

HIGHLIGHTS



Global Population Profile: 2002 summarizes the most important trends in global population at the dawn of the 21st century. The presentation is organized around four themes: Global Population Growth, Global Population Composition, Contraceptive Prevalence in the Developing World, and the AIDS Pandemic in the 21st Century.

Global Population Growth

A little more than 4 years ago, in 1999, global population surpassed 6 billion. At midyear 2002, it stood at 6.2 billion and just over two people were being added each second. As rapid as this may seem, the pace at which global population was growing had already peaked more than a decade earlier. In absolute terms, approximately 74 million people were added to the world's population in 2002 compared to a high of 87 million in 1989-90. Similarly, the annual average growth rate was approximately 1.2 percent in 2002, down from a high of 2.2 percent in 1963-64. It is expected that this slowdown in population growth will continue into the foreseeable future.

The slowdown in the growth of the world's population can be traced primarily to declines in fertility. In 2002, the world's women, on average, were giving birth to 2.6 children over their lifetime. This was less than one-half of a child more than the level needed to assure the replacement of the population. Although fertility rates in some parts of the world are expected to remain above replacement level for quite some time (e.g., in Sub-Saharan Africa), Census Bureau projections suggest that the level

of fertility for the world as a whole will drop below replacement level before 2050.

It is important to note that these declines in fertility will not translate directly into equivalent declines in the growth of the population, because the numbers of women in their childbearing years are increasing relative to the rest of the population. This increase was responsible for about three-fourths of global population growth in 2002. Census Bureau projections suggest that by 2050 virtually all of global population increase will be due to this age-sex compositional effect.

Global Population Composition

The age and sex composition of the globe's population in 2002 reflected two historical trends: relatively high but declining fertility on the one hand, and moderate but declining mortality on the other. As a result, the age groups with the largest numbers of people were the very young (under age 15), with each successively older age group being slightly smaller.

With respect to specific populations, the breakdown was as follows. Children (0-14 years of age) made up 29 percent of the world's population. Youth (15-29 years of age) and women of childbearing age (15-49 years of age) each comprised 26 percent of the population. The population of labor force age (15-64 years of age) made up 64 percent of the total. The elderly (65 years of age and older) made up only 7 percent of the globe's population. Finally, the number of men and women on the planet was approximately the same: 101 men for every 100 women.

Over the next 25 years, while the absolute number of children is expected to remain relatively stable, the size of the child population relative to the total population is expected to decline. The numbers of youth and women in their childbearing years are projected to experience modest increases but their proportions of the total population are expected to decrease modestly. The population of labor force age is expected to grow steadily; its proportion of the total, to stay approximately the same. Finally, the elderly population is projected to grow considerably in both absolute and relative terms.

Contraceptive Prevalence in the Developing World

High fertility remains the dominant factor dictating the future size, growth, and composition of the populations of many developing nations. Contraceptive use, in turn, is one of the primary determinants of the level of fertility in a population and of differences in fertility between populations. Contraceptive use is also important as an indicator of the extent to which couples have access to reproductive health services. For these reasons, the levels and trends of contraceptive prevalence, particularly in the world's developing countries, have important implications for both global population change and reproductive health.

As a result of both delayed marriage and use of contraception within marriage, the number of births a woman has during her lifetime has fallen dramatically over the past few decades throughout the

developing world. At the same time, over 100 million women in the world's developing countries would like to space or limit their births but are not using contraception. These women, considered to have "unmet need" for family planning, are found in greater numbers in Asia than in other world regions but make up higher proportions of the populations of Sub-Saharan African countries than of countries in other parts of the world.

The AIDS Pandemic in the 21st Century

At the beginning of the 21st century, Human Immunodeficiency Virus (HIV), which causes the Acquired Immune Deficiency Syndrome (AIDS), continues to have its greatest impact in the developing world. Although the full demographic impact will not be felt for several more years, the emerging downward trends in life expectancy and population growth, the distortions in age structures, and the breakdowns in support systems are already being seen in some countries. At the extreme, Botswana, South Africa, and Zimbabwe are thought to be experiencing negative population growth due to AIDS mortality.

Since the onset of the AIDS pandemic two decades ago, more than

20 million people have died of AIDS. Twice that many — 40 million — are now living with HIV, the virus that causes AIDS. Barring some major breakthrough, most of these people are expected to die during the next 10 years or so.

The pandemic continues to have its greatest impact in the developing countries of Africa, Asia, and Latin America, with Sub-Saharan Africa at its epicenter. In 2002, AIDS was the fourth leading cause of death globally but the number one cause of death in Africa.

The U.S. Census Bureau's modeling and projections work indicates that severe distortions in age-sex structures are likely in severely affected countries. In these countries, AIDS mortality is expected to produce age structures that have never been seen before.

Life expectancies in HIV/AIDS-affected countries are projected to decline, negating gains achieved during the past several decades. By 2010, many countries in Southern Africa are expected to see life expectancies fall to near 30 years of age, levels not seen since the beginning of the 20th century.

In 2010, populations in the majority of affected Sub-Saharan African countries are projected to increase, despite high levels of mortality.

The exceptions are Botswana, Lesotho, Mozambique, South Africa, Swaziland, and Zimbabwe.

It is commonly known that young adults feel the effect of the AIDS pandemic most keenly. However, countries with high infection rates are also experiencing rising rates of infant and child mortality. Over 30 percent of all children born to HIV infected mothers in Sub-Saharan Africa will be HIV positive as a result of mother-to-child transmission, either through the birth process or due to breastfeeding. Because of AIDS, infant mortality rates in some Sub-Saharan African countries are now higher than they were in 1990. In four countries of Sub-Saharan Africa, more infants are projected to die from AIDS in 2010 than from all other causes.

The news is not all bad, however. While child mortality rates in 2010 are projected to continue to be much higher with AIDS than they would have been without AIDS, if prevention of mother-to-child transmission programs are dramatically scaled up then the course of future child mortality rates can be changed. Moreover, several countries have managed to stem the tide of the pandemic. These examples give hope that the AIDS pandemic can be successfully curtailed in other countries.