African Demographics: How many people are too many people?

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1. Introduction

Mapping and analysing patterns of population growth is key when planning for and understanding changes in economic processes over time. The number of people in a society can be seen as either a burden or a strength. On the one hand, with rapid population increase there is a need for a parallel increase in production if people are not to become worse off and this, in turn, can put significant strain on both natural resources and systems of production. On the other hand, the stock of health, nutrition, education, skills, and knowledge embodied in a country's population and labour force is a fundamental productive asset. In this chapter we discuss the pros and cons of Africa's population growth. The text is divided into two separate but interconnected parts. The first one is of a more theoretical nature and deals with various aspects of demographic theory, while the second is empirical with a focus on selected African characteristics.

The following section, provides some context, reviewing the over-population scare from the 1950s onwards; where did it come from and how well has it stood the test of time? Next, we present the Malthus-Boserup debate and the fundamental principles for how the negative and positive effects of population growth have been understood. In section 3, we move on to the demographic transition model, which lays out the move from a relationship of high mortality and high fertility to a stage of low mortality and low fertility. We also identify five different pathways in the demographic transition based on empirical experiences. Section 4 presents selected data on the historical population growth in sub-Saharan Africa. While Africa used to be perceived as a continent with low population density, i.e. scarce labour and abundant land, that image has changed as contemporary societies experience significant population increase. In the final section, we reflect on the factors that can drive further demographic change in Africa.

2. Demography

The over-population scare

In the 1950s, many economists and policy makers became increasingly concerned with the relationship between economic growth and population increase. There were a few explanations for this newfound interest:

- The rate of *economic growth* in the western world, made up of North America and Western Europe, was unique in world history.
- There was a wave of *decolonisation* as the old empires crumbled, but the newly formed countries were poor.
- *Population growth* was at a pace never before seen in history, but the population increase was unequally spread. While population in the industrialised countries was steady, the increase was taking place in the developing world.

Therefore, the major global development question in the 1950s became: How could economic growth and potential improvements in living standards spread to poor parts of the world when the population in these areas was constantly increasing? The challenge seemed enormous. The UN was assuming a 2-3 percent annual population growth and global population increase did hit an all-time high in 1963 with an annual growth rate of 2.2 percent. With a two percent annual population increase the world population (in billions) was estimated to be: 7.4 in 2000, 32 billion in 2075 and 500 billion in 2200. Luckily, Table 1 shows that the prognosis turned out to be a scare and the population increase has instead been slower than predicted:

Table 1: Global population, 1800-2100

	Population (billions)
1800	1
1925	2
1960	3
1974	4
1987	5
1999	6
2011	7
2021	8
2050*	10
2100*	11

Note: * Latest projections by the United Nations (2019).

The explanation for the manageable population figures, compared to the prognosis 70 years ago, is a drastic decline in fertility. In the period 2010-2015, fertility was below two children per woman, which is the replacement level, in 83 countries comprising 46 percent of the world's population, e.g. in China, USA, Brazil, Russia, and Japan. However, just as discussed in the 1950s, it is still a concern that current and future population increase takes place in countries with poor economic growth. More specifically in South Asia and sub-Saharan Africa, which are also the regions with the highest poverty rates. Therefore, the question of how to give a growing population a decent standard of living remains.

Is the world overpopulated? In the city of Lagos in Nigeria live 15 million people.

Malthus-Boserup debate

Fear of overpopulation and concern with the relationship between population increase and poverty are not new issues. Thomas *Malthus* (1766-1834) lived in England. He was both a priest and an economist specialising in issues of poverty and population increase. He claimed that:

- Human beings need food to survive, i.e. they will always eat.
- Love between the sexes will prevail, i.e. humans will always reproduce.

Malthus stated that a population has a tendency to grow faster than food production and therefore the amount of food per person would decrease as the population increased. This scenario would go on until a situation was reached where further population increase was hindered by some increase

in mortality caused by lack off or conflict over food, e.g. wars, epidemics, or starvation. Alternatively, humans could set up systems for keeping fertility down by enforcing preventive actions, e.g. no sex before marriage, higher age for marriage and a larger part of the population staying unwed.

Malthus died before the agricultural transformation and the industrial revolution in England had come into full force. Consequently, he was unable to take into account the drastic increase in production and productivity in the agricultural as well as the industrial sectors that were the result of those processes. He neither experienced revolutionary technological change nor significant improvement in standards of living. The Malthusian debate, however, is still alive today and *neo-Malthusians* claim that even if food is not the problem it once appeared to be, energy and non-renewable resources, e.g. minerals, are still heavily stressed by a growing world population. In addition, there is the concern with how we are to harmonise all three dimensions of sustainable development – economic, social, and environmental – expressed in the UN Agenda 2030 Sustainable Development Goals. When a growing number of people in poor countries can afford to consume as many material assets as people do in the rich world, the global ecological footprint, how much nature we use to sustain our lifestyles, also grows. Before we asked: How many people are too many people? Now the question is also: How much consumption is too much consumption?

A very different point of view has been represented by the Danish economist Ester *Boserup* (1910-1999), who saw a direct and positive link between population increase and technological advances within the agricultural sector. Because there is always an opportunity for technological change to increase food production, her model lacked any incentive for lowering fertility, especially for agricultural economies based on family labour. Boserup draws on examples from various time periods as well as geographic locations and claims that:

- When there is population growth in an agricultural society, pressure on land will increase.
- To deal with land scarcity, farming methods will become more intense in order to produce enough food.
- This intensification brings:
    - increased use of labour
    - more intense use of land
    - farming on marginal (less fertile) lands
    - technological change in the form of new crops, tools, machinery, etc.

Indeed, there have been numerous technical advances in agriculture all over the world responding to the demand for increased production due to population increase.

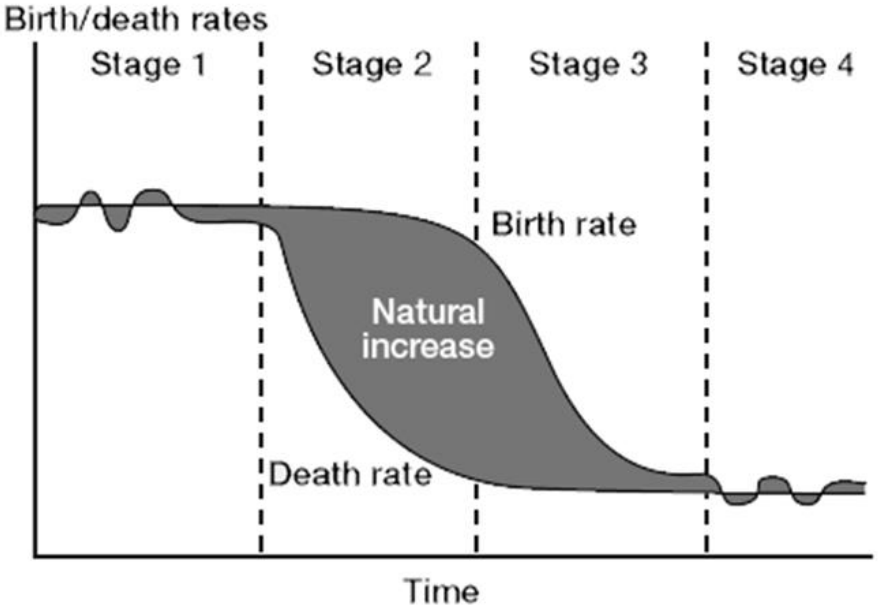
Malthus' and Boserup's opposing arguments for population increase being either a negative or a positive force in agriculture both have their merits and continue to be of high relevance. Also, today we know that the problem that we are facing is not necessarily the ability to feed the world population in the future. Instead, the issues are:

- How do we divide what we produce between us? A large share of the global population live in plenty and waste food while others are starving.
- What are the limitations of continuous growth? We are depleting non-renewable resources and bio-diversity, and we do not know what to do when they are gone.

3. The demographic transition

The *demographic transition model* captures changes in population dynamics and offers an explanation as to how an end to continuous population growth can come about. Traditionally, it contains four stages and societies move along these stages from one to four (see Figure 1). While there are a few examples of societies moving backwards in the process, e.g. the HIV/AIDS epidemic in some African countries, these are only temporary episodes.

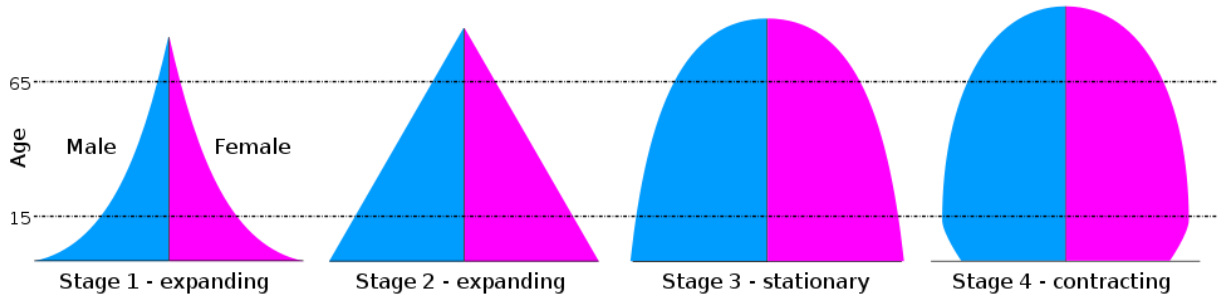
Figure 1: The four phases of the demographic transition



Phase 1: All societies have started out with both high levels of mortality, primarily child mortality, and high levels of fertility together resulting in slow population increase. These societies are characterised as agricultural, low productive and pre-modern, where family labour is required for agricultural production and where there is no modern health sector to reduce mortality. They evolve in accordance with the Malthusian paradigm, with population essentially being determined by the food supply. It was not until the agricultural transformation and industrialisation in Europe that we saw some countries move out of this first phase. In the world today, there is only a small number of isolated, indigenous communities who remain in the first phase.

Phase 2: There is a decline in mortality, primarily child mortality, due to progress in public health, medical advancements, improved personal hygiene, increasing standards of living and better nutritional diets. The fall in mortality leads to rapid population growth and the increasing survival of children results in an increasingly youthful population (see Figure 2). In Europe 100-200 years ago, the move into the second phase was intertwined with other economic processes such as the agricultural transformation and change was slow. It happened through the modernisation of society and was not promoted by the state. Today, medical advances can be imported from outside and advancements in nutrition and public health can be instigated by governments and aid donors. Through programs focused on reducing infant (under the age of 1) and child (under the age of 5) mortality results can be achieved quickly. Once mortality has gone down, it does not come up again unless there are exceptional circumstances such as an epidemic or pandemic, e.g. HIV/AIDS or Covid-19, extreme violence, or high incidence of substance abuse. Many African countries can be found in this second phase and it is especially applicable to rural areas.

Figure 2: Age distribution during the four stages of the demographic transition



Phase 3: Fertility is finally coming down and as a consequence population increase becomes less dramatic. Especially, it is the decrease in child mortality which makes parents realise that they do not require so many children to secure labour and old age security. Again, in Europe this was a slow and gradual process that was tied to processes such as urbanisation, employment outside of

agriculture, the establishment of a formal labour market, etc. With these types of changes children were no longer used as family labour, and instead became a financial burden as parents invested in them, e.g. with schooling. The processes found in developing countries today are much the same, although there is the difference that change is moving much more rapidly and is helped along by government policies, e.g. family planning programs. The world in its global total has by now come quite a long way into phase three. On the African continent, an increasing number of countries are in the third phase, e.g. Botswana, Ghana, Kenya, Lesotho, Namibia, Senegal, South Africa, Swaziland and Zimbabwe.

Phase 4: There are low levels of both mortality and fertility, and low population increase. This has been the normal stage found in developed countries. In Africa, Mauritius is an example of a whole country being in this phase. Otherwise, it is commonly associated with the urban middle class in cities such as Johannesburg, Cape Town, Nairobi, or Accra.

New phase 5: A growing number of developed countries are experiencing higher mortality rates than birth rates, not because of increasing mortality, but because of fertility constantly being below the replacement rate of two children per woman on average. This results in a problem with an aging population. In Europe, 25 percent of the population is already aged 60 years or over, and that proportion is projected to reach 35 percent in 2050. We can see similar development in North America and Southeast Asia. Meanwhile, the African population will remain relatively young for several more decades. The percentage of its population aged 60 or over was 5 percent in 2017, but it is expected to increase to around 9 percent in 2050 and nearly 20 percent by the end of the century.

Pathways in the demographic transition

With the big population scare, academics and policy makers became interested in understanding what could be the drivers of the demographic transition process and if there were ways to steer and speed up the process. As is captured by the demographic transition model, history teaches us that mortality decline is a necessary step prior to fertility decline. Mortality had started to decline in the industrialised countries of the North in the early 19th century and it spread to other regions of the world during the first half of the 20th century. Most importantly for future fertility decline was lower infant and child mortality and these were also areas that could later be easily targeted through political decisions also in poor countries. The drivers of mortality decline resulted from economic and technical advances such as:

- Improved nutritional intake due to increased and more varied food consumption.
- Improved sanitary conditions, especially in urban areas.
- Medical discoveries and expanding health services.

Still, the exact causal relationship between mortality and fertility decline has in each case been difficult to pinpoint and the time lag between the start of the two processes has varied. Still, based on our historical experiences, we could tease out five different, more or less successful, pathways in the demographic transition. Focus is on the extent that decreasing mortality has been followed by declining fertility.

Traditional capitalist: Represented by the experiences in Europe and North America primarily in the 19th century and Latin America from the mid-20th century. Here it is the development process itself, including industrialisation, urbanisation, etc. that resulted in both mortality and fertility decline. In the agricultural society children were an asset as they worked on the farms and limited costs were added for each extra child. Eventually, agricultural productivity improved, people transferred to work in other sectors, and they moved to the cities. In the urban areas child mortality declined. Meanwhile, costs went up as children were provided with more expensive housing, schools fees, purchased food, etc. and the family no longer needed children as labour. In this pathway, the state was not actively involved in the fertility decline apart from encouraging economic and social development and offering basic social services.

Growth with equity: Southeast Asia from the 1950s and onwards is yet another example of how economic development went hand-in-hand with the demographic transition. The difference between this model and the 'Traditional capitalist' is that the state was more active, although not coercive. In addition to offering opportunities to regulate family size government promoted general development-oriented policies such as equal opportunities, rural development, education, employment for women, etc., reforms that sped up the demographic transition both directly and indirectly. The pathway was then a mix between overall development and active family-oriented policies.

Soft state: This pathway is mostly represented by states in South Asia from the 1970s. Mortality decline was already underway due to some economic progress and basic social services and then the state became active in reducing fertility through family planning policies. Efforts mostly took the form of information, persuasion, providing contraceptives, etc., but there were also occasional coercive actions such as forceful sterilization. These countries are still struggling to achieve economic development and consequently, they have not to any significant degree been aided in their demographic transition by that process. Fertility decline has occurred, but it has been slow

and the region has continued to experience severe population increase even since the commencement of state intervention in family planning.

Radical devolution: The main example is China and its one-child policy, which was put in place in the 1970s. Here mortality had been dropping and life expectancy increasing for much the same reasons as in other parts of the world, but the communist party feared that the country would get stuck in Phase 2 in the demographic transition and eventually find itself in a Malthusian crisis. Consequently, the one-child policy was designed to push for a move into Phase 3. This policy, which could only have been enforced by a strong state that is also non-democratic, caused a significant decline in total fertility rate. Still, the state story is not the full story, because proceeding and parallel to the one-child policy, fertility decline driven by a development process has taken place, e.g. in larger modern cities like Shanghai. The Chinese state has abandoned the one-child police and is now even trying to push for a new three-child family norm to counter the threat of labour shortage and high costs for an aging population. However, people are not too eager to follow the new directives as it is very expensive to raise children.

Lineage dominance: This is the type that represents the overall African experience. Up until the present the demographic transition has only reached Phase 2 in many areas, and we need to look for an explanation why. Mortality has been declining since the 1930s, for much the same reasons as in other regions. Of late, targeted efforts have been implemented to reduce infant, child, and maternal mortality, and now the major challenge is to decrease fertility. While states have been promoting family planning, their efforts have been hindered by other structures, the most important being the role played by lineage in African societies. Within this system the costs of children are shared by the lineage and therefore economic incentives for parents to reduce family size are not as strong. As long as most households are active within agriculture, children will be appreciated as family labour. and as long as there is no social security from the state, children are also expected to provide for relatives during old age. Costs of more children are then low and benefits high, counteracting government efforts to promote smaller families. The exceptions are the expanding urban areas and the growing educated middle class where the lineage is less dominant and fertility levels are dropping.

An inference to be drawn from the above pathways for the demographic transition is that *development is the best driver of both mortality and fertility decline*. There is no government policy that has been as efficient in lowering fertility and driving the demographic transition process as incentives given by the overall development of society. Change in population is then a natural part of the larger process together with other factors such as labour moving out of agriculture,

urbanisation, economic growth, human development through education and healthcare, and increased gender equality.

Many children in Africa grow up in extended families.

4. African demographic characteristics

Historical population growth in sub-Saharan Africa

We know little about historical population size in Africa. The further we go back in time the more unreliable are the numbers, something that is exemplified by the estimates for 1850, shown in Table 2, which vary between 100-150 million, a 50 percent difference, depending on which sources we use. It is not until roughly the 1960s that we have more reliable population data, although even contemporary population statistics for Africa are considered less reliable than the same type of statistics for developed countries.

Table 2: Population numbers for Africa, 1850-2050

	Population (millions)
1850	100-150
1950	220
2000	800
2050*	2,500

Note: * Latest prognosis by the United Nations (2019).

Rapid population increase and higher population density is a rather late phenomenon in Africa compared to other continents. Today, Africa's population is growing at 2.6 percent per year and African woman can be expected to have 4-5 children on average. Meanwhile, population growth in South Asia is 1.2 percent and in Latin America it is 0.9 percent. Because of continued high fertility rates, the African population is expected to double between now and the year 2050 and it will represent a quarter of the world's population.

However, the African population is unevenly spread over the continent. There are large differences in both population size and population density between countries. This is exemplified by Table 3 showing population numbers 1960-2020 in a selection of African countries including both Nigeria with the largest population of 206 million and Botswana with 2.4 million, one of the smallest populations on the mainland.

Table 3: Population (million) in selected African countries, 1960-2020

	1960	1970	1980	1990	2000	2010	2020
Botswana	0.5	0.7	1.0	1.4	1.8	2.0	2.4
Burundi	2.9	3.5	4.1	5.6	6.4	8.4	11.9
Nigeria	45.9	57.4	75.5	97.6	123.7	159.4	206.1
South Africa	17.4	22.1	27.6	35.2	44.0	50.0	59.3

Source: World Development Indicators, World Bank (2021).

Meanwhile, statistics on increase in population density in Table 4, calculated as people per square kilometre of land area, shows a somewhat different story. For example, while Burundi does not have an exceptionally large population, it is a small country which has experienced a drastic increase in population density during the last 50 years, hitting 463 persons per square kilometre. Botswana is an opposite case with a small population and a large landmass, meaning that population density is only roughly 4 persons per square kilometre.

Table 4: Population density (people per sq. km of land area) in selected African countries, 1960-2020

	1960	1970	1980	1990	2000	2010	2020
Botswana	1	1	2	2	3	4	4
Burundi	117	137	161	218	248	326	463
Nigeria	52	63	83	107	136	174	226
South Africa	15	18	23	29	36	41	49
Sub-Saharan Africa	10	12	16	22	28	36	48

Source: World Development Indicators, World Bank (2021).

The demographic transition in Africa

Although tracking far behind other continents, the demographic transition has started in Africa. Mortality has been declining since the 1930s, although the continent is still home to countries with some of the highest rates of infant and child mortality in the world, e.g. Sierra Leone with 81 infants dying per 1,000 live births and child mortality rates at 109 per 1,000 live births. Another way of indicating decreasing mortality is by showing increased life expectancy at birth (the number of years an individual is expected to live according to statistics). In sub-Saharan Africa generally, life expectancy has increased from 40 years in 1960 to 62 years in 2019. The lowest life expectancy figures are found in the Central African Republic where it is only 53 years, and the highest are 74 years in the Seychelles. Due to the recent spread of antiretroviral drugs for treating HIV/AIDS, countries such as South Africa are again doing better, and a person is expected to live just over 61 years. Despite the above mentioned concerns, mortality decline is not what has been holding back the demographic transition process – it is the late and slow decline of rate of fertility (see Table 5).

Table 5: Fertility rates (number of children born) in sub-Saharan Africa, 1980-2100

	Number of children per woman
1980	6.7
2020	4.5
2050*	3.0
2100*	2.1

Note: * Latest prognoses by the United Nations (2019).

There are, however, significant differences between different countries. This is illustrated by Table 6, which presents statistics on declining fertility for the same countries that were examined in Tables 4 and 5. It shows, that while South Africa has experienced a fertility decline from six

children per woman on average in 1960 to 2.4 children per woman in 2019, Burundi has only experienced a decline from 6.9 to 5.3 children per woman on average during the same period.

Table 6: Fertility (average number of births/woman) in selected African countries, 1960-2019

	1960	1970	1980	1990	2000	2010	2019
Botswana	6.6	6.6	6.2	4.5	3.3	3.0	2.8
Burundi	6.9	7.2	7.4	7.4	6.9	6.2	5.3
Nigeria	6.4	6.4	6.8	6.5	6.1	5.8	5.3
South Africa	6.0	5.7	5.0	4.0	2.7	2.6	2.4
Sub-Saharan Africa	6.6	6.7	6.8	6.3	5.8	5.3	4.6

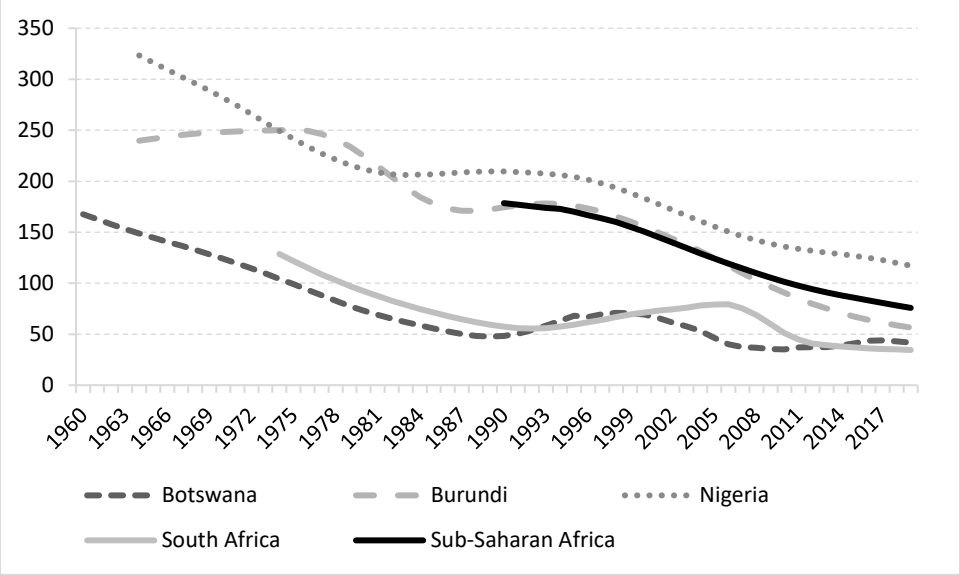
Source: World Development Indicators, World Bank (2021).

Since the turn of the millennium, the continent has also experienced the period of fastest-ever economic growth and during the commodity boom roughly during the years 2005-2015, Africa was even the fastest growing and urbanising continent in the world in an international comparison. The old inference that 'development is the best contraceptive' is then also holding true for Africa. This is the reason why the largest demographic differences on the African continent are not between countries, but between the urban and the rural areas, or between the areas that are experiencing economic growth and development and those that are not. Let us move on to look at some of the most important aspects of the development process in regard to the onset of the demographic transition in Africa.

Is the young population Africa's future?

Child mortality: Most research has shown a strong causal link between high child mortality and high fertility. When parents know that it is likely that several of their children will die before reaching adulthood, they will spread their risks by having a large family. In the model of the demographic transition phase one with high levels of mortality is driven mostly by high child mortality. Phase two is specifically signified by declining child mortality eventually leading to stage three with declining fertility. Africa is a continent where child mortality rates are still among the highest in the world and unless there is a general decline in child mortality there will be limited advances in the demographic transition. Figure 3 show clearly that all countries from Table 4, as well as sub-Saharan Africa in general, have experienced significant child mortality decline, which gives hope for the future. South Africa has the lowest levels of child mortality and is also the countries with the lowest fertility rate. At the other end of the scale Nigeria is above the sub-Sahara African average for child mortality as well as for the fertility rate.

Figure 3: Child mortality rate per 1,000 live births in selected African countries, 1960-2019

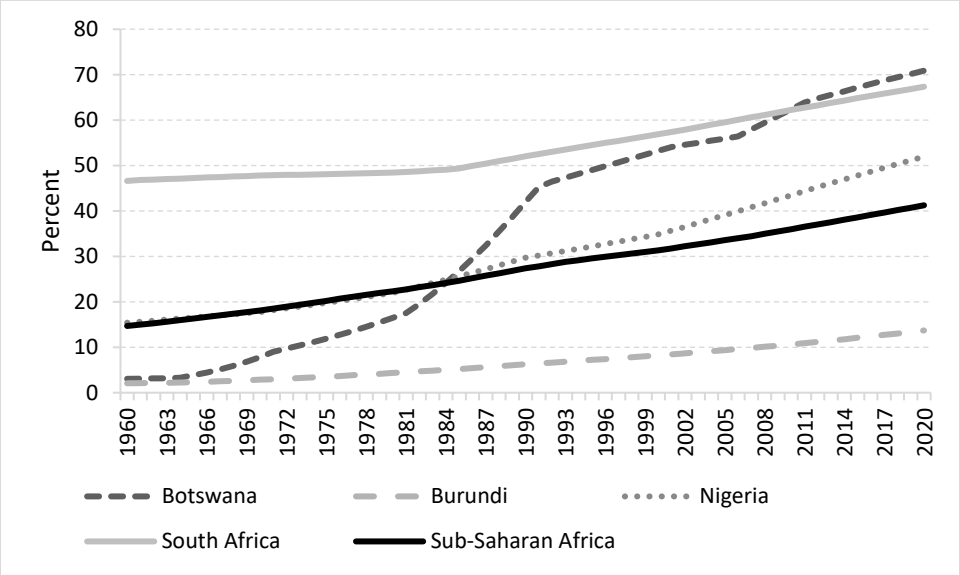


Source: World Development Indicators, World Bank 2021.

Urbanisation: Africa is the least urbanised continent in the world, but it is also the one with the fastest urbanisation rates. In 1950, there were only two cities on the continent with more than one million inhabitants, Alexandria and Cairo in Egypt. In a near future, there may be more than 80 cities with more than one million inhabitants. Further, there will be a cluster of mega cities (total population above 10 million), with Kinshasa, Lagos and Cairo among them as well as thousands of intermediary towns of 50,000-100,000 inhabitants. In our discussion above, we showed that urban families have higher costs for their children and that this drives fertility decline in urban areas. Figure 4 shows that South Africa and Botswana have the highest degree of urbanisation

within our sample and this correlates with them having the lowest levels of fertility. For the other countries, the evidence is not as clear.

Figure 4: Urban population as % of total in selected African countries, 1960-2020



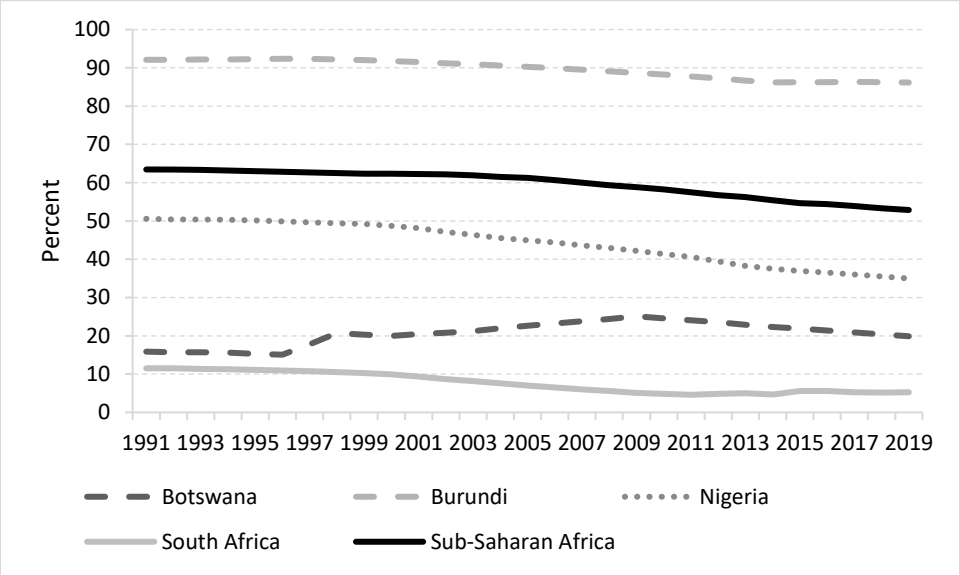
Source: World Development Indicators, World Bank 2021.

Women's education: For a long time economists and demographers have searched for ways to measure the economic and social status of women in order to see how it affects fertility patterns. One popular indicator is female literacy, which is assumed to affect fertility decisions in several ways: increased education raises a woman's age of marriage, it increases the economic value of a woman's time, brings empowerment and self-esteem and tends to decrease child mortality as literate mothers are better equipped to care for their children. However, while female literacy is part of a good spiral of development and increased equal opportunities, it is often difficult to show a direct causal link between female literacy and declining fertility. The relationships are more indirect than direct.

Labour transfer: With agriculture being challenged by the overall development process as being the main sector of the economy, labour is transferred from agriculture to the service sector or industry (also indicated by urbanisation). In this situation, children lose their value as additional family labour and instead represent a cost to the family. In Figure 5, we can see how the share of the total labour force employed in the agricultural sector is slowly declining in out sample countries and in sub-Saharan Africa in general. The trends are mirroring the urbanization rates above. South Africa has the highest rates or urbanization and the lowest share of the labour force in agriculture while Burundi represents the opposite. In addition, it is commonly recognized that women moving

out of subsistence farming and into the formal labour market has a powerful effect on the number of children as work and family are no longer easily combined.

Figure 5: Share of labour force employed in agriculture



Source: World Development Indicators, World Bank (2021).

State policy: While the African states have offered family planning to their citizens, efforts have been less active and intrusive compared to South Asia or China. A key government effort is the spread and availability of contraceptives, but user levels in Africa are low by international standards. Roughly 6 percent of the population used contraceptives in 1995 on a continent average, and now it has potentially increased to some 30 percent. While this constitutes a positive development, it is difficult to know to what extent this has a direct impact on fertility decline.

5. Conclusion

Historical experiences clearly indicate that the demographic transition is a natural part of any socio-economic development process. From the above sample of African demographic statistics, we can clearly see that the trends are moving in the right direction, indicating that the demographic transition in Africa is on its way, but it will still take some time. While the original over-population scare from the 1950s has been proven wrong, the challenge of achieving poverty reduction and improved standards of living in Africa during population increase continues to be high up on the development agenda. Also, the concern is no longer only whether people will have food security today, but how we achieve economic, social, and environmentally sustainable development for the future. Therefore, Africa's demographic transition is of critical importance not only for the region, but for the whole world.

Study questions

1. What are the main arguments in the Malthus-Boserup debate?
2. What are the four phases in the demographic transition model?
3. Relate the demographic transition model to the African context. What can you say about current changes in mortality and fertility in various African countries?
4. What are the five pathways to demographic transition suggested in the text?
5. What are the five indicators mentioned in the text that the demographic transition is currently spreading on the African continent?

Suggested readings

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