Crisis with a range of causes and consequences (economic, social and cultural) are currently affecting many countries. Poverty, meanwhile, persists when it is not actually spreading. The relations between crisis, poverty and demographic changes are receiving attention from a growing number of researchers. This was the theme of a book published by the CEPED in 1996. The two articles in this issue of The Ceped News deal respectively with the links between poverty and fertility and between crisis and mortality. The first article is by F. Gendreau and is based on the conclusions of the research conference organized at the end of 1996 by the UREF Demography Network at Ouagadougou. The second article is by M. Garenne and explores the impact of political crises on childhood mortality using examples drawn from five countries: Uganda, Ghana, Rwanda, Madagascar and Mozambique.

POVERTY AND DEMOGRAPHIC CHANGE

For several decades the term poverty was little used, but since the beginning of the 1980s, with the onset of economic crisis and the solutions proposed by the international institutions, it has been in widespread use. The question at issue is important, since the analysis of poverty given by these institutions and foreign investors determines the form of their action. Experience has shown that their analysis is based on the liberal ideology and that the remedies they advocate involve an increased role for market forces (price deregulation, removal of trade barriers, a reduced role for the State, etc.). Several aspects of this liberal approach, however, actually help to create or exacerbate poverty (global economic integration, primary commodity price fixing, international division of labour, etc.).

Many countries are facing serious situations whose causes and forms are multiple, bringing a stagnation or deterioration in living conditions for all or part...
latter), decline in rainfall, pressure on land due to population growth, etc. These factors are translated by a reduction in public subsidies, decreased use of fertilizers, falling soil fertility, all of which leads to a large drop in household incomes. But these changes have not occurred with the same intensity or at the same time. For example, the problems arose earlier in the groundnut basin (lack of rainfall and land shortage) than at Sassandra, where the pressure on land is more recent. The populations have reacted differently as regards economic activities, migrations, land management strategies, etc. At Sassandra, there has been a shift towards food production combined with cash crops, compared with Niakhar where the response of the population has been through intensified agriculture, search for complementary paid employment (craft activities, livestock fattening, etc.) and development of existing migratory movements.

The consequences of these behavioural changes have taken a variety of forms (redefinition of roles for men and women, for old and young in professional and domestic contexts, delaying independence for young people, etc.) whose impact may be to increase or reduce fertility. In Sassandra, the changes have been accompanied by an increased dependency of women in relation to men, which can be responsible for delaying the fall in fertility; and a similar effect can be attributed to the family labour requirements of the independent farmers. The latter behaviour is also observed in Niakhar where in addition households rely on the system of seasonal migrations as a source of extra income. In both zones, however, there are tentative signs of a fall in fertility, related to the higher age at marriage, a desire to improve conditions for children by limiting family size, changes in cultural techniques and modes of production, and the recent introduction of family planning programmes.

The role of the population sciences

Research on this theme is in its infancy. Much work is needed to develop the problematics and concepts, and to perfect the instruments of measurement, as well as set up new surveys and complete the analysis of existing data. In short, it is a vast area of research, and because it is a field which affects millions of men and women in their daily lives, the responsibility of the researcher is great. Special attention must be given to the investors and the media, since scientific research should inform political debate so that discourse on the question can be less simplistic and more accurately reflect the full complexity of the phenomena. It is to be hoped that the avenues of research opened up by recent studies will be further explored.

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POLITICAL CRISSES IN AFRICA AND CHILD MORTALITY

Political crises, even when not accompanied by civil war, often have demographic repercussions. Examples from recent history are China's Great Leap Forward and the breakup of the Soviet Union, both of which were followed by sharp rises in mortality. Many African countries have experienced severe political crises since obtaining independence, sometimes with serious demographic consequences, notably on infant mortality. The present study considers five countries: Uganda, Ghana, Rwanda, Madagascar, and Mozambique 6. The demographic data employed come from surveys (mainly DHS) that gather information on maternity histories, analysed by calendar year, from which it is possible to reconstruct the main mortality trends for the 20 or 30 years prior to the survey. The indicator used is the adjusted under-fives mortality rate which gives the number of deaths among children under-five for 1000 births.

Uganda: the crisis of 1971-1982

Infant mortality in Uganda, as in neighbouring Kenya, had evolved very favourably since the colonial period and in the first years following independence. Mortality of the under-fives estimated from the trend at 227 per 1000 in 1960, fell during the next 10 years, reaching 154 per 1000 in 1970. But this trend was reversed in 1971, and mortality rose again and reached 204 per 1000 in 1982, before starting to fall again approximately parallel to the pre-1970 trend. This reversal of trend appears to have originated in Idi Amin's seizure of power (January 1971), which opened a long period of dictatorship (1971–1979) characterized by bad economic management and widespread human rights abuses. Public health conditions began to improve again shortly after the return to power of

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6 This article was published in French in «Chronique du CEPED>, no. 27.
Milton Obote (1980), the former leader in the 1960s (see figure). But despite this reversal of the trend as of 1983, the under-five mortality level remained high and still stood at 160 per 1000 in 1988, representing twice the level of Kenya (81 per 1000), although the two countries had experienced a comparable fall in mortality between 1956 and 1970. There is every reason for thinking that this trend would have continued had it not been for the political crisis. Paradoxically, per capita GNP in Uganda actually increased during the 1970s, rising from $190 in 1970 to $290 in 1979, whereas the period of falling mortality coincides with a lower figure ($220 in 1990).

Ghana: the crisis of 1979-1984

The crisis experienced by Ghana between 1979 and 1984 was similar though less acute and shorter than that in Uganda. As in Kenya and Uganda, infant mortality in Ghana had been falling steadily since the first recorded statistics in 1934 (when it was 384 per 1000). By 1965, mortality had fallen to 216 per 1000, and to 130 per 1000 in 1978. But then it rose sharply, reaching 175 per 1000 in 1983, which was 40% higher than the level extrapolated from the previous trends. However, a new economic policy was introduced, with the aim of restoring the main macro-economic balances and making possible an effective public policy (structural adjustment). The effects of this new policy were quick to be felt: mortality began to fall rapidly again, and in 1992–1993 its level was once again consistent with the level indicated by the pre-crisis trend.

The crisis of 1979–1984 was primarily political but also economic. It occurred between the first coming to power of Jerry Rawlings (1979) and the adoption of restructuring policies (1984–1985). This period also witnessed a stagnation in per capita GNP ($380 in 1979, $370 in 1984), although the period was still one of relative prosperity compared with previous years ($250 per capita GNP in 1970). So the increase in mortality cannot be linked to a fall in GNP. On the other hand, there can be no doubt about the severity of the political crisis. This was probably responsible for the poor management of the public sector, and in particular the health-care sector. However, restructuring as carried out in Ghana had a “human face” and did not lead to a reduction of public sector employment in the field of health care.

Rwanda: the crisis of 1961-1977

At the time of independence, the level of under-five mortality in Rwanda was relatively low compared with other African countries (roughly 220 per 1000 in 1960). Strangely, however, it then climbed steadily to stand at 240 per 1000 in 1975, whereas in most neighbouring countries it decreased greatly over the same period. At the end of the 1970s, however, mortality began to fall, reaching 140 per 1000 in 1990.

Here too the change in the trend corresponded to a change in political regime. The coming to power of Juvénal Habyarimana marked the beginning of a period of political stability and relative economic prosperity that lasted fifteen years. In the period between 1975 and 1990, GNP rose from $90 to $310. This situation contrasted sharply with the first 15 years of independence, which had been characterized by very low incomes (Rwanda figured among the world’s poorest countries at this time), and by extremes of violence, in the form of the massacres of Tutsis in 1959, 1963-1964, and 1973. Unfortunately, the improvement was cut short in 1994 by further massacres of Tutsis and an exodus of Hutus, with disastrous consequences, both for demography (500 000 deaths?) and for the economy (Rwanda was classified as the world’s poorest country in 1994, with a per capita GNP of $80).


Like Rwanda, Madagascar had a relatively low child mortality (roughly 145 per 1000 in 1960) at the time of independence. But a reversal of the trend then occurred, and mortality rose steadily over the next twenty-five years. In 1985 it stood at 185 per 1000, but thereafter the situation improved, and it had fallen to 135 per 1000 by 1991, despite a mortality peak caused by a circumstantial factor (an epidemic of malaria).

Here too the role of the economic situation seems to have been minor, since per capita GNP rose from $170 to $430 in the period from 1970 to 1980 (when mortality was increasing) but fell from $310 to $230 between 1985 and 1990 (when mortality was falling).
By contrast, the country appeared to go through a period of permanent political crisis in the years following independence, marked by student and peasant uprisings (1971, 1978–1981) and by a series of coups (1972, 1975). This period was also characterized by a general mismanagement of the economy. Only in 1984–1985 did the ruling party adopt a different economic policy, including a reduction of external barriers to trade and the adoption of measures to improve public finances. In spite of very poor economic results, this change of orientation appears to have had a positive impact on public health.

Central-Mozambique: the crisis of 1975-1986

The post-independence (1975) period was difficult in Mozambique, marked by the civil war initiated by the foreign-backed Renamo rebel movement. The Renamo's strategies included systematic attacks on the health (dispensaries and hospitals) and education (schools) infrastructures. The devastating effects of this strategy were made clear in a study carried out by the Red Cross in 1994 following the political settlement and peace agreements. Mortality had been falling rapidly towards the end of the colonial period, but then rose sharply between 1975 and 1986 (the peak due to the civil war), going from 270 to 470 per 1000. It then began to decline again, but in 1992, at the time of the peace agreements, it was still well above its pre-independence level. It may be noted that these figures concern only 'natural' mortality, that is excluding acts of war and the war-related violent deaths. Above all, in the case of Mozambique the link with the political crisis is very clear. And although recent years have brought a dramatic drop in GNP ($220 in 1986 and $80 in 1990), mortality has fallen considerably, by 20% between 1986 and 1990. The reconstruction of the health system has thus been able to continue despite the economic difficulties, probably thanks to the large volume of international aid.

Conclusion

The examples given above illustrate the links which can exist between political stability, economic management, and change in demographic indicators. As a contrast to these unstable situations, mention can be made of Senegal, a country which has enjoyed a remarkable degree of political stability since independence. In spite of low economic growth, Senegal has experienced a large and consistent decline in infant mortality since independence, falling from roughly 450 per 1000 in 1960 to 130 per 1000 in 1992, representing a fall of 71%. This fall has been steady despite the fluctuations in GNP, which fell sharply between 1980 and 1985, for example, going from $510 to $380.

The lack of any clear link between economic crisis and political crisis is confirmed by the positive correlations between child mortality and GNP observed in three of the five countries under consideration (Uganda, Madagascar, and Mozambique), whereas one would expect to find the opposite, as is in fact the case in Senegal (whose political stability should make the role of economic factors more apparent). A negative correlation, albeit less marked than in Senegal, is also observed in Rwanda, where the political crisis is related to an economic recession, but it is virtually non-existent in Ghana. It must be noted, however, that per capita GNP is only one economic indicator among several, and certainly not the only or even the best indicator of an economic crisis. In particular, GNP is a measure of average national economic performance — it takes no account of income distribution which is an important element in health. Per capita GNP is the only indicator for which consistent series are available for each country for the period in question, although it would have been preferable to complete these with other indicators, notably for the rates of unemployment and inflation.

The factors through which political crises can have such a serious impact on child mortality remain to be explored. Attention must be given in particular to the functioning of the public health sector. A political crisis can be at the origin of a poor management of this sector, a misuse of resources, and staff demoralisation, etc. These effects can have direct consequences on preventive and curative action, and thus influence the child's survival chances, which are highly sensitive to public health action. To this have to be added the economic difficulties faced by families, enforced migration and other social consequences, all of which can lead to an increase in malnutrition, itself an important factor in child mortality.

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