

SUDAN

Capital

Khartoum

Ethnic Groups

Sudanese Arab (approximately 70%), Fur, Beja, Nuba, Ingessana, Uduk, Fallata, Masalit, Dajo, Gimir, Tunjur, Berti; there are over 500 ethnic groups

Languages

Arabic (official), English (official), Nubian, Ta Bedawie, Fur

Religions

Sunni Muslim, small Christian minority

Population

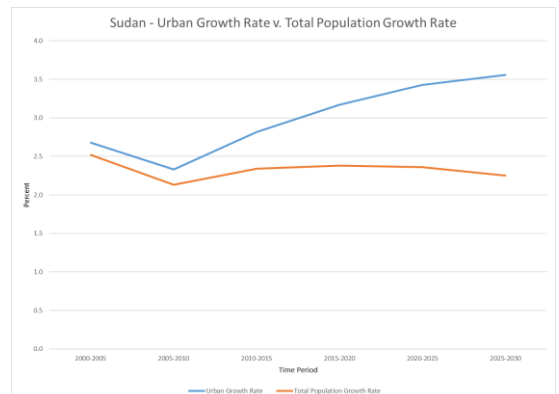
Total: 49.2 million
Median age: 18.3 years
Population growth rate: 2.55%
Urban: 36.3%
Rural 63.7%

Fertility

Birth rate: 33.32 births/1,000 population
Total fertility rate: 4.54 children born/woman
Sex ratio of population: 1.01 male(s)/female

Mortality

Death rate: 6.19 deaths/1,000 population
Life expectancy at birth: 67.45 years
Maternal mortality rate: 295 deaths/100,000 live births
Infant mortality rate: 41.4 deaths/1,000 live births



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Migration

Net migration rate: -1.63 migrants/1,000 population

Health

Current health expenditure: 3% of GDP

Physician density: 0.26 physicians/1,000 population

Adult obesity: 6.6%

Alcohol consumption per capita: 1.93 liters of pure alcohol

Education

Literacy: 60.7%

Population Distribution

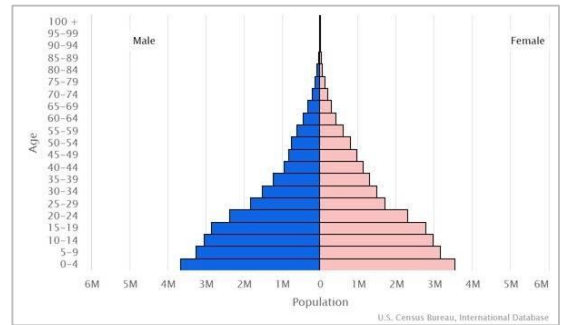
with the exception of a ribbon of settlement that corresponds to the banks of the Nile, northern Sudan, is sparsely populated; more abundant vegetation and broader access to water increases population distribution in the south; sizeable areas of population are found around Khartoum, southeast between the Blue and White Nile Rivers, and throughout South Darfur

Demographic Profile

Sudan's population grew almost fourfold between 1956 and 2008, the date of its last census. Even after the southern part of the country became independent South Sudan in 2011, the population of Sudan has continued to grow. The gender balance overall is fairly even. Females, however, are more prevalent in rural areas because of males migrating to urban areas in search of work. The total fertility rate (TFR) remains high despite falling from 7 children per woman in Sudan's first census in 1955 to about 4.5 in 2022, which can be attributed to early marriage and a low contraceptive prevalence rate. Among the factors that led to the reduction in fertility are family planning, improvement in women's education and participation in the labor force outside the home, and migration and urbanization.

The continued slow decline in fertility accompanied by a drop in mortality and increased life expectancy has produced an age structure where approximately 55% of the population was of working age (15-64) as of 2020. This share will grow as the sizable youth population becomes working age. As Sudan's working age population increasingly outnumbers the youth and elderly populations (the dependent populations), the country will approach the possibility of a demographic dividend. The window of opportunity for potential economic growth depends not only on a favorable age structure but also on having a trained and educated workforce, job creation (particularly in the formal market), and investment in health, as well as generating savings to invest in schooling and care for the elderly. As of 2018, Sudan's literacy rate was just over 60%, and even lower among women. Improvements in school enrollment, student-teacher ratio, infrastructure, funding, and educational quality could help the country to realize a demographic dividend.

Age Structure



Population Distribution

