

Trends in life expectancy at birth between Europe and Sub-Saharan Africa: Are there any Similarities in the factors explaining the Population Changes?

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Introduction:

Globally, there are remarkable gender differences in the life expectancy at birth for both developed and developing countries. A study was conducted to examine the gender differences and the factors explaining the life expectancy at birth between European Union (EU) and the African (SSA) countries.

Methods:

The study utilised historical data for the EU (27 countries) and SSA (48 countries) obtained from Eurostat and the World Bank for the period of 10 years from 2013 to 2022. Data for Life expectancy at birth (total, male, and female) indicators were obtained and analysed to generate descriptive statistics (mean, minimum, maximum and standard deviation) and Paired Sample T-tests to establish if there were any statistically significant mean differences in the gender gaps between the EU and SSA.

Findings:

On average, life expectancy at birth for the EU for 2013-2022 was 89.7 years while for SSA was 60.4 years. This implies that a person in the EU lives 20.3 years more than in the SSA. However, the gender gap in the life expectancy at birth between males and females for 2013-2022 was higher for the EU (5.6 years) than for SSA (3.5 years). There was a statistically significant mean difference of 2.1 years in the gender gap between the EU and SSA ($t_{10}=13.105$, $p<0.001$). The main reason for the higher life expectancy at birth in the EU than in SSA is the reduced infant mortality rate as a result of improved healthcare facilities. In SSA, high infant mortality and increased disease burden of tropical diseases such as Malaria as well as degenerative diseases such as High blood pressure, cancers and hypertension have contributed to its low life expectancy at birth.

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Conclusion and Recommendations

The study notes that SSA will continue to register a low life expectancy at birth in comparison to the EU unless key structural and policy changes are put in place and implemented. In this regard, the study recommends an increased national budget for health spending on the provision of quality health care, improvement in lifestyle for the population as well as establishment of national early warning systems to avert health and system risks that cost human life and therefore reduce life expectancy.

Keywords: health spending, life expectancy, gender gap, population change