**DEMOGRAPHIC, EPIDEMIOLOGICAL & MIGRATION TRANSITIONS**

**POPULATION, MEDICAL AND MOBILITY CHANGE**

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| **STAGE** | **DEMOGRAPHIC TRANSITION** | **EPIDEMIOLOGY TRANSITION**Abdel Omran (1971) Stages 1 – 3S. Jay Olzhansky & Brian Ault Stage 4 | **MIGRATION TRANSITION**Wilbur Zelinsky |
| **1** | CBR**:** very high, varied ≥ 35 per 1000CDR: very high, varied ≥ 35 per 1000NIR: 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 1000CDR: rapidly decline, ≥ 35 down to ≈ 15 per 1000NIR: 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 1000CDR: slow decline, ≈ 15 down to < 10 per 1000NIR: 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 1000CDR: very low, ≈ 10 per 1000NIR: 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 …unconfirmedCBR: lower than CDRCDR: VERY LOW, ≈10 per 1000NIR: 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 |