

The Impact of Mortality as Both A Determinant and A Consequence of Poverty and Hunger: A Contribution to Achieving the First Millennium Development Goal (Eradicate Extreme Poverty and Hunger)

Rationale

Preamble

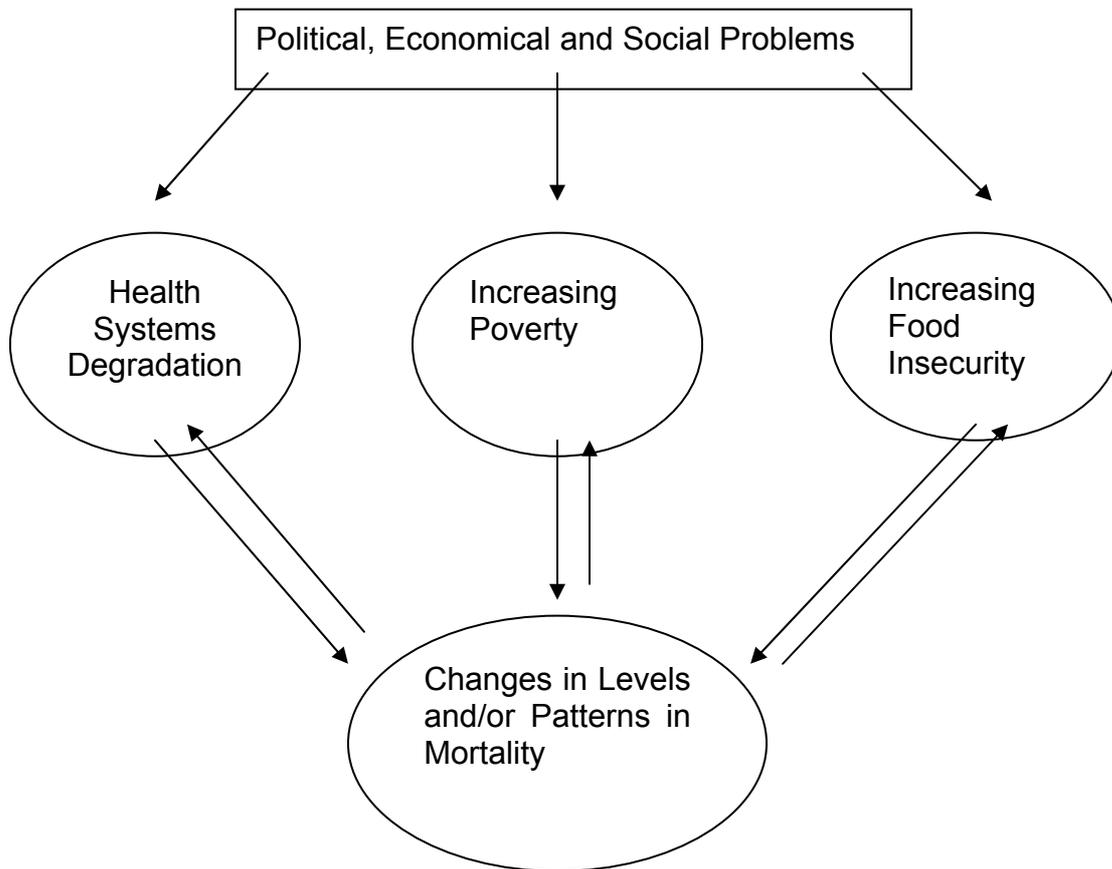
Changes in mortality levels were among the most important demographic phenomena in the world during the twentieth century, with major gains in life expectancy, whose implications are still working their way for several decades, through demographic and socio-economic structures.

More recently, in reverse, disorganizations of national health systems related to political, economical and social difficulties lead to low levels of access to medical care, to increases of poverty, to extension of hunger and to more adverse activation of mortality in several countries in the world (next figure). Such results can be observed, according to various contexts and/or modalities, for example, in Russia, but also in the Democratic Republic of the Congo (ex-Zaire), Liberia, Sierra Leone and in numerous other countries in the world.

Nowadays, many more adverse changes in mortality levels and patterns have been registered as a consequence of the emergence of new epidemics, notably the HIV/AIDS pandemic.

So, we can observe that, whereas the United Nations World Conference on Population programmed 74 years for world life expectancy in 2000, the United Nations Population Division programmes now, 70 years for world life expectancy in 2025, and 74 years in 2050 (United Nations Population Prospects — 2003 version).

Nevertheless, humankind registered globally important increases in the number and proportion of elderly persons, and even of very elderly persons. Women's situations differ distinctly from that of men. Women live longer than men, and due to the cumulated effect of the higher mortality of males at all ages; women constitute the majority of the elderly population.



Substantive Rationale

Changes in mortality levels and patterns can lead to increases in poverty and/or hunger, according to economic, social and political contexts.

Mortality trends and patterns relate to population and development-related issues in complex ways. Both declines and increases in mortality can lead through various pathways to enhanced poverty and/or hunger. These relationships require attention from the international community. The two following examples can illustrate those interrelationships.

1 - Changes in levels and/or patterns in mortality and poverty

At first, in social terms, elderly women are especially vulnerable in many countries, because they live frequently in great poverty conditions. Therefore, an increase of elderly people can lead to enhanced poverty. Several researches on Russia show that poverty could be much higher in cases of lower mortality at older ages. Those interrelationships are an important challenge to all societies.

Since the Second World War, mortality has been declining rapidly in the majority of developing countries, and consequently, life expectancy has been increasing. Migration towards urban areas separating frequently the man and the woman in the marital unions, conjugal life has been changing. Individuals spend shorter periods of their lives as part of couples. New types of marital instability are appearing. Interrelationships of those phenomena with poverty have been registered but they need to be examined more deeply. Research on international comparisons should be developed in order to allow a better knowledge of those interrelationships.

2 - Poverty, changes in mortality levels and/or patterns, and hunger

Poverty can be at the origin of changes in mortality levels and/or patterns. Mortality can affect particularly young adults. That phenomenon is, in particular, due to the pandemic of HIV/AIDS.

Mortality levels at adult ages can be very severe and lead to an important accentuation of ageing of the work-force population structure. Sometimes, the population of active adults is greatly reduced, interrupting the chain of transfer of technical know-how from older adults towards the younger generation. In those cases, very young and old people become responsible for food production, with increasing risks of food insecurity. In that sense, poverty, which frequently causes hunger directly, can also cause hunger indirectly, by the way of grave pandemics and their consequences: Changes in mortality levels and patterns. So, the United Nations Population Division shows that population could be inferior in 2050, to the level reached in 2000, in South Africa, Botswana, Lesotho, Swaziland, etc. (Population Prospect 2003).

On these various points, changes in levels and/or patterns in mortality can lead to poverty; and, in reverse, extreme poverty and/or hunger can lead to changes in levels and/or patterns in mortality.

What lessons can be drawn from contrasting the experiences of various continents and countries, where poverty or hunger are particularly linked with changes in mortality levels and patterns? That topic has been insufficiently dealt with.

In consequence of that, it appears that the study of the impact of mortality, as both a determinant and a consequence of poverty and hunger, constitutes a new and notable knowledge in demographic science.

So CICRED will hold an Interregional Seminar on **“The Impact of Mortality as Both A Determinant and A Consequence of Poverty and Hunger: A Contribution to Achieving the First Millennium Development Goal (Eradicate Extreme Poverty and Hunger)”** in 2004. As we have shown, the aim of this Seminar will be the study of the links between poverty and changes in mortality levels and/or patterns, and between changes in mortality levels and/or patterns and hunger.