

The potential for economic development in sub-Saharan Africa is greater now than at any time in the past quarter century. With the spread of democracy to more countries, a new generation of leaders appears more responsive to the needs of their people. Although civil strife still plagues parts of the continent, many long-running conflicts have ended, sparking hope for greater political and economic stability. A recent upturn in economic growth has generated optimism about the long-term prospects for improving incomes.

However, continued rapid increases in population could derail these fragile political and economic gains. Never has a region faced such sustained, high population growth on its path to development. Increasing at almost three percent yearly since the mid-1970s, the population of sub-Saharan Africa has doubled in just 25 years. Since large families are still the norm and a huge group of young people is about to enter their repro-

ductive years, in less than three decades Africa's population is projected to double again from the current level of 620 million – even after taking into account declining birthrates and rising deaths from AIDS.

Solid improvements in health over the last half-century are part of the story behind Africa's unprecedented population growth. Successful public health measures to control infectious diseases – especially among children – have helped cut death rates in half. In contrast, use of contraception has increased more slowly and, largely as a result, family size has only recently begun to fall.

Family Planning and Reproductive Health: Key to Individual Well-Being

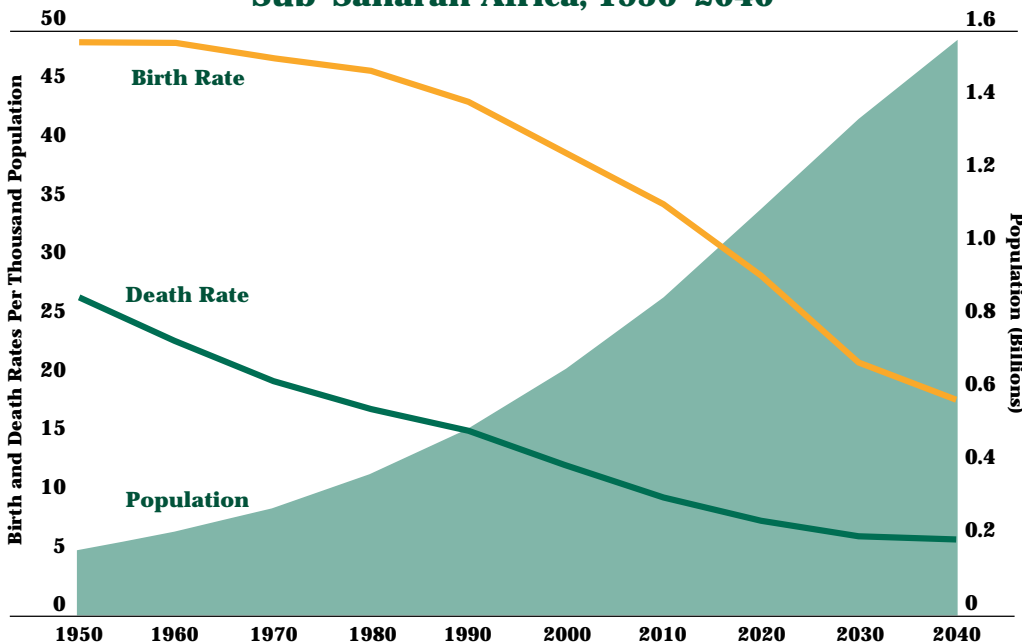
To a large extent, Africa's hopes for achieving economic prosperity and improving the health of its people hinge on better access for all African couples to quality family planning and



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FIGURE 1

Population Size and Birth and Death Rates Sub-Saharan Africa, 1950-2040



Numbers for 1995-2040 based on United Nations medium projections.

SOURCE: United Nations. *World Population Prospects: The 1996 Revision*. New York: United Nations, 1996.

Just 1 in 10 of the world's women live in sub-Saharan Africa, but the region accounts for 40 percent of all pregnancy-related deaths worldwide.

related reproductive health services. Improved access to these services will have enormous benefits for individual Africans and, at the same time, contribute to slower population growth, which in the long run will benefit African society as a whole.

Nowhere, however, is the reality of reproductive health farther from the ideal than in Africa. Women bear the burden of frequent high-risk pregnancies; of raising large families; and, increasingly, of the AIDS epidemic. They also must perform household chores and most agricultural work. Together, these conditions have devastating consequences for the health and well-being not only of African women, but also of their families.

■ Just 1 in 10 of the world's women live in sub-Saharan Africa, but the region accounts for 40 percent of all pregnancy-related deaths worldwide – 215,000 deaths every year, or one every two and a half minutes. Childbearing is riskier in Africa than anywhere else – one woman dies for every one hundred births – and most women have numerous pregnancies. Less than half of women receive any kind of skilled maternity care and half are anemic. During her lifetime, an African woman has a 1 in 15 chance of dying from reasons related to pregnancy, odds over 200 times greater than those faced by women in the United States. The risks are somewhat lower in southern Africa, where incomes are higher than elsewhere in the region, access to health care is better, and women bear fewer children.

■ Young women face heavy social pressure to marry and bear children early; more than half of women give birth by age 20, a proportion that has remained substantially unchanged over the years. Early childbearing increases the risks of complications during pregnancy and reduces the chances of survival for children. It also shortens the span

between generations, contributing to greater population momentum and higher rates of population growth.

■ Although the chances of survival for African children have improved markedly over the past four decades, one in six children still does not live to see his or her fifth birthday. Moreover, the region-wide economic slump has slowed progress in battling child deaths in Africa since 1980. Child immunization rates of 50 percent – already the lowest in the developing world – are only slowly rising. Fewer than half of pregnant women are adequately immunized against tetanus, resulting in the deaths of thousands of newborn infants annually.

Meanwhile, there is strong evidence of a trend towards smaller families as African couples increase their use of family planning. The potential beneficial impact of this trend on the health of women and children is enormous. As women bear fewer children, their exposure to the risks of pregnancy decreases; the children they have are more likely to survive and live a better life.

■ A fundamental shift in attitudes towards childbearing has taken place in Africa. Over the past two decades, ideal family size has decreased considerably across the region. The decline has been particularly steep in Kenya, where desired family size has dropped from seven to four, and in Nigeria and Senegal, from eight to six. Roughly a quarter of married women surveyed – triple the proportion in the 1970s – want no more children. In Kenya, the percent is over half and in Madagascar and Uganda, over a third want to limit family size.

■ Demand for family planning has increased dramatically in some African countries, although contraceptive use is still quite low for the

region as a whole. Use of family planning in countries such as Botswana, Kenya and Zimbabwe grew rapidly in the 1980s and 1990s, and now approaches or exceeds 40 percent – levels similar to those observed in Bangladesh and India. As a result, overall contraceptive use for the region has grown at about 1 percent per year – a modest increment compared to other regions, but nevertheless a notable

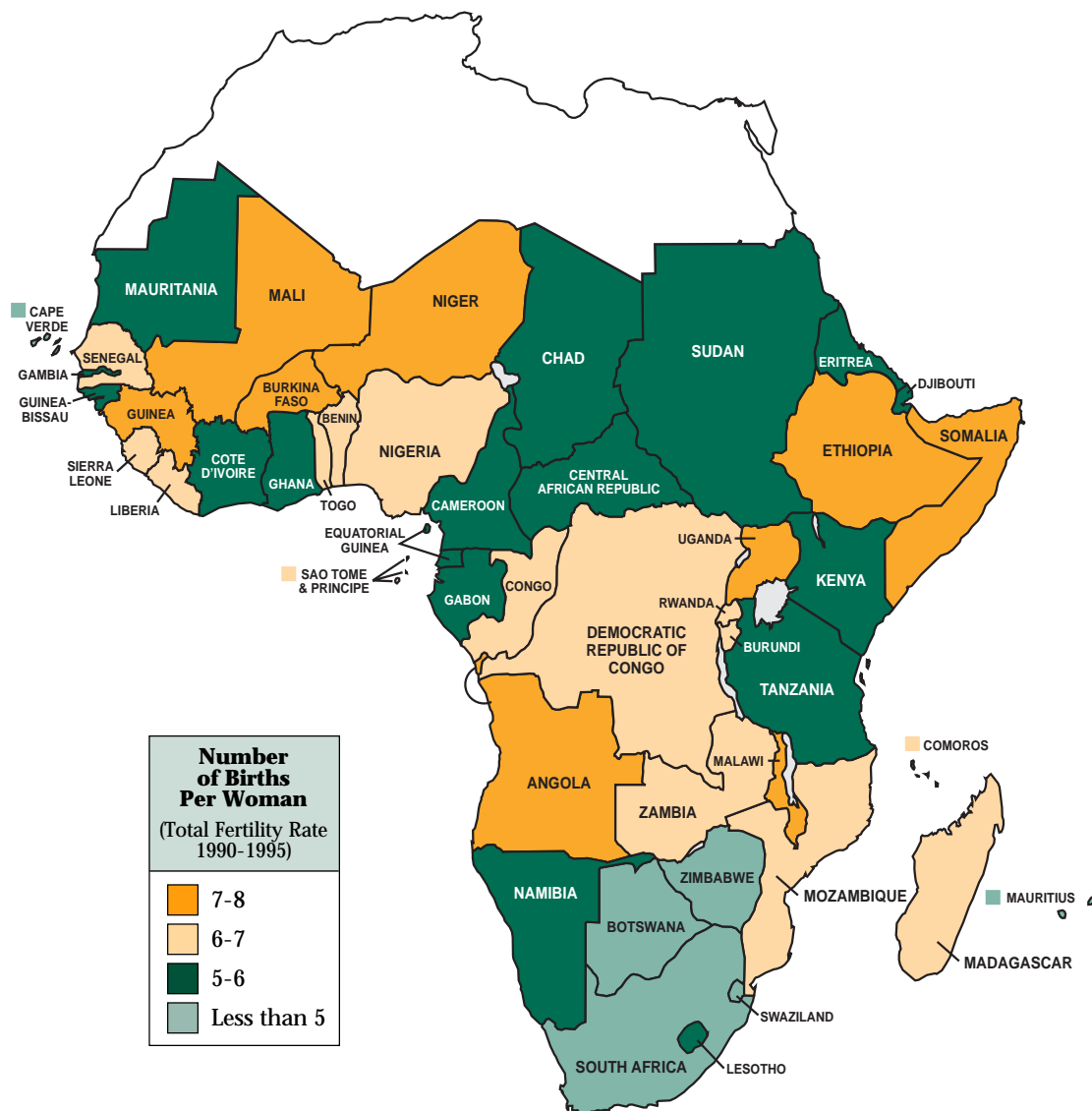
improvement after decades of little or no progress. Still, just 18 percent of married women of childbearing age use family planning – one-third the average for other developing regions; use of modern methods, at 12 percent, is even lower.

- Changes in desired family size and increased contraceptive use have stimulated a substantial fall in birthrates in a number of African

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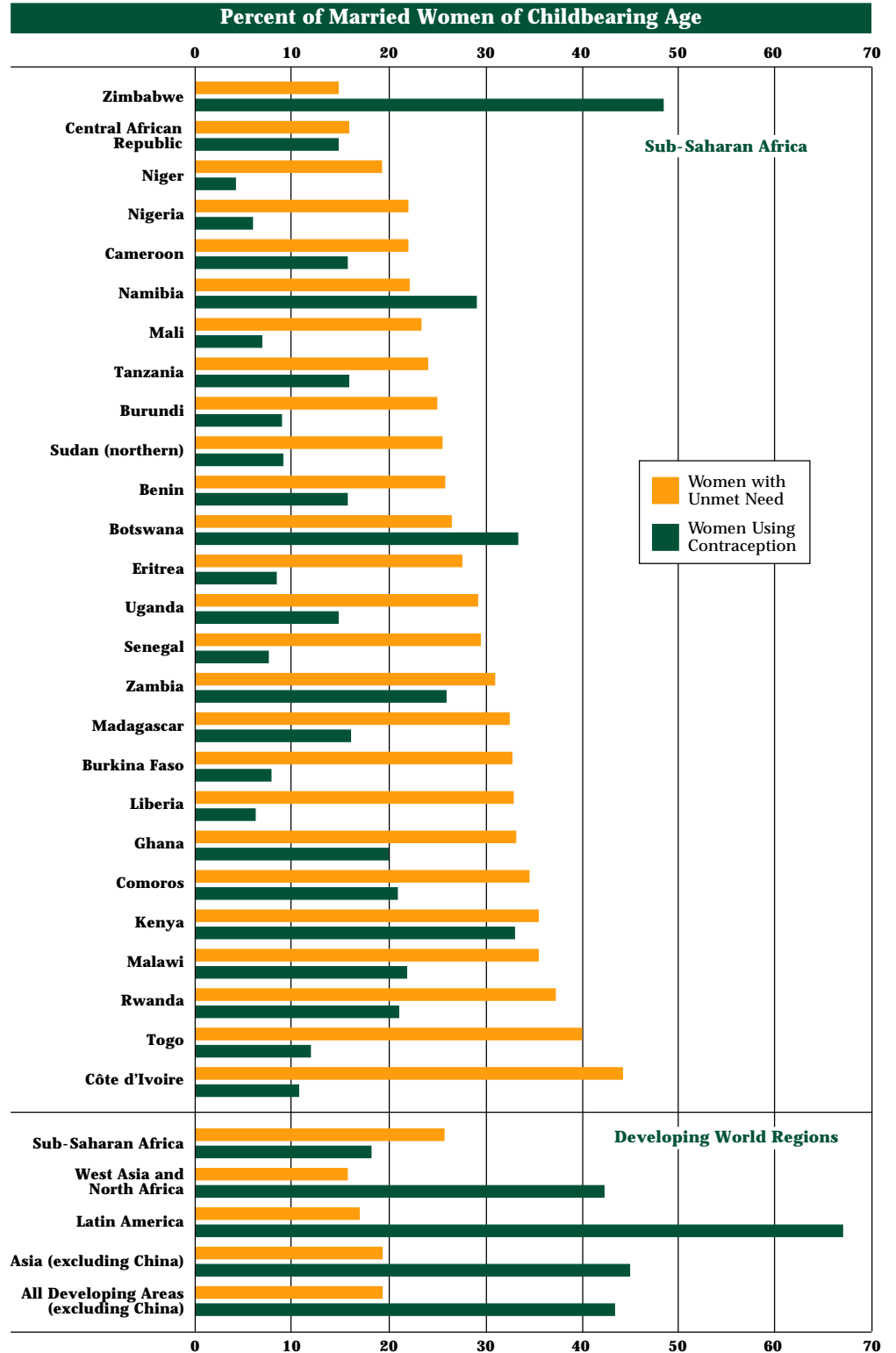
FIGURE 2

Average Number of Births Per Woman in Sub-Saharan Africa



SOURCE: United Nations. *World Population Prospects: The 1996 Revision*. New York: United Nations, 1996.

FIGURE 3
Unmet Need for Contraception
Sub-Saharan African Countries and Selected Regions



SOURCES: Data from Demographic and Health Surveys, supplemented by data from UN Population Division and Population Reference Bureau.

countries, a trend that is spreading rapidly. For the region, average family size is about 6, down half a child from historical rates. A few countries, however, have experienced substantially larger declines. In Kenya, family size has fallen from 8 in the 1970s to 5.4; Zimbabwe has seen fertility decrease by a third since the 1980s to 4.3 children; between the 1980s and 1990s, smaller, but still important declines on the order of 10 to 30 percent have taken place in Côte d'Ivoire, Senegal, Zambia and at least six other countries. Both the size and speed of these declines are strikingly similar to those in other developing countries early in their transition to low fertility. Furthermore, in Africa as elsewhere, couples in cities are leading the downward trend in childbearing; family size is one to two children lower in urban than in rural areas.

Although the gap between the number of children women say they want and the number they have is small, it is widening – a strong indication that many women who wish to limit their family size face difficulty in doing so. In fact, many women in Africa want to delay or avoid another pregnancy, but are not using contraception; 26 percent of married women of childbearing age (22 million women) fit this definition of having an unmet need for family planning – a proportion higher than any other region of the world. Strikingly, in only 12 countries does unmet need exceed 30 percent of married women; 11 of them are in Africa. The rates are exceptionally high in Côte d'Ivoire (43 percent) and Malawi (36 percent).

High levels of unmet need for family planning result in numerous unwanted pregnancies and abortions. Given the severe legal restrictions on abortion in most countries, the vast majority of abortions – an estimated 3.2 million yearly – occur under unsafe conditions. Because most women lack access to good medical care, death rates

from complications of unsafe abortion are extremely high; about 22,000 African women die each year from unsafe abortion – roughly a third of all such deaths worldwide. For each woman who dies, many more suffer permanent injury or infections which can lead to infertility. Unsafe abortion also places a strain on scarce health resources; large hospitals in Kenya and Nigeria report that 60 percent of women admitted for gynecological problems suffer from abortion-related complications.

The worldwide HIV/AIDS epidemic has hit Africa especially hard. Currently, nearly 21 million adults and children are living with HIV/AIDS in sub-Saharan Africa. The virus has already killed over four million Africans – 90 percent of all AIDS deaths in the developing world. Unlike some other regions, HIV in Africa is transmitted mainly through heterosexual contact, and rates of infection in men and women are roughly equal.

The HIV/AIDS epidemic is most severe in eastern, central and southern Africa, where infection rates among adults – especially in urban areas – are staggering. More than 1 in 10 adults in Botswana, Malawi, Uganda, Zambia and Zimbabwe are infected with HIV; 10 other countries have infection rates of between 5 and 10 percent. In several large cities, more than 1 in 5 men and women carry the HIV virus; at an antenatal clinic in Harare, the capital of Zimbabwe, 32 percent of women tested positive for HIV in 1995.

Other sexually transmitted diseases (STDs), such as syphilis and gonorrhea, are also more common in Africa than in other regions. Worldwide, one out of five new cases of sexually transmitted diseases occurs in Africa. The health consequences of these diseases disproportionately affect women. In addition to the discomfort and shame women experience, sexually transmitted diseases contribute to stillbirths and infant deaths; chronic pelvic pain and infertility; life-threatening tubal pregnancies; and cervical

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cancer – thought to be the most common cancer in Africa. Moreover, the inflammation often associated with untreated sexually transmitted diseases increases the odds of HIV transmission.

STDs are closely linked to the problem of infertility, which is especially acute in central and south-central Africa. In countries such as the Central African Republic, Congo and Mozambique, roughly 10 to 20 percent of women are infertile – the highest infertility rates observed in the world. But in other countries, studies show high rates of STD infection even among groups previously perceived to be at low risk – for example, adolescent girls in rural Nigeria. In a culture that puts a high premium on childbearing, many infertile women are stigmatized by their communities and even abandoned by their husbands.

Africa also faces the challenge of record numbers of adolescents entering their childbearing years. The number of women in the region aged 15 to 19 is projected to almost double to 62 million by the year 2020. Although pregnancy rates in this age group have fallen, they remain extremely high and the declines have been less steep than in other developing regions. Roughly 15 percent of African adolescents give birth each year, two and a half times the rate in the United States and more than twice the average rate for other developing countries. The number of births to adolescents in Africa – about 4.5 million yearly – is on the rise because of the rapid increase in size of the adolescent age group.

Despite the risks of early pregnancy, married adolescents are only half as likely as older women to use contraception and have considerable unmet need for family planning. Many unmarried adolescents are also sexually active and are at high risk of contracting AIDS or other STDs. While they are more likely to use contraceptives than married teens, they too have a substantial unmet need for contraceptive services. As a result, many

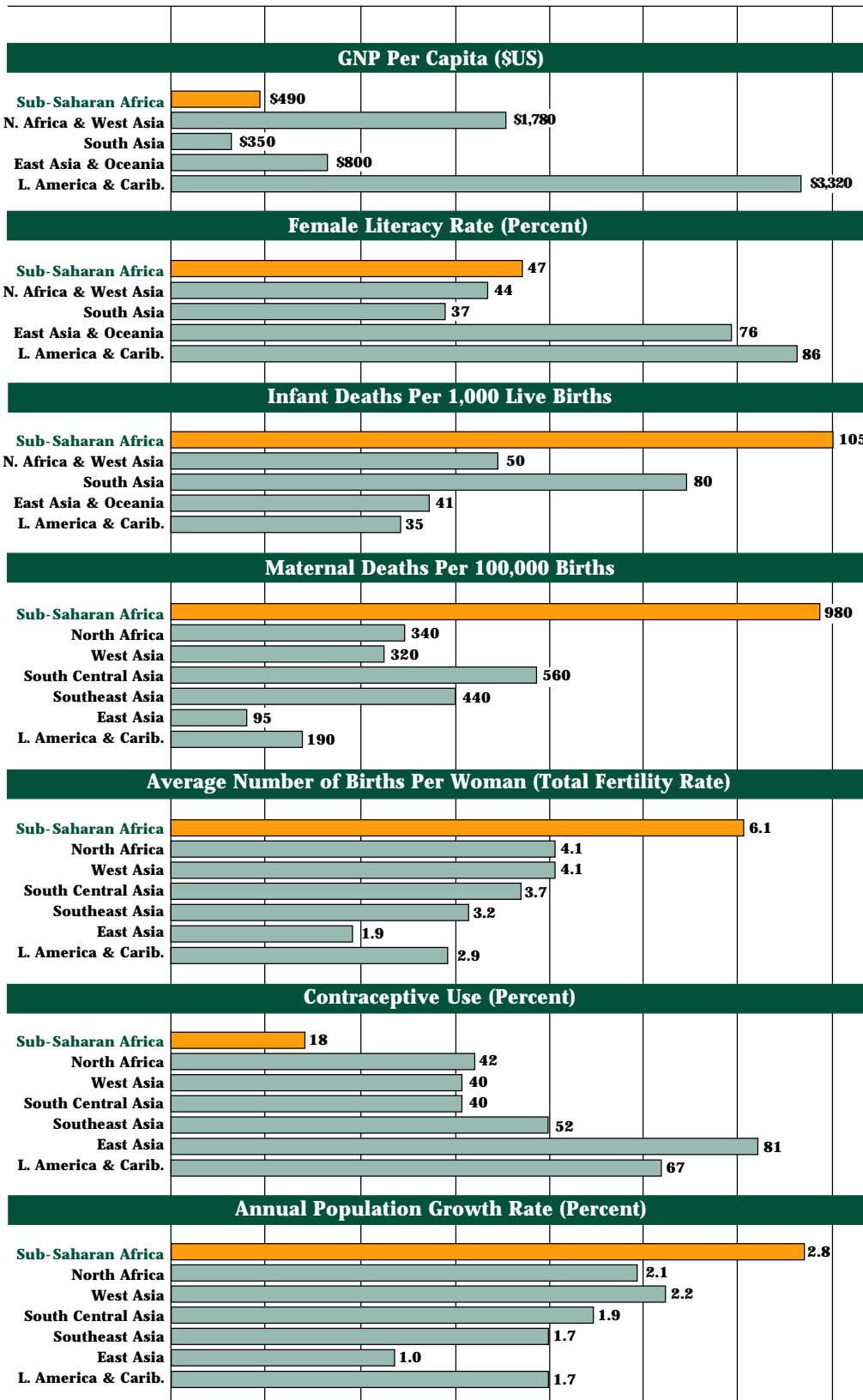
adolescents with unwanted pregnancies resort to unsafe abortion.

The Impact of Rapid Population Growth on African Society

The trend towards smaller families is an encouraging sign that, in the distant future, population growth in sub-Saharan Africa could achieve a balance with the resources available for sustainable economic development. In the meantime, however, rapid increases in population continue to frustrate efforts to boost African living standards, still among the lowest in the world. For more than 20 years, population increase has outpaced economic gains as well as increases in food production, leaving the average African 22 percent poorer than in 1975. With 11 percent of the world's people, Africa produces just one percent of the world's goods and services. Currently, about 40 percent of Africans – 242 million people – live on less than \$1 a day.

Poverty is most severe in rural areas, where 7 of 10 Africans still live. Africa's economic health depends largely on the efforts of its farmers, yet it is in rural areas that rapid population growth most threatens the region's overall prospects for development. Agricultural practices such as slash and burn cultivation and nomadic livestock raising originated in an era when per capita availability of land was much higher than today. Now, however, land is scarcer as a result of population growth, and opportunities to expand the productive land base are fewer. Farmers have moved into newer, less fertile areas more prone to environmental degradation. The traditional style of agriculture is now working against farmers who have not been able to adapt production techniques quickly enough to these challenges. The pressure to grow more on less productive land has strained scarce and fragile natural resources to the point where small

FIGURE 4
Key Social Indicators for
Sub-Saharan Africa and Other Developing Regions



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landholders can no longer easily raise crop yields.

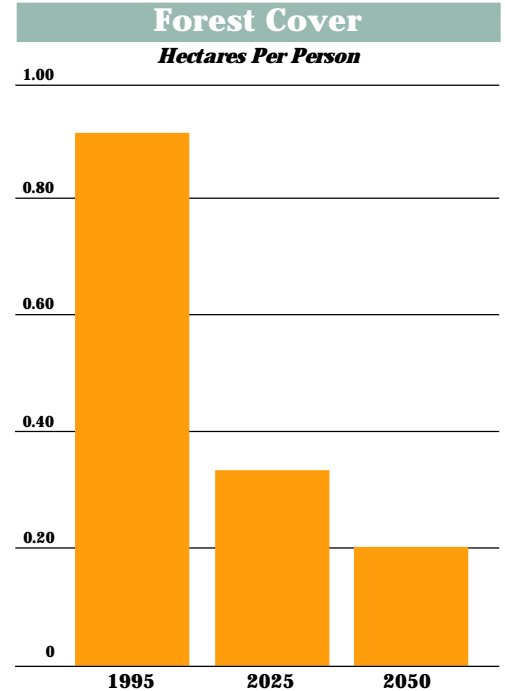
Evidence of the negative environmental effects of population growth is mounting:

- Fresh water – essential for urban and industrial growth and for increasing farm production – is becoming increasingly scarce. By 2025, a projected 6 of every 10 Africans – four times the current proportion – will live in countries that lack adequate water supplies.
- As the demand for firewood and new farmland accelerates, forests are disappearing at ever faster rates. Africa lost one-fifth of its forest cover between 1960 and 1990, and the continent now loses 38 thousand square kilometers of woodlands each year – an area roughly the size of the Netherlands.
- The loss of trees has resulted in the degradation of one-fifth of Africa’s farmland, eliminated over half of the continent’s original wildlife habitat, and contributed to adverse changes in weather and the encroachment of the desert onto previously arable land.

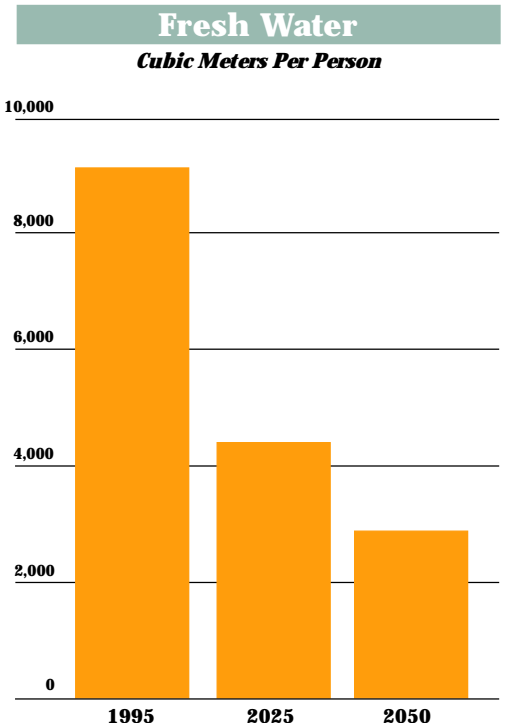
The deterioration of land quality, in combination with poor agricultural policy, has left Africa less able than ever to feed itself. Food output per person has dropped by 16 percent since the early 1960s, one of the main reasons that almost 40 percent of Africans are chronically undernourished and nearly one in three children – some 30 million in total – go hungry. This malnutrition is a major factor underlying continuing high rates of child mortality.

Future prospects for food security in Africa are sobering. Even under optimistic projections for fertility decline and increases in food production, the number of malnourished children in Africa is almost certain to

FIGURE 5
Declining Natural Resource Availability in Sub-Saharan Africa



SOURCES: World Resources Institute. *World Resources 1996-97*. New York: Oxford Univ. Press, 1996; United Nations. *World Population Prospects: The 1996 Revision*. New York: United Nations, 1996.



SOURCE: Tom Gardner-Outlaw and Robert Engelman. *Sustaining Water, Easing Scarcity: A Second Update*. Washington, DC: Population Action International, 1997.

continue to rise well into the next century. African farmers would have to increase production *five-fold* just to meet the region's basic food needs in the year 2050. To do so would require increasing farm yields to levels close to the maximum seen in the most successful of the Green Revolution countries in Asia. While not impossible, achieving this goal will be difficult without raising levels of education and improving road and communication networks – areas where Africa still lags far behind Asia. A rapid decline in population growth rates would make it much easier for the continent to achieve food self-sufficiency.

High rates of natural population increase, coupled with migration from rural areas to cities, have in the last half of this century spurred unparalleled growth in the size of Africa's urban population. Annual urban growth rates in excess of five percent in many African countries are putting enormous strain on the urban environment and on the capacity of local governments to provide basic services.

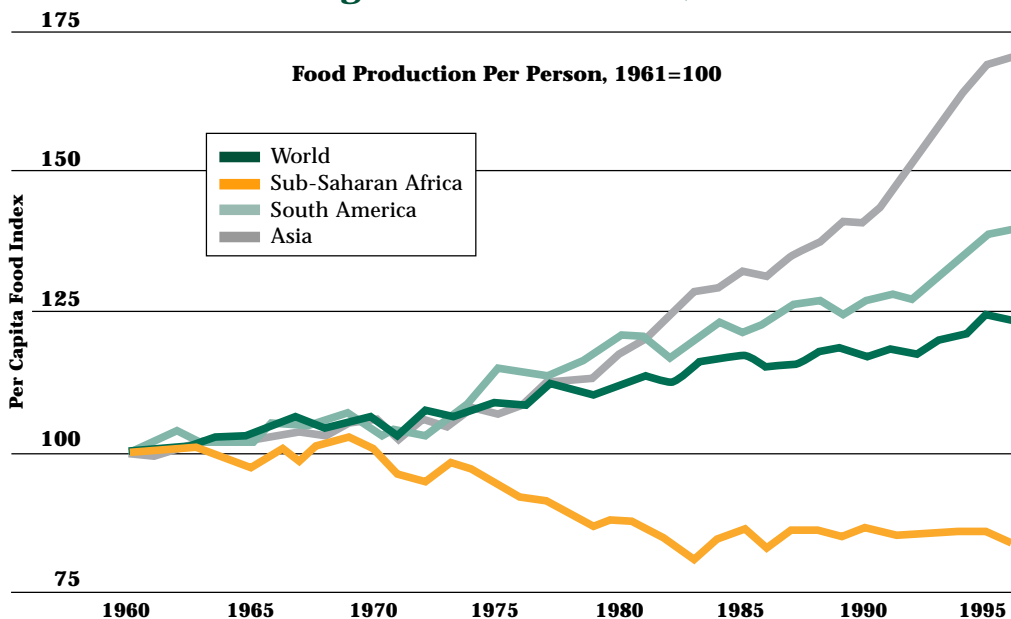
The number of people in both urban and rural areas with access to safe water doubled in the 1980s, but because of rapid growth in the urban population there were actually *more* city dwellers without safe water at the end of the decade. One result of the rapid growth of cities is that the quality of life – as measured by child survival rates – has improved only marginally in the largest cities of sub-Saharan Africa, and has actually declined in smaller cities.

As development successes elsewhere have shown, investing in people is key to economic and social progress. In Africa, however, population growth is overwhelming public services such as health and education, which are already suffering from years of economic decline and shrinking government budgets. Previous gains in school enrollment in many countries have been halted, and governments face a formidable task in simply maintaining current enrollment rates in the face of a projected doubling in the number of children of primary school age

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FIGURE 6

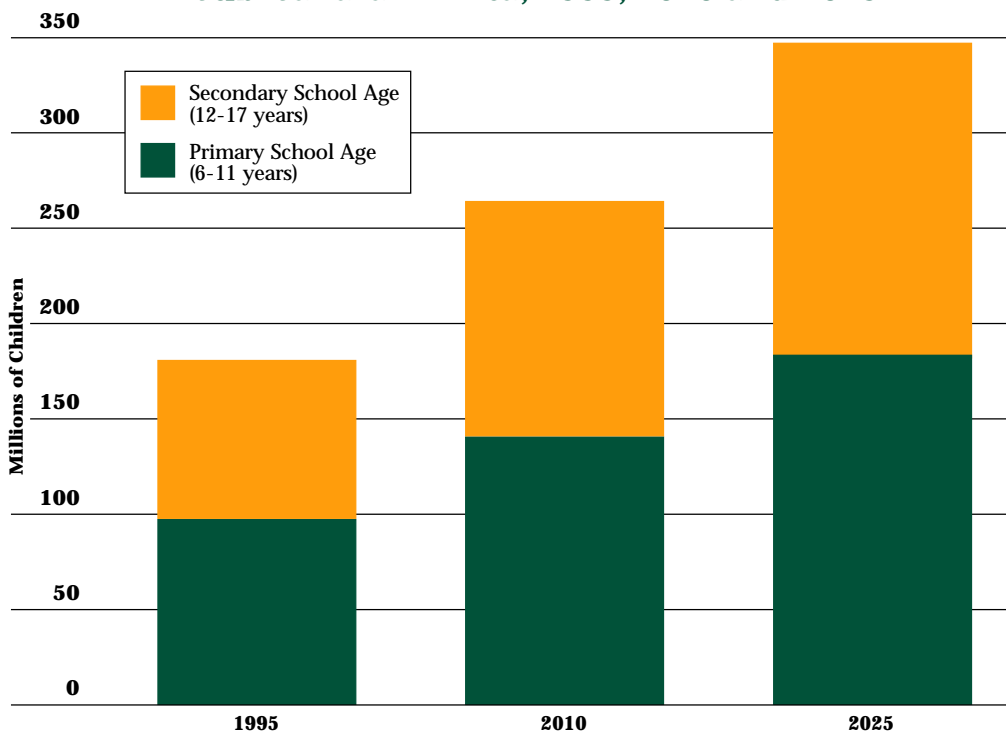
Food Production Per Person Selected Regions and the World, 1961-1997



SOURCE: FAO.

Investing in people is key to economic and social progress, but in Africa, population growth is overwhelming public services.

FIGURE 7
Growth in Numbers of School Age Children in Sub-Saharan Africa, 1995, 2010 and 2025



SOURCE: United Nations. *World Population Prospects: The 1996 Revision*. New York: United Nations, 1996.

between 1995 and the year 2030. Faltering human investments not only endanger prospects for economic growth, but also feed the cycle of poverty, poor health and low educational attainment that contributes to pressures for large families.