**DEMOGRAPHIC, EPIDEMIOLOGICAL & MIGRATION TRANSITIONS**

**POPULATION, MEDICAL AND MOBILITY CHANGE**

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| **STAGE** | **DEMOGRAPHIC TRANSITION** | **EPIDEMIOLOGY TRANSITION**  Abdel Omran (1971) Stages 1 – 3  S. Jay Olzhansky & Brian Ault Stage 4 | **MIGRATION TRANSITION**  Wilbur Zelinsky |
| **1** | CBR**:** very high, varied ≥ 35 per 1000  CDR: very high, varied ≥ 35 per 1000  NIR: low long term increase  **Life style:**  Hunting & gathering and early farming practices (*First Agricultural Revolution*) | **Pestilence and famine**  • infectious and parasitic diseases or  principal causes of human death, along  with accidents and attacks by animals  and other humans  • “natural checks” *Malthus* | **•** Unlikely to migrate permanently;  • Mobility characterized by  circulation including high daily or  seasonal mobility in search of  food |
| **2** | CBR: very high, ≥ 35 per 1000  CDR: rapidly decline, ≥ 35 down to ≈ 15 per 1000  NIR: very high, sharp increases at start then slows  **Life style:**  Agrarian (farmers); ability to cultivate *reliable* food source. Modern transition to stage 2 via medical revolution | **Receding pandemics**  • improved sanitation, nutrition, and  medicine during *the Industrial*  *Revolution* reduce the spread of  infectious diseases  • poor people crowded into rapidly  growing industrial cities still have  especially high death rates. | •*International migration* prominent;  destination centers of economic  opportunities in MDCs (Stage 3/ 4)  • *Interregional migration* – rural to  urban  • Migration in response to reduced  need for agricultural workers and  increased factory jobs near cities |
| **3** | CBR: rapidly decline, > 35 down to 15 per 1000  CDR: slow decline, ≈ 15 down to < 10 per 1000  NIR: steady decline toward *ZPG*  **Life style:**  Extensive *urbanization, secondary and tertiary* sector jobs prevalent. *NEED* for large family declines change in economic structure and medical advances reducing IMR | **Degenerative and human created diseases**  • still decrease in deaths from infectious  diseases  • increase in chronic disorders associated  with aging such as cardiovascular diseases  (i.e. heart attacks), and various forms of  cancer | • *Internal migration* – cities to  suburbs |
| **4** | CBR: very low, ≈ 10 per 1000  CDR: very low, ≈ 10 per 1000  NIR: ZPR; TFR of 2.1  **Life style:**  *Urbanized* – changing family structure, changing role of women, birth control, etc. | **Delayed degenerative disease**  **•** cardiovascular diseases and cancers still  exist, but the life expectancy of people is  extended through medical advances and  improved lifestyles and diets | • *Internal migration* – cities to suburbs  • *international guest worker migration* |
| **5** | Future …unconfirmed  CBR: lower than CDR  CDR: VERY LOW, ≈10 per 1000  NIR: population decline; TFR<2.1  **Life style:**  *Urbanized* – aging of population, established small family structure, women empowered, possible culture decline/extinction | Future…unconfirmed  **Reemergence of infections and parasitic diseases**  • infectious diseases thought eradicated or  controlled returned and new ones have  emerged  • potentially higher crude death rates  **Reasons**  • evolution of microbes  • poverty  • mobility/travel | • International guest worker  Immigration |