality. The crude death rate in stage 3 societies continues to fall but not as rapidly as the crude birth rate.

**Stage 4: Low Growth** Stage 4 is marked by a nearly equal low crude birth and death rates, and roughly zero natural increase. This condition is called **zero population growth (ZPG)**,a term often applied to stage 4 countries. Stage 4 resembles stage 1 in terms of growth, but otherwise is very different. Total population of a country is much higher in stage 4 than in stage 1. Also, instead of high crude birth and death rates, both are low. Life expectancies are much longer in stage 4 and society is much different.

**Demographic Transition Possible Stage 5: Decline** A possible stage 5 of the demographic transition is predicted by demographers for some developed countries. Stage 5 would be characterized by very low CBR, an increasing CDR, and therefore a negative NIR. The population of a country in stage 5 of the demographic transition would be much older.

**Health and Gender** Females the world over are exposed to a host of challenging health risks that deeply affect the size and composition of the population of individual countries and the world as a whole.

**Baby Girls at Risk** Every year, around 700,000 female babies are “missing” in China and India, as a result of gender-based selection. Over the past several decades, it is estimated that 117 million females have gone “missing” over the past several decades. The number of males per 100 females in the population is the **Sex Ratio**. The large number of male babies in countries like China and India has raised the possibility that a relatively large number of female fetuses are being aborted due to cultural preferences on the part of parents to have sons rather than daughters.

The **Maternal Mortality Rate (MMR)** is the annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes).

The **Age Dependency ratio** shows the people who are too young and too old to work, compared to the number of people in their productive years. People who are 0–14 years of age or over 64 years old are normally classified as dependents.

The **elderly support ratio** is the number of working-age people (ages 15-64) divided by the number of persons 65 and older.

The **Infant Mortality Rate (IMR)** is the annual number of deaths of infants under 1 year of age, compared with total live births, expressed as the number of deaths among infants per 1,000 births. IMR is an indicator of a country’s health-care system.

**Epidemiology** is the branch of medical science concerned with the incidence, distribution, and control of diseases that are prevalent among a population at a specific time and are produced by some special causes not generally present in the affected place.

The **Epidemiologic Transition Model (ETM)**,conceptualized by Abdel Omran in 1971,focuses on distinctive health threats in each stage of the demographic transition. Geographic concepts such as scale and connection are utilized by epidemiologists to understand the distribution and method of diffusion of possible epidemics, and to develop control and prevention strategies. ***(i.e. Covid-19)***

*(Refer to the Models Review, your Notes, or the Lecture slideshows for a visual)*

**Stage 1: Pestilence and Famine** In stage 1 of the epidemiologic transition, infectious and parasitic diseases were principal causes of human deaths. Accidents and attacks by animals and other humans were also prevalent causes of death at the time. History’s most violent stage 1 epidemic was the Black Plague (bubonic plague), which was probably transmitted to humans by fleas from migrating infected rats.

**Stage 2: Receding Pandemics** A **pandemic** is disease that occurs over a wide geographic area and affects a very high proportion of the population. Improved sanitation, nutrition, and medicine during the Industrial Revolution reduced the spread of infectious diseases. Death rates did not decline immediately and universally during the early years of the Industrial Revolution. Poor people crowded into rapidly growing industrial cities had especially high death rates. An early example of geographic tools used to study epidemiology is the GIS created by Dr. John Snow to determine the source of cholera in London in 1854. Dr. Snow overlaid maps of addresses of cholera victims and the location of water pumps over a map of the Soho neighborhood, displaying a cluster of victims around a single pump on Broad Street.

**Stage 3: Degenerative Diseases** Stage 3 of the epidemiologic transition is characterized by a decrease in deaths from infectious diseases and an increase in chronic disorders associated with aging. Chronic disorders associated with aging include heart attacks and various forms of cancer. Sub-Saharan Africa and South Asia have the lowest incidence of cancer, primarily because of the relatively low life expectancy in those regions.

**Stage 4: Delayed Degenerative Diseases** The major degenerative causes of death—cardiovascular disease and cancers—linger, but the life expectancy of older people is extended through medical advances. Medical operations and healthier lifestyles increase people’s life expectancy in stage 4 of the epidemiologic transition. On the other hand, consumption of non-nutritious food and sedentary behavior have resulted in increased obesity rates in stage 4 countries.

**Epidemiologic Futures** While the possible stage 5 of the demographic transition is introduced by an increased elderly population, a theoretical stage 5 of the epidemiologic transition could be brought about by a reemergence of infectious and parasitic diseases. Three reasons help explain the possible emergence of a stage 5 of the epidemiologic transition: evolution, poverty, and increased connections.

**Possible Stage 5 Cause: Evolution** In a possible stage 5, infectious diseases thought to have been eradicated or controlled return, and new ones emerge. Infectious disease microbes have continually evolved and changed in response to environmental pressures by developing resistance to drugs and insecticides. Antibiotics and genetic engineering contribute to the emergence of new strains of viruses and bacteria.

**Possible Stage 5 Cause: Poverty** Infectious diseases are more prevalent in poor areas than other places because unsanitary conditions may persist, and most people can’t afford drugs needed for treatment. Tuberculosis is an example of an infectious disease that has largely been controlled in developed countries but remains a major cause of death in developing countries. Tuberculosis is more prevalent in poor areas because the long, expensive treatment poses a significant economic burden.

**Possible Stage 5 Cause: Connections** As they travel, people carry diseases with them and are exposed to the diseases of others. (ex. AIDS, Ebola, SARS, H1N1, Coronavirus)

**Population and Resources** English economistThomas Malthus was one of the first to predict that population increases would soon outpace the development of food resources, leading to a dramatic crisis as a result of the strain on resources. Malthus claimed that the populations grow geometrically, while food supply increases arithmetically. England entered stage 2 of the demographic transition several decades before Malthus stated these conclusions. Malthus posited that the only thing to prevent a “Malthusian” crisis would be a country’s population following “moral restraint,” lowering CBRs (unless disease, famine, war, or other disasters produced higher CDRs).

**Contemporary Neo-Malthusians and Critics** Malthus’s views remain influential today. Supporters of Malthus’s model suggest that characteristics of recent population growth pose even greater risks than when Malthus developed his thesis more than 200 years ago. However, criticism has been directed at both the population and resource depletion elements of Malthus’s equation. Evidence from the past fifty years suggests both Neo-Malthusians and their critics are correct in certain aspects of their analyses.

**China’s Population Policies** The core of the Chinese government’s family-planning program has been the One Child Policy, adopted in 1980. Couples in China receive financial subsidies, a long maternity leave, better housing, and (in rural areas) more land if they agreed to have just one child. The government prohibited marriage for men until they are age 22 and women until they are age 20. Rules have changed in the twenty-first century as China has moved toward a market-based economy and families are becoming wealthier. Since 2000, China has had a lower CBR than the United States. The number of people added to China’s population each year has dropped by one-half, from 14 million to 4 million, during the past twenty-five years. Despite China abandoning the One Child Policy in 2015, China’s CBR will likely not dramatically increase due to three decades of intensive educational programs (and coercion).

**India’s Population Policies** India became the first country to embark on a national family-planning program. The government spends several hundred million dollars annually on various family-planning programs including the distribution of birth-control devices and abortions. India’s most controversial family-planning program was the establishment of sterilization camps. A sterilized person was entitled to payment which was roughly equivalent to a person’s monthly income. People were opposed to the sterilization camps because they thought that eventually sterilization would be forced.

**Lowering CBR through Education and Health Care** Improving local economic conditions is one approach to decreasing crude birth rates. According to this approach, women’s educational opportunities are encouraged, making them more likely to gain employment skills and take economic control over their lives. Women would also have knowledge of their reproductive rights, letting them make more informed reproductive choices, and increase awareness of available methods of contraception. Women would be more likely to choose to make more effective use of contraceptives to limit the number of children. Cheap and rapid distribution of contraceptives in sub-Saharan Africa could have a relatively large impact on lowering CBR in the region.

**Chapter 3: Migration**

**Migration** is a permanent move to a new location, and is a specific type of relocation diffusion. Movements that occur on a regular basis (daily, weekly, monthly, or annually), such as commuting from home to work, are called **circulation**. The flow of migration always involves two-way connections – **emigration** is migration *from* a location, while **immigration** is migration *to* a location.

The difference between the number of immigrants and the number of emigrants is the **net migration**.

**International Net Migration** Nineteenth-century geographer E.G. Ravenstein’s “laws” are the foundation for contemporary geographic migration study. The “laws” are organized into three groups that help us understand where and why migration occurs:

* The distance that migrants typically move (discussed in Key Issues 1 and 2).
* The reasons migrants move (discussed in the first part of Key Issue 3)
* The characteristics of migrants (discussed in the second part of Key Issue 3).

**International Migration Flows** A permanent move from one country to another is **international migration**. According to the Pew Research Center, approximately 214 million people (3 percent of the world’s population) are international migrants. At the regional scale, the three largest flows of migrants are:

* From Latin America to North America
* From South Asia to Europe
* From South Asia to Southwest Asia

Migration from Mexico to the United States represents the largest flow of people from a single country to another single country. The United States is home to more foreign-born residents than any other country – roughly 42 million as of 2015, with approximately 1 million additional people arriving annually.

**International and Internal Migration** Geographer E.G. Ravenstein developed a set of laws that help describe human migration. According to Ravenstein:

* Most migrants relocate a short distance and remain within the same country.
* Long-distance migrants to other countries move to major centers of economic activity.

**International Migration** International migration may be voluntary or forced. **Voluntary migration** is migration where a person has chosen to move (for economic or environmental reasons), while **forced migration** means a person was compelled to move (by cultural or environmental factors).

**Internal Migration** Internal migration is the permanent movement of a person or people within the same country. Internal migration can be divided into two types: interregional and intraregional. **Interregional migration** is the movement from one region of a country to another. The movement within the same region of a single country is called **intraregional migration**.

**Changing U.S. Immigration** The United States is situated in a unique position in the study of international migration, as it is inhabited overwhelmingly by direct descendants of immigrants. About 80 million people migrated to the United States between 1820 and 2015, including 42 million currently alive in 2015. Immigration in the United States can be conceptualized into three main eras:

* Colonial settlement in the seventeenth and eighteenth centuries.
* Mass European immigration in the late nineteenth and early twentieth centuries.
* Asian and Latin American immigration in the late twentieth and early twenty-first centuries.

**Changing Center of Population** The U.S. Census Bureau computes the population center of the United States every census. The population center is the average location of everyone in the country, the “center of population gravity.” Over the past 200 years, the center has reliably shifted westward, although the rate of this shift has fluctuated over time. **1790: Hugging the Coast, 1800-1840: Crossing the Appalachians,**  **1850-1890: Rushing to the Gold, 1900-1940: Filling in the Great Plains, 1950-2010: Moving South**

**Intraregional Migration** Intraregional migration is a more frequently observed phenomena than interregional or international migration. Most intraregional migration occurs from rural to urban areas in developing countries, while migrants are moving from cities to suburbs in developed countries.

Ravenstein’s laws help geographers contextualize the impetus of people who migrate:

* Most people migrate for economic reasons.
* Cultural and environmental reasons also induce migration, although not as often as economic reasons.

While one prevailing reason may be easily identifiable for migration, a mosaic of reasons generally prompts a move. People migrate due to push and pull factors. A **push factor** motivates people to move *from* their present location, while a **pull factor** encourages people to move *to* a new location. Push and pull factors typically work in tandem for people deciding (or being forced to) to migrate.

**Reasons for Migrating** The United Nations High Commission for Refugees (UNHCR) recognizes three groups of people who are forced to migrate for political reasons:

* A **refugee** has been forced to migrate to another country to avoid the impacts of armed conflict, situations of generalized violence, violations of human rights, or other disasters and cannot return for fear of persecution because race, religion, nationality, membership in a social group, or political views.
* An **internally displaced person (IDP)** has been compelled to move for similar political reasons as a refugee but has not migrated to a different country.
* An **asylum seeker** is someone who has migrated to another country in the hope of being recognized as a refugee.

**Asia’s Migrant Work** Some countries allow people to immigrate on a temporary basis for economic reasons, most notably in Asia and Europe.

**South and East Asia** The world’s largest sources of economic migrants emigrate from South and East Asia, with more than 2 million people emigrating from India, Bangladesh, China, and Pakistan every year. 50 million Chinese and 25 million Indians live abroad, with the United States and other Asian countries being prominent destinations.

**Southwest Asia** Economic migrants from India, Bangladesh, Pakistan, the Philippines, Thailand, and other Southeastern Asian countries travel to the oil-rich countries of Southwest Asia for work. The United Arab Emirates, Qatar, Kuwait, Bahrain, and Saudi Arabia host these immigrants, although working conditions have been considered poor in some of these countries.

**Remittances** The transfer of money by workers to people in the country from which they emigrated is a **remittance**. The total amount of remittances worldwide was $550 billion in 2013, with this figure rising by nearly 10 percent every year. In 2013, India was the biggest recipient of remittances, bringing in $71 billion, followed by China with $60 billion.

**Gender and Age of Migrants** Ravenstein detailed distinctive gender and family-status patterns in his laws:

* Most long-distance migrants were male.
* Most long-distance migrants were adult individuals rather than families with children.
* The high percentage of females in the workforce of developed countries attracts a high percentage of female immigrants.
* Some developed countries have allowed wives to join husbands who have already immigrated.

**Age of Migrants** Ravenstein theorized that most long-distance migrants were young adults seeking job opportunities rather than children or elderly people. Recent migration trends in the United States mirror this theory in some aspects, but not in others:

* Most U.S. immigrants are young adults, reflecting Ravenstein’s laws. 49 percent of recent immigrants to the United States are between the ages of 20 and 39.
* Only 5 percent of recent U.S. immigrants are over the age of 65. However, in developing countries, the elderly are more likely to migrate, comprising 8 percent of immigrants.
* Children under the age of 20 make up 21 percent of immigrants to the United States, while in developing countries, 23 percent of the same cohort are migrants.

The number of unaccompanied minors attempting to enter the United States without proper documentation has skyrocketed in recent years, due to a mix of pull and push factors. 90 percent of the children between 12 and 17 trying to immigrate to the United States have been males – these teenage boys are pushed by increasing gang violence in their home countries (such as Honduras and El Salvador), and pulled to the United States because of rumors that deportation will not happen if they are caught.

**Government Immigration Policies** Most countries, including the United States, have instituted selective immigration policies that admit some types of immigrants while barring others. Visas are typically granted for specific employment placement and family reunification. The United Nations categorizes countries according to four types of immigration policies: (1) maintain the current level of immigration, (2) increase the level, (3) reduce the level, (4) no policy. Emigration policies are identified by the same four classes.

**Unauthorized Immigration** Migrants who enter the United States without proper documents are called **unauthorized immigrants**. More than half the unauthorized immigrants in the United States emigrated from Mexico. Academic observers favor the term “unauthorized immigrants” when referring to this group of immigrants, while “undocumented immigrant” is preferred by some of the groups that advocate for more rights for these individuals. An estimated 8 million unauthorized immigrants are employed in the United States, comprising 5 percent of the total U.S. civilian workforce. They are most likely to be employed in construction and hospitality industries.

Today’s quotas give preference to talented and skilled workers in wanted professions which in the long run harms the countries these professionals are emigrating from. This situation is called **brain drain**. Presently, many professionals from Asian countries are immigrating to the United States, contributing to brain drain in their native countries.

**Chain migration** is the migration of people to a specific location because relatives or members of the same nationality previously migrated there.

**U.S.-Mexico Border Issues** The United States has constructed a barrier along the U.S.-Mexico border that covers approximately one-fourth of the border’s length, but locating the border is difficult in sparsely inhabited, remote areas. Mexicans oftentimes urge understanding and sympathy for the plight of the immigrants trying to cross the border.

**Migration Policy Disputes** American citizens are divided concerning whether unauthorized migration helps or hurt the country. This ambivalence extends to certain elements of immigration law. While many Americans would like to see more effective border patrols and physical barriers, such as fences, constructed to prevent unauthorized border crossings, they cannot agree on the funding of these expenditures. Most Americans acknowledge that unauthorized immigrants take jobs that no American citizen will reliably take, so they support some type of temporary work visa to allow them to work in the United States. Americans also favor letting law enforcement officials stop and verify the legal status of anyone they suspect of being an unauthorized immigrant; however, citizens also fear civil rights may be violated in doing so. Additionally, Americans believe that enforcement of unauthorized immigrants is a federal, and not local, government responsibility. Arizona and Alabama are examples of states that have passed restrictive laws aiming to identify unauthorized immigrants, while more than 100 localities across the country have passed resolutions supporting more rights for these same immigrants – a movement known as “Sanctuary City.”

**Migration Patterns in Europe** European countries collectively have around 40 million immigrants. This total includes 20 million who have migrated from one European country to another and 20 million who have emigrated from outside the continent. The flow of migrants within Europe is primarily from east to west. Prior to 2014, most immigrants coming to Europe came from neighboring countries, such as Morocco and Turkey. As a result of the prolonged conflict in Syria, Afghanistan, and North Africa, the number of refugees entering Europe has grown tremendously. These refugees have confounded many governments across Europe, with many struggling to devise balanced policies that will accommodate refugees while protecting the interests of its citizens. The land and sea routes to Europe taken by these refugees are perilous, with more than 1,000 perishing by drowning in the Mediterranean or by suffocating in sealed trucks.

**Guest Workers** Germany and other wealthy European countries instituted **guest worker** programs, in which immigrants from poorer countries were permitted to immigrate temporarily to obtain employment. These guest worker programs (operated primarily during the 1960s and 1970s) were anticipated to be examples of **circular migration**, which is the temporary movement of a migrant worker between home and host countries to seek employment. Guest workers were anticipated to return to their home countries once their work was done. Most of these migrants have remained permanently in Europe, becoming citizens of the host country.