

Malawi's population: Demo graphic dividend or curse?

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At the end of October, the National Statistical Office (NSO) released a report on the results of the 2018 Census.

A few days later, these projections were described by the Vice-President as "a national tragedy". They show Malawi's population growth rate slowing from 2.9 percent in 2018 to 1.7 percent in 2050, but our total population growing from 17.6 million in 2018 to 35.6 million in 2050.

The NSO's latest projections compare to 43.2 million in 2050, according to the United Nations latest median population projections. What are the reasons why both organisations project a sharp increase in Malawi's population, despite the decline in our population growth rate?

Mathematically, a decline in the population growth rate can come from a decline in the fertility rate, an increase in the mortality rate, or a decline in net immigration.

Malawi's total fertility rate (the average number of children expected per childbearing year) has declined from 7.6 in 1977 to 4.2 in 2018 and is expected to decline to 2.8 by 2050.

Meanwhile, declining mortality particularly for infants and young children, results in an increase in life expectancy at birth from 65.1 years in 2018 to 74.7 years in 2050. Over the same period, life expectancy for females will increase by almost 10 years, while that for males increases by 9.2 years.

Net migration of 43000 people per year is also assumed by the NSO, although this makes very little difference to the overall population growth rates that are projected.

The decline in age-specific mortality rates since the 2018 Census is perhaps easier to explain than the decline in age-specific fertility rates. We know from both the Census and the Demographic and Health Surveys (DHS) that since 1950 both infant and under-five mortality in Malawi have dropped rapidly. This may be attributed to



Challenges remain to make our youth more educated, skilled and productive

several factors including: the adoption of modern clinical medicine; mass programme to increase immunisation among infants and younger children; and improvements in access to health services, including oral rehydration therapy (ORT) and other public health interventions have also reduced the incidence of diarrheal diseases, one of the biggest killers of infants and young children. More recently, the initiative to encourage mothers to give births in regist feeding programmes have also done much to reduce infant and under-five mortality.

Second, the sharp drop in age-specific fertility rates may be largely explained by higher female education, increases in modern contraceptive use, and improvements in child survival. Female education is an important factor as it leads to lower fertility rates, as well as delayed and child births get delayed when teenage girls and younger women stay



Malawi's youth bulge poses both opportunities and challenges

longer in education. The mean age at first marriage for females has risen over the last few decades. In 1987, females were marrying on average, at the age of 18.4, now, the typical age of marriage for female is almost 2 years higher at the age of 20.4. These averages do, however, conceal huge variations due to factors such as economic status, area of



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and sex structure of Malawi's population make it clear that Malawi's demographic transition will have barely begun by 2048. It is not until the 2080s that the demographic transition starts to become clear.

This raises the question of whether—despite the hope for a demographic dividend—Malawi will be a burden for some years to come.

This, naturally, raises the important policy question of what can be done to make our youth more educated, skilled and productive?

Such changes are essential if Malawi's youth are to contribute more to GDP growth than to depend on the support of their sheer numbers.

Conclusion

As will be outlined in Malawi's National Transformation 2063 Vision, rapid population growth is one of the key challenges facing the future economic and social development of Malawi. While the growth rate projected by the NSO in its latest projections are profoundly to be welcomed, Malawi's population is still expected to almost double by 2050.

Such rapid increases are driven by the momentum of Malawi's population growing which, like a large stone to turn around.

Malawi's youth bulge poses both opportunities (in the form of the demographic dividend from the expanding working population) and challenges (in the form of the burden of the increasing numbers of dependents that must be fed and cared for) appropriately to this twin opportunity and challenge will be key to Malawi's future socio-economic development. The benefits of the demographic dividend must be maximised, while those of the demographic burden are minimised.

Amongst other policy responses, Malawi should enhance educational and skill levels by investing appropriately in primary, secondary, tertiary and technical education; provide decent employment opportunities to our rapidly growing labour force; implement universal family planning programmes and encourage early marriages. ■

motherhood from 26 percent in 2010 to 29 percent in 2015-16 among female adolescents. At the time of the 2015-16 DHS, at least 22 percent of young females aged 15 to 19 years had given births, while another 7 percent were pregnant women.

While the 59 young modern aged contraceptive methods in 2015-16 had risen, the results of a nationwide reproductive survey conducted by the University of Malawi's College of Medicine and the U.S. based Guttmacher Institute found that a startling 53 percent of pregnancies in 2015 were unintended.

Most of these pregnancies, almost a third, induced abortions. The 2015-16 DHS reports that 19 percent of currently married women have unmet needs for family planning. Of those females not currently using contraception, 11 percent wanted to space births out more, while 8 percent wanted to limit them. The contraceptive prevalence rate had increased from 59 percent to 78 percent

If all married women who want to space or limit their children were to use a family planning method.

Improving child survival is another key goal. Malawi has registered significant decreases in early childhood mortality since 1992 when the first DHS was conducted.

Under-five mortality declined by 73 percent from 234 deaths per 1 000 live births in 1992 to 63 deaths per 1 000 live births in 2015-16. Over the period, child mortality declined by 13.5 deaths to 42 deaths per 1 000 births.

However, neonatal mortality has not declined much: it dropped from 41 deaths per 1 000 live births in 1992 to 27 deaths per 1 000 births in 2004, and has not declined significantly since then.

—The youth dividend or burden

This brings us to speed Malawi's demographic transition and the related issue

of whether the 'youth bulge' represents a demographic dividend or a burden to Malawi's socio-economic development.

A recent IPFRI book found that the most distinguishing feature of Sub-Saharan Africa's demographic transition is that it occurred far later than in other developing regions.

The authors go on to identify 2003 as Africa's countries' youth population (aged 15 to 24 years old) peaked.

However, the continental average disguises considerable variation between countries within Africa with Mauritius's youth population peaking in 1967 but the Democratic Republic of Congo until 2027. Due to the youthful age structure of its population, Malawi did not reach its youth peak until 2010. In this year, Malawi's youth (ages 15 to 24 years) comprised 41.3 percent of the total population.

Three pyramids in the age

residence, and culture. Repeatedly, delayed marriages have coincided with an increase in pregnancy and