



POPULATION GROWTH, POVERTY AND HEALTH

JOACHIM S. KIBIRIGE

Department of Social Sciences, Missouri Western State College, 4525 Downs Drive,
St Joseph, MO 64507, U.S.A.

Abstract—One of the most popular explanations for the many problems that face Africa is population growth. Africa's population has doubled since 1960. Africa has the highest fertility rate in the world and the rate of population growth is higher than in any other region. At the same time, Africa faces a social and economic situation that is viewed by many as alarming. Among the problems that devastate Africa is that of persistent poor health. Africa has lower life expectancy, higher mortality rates and is affected by more disease and illness conditions than any other region. Focusing on sub-Saharan Africa, this paper examines the relationship between population growth, poverty and poor health. While most analyses have focused on population growth as an original cause of poverty and underdevelopment, this paper argues that while both population growth and poor health play a significant role in exacerbating the problem of poverty, they are themselves primary consequences of poverty rather than its cause. © 1997 Elsevier Science Ltd

Key words—population, poverty, health, sub-Saharan Africa

INTRODUCTION

Despite the seeming consensus during the International Conference on Population and Development in Cairo in September 1994, the controversy over population growth persists and the theoretical and practical contradictions and dilemmas are far from settled. With reference to sub-Saharan Africa, this paper examines the relationship between population growth, on the one hand, and poverty and poor health on the other. Numerous explanations have been offered to account for the poor social situation in Africa but among the most popular are Malthusian and neo-Malthusian approaches focusing on population growth. These approaches are based on the classical economic principle of demand and supply. Thus, poverty and poor health are seen as the result of too many people putting too much demand on otherwise finite resources and services which include, among others, land, food, wealth-generating natural resources such as minerals, and health and medical services. From the Malthusian and Neo-Malthusian stance, the uncompromizable solution is to reduce the demand on these resources and services, through population control.

From the very outset, this paper recognizes that under the prevailing social, economic and political circumstances both in Africa and globally, the negative impact of unchecked population growth and, thus, the need for a slower rate must be fully acknowledged. Such impact, however, has been reified by Malthusian-oriented approaches and population growth has been posited as *the* underlying cause of virtually all of Africa's problems, especially poverty and poor health.

The relationships between population growth, poverty and health are complex and sometimes confounded. Nonetheless, a case can be made based on the theory of *demographic transition* and how it applies to the African situation. According to demographic transition theory, prior to modernization, societies are characterized by high birth and death rates and, as a result, population growth tends to be slow. With improvements in living standards and the introduction of more effective health and medical care, death rates decline followed by rapid population growth. As societies develop further, however, the benefits of a smaller family become apparent and population growth typically declines. This decline is ideally followed by further improvements in standards of living, including better health as evidenced by most of today's more advanced countries.

The African situation, however, has posed a paradox. Prior to the 1950s Africa was characterized by very high birth and death rates. Consequently, population growth was slow. Since the 1950s, however, improvements in health have led to significant declines in mortality and, as such, population growth has been on the rise. On the other hand, improvements in health have not been paralleled by similar improvements in socioeconomic conditions. As a result, and as will be demonstrated, poverty has continued to perpetuate the need for larger families and, thus, compounded not only the problem of rapid population growth but also the deterioration of health conditions. The thesis of this paper, therefore, is that while rapid population growth has exacerbated Africa's health situation, it is not a primary cause in itself but

rather, like the health situation, a *consequence* of poverty and underdevelopment. As a UNICEF (1994) report noted, "...poverty provides the impetus to rapid population growth, then population growth, in its right, provides new impetus to poverty" (p. 27). What applies to population growth similarly applies to poor health.

Methodology and limitations

Standard indicators are used to assess health status, poverty and population growth. Indicators of health status include mortality, life expectancy, morbidity, nutritional status and access to health and medical services. Relevant demographic parameters include crude birth rates, total fertility rates and annual population growth rate. Economic indicators include GNP per capita, GNP growth rate, rate of inflation, debt status, income distribution and availability of economic resources. The data are drawn from secondary sources and one limitation, therefore, is that we rely on data that were collected under unknown circumstances and whose accuracy can only be assumed. Moreover, in Africa data are sometimes unavailable, inaccessible, inaccurate or incomplete. Nonetheless, they have usually provided a reasonable basis for fair judgments.

Second, by addressing sub-Saharan Africa as a region we face the problem of generalization. We must, therefore, bear in mind the variations between and within the different countries and regions. Despite such variations, however, African countries share many similarities in their socio-historical and politico-economic experiences. As such, carefully scrutinized evidence can support fairly accurate generalizations that can be applied to more specific studies. For more focused data, five countries are randomly selected from the different geographical regions of sub-Saharan Africa, i.e. Ghana, for West Africa; Kenya, East Africa; Zaire, Central Africa; Zambia, Southern Africa and Ethiopia for the Horn of Africa. In addition, where appropriate, widespread examples are drawn from other specific African countries and constant attention is drawn to the general patterns and trends with regard to sub-Saharan Africa as a region.

THE HEALTH SITUATION IN AFRICA AND THE IMPACT OF POVERTY

Despite the relative improvements, owing to the impact of health and medical interventions, Africa still lags behind all other regions on all health indicators and, in virtually all cases, poverty is a direct or indirect culprit.

Mortality and life expectancy

Table 1 shows the mortality rates and life expectancy at birth of five selected countries. The trends illustrated by these countries are typical of most of the rest of sub-Saharan Africa. As the data show, in the more than 30 years since 1960, the declines in mortality rate and the rises in life expectancy have, at best, been modest. In Africa in general, although crude death rates have improved from an average of almost 30 deaths per 1000 in 1950, to about 13 today and infant mortality rate from over 170 to about 90, these rates are still the highest in the world. In addition, while the mortality rate for children under five years of age is well below 100 in most regions, in many African countries it is up to 200 and above, per 1000. In many countries, average life expectancy at birth is barely 50 years. Africa also has a very high incidence of maternal mortality, with most countries averaging over 600 deaths per 100,000 pregnancies (UNICEF, 1994, Tables 1 and 10; United Nations, 1987, Table 7; Population Reference Bureau, 1996).

Yet the causes of maternal death are easily preventable through proper prenatal care, nutrition and professional attendance at birth. As Table 2 illustrates, however, in the five selected countries only Kenya and Zambia had at least 50% of their births professionally attended. In Africa in general, access to maternal care is very precarious. In 1992, for example, in 23 of the 35 countries with data, less than half of all mothers were immunized against tetanus, one of the major causes of maternal and neo-natal infant death. Likewise, 23 countries had less than 50% of the births professionally attended (UNICEF, 1994, Table 7). Consequently, in sub-Saharan Africa, a woman's chances of dying during pregnancy or childbirth are 1 in 20 (UNICEF, 1993).

Table 1. Mortality rates and life expectancy 1960, and latest available data

Country	Crude death rate/1000		Infant mortality rate/1000		Under 5 mortality rate/1000		Maternal mortality rate/1000	Life expectancy at birth	
	1960	1996	1960	1996	1960	1992	1980-1991	1960	1996
Ethiopia	28	16	175	120	294	208	560	36	50
Ghana	19	12	128	66	215	170	1000	45	56
Kenya	22	13	120	62	202	74	170	45	50
Zaire	23	16	167	108	286	188	800	41	52
Zambia	22	15	135	107	220	202	150	42	45

Sources: UNICEF (1994); Population Reference Bureau (1996).

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات