8. A NEW POPULATION

a) The population triples

The nature of any society is largely determined by the groups that make it up. Therefore, no survey of Africa would be complete without a survey of its demographics. I will restrict myself to discussing some general trends in population size, the age composition of the population and its social consequences, population movements and human impact on the natural environment. We will see that the African population has changed so much and in so many ways that as we move into the new millennium, we can now almost speak of a ‘new population’, with characteristics that are new to Africa. At the end of the chapter, I will discuss the spread of AIDS in Africa.

In 1960, when many African countries gained their independence, the global population was three billion. Those were the years of the worldwide population explosion, when the average growth rate reached 2 per cent a year (2.4 per cent in developing countries). Forty years later, on the threshold of the twenty-first century, the global population had more than doubled to over six billion. During this time, the average population growth rate had fallen to 1.4 per cent a year (1.7 per cent in developing countries). However, Africa’s growth rate was higher and reached its peak later. Population growth in sub-Saharan Africa between 1960 and 2000 was far higher than the doubling that occurred in the rest of the world, and in fact the continent’s population more than tripled. There were 200 million sub-Saharan Africans in 1960; twenty years later, in 1980, there were 380 million, and another twenty years on, in 2000, this figure had reached 650 million. The fastest growth occurred in the 1980s, when the population across the continent grew by more than 3 per cent a year. This was an extremely rapid rise compared with the 1 per cent recorded in the 1940s and even the 2.5 per cent reached in the 1960s. It was not until the 1990s that annual population growth first began to tail off, though Africa’s growth rate remained the highest of any continent.

It has only been a few decades since Africa became populated to any substantial degree. Since the dawn of humanity, the continent had remained relatively empty for millions of years and had been dominated by wildlife, like other parts of the world. However, Africa remained in this state longer than other continents. There were probably only around fifteen million people living in Africa by the beginning of the first millennium AD. Europe, which is a third of the size of the African continent, already had thirty million inhabitants by this time. As the African population gradually increased to thirty million during the first millennium AD, the ethnic balance changed. The Bantu peoples began to spread from their heartland in Central Africa to other parts of the continent, displacing the Pygmies and Bushmen. By 1500 the African population had reached some forty million. During the centuries of the international slave trade, demographic trends differed widely from region to region. In some coastal parts of modern-day Guinea, Congo and Angola, the population periodically declined, yet across the continent as a whole it continued to rise slowly. By 1800 there were sixty million people in Africa and by 1900 the total had climbed to around ninety million. Only after that did the growth rate rise substantially, although even then it did not climb above one per cent a year in the first half of the twentieth century.

Africa’s extremely low population density in the precolonial era influenced the structure of African society. For example, local elites often found it very difficult to win the loyalty of the populace, simply because there weren’t enough people around. Precolonial states of this kind are sometimes referred to as ‘contest states’ because they engaged in a form of interstate competition. They did not compete for land, as was often the case in Europe, but for manpower. People were frequently able to evade the authority of a particular state simply by moving to a different region. The authorities in these states generally had not yet
developed an effective monopoly of violence. As a result, there were often rival subcentres within states. Another consequence of the low population density was that there was little pressure to boost productivity, since there was always enough to feed what was then still a small population. Most people grew their own crops or kept their own livestock. This form of political and economic organisation gradually drew to an end in the nineteenth and early twentieth centuries, when European settlers began to introduce new systems of government.

The growth rate of a population is determined partly by immigration and emigration. In the colonial period, there was a considerable influx of non-African peoples into Africa, especially in certain areas, notably Southern Africa (the Dutch, British and Portuguese), East Africa (the British) and West and Central Africa (mainly the French). However, more people left the continent than entered it. The largest group of emigrants were not the colonists who left around or after independence, but black Africans. In the nineteenth century, most of the Africans who had left the continent were transported to other countries as slaves, but starting in the late twentieth century, many emigrated in search of a better life (see the next-to-last section of this chapter for an account of this recent wave of migration). However, the influx and outflow of people over the centuries had little influence on the total population.

Of far greater importance were the birth and death rates. Birth rates probably remained low until well into the colonial era, mainly due to the length of time that mothers continued to breast-feed their babies (sometimes more than two years), which substantially reduces fertility. However, social developments in later decades, such as the introduction of milk powder, increased fertility rates. Other important factors included poor education for girls, insufficient contraception and, more generally, poverty. Children were regarded as workers who could supplement family incomes, and sometimes as a kind of pension plan for their parents. In recent years, in countries where girls have better access to education, where contraceptives are more widely available and where there is less poverty, women have tended to have fewer children. From 1990, the average number of children per woman throughout Africa finally began to ease downwards, from 6.1 in 1990 to 5.7 in 1995. This decline was sharpest in countries that were marginally more prosperous (and where fertility had been lower to begin with) and slowest in the poorest countries (where fertility was higher).5

The decline in death rates in the twentieth century did even more to accelerate population growth. Africa, or at least its more tropical regions, has always been seen as posing high risks to human health. Its inhabitants waged a constant battle against a wide range of tropical diseases, as a result of which life expectancy was low. Portuguese travellers who visited Angola in the sixteenth century estimated average life expectancy there to be just twenty to twenty-five years. Infant mortality was particularly high. Western medicine, which was not introduced into Africa on a large scale until the twentieth century, therefore had an enormous impact. Treatment of infectious diseases, which began in the 1920s, was particularly effective in reducing infant mortality. Although in the first half of the twentieth century thirty to forty per cent of all children were still dying before the age of five, the mortality rate declined sharply among older children. Life expectancy consequently rose steeply, from just thirty-nine in 1950 to fifty-two in 1990.6 However, this trend was undermined by the growing number of deaths from AIDS in the 1990s, which caused life expectancy to fall once more. By the new millennium, the AIDS epidemic was placing a severe burden on the overall social development of large parts of Africa. The emergence of AIDS and its consequences will therefore be dealt with separately in the final section of this chapter.

The combination of longer lives and higher birth rates in the second half of the twentieth century yielded a mind-boggling growth rate, which may well have been the highest in the world. Kenya was probably the record-holder, with a growth rate of more than four per cent for some years. In the colonial period, Kenya’s population had been quite small: just over 2
million in 1920 and approximately 3.5 million in 1940. By the time the country gained its independence in 1963, its population had swelled to 8 million before doubling in just sixteen years to 16 million in 1979. After this, the growth rate tailed off slightly, and it took more than twenty years for the population to more or less double again, to 30 million in 2000. The same principle applied in other African countries. Tanzania’s population, 8 million in 1950, rose to 35 million by 2000. Ethiopia’s population of 12 million in 1950 rose to 60 million by 2000.

This exceptional growth rate had major repercussions for the makeup of the population. For example, the proportion of young people in Africa became higher than in other parts of the developing world and far higher than in the industrialised world. This gave the population pyramid a very broad base. In Mali, for example, the youngest age group (children below the age of five) accounted for almost ten per cent of the entire population, compared to no more than three per cent in the industrialised world. Children under fifteen accounted for nearly half the population of almost every African country. In Mali, fifty per cent of the population was under fifteen and sixty per cent was under eighteen. Moreover, these age groups were not evenly distributed throughout the country. Since it was mainly the young who migrated from rural to urban areas, the average age was lowest in the cities. By the year 2000, three out of four inhabitants of the Senegalese capital, Dakar, were below the age of thirty. Population growth, coupled with a declining average age, altered the character of society, opening up an unprecedented generation gap between young and old and making life difficult for the older generation (see below).

The sharp rise in the population naturally led to an equally sharp increase in population density. With a surface area of 30 million km², Africa is the world’s second largest continent after Asia (which is 45 million km²), and larger than either North or South America. Africa is also far bigger than Europe, which covers just 10 million km². Though it depends on where we draw the border of the Sahara, approximately 5 million km² lie in North Africa, with the remaining 25 million km² in sub-Saharan Africa. In 1960, when the African sub-Saharan population totalled roughly two hundred million, average population density was therefore eight people per km². By the year 2000, after the population had more than trebled, this had risen to more than twenty-six people per km². Even so, population density was still extremely low compared with other continents. France, which is quite sparsely populated by Western standards, still has four times as many people per km² as Africa. The Netherlands, which is very densely populated, accommodates as many as sixteen million people on just 40,000 km², giving it a population density of four hundred inhabitants per km². This means that on any given area of land, there are an average of sixteen people in the Netherlands for every one person in Africa.

At first sight, then, an increase in the African population would not seem likely to create any problems. Despite Africa’s extensive tracts of inarable land and the paucity of alternative economic activities, it was thought that the African population would be able to provide for itself without any difficulty, even if it were to double in size once more. If we assume that the Africans have the right to appropriate as much land from nature as the Europeans or Asians have done on their continents, then there is enough room in Africa. The fact that we tend to think of Africa as a continent blessed with vast tracts of untamed wilderness and an abundance of wildlife is entirely due to its small population. Other continents once had a similar wealth of flora and fauna, but human encroachment began much earlier in these parts of the world. Nevertheless, at the millennium, the speed with which Africa was losing its natural environment was alarming. Moreover, since Africa’s population had only recently started to grow significantly, making it almost the only place in the world where large animals still roamed in the wild, the question arose as to whether the
preservation of that wildlife should be a responsibility of the global community rather than of Africa alone.

b) Mass migration to the cities

Although, relatively speaking, Africa’s population density was not yet a cause for concern, its rapidly expanding population was distributed unevenly across the continent, with the vast majority concentrated in the cities. In recent years the population of African cities has grown faster than the population of the continent as a whole, outstripping every other part of the world. The African population has more than trebled since 1960, but the combined population of Africa’s capital cities has increased tenfold. Around 1960, the average capital city in Africa had roughly fifty thousand inhabitants. By the year 2000, nearly half of those capital cities had a population of over a million. They were the main locus of Africa’s explosive urbanisation. However, smaller cities and towns also grew. In 1960, when much of West Africa was gaining its independence, the region had only seventeen cities with more than a hundred thousand inhabitants. By 1990, there were ninety. The expectation is that there will be as many as three hundred by 2020.10

In 1960, there was only one city with over a million inhabitants in sub-Saharan Africa: Johannesburg, in South Africa, whose historical and economic background made it difficult to regard it as an entirely black African city. It was joined in the years that followed by Addis Ababa, Lagos and Kinshasa. However, it was not until the 1990s that many African capitals had a population of more than a million (including Accra, Abidjan, Dakar, Nairobi, Dar es Salaam and Lusaka). By the year 2000, there were some twenty to thirty such cities in black Africa. The top-heavy political and economic structures of these countries meant that urbanisation was almost exclusively confined to their capital cities and that, unlike more developed economies, they had no network of provincial centres or smaller towns to link the capital with rural areas. In Africa, these two worlds remained separated by a vast gulf.

Only two countries in Africa had a truly multifaceted urban structure with a network of provincial centres and several cities with a population of over a million: South Africa, with its diversified and distributed economy, and Nigeria, with its exceptional federal structure. The capital cities of the Nigerian states each formed the hub of an independent political and economic network, which gave them an urban character of their own.

In the 1990s, three African countries tried to ease the population pressure on their capital cities by promoting a hitherto insignificant settlement to the status of the new capital city. All three initiatives involved moving the population inland from the coast, either for ideological reasons (because a focus on the coast symbolised ties with the country’s former colonial rulers) or in keeping with a new vision of the country’s future, based on developing the interior. These efforts were quite transparently modelled on the establishment of Brasilia in the Brazilian interior in the 1960s. However, in the early twenty-first century, two of Africa’s new capital cities – Dodoma in Tanzania and Yamoussoukro in Ivory Coast – were still sleepy backwaters that were wholly incapable of competing with their elder siblings Dar es Salaam and Abidjan. Only Abuja, which had replaced Lagos as Nigeria’s capital, was growing rapidly. It was the only one of the three to which the government had actually moved.

Africa had traditionally had a mainly rural population, and until the mid-twentieth century it was the least urbanised continent in the world. Its cities had begun developing very slowly in colonial times. Most of the capital cities were founded as administrative centres by the colonial authorities, such as Lagos, Nairobi, Dakar and Abidjan. The work that these cities provided and the money to be made there drew people away from the countryside. This influx accelerated dramatically following independence. In the 1970s and 1980s, urban growth in Africa averaged five to six per cent a year, which was approximately double the
rate of population growth. The new national capitals exerted a magnetic force, and in just a few years’ time became veritable metropolises.

Why did cities, and capital cities in particular, grow so rapidly? The main reason was mass migration from the surrounding countryside. This was not exclusively an African phenomenon. On most other continents, however, one of the prime reasons why people moved to the city was the modernisation of agriculture, which not only increased production but also reduced the need for manpower. Africa was an exception to this rule, since farming methods had not been modernised. The lamentable neglect of rural areas in Africa meant that production did not rise. In fact, it fell from the 1970s onwards. The rural population, on the other hand, grew rapidly. And because farming methods remained largely unchanged, it became necessary to use more and more land for cultivating crops. A growing number of farmers had to make a living by growing crops on land that had never been cultivated before. And under the pressure of a growing population, it became more and more difficult to make a decent living by working fertile soil. Without mechanisation or the benefits of a ‘green revolution’, African farmers therefore continued to toil away on the economic margins, often in conditions of extreme poverty. It is little wonder that the young in particular, who saw no future for themselves in the countryside, were drawn to neighbouring towns or to the capital in search of work, where, from a distance at least, money looked easy to come by. There appeared to be plenty of jobs available in the urban centres, and there was the added possibility of making useful contacts. Following independence, African governments encouraged this exodus to the cities through a policy that favoured urban dwellers over their rural counterparts, and through the culture of clientelism, which was often confined to the capital cities.

The natural expansion of the urban population was a second important factor in the rapid growth of the African cities. As urban centres expanded, this became a more important growth factor than rural migration. The first generation of rural immigrants brought with them the family pattern they had grown up with; namely, the tendency to have large numbers of children. However, the average family size decreased in subsequent urban generations, in line with the global trend.

The third main reason for the speed of urban population growth in quite a few African countries was the civil wars that were raging there, causing displaced persons, and refugees from neighbouring countries, to pour into the cities in search of a safe haven. Starting in the 1980s, the capitals of the former Portuguese colonies, Luanda in Angola and Maputo in Mozambique, expanded as a result of this form of migration, as did Khartoum, the capital of Sudan. Kinshasa expanded disproportionately due to the war in and around Congo, especially in the 1990s, becoming one of the continent’s biggest urban agglomerations. The population of Monrovia, the capital of Liberia, and that of Freetown, the capital of neighbouring Sierra Leone, have also grown explosively as a result of conflict, although their populations have remained low compared with those of other African capital cities.

Despite the sharp rise in the populations of the new African capitals, it was only in their centres that they even vaguely resembled the prototypical global metropolis. There, high-rise development sent the message that these were cities to be reckoned with. The city centres housed the government buildings, hotels, schools, universities and office complexes. Their streets had at some stage been paved, even if they were no longer adequately maintained, and if the country had a wealthy elite, such as the oil barons in Nigeria, then strikingly large numbers of Mercedes, Porschés and other expensive cars might be seen manoeuvring around the potholes. Some of these city centres were bordered by old colonial districts or prestigious new developments, but moving out from the centre, these very quickly gave way to ramshackle neighbourhoods and eventually to slums. The slums
covered a large majority of the surface area in all the major African cities, since the facilities in the city centres were wholly insufficient to cope with the huge influx of new arrivals. There were practically no paved roads, sewage systems, safe drinking water or electricity. Slum-dwellers were simply left to fend for themselves as best they could.

The rural immigrants lost hold of their original cultural identity. They were sometimes left feeling uprooted. The social world of the African city-dwellers began to drift further and further apart from that of the rural population. Social ties loosened, including those with blood relations. Over time, fewer people were supported by the income of a single individual, reflecting the growing individualisation in the cities. On the other hand, this progressive individualisation and the anonymity of the city sometimes strengthened the need for a group identity, a fact which perpetuated or even strengthened ethnic ties in some urban districts.

The process of urbanisation radically changed the economic, social and cultural environment in which Africans lived. What is more, this change took place fast. Whereas in 1950, only ten per cent of Africans were living in more or less urban areas, by the year 2000 this had risen to as much as forty per cent. Forecasts suggested that early in the twenty-first century, more than half of all Africans would be living in cities. Southern and Central Africa were the most highly urbanised African regions, followed at some remove by West and East Africa, with East Africa experiencing the fastest growth.

However, the speed of urbanisation on the continent as a whole began to slow down in the 1990s. Presumably, this was mainly due to structural adjustment programmes, which often generated higher incomes in rural areas than in the cities, and consequently reduced the incentive to migrate to urban areas.

Another likely factor is that mass migration led to a deterioration in living conditions in the cities. The sheer numbers of people flocking into the large African metropolises drove them to the brink of collapse. By the year 2000, some of Africa’s cities were home to more than five million people. The largest was Lagos, with a population of thirteen million. Given their woeful shortage of manpower and funds, it was simply impossible for the authorities of these cities to impose any order on the chaos through elementary social provisions such as schools, markets, access roads or public taps. Moreover, the residents of the outlying slums had little incentive to improve their housing on their own initiative, since most residents of these informal overspill communities did not own the land they used. As a result, they could in theory be evicted from their homes at any time. Life in these outlying suburbs was therefore full of frustration and misery.

The situation was worsened by the high incidence of crime. From the 1990s onward, African cities very rapidly became unsafe, especially for people with something to lose. In particular, there were large numbers of armed attacks and burglaries, both by individual criminals and by gangs. Trade in drugs also increased. Violence and insecurity made entire neighbourhoods ungovernable and impossible to police. There was a combination of causes: unemployment and poor prospects, social inequality and indifference, the growing inadequacy of the official crime prevention and crime-fighting agencies, corruption throughout society, the decline of social norms and the uprooted anonymity of urban life.

For many years, the level of crime in Johannesburg, one of Africa’s most unsafe cities, was attributed to the former apartheid system, but in fact the city’s problems were typical of the continent as a whole, albeit exacerbated by the specifically South African environment. Insecurity in African cities was a major disincentive to foreign investment and therefore to employment, creating a vicious circle. The cities also became less attractive, even terrifying, places to live.

This state of affairs put pressure on the relationship between the cities and the national authorities. City-dwellers had traditionally formed the power base for African politicians, but that support gradually began to crumble, partly due to the problems
described above. The percentage of urbanites who belonged to a network of political patronage declined steadily in the 1990s and the number of people with no political, social or economic loyalties increased. This latter group, who generally looked to the informal sector for their economic survival, wanted little to do with politics. They had lost confidence in the government and were therefore a potential threat to the authorities, who not unnaturally feared that the dissatisfaction in the cities might flare into a violent explosion that would turn against them. However, in the twentieth century at least, things did not reach this stage.

The large African cities were wholly unable to emulate the positive social and economic role played by cities in more developed regions. They displayed some of the features of modern city life, such as streetlights at night, traffic jams, cinemas showing the latest films, discotheques and other forms of entertainment, but it was little more than a façade. They were unable to turn themselves into true economic engines by expanding their knowledge and skills base, through labour specialisation or by generating technological and business innovation. In fact, the only positive development was that urbanisation helped to stem overall population growth.

c) A poor outlook for the elderly

The first part of this chapter gave a detailed account of the rapid population growth in Africa over recent decades. It noted that not only had the population increased, but that on average Africans were also living longer. Improvements in medical and sanitary provisions and in diet, housing and hygiene standards gradually raised average life expectancy to fifty by the early 1990s. In some countries, it rose even further, although only in South Africa did it climb above sixty (to sixty-four). While average life expectancy rose more sharply on other continents, the trend in Africa was clearly positive and the proportion of elderly people in the population steadily increased. This, together with a number of important social changes, altered the place of the elderly in society. The first signs of the contemporary problem of an ageing population became apparent in Africa in the 1990s.

The elderly traditionally played an important role in most African communities, acting as intermediaries between their own communities and the all-important spiritual world. As repositories of their communities’ religious heritage, they maintained links with the ancestors. They also carried with them a more practical cultural legacy which, in the absence of formal education, they passed on to others. They understood the structure of their village and the relationships within their communities (which could be important when marriages were being planned), they resolved disputes, they could forecast the weather and they knew ways to survive in difficult circumstances. As the Malian poet Hampate Ba put it, ‘Each time an elder dies, a whole library goes up in flames.’ The elderly were treated with respect. They remained part of society by continuing to help cultivate the land, tend vegetable patches, cook meals, mind the livestock or care for their grandchildren. The extended family systems encouraged reciprocal care between the generations. The elderly did not simply receive help from the younger generation but also played an active role wherever they could.

The elderly in Africa were cared for either by their families or by a slightly larger group, depending on local customs. Compared with the same age group in other parts of the world, they were by no means badly treated. They generally lived with their immediate relatives, retained their social status and shared in whatever the rest of the group had. If the surrounding countryside was unproductive, as was quite often the case in Africa, the group would sometimes go hungry. There was then little in the way of special care available for the elderly. Health care in Africa focused mainly on preventing and treating infectious diseases, and on maternity and child care. Medical care for the elderly was either
unavailable or unaffordable. Some people preferred to keep the little money they had for a dignified funeral rather than spend it on medical treatment.

In recent decades, however, Africa has undergone a series of important social changes that have made life more difficult for the elderly. Extended families have gradually been replaced by nuclear family units, beginning in the rapidly expanding cities. Many young people have left rural areas for the cities or even emigrated to other countries. These developments have weakened the social position of the elderly, and in many places, the traditional networks that would automatically have cared for them no longer exist.

There were no alternatives to this informal, personalised care in rural areas, but even in the cities, little was done to develop a ‘modern’ system of care for the elderly. Almost nowhere in black Africa were there formal old age provisions. For instance, there were no group homes for the elderly, although some cities (e.g. in Ghana) did provide a very limited day care service for older people. A few isolated experiments were also carried out to assess the feasibility of local social security systems based on small-scale credit programmes, for example in Mozambique.16

A growing number of elderly people had to rely on their own incomes to pay for accommodation, food and health care. However, due to the high unemployment across the whole continent, it was often impossible for them to find paid work on their own. Those who had been in formal employment were generally paid a pension, although inflation reduced its value as time went on. Some elderly people still had a few possessions of their own.

Of immense importance to the individual status of elderly people was the respect they commanded. As well as courtesy, this included a degree of affection, admiration and veneration. However, not all elderly people could expect to receive such treatment simply because they had reached a certain age. Individual characteristics and personality also played a decisive role. The elderly were judged by what they had achieved in life, and above all by whether they had managed to send their children to school or give them some form of education which would enable them to get a job. Building your own house was also important in many cultures. If you had not managed to do so, then you could be ostracised by your children and your local community. Such individuals had a very hard life, often filled with hunger and misery. Elderly men who were shown little respect because they had achieved too little in life were particularly prone to end up destitute. Society was generally less hard on women who found themselves in a similar situation.17

The vast majority of elderly people were in fact women, often with no family to care for them. As in other parts of the world, women in Africa tend to live longer than men. They frequently marry older men but are less likely than men to remarry following divorce or the death of their partner. Elderly women may have been more fortunate than their male counterparts in being able to rely on the generosity of their local communities, but they also suffered more discrimination under a range of laws and social customs. In some African countries, women could lose their homes, land or part of their income when their husbands died. They were less able to support themselves economically, for example because they had been given less education, had no access to credit and were paid less than men for doing the same jobs. Sometimes they could only obtain work on the margins of the informal sector, where there were no social provisions whatsoever. Single older women also risked being accused of witchcraft, especially if the community in which they lived was going through a bad patch. In the 1990s, thousands of elderly women were forced to flee their communities each year for this reason, and over a thousand were murdered on suspicion of witchcraft.18

Demographic trends were less favourable for the elderly in Africa than in other parts of the world. Although the industrialised West had a proportionally larger elderly population than anywhere else, this growth had been gradual and had been cushioned by a strong economy.
By contrast, the ‘greying’ of the population in the developing countries often took place against a background of unremitting poverty.

Although the size of the elderly population grew much faster in Asia and Latin America than it did in the prosperous West, this growth was matched by a simultaneous rapid increase in the number of young people. In Asia and Latin America, the population growth rate had begun to decline once more, but a large workforce had emerged, composed of young people who were having fewer children and would presumably be able to financially support the expanding numbers of elderly people.

Most of the developing countries in Asia and Latin America could take advantage of this demographic bonus, but not those in Africa. Although in Africa the percentage of elderly people was lower than in the rest of the former Third World (in the year 2000, between three and four per cent of the African population was over the age of sixty), in absolute terms the number of older people was growing rapidly (to around twenty-five million by 2000), whereas the workforce that would need to support them was growing less quickly and in some countries was even in decline. This was due to the rapid spread of the deadly HIV/AIDS virus throughout Africa in the 1990s (see the final section of this chapter). The death rate in the 15-to-45 age group rose alarmingly throughout the continent. Not only did this leave the elderly with fewer caregivers, but it meant that they themselves often had to take on the extra work of caring for the many AIDS victims and orphans. In this indirect fashion, the elderly were severely affected by the AIDS epidemic.

d) Frustration among the youth

The proportion of young people as a percentage of the overall population rose spectacularly. Around 1990, more than half of all Africans were below the age of eighteen. These young people grew up with a worldview that was often radically different from their parents’. For example, they had had no personal experience of colonialism, and knew only what they had been told about it. The sole political reality for them was the independent African state. If young people wanted to engage in political opposition against a particular group – and there were plenty of reasons for doing so in Africa at the end of the twentieth century – then it was not foreign imperialists or exploiters who formed the natural targets of their antipathy, but their own governments.

This wave of young people surged into a world of dramatic change. Africa may have lagged behind other parts of the world in terms of economic development, technological innovation and the network society, but these changes did gradually begin to affect the continent. Partly under the influence of the international mass media, African society underwent a degree of individualisation that affected both young and old. This, combined with growing Westernisation, sometimes altered the relationship between the generations. However, different communities reacted to this trend in strikingly different ways. Some of them opposed ‘modernisation’ and the influx of Western influences in general (see chapter 7, section h).

Despite its poor quality, the spread of formal education across the continent also widened the gap between the views and perceptions of young people and those of their elders. Even with the sharp increase in the number of young Africans the percentage of African children attending school continued to rise for many years. It peaked around 1980, by which time four out of five children were attending primary school. Following the collapse of government funding, this figure began to decline to around seventy-five per cent during the early 1990s, after which it recovered slightly. While the figures represented a clear improvement, they were still far lower than in other parts of the world. This applied to primary, secondary and tertiary education alike. Although the number of children attending secondary school and going on to university in Africa continued to rise at a modest rate in
the late twentieth century, it remained extremely low compared to other continents. In 1980, two out of every ten children attended secondary school; by 2000 this had risen to three out of ten (although in the poorest countries, such as the Sahel, it was only one in ten). In the year 2000, one in forty young people attended university, compared with less than one in a hundred in 1980. 19

Even leaving aside the generally very poor quality of all types of education in Africa, the numbers of young people attending secondary school or higher education were far too low in most African countries to boost levels of knowledge and broaden the intellectual elites. There were simply not enough suitable, sufficiently qualified people to fully analyse the problems with which these countries were struggling, to draw up plans to resolve them and to carry out those plans. African governments and private enterprises faced a severe shortage of manpower. There were also too few people with an adequate grasp of politics or sufficient political awareness to provide a sound basis for broadening or diversifying African politics.

As problematic as this was for African states and for the future of the continent, young people were primarily concerned about their own economic prospects, which were gloomy to say the least. Until around 1980, school-leavers could often automatically count on a job in government, but after that time it became much more difficult, and by the 1990s it had become almost impossible. Prospects for young people were worst in rural areas, a fact which prompted them to migrate to the cities in droves. Although urban centres had lost some of their attraction due to the decline in the availability of public-sector jobs, they still exercised a pull. Despite the fact that urban amenities were increasingly unable to cope in the face of mismanagement and a mass influx of newcomers, they were still better than those in the impoverished countryside. The chances of finding work were still best in the city. Almost all public and private investment took place in the urban centres. Moreover, cities enjoyed a level of prestige that was systematically encouraged by the state. In the decades following independence, securing a job with the government (and the fringe benefits that went with it) was promoted as the highest attainment to which a young person could aspire. The anonymity and freedom offered by city life was also attractive to young people who wanted to escape what they experienced as claustrophobic traditional village structures and social customs.

Not all urbanites benefited from greater anonymity and individuality, however. Lost amid the faceless masses of the big city, some longed for a return to their former identity and customs. This led communities in some urban districts to revive what they regarded as their traditions. Young city-dwellers began re-emphasising their traditional identities. It would therefore be inaccurate to describe young African urbanites as ‘modern’ in contrast to ‘traditional’ villagers. They were in fact more likely to be a mixture of the old and new.

This mixture is exemplified by the young people of Kinshasa who crossed the border into Angola in search of diamonds and dollars following the collapse of the Mobutu regime in the mid-1990s. Their hunt for wealth could only marginally be described as a modern economic activity. While these youngsters were in the field, they concentrated on amassing wealth; they did not spend any of it. However, once they returned to the capital, this economic constipation turned into diarrhoea; in just a few days, they spent the money they had acquired on gold chains, transistor radios, sunglasses and sex. This mirrored the ancient pattern of the hunt, which was surrounded by countless rituals. By taking part in this ‘modern’ version of hunting, the young city-dweller could become a person of consequence. It was a rite of passage aimed at self-aggrandisement. The more wealth you amassed, the more you spent, the more women you had and the more debts you incurred, the more important you became. It had nothing to do with modern economic principles and everything to do with ancient methods of redistributing wealth and building personal networks. These
were no longer the traditional rural networks whose rules were made by elders, but new urban networks of young people.  

Unemployment was a huge problem, not just in rural areas but also in the cities. The government was effectively no longer recruiting and the formal private sector was creating very few new jobs. Those entering the labour market were forced to make a living for themselves in the informal sector, which they did with varying degrees of success. Girls, who were on average not as educated as boys, had fewer opportunities on the job market. As a result, they tended to migrate to the cities less often. Those who did sometimes found work in the informal sector but it usually provided only a meagre income. Prostitution was more lucrative and this partly accounted for the sharp rise in the proportion of teenage mothers in African cities.  

Young adults in urban families often carried on living with their parents longer as a matter of economic necessity, since without work they could not afford homes of their own. There were other reasons that young people were unable to find a social niche, as their parents had a generation earlier. Without an income, young people could not start a family. And without a family, they could not gain access to the adult world. Young adults with no children had no status in their communities.  

The inability to become a full member of society had important consequences for the way in which many young people viewed their culture and themselves. Traditional norms and values, such as those governing the relationship between the generations, relations between men and women, the ownership of property or the use of force, were undermined. Disappointed and frustrated, some young people turned to drugs or joined gangs. Some tried to escape their marginal status by pursuing a career in crime or as an armed fighter, or, in less extreme cases, through religion or emigration. These young people were easy prey for criminals, warlords and pimps. It was almost impossible for young men to avoid being caught up in the fighting in regions worst hit by armed conflicts. Above, the section on the war in Sierra Leone (chapter 5, section g) discusses the tragedy of its young people, who lived – and frequently died – in a culture of violence.  

e) To the prosperous West in search of a better life  

Migration is a common and widespread phenomenon in Africa. Africans had been moving from place to place for millennia before they began their mass migration to the cities in the twentieth century. They sometimes travelled large distances, even crossing national borders. During the colonial era, those borders were usually quite arbitrarily drawn, often cutting right across a group’s ancestral territory. Obviously, quite a lot of movement across the border took place in such areas. This included a good deal of seasonal migration, either in search of work or to take herds to pasture. A more recent development is mass migration prompted by famine or war. This section looks at migration as part of the search for a better life.  

Those who migrate in search of better prospects are often termed ‘economic refugees’. However, this description is not entirely accurate, since these people tend not to be living in the direst poverty (as the term might lead you to expect), but doing relatively well in economic terms. It is precisely these individuals who were able to take the preliminary steps required for international travel, such as going to the city, gathering information about other countries, making contact with people who can help to organise their journey and paying for the trip. Almost all economic migrants were young men in the prime of life, to whom the decision to leave their local area was not an act of despair but a carefully thought out strategy to improve their own lives and those of the dependants they left behind. These migrants did not usually include impoverished farmers who lived below
the poverty line, since they generally knew nothing of other countries and were in no position to travel to them.

In the colonial period and for some years following independence, most migrants travelled to the former colonial power. Gradually, however, migration to neighbouring states, which had been taking place for many years, increased. This local migration was relatively straightforward since Africa’s borders were easy to cross in many places. It was therefore not too difficult to evade the border guards or to get across more or less legally. Modern vehicles and improved communication also made traffic between African countries slightly easier and cheaper. As a result, international migration came within reach of a growing number of Africans. This affected the entire continent, though not surprisingly the most popular destinations were the countries with the strongest economies.

South Africa was first among them. During apartheid, millions of black Africans travelled to South Africa from neighbouring countries to find work. The formidable South African mining industry was heavily reliant on workers from Lesotho and other neighbouring states. Following the end of apartheid in 1994, large-scale migration from the rest of the continent to South Africa began in earnest, and included not only job-seekers from Southern Africa but also refugees from Congo and Rwanda, traders from Senegal and Mali, and many others. According to some estimates, South Africa had received between two and four million immigrants by the year 2000.

However, this enormous wave of immigrants led to a number of painful situations and debates. Pan-African solidarity and equality were much vaunted by the new South African government, but in the face of high unemployment and crime, the voters were unimpressed by such ideals. Both ordinary South Africans and the country’s Minister of Home Affairs, Dr Mangosuthu Buthelezi, who was responsible for migration, felt that unemployment, crime and AIDS would disappear from South Africa if immigrants were to leave the country.21

West Africa is another region with high levels of international migration. Traditionally, many men from the Sahel would travel to the coastal states in search of temporary or permanent jobs. The wealthy state of Ivory Coast was a particularly popular destination. In the colonial era, economic migrants usually made for the coastal plantations with their export crops. Later, cities like Abidjan and its surroundings began to draw more people. Migration from the Sahel to the coast was so common that it became part of the regional culture. In fact, some young Malian men were not allowed to marry until they had made the journey to Ivory Coast.22 By the turn of the century, roughly a quarter of the Ivorian population consisted of immigrants. They included several million Malians and Burkinabe, plus hundreds of thousands from other neighbouring countries, most of them refugees from Liberia.

Here, too, the consequences of mass migration were not restricted to the economy but were also reflected in political tensions. The large influx of Muslims from the Sahel region threatened the traditional political dominance of the Roman Catholics in Ivory Coast. In 1999, the country’s Muslim opposition leader, Alassane Ouattara, who was said to have been born in Burkina Faso, appeared to stand a good chance of winning the presidency of Ivory Coast. However, this was unacceptable to native-born Ivorians and shook the country’s political establishment to its foundations. The army staged a coup, but when their military leader General Robert Guei himself failed to win the presidency, the army put forward Laurent Gbagbo, who, though an opponent of theirs, was at least a member of the Christian political elite. This shows how mass immigration fuelled the growing political instability of the once peaceful and prosperous state of Ivory Coast.
The political events in Ivory Coast also reflected one of the paradoxes of globalisation, namely that it brought about a huge increase in mobility yet also prompted a growing preoccupation with roots and local identity. This frequently led to the exclusion of others, usually newcomers. The same trend was visible in other regions. International migration by Africans was not, of course, restricted to their own continent. Globalisation made it easier for them to move further afield. Through the international media, many young Africans had become familiar with the lives and spending patterns of their contemporaries in the West. This gave them high aspirations and fuelled their frustration about the obstacles to social and economic reform at home. As a result, they often regarded their stay in the capital as the first stage of a journey that would lead them on to Europe or North America. The slave trade of past centuries was thus gradually followed by a voluntary global mass migration of Africans.

For the host countries in the West, this was the third wave of immigrants they had received from the world’s poor regions since the end of the Second World War. The first wave had begun in the middle of the twentieth century, set off by the process of decolonisation. Most of those Africans had gone to France and the United Kingdom. The second wave had overlapped with the first one and was fuelled by rapid economic growth in Western Europe during the 1960s. At the time, business and industry in Europe had badly needed a source of preferably cheap and, if necessary, unskilled labour. This led to a wave of immigrants to the North, mainly from the Mediterranean countries. Unlike the North Africans, most of whom came from Morocco, black Africans played almost no part in this mass migration. The third wave of immigrants, many of whom labelled themselves asylum-seekers, began to arrive in the mid-1980s, and since then their numbers have continued to increase. In 1980, just under twenty thousand people applied for asylum in Europe but by the 1990s this number had risen to more than half a million a year. This was the clearest difference between the third wave of migration and the two previous ones, namely that the latest influx appeared to be tied up with new global trends and therefore to have a permanent character. It had its origins in the huge economic gulf between the rich and poor countries, combined with improvements in communication and transport.

Africans were in fact a minority in this ‘globalised migration’. Unlike the populations of Latin America and above all Asia, Africans were rarely in a position to make the intercontinental journey to Europe or North America. They had neither the organisational capacity to migrate in large groups nor the financial means for migration. Migration to the West often cost more than four thousand dollars per person. However, there was no lack of motivation to leave their countries; Africans from all levels of society openly admitted that they would prefer to build lives outside their own continent. Intercontinental migrants from Africa included a relatively high percentage of people fleeing political instability, mainly from the Horn of Africa: Somalis, Ethiopians, Eritreans and Sudanese. Among the politically stable countries, Ghana was the main source of emigrants. This was primarily due to its flourishing Pentecostal Council, a church-based organisation with branches throughout the industrialised world, which helped its members to emigrate.

Intercontinental migrants initially focused on Europe, but over time more and more of them headed for North America. As their numbers grew, the rich countries tried to stem the flow, in the realisation that unlike the two previous migration waves, this one would not end until steps were taken. Moreover, the admission of large groups of immigrants which were big enough to form their own subcultures stood in the way of full integration into the societies of the host countries. Despite the successful integration of countless individual immigrants, social and cultural islands with ‘Third World characteristics’ began to form in Europe and North America. An ethnic underclass emerged in the West, characterised by extensive poverty, unemployment, a high dropout rate and crime. Occasionally, immigrants exported political tensions from their own regions to the host nations, some of which
resulted in terrorist attacks. However, apart from those committed by militant Sudanese or Somalis, these incidents rarely involved African immigrants.

Not only did migration to the prosperous West have major personal consequences for the immigrants, it also affected the communities and countries they left behind. No matter how poor the immigrants might have seemed to Western eyes, they often managed to save some money to send home. This extra income amounted to billions of dollars each year, and provided a welcome supplement to the generally negligible savings of those on the home front. Moreover, African governments tended to encourage rather than to discourage migration, given that jobs on the continent were scarce, the better educated citizens were often critical of the prevailing regime and remittances from abroad injected some capital into the country. Occasionally, local groups sent one member to the West to generate capital. This practice was particularly common among Somalis. Migration of this kind was not just an individual choice but a social endeavour. And in theory, when they returned home, immigrants could use the knowledge and experience they had gained to help their own societies develop, although in practice it rarely worked out that way. Most immigrants did not in fact return. The opposite was more common, namely a loss of expertise and skilled personnel known as brain drain. Doctors and other highly qualified professionals from African countries could, after all, usually earn far more and enjoy a more comfortable life in prosperous countries than they could at home. And of course it was precisely those people who tended to have the contacts and the means to emigrate.

The loss of workers in the most productive phase of their lives, regardless of whether they were skilled or unskilled, was the biggest problem facing the countries of origin. Migrants were by definition people with initiative, which they could have used to promote the development of their own countries. The argument that their departure reduced unemployment does not hold water, since these productive individuals could have created economic growth in their home countries, thereby generating more employment. Migration left a relative surplus of children, elderly people and women in some regions, giving rise to a host of economic problems. During the 1990s, this trend was dramatically heightened by the AIDS epidemic, which mainly affected these same productive individuals, between fifteen and forty-five years of age. Migration and AIDS were a huge drain on Africa, leading to the further destabilisation of society.

f) AIDS and Africa: the progress of a virus

Infectious diseases have had a more devastating impact in Africa than on any other continent. Modern medicines, especially antibiotics, reduced the incidence of many of these diseases in the second half of the twentieth century. This resulted in a sharp rise in average life expectancy in Africa. However, as the century drew to a close, this progress came to an end when the financial and organisational problems of African states began to undermine their health care systems. As a result, medical facilities were either wound down or became unaffordable for much of the population following the introduction of mandatory user fees. This gave diseases the chance to spread once more.

Africa’s health situation around 2000 was poor compared to that of other continents. Diseases that could in theory strike anywhere in the world, such as tuberculosis and malaria, became increasingly concentrated in Africa. Approximately 0.9 million of the 1.1 million people who died of malaria each year were African. River blindness (onchocerciasis) and sleeping sickness (trypanosomiasis) occurred almost nowhere else. Infectious diseases and malnutrition took a particularly heavy toll among children. In Africa, a child died every three seconds. In several African countries health care had completely collapsed as those countries came in the grip of violence.
In 1982, a mysterious disease emanating from the African jungle received the name of Acquired Immune Deficiency Syndrome, or AIDS. The cause was a virus (HIV) which had been passed from animals to humans, probably during the colonial era by people in West or Central Africa eating chimpanzees with AIDS. As a result of increasing mobility, the virus then spread from Africa across the globe, causing great distress and panic. In the developed countries, the epidemic was largely brought under control within a few years, but in many developing countries, particularly in Southeast Asia and the Caribbean, the spread of AIDS reached catastrophic proportions. However, Africa was the worst hit. There, AIDS spread so rapidly that by the turn of the century it had led to the total disruption of society in some countries.

In the 1980s, the HIV virus had begun to spread across the continent more quickly. At the start of the decade, no more than one per cent of the population had been infected in any African country (with the exception of Uganda, where two per cent of the population was HIV-positive), but by the end of the decade this percentage had risen to several per cent in a number of countries. Uganda headed this doleful list with an infection rate of possibly as much as ten per cent of the population. In the absence of effective countermeasures, the epidemic spread further in the 1990s. Uganda shared the dubious honour of an infection rate over ten per cent with a growing number of countries. Southern Africa was hit hardest. Zimbabwe was the unenviable record holder, with a quarter of the population infected, closely followed by Botswana and Namibia. In large parts of West Africa, especially in Senegal and the Sahel states, the epidemic remained largely under control with an average infection rate of around one per cent. By the year 2000, AIDS had become the world’s fourth main cause of death, but in Africa it was number one, followed by tuberculosis in second place and malaria in third. Twenty-nine of the thirty-four countries most severely affected by AIDS at the turn of the century were in Africa.

By the start of the twenty-first century, more than twenty-three million Africans were HIV-positive; this was seventy per cent of the worldwide total (though Africa is home to only ten per cent of the global population). The percentage of HIV-positive children in Africa was higher still. As many as nine out of every ten HIV-infected babies born in 1999 (including those infected through breastfeeding in the same year) were African. This came to a total of almost half a million newborns. Moreover, children of any age could be indirectly affected by the disease if their parents or guardians died of AIDS. In Africa, AIDS orphans became a large and distinct group. There were over a million in Uganda alone. By the turn of the century, the total number of AIDS orphans in Africa had reached ten million. In some cities, fifteen per cent of children were AIDS orphans.

Most of those who succumbed to the HIV virus were the most sexually active members of society, mainly young, working city-dwellers. Young girls were especially at risk. In some countries, these girls were more likely to die of AIDS than to complete secondary school. Not only did Africa have the highest infection rate in the world, it also had the lowest availability of treatment and care. The economic and social buffers on which families could fall back in times of crisis were already quite weak and were further compromised by the epidemic.

AIDS spread much faster in the global South than it did in the North. So severely was the African population affected that the AIDS epidemic was well on its way to claiming more victims worldwide than any other in history. By 2003, the disease had claimed a total of twenty-four million lives worldwide, sixteen million in Africa alone. The Spanish influenza epidemic of 1918 had killed some twenty million, while the Black Death of 1347-1353, which had affected great swathes of Europe, North Africa and the Middle East, had left between twenty and twenty-five million people dead. However, the new Black Death, in Africa and around
the world, had just begun. In terms of absolute numbers of victims, AIDS would go down as
the deadliest epidemic of all time.

Why was AIDS so devastating in Africa? In many other parts of the world, it was largely
brought under control, whereas in Africa (and in one or two other places) it spread like an
oil slick. By the late 1990s, some 5,500 people were dying of AIDS each day in Africa,
which was more than the total number (4,000) that had succumbed to AIDS in the Netherlands
over more than twenty years. This is particularly remarkable given that the victories in the fight
against AIDS during that time had little to do with the usual strengths of the developed world,
such as capital, information and social organisation. After all, it did not take much money to
combat AIDS effectively, the information required was widely available and the disease
affected rich and poor alike. To understand why AIDS had such a devastating impact in Africa,
we must turn to other, more specifically African factors. There are two likely reasons why
Africa has failed to tackle the AIDS epidemic adequately. The first is cultural and the second
(once again) relates to state structures and the elites that run them.

The general characteristics of the AIDS epidemic in Africa reveal the influence of
cultural factors. Clearly, the continent does not have a single homogeneous culture; the
differences between regions and between countries are often substantial. Nevertheless, the
following overall picture emerges. Unlike in other parts of the world, where AIDS affected
mainly drug users and homosexual men, in Africa the epidemic was not concentrated within
distinct groups but ravaged large parts of the population. The virus was generally
transmitted through the most common form of sexual intercourse, namely that between men
and women. This was only possible because a substantial proportion of sexually active
individuals were having unprotected sex with at least two partners, one from whom the virus
was contracted and another to whom it was passed on.

The reasons for this situation were complex. Promiscuity was just one of them and
maybe not even the most important. Also of great significance were environments with
extremely loose social structures which people could easily enter and leave. This encouraged
shifting patterns of interaction. Such environments included migrant communities or conflict
situations in areas where social rules had broken down in whole or part. In such situations,
people rarely used condoms, even if they were available. AIDS was also widespread in
regular armies. Wars – and peacekeeping operations – encouraged the spread of the
epidemic. Naturally, women suffered most from men’s recklessness; only in Africa were
more women HIV-positive than men, a phenomenon that can only be explained by reference
to the large power imbalance between the sexes. Many men played the macho, dismissing
sexual restraint and contraception. As a result, girls were forced to be sexually active at a
very young age, sometimes as young as ten. The very large group of HIV-positive children
consisted mainly of girls. Traditional customs could also encourage the spread of the virus.
For example, the Masai in East Africa had a centuries-old practice in which the widow of a
deceased man was expected to marry his brother. This was designed to give the woman and
her children some degree of economic security. But since many of the husbands who had
died had been AIDS victims, it encouraged the transmission of the virus.

Whereas the developed world and one or two developing countries had managed to
bring about a major change of sexual conduct, convincing people to practise safe sex, Africa
failed to make a similar shift. This was primarily due to an inability or unwillingness to
adapt to the new situation. Old habits simply proved impossible to break; deep-rooted
cultural patterns could not be altered in just a few years. To make matters worse, the public
was given conflicting advice. Scientists and, following their lead, representatives of NGOs
and other organisations advocated the use of condoms. However, the churches preached
celibacy, at least outside marriage. Traditional medicine men, who wielded considerable
influence in large parts of Africa, hawked natural remedies, which were generally
ineffective. So it was not immediately clear to the public how to avoid getting AIDS or how to treat it. This generally meant they did nothing at all, especially as it was difficult for them to form any clear idea of the disease. HIV/AIDS usually went undetected for years and was transmitted through one of the most basic forms of human contact. Many Africans had great difficulty understanding such a threat and adapting their behaviour accordingly.

African governments could reasonably have been expected to issue clear and comprehensive information about the disease to the public. In practice, however, they did next to nothing. Many remote districts and villages could simply not be reached due to poor physical infrastructure or the ineffectiveness of local authorities. Yet this was only a small part of the problem. For the most part, AIDS was not spreading in these distant regions, which were often too remote to be reached by the disease, but rather in the main population centres and along the country’s busiest roads. African governments could therefore in principle have informed risk groups adequately, but they seldom did. When the epidemic first broke out in the 1980s, they first tended to deny the problem, then to lay the blame elsewhere. Rarely did they give the impression of understanding just what was happening, and even if they did, they presumably felt that such a message would be too unpopular to communicate bluntly. The indifference of the national elites to the welfare of ordinary men and women doubtless also played a role. Some leaders even took the cynical view that, while AIDS was a humanitarian tragedy, it nevertheless solved the problem of high unemployment. Yet while governments could ignore the suffering of ordinary people in villages and cities for quite a while, it could not do so indefinitely. AIDS eventually reached the centres of African power and wealth.

One of the few African governments to issue clear and uncompromising statements about AIDS was that of South Africa. However, the pronouncements made by the South African president, Thabo Mbeki, ideologue of the African renaissance (see chapter 4, section d) and a politician who commanded a high level of respect in the West, were rather curious. Following the lead of one or two international AIDS ‘dissidents’, Mbeki called into question the cause and diagnosis of the disease. He suggested that AIDS was not caused by the HIV virus and that it would not spread as extensively through Africa as the ‘experts’ had wanted the world to believe. Of far greater concern, he argued, were diseases like tuberculosis and malaria. These illnesses had indeed made a comeback in the preceding years, though the mainstream scientific view was that this was the result of AIDS, which weakened the human immune system and made the body more susceptible to opportunistic infections, notably tuberculosis. Mbeki also claimed that AIDS was caused or encouraged chiefly by poor or unhygienic living conditions, in short, by poverty. Ongoing development and poverty alleviation, he said, would therefore automatically eradicate the disease; as developments in the prosperous North had shown, without poverty there would be no AIDS.

Mbeki’s pronouncements were praised by African groups and commentators, who saw his unorthodox statements as a weapon against what they regarded as the Western ‘AIDS mafia’. However, AIDS experts refused to let Mbeki’s comments go unchallenged, and continually urged him to rethink his stance. After all, the fact that a statesman like Mbeki, who had inherited some of the stature of his predecessor Nelson Mandela, was making such statements about AIDS, was a severe blow to efforts to tackle the disease effectively in Africa. In South Africa, the epidemic had already reached catastrophic proportions, but the rest of Africa was also influenced by the South African president’s views. Mbeki’s stance was bound to result in further postponement of effective measures to deal with the disease, pushing up the death toll by several thousand and eventually, perhaps, even by several million.

The struggle between the opposing views reached a climax at the international AIDS conference in Durban in 2000, which was hosted by President Mbeki. It would then become
clear whether the president was going to uphold his original standpoint and perhaps even win over some of his fellow African leaders, which would have been disastrous for the fight against AIDS in Africa, or whether he would return to the scientific mainstream, thereby paving the way for a discussion of how to curb the epidemic. Mbeki’s spokesman, who had so fiercely and enthusiastically propounded the unorthodox theory, was replaced immediately prior to the conference. AIDS experts saw this as a sign that Mbeki might now have changed his stance. Soon after, however, it was revealed that the former spokesman had died suddenly, and it was not long before it transpired that he had succumbed to AIDS. ‘Obviously died of poverty,’ some international experts dryly observed.

After this, Mbeki cautiously returned to the generally accepted theories on AIDS. To save face, he continued to insist that scientists must remain open to alternative explanations, a position with which nobody could disagree. In the meantime, politicians could no longer evade their responsibilities. Mbeki duly urged young people to wait as long as possible before having sex, and, if they did have intercourse, to use condoms.

However, Mbeki still had a few tricks up his sleeve. Although he had finally been persuaded that AIDS was indeed caused by a virus, he now declared that drugs were the new remedy against the disease. He went on to argue that poor countries like South Africa would not be able to obtain them because international pharmaceutical companies were keeping their prices artificially high. According to Mbeki, South Africa therefore intended to turn its back on official patent regulations and buy cheaper medicines from India, Thailand and Brazil, whose governments were commissioning the production of generic anti-AIDS drugs. The pharmaceutical companies responded with formal charges against the South African government, but withdrew them later in the face of international pressure and even brought down the prices of their products.

This appeared to be a breakthrough, since it opened the way for South Africa to purchase cheap AIDS drugs or else manufacture them itself. In fact, the country’s travails had just begun. According to Mbeki, on closer inspection the medicines had been found to be poisonous (by which he meant that they had side effects) and could not be used. Moreover, he claimed that South Africa could not, after all, afford even to buy the cheaper drugs.

These confusing sidesteps repeatedly delayed any real moves to tackle AIDS. And although anti-AIDS drugs had become more effective, experts insisted that they did not provide a solution to Africa’s AIDS problem. Not only were they unable to cure or prevent the disease, but the high cost of the drugs, the difficulty of reaching patients in remote areas and failure to take the medicines according to the prescription also stood in the way of even a short-term reduction in the number of sufferers. Getting the African public to take anti-AIDS drugs correctly would be even more difficult than persuading them to use condoms.

Because the South African government failed to launch an effective AIDS awareness campaign, the life expectancy of South Africans fell from sixty-five in 1990 to fifty-five in 2000. One-tenth of the population was infected, with young girls particularly at risk. When the government failed to take adequate measures, local communities organised their own initiatives. In particular, mothers began to take steps to protect their daughters from the almost inevitable fate of HIV infection. An important part of these preventative measures was to spread the idea that sexual intercourse before adulthood had to stop. In the province of Kwazulu-Natal, this led to the reinstatement of traditions surrounding virginity. Dressed in traditional costume, girls below the age of eighteen were required to submit themselves to inspections to see if they were abiding by the rules of chastity. In fact, these rituals were less about upholding traditions than about mothers wanting to protect their children. It may have been a step backwards for women’s liberation but mothers saw it as the only way of keeping their daughters alive.
Not all African governments failed to act, however; some managed to deliver a clear message about AIDS. These public awareness campaigns always focused on the need to practice safe sex. This was still the only effective way of curbing the epidemic, both in rich countries and in Africa. The government of Uganda, which was the worst affected country in Africa during the early years of the epidemic, launched a campaign under the presidency of Yoweri Museveni which was designed to reform the sexual conduct of Ugandan men. The campaign slogan, ‘zero grazing’, was the Ugandan version of ‘no hanky-panky’. The authorities also distributed free condoms, a vital element in any effective AIDS policy. However, to ensure that the policy worked, considerable energy and care had to be spent on reaching the target group (much of the population) in a way that would lead to a genuine change of conduct. This was something that no government could accomplish alone. Civil society, religious organisations and, perhaps most important of all, peer groups, were essential forums for getting the message across.

Senegal was the leading African success story when it came to efforts to combat, or in fact prevent, AIDS. The Senegalese government began taking effective measures as early as 1985, when the epidemic was still in its infancy. Information about AIDS was distributed to all the country’s schools. Social groupings and religious leaders were pivotal in convincing the population of the seriousness of the situation and explaining how to avoid infection. The government abolished import duties on condoms, which were soon widely and inexpensively available. As a result, their use rose sharply. Senegal thus became one of the few African countries to successfully check the spread of the disease and by the start of the twenty-first century, the level of HIV infection had been limited to approximately one per cent of the population. Problems did arise, however, following the return of Senegalese troops who had served with the peacekeeping force ECOMOG in other parts of West Africa, many of whom brought AIDS home with them.

The vast majority of African governments failed to keep or bring AIDS under control; some of them did not even make serious efforts to do so. The personal and social repercussions of this failure were enormous. The life expectancy of new born infants in Africa fell by seven years in the 1990s. The death rate rose alarmingly, especially among those on whom the economy relied most: people aged between fifteen and forty-five. This made the demographic structure of African societies even more unbalanced. Not surprisingly, Africa’s health care systems were unable to cope with the sheer number of patients. In many countries, AIDS patients occupied the majority of hospital beds. Moreover, other diseases re-emerged as AIDS weakened the immune system. Illness and death also thinned the ranks of medical personnel. The same applied to the education system; in some regions, AIDS killed an entire generation of teachers. Ill health or other AIDS-related problems forced students to abandon their studies, for example because they had to return home to help out following the deaths of their parents. Both supply and demand in the education sector therefore declined. Private enterprises saw growing numbers of their employees die or leave work due to AIDS. The disease eventually became a more common reason for leaving work than retirement. While it was often not too difficult to replace unskilled workers, the practical difficulties were much greater when AIDS struck down individuals who held a company’s knowledge and expertise. In some countries, private enterprises therefore began to launch their own AIDS awareness campaigns.

The devastating impact of AIDS on African societies will continue to be felt until well into the twenty-first century. Yet at the same time, the effect of the disease on the continent’s development should not be overestimated. There is a strong tendency to view AIDS chiefly as a ‘development issue’. Certainly, the disease is making economic development extremely difficult in African countries, especially by wiping out so many of the most productive members of society. However, it is important to recall that Africa had strayed from the path of development well before the outbreak of AIDS, and for very different
reasons (political, social, cultural and economic in nature). Even without the AIDS epidemic, little development would have taken place. The very fact that the disease could spread unchecked for so long was due to the same factors that had stood in the way of development. Once again, state weakness, and more specifically, a lack of commitment by governments and elites to the welfare of the general population, was a large part of the problem. In the case of AIDS, matters were made worse by the persistence of certain cultural patterns of behaviour.

To help prevent the further spread of the disease, it would be more straightforward and presumably also more effective to return to seeing AIDS simply as an illness, as a medical problem which can be brought under control by a change in sexual conduct.

Finally, let us return to the overall demographic picture of Africa. If we look to the long term, there are alarming signs that Africa is still trapped in the classic demographic pattern of a preindustrial society. This pattern is characterised by high birth and death rates, which keep the population more or less constant in the long run. In good years, the population increases due to a decline in the mortality rate, but this growth is cancelled out in bad years, when famines or epidemics cause the death rate to rise sharply. Growing industrialisation prompts a fundamental demographic shift. It begins with a decline in the death rate, leading to a sharp increase in the population. This is followed by a decline in the birth rate, after which the population stabilises once more at a higher level. Within this process, industrialisation is always combined with rapid population growth and urbanisation.35

We saw that in the twentieth century Africa experienced both rapid population growth and urbanisation, but also that the industrialisation process stalled following a hesitant start in the 1950s and 1960s. By the end of the century, a process of deindustrialisation was under way in some African countries, resulting in the loss of what little industry had developed. And although the birth rate did fall towards the end of the century, this decline does not appear to have been big enough to reflect the necessary ‘demographic transition’.36 It is in any case unlikely that a transition to a fundamentally different demographic pattern could be accomplished without the industrialisation of society. Without industrialisation, why should we expect a lasting decline in the birth and death rates in Africa?

The AIDS epidemic lent these questions new urgency. It increased the death rate exponentially, causing Africa to revert to the classic preindustrial pattern of a high birth and death rate. Due to the lack of industrialisation, this pattern was also a better fit with the nature of African society. By the early twenty-first century, the key question was whether the AIDS epidemic would continue to spread so fast that it would largely cancel out the population explosion of the second half of the twentieth century. If even greater numbers of Africans died of AIDS, would that throw back the continent, albeit at a higher level, to a preindustrial demographic equilibrium?

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1 Of course, qualitative factors also played a role, in the form of collective ideas, memories, opinions and so on. These are discussed throughout the book.
2 Houtzeling, ‘Demography, commodity chain position, state paralysis and structural reform in Sub-Saharan Africa’, p. 26
3 Figures taken in part from McEvedy and Jones, Atlas of World Population History.
5 World Bank, Can Africa Claim the 21st Century?, table 1.2 on p. 16.
Houweling, ‘Demography, commodity chain position, state paralysis and structural reform in Sub-Saharan Africa’.

A population pyramid is generally included at the end of each book in the Landenreeks (a series of country studies). The population pyramid for Kenya is on p. 58 of the appropriate volume.

Mali (Landenreeks), p. 74.

Senegal (Landenreeks), p. 31.

Data from the Club du Sahel, taken from a paper compiled for the Afri Cities 2000 conference in Windhoek, Namibia.


The situation varied from country to country. In around half the countries, the projected urban growth rate for the 1990s was higher than it had been for the period between 1960 and 1990, but it was lower in the other half. For data on individual countries, see Rakodi (ed.), The Urban Challenge, pp. 68-69.

Potts, ‘Shall we go home?’

UNDP, Human Development Report 1997 (N.B. the figures given are for 1994).

This quotation and other information in this paragraph are taken from the Dutch Ministry of Foreign Affairs memorandum Vergrijzing en ontwikkeling (Greying and Development).


Van der Geest, ‘Reciprociteit en zorg voor ouderen’ (‘Reciprocity and elder care’).

More than five hundred such cases were recorded in Tanzania alone. Dutch Ministry of Foreign Affairs memorandum Vergrijzing en ontwikkeling (Greying and Development), p. 23, based on data from HelpAge International.


De Boeck, ‘Lunda: een korte geschiedenis van oorlog, dollars en diamanten’ (‘Lunda: a short history of war, dollars and diamonds’).

Van der Heide, ‘Zuid-Afrika ziet nieuwkomers liever gaan’ (‘South Africa would prefer new arrivals to leave’).

Mali (Landenreeks), p. 45.

De Jong, ‘De migratiecrisis’ (‘The migration crisis’), pp. 139-140.

For figures, see the Dutch Ministry of Foreign Affairs memorandum Migratie en ontwikkeling (Migration and Development), p. 12.


UNAIDS 1999.

For the ten countries with the most AIDS orphans, see the table in Internationale Samenwerking (International Cooperation) 3, March 2000, p. 15.

World Bank, Intensifying Action against HIV/AIDS in Africa.


UNAIDS 1999, pp. 14-15: fifty-five per cent of those infected with HIV are women.


Caljé and Den Hollander, De nieuwste geschiedenis (Contemporary History), pp. 54-55; Kastelein, Groei naar een industriële samenleving (The Growth of an Industrial Society), pp. 69-87.

World Bank, Can Africa Claim the 21st Century?, table 1.2, with indicators showing evidence of a demographic shift, p. 16.