POVERTY AND POPULATION: NUMBERS, RATES OF CHANGE, DEMOGRAPHIC PATTERNS, POLICIES

(Annotated Lecture Outline)

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I. POPULATION – SOME QUESTIONS OF NUMBERS, CHANGES.

A. Absolute

1. Economies of scale for central government, security, foreign relations, markets/marketing.
2. Perhaps crucial up to 5 to 10 million population low-income and 1 to 2.5 million for middle-income countries. Not so relevant rich (e.g. Luxembourg).
3. Limits to what can be done in respect to island mini-countries but even there regionalism and confederation or federation could have uses.
4. Raising population as direct 'solution' usually implausible (consider Lesotho).

B. Per Hectare or Per Useable Hectare

1. Per Hectare unhelpful - % useless, marginal or low intensity use land varies wildly – very high Botswana, high Tanzania, low Swaziland, very low Mauritius.
2. Per useable hectare only meaningful in context of overall natural resources, technology, capital, knowledge, labour force quality (per capita levels and changes).

3. There are real land/resource/state revenue (for services) constraints when little (or negative) change in capital, technology, knowledge, quality of labour force. FAO estimates half of African countries are above optimal person/land ratio given technology/capital availability. Rwanda, Burundi exemplify dangers of land scarcity in a polarised/antagonistic socio-political context. (The same result can flow even where useable land is not scarce overall; if very uneven ratios and land short, while people cannot in practice move to land surplus areas.)

4. If not facing very serious para 2/3 constraints, may be economies of scale/density of use to basic services, transport and communications, commerce. However, again deliberate pro-natalism to secure these is unlikely to be a sound strategy. Pursuing general poverty reduction and growth promotion together with lower death rates and higher security (disaster and old age) would normally be a superior one.

C. Population Growth: Some Considerations.

1. Population growth (independent of total numbers/initial resource ratios) raises education, health, safety net costs per capita. With public consumption (where these largely fall), the most depressed (and in many cases still falling) sector in SSA, this is a strong reason to see such rates as detrimental to high sustainable output growth under present circumstances.

2. Net population growth rates with high infant and under-5 mortality and high proportions of the population trapped in disaster (general or household) and old age insecurity are much more costly (to output growth and to poverty reduction) than with low mortality, high basic service access and moderate to low insecurity. In practice, (logically and historically) these shifts tend to reduce not only gross, but also net, population growth.

3. Demographically high proportions of pre and post workforce population (as well as of persons structurally marginalised in respect to livelihood) are costly. The low or

negative population growth, rapid aging scenario is, however, not relevant in SSA today even if it is in the North.

II. GLOBALISATION, DISCOURSE AND ALL THAT

A. Globalisation and Liberalisation over the past 50 and especially the past 15 years have moved unevenly:

1. Goods – high and rising.
2. Most services – moderate and rising.
3. Capital – moderate and rising (with inadequate risk management, institutional infrastructure and safeguards as 1997-99 has demonstrated).
4. Knowledge – high, rising but very uneven.
5. Highly qualified labour – fairly high and increasing.
6. Medium qualified labour – uneven and probably static overall, e.g. nurses are a growth area because of Northern shortages, as are information technology skilled personnel because of specific Northern shortages and relatively high transferability of skills. For the South African mines, middle-level labour force migrant opportunities are in rapid decline (especially for new entrants) for structural reasons.
7. Low qualified labour – low, insecure, probably falling e.g. German industrial guestworkers, especially since reunification (Easterners substitute for Turks/Kurds). The only exceptions are in posts rich country nationals will not take up.

B. Migrant Labour/Emigration are simply not viable genreal optoins.

1. There may be niche cases for established providers with large external employment/remittance flows, but these are not readily available to new entrants.

2. The countries with high remittances to domestic output ratios are not in general among the poorest, in low personal consumption terms. Somaliland, Somalia, the Maldives, Turkey, Portugal, Lebanon and even Lesotho are not, and the Philippines and Cape Verde are not particularly low in basic service access either. Burkina Faso, Mali, Senegal, Sudan are very poor and to a large extent their migrants are low-skill and highly vulnerable to squeezing out both in Europe and in their neighbours.

3. Even in the niche countries, the poorest are heavily under-represented in migrant workers and the more qualified over-represented, e.g. Pilipina domestic workers in Hong Kong (150,000) often have university degrees and teaching or nursing qualifications and rarely less than secondary education plus fluent English, and are hired (and paid well above HK unskilled wages) precisely for those reasons. Pilipina nurses to the USA and UK – and South African in lesser numbers and more recently – usually have transferable world-level qualifications.

4. Therefore, increased overseas work take-up is likely to prejudice growth and poverty reduction (useful as it is to average consumption and crucial as it is to main recipient households). This can be offset if public sector strategy or enterprise sector market response result in flows of specific groups of qualified personnel above national effective demand as is the case for nurses in the Philippines. (Effective demand – not need. The Philippines would have better health services with more nurses but even at $250 a month 'cannot afford' them and at $7,500 the cost of an international-level qualification is viable to a household only if the recipient does work abroad and remit steadily for several years.)

5. Neither emigration nor overseas working, therefore, can usually make much contribution to poverty reduction nor be central to population policy.

6. Dialogue between (predominantly though increasingly less so) European advocates of family planning/child spacing and African pro-natalists have at least in the past tended to be dialogues (or diatribes) of the deaf. Analysis and contextual action to allow choice of control over complete family size has frequently been notably attenuated or even absent.

7. While some apostles of family planning do appear to suffer from out of context, unidirectional enthusiasm, and much Northern support is clearly subliminally (or even overtly) racist, that is a poor reason for angrily declaiming mirror image pro natalism. Africans (not least African women) should enter into exploration and dialogue as to what is in their interests and how it might be accomplished whatever outsiders assert and for whatever reasons..

III. STRATEGIC POLICY ELEMENTS: CONTEXTUAL AND DIRECT

1. **Reducing infant and child mortality**. Where high and uncertain these lend to high gross birth rates and usually to high net population growth rates.

2. **Increasing access to waged employment and to education** (which reduce the current economic gains from and increase the costs of children). Women's education at or beyond complete primary reduces birthrates apparently by increasing knowledge and status.

3. **Reducing disaster and old-age dependence on children** (preferably several so at least one has a significant income) e.g. by drought, illness safety nets and universal and state old-age pensions (where fiscally feasible as in South Africa, Namibia, Mauritius, Botswana) as well as employment tied unemployment and retirement schemes.

4. **Universal access** to primary education, basic health services, nearly pure water, reduction of exclusion or marginalisation of women plus higher household income growth and better short (trampoline) and long term safety nets are relevant. They are also desirable whatever the desired complete household size (of individual households or nationally) and – with the exception of reducing some aspects of gender inequality – likely to be poor-household popular and politically profitable (at least in accountable polities with peaceful means to reject/remove unpopular/non-performing political lenders).

5. Focussed action on **prevention, alleviation/life extension and 'cure'** (in both cases likely to be a vaccine or family of vaccines) in respect of the largest – **malaria** – and most rapidly growing – **AIDS related** – **causes of premature death**. It is quite foolish to argue about which is more important – both need to be tackled (even if the present balance does vary from country to country and zone to zone). Malaria is the leading child killer (and upholder of the gross birth rate) and HIV/AIDS the leading destroyer of working-age adults (raising numbers of impoverished households, need for replacement family members and enhanced difficulty of achieving numerous surviving child security) are both poverty and gross birthrate expanding in wholly and grossly undesirable ways.

6. **Direct population policy is secondary** (at least in terms of scale and cost) and **complementary**:

   (i) education in support of child spacing/completed family size reduction;

   (ii) access for child spacing/family planning advice and technology (including condoms which are a priority in any case because of HIV and other sexually transmitted diseases) to meet existing demand in full and to expand at least at the same rate;

   (iii) extension of child spacing/family planning education to men as well as to women (given the leading role of African men in most visible decisions, it is most unlikely there is complete female dominance of decision-taking in the bedroom – indeed women's testimonies tend to confirm the reverse). "Just say no" is as useful advice to women desiring to limit completed family size and to space children as it is to potential drug users facing peer pressure and tensions generated by a closed, dead-end hostile world.

   The direct actions are important but consequential on and complementary to the indirect which can create a climate/environment/demand for family planning by more – and especially more poor – households. By themselves they are unlikely to have much impact.

7. The assertion that "Africa is different" and unlikely to experience a demographic transition to lower birth rates is out of date. The transition is now clearly discernible in many (not all countries) and began in the 1980s (or even 1970s). It can be expected to continue except where past (e.g. postwar baby booms) or present (e.g. HIV epidemic) upsurges in loss of family members lead to a replacement response.

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