

The evolution of the population in Senegal

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Geography of Senegal: Senegal is a country in West Africa. It is bordered by the Atlantic Ocean to the west, Mauritania to the north and east, Mali to the east, Guinea and Guinea Bissau to the south.

The Gambia forms a virtual enclave within Senegal, penetrating more than 300 km inside land. The Cape Verde Islands are located 560 km from the coast of Senegal.

The country is named after the river that borders the east and north, which rises in the Fouta Djallon in Guinea.



Figure 1: Map of Senegal

Senegal is one of the Economic Community of West African States West (ECOWAS), Economic and Monetary Union of West Africa (UEMOA), the Community of Sahel-Saharan States (CEN-SAD), the African Union (AU), the Organization for Economic Cooperation Conference (OIC).

Senegalese territory is between 8 ° 16 ° 41 north latitude and 11 ° 21 and 17 ° 32 west longitude. Its western tip (Dakar) is the westernmost part of any in West Africa.

The country covers 196 722 km ². It consists of 14 administrative regions and 45 departments.

The climate is desert in the north and tropical south, with two seasons: dry season and rainy season. This covers, overall, the period from May to October, with a variable length depending on the region of the country (the southern regions are more rain).

Temperatures of about 16 ° C to 30 ° C, but the central and eastern Senegal may having temperatures up to 46 ° C.

Demographics of Senegal:

Most population studies conducted in Senegal based on the three censuses in 1976, 1988 and especially 2002. In 2004, the Directorate of Forecasting and of Statistics, now National Agency of Statistics and Demography (ANSD) since 2006, also published in "Projections from the populations of Senegal 2002 Census "anticipating the likely evolution of the population until 2015.

Senegal, in terms of its structure by age and sex is still a young country population with a predominance of females.

Senegal's population is still very unevenly distributed in space with a density average of **50** inhabitants per square kilometer, a minimum of 10 south-east of the country and a up to **3963** people in Dakar, an area with the administrative and economic capital.

In December 2002, the population was **9,858,482** people. Women were more numerous and represented **50.8%** of the population.

Between 1976 and 1988, the intercensal growth rate was 2.7% and has experienced a slight decrease between 1988 and 2002 when it stood at **2.5%**.

In 2002, just over 01 of 05 Senegalese living in the region of Dakar (the capital). 56.9% of Senegal's population lived in 03 areas of the Midwest, namely Dakar, Kaolack and Thies.

The urban population was about **41%**, which reflected a slow progression of urbanization from 1988 when the urbanization rate was estimated at **39%**. The region Dakar continued to hold the rate of urbanization the largest with **97.2%**.

<u>Residence</u>	<u>Male</u> Effective %		<u>Female</u> Effective %		<u>Total population</u> Effective %	
Urbain	1 987 500	49,6	2 021 465	50,4	4 008 965	40,7
Rural	2 865 264	49,0	2 984 253	51,0	5 849 517	59,3
Total	4 852 764	49,2	5 005 718	50,8	9 858 482	100,0

Table I: Distribution of population by sex and residence in 2002

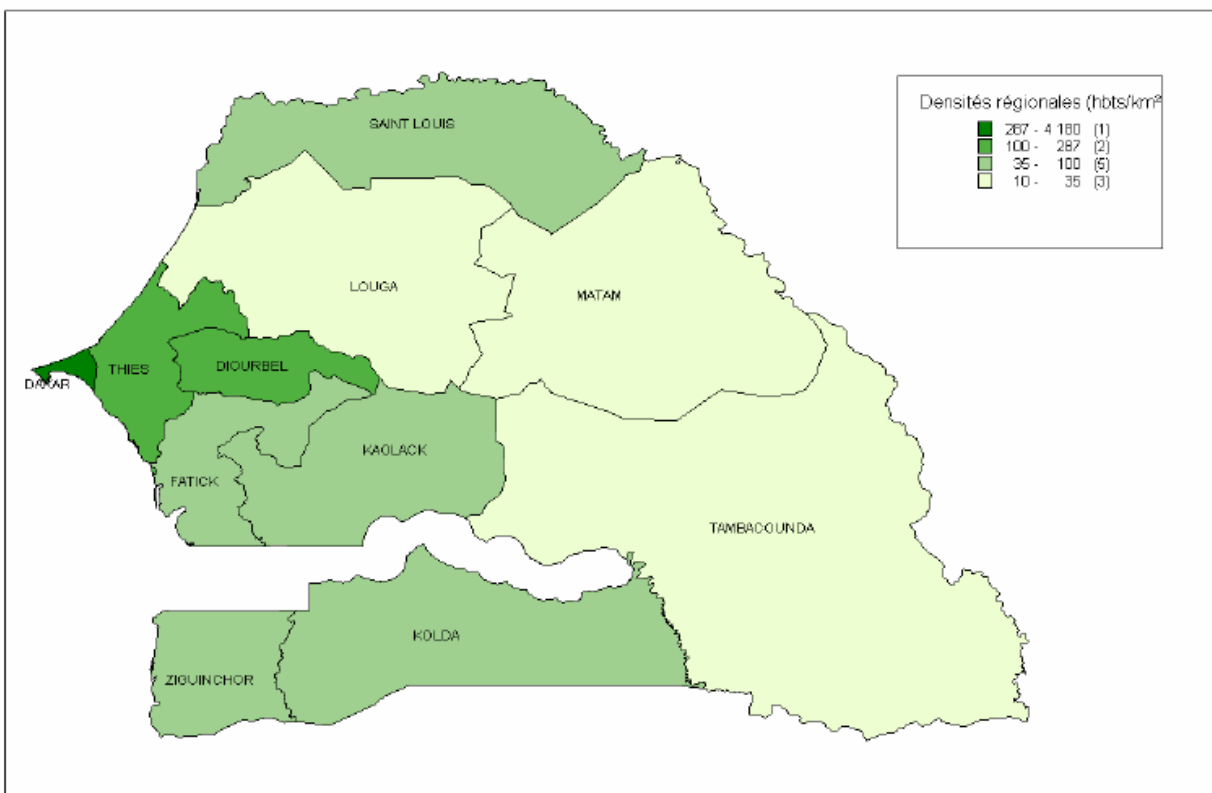


Figure 2: Population density by region in 2002

The 2002 census confirms the youth of the Senegalese population: **54.7%** of the population is under 20.

The overall ratio of male is **96.9**, and is thus highlight the predominance of women in the total population. Indeed, the ratio is **96.9 men for 100 women**. By age, sex ratios reveal several disparities and distortions: the young ages (0-14 years), men and women are numerically almost equal. This equality fades from 15 years where there is a greater percentage of women benefit which is maintained up to 54 years. This appears to be due to migration gender differential in favor of men aged between 15 and 44. Advanced ages, Women are, overall, significantly more women than men, a situation due certainly a longer life expectancy of these materials.

Groupes d'âges	Sexe				Total		Rapports de masculinité
	Masculin		Féminin		Effectifs	%	
	Effectifs	%	Effectifs	%			
0 - 4	728 605	7,4	716 100	7,3	1 444 705	14,7	101,7
5 - 9	743 683	7,5	727 756	7,4	1 471 439	14,9	102,2
10 - 14	661 917	6,7	643 284	6,5	1 305 201	13,2	102,9
15 - 19	562 066	5,7	606 807	6,2	1 168 873	11,9	92,6
20 - 24	451 791	4,6	472 763	4,8	924 554	9,4	95,6
25 - 29	355 694	3,6	390 984	4,0	746 678	7,6	91,0
30 - 34	284 309	2,9	323 265	3,3	607 574	6,2	87,9
35 - 39	221 619	2,2	255 480	2,6	477 099	4,8	86,7
40 - 44	199 620	2,0	219 887	2,2	419 507	4,3	90,8
45 - 49	155 332	1,6	155 492	1,6	310 824	3,2	99,9
50 - 54	136 828	1,4	141 942	1,4	278 770	2,8	96,4
55 - 59	87 092	0,9	84 448	0,9	171 540	1,7	103,1
60 - 64	86 658	0,9	93 546	0,9	180 204	1,8	92,6
65 - 69	59 427	0,6	53 578	0,5	113 005	1,1	110,9
70 - 74	54 083	0,5	58 027	0,6	112 110	1,1	93,2
75 - 79	31 472	0,3	26 209	0,3	57 681	0,6	120,1
80-84	18811	0,2	19317	0,2	38128	0,4	97,4
85-89	6729	0,1	6122	0,1	12851	0,1	109,9
90-94	3257	0,0	4145	0,0	7402	0,1	78,6
95 et +	3771	0,0	6566	0,1	10337	0,1	57,4
Total	4 852 764	49,2	5 005 718	50,8	9 858 482	100,0	96,9

Table II: Distribution of population by age group and sex in 2002

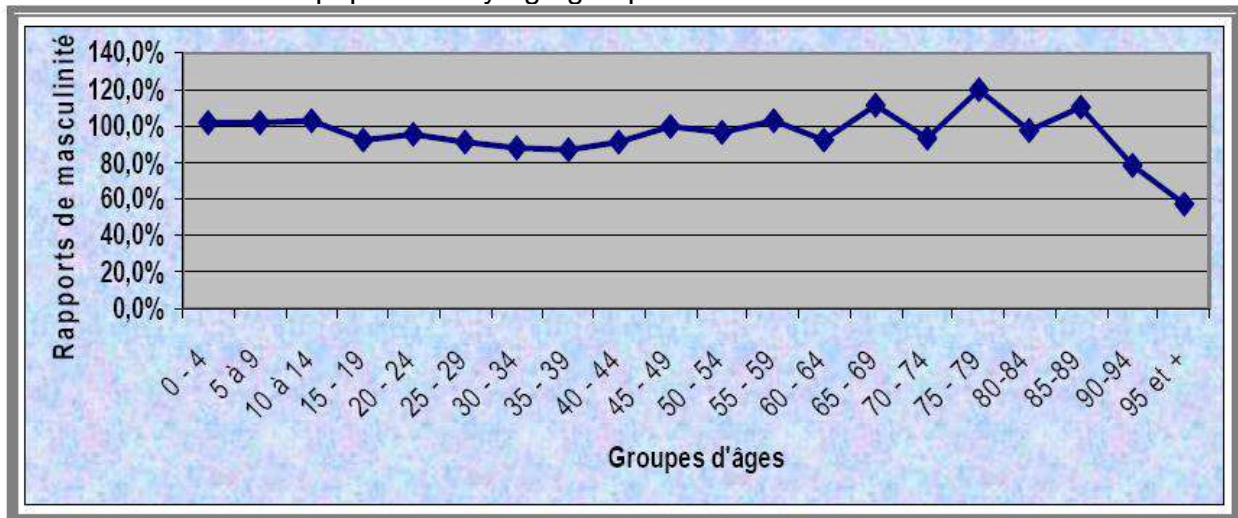


Figure 3: Curve of sex ratios in 2002

The population pyramid (Figure below) confirms the young population: a basic always large.

Which could result in the level of fertility was high and child mortality which had fallen sharply over the past decade. The pyramid also reflects

a predominance of the male population at low ages (under 15) and shows reverse this trend at higher ages.

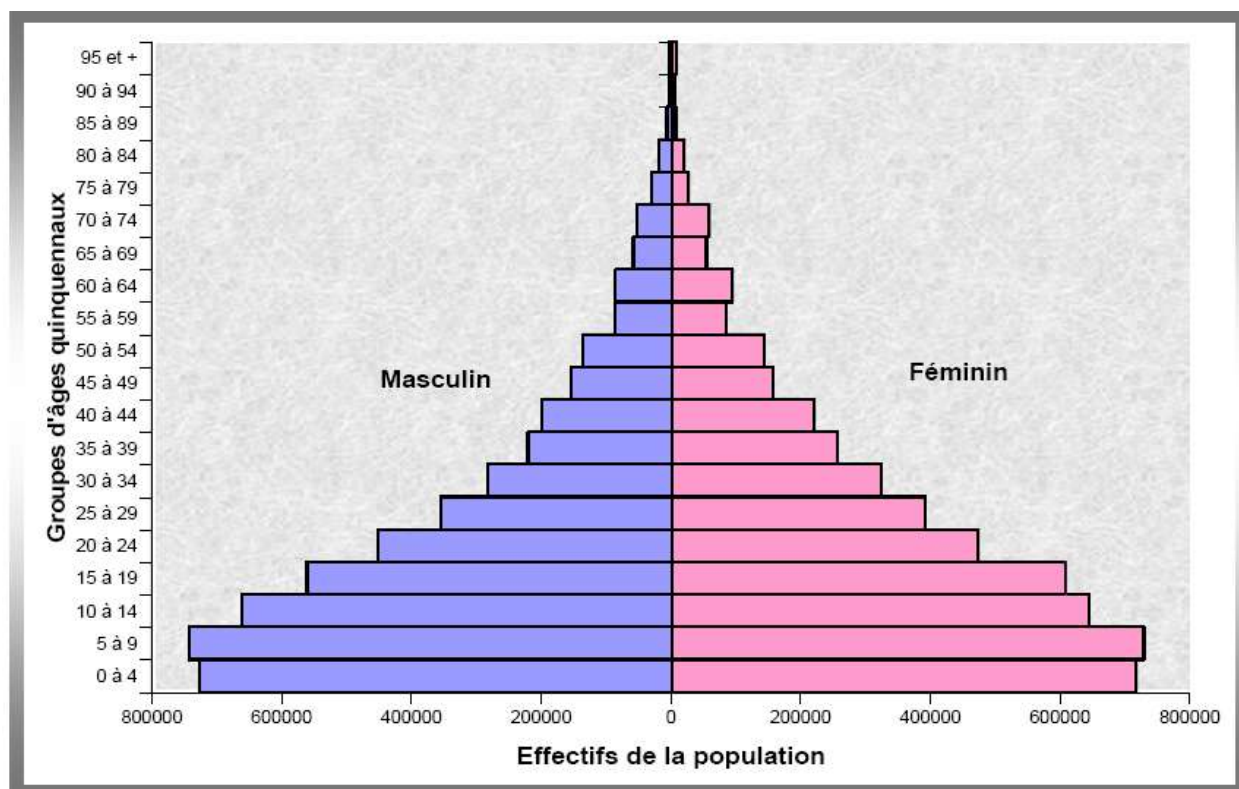


Figure 4: The age in Senegal in 2002

In a study coordinated by **Jean-Pierre Guengant** Research Director Emeritus IRD, published by the French Development Agency on the occasion of the conference " population, development and family planning in francophone West Africa: the urgency to act "(Ouagadougou, 8-11 February 2011), there is the significant increase Senegal's population between 1960 and 2010. It is the result of a rapid decline in mortality and the maintenance over a long period of high fertility.

With, in 2010, life expectancy at birth estimated at **58 years** (against 41 in 1960) and fertility estimated at **4.9 children** per woman, the first phase of the demographic transition (lower mortality) is well advanced and the second phase (the

fertility decline) seems primed.

Indicateur	1960	1980	1990	2000	2010
Population totale en milliers	3 082	5 636	7 538	9 427	12 331
Taux de croissance annuel en %	2,7	2,8	2,9	2,6	2,6
Population urbaine en milliers	709	2 016	2 932	3 799	5 229
Pourcentage % de la population urbaine	23,0	35,8	38,9	40,3	42,4
Estimation de la population de Dakar en milliers	353	957	1 405	1 930	2 745
Population rurale en milliers	2 373	3 620	4 606	5 628	7 103
Pourcentage % de la population rurale	77,0	64,2	61,1	59,7	57,6

Table III: Evolution population from 1960 to 2010

Indicateur	1960	1980	1990	2000	2010
Indice synthétique de fécondité	6,6	7,5	6,7	5,6	4,9
Espérance de vie à la naissance (en années)	40,3	47,4	52,0	55,0	58,1
Taux brut de natalité pour 1000	48,8	48,2	44,2	40,3	38,4
Taux brut de mortalité en pour 1000	24,3	18,0	13,9	12,2	10,4
Taux d'accroissement naturel pour 1000	24,6	30,2	30,3	28,2	28,0

Table IV: Evolution fertility, life expectancy of fertility, mortality and natural increase from 1960 to 2010

Indicateur	1960	1980	1990	2000	2010
% d'enfants de moins de 20 ans	51,2	56,3	57,7	56,8	53,7
% de la population de 20 à 59 ans	43,9	39,4	38,0	39,0	41,6
% de la population de 60 ans et plus	4,9	4,4	4,3	4,2	4,6
Taux de dépendance (-20 et 60+/20 à 59 ans)	1,28	1,54	1,63	1,56	1,40
Ratio actifs sur inactifs (-20 et 60+/20 à 59 ans)	0,78	0,65	0,61	0,64	0,71

Table V: Evolution percentages of age, the dependency ratio and the ratio active inactive from 1960 to 2010

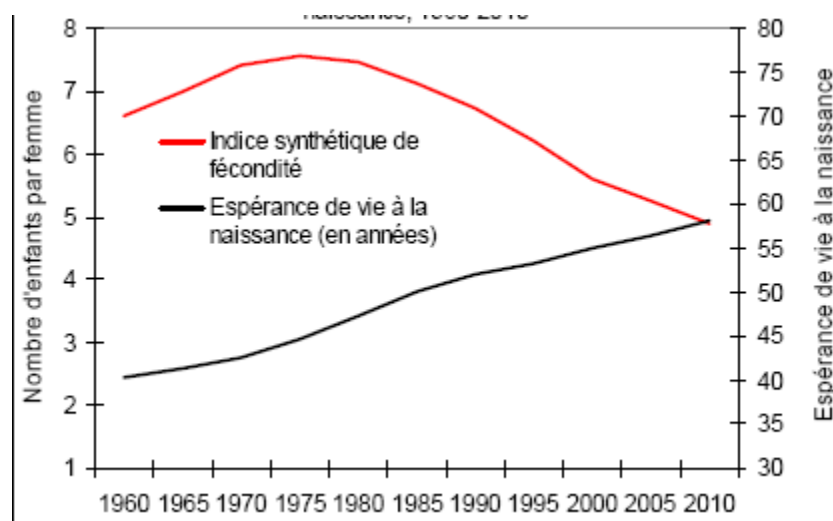


Figure 5: Evolution of fertility and life expectancy from 1960 to 2010

Other demographics:
Ethnic groups: There is an ethnically diverse: Wolof (**43.3%**), Fulani (**23.8%**) Serer (**14.7%**), Jola (**3.7%**), Malinke (**3.0%**), Soninke (**2.1%**), Manjaques (**2%**) and some other ethnic groups smaller and more localized. The Lebanese, Europeans and the Chinese are quite visible in urban areas.

Religions and beliefs in Senegal are important in the culture and daily life of the country.

Senegal's population is overwhelmingly **Muslim** (over 94%). Christians, mainly Catholics, represent less than 5%. Traditional beliefs (Animations) are credited with 1%, but are also often practiced by people of other religions.

The country is renowned for its religious tolerance

Education / Literacy

As in many developing countries, illiteracy and illiteracy are important in Senegal and are a drag on growth. Public education is yet pretty good and the teachers are good. The problem is in fact in rural areas who are truly disadvantaged. The creation in the mid-90s, "volunteers education, "these young graduates sent into the bush for a severance 50.000CFA/mois only (76 euros), was instrumental in helping these rural who have great difficulty in sending their children to school. Teaching conditions in rural areas are still very difficult. To buy a pen 100CFA (0.15 euros) a child is a miracle. So do not even talk about books. In places the most eccentric, there is only one level of class to all students who study with a single slate in a hut.

Less than 50% of the Senegalese population is literate. We can therefore consider that illiteracy of the population is still an obstacle to the development of this country. These are Obviously the women who make these numbers so low as 45% of men literate (almost one in two) while the figure for women and 20% (one five). In fact, girls often have less chance of being sent to school. But these differences fade significantly in urban areas. In Dakar (the capital), we see even reverse the situation slowly and several higher education institutions already see a majority of girls in their workforce.

Migration:

Immigration to Senegal

In 2001, the stock of immigrants was **126,204 people**, or **1.2%** of the total population (Senegalese Household Survey in 2001) and **220 208 people** in 2005, **2 %** Of the total population.

Immigrants are mainly from Guinea (39%), Mauritania (**15%**), Guinea-Bissau (**11%**), Mali (**8%**), France (**8%**), Cape Verde (**4%**) The Gambia (**3%**), Morocco (**2%**) and Burkina Faso (**1%**).

The exodus of pupils and students has been greatly reduced by a proactive policy establishment of colleges and high schools nearby (all local) open universities and vocational training centers in the regions.

Social categories that are most affected by migration to urban centers are the informal sector: street vendors, domestic workers, car washers, drivers, hotel employees, Koranic teachers who travel frequently with a group children to be trained and educated in Islam, and so on. ...

Fight against HIV / AIDS:

Senegal, often cited as countries that have contained the epidemic, has been in place since 2002 a multi-sectoral program to fight against AIDS.

In the area of prevention, Senegal has managed to maintain a prevalence that is 0.7% in the general population.

However, there the image of many African countries the feminisation of the epidemic.

Indeed, the ratio of men - women is **2 / 25**.

It is also noted that the epidemic reaches and exceeds **2%** in the border regions.

Still, in the field of prevention, Senegal has managed to stabilize the epidemic among vulnerable groups like sex workers (TS) and Men who have sex with men (MSM) about **20%** for almost ten years.

In the field of counseling, voluntary testing, the number of people screened knows exponential growth year after year from less than **10,000** people screened in 2002 to over **400,000** people in mid 2011, surpassing annual the target set by the program.

In the area of preventing mother to child, which is a major strategy prevention of HIV infection / AIDS, bonds has been made. While until 2005, the number of pregnant women screened rarely reached 10% of the objective, in 2009 almost 75% of pregnant women who need PMTCT have accessed, approaching universal access.

Also in the field of prevention, **the safety of transfused** blood is a reality throughout the territory.

In addition, the management of People Living with HIV (HIV-PV) is also a priority.

The family appeared to be one of the main reasons since 2001 **51.4%** of immigrants came through justified their family reasons (ANSD, 2004).

According to the Senegalese Household Survey of 2001, about one third of foreign Senegal, or **31.8%**, immigrated for work-related reasons or economic reasons. Of a total of **126,054** immigrants in 2001, **86,688** were of working age (that is to say aged 15 to 64) including **55.9%** reported a **11.2%** occupancy and were looking for a job.

It was estimated that **34.2%** were employed in commerce in agriculture **26.4%** and **15.4%** In the production and processing, **55.5%** had no education.

In 2007, Senegal was home to about **23,800** refugees and asylum seekers, including more than **20000** Mauritians were fleeing ethnic persecution, as well as some of Liberia and Sierra Leone.

Senegalese Emigration

A large Senegalese community living outside. This diaspora is a resource essential for the country, both economic and identity. These are mainly young men who move to Europe, especially in France, or North America, particularly in Quebec with a proposed return to the country after a few years.

According to data available from the Centre on Migration (based on data censuses over the period 1995-2005), the stock of emigrants in Senegal is estimated at **479 515**. The main destinations are the Gambia (**20%**), France (**18%**), Italy (**10%**), the Mauritania (**8%**), Germany (**5%**) and Ghana (**5%**)

According to a 2001 survey, **68%** of emigrants were aged between 15 and 34; **94%** of emigrants were active between the ages of 15 and 54.

Over the past decade, Senegal has experienced a painful episode of massive emigration of Young borrowing canoes fortune to cross the Atlantic Ocean towards Europe (Spain, Italy, France).

The most desperate want to ignore the risks, sensitive to the success of a few, and including individuals from the diaspora - born in Senegal or Senegalese parents - especially in the artistic or sporting.

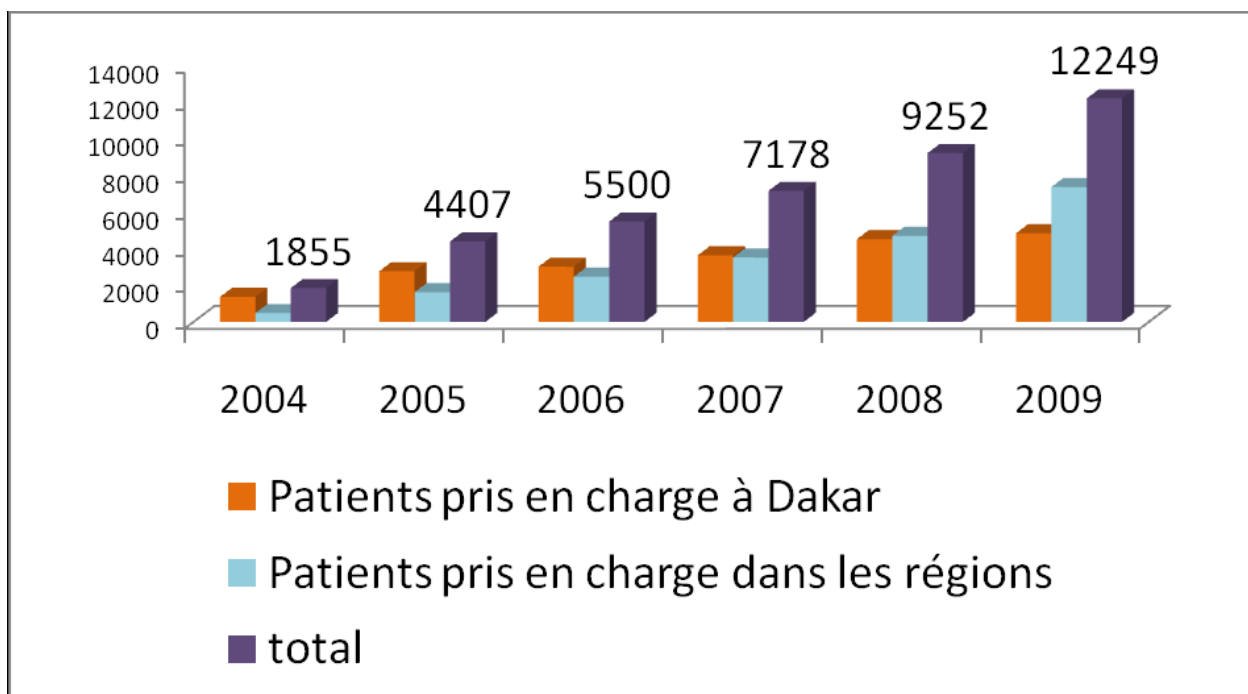
Control more strictly the French borders, originally destination, a migration leads to redeploy to new destinations: priority Italy Spain, the United States, Canada and more recently China.

Rural exodus

It is a fact well on the Senegal. Indeed, compared to countries in South America even in equatorial Africa, the urbanization rate relatively low (**34%** against 70% in developed countries and Latin America) shows that the Senegalese remains attached to the campaign where he earns enough income. The relative investment by the Government recent years in health infrastructure and services (water, electricity, phone ext) would reverse the trend even more.

In fact, Senegal is one of the first African countries to put his patients on ART and the first to provide them with free anti-retroviral drugs (ARVs) on the state budget.

Thus, the number of persons on ARVs has increased from less than 500 in 2000 to over 13,000 in 2010. Antiretroviral treatment is available in all regions of Senegal and in all departments.



Family Planning

Extend the activities carried out throughout the country with the support of several development partners. Stock of the achievements made so far reflects many achievements, particularly in urban areas, but also shows some shortcomings and some constraints.

Because of their contribution ***in reducing morbidity and maternal mortality and newborn health***, family planning strategies offer prospects but still also linked to major challenges.

In recent decades, contraceptive prevalence among married women has

increased slightly. The percentage of use increased from **5%** in 1993 to **8%** in 1997 to **10.3%** in 2005 (EDS IV).

Strategies at the base of this development are to be found mainly in:

- Decentralization of services,
- The partial integration of contraceptives in the Bamako Initiative,
- Improving the logistics system and management
- Capacity building providers
- And partnership.

It also notes:

- Greater availability of family planning services at the health posts,
- A wider range of methods offered by midwives,
- The extension of intrauterine devices (IUDs) and implants to regions other than Dakar,
- Social marketing of condoms and hormonal contraception through the development and implementation of security plan products;
- Implementation of pilot community-based services to contraceptives and essential drugs;
- The involvement of certain NGOs, including that of the Imams and Ulema
- Senegal, corporations, private companies and semi government in service delivery
- family planning.

Despite this progress, modern contraceptive prevalence is still low while the unmet needs remain high (**32%**).

Declaration of Population Policy in Senegal (DPP)

The Government of Senegal has defined and adopted in a 1988 Policy Statement Population, along with national programs (like the National Programme Family Planning started in 1990).

This has placed our country among the first French-speaking countries south of the Sahara to have initiated the discussion and action on population.

The DPP is regularly updated to incorporate both the new priorities of Government and the recommendations of international meetings on the topic population and development, the recommendations relating primarily to the health of the reproduction, particularly the reproductive health of adolescents. Last Modification day of July 13, 2010.

The adoption of the Declaration of Population Policy reflects, among other things, the willingness to the State of Senegal to ensure better control of phenomena and problems population in an integrated approach to development.

It is based on a number of principles:

Respect for fundamental rights of the individual; The need to preserve the family unit;

- Respect the right of individuals and couples to choose the size of their families and control their fertility;
- The call to the responsibility of individuals as spouses and parents cope with their procreation and the requirements of national development;
- Respect the right of children to survival, health, education and training;
- The need for an integrated approach taking into account the interrelationships between demographic variables and factors economic and sociocultural;
- The need to consider the population as a fundamental element in the strategies and development plans and the right and duty that Senegal has solve its national population;
- Seeking a broad consensus in the definition and implementation of the objectives of a population policy;
- The commitments made by Senegal to ensure recovery and economic development on the continent as part of African solidarity.

Its objectives are as follows:

Improve the quality of life and promote the establishment of well-being for all population groups, with the realization of a better match between human resources and development opportunities in the country;

- **To reduce morbidity and mortality**, particularly that of mothers and children by implementation of programs including maternal and child health planning family;
- **Reduce the fertility rate and the rate of population growth** by the adoption of appropriate measures;
- To support all actions aimed at improving the quality of life in the regions curbing the rural exodus and better spatial distribution of population;
- Ensure better regional coverage of basic needs in all areas (food, nutrition, health, education, housing, training, environment, leisure ...)
- Improve national expertise in the field of population sciences through training;
- Continuously improve the knowledge of population issues by undertaking
- Relevant research in demography, sociology, history, planning development.

To achieve this, the following strategies were used:

- Improving the health of the mother and child;
- Control of fertility and birth spacing;
- Promotion of Women;
- Promotion of youth;
- Promotion of the people of third age;
- Preservation of the family;
- Control of migration, urbanization and land use;
- Promotion of employment;
- IEC in population;
- Legislative and regulatory measures.

For each of these strategies, it is defined appropriate measures to make

operational.

Various bodies and agencies are promoting the population policy:

- A decision-making body: the National Council on Population and Resources Health (CONAPORH) chaired for the President of the Republic;
- A body of planning, coordination, monitoring and evaluation: the Directorate of Human Resources Planning Ministry of Planning (HRPD);
- Different implementation structures under different ministries.
- National structures to study and research (Department of Forecasting and Statistics, University Cheikh Anta Diop in Dakar, UCAD, the National School Applied Economics, ENEA, etc.. ...)

Based on the results of the 1988 census and demographic surveys and habitat that followed, the DPP has developed two scenarios for population projection set objectives.

The medium variant assumes a continuation of a trend characterized by:

- A slow reduction of the total fertility fertilization (ISF) (**4.48 children** per woman in 2015 and **3.8 children** per woman in 2025)
- And a small increase in contraceptive prevalence (**18%** in 2015 and **23%** in 2025).

The low scenario, which wants proactive retained assumptions:

- The faster decline in fertility (from 4.08 children per woman in 2015 to 3.34 children per woman in 2025)
- And also faster increase in contraceptive prevalence (**23%** in 2015 to **30%** in 2025).

It is this proactive alternative "low", which was adopted by the DPP to set objectives in terms of the total population, the preschool population, the population schooling, etc..

Conclusion:

Population dynamics in Senegal, by the efforts of the state and results already achieved, seems to be forward reassuring.

It is clear that the Government, through its Policy Statement Population and the implementation of programs focused on the well-being of mothers and the child is fulfilling its commitment evidenced by the signing of the Declaration of Stabilization of the opulation.

Subject to numerous restrictions on these programs today, including the Fight against AIDS and Family Planning.

These constraints:

- Inadequate human resources
- The persistence of some socio-cultural, with low male involvement in family planning,
- The poor reception in some services,

- The cost remains high for certain services, including contraceptives,
- The low private sector involvement in health
- Etc. ...

However, real opportunities are available to countries to address these constraints and accelerate progress towards the goals of population stabilization.

Among these opportunities:

- The political will expressed at the highest level of state initiatives by the President for the health of the mother and child (who reflected in the many free services and greater accountability populations, particularly women, in managing their health)
 - Support constantly strengthened technical and financial partners. The hope is permitted.
-

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