



Demographic Change in sub-Saharan Africa

Over the last 20 years, total fertility and mortality rates in many of the countries south of the Sahara have decreased. Population growth rates have however remained high throughout sub-Saharan Africa and this pattern has led some demographers to suggest that such countries are entering stage 2 of the Demographic Transition. This Factsheet briefly summarises some of the arguments for and against this suggestion.

Exam Hint - Frequently, candidates show a good theoretical understanding of the DTM. The highest marks, however, will always be awarded to candidates who can illustrate their answers with up-to-date case studies and examples.

Since the 1950s population growth in sub-Saharan Africa has steadily increased. In 1950 the average rate was 2.1% per annum but by 1990 this had risen to 3.2%.

As Table 1 shows, in 1950 none of the 39 continental sub-Saharan countries had population growth rates greater than 3% but by 1970, 9 countries had population growth rates higher than this and in 1990 over 50% of sub-Saharan Africa countries had growth rates greater than 3%. During the 1980s, Kenya and Rwanda reached 4%.

Table 1: Population Growth Rates of Sub-Saharan Countries

Population Growth Rate (%)	No. of Countries		
	1950	1970	1990
> 3.5	0	1	8
3.0 - 3.49	0	8	15
2.5 - 2.99	6	12	14
2.0 - 2.49	16	14	2
1.5 - 1.99	10	3	0
< 1.5	7	1	0

These high population growths were due to:

1. Falling mortality rates, particularly infant mortality rates which had fallen from 145 deaths/1000 live births in 1972 to 104 deaths/1000 live births in 1992.
2. A sustained increase in fertility
3. Rejuvenation of the age structures i.e. the median age fell from 18.1 to 16.4 between 1950 and 1990.

Demographers warned that in the 1980s fertility rates must somehow be reduced if further environmental degradation was to be prevented. Thus it was argued that high population growth rates would increase pressure on limited resources which would result in the carrying capacity being exceeded. Of course, some other economists such as Boserup (see Factsheet 4 - Optimum Populations), argued just the opposite - that what sub-Saharan Africa really needed was more people, not less!

Many demographers believed that it would be more difficult to decrease fertility rates in Africa than it had been, for example in Asia. This was because most sub-Saharan African countries still had:

1. Very low GDP/head - as GDP/head increases total fertility rates tend to fall.

2. Cultural traditions which favoured large families
3. Poor family planning programme.

Many recent surveys have indicated that total fertility rates are decreasing in many countries of sub-Saharan Africa (see Table 2).

Table 2 - Total Fertility Rates - selected countries

This is believed to be the result of a combination of factors:

Country	Fertility Rate	
	1980	1990
Nigeria	6.4	5.8
Botswana	6.4	4.8
Ghana	6.2	6.1
Liberia	6.5	6.3
Senegal	6.3	6.0
Burundi	7.9	6.6

1. Increasing female education. Individuals who have longer periods of schooling enter marriage later (Fig 1), have a greater knowledge and use of modern contraceptive methods (Fig 2) and desire smaller families. The proportion of single females in the age group 15-19 is steadily increasing in countries such as Kenya, Tanzania, Ghana and Congo.
2. In many rural areas male out-migration or labour circulation has also meant that many households are now headed by females and the space between pregnancies is increasing.
3. The practice of polygyny, where men have several wives, each time taking young females, is decreasing, at least in urban areas.

The importance of female schooling is therefore clear but unfortunately, **Fig 1. The relationship between years of education and the percentage of 15-19 year old women still single**

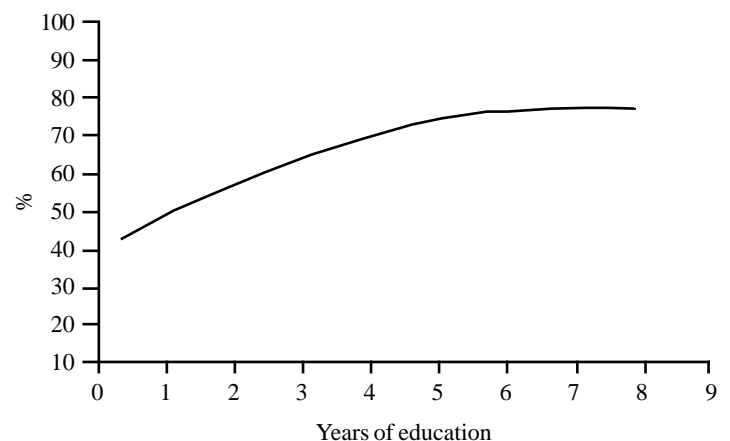
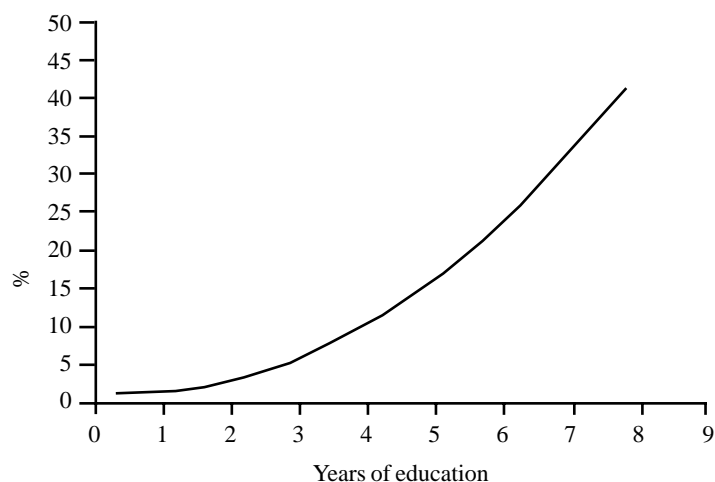


Fig 2. The relationship between years of education and the percentage of women using modern methods of contraception



during the 1980s, almost all sub-Saharan Africa countries have faced major crises as a result of political upheaval, drought, decreasing foreign export earnings and falling agricultural output. All of this has meant that there is less money to spend on new schools and on stocking and staffing existing ones. Those countries which have succeeded in reducing birth rates by the greatest margin have been the ones who have diverted much foreign aid to the development of primary and junior schooling and promoting extensive practice of contraception.

Demographic transition in sub-Saharan Africa - Is it a myth?

The main factor in achieving demographic transition is believed to be **socio-economic development**. The assumption is that there is a causal link between modernisation and declining fertility. Some demographers feel that the decrease in infant and adult mortality rates in sub-Saharan Africa are not a consequence of improved socio-economic conditions, but a consequence of the use of:

1. Imported medical technology from the developed world. As evidence of this, demographers point out that the main causes of death in most sub-Saharan countries are infectious, parasitic, diarrhoeal, respiratory and nutritional diseases - all indicative of a low level of general development.
2. Severe economic crises caused by drought, as for example occurred in Botswana throughout the 1980s. Total fertility rates have decreased from 6 to 4.5 over a 15 year period and it is argued that drought may have been a cause of this by:
 - a. Increasing migration to urban areas. In these urban areas, new house construction was banned in an effort to save water used in construction and subsequent overcrowding dampened fertility.
 - b. During the drought women with young children attended clinics to receive food supplements for their infants and children - these same clinics also dispensed contraceptives.
 - c. Marriage may have been much more difficult. In the final stage of the marriage ceremony in Botswana, for example, the man is required to give his prospective wife's family cattle or money - such resources would be difficult to find in drought conditions.
 - d. Botswana has a particularly high percentage of female headed households. These females would be worst hit by the economic recession caused by the drought and would have been least able to migrate.

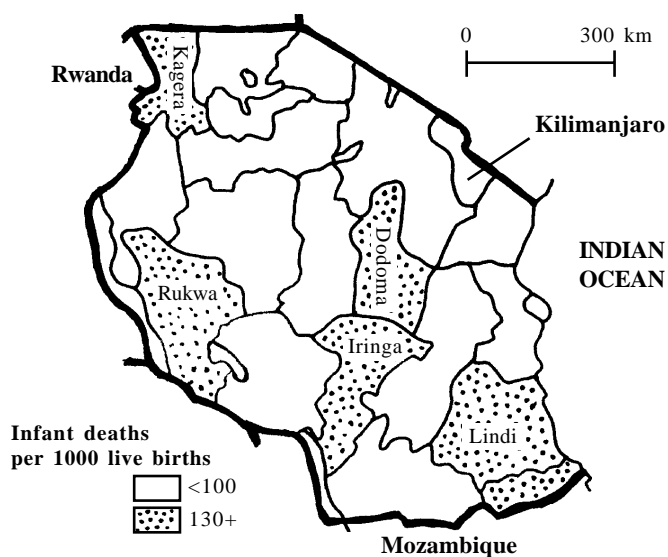
*Acknowledgements; This Geo Factsheet was researched and written by Kevin Byrne
Geo Press, 10 St Paul's Square, Birmingham, B3 1QU*

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Case Study: Tanzania

Fig 3. Infant mortality rate by region, 1988



Tanzania has dramatically decreased its mortality rate from infectious diseases as a result of compulsory immunisation against childhood killers such as measles and whooping cough. However, national figures hide wide regional disparities (Fig 3). In warm coastal regions such as Lindi bordering the Indian Ocean, malaria is still prevalent and infant mortality rates remain high, whereas in the cooler northern regions around Kilimanjaro there is much better transport, health, sanitation and education facilities and malaria is much less of a problem. In the same way, total fertility rates also vary greatly between the different regions. It might therefore be expected that further improvements in socio-economic conditions would help to reduce regional differences.

Although total fertility rates in Tanzania have dropped slightly they remain high on a world level because of:

1. Early and universal marriage of women (median age of marriage = 17.9 years)
2. Preference for male children
3. Low levels of education
4. Low status of women

As might be expected, fertility rates are higher for women living in rural areas and for women who work in the agricultural sector. Thus, sociological, economic, environmental and political factors all affect overall fertility rates, and even though in the 1990s, Tanzania is experiencing a decrease in both fertility and mortality, overall, population is increasing at 2.8% which, if continued would result in the total population doubling every 25 years.

Conclusion

Total fertility and mortality rates are falling in many sub-Saharan countries. This is a consequence of several factors, some of which are related to socioeconomic improvements and some which are related to natural disasters. Overall however, many believe that Tanzania and a significant number of other sub-Saharan African countries do appear to be in the process of a fertility transition. Despite continuing population growth, total fertility rates and total mortality rates are falling and both of these seem closely related to the increasing autonomy, education and choice of women.