

#### The World at a Glance: 1994

Demographically, the world today looks far different than it did only a couple of decades ago. For one thing, population has burgeoned. We've also seen the outbreak of an epidemic — AIDS — that is having a significant effect on global demographic patterns.

This Brief examines these changes and more, presenting the Census Bureau's latest estimates and projections of worldwide population totals, population growth, fertility, contraceptive use, age structure, life expectancy, infant mortality, and population density. Data on the demographics of the former Soviet Union and the impact of the AIDS epidemic are presented too. The statistics in this Brief come from the International Data Base and the HIV/AIDS Surveillance Data Base, both housed at the Census Bureau's Center for International Research (CIR).

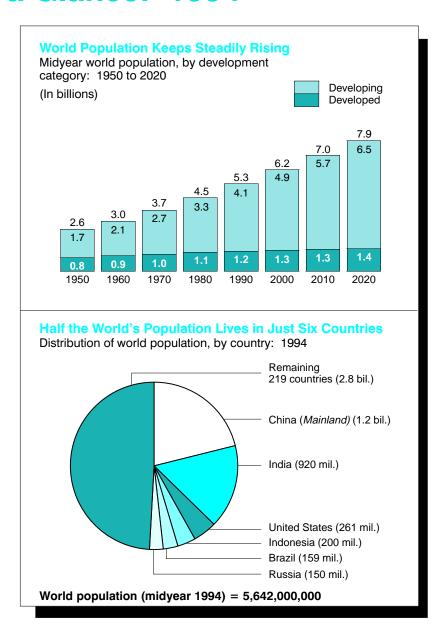
# Despite declining growth rates, world population continues to soar.

After peaking at about 2 percent per year in the 1960's, the world's population is now growing at a rate of about 1.5 percent annually. During the first quarter



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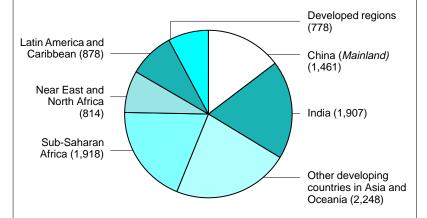
of the next century, growth is expected to slow to just over 1 percent yearly. But because these growth rates are applied to a larger population base each year, the number of persons added annually to the world's population won't decline for many years. As a result, the

world population total, which climbed from 2.6 billion in 1950 to 5.6 billion in 1994, is projected to reach 7.9 billion in the year 2020 (see graph above).

Of the 2.3 billion expected to be added over the next 26 years, 94 percent will be added in

### **Every Hour, 10,000 Persons Are Added** to the World's Population

Population added each hour, by world region: 1994



Note: "Asia" stretches from Iran to Indonesia and the Philippines and excludes the area of the former Soviet Union; countries on the Asian continent west of Iran and the Arabian Sea are in the "Near East."

#### Infant Mortality Highest, Life Expectancy Lowest in Sub-Saharan Africa

	Life expectancy at birth (years): 1994	
Male Female M	lale Femal	е
Sub-Saharan Africa 102 89   North Africa 66 60   Asia, excluding Near East 66 71   Near East 59 52   Latin America/Caribbean 47 38   North America 9 7   Europe 10 8   Former Soviet Union 38 29   Oceania 26 25	49 55 63 66 61 65 65 66 64 7 73 86 73 75 65 76	6 3 9 1 0 9 4

today's developing regions (see graph on front). Sub-Saharan Africa, whose current growth rate of 2.9 percent per year is the highest among the world's regions, is expected to sustain the largest proportionate increase in size. Despite increased mortality due to the AIDS epidemic, its 1994 population of 572 million is projected to more than double by 2020, to 1.1 billion. Asia, though its current growth rate is lower (1.6 percent), should add just over 1 billion people. This is because

its 1994 population base (3.2 billion) is much larger than Sub-Saharan Africa's.

#### Declining fertility rates lead to slower growth.

The world's population increase is the product of a much larger number of births than deaths. As the number of births declines, population growth rates will slow. Worldwide, women today have an average of 3.1 children each; in 2020, they are expected to bear only 2.5 each.

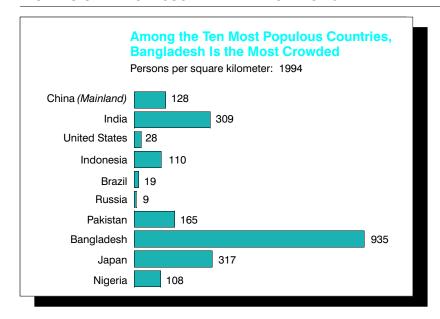
Why the drop? The growing convergence of fertility patterns among the world's regions is the reason. In developed regions, fertility (1.9 births in 1994) is already below the "replacement level" of 2.1 births per woman. In Asia and Latin America, where women averaged 3.6 births each in 1985, they today average 2.9 births. By 2020, their projected rates (2.3 in Asia, 2.1 in Latin America) would approach the rate in developed areas (1.8).

In Africa, women averaged 6.4 births in 1985; this rate has since dropped to 5.9. Though it should decline more dramatically than the rates in Asia and Latin America, Africa's projected rate in 2020 — 3.9 births — would be higher than the rate was in those two regions in 1985.

### Fertility rates mirror contraceptive prevalence.

Women in developed countries have fewer children than women elsewhere partly because they are more apt to plan their families. Typical of developed countries are Germany and the United States. Seventy-eight percent of married women of reproductive age in Germany in 1985 used contraception; the rate in the United States in 1988 (74 percent) was nearly as high.

Data from the mid-to-late 1980's and early 1990's show that in developing regions, the highest rates were in East Asia. In China (both Mainland and Taiwan) and South Korea, contraceptive prevalence rates were higher than 70 percent. Moderate rates (fifties and sixties) could be found in some countries of Southeast Asia (Vietnam and Thailand) and parts of Latin America (Mexico, Brazil, and Colombia, for example). In the Near East, Africa, and South Asia, however, rates were almost universally under 50 percent; in fact, most Sub-Saharan African



countries had rates below 20 percent.

## An older population is a consequence of lower fertility.

Largely because they have a lower fertility rate, developed regions have a much older population than developing areas. The 1994 median age in developed regions was 35 years, a dozen years higher than the corresponding figure in developing regions. Declining fertility in some areas and rising life expectancy virtually everywhere should result in the median ages increasing 6 years and 5.4 years in the two regions, respectively, between now and 2020.

To look at the expected changes in the world's age structure another way, let's compare the numbers of young children with the population of older adults.

There are now more children under 5 years old worldwide (636 million) than adults over age 60 (525 million). In 2020, the situation will be reversed — it is expected that there will be 717 million in the former group, just over 1 billion in the latter.

## Women tend to live longer than men.

Higher levels of fertility result in higher levels of growth in developing than in developed countries, despite their lower life expectancy and higher levels of infant mortality (see chart on page 2). In every part of the world, life expectancy is higher for women than for men. The difference, which varies by area, is highest in the former Soviet Union, lowest in Asia (see chart on page 2). The female advantage is generally already present in infancy — girls have lower in-

fant mortality than boys in all regions except Asia. The situation in Asia reflects an excess of female infant mortality in China (Mainland).

#### HIV/AIDS has become widespread.

Identified less than a decade and a half ago, the acquired immune deficiency syndrome (AIDS) is spreading rapidly. The World Health Organization AIDS program (WHO/GPA) estimates that in mid-1993, 14 million persons worldwide were infected with the human immunodeficiency virus (HIV) — the AIDS causal agent. HIV was most prevalent in Sub-Saharan Africa, where more than 8 million were infected. WHO expects that by the end of this decade, between 30 and 40 million persons worldwide will be HIV-positive.

Because the interval between the initial HIV infection and the development of AIDS is estimated to be between 7 and 10 years, far fewer persons worldwide had developed AIDS (an estimated 2.5 million at the close of 1992, 1.75 million of whom lived in Sub-Saharan Africa). Look for these figures to increase greatly over the coming decades.

# In some developing areas, improvements in life expectancy and child survival rates are being reversed by HIV/AIDS.

The AIDS epidemic is changing the course of demographic events in parts of the developing world. In more than a dozen countries in Sub-Saharan Africa, plus a few others elsewhere (see the graph on the next page for a listing), the impact will be particularly severe:

 Since adult AIDS deaths occur largely among those aged 30 to 45 years, life expectancy, which had been increasing for the last 40 years in these countries, is now on the

#### **Demographic Snapshot: The Former Soviet Union**

One of the most remarkable events in this century was the breakup of the Soviet Union. Within this area, there is an astounding degree of demographic diversity. For example, in 6 of the 15 entities of the former Soviet Union (including Russia, the Baltic Nations, and Georgia), women today average two births or fewer; in five others (led by Tajikistan, at 4.6), fertility exceeds the world average of 3.1 births. The infant mortality rate shows even greater contrast, ranging from a low of 17 infant deaths per 1,000 live births in Lithuania to a high of 70 per 1,000 in Turkmenistan.

decline in many of them. In 2010, projected life expectancy will be anywhere between about 10 and 30 years lower in these countries than it would have been without AIDS.

 Substantial levels of mother-tochild transmission should result in large rises in infant and child mortality rates in a number of these nations, reversing trends of recent decades. In Zimbabwe and Zambia, for example, AIDS should nearly double what infant mortality would have been in 2010.

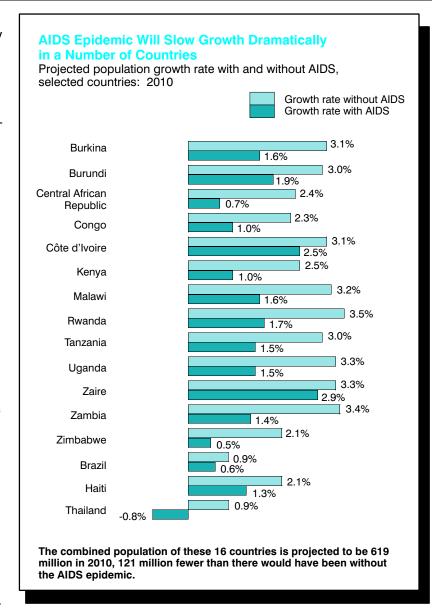
## HIV/AIDS will slow population growth in the hardest-hit areas.

The annual number of AIDS-related deaths has been gradually rising in these 13 hard-hit Sub-Saharan African nations; by 2010, the number of total deaths in these countries is expected to be more than double what it would have been without AIDS. However, because most adult AIDS mortality occurs after the average age of childbearing (about 30 years), Sub-Saharan African fertility levels should remain high.

So despite the fact AIDS will result in more deaths, population growth won't stop in these countries. But it will be slower than it would have been without AIDS (see graph at right). The same is true for two other hard-hit nations, Brazil and Haiti.

In Thailand, though, the situation will be a bit different. Because fertility rates are lower there than in these other countries, its annual population growth rate in 2010, which would have been 0.9 percent without AIDS, is expected to be negative (-0.8 percent).

The impact of AIDS in the countries most affected should be greatest in urban areas, where one quarter or more of adults are now HIV-positive.



#### **More information:**

World Population Profile: 1994. Series WP/94. Contact Customer Services (301-763-4100) for ordering information.

#### **Contacts:**

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Statistical Briefs — Robert Bernstein 301-763-1584 This Brief is one of a series that presents information of current policy interest. It includes data from the International Data Base as well as other sources. The data base comprises information for individual countries derived from numerous sources, such as administrative and government records, and statistical agencies. These data are subject to certain limitations including differences due to collection methodologies and definitions as well as classification, reporting, and processing errors. Therefore, as with all data from different sources, use caution when making comparisons.