

WORLD POPULATION HIGHLIGHTS 2004

by Lori Ashford

World population statistics tell a powerful story about how people and nations around the world are changing. The data can be used to gauge progress in a particular country, make comparisons across countries, and help project future trends. This policy brief provides highlights of PRB's *2004 World Population Data Sheet*, focusing on key demographic and health trends that are shaping the 21st century.

The world's population is growing substantially every year, but the pace of growth varies dramati-

The World in 2004

World population reached 6.4 billion in 2004 and it continues to grow by some 80 million each year. Most future population growth will be in countries that have relatively large numbers of young people and where large families are still the norm. Sub-Saharan Africa and western Asia are the fastest growing regions of the world. In contrast, much of the industrialized world is experiencing much slower growth or even population decline. The United States is an exception in the industrialized world, mainly because of immigration and somewhat higher birth rates.

Future population prospects for any given country are shaped in large part by the age profile of its citizens. In Western Europe, only 17 percent of the population is under age 15 while in western Africa, 44 percent is under 15. In coming decades, western Africa will see major growth in the productive and reproductive age groups (ages 15 to 49), while Europe will see a shift toward a more elderly population.

In the very near future, the majority of the world's population will live in urban areas, which includes towns and cities. (The urban population is close to one-half in 2004, up from about one-third in the 1960s). The population shift from rural to urban areas stimulates social and economic changes. Urban residents usually have higher educational levels, smaller families, higher incomes, better health, and longer lives than rural residents. But the growth of urban populations also strains the capacity of many developing countries to provide basic amenities for all residents. The poor in some cities have no better life prospects or public services than those in rural areas. Still, there are no signs that the shift from rural to urban areas is slowing or reversing.

Childbearing Trends

There has never been as wide a variation in childbearing patterns as exists in the world today. Fertility—average births per woman—ranges from 1.2 in a number of industrialized countries to 8.0 in Niger.

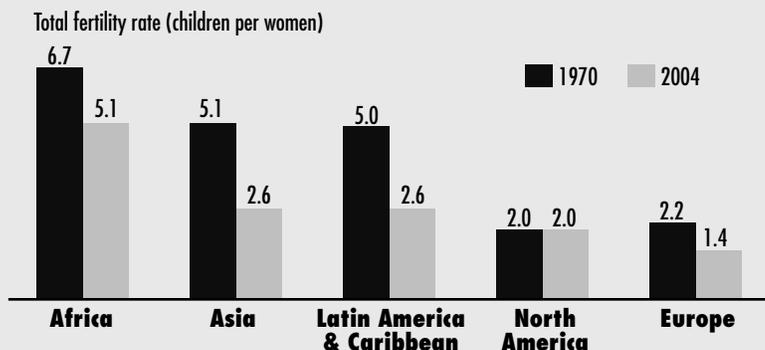
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These children are likely to have smaller families than their parents did, but they are likely to see world population reach 9 billion people by 2050.

cally from one region to another. Some countries have aging populations and, as a result, face future population decline, while others still have young and rapidly growing populations. Each situation is associated with its own set of social, economic, environmental, and political challenges. In much of the developing world, policymakers and researchers are monitoring two major demographic and health trends—the trend toward smaller families and the progression of the AIDS epidemic.

Figure 1

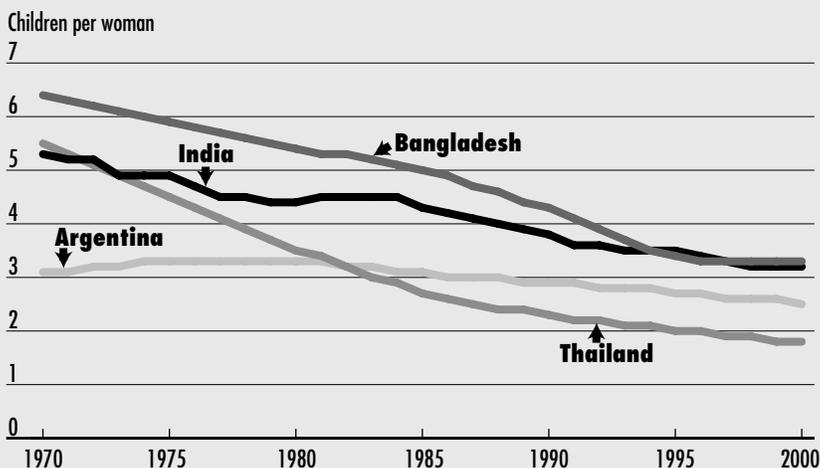
Childbearing Trends in Major World Regions, 1970 and 2004



SOURCE: UN Population Division, *World Population Prospects: The 2002 Revision* (1970 data); and C. Haub, *2004 World Population Data Sheet* (2004 data).

Figure 2

Different Patterns of Fertility Decline, 1970–2000



SOURCES: Registrar General of India; Instituto Nacional de Estadística (Argentina); United Nations Population Division; Institute for Population and Social Research, Mahidol University, Thailand; Demographic and Health Surveys; and PRB estimates.

Low Fertility in Developed Countries

News headlines in recent years have brought attention to the strikingly low levels of fertility in developed countries. In nearly all of Europe and some parts of East Asia and other regions, couples have fewer than two children—too few to replace themselves when they die. If sustained over time, such low fertility leads to population aging and population decline. Both of these

phenomena have profound economic, social, and political consequences.

In Europe, for example, where women have on average only 1.4 births, governments are concerned about too few workers in future years to support the growing number of retirees in the population. An aging population strains a nation's social security system and pension plans, and puts pressure on health budgets because of higher health care costs for the elderly. Some governments are also concerned about whether a lack of working-age people will mean a greater need for immigrants, and whether population decline signals a weakening of political and economic clout.

Diverse Trends in Developing Countries

In the developing world, fertility has also fallen nearly everywhere, but the pace of decline has varied greatly from one country to another. Even when fertility declines, populations continue to grow because large numbers of young people (from previous decades of high fertility) move into their reproductive years. This bulge of young people ensures decades of continued population increase.

In 2004, total fertility in Asia and Latin America stands at 2.6 births per woman, about one half of levels seen in 1970 (see Figure 1). Fertility has also declined in Africa, but it remains well above the average for any other region. Regional averages mask differences among individual countries, however. In some countries, fertility rates have dropped to levels matching those found in developed countries, while in others there has been little or no recent change in fertility at all.

China represents the first extreme, as women there have only 1.7 children on average. Fertility is also near or below 2 in Brazil, Costa Rica, South Korea, Thailand, and Kazakhstan. The youthful populations in these countries ensure continued population growth, but they will age over time and total population size will stabilize or decline if low fertility continues.

At the other extreme are countries where fertility remains extremely high by world standards—6 children per woman or higher. Most of these countries are in the Middle East (Yemen) or in extremely poor regions of sub-Saharan Africa (Mali and Uganda).

Most developing countries, and more than half of the world's population, fall in a middle group, where fertility has fallen in recent decades—to somewhere between 5.9 and 2.1—but whether and when it will settle is subject to lively debate. Patterns of fertility decline differ from one country to another (see Figure 2), and within countries among different socioeconomic groups. Thus, demographers cannot predict with absolute certainty the future course of fertility.

Reading Into the Patterns

In Bangladesh and Kenya, for example, fertility fell steadily from the mid-1970s to the mid-1990s, as couples increasingly adopted modern contraception. Recent survey data, however, show that average family size hardly declined at all in these countries after the mid-1990s. In Kenya, women still have five children each, on average; in Bangladesh, women have just over three children.

A host of factors influence whether and when couples have children. The availability of modern contraception and abortion are two immediate influences. But a range of social, cultural, economic and other factors influence the timing of marriage and the desire to have children. In developing countries, women living in poverty, with low levels of education, low social status, and little access to quality health services tend to have more children, while those who are better off and better educated have fewer. Women's power relative to men (gender relations) also influences women's ability to use contraceptives and choose among alternative life options.

The Rising Toll of HIV/AIDS

News headlines in recent years have also focused on HIV/AIDS—possibly the deadliest epidemic in human history. According to the Joint United Nations Programme on AIDS, more than 20 million people have already died of AIDS, and most of the 38 million people now living with HIV are likely to die a decade or more prematurely. About 95 percent of those living with HIV/AIDS are in developing countries (see Table 1).

In these countries, the gains in health made over the last 50 years are being halted or reversed as AIDS claims the lives of millions of young adults in their most productive years. Indicators of human development—such as child mortality, lit-

Table 1
The HIV/AIDS Epidemic by World Region (end 2003 estimates)

Region	Adults and children living with HIV/AIDS	% of adults ages 15-49 infected with HIV
Total	37,800,000	1.1
Sub-Saharan Africa	25,000,000	7.5
South/Southeast Asia	6,500,000	0.6
Latin America	1,600,000	0.6
Eastern Europe & Central Asia	1,300,000	0.6
East Asia	900,000	0.1
North America	1,000,000	0.6
Western Europe	580,000	0.3
North Africa & Middle East	480,000	0.2
Caribbean	430,000	2.3
Oceania	32,000	0.2

SOURCE: UNAIDS, 2004 *Report on the Global AIDS Epidemic*, July 2004.

Table 2
Projected Population Size for Major Regions (in millions)

Region	2004	2050
World	6,396	9,276
Africa	885	1,941
Sub-Saharan Africa	733	1,701
Asia	3,875	5,385
China	1,300	1,476
India	1,087	1,628
Latin America/Caribbean	549	778
North America	326	457
Europe	728	668
Oceania	33	47

SOURCE: C. Haub, 2004 *World Population Data Sheet*.

eracy, and food production—are slipping as the disease ravages families, communities, economies, and health systems in heavily affected countries.

Regions and Countries Most Affected

Sub-Saharan Africa is the hardest hit region in the world, accounting for about two-thirds of people infected with HIV worldwide. In this region, AIDS-related illness is a leading cause of death. South Africa has the highest absolute number of infections of any country in the world: 5.3 million. Swaziland has the highest HIV prevalence rate: 39 percent of the country's adults are infected

For more information

To obtain copies of this policy brief or the *2004 World Population Data Sheet*, contact:

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with HIV. Additional deaths due to AIDS have caused average life expectancy to drop to age 40 or less in Botswana, Lesotho, Mozambique, Zambia, and Zimbabwe. One positive development is that HIV/AIDS prevalence rates in sub-Saharan Africa have not increased in recent years, though the death toll continues to rise.

Serious HIV/AIDS epidemics are also emerging elsewhere. As a region, the Caribbean has the second-highest adult prevalence rates in the world. HIV prevalence is rising rapidly in Eastern Europe, Central Asia, and many countries in eastern and southern Asia, including China, Indonesia, and Viet Nam. In India, less than 1 percent of adults are infected, but this amounts to a staggering 5 million people.

Demographic Impact of AIDS

Despite large numbers of AIDS deaths, populations continue to grow in many heavily affected regions, although the growth is far less than it would be in the absence of AIDS. AIDS will trigger population decline in Botswana, South Africa and Swaziland. More important, the economy and social fabric of many countries is deteriorating due to a loss of women and men in their most productive years and a dramatic rise in the number of orphans. Still, Africa's population overall is projected to grow by more than 1 billion by 2050 because of continued high fertility.

The future course of the epidemic is difficult to predict and will depend on the effectiveness of prevention programs, the availability of treatments for those who have the disease, the future availability of a vaccine (now still distant), and the financial and human resources devoted to these efforts.

Looking Ahead

The world's population is projected to grow to more than 9 billion in 2050 (see Table 2, page 3). Demographers base future projections on a series of assumptions about fertility and mortality. Most experts assume that fertility will continue to fall in those developing countries where it is already declining, and begin to decline in the countries where fertility has remained high. But future

population size will depend not only on whether fertility will fall, but how fast it falls and to what level. Most projections assume substantial increases in contraceptive use in developing countries, which is contingent on couples everywhere having access to family planning.

A key question for those who make population projections is whether the poorest and least educated population groups in developing countries will "catch up" with the urban, educated, and wealthier citizens who prefer smaller families. While urbanization and modernization seem inexorable, large and growing numbers of people remain disadvantaged and underserved by modern health services. The HIV/AIDS pandemic is an unexpected crisis that continues to confound population forecasts. Future projections for developing countries could vary depending on the answers to the following questions:

- Will people throughout Africa, Asia, and Latin America come to prefer the much smaller families now preferred by couples in developed countries?
- Will developing countries be able to provide family planning services to their diverse impoverished populations, as projections assume?
- Will the HIV/AIDS epidemic in Asia and other developing regions reach the catastrophic levels seen today in southern Africa?

From a global perspective, changes occurring in the largest countries will have the greatest impact on world population. But in any individual country, demographic changes can have profound implications for the economy, the environment, health, and quality of life.

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