Introduction

Demography is essential to understanding societies and policy-making in all fields. In Africa, and especially in sub-Saharan Africa, taking population dynamics into account is particularly crucial given that they are undoubtedly among the most powerful ever seen in human history. Superlatives are usually used when referring to West African demographic growth and the population’s youth. The extent to which countries of the region must endeavour in terms of education, access to health care and employment is illustrated by generational forecasts. These forecasts indicate that the reconstitution of settlement patterns (changes in population geography) is far from complete, as population mobility is the consequence of high population growth.1

Demography is also useful for those who want to understand social and even political changes. West Africans who “fought for independence” (in the first analysis, those who were at least 20 years old in 1960) today represent only 3% of the population. The West African borders, have so often been considered “new” yet they are now “older” than the vast majority of the population. A large part of the population has no memory of the “pre-structural adjustment” period, or of the Cold War era. The urban population is about to become the majority.

The aim of this chapter of the Atlas on Regional Integration is not to analyse the social, geographic and economic changes and perspectives in West Africa, but to provide the necessary demographic groundwork.

Definition

Demography is the study of populations, aimed at establishing their numbers, their composition by age, sex and marital status, and their future evolution.

1. For this topic, see the Atlas on Regional Integration chapter on “Migration.”
I. Major Global Trends

In 2007, the world population is estimated at 6.7 billion people. After Asia (60% of the world population), Africa has been the world’s second most populated continent since 2000 (14%), closely followed by Europe (11%), Latin America and the Caribbean (9%), North America (5%) and far behind, Oceania (1%) (see Map 1).

1.1 The Prospect of World Population Stabilisation Masks Some Major Regional Discrepancies

The world population is currently growing by just over 200,000 people per day, or around 80 million per year.

At this pace, we will be 7 billion human beings by mid-2012 and over 9 billion by 2045. That same year: Africa will have 1.9 billion inhabitants, sub-Saharan Africa 1.7 billion, and West Africa 0.6 billion.
After reaching its historic peak of 2.2% in the early 1960s, the world population growth rate was only 1.7% in the early 1980s and fell to 1.2% in 2000-2005. The world population is stabilising, but the global trend masks some major regional variations: population growth is still over 3% in some 15 Middle Eastern and sub-Saharan African countries. This variation will cause future upheaval in world population geography. Whereas the population proportions living on the Asian and European continents will fall from 71% to 58%, the African population will double reaching 21% by 2050.

In 2007, there are 807 million inhabitants in sub-Saharan Africa which represents 84% of the African continent’s population; the population increase in Africa is thus essentially linked to that of sub-Saharan Africa. The yearly population growth rate for sub-Saharan Africa reached its peak of 2.9% in 1980-1985. It has since been falling (2.5% in 2000-2005) and should reach 1.3% in 2045-2050.

1.2 Demographic Transition: Each at its own Pace

Demographic change (see Diagram 1) is the process by which a population transitions from low population growth caused by a high birth rate and a high death rate, to population growth that is still low, but this time as the result of a low birth rate and a low death rate. This transition can be divided into four stages:

Stage 1: birth rates and death rates are high and there is almost no population growth.

Stage 2: the death rate (especially infant mortality) begins to fall (development of the country and improvement in health conditions). At the same time, the birth rate remains very high, resulting in very high population growth.

Stage 3: as the country develops, the birth rate begins to decline.

Stage 4: with a low birth and death rate, the population stabilises.

This very general diagram can be considered to be universal to a certain extent, if we allow for a broad range of patterns, with each country and region proceeding in its own manner and at its own pace. Currently,
European countries or countries such as Iran and Brazil are already in the post-transition period (with low birth and death rates) and most of the countries of the world are in the third stage, moving towards the replacement rate, which stands at 2.1 children per woman, or dropping below this rate. Decade after decade, country after country, entire regions have followed this movement: the Caribbean in the 1950s, South East Asia in the 1950s-1960s, Latin America in the 1960s-1970s and China and India in the 1970s. The movement spares neither Catholic countries nor Muslim countries, which are generally believed to be resistant to birth control practices.

Only three areas still remain within the second transition phase, staying close to the “natural” level of 6 to 8 children per woman:

- **Some Asian countries**, such as Laos, Cambodia and Afghanistan;
- The countries of the **Arabian peninsula**, Saudi Arabia, Yemen, Oman and;
- A **large number of sub-Saharan African countries**.

Sub-Saharan Africa is nevertheless progressing: the fertility rate is on the decline after a long period of being high. In 40 years, the fertility rate in sub-Saharan Africa has fallen by 1.3 children. More pronounced in Southern Africa (-3.4 children) than in East Africa (-1.4), this decrease was only -1.2 children in West Africa.

It has been clearly established that all the countries of the world, even the poorest, have left the first phase, although the HIV/AIDS epidemic has reversed the trend for several African countries that have been hard hit by the pandemic: Botswana, Swaziland and South Africa.

United Nations projections foresee the (global) end of the transition towards 2035-2040, with a fertility rate of 2.1 children per woman, as a result of the same factors everywhere in the world: the health revolution and its corollary, the contraceptive revolution, the meeting of basic needs, as well as the elimination of illiteracy, especially for women.

The concept of demographic transition is somewhat controversial:

- It masks the diversity of peoples and cultures by analysing one of their deepest and most complex dimensions – reproduction – using a single pattern.
- It assumes a closed system of “natural” entries and exits linked to births and deaths, and therefore neglects international migration, which is growing globally.
- Finally, the balance expected at the end of the transition may prove to be an imbalance, or a demographic deficit, in other words a higher level of deaths than births. This pattern is currently experienced by a growing number of European countries or countries such as Iran and Brazil, thus causing population decline preceded and accompanied
1.3 Urban Dynamics: More Cities in the North... and in the South

Throughout the world, the proportion of urban dwellers is constantly growing (see Map 2): in 1960, a third of the population lived in cities, half in 2005, and three quarters will by 2030. However, there are considerable differences between regions: the American continent has almost 80% urban dwellers. Sub-Saharan Africa and Asia are the least urbanised regions (around 40% in 2005). But the urban population is currently growing the most rapidly in these two regions; it could reach almost 55% in 2030, thus reducing the gap with other parts of the world.

Of the four sub-regions of sub-Saharan Africa, only Southern Africa is more urbanised than West Africa, which itself only surpassed Central Africa to take its place within sub-Saharan Africa in the early 1990s. West Africa only counted 15% urban dwellers in 1960; it is expected to reach nearly 60% in 2030. The situation and evolution vary greatly according to country.

by population ageing. We now speak of a population crash or demographic winter for these countries.

2. See also the Atlas chapter on the urban environment - forthcoming in 2008.
1.4 Global Population Ageing and the Relocation of the Younger Generations

Globally, the proportion of young people (the under-15s) is expected to fall from 28 to 20% between 2005 and 2050 and that of the over-60s to increase from 10 to 22%. In 2050, the proportion of young people could still be 29% in sub-Saharan Africa, 28% in West Africa and only 15% in Europe. In sub-Saharan Africa, West, Central and East Africa are experiencing a fall in the median age, which is considerably increasing the dependency ratio, unlike Southern and North Africa, where the median age is increasing.

II. West African Demographic Behaviour Patterns

2.1 One of the World's Last Demographic Transitions

West Africa is home to 39% of the sub-Saharan African population (with East Africa just behind, at 38%), or 316 million people in 2007 including Chad and Cameroon (see Map 3 and Figures 1 and 2).
The regional population should be more than 400 million by around 2020 and exceed 500 million between 2030 and 2035.

Forecasts for the future should be considered cautiously. While they illustrate a regional trend, they should be regarded with greater circumspection at the national level. It is indeed impossible to predict the region’s future population and settlement restructuring/composition, in particular intra-regional migration dynamics.

The West African population annual growth rate is close to the sub-Saharan average: 2.6% in 2000-2005 and an expected 1.2% in 2045-2050. However, in many countries this decline has not yet begun. Globally, West Africa is proving to be one of the last regions in the world to begin its demographic transition. Some countries such as Niger, Guinea Bissau, Mali, Liberia and Sierra Leone are still in Stage 2, with accelerating population growth (see Diagram 2 and Figure 3).

Furthermore, in 2005 the general population growth rate was different from the natural growth rate in almost all West African countries. The net migration rate in West Africa is never zero: it varies over time, being negative or positive depending on the socio-economic conditions in the country. Benin and Mauritania had negative net migration rates in the 1970s and now have positive rates; Côte d’Ivoire and Senegal, on the other hand, were positive at the beginning of the period, but have since become negative3 (see Figure 4).

Figure 1. Estimated Population of West Africa in 2007 by Country

Nigeria alone is home to 50% of the West African population; it is the largest demographic power in Africa and the eighth in the world, with an estimated population of 148 million in 2007.
2.2 A Clear Reduction in Fertility but Varying between Countries

Although in West Africa there has been a significant reduction in fertility (-1.2 children over 40 years), this reduction remains highly unequal between countries. While fairly obvious in certain countries (Benin, Cape Verde, Côte d’Ivoire, the Gambia, Ghana, Mauritania, Nigeria, Senegal and Togo), it has barely begun in others (Burkina Faso, Guinea, Mali, Niger and Liberia) (see Figure 5).

How quickly will fertility decline in these West African countries, where the fertility rate was over 6 children until 1980? Will they rapidly reach levels in line with the replacement rate? Will they follow the trend of their North African neighbours?

North Africa is far ahead in the fertility reduction process. “Sub-Saharan African societies value a set of family standards and experiences that are very different, if not opposed, to those of North African societies. Entering into union,
the first sexual experiences, marital solidarity, the status of women and family ways of life are just some of the factors that mean fertility evolves differently in these two regions. The standards governing family ideals are also embodied in social and population policies. They reinforce the ‘distances’ between North and West African countries. In other words, it is highly unlikely that West Africa will follow in the footsteps of North Africa.

In other sub-Saharan African countries where the fertility reduction process is in full swing (Botswana, Kenya and Zimbabwe), it seems that this reduction is more specifically based on the increased use of

modern contraception for birth spacing, facilitated by the implementation of public family planning programmes. However, in West Africa, with the exception of Cape Verde, all the countries that have begun fertility reduction have a relatively low prevalence of contraceptive use (see Table 1). West African fertility is therefore not solely correlated to modern contraception.

2.3 Factors Determining West African Fertility

Fertility and Economic Crisis

The 1980s, when the fertility transition began, were marked by an economic recession in several of the region’s countries. This was a time of declining household income, increasing costs for educating children and, for certain countries, diminishing public budgets especially in educational and health services. A net reduction in fertility was seen among the highest socio-professional categories and in urban areas.

Table 1. Fertility and Contraception in Kenya and Ghana

<table>
<thead>
<tr>
<th>Country</th>
<th>Fertility rate</th>
<th>Contraceptive prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>modern</td>
<td>total</td>
</tr>
<tr>
<td>Kenya</td>
<td>4.7 children</td>
<td>31.5%</td>
</tr>
<tr>
<td>Ghana</td>
<td>4.5 children</td>
<td>13.3%</td>
</tr>
</tbody>
</table>
Although the fertility transition began, or accelerated, during a time of economic difficulties, it was especially encouraged by previous changes (better education, improved health conditions, weaker traditional social frameworks, social and economic independence for couples and individuals, etc.), with the crisis simply triggering or accelerating an increase in awareness based on older dynamics. The crisis, which resulted in increased actual and opportunity costs for having children, led populations to acknowledge the lack of coherence between their individual demographic behaviour and the new economic and social frameworks in their society. This acknowledgement was stronger and more rapid where individuals were part of a health, social and cultural context with the dissemination of ideals and practices that were favourable to fertility reduction, especially in urban areas.

In any case, a reduction in fertility first depends on a reduction in mortality. In particular, a decrease in infant mortality is a fundamental condition for the success of the fertility transition. This prerequisite is nevertheless seriously disrupted by the HIV/AIDS epidemic in high-prevalence countries.

Fertility and Urbanisation

With the exception of Mauritania and the Gambia, fertility declines as the share of urban dwellers in the total population increases. Cities are not the best place for large families given that space is rare and costly. Furthermore, urbanisation means deruralisation and the development of new values, including the shift from a group rationale to a couple rationale, the gradual move towards an individualistic vision, as well as better opportunities for women and the development of family models in accordance with urban constraints.

Fertility and Education

Education has a twofold impact on fertility reduction:

1. First, it encourages adults to adopt behaviour that is less dependent on the values of the community to which they belong. It encourages women’s access to paid work, gives them greater independence within the family and society and thus limits their subjection to their reproductive role. Globally, the higher the literacy rate within a population, the lower the total fertility rate.

2. Second, when mass education is achieved, parents invest more qualitatively in their children. Fertility declines earlier and more rapidly when this mass education is favourable to girls.

2.4 The West African Health Transition Slowed Down by AIDS

In recent decades, the mortality rate in West Africa has dropped considerably. The general mortality rate fell from 21 per 1,000 in 1970-75
to 16 per 1,000 in 2000-2005; the corresponding infant mortality rate fell from 149 to 112 per 1,000, which resulted in an increase in life expectancy at birth (see Figure 6).

Life expectancy rose from 40 years of age in the early 1960s to 50 in 1995. This is a relative “success” in relation to the situation in the rest of the world, where in 1995 life expectancy was 64 years and 63 years in North Africa. Improved access to health care, water, economic
development, social and cultural changes and, above all, relationships between all of these elements have been fruitful.

Based on this encouraging trend, until the early 1990s the United Nations predicted a continued reduction in infant and general mortality and a subsequent increase in life expectancy. These optimistic predictions were partly realized, with a reduction in infant mortality and an increase in life expectancy in many countries. However, the emergence of HIV/AIDS in the late 20th century brought about a significant reversal of these trends in many parts of the world, particularly in sub-Saharan Africa. The extent of the HIV/AIDS pandemic in sub-Saharan Africa is a testament to the challenges that remain.

The extent of the HIV/AIDS pandemic in sub-Saharan Africa – Some indicators
(Source: Report on the global AIDS epidemic 2006 – UNAIDS)

- Around 25 million people in sub-Saharan Africa have HIV/AIDS, or 8% of the population.
- Two million of these people are children under 15 years of age.
- In 2005, around 12 million children were recorded as having been orphaned due to AIDS in sub-Saharan Africa.
- West Africa is the least affected region in sub-Saharan Africa, with an average prevalence of less than 2%. The highest prevalence rate among the adult population, at 7.1%, is in Côte d’Ivoire.
- Nigeria, on the other hand, is the third most affected country in the world with 2.9 million HIV sufferers.
assumptions have had to be revised due to the development of the HIV/AIDS pandemic, which has disrupted the mortality map in sub-Saharan Africa for over 25 years.

East, Southern and Central Africa are the regions most affected by the HIV/AIDS pandemic. Consequently, West Africa, which was the slowest region to begin its demographic transition over 10 years ago, is already beginning to catch up and could now overtake East and Southern Africa.

Although the impact of AIDS is far less pronounced in West Africa, the latest estimations (2004) indicate that life expectancy in this region nevertheless fell from 50 to 49 years between 1990-1995 and 2000-2005; the most afflicted countries are Côte d'Ivoire, Nigeria and Togo.

Forecasts regarding life expectancy at birth remain uncertain. The demographic impact of AIDS will depend not only on the evolution of sexual behaviour among African populations and the rate at which the disease spreads, but also and above all on the time it takes to discover vaccinations, the performance of treatments and the psychological, social and economic management of people already infected with the virus.

In the meantime and beyond this impact, the population age structure will have been profoundly and durably changed.

### 2.5 More Young People

The age structure in West Africa is largely the result of its fertility rate and to a lesser extent its mortality rate. The current age pyramid (2005) has a narrow peak and a very wide base. The number of elderly people remains relatively low: the share of over-60s in the total population varied little between 1950 and 2005 falling from 5.2 to 4.9%. The share of young people rose from 41.6% in 1950 to 43.9% in 2005 to the
detriment of the working age population, which fell from 53.1% to 51.2% over the same period. The median age fell from 19.2 years in 1950 to 17.8 years in 2005.

The increase in the number of young people can be seen as a demographic bonus that should be utilised in development efforts. But it will increase pressure on the environment and social services (health and education) and will intensify migration movements within the region and towards Europe, which is geographically close and has growing labour requirements.

Paradoxically, global population ageing is also beginning to be seen. It can be "detected" in small changes when comparing the age pyramid profiles for 1950 and 2005 and is even clearer for 2050, if the projection assumptions bear out. The proportion of elderly people (over-60s) would then be 10% in Africa and 9% in West Africa but would reach 20% in North Africa and 35% in Europe.

**Conclusion**

At a time in the world when an increasing number of countries are facing demographic decline, West Africa will, for a long time, continue to experience strong population growth. However, recently (2000-2005) there are indications that a slow down of growth seems to be underway at various rates according to the country. West African population growth should fall below 2% between 2020 and 2025.

However, nothing is certain. Currently, only a small number of countries seem to be entering into a demographic transition process following the classic model i.e. smoothly, without interruption or even a reversal of the situation. The evolution of the AIDS pandemic, all types of crises (economic, social political – certainly conflicts) will have an affect on the sanitary evolutions in proportions impossible to predict.

Urbanisation is an unavoidable phenomenon. While cities are a necessity for economic development, they are not without numerous and severe problems. Managing urban growth, including providing infrastructure and adequate services for an increasing number of demanding citizens must be considered a public policy priority.

High geographic mobility of the population is also foreseeable. This aspect should also be integrated into national and regional policies.

Finally, there should be great concern with regard to the youth. Today, 60% of West Africans are less than 25 years of age and 70% are under 30.
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**Sources and bibliography**


