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**THE STATE OF THE DEMOGRAPHIC TRANSITION IN AFRICA:
EXECUTIVE SUMMARY¹**

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A. Background

1. Africa is a region with the highest population growth rates in the world. The growth rates in the region range from 2.2 per cent to 2.8 per cent, compared to 1.4 per cent and 1.7 per cent for the world as a whole. But Africa is also the poorest region of the world. The Human Development Report of 2001 indicates that out of 36 nations in the world with low human development, 29 are in Africa and the rest are in Asia. Therefore, Africa, which has the most serious socio-economic problems in the world, is also the continent with the most challenging population problems. This study is consequently focussed on the challenge of dealing with the pace of population growth in the region by examining the state of the demographic transition in continent.

B. Theory of the demographic transition

2. According to the theory of the demographic transition, the shift towards low mortality and fertility rates occurs when there is a process of overall modernization resulting from industrialization, urbanization, education, empowerment of women, and substantial overall socio-economic development. Such a shift, would lead initially to a drop in mortality through progress in hygiene and medicine and, subsequently, to a decline in fertility occasioned by economic growth. Giving mortality decline as a pre-condition for fertility decline forms the cornerstone of the theory. In this regard, the classical wisdom often describes infant mortality as a decisive factor influencing parents to reduce their fertility. The relationship of socio-economic development and fertility decline has also been the focus of many discussions. Although the theory has experienced a great deal of critical analysis, it has remained a useful framework for discussing the dynamics of fertility and mortality change in the world.

3. The theory is silent on the role of migration even though the experience of Europe has demonstrated that external migration may have provided a relief for internal population pressure. Europe, which experienced remarkable population growth in the nineteenth century, had the historic possibility of spilling over its surplus population through migration and transfer to the colonies. Currently, however, with so many restrictions on international migration, the opportunity of spilling over its surplus population to other regions through migration is not available to Africa.

C. Population dynamics in Africa

4. Available literature shows that the relatively high levels of fertility still observed in Africa, especially Sub-Saharan Africa, have more to do with a combination of cultural and socio-economic factors which determine the attitudes and behavior of people towards procreation. The high incidence of fertility at least reflects that reproduction starts at young ages, age at first marriage is early, and contraceptives are not being used in a widespread and effective manner.

5. Africa has certainly experienced an initial phase of mortality decline which happens to have been sustained for more than-half a century. The mortality decline

caused by economic and social progress was also related to advances in medical science, the improvement of hygiene and the reduction of infant mortality. The conclusions, however, are less consistent with regard to fertility trends where fertility has not decreased significantly in most African countries.

6. The high rate of population growth observed in Africa over more than half a century is, therefore, the result of a continuing decline in mortality and relatively high fertility. In the absence of a significant decline of fertility, Africa is the last region of the world to have embarked on the demographic transition. Given, however, the fact that the continent is experiencing declining mortality (the likely reversals due to HIV/AIDS and the resurgence of malaria and tuberculosis notwithstanding), the question that arises is how can the transition be facilitated in Africa by accelerated fertility decline.

7. With regard to international migration, the paucity of statistics on the subject in Africa (mostly from censuses) and the irregularity of most of these movements do not allow us to make an accurate assessment of international migration. It is probably more substantial than the net negative migration rate of 0.1 per thousand estimated for the whole continent. But while all the estimates made to date on migration in Africa have invariably shown a net negative migration, the numbers of immigrants have been too few to have any impact whatsoever on the dynamics of domestic natural population change. Migration does not, therefore, have a noticeable impact on demographic change in Africa.

8. Africa's sub-regional diversity and disparities within nations make it hazardous to venture any general proposals and strategies for reducing fertility on the continent. But more recent experience of the demographic transition in Africa provides a good opportunity to understand the facilitating and constraining factors for the transition in the region. A review of the experiences of selected countries that are experiencing sustained mortality and fertility declines and those that are experiencing delayed demographic transition facilitates the identification of best practices and lessons learned. Identified best practices and lessons learned will be useful for advocacy and dissemination in member States. Their adaptation to specific country situations may accelerate the demographic transition and the achievement of lower population growth rates in the continent.

9. The data and resources available compelled us to make a selection of various African experiences in demographic transition. Accordingly, among the eight countries selected for the study, three of them (Botswana, Mauritius and Tunisia) are considered to have made a successful demographic transition by having reached the stage of sustainable fertility decline. This does not apply to the five other countries (Cameroon, Egypt, Madagascar, Mali and Nigeria) which are in the early stages of the transition.

D. Best practices from African countries

10. The decline in fertility in Mauritius is assumed to be the most rapid fertility decline in the world, at least at the national level. It is due to a number of factors including (1) the rapid transition in marriage patterns (marriage postponement); (2) the

provision of basic education especially for women; (3) the peaceful co-existence between the religions and religious leaders and their flexibility on family planning issues; and (4) the strong family planning efforts based on a broad consensus and actively supported by government.

11. In the case of Botswana, fertility decline was largely rooted in the many pragmatic and positive policies pursued during the 1980s and 1990s. These policies include (1) the extension of social benefits in health and education to a wide spectrum of population; (2) investing in the key physical and institutional infrastructures to facilitate the delivery of services; (3) provision of universal and free primary education; (4) efforts to close the gender gap in accessing education and employment particularly for women; (5) promotion of a systematic and integrated health care system that incorporates preventive care, primary health care and family planning services including mother and child health; (6) integration of population factors into development planning at all levels including mechanisms to promote the coordination of the various intervention efforts undertaken by all institutions and the private sector; and (7) maintenance of relative peace, stability and democracy.

12. In Tunisia, the major factors leading to fertility decline are (1) the general improvement of the living standard; (2) the implementation of a clear, well-designed and well planned family planning and health programme; (3) support given to the population policy by relevant legislation (such as abolishing of polygamy and legalizing divorce and abortion); (4) the political will given to the population policy at the highest level; and (5) the joint actions to raise the age at first marriage and the use of contraception.

E. Constraints in countries undergoing delayed demographic transition

13. In Cameroon, Mali and Nigeria the fertility rate is still higher than 5 children per woman, and somewhat lower in Egypt. The factors which explain the high fertility rates are (1) early marriages; (2) limited use of contraception; (3) high demand for children due to tradition, religion and high infant mortality; (4) the formulation and implementation of a multitude of programmes as well as involvement of a large number of institutions in population activities without effective co-ordination; (5) the persistence of customs and ancestral beliefs favouring large families, early marriages, and polygamy; (6) the need for more children to assist in food and livestock production; (7) the low level of education and limited access to health facilities due to inadequate infrastructure; and (8) lack of integration of population factors in development planning.

F. Lessons from Asia

14. Lessons from Sri Lanka and the Indian village of Kerala suggest that the demographic transition that occurred in parts of South Asia was generally a consequence of two major factors: an increase in age at marriage and control of marital fertility. The delayed age at marriage was a result of socioeconomic changes which were mainly a consequence of a better educational and health care system, while the control of marital fertility was a result of a well planned and carefully executed family planning

programme. However, these factors were accompanied by other societal changes that reinforced their impact. Among these was the increasing centrality of the family, the increasing cost of living and the decreasing opportunities in agriculture.

G. Lessons learned on the demographic transition in Africa

15. In the field of population, there are generally two major challenges for Africa. For countries such as Botswana, Mauritius and Tunisia, the challenge is to sustain the transition while avoiding lowering fertility below replacement levels. For countries which are in early stages of the transition, the challenge is for them to adapt and practice the lessons provided by Botswana, Mauritius and Tunisia. Lessons learned from South Asia reinforce some of the experiences that are taking place in Africa.

H. The way forward

16. The way forward should be focused on the integration of population variables in national development plans, supporting late age at first marriage and the implementation of family planning programmes. Many family planning programmes have not achieved the desired results because of several reasons. These include:

- (i) Limited choice and lack of female empowerment to make conscious decisions (mainly as a result of a psychological and cultural transition that is seemingly and intimately tied to education, especially female education);
- (ii) the need to provide an environment in which reducing fertility must be advantageous (such as, for instance, reducing the high cost of education and increasing the desirability for education as a prerequisite for employment and careers); and
- (iii) Inadequate provision of effective contraceptive techniques.

17. It is evident that the countries that have been successful in reducing their fertility and mortality rates met these preconditions. Together with these preconditions, the way forward is to formulate and implement population and development policies and strategies with the following components:

- (i) Ensure that population measures or factors that are integrated into national development plans are empirically derived from proper population/development interrelationships;
- (ii) Prepare realistic strategies that incorporate long-term national objectives derived from the global and regional frameworks such as the DND, ICPD-PA, Agenda 21, Habitat II, and World Food Summit Plan of Action;

- (iii) Promote introduction of social and economic policies that provide sustainable livelihoods, reduce poverty, and provide alternatives to the demand for many children;
- (iv) Define more accurate family planning programme objectives by carrying out a realistic assessment of the requirements and demands for the target population;
- (v) Provide consistent support to the family planning programmes at the highest political level and financial support to the programmes;
- (vi) Ensure legislation that plays a catalytical role and gives the programme a crucial legal framework;
- (vii) Develop a meaningful information, education and communication (IEC) programme for the target populations including different social and professional categories and specific risk groups (such as adolescents, youths, and school girls);
- (viii) Reduce the number of sectors involved in the implementation of these policies and strategies; and
- (ix) Institutionalize a mechanism for effective monitoring, evaluation and co-ordination.