

## Demographic Realities in South Africa

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### Introduction

One of the most pressing problems faced by the world today is the rapid population growth experienced by developing countries. A country's ability to ensure an acceptable standard of living for all its people is closely linked to its ability to maintain a balance between the size of the population, its socio-economic capabilities and the extent, replaceability and renewability of its available resources. If the population outgrows its socio-economic capabilities, and if population growth is greater than can be sustained by natural and other resources, the quality of life of the inhabitants will inevitably suffer. Communities may become caught in the so-called poverty trap - a vicious circle of poverty and high fertility - which is found in so many developing countries around the world, and which is often accompanied by social instability.

In this article, the current and future demographic trends in South Africa will be analysed.

### The Demographic Transition model

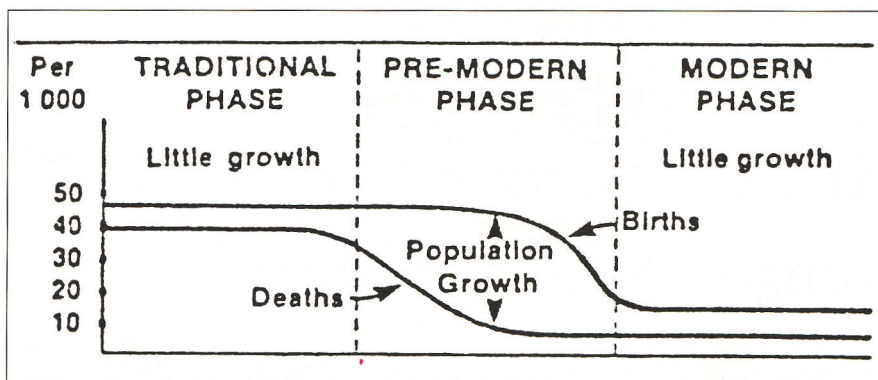
The model most frequently used to explain demographic changes in the

world is known as the *Demographic Transition* model. This model assumes that all human populations move through the following three phases:

- (a) the first or traditional phase where births (fertility) and deaths (mortality) are high and population growth is relatively low;
- (b) the second or pre-modern phase with a constantly high birth rate but declining mortality rate. The difference between birth and death rates increases, resulting in rapid population growth; and,
- (c) the third or modern phase which is characterised by low birth and death rates, and stabilising population growth rates, tending towards zero. (see below)

The model of Demographic Transition, based on historical population trends in Europe, North America and Australia, shows that population growth in all countries relates to the extent of socio-economic development and the degree of modernisation.

Demographic transition in Europe spanned two centuries<sup>1</sup>. The gradual decline of mortality levels, which was



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closely followed by a decline in fertility levels, was linked to gradual socio-economic development. By contrast, the development of medical technology, stimulated by World War II, caused a dramatic decline of mortality in the currently developing countries. Some developing countries reached certain low mortality levels within two decades which took the countries which are now developed almost half a century longer to reach. In the developing countries the gap between birth and death rates widened to such an extent that population growth rates rose to between 2% and 4%.<sup>2</sup>

The challenge for developing countries is to move their populations through the pre-modern phase into the modern phase of demographic transition as fast as possible. This process, however, is complicated by the multi-dimensional problematic nature of development in these countries.

### The demographic realities of South Africa

The South African population is currently growing at an average rate of 2,3% per annum. The country finds itself in a unique situation, demographically speaking, and that is that the various population groups are at different stages of demographic transition (phases of population growth). The current growth rates of the population groups are as follows:<sup>3</sup>

Whites	1,42%
Coloureds	2,06%
Asians	2,00%
Blacks	2,40%

The developing population groups of South Africa are well into the pre-modern phase, displaying typical

features such as high population growth, poverty and illiteracy. The more developed section of the South African population has already moved through this phase into the more modern phase.

Table I indicates by how much the HSRC<sup>4</sup> estimates that the SA population will grow over the following 50 years.

According to the Report of the Science Committee of the President's Council on Demographic Trends in South Africa<sup>1</sup>, the country's given socio-economic capabilities (available and replaceable resources) can only accommodate 80 million people. It is therefore obvious that if the projections of the HSRC are to materialise, South Africa will face serious development problems, with far-reaching implications.

### The Components of Population Growth

The concept *demography* refers to the formal study of human structures and changes as determined by the three vital population processes, namely birth (fertility), death (mortality) and migration. These processes can be considered as the components of population growth.<sup>5</sup>

In a closed society the growth of the population can only be determined by births and deaths. With reference to the Demographic Transition model the growth of a population can only be determined by the interaction between fertility and mortality, ie through natural increase. In the case of an open society it can also be influenced by migration.

A projected maximum population of

Table 1

Population in millions (including the TBVC states)

Year	1985	2000	2020	2035
Whites				
High	4,8516	5,4126	5,9745	6,1707
Low	4,8516	5,3066	5,6972	5,7540
Coloureds				
High	2,9516	3,8557	4,9467	5,6654
Low	2,9516	3,8045	4,6813	5,2733
Asians				
High	0,8833	1,1081	1,3554	1,4789
Low	0,8833	1,0956	1,3089	1,4104
Blacks				
High	25,9574	41,0439	72,9428	105,5656
Low	25,9574	40,9662	65,3083	81,9425
Total High	34,6439	51,4203	85,2194	118,8806
Total Low	34,6439	51,1729	76,9957	94,3802

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80 million people, which Southern Africa could accommodate adequately, given the socio-economic realities, implies that the average number of children per woman (the so-called *total fertility rate* or TFR) may not exceed 2,1 children by the year 2010.

### Total Fertility Rate (TFR)

According to the most recent statistics the TFRs for the different population groups in the RSA are as follows:<sup>6</sup>

Whites	1,8
Coloureds	3,0
Asians	2,4
Blacks	5,0

From the above figures it is obvious that especially the Black population is still far from the set objective of 2,1.

Since 1970 the increasing use of modern contraceptives has played an important role in the rapid decline in the fertility rates of Whites, Coloureds, Asians and, to a lesser degree, of urban Blacks. This trend can be attributed to the change in living conditions which accompanied industrialisation in the developed sector of the country. In the underdeveloped rural areas, on the other hand, fertility rates are much higher. The fertility rate of Blacks, for example, is 5,7 in rural areas, while it is 2,8 in the metropolises.<sup>7</sup>

### Mortality

The mortality rate refers to the total number of deaths which occur in a given population annually. The rate is expressed as the number per 1 000 of the population.

Life-expectancy at birth (abbreviated as  $e^0$ ) and child mortality (death of children under the age of five) are useful indicators of a population's general state of development. Improved living conditions and more effective health services will subsequently lead to a decline in child mortality resulting in an increase in life-expectancy. Under normal circumstances most deaths occur among young children and the elderly. Even in countries with low mortality levels, child deaths form the largest category of overall deaths. Normally high overall mortality rates go hand in hand with high child mortality rates. Improved health services and advances in the medical sciences led to a significant drop in general and child mortality rates as well as an increase in life-expectancy in all the regions of the world.<sup>5</sup>

According to Mostert and Van Tonder<sup>8</sup> the life-expectancy rates at birth ( $e^0$ ) for the different population groups in SA were as follows in 1935 and 1985 respectively:

	1935	1985	Increase (years)
Whites	60,6	71,1	10,5
Coloureds	43,3	60,8	17,5
Asians	52,5	66,6	14,1
Blacks	39,3	61,6	22,3

Infant mortality (IMR), ie deaths of children under the age of one year, is an internationally accepted indicator of the quality of life. The IMR forms the largest part of the total child mortality rate.

From 1940 to 1985 the following decline in the IMR occurred among the different population groups in SA:<sup>4,6</sup>

	1940	1985
Whites	50,1	9,3
Coloureds	156,9	40,7
Asians	89,9	16,1
Blacks	200	63 <sup>†</sup>

† TBVC countries excluded  
† estimation

It is important to mention that the IMR for Blacks is based on estimations, due to the under-registration of births and deaths.

### Migration

Most demographic studies indicate that socio-economic conditions are the most important of the determining factors which activate people to migrate. People also however migrate due to political, religious and other personal reasons. The motivation to migrate can be divided into the so-called *push* and *pull* factors. Amongst the push factors are unemployment, restrictions to personal development, natural disasters and the economic and financial deterioration of a community. The pull factors, on the other hand, refer to the opposite, ie more favourable conditions in other communities.

Internal migration manifests itself as the process of urbanisation. According to Gouws<sup>7</sup> the urbanisation figures of the different population groups are as follows:

Whites	90%
Coloureds	78%
Asians	93%
Blacks	40%

According to the Report of the President's Council on an Urbanisation Strategy for the RSA,<sup>9</sup>

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further urban growth will be determined by the natural population increase in existing urban areas as well as the in-migration from rural areas (urbanisation).

### The Population Development Programme (PDP)

Due to the realities mentioned above the SA government launched a Population Development Programme in March 1984. The main aim of this programme is to establish a balance between:

- a) the availability and renewability of resources and the economic and social potential of the country, and
- b) population numbers.

According to Gouws<sup>7</sup> (a) above can be called the non-demographic and (b) the demographic side of the balance. The availability and renewability of natural resources (a) are to a large extent a given fact, while the rest of (a) as well as (b) are variables that can be influenced.

In the first place the PDP attempts to improve the standard of living and the quality of life of all the people in SA through socio-economic development. Studies have shown that fertility rates decline when socio-economic development takes place<sup>1</sup>. The final objective of the PDP concerning population numbers (b) is to bring the TFR down to 2,1 for all population groups by the year 2010. If this can be achieved the SA population will stabilise at 80 million people by the end of the next century. Even if this objective has been reached, however, only half the battle has been won. Economic and social development should still be stimulated in order to accommodate

80 million people adequately. The PDP also has the task of stimulating this development.

To achieve the objectives of the PDP, development in the following areas is being stimulated at present:

- a) Education
- b) Development of manpower
- c) Primary health care (including Family Planning)
- d) Economic development
- e) Housing

It is therefore obvious from the above that a multi-disciplinary approach is needed to achieve the objectives of the PDP. Accordingly the Chief Directorate: Population Development was established within the Department of National Health and Population Development with the following functions:

- a) Marketing of the Programme
- b) Co-ordination
- c) Initiation
- d) Advice
- e) Research
- f) Training
- g) Monitoring
- h) Reporting

### Conclusion

The PDP, combined with other development initiatives such as the Urbanisation Strategy, the Regional Development Strategy and the Community Development Strategy, illustrates the government's commitment to an improvement of the quality of life of the people of South Africa which will result in a balance between population numbers and resources.

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