Burundi ranked as the world’s hungriest country in a Google search. Three-quarters of the country suffers from malnutrition. How could a country be suffering so severely and not make the news? Developing a way to help Burundians and bring knowledge to their situation would help create a hunger-free Burundi, improving the lives of its people.

Burundi is a small country, only 27,830 square kilometers. It is located in central Africa, east of the Democratic Republic of the Congo. Burundi has a hilly and mountainous terrain, dropping plateaus in the east, and plains spread across the country. The country has moderate average temperatures ranging from 23-17 degrees centigrade (73.4-62.6 Fahrenheit). The country experiences two dry seasons: June to August and December to January; and two wet seasons: February to May and September to November. On average, they receive around 150 cm of rainfall annually (59 in). The population of Burundi is 10,395,931; it’s ranked 8th in the world in population growth at 3.28%. (CIA World Factbook)

Eighty-nine percent of Burundians live in rural areas. The average household size is 4.7 people, but in some cases extended family members will live within the same household. Extended family is important to the Burundians; they help one another with childcare and in times of need. The men are the leaders of the family. They make most of the decisions for the family and are the main breadwinners. After marriage, the women become the men’s property and belong to the family. She must ask permission to even visit her own family. Women care for the house and the children. It is socially unacceptable for a man to hold a baby, fetch water, or cook (Culturegrams).

Children start school around the age of six or seven and attend primary school for 6 years. While school is mandatory, only 62% of children attend school. In rural areas, education focuses on practical skills rather than formal schooling. Boys learn family trades like taking care of livestock, hunting, and building houses. Girls learn to cook, clean, and farm. The average number of years for schooling is 2.6 years (Culturegrams).

Seventy-three percent of the population is believed to be undernourished (Globalcitizen.org). Mothers’ median age for births is 21.3 years. The maternal mortality rate is 800 deaths per 100,000 births, which is the 6th highest rate in the world. The infant mortality rate is 64.33 deaths per 1,000. Life expectancy at birth is 59.55 years. Only 9% of the GDP is put toward health care. They have 1.9 hospital beds per 1,000 citizens (CIA World Factbook).

In Burundi, 33.6% of the land is arable, but only 14.7% of the land has permanent crops. Burundi has 214.3 sq. km of irrigated land, which in comparison to total land is insignificant (CIA World Factbook). They rank a zero on sufficiency of food supply, 59% below the world average. The average food supply is 56.1% below the world average. Approximately 94% of the country’s citizens are below the global poverty line, which is 69% percent more than the global average. This makes it challenging to purchase any food they do not grow themselves. On the presence of a formal grocery sector, they rank a 0 out of 2 (the global average is 1.4 on the same scale), making access to food more difficult (Global Food Security Index). The typical Burundian diet consists of beans and root crops such as sweet potatoes and cassava. Bananas, maize, and peanuts are also a staple of their diet; meats are considered luxury. They save any meats for special occasions (Culturegrams).
It is becoming increasingly burdensome for people to farm in Burundi for multiple reasons. The land for farming is diminishing. Arable land is vanishing due to overuse, erosion, and climate change causing scattered rainfall. The people’s agricultural practices are antiquated. After many years of conflict, people have fled the country, and when returning, they are unable to reclaim the land they owned previously. Also many people returning don’t know how to farm in Burundi because they learned to farm in Tanzania. The people who stayed in the country continue to farm for self-sufficiency rather than profit. People have not learned new farming techniques and are unable to grow cash crops. The birth rate has also escalated. The land in families is being divided between the sons, so the land they are given is not enough to be self-sufficient (Blog.worldwatch.org).

Ninety-six point three percent of the labor force is involved in agriculture. However, only 34.7% of the GDP consists of agriculture. In Burundi, only 1,286 km of the roads are paved, making it hard to transport goods to the city. Most people travel on foot or for a small fee can pay to hitch a ride on a bike. The roads are poorly maintained, and the civil war severely damaged many. Their electricity consumption is 224.1 KW per hour, which ranks them 184th in the world. On the Human Index Scale, they scored a .389, ranking them 180th. The Human Development Index measures development by combining indicators of life expectancy, educational attainment, and income (hdr.undp.org, CIA World Factbook).

The country’s government and politics are no help to the people in need. Burundi experienced a civil war from the early 90’s into the 2000’s. Civil war threw the country into chaos, leaving people homeless and destroying the country. After the war in 2005 Burundi formed a democratic government in, with a former Hutu rebel leader for a president and a Tutsi vice president. Though an improvement from the Tutsi led governments since the late nineties, it did not immediately bridge the deep Hutu-Tutsi divide. The divide is lessening and gradually becoming more politically based rather than ethnically based, as the political parties mix. There is still a chance of civil war today, but the country is making strides toward a peaceful democracy.

The key factor in Burundi’s hunger crisis is demographics. The country is overpopulated and the population is growing at a high rate. The population density in Burundi is 374 capita per square kilometer that ranks them 24th in the world. The population density has grown 34.7% percent from 2004 to 2014 (Mecrometer.com) and their population growth rate is 3.28%, which is the 8th highest in the world.

Most families are farmers who own their land. Culturally, sons inherit their father’s land. With the population growing, the plots of land being allotted for the sons are increasingly shrinking. Most men only own .5 hectares of land. These puny plots of land are not able to produce enough food for the family or enough income to provide for the family. The rising population and decreasing food production leads to many people to suffer without adequate food.

The demographic problem is prominent and severe. As the statistics above show, Burundi high population has little land on which to live causing overcrowding, which in turn does not allow enough food to be produced causing 73.4% of the population to be undernourished. The land quality is also worsening due to overuse and soil erosion, making it harder to produce food.

The problem is only exacerbated with the 8th highest population growth in the world. Burundi’s available space is not expanding at all and the fertile land is decreasing. As the plots of land become smaller due to family size growth, the land becomes less fertile because the land overuse magnifies.

If the demographics of Burundi were to change, there would be a smaller population to feed meaning fewer starving people. A reduction in population density would allow for bigger plots of land for the
family. This would allow for families to produce more food for themselves. The quality of the soil would improve, because they would not overuse the same plot of land allowing it to become more fertile.

Many other factors affect Burundi as well; climate change is one of them. According to the IFPRI (International Food Policy Research Institute) the northern and eastern provinces will see a 50-100mm loss in rainfall. These areas already have histories of drought. They also predict that the climate will become warmer by 1-2.5 degrees Celsius. With Burundi’s tropical humid climate, this would increase evapo-transpiration rates, reducing available water for plant and crop growth. While Burundi itself does not cause much air pollution, air pollution is playing a major role in Burundi’s climate change.

Water scarcity is also a major issue in Burundi. While people living in urban areas have access to clean water, people living in rural areas, which is the majority of the population, do not. In rural towns like Buyenenge this is a very severe problem. Only 14 clean water taps for the town’s 20,000 thousand residents exist, which equates to 1 tap for every 1,400 people. This does not even approach meeting the UN’s minimum international standard for 1 tap for every 500 people. Many people have to walk several kilometers to get clean water while others just go without clean water and drink from unclean and unsanitary marshes, which are drying up. (www.irinnew.org)

Burundi is in dire need of better awareness and implementation of family planning. Burundi is highly over populated and population density is very high, and with a very high population growth rate, it is only going to get worse. In some African countries, family planning has been implemented for decades and is working very effectively. In Kenya during the late 70s and early 80s, family planning was implemented and fertility fell 22%. In 1978, every woman gave birth to an average of 8.3 children, but by 1989 that fell to 6.5. Desired family size fell 35% during the same time period from 7.2 children to 4.7 children per family. Contraceptive use tripled in the same time span. Kenya is a great example of how effective family planning can be in a relatively short period of time (PathFinder International).

Burundi has taken steps in the right direction. Organizations have been addressing the hunger crisis in Burundi by sending direct food aid and rations into Burundi; the best example of this is the UN’s World Food Programmes. They help children in school and pregnant women get necessary food rations. Programs like this are addressing the immediate threat, while other organizations are focused on more long-term solutions. Pathfinder International is one organization taking action in family planning. They are leaders in global sexual and reproductive health, and they have put their FLEX plan to work in Burundi and the Democratic Republic of Congo. Some of the FLEX plan’s approaches are establishing mobile outreach teams, setting up 24-hour drop-in centers, community advocacy, health promotion, and community outreach (PathFinder International, World Food Programme).

Other organizations partner with Pathfinder, for example USAID runs the E2 program focusing on expanding the usage of Jadelle. Jadelle is a type of contraceptive. It is an implant and lasts up to 5 years. It would be very effective in areas like Burundi due to it being a one-time procedure. Women would not have to spend the money on other forms of birth control and would not need to seek regular visits to a pharmacy or doctor. It lasts for 5 years but the effects can be reversed when desired.

For Burundi, finding a solution is the simple part, but actually putting those ideas to work becomes more difficult. People at all levels need to work together to make a difference for this problem to be solved. Organizations like Pathfinder and the UN bring awareness to the people of Burundi and the people of the world. However, the people of Burundi need to be open to these solutions and have the willingness to help themselves.

The UNFP needs to work with the Burundi government to set up better access to health centers. This will allow women and men to get the knowledge they need to better understand ways to have safe sex. This
will help lower the birth rate and the spread of HIV/AIDS. From there, it is up to local communities to get involved and support the new ideas and spread the knowledge to people in those communities. Then the people must use the knowledge they have gained. The biggest factor in all of this is educating the Burundi people; the contraceptives themselves do no good without knowledge. Awareness also needs to be brought to people of first world countries so they can play their part in helping fund these initiatives.

Twenty-four hour care centers need to be set up, with full time educators and full time doctors. They need to hold meetings or classes to inform the people while at the same time to be equipping Burundians with contraceptives. They need to be able to offer different options for women including implants, pills, patches, IUDs and any other method. Men need to have access to condoms and need to be aware that even with female contraceptives condoms should still be used. These care centers can be funded through donations from non-profits and other charities along with the UN. People and companies in first world countries like the US should also play a role. Companies in the US can have promotions for their product so for every time a condom or another type of contraceptive is purchased, a portion of the profits go to funding this cause in Burundi. This would not only bring a great deal of money to the cause but would create a much more widespread knowledge of this issue.

Once these care centers have been implemented the people of Burundi will have understanding of the issue drastically affecting their country and have ways to ameliorate the problem. This will bring down the population growth rate, which will help with over population and population density within Burundi. This will lead to fewer people to feed, more area to farm, more fertile land, and most importantly more food for the people.

Burundi, it can be argued, is the world's hungriest country with almost 80% of the population having inadequate food. The country is recovering from a civil war, still battling an unsteady government with rival tribes in power. They suffer from a lack of clean water, a lack of health care, a lack of roads, a lack of support, and a lack of knowledge, making it difficult for the country and its people to overcome the problems they face. Burundi is in the midst of a battle of overpopulation and a growing birth rate causing a major lack of food for the growing number of people. With the implementation of care centers and the knowledge and access to contraceptives, Burundi can take major steps toward conquering hunger and creating better health for its people. Once their population dilemma is under control, the country can start to feed its people more effectively, and once the people of Burundi are not spending their entire life on making sure they don't starve, they can make strides toward bettering their government, fixing social relations within the country, and growing their economy. It will take time and effort from not just the government and people of Burundi but from other countries, organizations, and citizens from all over the world to achieve a hunger free Burundi.
Works Cited


