

Hunger is Africa's Natural Disaster



The West African nation of Niger was propelled to the headlines several months ago over reports of starving and dying children amid denials by its government that the country was enduring a sustained food emergency (seasonal fluctuations in the availability of food are not unusual in the arid Sahel region, they argued). Niger is perhaps better known as the country falsely accused by the Bush Administration of selling uranium to Iraq—an issue that later became the object of the Valerie Plame scandal. But Niger is confronting a genuine scandal: one-quarter of its people are facing yearly food shortages. Meanwhile, its population is set to double in less than 20 years and contraceptive use among Niger's men and women remains at one of the lowest levels of any country in the world.

A similar crisis is brewing in Malawi, where the cycle of drought and poverty

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is spiraling out of control. Relief workers in that country, like those in Niger, fear that appeals for aid will bring about only short-term relief, or no relief at all. Recent reports in *The Washington Post* and *Newsweek* suggest that while the Bush administration is providing more aid to Africa than previous administrations, it is falling far short on fulfilling its own pledges. The global policy approach hasn't really changed since I worked in Niger as a Peace Corps volunteer nutritionist more than 15 years ago. Much is promised, but little is delivered and nothing seems to adequately address persistent hunger, poverty and famine—Africa's very own version of an ongoing Katrina.

by Carolyn Gibb Vogel

Of the many children that I encountered during my stay in Niger, one stands out in my memory. Her name was Salamatou, but she was called her Juma—meaning Friday, in the Hausa language of Niger, the day of her birth. I found her and her teenage mother waiting for a lift at the intersection of two dusty roads. At about two years old, Juma lay on a piece of tattered colored cloth, too emaciated even to sit up. Pictures of children like Juma are what bring in much-needed emergency food aid to countries struggling with chronic food shortages. But does the motivation exist to turn this aid into something that could actually begin to establish food security? As we've learned from our own Katrina, natural disasters happen. But unlike hurricanes, poverty and its resulting hunger can be prevented. In Niger and Malawi, the food supply is being stretched beyond

its limits, and other resources—financial and natural—are being challenged by rapid population growth.

Early marriage is common practice in Niger (seventy six percent of girls in Niger are married by the age of 18). Young girls like Juma's mother begin childbearing in their early teens, not only putting them at risk of devastating reproductive injury such as obstetric fistula and pregnancy related mortality, but the practice also encourages decades of childbearing. According to the United Nations Population Division, each woman in Niger has an average of eight children (the highest birth rate of any country in the world). UN demographers project its current population of 14 million to reach 26 million by 2025. Yet access to and use of contraceptives is almost non-existent; fewer than 5 percent of married women of reproductive age use modern contraception. In fact, the limited research available has recently shown a slight decline in contraceptive prevalence.

Niger's plight is hardly unique. In Malawi, poorly functioning government-run services and the spread of HIV, now infecting about 15 percent of the population, exacerbate a persistent food shortage. There, women give birth to an average of almost six children each and the population is projected to increase from 13 million today to almost 20 million in 2025. Across the continent, the average number of yearly food emergencies has nearly tripled since the 1980s. In sub-Saharan Africa, where the population is growing at a faster rate than in any other major world region, the number of malnourished people has increased from around 88 million in 1970 to about 200 million today.

While the solution to persistent famine in Africa is complex, it is clear that slowing population growth and easing the cycle of poverty in Africa is unlikely to be successful without securing open access to contraceptives and reproductive health care and ramping up education for girls. Niger faces a double challenge: not only must it try to raise its current population of 14 million out of poverty, it must do so under tremendous demographic pressure.

Unlike so many others, Juma was a lucky girl. She was sent to a nutritional recuperation center in the nearest town. When I visited her several weeks later, Juma had doubled her weight. And, when I tickled her, a faint smile crossed her lips. At the time, it seemed like a happy ending—though I've wondered over the years what became of her, or if she is even alive today. Juma would now be 18 years old and most likely a mother herself -- probably several times over. I doubt she has access to reproductive health care, and I fear she does not have enough food for herself and her children. Unless more is done to give people like Juma the information and contraceptives they need to plan and space childbearing, the fate of her children and grandchildren is likely to be grim.

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