Economic and Social Council

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Research Report

The Question of:

Population Growth in sub-Saharan Africa


LEMUN

Introduction

In the last 50 years, the population in sub-Saharan Africa has increased drastically as a result of high fertility and declining mortality. In 1950, sub-Saharan Africa had a population of about 176 million. This rose to 370 million in 1980, 640 million in 2000, and 1.066 billion in 2019. This rapid population growth has had serious consequences, such as malnourishment, starvation and the development of a large, uneducated generation of young workers. It is essential that the Economic and Social Committee comes up with a creative solution to handle the overpopulation problem.

The Committee

As one of the six primary organs of the UN, the Economic and Social Council (ECOSOC) is a forum responsible for discussing and writing policy recommendations regarding international economic and social problems. Founded in 1945, ECOSOC consists of all member states in the UN, as well as a number of NGOs who have been granted consultative status to participate in the UN. The committee meets annually for a four-week session during July. Since 1998, ECOSOC also holds one meeting each year in April, during which it consults with the finance ministers representing the World Bank and the International Monetary fund.

The rules of procedure for ECOSOC are the same as the rules for all general assemblies:

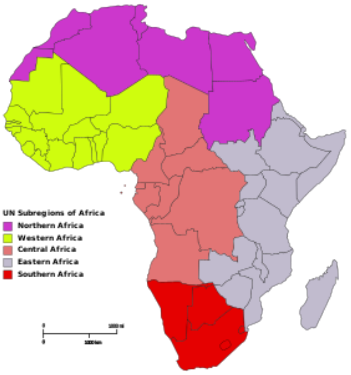
1. The committee will begin with lobbying, during which delegates merge clauses to form resolutions.
2. The chair will open debate on a resolution.
3. Delegates can speak for or against the resolution or submit amendments (up to the second degree)
4. Delegates will vote on the resolution as a whole.

In order to prepare for the conference, it would be a good idea to:

1. Read the research reports.
2. Research your country and their connection to the issue at hand.
3. Write a brief policy statement explaining your country's opinion and what they wish to achieve. (This may help you formulate arguments during the session.)
4. Write some clauses for the topics that are most relevant to your delegation.

Key Terms

Figure 1: Regions in Africa
"Image Result for Map of North, West, Central, East and Southern Africa: Ap World History: Africa Map, Map, French West Africa." *Pinterest*,



Africa: The second largest and second most populated continent in the world, accounting for 16% of the world's population with a total population of 1.216 billion.

North, West, Central, and Southern Africa: Different regions of the continent Africa. Their divisions are shown in Figure 1.

Sub-Saharan Africa: The area of Africa south of the Sahara Desert. It includes West, Central, and Southern Africa, and it contains 48 out of Africa's 54 countries and sub-regions.

The Population Reference Bureau (PRB): A private, nonprofit organization with the goal of collecting the statistics necessary to conduct research regarding health and population structure.

International Conference on Population and Development: A conference coordinated by the United Nations with the goal of discussing global issues involving population growth and economic, social and political development. The first conference was held in Cairo, Egypt in 1994. Delegates from UN agencies, NGOs, and national governments gathered to discuss issues such as infant mortality and birth control.

Annual growth rate: The amount by which the population of a country increases over the course of a year as a percentage of its value in the previous year. Because the growth rate is a percentage, even if the growth rate decreases, it can still result in an increase in population that is greater in number than the previous year. Additionally, it is important to keep in mind that a decreasing growth rate still means that population growth is present.

General Overview

The population of sub-Saharan Africa is increasing drastically. The current growth rate is 2.7% per year, compared to the average growth rate of 0.8 to 2% in other developing regions. Currently, sub-Saharan Africa is facing many consequences as a result of overpopulation.

In the Future

According to predictions made by the Population Reference Bureau, the African population will continue to increase at an alarming rate in the near future. Estimates for 2050 predict that the population will more than double, from 1.2 billion in 2016 to 2.4 billion in 2050. At this point, the annual population increase will exceed 42 million people per year, meaning that the population of Africa alone will be able to repopulate an empty London 5 times every year. This means that out of the global increase of 2.37 billion per year, Africa will contribute 54% in 2050. Looking further into the future, Africa will contribute to 82% of the global population growth in 2100.

In the Past

It is difficult to draw precise conclusions about the total African population before the 1900s, especially since limited data is available. Estimates for the African population range between 21 and 30 million for the year 1000, 48 and 78 million in 1500, 83 and 92 million in 1800, and 95 and 101 million in 1900. Between 1700 and 1900, the population in sub-Saharan Africa increased only slightly, unlike in Europe and other quickly developing nations, in which the population doubled or tripled. The proportion of the sub-Saharan population to the world population declined steadily, from 17% in the 1500s to a mere 6% in the 1800s. Sub-Saharan population growth remained slow until the 1900s, varying between 0.21 and 0.13% per year.

This stagnation was sudden, especially considering that the proportion of sub-Saharan Africa's population to the global population had been increasing since antiquity. The sudden drop may have been a consequence of sub-Saharan Africa's long colonial period. Excluding Liberia and Ethiopia, most African countries were occupied and colonized, starting in the 1880s and lasting between 70 and 90 years. This resulted in an increase in forced labor, the introduction of foreign diseases, and a large displaced population, all of which increased mortality, decreased fertility, and limited population growth. Starting in the 1920s, however, sub-Saharan previous demographic dynamics resumed and the population began to increase again.

In the 1950s and 60s, when a global trend resisting colonization emerged and many African countries were freed from Brittish rule, the population growth rate increased rapidly, rising from 2.2% in 1950 to 2.8% in 1985. The populations in most African countries tripled in 35-40 years, and Africa's total population increased from 177 million in the 1950s to 504 million in 1990. Since 1990, however, the overall growth rate has declined from 2.9% annually in 1985 to 2.3% in 2000. Generally, the growth rate decline was slower in West and Central Africa and more rapid in East Africa. However, even with a declining growth rate, the population is still increasing rapidly: From 1990 to 2005, the populations of most African countries increased by 50%.

However, it is important to remember that the population growth over the last 50-75 years was not uniform in all African countries. The population growth patterns of most African countries can be

divided into three categories: The traditional pattern, the classic pattern, and AIDS-perturbed pattern.

Figure 2: Traditional-Pattern Countries

Mali, Niger, Burkina Faso, Guinea, Angola, Congo, Chad, Uganda, Somalia

Most traditional pattern countries are found in West, Central, and East Africa. The traditional pattern is characterized by a decline in mortality and high fertility during the late 1960s and 70s, leading to overall population growth. High fertility in "traditional pattern" countries was often a result of a low average age of marriage and a low median age of first childbirth. In these countries, the average marriage age for women has increased only slightly since the late 1970s, from 18 in 1979 to 18.5 in 1999. The median marriage age in Niger, Chad, and Uganda still ranged between 16.5 and 18 years in the early 2000s.

Additionally, in "traditional pattern" countries such as Mali, Niger, Chad, Madagascar and Mozambique, the percent of girls who had a child or were pregnant at ages 15 to 19 was close to 40%. Such an early age of first childbirth often leads to a higher overall fertility rate in "traditional pattern" countries, causing continued population growth.

Additionally, progress in nutrition, sanitation, and medical care has resulted in decreased mortality and longer life expectancies, which rose from 43.5 in 1980 to 58.8 years in 2016 in "traditional pattern" countries. This drastic increase in life expectancy most likely resulted from a decrease in infant mortality.

Figure 3: Classical-Pattern Countries

Ghana, Senegal, Gambia, Gabon, Sao Tome and Principe, the Comoros, Sudan, Eritrea

Classic pattern countries are most often found in parts of Eastern or Central Africa. The mortality rates in these countries have been declining since the 1950s, and the birth rates have been decreasing since the 1980s. Declining birth and fertility rates are often a result of an increase in the median marriage age and an increase in the age of first pregnancy. The median age of marriage for "classic pattern" countries rose from an average of 20.1 years in 1979 to 22.4 years in 1999. In Senegal, Gabon, and the Comoros, the age of first birth in 1996-1998 ranged between 18.7 and 21, with an average of 19.8, which is significantly higher than the average age of first birth in traditional pattern countries. As a result, women in classical pattern countries generally started families later than in traditional pattern countries, resulting in a drop in fertility rates, which decreased from 5.7 births per woman in 1980-1984 to 4.6 births per woman in 2000-2004.

In "classic pattern" countries, the decrease in infant mortality and increase in life expectancy was even more significant than in "traditional pattern" countries. In these countries, infant mortality has declined from an average of 180 deaths per thousand in 1950-1954 to 63 deaths per thousand in 2000-2004. This drastic decline in infant mortality in the 1950s contributed to decreased fertility rates in the 1980s because a lower risk of infant death resulted in a demand for fewer births. For example, fertility rates in Ghana dropped from 6.7 births per woman in 1980-1984 to 4.1 in 200-2004, and the fertility rate in the Comoros decreased from 7.1 in 1980-1984 to 4.9 in 200-2004.

Figure 3: Classical-Pattern Countries

Ghana, Senegal, Gambia, Gabon, Sao Tome and Principe, the Comoros, Sudan, Eritrea

In AIDS-perturbed countries, the fertility and mortality declined in line with the classic pattern until the 1990s, at which point the AIDS epidemic resulted in a sudden increase in mortality, reducing the population significantly and limiting growth rates. out of the 40 million people affected by AIDS in 2003, 27 million of them lived in sub-Saharan Africa. Additionally, 2.3 out of the 3 million AIDS-related deaths in 2003 were reported in sub-Saharan Africa, and the life expectancy dropped to 52 across the continent. More specifically, the AIDS epidemic caused the growth rates of 5 Southern African countries (in addition to Zimbabwe and Zambia) to decrease drastically. For example, South Africa's growth rate, which was 2.0% in 1990-1994, declined to 0.6% only ten years later. Botswana suffered from a similar collapse, its growth rate falling from 2.8% to 0.9% in the same time frame.

Despite the decrease in population growth in AIDs-perturbed countries, fertility rates in sub-Saharan Africa still remain surprisingly high. Although the average fertility rate has decreased significantly from 7 children per woman in the 1980s to 5.1 children per woman in 2010-2015, it is still very high compared with most developing areas outside of Africa, which rarely have fertility rates as high as 4.0 children per woman. In contrast, the decrease in fertility rates has almost stagnated in Western, Eastern and Central Africa since the early 2000s, as cultural stigmas prevent the female empowerment that often leads to decreasing birth rates in developing nations.

<u>Consequences of Population Growth</u>

Sub-Saharan Africa's inefficient agricultural practices are unable to sustain the growing population. Most of Africa's agricultural practices are divided among small farms with an average size of 2.16 hectares (2008), resulting in low productivity. Although the African continent contains 60% of the world's arable land, the average African country's crop yields are 5 times less than the global average. As a result, 27% of the population in Sub-Saharan Africa is undernourished, and it is considered home to 44% of the world's hungry people. The best solution to a crisis on such a large scale would be to develop efficient agricultural practices to support population growth. However, poor soil quality means that it is not profitable for many international agricultural companies to develop agricultural initiatives in Africa, such as those seen in India during the Green Revolution. Making African land usable would require fertilizers and advanced irrigation systems, all of which would be incredibly expensive to implement.

Although longer life expectancies have contributed somewhat to Africa's population growth, most of its population growth results from quickly decreasing infant mortality and slowly falling fertility rates. As a result, sub-Saharan Africa will have an expanding working-age population, which is becoming increasingly rare in the rest of the world. In 2040, sub-Saharan Africa will be the only region in the world without a shrinking labor force, which will be 1.8 billion people strong by 2070. At this point, Africa's labor force will be larger than that of China, the US and India combined. Africa has the potential to become the world's economic powerhouse: That is, if it improves its education to help its young workers compete with well-educated workers from developed nations. As of now,

the male high school completion rate is under 25% in 18 African countries. and only about 44% in Kenya and South Africa. Investing in secondary education would increase the skill level of African workers, accelerating the decline in fertility and allowing for larger investments in education for each worker, resulting in a successful economy. However, if education is not improved, fertility will likely decline slowly or stall completely. This will result in yet more growth in the younger population, making it difficult to provide education for the growing youth and resulting in unskilled workers. If education is not improved, this dangerous situation could become a reality for sub-Saharan Africa.

Major Parties Involved

[In this part, you can outline the stakeholders involved in the problem. This could be a country, ethnic minority, organization, etc. You could describe their history with, relationship to, and interest in the problem. It is very useful if you describe their relationship with other parties as well.]

World Health Organization: WHO has led multiple initiatives focused on supporting African health systems and limiting communicable disease, all of which contributes to limiting mortality (specifically infant mortality) and decreasing population growth in the long term.

African Union: In January 2017, the African Union addressed the issue of population growth during its summit in Addis Ababa. the focus of this meeting was not to limit the birth rate in sub-Saharan Africa, but to invest in Africa's youth by "using the demographic dividend". The AU aims to do this by offering entrepreneurial education, which will stimulate economic growth and allow the youth to become economically independent. In turn, the AU predicts that providing better access to higher education will delay marriage, indirectly limiting the fertility rate.

Denmark: For some European nations (Denmark in particular), the rapid population growth in sub-Saharan Africa has put migratory pressure on their governments: the share of sub-Saharan immigrants living in the EU, Norway, and Switzerland increased from 11% in 1990 to 17% in 2017. To help relieve this pressure, Denmark's minister for development cooperation invested 14 million USD in family planning in developing countries in 2017. "Foreign funded" family planning programs such as these are generally supported by African governments.

The US: The United States houses many immigrants from sub-Saharan Africa. The share of sub-Saharan immigrants living in the United States increased from 2% in 1990 to 6% in 2017. In 2017, 1.5 million sub-Saharan immigrants were living in the US. Additionally, the US is the world's largest donor to maternal health and family planning programs. However, the US does not support rigorous population control, and it believes that couples should be free to choose their desired family size.

The Catholic Church: In 1968, the Catholic Church issued an encyclical stating that artificial contraception should not be used. Resulting in part from the influence that the church exerts on the governments of many African nations, 214 million women in developing countries are currently unable to access modern contraceptives to prevent pregnancy.

Timeline of Events

[A timeline can be very useful for the delegates to understand the issue]

Date	Event
1880s	Many sub-Saharan countries were colonized, and population growth stalled.
1950s-1960s	Sub-Saharan countries were freed from colonial rule and the population increased rapidly.
1950s	Mortality in classic pattern countries declined.
1960s-1970s	Mortality in traditional pattern countries declined.
1980s	Fertility in classic pattern countries declined.
1990s	The growth rate of sub-Saharan Africa as a whole began to decline.
1990s-200s	The AIDS epidemic in the 1990s and early 2000s caused mortality to increase and fertility to decrease in AIDS-perturbed countries.

Previous attempts to solve the issue

Contraception

Many African states have implemented family planning programs or have decided to support family planning organizations. In 1985, more than 70% of the African population (402 million people) lived in countries with family planning programs supported by the government. However, a study of 10 sub-Saharan countries conducted in 1977-1982 (as a part of the World Fertility Survey) revealed that only 5% of married women ages 15 to 49 were using contraceptives, perhaps as a result of limited supply, limited choice of type of contraception, a lack of education regarding contraceptive use, and low demand resulting from cultural and religious restrictions. A survey that was distributed to 376 new mothers in a Zambian hospital revealed that 39% of the mothers who did not use family planning cited spousal disapproval as their reason, and 56% of the teenage mothers were unaware of family planning altogether.

In response, countries like South Africa committed to strengthening their family planning programs. In 2012, the government pledged to develop standards for community health workers, to promote family planning, and to implement school programs to educate girls about reproductive health. Additionally, South Africa revised its contraception and fertility policy, requiring that a range of family planning methods are available at all public health facilities.

Ethiopia, Kenya, Madagascar, Malawi, Rwanda, and Zimbabwe have also implemented successful family planning programs. Out of these countries, the annual increase in modern contraceptives was as high as 2.3% in Ethiopia, 2.4% in Malawi, and 6.9% in Rwanda. Perhaps as a result of these improvements in family planning, these countries have reduced their fertility rates successfully over the last 20 years.

However, in many sub-Saharan nations, contraception is not used to decrease fertility rates but rather to space childbirths at the desired interval of 2.5-3 years. Therefore, contraception and it is often used in place of abstinence for married couples, and 33% of contraceptive episodes are terminated for a desired pregnancy. In African nations where contraception is used for this purpose, the fertility rate has only declined slightly or stagnated completely.

Reproductive Education

As of 2012, only 47.3% of South African women ages 15 to 49 were aware of emergency contraception, and two-thirds had at least one unintended pregnancy. Organizations such as Ibis, an international non-profit organization, work towards educating women worldwide about reproductive health. More specifically, Ibis works with schools to implement reproductive health lessons for students. In 2003, Ibis opened an office in Johannesburg, South Africa, where it established connections with universities and other NGOs. Ibis trained health care providers and developed sexual reproductive health curricula for high schools. Now, Ibis leads a national forum addressing teenage pregnancy. Ibis also conducts clinical research in order to improve abortion access in public sector clinics.

Providing women with equal opportunities

Projects such as the Adolescent Girls Initiative (AGI) implemented by the World Bank focus on helping adolescent girls transition from school to productive employment, in an effort to provide them with lifelong opportunities other than child-rearing. The AGI program includes business skills training, vocational training that targeted skills in high demand, and life-skills lessons. Between 2008 and 2015, the initiative was piloted in eight different countries, including Liberia and Rwanda. An evaluation in Rwanda revealed that the share of girls in the program with jobs or internships rose from 50% to 75% over the course of the project (2012-2014). Similarly, the program in Liberia resulted in a 47% increase in employment and an 80% increase in income among the young women involved in the project.

Past UN Resolutions (about population growth in general)

- 1999: ECOSOC Resolution 1999/10: Population growth, structure, and distribution
- 2000: Resolution 2000/1: Population, gender, and development
- 2002: Resolution 2002/1: Reproductive rights and health (specifically HIV/AIDS)
- 2004: Resolution 2004/2: Follow-up to the Programme of Action (established at the ICPD)
- 2007: Resolution 2007/1: Changing age structures of populations and their implications for development
- 2010: Resolution 2010/1: Health, morbidity, mortality, and development
- 2011: Resolution 2011/1: Fertility, reproductive health and development.

The Future

Recently, many African countries have made significant efforts to reduce the population by setting benchmark goals and deadlines for the near future. On July 22, 2017, a conference on health and family planning was held in Ouagadougou, Burkina Faso, during which West African politicians decided to allocate 5% of their national budget to fund family planning programs with the goal of decreasing birth rates to 3 children per woman by 2030.

The Family Planning 2020 initiative, which was created at the 2012 London Summit on Family Planning, aims to enable 120 million additional women to use modern contraception by 2020. This initiative focuses on 69 of the world's poorest countries. In order for this initiative to reach its goal, the growth rate of modern contraceptive prevalence needs to double, meaning that the prevalence rate needs to grow by 1.4% every year, starting in 2012. By 2019, the annual rate of change in contraceptive prevalence had risen to about 1.92% across 9 of the sub-Saharan African countries mentioned in the initiative. This is significantly above growth rate necessary, meaning that the initiative will most likely surpass its goal for 2020.

At the International Conference on Population and Development (ICPD) held in 2019, member states reaffirmed their dedication to the Programme of Action, which was adopted by the ICPD in 1994 during a conference held in Cairo. The Programme of Action aims to limit child mortality in Africa and increasing access to sexual and reproductive health care services, which will help sub-Saharan Africa limit its population growth.

Questions a Resolution Must Answer (Q.A.R.M.A.)

Below are some questions that you may consider while writing your resolution:

- How can the UN create a resolution that addresses the issue of population growth in all of sub-Saharan Africa, keeping in mind that sub-Saharan countries in different regions are in drastically different stages of development??
- Can the Council create a resolution that successfully addressing population growth while still considering each individual's freedom, such as the right to choose the size of their family? At which point should the resolution draw the line between individual freedom and the need to limit population growth?
- Can the UN find effective solutions to handling the current hunger crisis caused by overpopulation?
- Should individual African governments, NGOs, and/or other UN member states be responsible for implementing the solutions described in a population growth resolution?
- Does the Council think it would be possible to convince the governments of sub-Saharan African nations to accept the solutions proposed by the UN? Why or why not?

- Is it possible for the council to propose solutions to the population problem without impeding on the jurisdiction of the governments of individual sub-Saharan nations?

Please keep in mind that your resolution does not need to answer all of these questions. You may come up with your own questions as well.

Further Reading

These sources may help you conduct further research about population growth in sub-Saharan Africa:

For more about the population crisis in general:

- https://www.cairn-int.info/article-E_POPU_403_0521--the-demography-of-sub-saharan-africa-fro.htm
- https://www.ncbi.nlm.nih.gov/pubmed/12264271
- https://www.hoover.org/research/africa-2050-demographic-truth-and-consequences

For more about past UN resolutions:

- https://www.un.org/en/development/desa/population/commission/resolutions/index.asp

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